



**Boston College Dependent Enrollment Form
Student Health Insurance Plan
2018-2019 Policy Year**

Notice: Dependents must be enrolled for the same time period as the student. Please see A, B and C below to clarify when a dependent can be added.

If you enroll your eligible dependent(s) for the Fall Semester, you are solely responsible for re-enrolling them for the Spring Semester. Enrollment for the Fall or Spring Semester can also be completed online through www.gallagherstudent.com/BC and click on Dependent Enroll. -.

(Please Print)

Student Name _____
 Last/ Family Name _____ First _____ Middle Initial _____
 Permanent US Address _____
 Street or P.O. Box _____ City _____ State _____ Zip Code _____
 Eagle ID# _____ Male _____ Female _____ Date of Birth ____/____/____
 MM / DD / YYYY
 Phone Number _____ Email Address _____

I. DEPENDENT ENROLLMENT Please circle selected coverage.

Dates of Coverage	Fall Semester 8/7/18 - 1/10/19	Spring Semester 1/11/19 - 8/6/19	Coverage Period Premium Total
Application Deadline	September 21, 2018	January 25, 2019	
Spouse Only	\$2,982	\$4,177	
All Children	\$2,330	\$3,264	
		Processing Fee	+\$15.00
	Total Payment Amount (Premium plus Processing Fee)		

Dependent coverage is available only:

- A) When the student is also insured under this plan. Students need to purchase coverage for their eligible dependent(s) at the same time of their initial plan enrollment and must purchase the same period of coverage as the student's period of coverage and cannot exceed coverage purchased by the student **For example, a student previously enrolled for Fall coverage cannot purchase dependent coverage for the spring semester unless a qualifying event, as defined below, occurs**
- B) When the Dependent Enrollment Form is received by the deadline stated on this form above.
- C) Students can add eligible dependent(s) if they experience one of the following qualifying events: (a) marriage (b) birth of a child, (c) divorce (d) if the dependent is entering the country for the first time or (e) a depend loses coverage. If dependent enrollment meets one of these qualifying events, this Dependent Enrollment form, supporting documentation and payment must be received by Gallagher Student Health & Special Risk within 60 days of the qualifying event. If not received within 60 days of the qualifying event, the effective date of coverage will be the date this form and payment are received at Gallagher Student Health & Special Risk. Once a dependent is enrolled, coverage cannot be terminated unless the student loses eligibility.

List Dependent(s) to be insured below:

	First Name	M. I.	Last Name	Gender	Date of Birth
Spouse					
Child					
Child					

Notice to Students: Enrollment Forms will not be accepted after the Enrollment Deadline has passed unless submitted due to a qualifying event. It is the student's responsibility to re-enroll their eligible dependents. Gallagher Student Health & Special Risk is under no obligation to send a reminder notice to the student; the student is responsible for timely premium payment and dependent enrollment.

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) Enrolled Dependent meets the eligibility requirements for this coverage as described in the brochure. 4) If it is later determined that the Dependent is not eligible, the premium will be refunded. 5) A Dependent cannot be insured under this Plan if the Insured Student loses eligibility under the Student Accident & Sickness Insurance Plan. 6) Once dependent coverage is purchased, coverage is non-renewable within the same policy year. 7) Other than for eligibility reasons, the premium is not refundable.

Signature of Student: _____ **Date:** _____

PAYMENT INSTRUCTIONS: enrollmentteam@gallagherstudent.com

Charge to my (check one): ___ Visa ___ Master Card

Card Number: _____ Amount Charged: \$ _____ Expiration Date: _____

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**. Mail the enrollment form along with premium payment to:
Gallagher Student Health & Special Risk, P.O. Box 845663, Boston MA 02284-5663