

Kennesaw State University

Qualifying Life Event Request

NATURE OF YOUR QUALIFYING LIFE EVENT:

If you experience a Qualifying Life Event (QLE) during the plan year 2016–2017, you can enroll in the Kennesaw State University 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 parent's plan due to age restrictions International Students: Arrival of Spouse/Dependents in Country
- Marital Status Other (please detail) _____
- Adoption of a Child/Birth of a Child _____
- Guardianship Appointment _____

Date of Qualifying Life Event: _____

STUDENT INFORMATION (all fields are required):

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

Student ID#: _____ Birth Date: _____
(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. **This form and your school injury and sickness insurance enrollment form, along with the required supporting documentation, must be submitted to Kelly Johnston at 3213 Campus Loop Road MD 5300; Kennesaw, GA 30144 or via fax to 470-578-9332 for review and approval prior to being sent to UnitedHealthcare StudentResources. For more information: Call 470-578-2647 or Email KJohn300@Kennesaw.edu.**

Voluntary Enrollment Students: Fill out this QLE request and submit it along with supporting documentation, a completed enrollment form, and premium payment to UnitedHealthcare StudentResources; PO Box 809026; Dallas, TX 75380-9026. If you want to pay for your coverage with a credit card or eCheck, email your enrollment form 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 ADMINISTRATIVE USE ONLY:

Date: _____ Approved By: _____

Effective Enrollment Period Dates: _____ Premium Amount: _____