

Petition to ADD
The University of Chicago Student Health Insurance Plan after the Published Enrollment Deadline

Student's Name: _____ Student ID: _____ Date of Birth: ____/____/____

Mailing Address: _____

Phone Number: (____) _____ Email: _____ SSN: _____

Gender: (circle one) Male Female Effective Term: (circle one) Autumn Winter Spring Summer

Please fill in all of the above information so we can contact you with any questions.

Spouse or Civil Union/Eligible Domestic Partner

NAME _____ GENDER _____ SSN _____ DATE OF BIRTH ____/____/____

Children

Note: In addition to this form, please provide dependent verification as outlined at studentinsurance.uchicago.edu

NAME _____ GENDER _____ SSN _____ DATE OF BIRTH ____/____/____

NAME _____ GENDER _____ SSN _____ DATE OF BIRTH ____/____/____

NAME _____ GENDER _____ SSN _____ DATE OF BIRTH ____/____/____

I hereby petition to be allowed to enroll in the student health insurance program due to the following qualifying life change:

- ☐ Recently married or registered civil union/eligible domestic partner
(must provide copy of marriage license or civil union/ eligible domestic partner documentation)
- ☐ Change in employment of Spouse or registered civil union/ eligible domestic partner (i.e. loss of job)
(must provide letter from previous carrier indicating termination date under their plan)
- ☐ Aged off my parents insurance plan
(must provide letter from previous carrier indicating termination date under their plan)
- ☐ Other, please provide explanation below

If approved, you will be responsible for the full premium of the quarter in which your coverage becomes effective. Premium is not pro rated. If requesting to add due to loss of coverage, you are required to send confirmation of your termination from your prior carrier. This request cannot be processed without that information.

Premiums are assessed in 3 installments during the academic year. These charges are typically added to Autumn, Winter, and Spring bills. However, students and/or dependents beginning enrollment in Summer will be charged a Summer quarter premium.

Date _____ Student Signature _____

By checking "YES", I give the University of Chicago permission to share my health insurance enrollment information with University of Chicago Health Services as well as approved providers of in-patient psychiatry services for UChicago students (if needed). The purpose of this disclosure is to expedite the verification student insurance status and thereby enable faster access to health care. ☐ YES ☐ NO

Students: Complete this form and return it to: **On-Campus Insurance Office**
950 E. 61st Street, Suite 300A
Chicago, IL 60637
or by email to uchicagoadvocates@uhcsr.com