



**The Ohio State University Student Health Insurance Plan  
Coverage Status Change Form  
Notification of Qualifying Event**

If you, the student, have experienced a Qualifying Event and want to change your Coverage Status (as defined in the next paragraph), you must complete this form and return it along with the required additional documentation to Gallagher Koster at the fax number or address below within 31 days of the Qualifying Event. **If this form is not received along with the appropriate documentation within 31 days of the Qualifying Event, your request to change your Coverage Status will not be processed. If you miss the 31 day deadline your next opportunity to change your Coverage Status will be at the beginning of the next plan year.**

Students can only change their Coverage Status if there is a Qualifying Event. A Qualifying Event is defined as follows:

- Marriage, Declaration of Domestic Partnership<sup>1</sup>, Divorce, Birth, Adoption, Death
- Involuntary loss or gain of coverage from another health insurance plan
- Dependent reaching the age limit of another health insurance plan
- First time arrival of a dependent from a foreign homeland
- Return of dependent(s) to foreign homeland

**Briefly explain the Qualifying Event:**

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**SECTION A: OSU STUDENT INFORMATION (REQUIRED SECTION)**

(Please print clearly)

Student's Last Name	Student's First Name	OSU Student ID #
Telephone Number	Date of Birth	OSU Email Address

**SECTION B: STUDENT ADDRESS**

Address	Street	City/Town	State	Zip Code	Country
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**Are you eligible to receive the Graduate Associate premium subsidy from the University?**    Yes    No

**Applicable Student Status** (please check **ALL** applicable):

Quarter Student     Semester Student (Law)     Domestic     International

**Current Coverage Status** (please check **one**):

No Coverage     Student     Student/Spouse/Domestic Partner     Student/Spouse/Domestic Partner/Child(ren)     Student/Child(ren)

**Requested Coverage Status** (please check **one**):

No Coverage     Student     Student/Spouse/Domestic Partner     Student/Spouse/Domestic Partner/Child(ren)     Student/Child(ren)

<sup>1</sup> Domestic Partners include both same-sex and opposite-sex domestic partners

**SECTION C: DEPENDENT INFORMATION** (if you are enrolling a dependent)

A Dependent is:

- The student’s legal spouse;
- The student’s same or opposite sex domestic partner;
- The student’s unmarried child(ren) under age 19. The term “children” includes a student’s biological children, stepchildren, foster children, adopted children from the date of placement in the student’s home and who depend on the student for their support; children for whom the student has been granted legal custody; children for whom the student has legal obligation to provide coverage due to a court order; and children of the student’s domestic partner.

Students can only change their Coverage Status (i.e. add or terminate dependent coverage) if there is a Qualifying Event.

Dependent Name (Last, First, Middle Initial)	Relationship	Gender	Date of Birth (MM / DD /YYYY)	Date of Qualifying Event

**Required Documentation:** The required documentation must be appropriate to justify the Qualifying Event. For example:

- Certificate of marriage, divorce, birth (or birth record from hospital), adoption, or death; Affidavit of Same-Sex/Opposite-Sex Domestic Partnership, or Affidavit of Termination of Domestic Partner Status
- Letter from insurance carrier stating end of policy and termination date
- Letter from insurance carrier stating dependent has attained maximum allowable age
- Stamped passport or visa (first time arrival of a dependent from a foreign homeland )
- Copy of airplane ticket (dependent(s) returning to foreign homeland)
- Documentation showing an involuntary gain in coverage from another plan

**If the appropriate documentation is not received within 31 days of the Qualifying Event, this form will not be processed and your next opportunity to change your Coverage Status will be at the beginning of the next plan year.**

For approved requests to ADD coverage: Coverage will become effective the day of the Qualifying Event, and the pro-rated cost will be posted to your University Statement of Account which is accessible from your online Student Center through <http://www.buckeyelink.osu.edu>.

For approved requests to TERMINATE coverage: Coverage will terminate on the first day of the following term coverage period and **there will be no pro-rata refund of premium.**

Gallagher Koster will notify The Ohio State University of your change in Coverage Status.

**Student’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Send form and documentation to: Gallagher Koster, 500 Victory Road, Quincy, MA 02171 or by fax to 617-479-0860. If you have any questions, call 800-254-2461.