



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

**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)
<b>Enrollment Deadline</b>	<b>August 15, 2020</b>		
<b>Spouse/Civil Union/ Domestic Partner</b>	\$4,047	\$3,035.25	<input type="checkbox"/> \$1,011.75
<b>One Child</b>	\$4,047	\$3,035.25	<input type="checkbox"/> \$1,011.75
<b>Two or More Children</b>	\$8,094	\$6,070.50	<input type="checkbox"/> \$2,023.50
<b>Spouse/Civil Union/Domestic Partner and One or More Children</b>	\$8,094	\$6,070.50	<input type="checkbox"/> \$2,023.50
		Processing Fee:	+ \$15
		Total Payment:	

**Dependent Information:**

List dependent(s) to be insured below.

	Last Name	First Name	MI	Date of Birth	Gender
<b>Spouse/Civil Union/Domestic Partner</b>					
<b>Child</b>					
<b>Child</b>					
<b>Child</b>					

**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](mailto:graduate_school@brown.edu)

## INSTALLMENT PAYMENT OPTION FOR DEPENDENT COVERAGE

### INSTALLMENT PAYMENT OPTION – Available if paying by paper check only

The installment plan option is only available to subsidized Graduate students who are enrolling their eligible dependent(s) for annual coverage. It is the student's responsibility for the timely submission of this installment form and payment and to insure the timely enrollment of eligible covered dependents each year. If a student is late in submitting an installment payment, Gallagher Student Health has the right to terminate the insurance as of the date the negligent installment payment was due.

### INSTALLMENT AGREEMENT – Please read carefully

I request my eligible dependents, my civil union or domestic partner or my child(ren) under the age of 26, identified in the next section, to be enrolled in the Brown University Student Health Insurance Plan for the 2020-2021 plan year.

1. I understand I must make three (3) equal installment payments for my dependent coverage and that I am obligated to make such payments on the premium due dates as set forth below.
2. I understand I am solely responsible for making timely payments and that Gallagher Student Health is under no obligation to send any form of reminder notice.
3. In the event that I fail to make a premium installment payment by the due date, I understand I shall receive from Gallagher Student Health a 10-day Notice of Cancellation of my dependent insurance coverage and that, unless I make the required installment payment within 10 days from the receipt of the cancellation notice, my dependent insurance coverage will be cancelled as the date premium is paid through.
4. In the event of cancellation, the only reinstatement of dependent coverage will be considered if it's within thirty (30) days from the effective date of cancellation, and that I remit to Gallagher Student Health the balance amount of all remaining installments with a letter requesting reinstatement. Upon receipt by Gallagher Student Health of my letter and payment, my dependent coverage will be reinstated.

### INSTALLMENT PAYMENT SCHEDULE

**Installment 1:** Due immediately or no later than September 1, 2020

**Installment 2:** Due December 1, 2020

**Installment 3:** Due April 1, 2021

	Installment 1	Installment 2	Installment 3	Premium Total
<b>Payment Due Date</b>	<b>9/1/2020</b>	<b>12/1/2020</b>	<b>4/1/2020</b>	
Spouse/Civil Union/ Domestic Partner	\$337.25	\$337.25	\$337.25	<input type="checkbox"/> \$1,011.75
One Child	\$337.25	\$337.25	\$337.25	<input type="checkbox"/> \$1,011.75
Two or More Children	\$674.50	\$674.50	\$674.50	<input type="checkbox"/> \$2,023.50
Spouse/Civil Union/Domestic Partner and One or More Children	\$674.50	\$674.50	\$674.50	<input type="checkbox"/> \$2,023.50
Processing Fee (applied to first installment):				+ \$15
Total Payment Amount				

**Payment Instructions: A paper check must be used for the Installment Payment option**

**Check or money order (International checks are not accepted)**

Make check or money order payable to: **Gallagher Student Health & Special Risk**

Mail enrollment form and premium payment to: **Gallagher Student Health & Special Risk, P.O. Box 845663, Boston MA 02284-5663**

**I have read the above and understand the terms of this Installment Agreement. I further understand that the ability of my eligible dependent(s) is contingent upon maintaining my own insured student eligibility.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name