Vanderbilt University Health Insurance Plan
Summer 2015 Early Arrival Student Enrollment Application
DEADLINE TO ENROLL IS AUGUST 1, 2015

Eligible Graduate & International Students can enroll in the Health Insurance Plan for early coverage from June 1, 2015 to August 11, 2015 on a voluntary basis. **You can enroll at any time between June 1st and August 1st, but there is no pro-rate of premium**.

Please Print:

Student Name_____ _____ _____
Last Name First Name MI

Address_____ _____ _____ _____
Street/PO Box City State Zip Code

Commodore ID#_____ Male _____ Female _____ Date of Birth _____/_____/_____
Mm dd yyyy

Phone Number_____ Email Address _____

ENROLLMENT PERIOD

Dates of Coverage	(6/1/2015 – 8/11/2015)	Coverage Period Premium Total
Enrollment Deadline	**August 1, 2015**	
Student	$498.00	
Spouse/Domestic Partner	$441.00	
Child(ren)	$398.00	
	Processing Fee	+$10.00
	Total Payment Amount (Premium plus Processing Fee)	

You can enroll at any time between June 1st and August 1st, but there is no pro-rate of premium.

DEPENDENT ENROLLMENT

List Dependent(s) to be insured below. Dependent coverage is available only when the student is also insured under this plan and cannot exceed coverage purchased by the student. Dependents need to be enrolled by the August 1, 2015 deadline.

	First Name	M. I.	Last Name	Date of Birth
Spouse/Domestic Partner				
Child				
Child				
Child				

NOTICE TO STUDENTS: Coverage will be effective the first date of the Coverage Period when the correct premium is received by Gallagher Student Health & Special Risk by the Enrollment Deadline; Enrollment Forms will not be accepted after the Enrollment Deadline has passed. 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 for eligibility reasons, the premium is not refundable.

Signature of Student: _____ Date: _____

PAYMENT INSTRUCTIONS:
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 enrollment form along with premium payment to:

Gallagher Student Health & Special Risk
P.O. Box 845663
Boston MA 02284-5663
Phone: 1-800-468-5867
Fax: 617-479-0860

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.