Boston College 2018-2019 Policy Year
Doctoral Candidate Enrollment Form

* This form is used by doctoral candidates completing their defense within the first six weeks of the semester. You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.

(Please Print)
Student Name_____ _____ _____
Last First Initial

Home Address_____ _____ _____ _____
Street City State Zip Code

Boston College ID #_____ Male_____ Female_____ Date of Birth _____/_____/_____
MM / DD / YYYY

Phone Number_____ Email Address _____

ENROLLMENT PERIOD (Please circle selected coverage)

	First Semester (8/07/2018 – 1/10/2019)	**Second Semester** (1/11/2019 – 8/06/2019)	**Coverage Period Premium Total**
Application Deadline:	September 21, 2018	January 25, 2019	
Premium Rate:	$1,288	$1,807	
Processing Fee			+$15
Total Payment Amount (Premium plus Processing Fee			

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.

Signature of Student: _____ Date: _____

PAYMENT INSTRUCTIONS: enrollmentteam@gallagherstudent.com

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

Card Number: _____ Amount Charged: $_____ 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.** Mail the enrollment form along with premium payment to:

Gallagher Student Health & Special Risk, P.O. Box 845663, Boston MA 02284-5663

Prepared by Gallagher Student Health & Special Risk
Revised April 2018