

University of Alabama - Birmingham

Qualifying Life Event Request

NATURE OF YOUR QUALIFYING LIFE EVENT:

If you experience a Qualifying Life Event (QLE) (e.g. loss of health insurance coverage, no longer eligible on your parent's health insurance, marriage, etc.) during the plan year (6/1/18-8/14/19), you can enroll in the University of Alabama – Birmingham health insurance for the remainder of the current coverage period. Please complete this form and sign and date it.

Reason for Qualifying Event:

- Loss of coverage under another plan Other (please detail) _____
- Marital Status _____
- Adoption of a Child/Birth of a Child _____
- Guardianship Appointment _____
- International Students: Arrival of Spouse/Dependents in Country _____

Date of Qualifying Life Event: _____

STUDENT INFORMATION:

Name: _____ Male
(Last name, first name) Female

SSN#: _____ **Birth Date:** _____
(Required) (mm/dd/yyyy)

Address: _____
(Street, City, State, ZIP)

Student Phone #: _____ **Email Address:** _____
(Home phone or cell phone)

ENROLLMENT & PAYMENT INSTRUCTIONS:

A QLE is required for primary insureds and dependents to be eligible to enroll in the school health insurance plan at a time outside of the enrollment period. Enrollment in the plan must occur within 30 days of the QLE. Premiums are not pro-rated.

Waiver Enrollment Students: Upon approval of the QLE request, you will automatically be enrolled in the school-sponsored student health insurance and the premium billed to your student account.

Make check or money order payable to UnitedHealthcare StudentResources in US dollars. Mail this completed form, your school injury and sickness insurance enrollment form, required supporting documentation, along with premium payment to: UnitedHealthcare StudentResources; PO Box 809026; Dallas, TX 75380-9026.

To pay with a credit card: If you want to pay for your coverage with specify which credit cards are accepted or eCheck, email this completed form, your school injury and sickness insurance enrollment form, required supporting documentation, to SIDPremium-CustomerService@uhcsr.com or fax it to 469-229-5612. Make sure your email address is correct as we will enter your coverage request into our system and send you an email message with instructions for making your premium payment online with a credit card or eCheck.

Student Signature: _____ **Date:** _____

FOR MORE INFORMATION: Call 1-800-767-0700 or Email customerservice@uhcsr.com.

FOR ADMINISTRATIVE USE ONLY:

Date: _____ **Approved By:** _____

Effective Enrollment Period Dates: _____ **Premium Amount:** _____