



Brown University
2020-2021 Student Health Insurance Plan
Graduate Student Dependent Health Insurance Enrollment – Spring 2021

Student Information:

Student Name _____ **Student ID #** _____
Last Name First Name Middle Initial

Date of Birth _____ **Gender:** Male _____ Female _____ **Telephone Number** _____
mm/dd/yyyy

Mailing Address _____ **Email** _____
Street City State Zip Code

This form is to be used by Graduate students who are eligible to receive a subsidy to pay to enroll their dependent child(ren) in the Student Health Insurance Plan. Dependent coverage is available only if the student is also insured by the Student Health Insurance Plan. Dependent coverage expires concurrently with that of the Insured Student. Students may pay the full amount due after the subsidy is applied or can take advantage of the Installment Payment option as described in this document. The Installment option must be selected at the start of the annual policy and the Installment Payment Option is only available if paying by paper check.

	Annual Premium	Subsidized Premium Amount (paid by Brown University)	Balance Premium Due (paid by Graduate Student)
Enrollment Deadline	December 15, 2020		
Spouse/Civil Union/ Domestic Partner	\$2,505	\$1,878.75	<input type="checkbox"/> \$626.25
One Child	\$2,505	\$1,878.75	<input type="checkbox"/> \$626.25
Two or More Children	\$5,010	\$3,757.50	<input type="checkbox"/> \$1,252.50
Spouse/Civil Union/Domestic Partner and One or More Children	\$5,010	\$3,757.50	<input type="checkbox"/> \$1,252.50
		Processing Fee:	+ \$15
		Total Payment:	

Dependent Information:

List dependent(s) to be insured below.

	Last Name	First Name	MI	Date of Birth	Gender
Spouse/Civil Union/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. It is the student's responsibility for timely renewal payment. 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) Enrolled Student 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.

Payment Instructions: Note payment by credit card is for one-time payment only. A paper check must be used for the Installment Payment option (see page 2).

Charge to my (check one): ___ Visa ___ Master Card

Card Number: _____ Amount Charged: \$ _____ Expiration Date: _____

Print Name and Address of Cardholder: _____

Student Signature: _____ Date: _____

Email completed form to: graduate_school@brown.edu