



BROWN

**Brown University 2021–2022 Policy Year  
Student Health Insurance Leave of Absence Enrollment Form**

**POLICY:** The University allows eligible students, who so elect, to continue enrollment under Brown’s Student Health Insurance Plan (SHIP) while on an approved leave of absence for a maximum of one year

**ELIGIBILITY REQUIREMENTS:**

- Student must have been previously insured in the Brown University’s SHIP for the enrollment period immediately prior to taking the leave of absence
- Student must provide a copy of the leave of absence verification form signed by a dean or an advisor
- Student intends to return to the University and remain a degree-seeking candidate

**PROCEDURE:**

- Complete and submit this enrollment application with an approved copy of the leave of absence verification form to Gallagher Student Health & Special Risk by the enrollment deadline
- Include payment of \$4,204 for coverage effective August 15, 2021 through August 14, 2022

**(Please print)**

Name \_\_\_\_\_ Brown Banner ID# \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
MM / DD / YYYY

Email Address \_\_\_\_\_

	Annual (8-15-2021 – 8-14-2022)	Coverage Period Premium Total
Enrollment Deadline:	<b>August 15, 2021</b>	
Premium Rate:		<b>\$4,204</b>

**Notice to Students:**

This Enrollment Form must be received with payment by Gallagher Student Health & Special Risk on or before the enrollment deadline. Enrollment forms will not be accepted after the enrollment deadline has passed. It is the student’s responsibility for timely renewal payment. By signing below, the student acknowledges the following: (1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form. (2) Rates are not prorated other than as listed on this enrollment form. (3) He/She meets the eligibility requirements for this coverage as described in the brochure. (4) If it is later determined that the student is not eligible, the premium will be refunded. (5) Other than eligibility, the premium is not refundable. (6) Student understands that they are only eligible to continue on Brown University's Student Health Insurance Plan for a maximum of one year while on a leave of absence. (7) Enrollment applications received after 8/15/2021 will not be processed.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INSTRUCTIONS:**

**Charge to my (check one):** \_\_\_ Visa \_\_\_ Master Card

Card Number: \_\_\_\_\_ Amount Charged: \$4,204 Expiration Date: \_\_\_\_\_

Print Name and Address of Card holder \_\_\_\_\_

**Check or money order (International checks are not accepted)**

Make check or money order payable to **Gallagher Student Health & Special Risk**. Email form along with premium payment to:

[Enrollmentteam@gallagherstudent.com](mailto:Enrollmentteam@gallagherstudent.com) ; or **Gallagher Student Health, P.O. Box 845663, Boston MA 02284-5663**