

**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: \_\_\_\_\_

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 Partner**

NAME \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**Children**

*Note: In addition to this form, please provide dependent verification as outlined at [studentinsurance.uchicago.edu](http://studentinsurance.uchicago.edu)*

NAME \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ GENDER \_\_\_\_\_ 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  
(**must provide copy of marriage license or civil union documentation**)
- ☐ Change in employment of Spouse or registered civil union 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 UChicago Student Wellness 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:

Student Insurance Office  
Student Wellness Center  
840 East 59th Street  
Chicago, IL 60637  
or by email to [uchicoadvocates@uhcsr.com](mailto:uchicoadvocates@uhcsr.com)

22COL4333

