

# 2019-2020 Coverage Status Change Form

**Within 31 days of the Qualifying Event**, submit your completed form and required documentation to Student Health Insurance Office: • [studins@ucmail.uc.edu](mailto:studins@ucmail.uc.edu)

## SECTION A: NOTICES

1. Forms submitted more than 31 days after your Qualifying Event date will not be processed.
2. You must attach documentation that verifies the Qualifying Event.
3. Approved requests to add SHI coverage are processed for the coverage period containing the Qualifying Event. Coverage will begin the date of the Qualifying Event and a fee will post to your Bursar Account..
4. Your insurance card will be available online through Catalyst, once your request has been fully processed.

## SECTION B: Student Information

Student M#: \_\_\_\_\_ Address: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Address 2: \_\_\_\_\_  
First Name: \_\_\_\_\_ City: \_\_\_\_\_  
Gender: \_\_\_\_\_ State: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Zip: \_\_\_\_\_  
UC Email: \_\_\_\_\_

### Mark a response for both items 1 and 2 below:

What is your current SHI enrollment status?

- Waived- No SHI benefits
- Student Only
- Student +1 < 18
- Student +1 > 18
- Student + 2(+) < 18
- Stud + 1 > 18 + 1 < 18
- Stud + 2(+) > 18
- Stud + 1 >18 + 2(+) <18
- Stud + 3(+) >18

2. What status are you requesting?

- Student Only
- Student +1 < 18 (\$4,286)
- Student +1 > 18 (\$4,720)
- Student + 2(+) < 18 (\$6,212)
- Stud + 1 >18 +1 Dep < 18 (\$6,646)
- Student + 2(+) > 18 (\$7,080)
- Stud + 1 >18 + 2(+) <18 (\$8,572)
- Stud + 3 >18 (\$9,440)

\*You must have existing SHI Coverage to add dependents. If you have a waiver, a new dependent is NOT a QLE.

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## SECTION C: Qualifying Event QLE

1. What is the date of the event? \_\_\_\_\_

Example: Date of marriage, child birth date, date of loss of coverage

2. Type of Event and Required Documentation: CHECK ONE

<input type="checkbox"/> I met the Age Limit of my other coverage.	Letter from Insurance company with termination date.
<input type="checkbox"/> Because of Job Loss, I lost my coverage.	Letter from Insurance company with termination date.
<input type="checkbox"/> Because of Divorce, I lost my coverage.	Letter from Insurance company with termination date.
<input type="checkbox"/> I attained eligibility after the add/drop period.	NA- SHI office will verify enrollment date
<input type="checkbox"/> I have a Newborn or Newly Adopted Child.	Birth Certificate, or Adoption document
<input type="checkbox"/> I have a New Spouse.	Marriage Certificate
<input type="checkbox"/> I have a dep. who newly arrived in the US.	Stamped passport or Visa
<input type="checkbox"/> I was given new responsibility to insure my dep.	Legal documentation with date and requirement
<input type="checkbox"/> OTHER loss of coverage	Explain:

## SECTION D: Dependent Information

First Name	Last Name	Date of Birth	Relationship to Student	Gender

## SECTION E: Verification

My signature below verifies the following: I am requesting a change to my current SHI coverage level. I understand the notices in Section A of this form. I am providing documentation that verifies my Qualifying Event.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

