

# **Belmont University Qualifying Life Event Request**

#### **NATURE OF YOUR QUALIFYING LIFE EVENT:**

If you experience a Qualifying Life Event (QLE) (e.g. loss of health insurance coverage, no longer eligible on your parent's health insurance, marriage, etc.) during the plan year 8/21/23-8/20/24, you can enroll in the Belmont University health insurance for the remainder of the current coverage period. Please complete this form and sign and date it.

Reason for Qualifying Event:	Other (please detail)
Loss of coverage under another plan	
Marital Status	
Adoption of a Child/Birth of a Child	
Guardianship Appointment	
☐ International Students: Arrival of Spouse/Dependents in Co	puntry
Date of Qualifying Life Event:	
PRIMARY INSURED INFORMATION:	Gender:
	М
	F $\square$
Name:(Last name, first name)	
Student ID #:	
(Required)	
Birth Date:	
(mm/dd/yyyy)	
Address:	
(St	treet, City, State, ZIP)
Student Phone #: (Home phone or cell phone)	Email Address:





ENROLLMENT & PAYMENT INSTRUCTIONS:							
A QLE is required for primary insureds and dependents to be eligible to enroll in the school health insurance plan at a time outside of the enrollment period. Enrollment in the plan must occur within 30 days of the QLE. Premiums							
are not pro-rated.							
Student Signature:	Date:						
FOR MORE INFORMATION: Contact Roslian Humphrey at 615-460	0-5614 or roslian.humphrey@belmont.edu.						
FOR ADMINISTRATIVE USE ONLY:  Date:							
Effective Enrollment Period Dates:Approved By:							
Premium Amount:							



## Processor Date Stamp Received Here

### UNITEDHEALTHCARE INSURANCE COMPANY ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS

#### **BELMONT UNIVERSITY**

2023-644-1

PRIMARY INSURED COMPLETE INFOR	RMATION BELOW FOR STUDEN	т.
LAST (FAMILY) NAME:	FIRST (GIVEN) NAME:	MIDDLE INITIAL:
GENDER:	DATE OF BIRTH: (MONTH/DAY/YEAR)	SCHOOL ID #:
PERMANENT U.S. ADDRESS: (HOUSE/BI	UILDING # AND STREET NAME)	
CITY:	STA	TE: ZIP CODE:
TELEPHONE #:	EMA	AIL ADDRESS:
		coverage is only available for students insured under the
Plan (Please include a blank sheet for a SPOUSE:	GENDER:    MALE   FEMALE	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:
CHILD:	GENDER:	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:
CHILD:	GENDER:	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:
CHILD:	GENDER:	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:
CHILD:	GENDER:	DATE OF BIRTH: (MONTH/DAY/YEAR)
First (Given) Name:	Middle Initial:	Last (Family) Name:
of the Company or the effective date of the signing, the student acknowledges the following as indicated on this enrollment form; 2) Rathe eligibility requirements for this covera student is not eligible, the premium will be forces.	ne coverage period, whichever owing: 1) The student has care ates are not pro-rated other that ge as described in the Certific refunded. Premium will not be use false, incomplete, or misleading.	premium is received by the Company or a representative is later, unless otherwise stated in the Master Policy. By fully read the Certificate of Coverage and elects to enroll in as listed on this enrollment form; 3) The student meets ate of Coverage; and 4) If it is later determined that the efunded except for ineligibility or entrance into the armed and information to an insurance company for the purpose enial of insurance benefits.
Student's Signature:		Date:

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Campus/School Attending: _Please print name of Univer	sity. Mu	ust be completed in order for	or applica	ation to be processed.	
☐ I elect to purchase In Below are the choices			overage	e under the University's student insura	nce plan.
PLEASE CHECK ALL APPROF	PRIATE	BOXES.			
INSURED CATEGORY:		Domestic Graduate J-1 International		Advanced Nursing	
ID Codes	Mon	thly (MX)			
1 Student	□ \$	398.00			
2 Spouse	□ \$	398.00			
3 One Child	□ \$	398.00			
4 Two or more Children		797.00			
5 Spouse + two or more Children	□ \$	1,195.00			
EFFECTIVE/EXPIRATION I  ☐ Annual 8/21/2023		<b>DS</b> : 8/20/2024			
		TO CALCULATI			
Rate x # of months eligible =	= amou			months = \$1,195.00	
		CALCULATION FOR M	/ION I HL	Y PREMIUM:	
Monthly premium: \$					
Multiply by # of months: _					
Total premium enclosed: \$	<b>5</b>				
Dayment Instructional Make	ob o ol (	or manay arder navable to	Linitadi	locations of the contract in LIC dellars	Moil thio
enrollment form along with p			Unitean	lealthcare Student Resources in US dollars	. Maii triis
UnitedHealthcare Student R PO Box 809026	esourc	es			
Dallas, TX 75380-9026.					

Your cancelled check or credit card billing is your only receipt and notification of coverage. The student is responsible for timely premium payments whether or not a premium notice is received.

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#### NON-DISCRIMINATION NOTICE

UnitedHealthcare StudentResources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC Civil Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at <a href="http://www.hhs.gov/ocr/office/file/index.html">http://www.hhs.gov/ocr/office/file/index.html</a>.

**Phone:** Toll-free **1-800-368-1019**, **800-537-7697** (TDD)

**Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

#### LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

#### English

Language assistance services are available to you free of charge. Please call 1-866-260-2723.

#### Albanian

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

#### Amharie

#### Arabic

تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم 2723-260-866.

#### Armenian

Ձեզ մատչելի են անվՃար լեզվական օգնության ծառայություններ։ Խնդրում ենք զանգահարել 1-866-260-2723 համարով։

#### Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

#### Bisayan- Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

#### Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্যে পেতে পারেন। দ্যা করে 1-866-260-2723-তে কল করুন।

#### Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ် ပါ။

#### Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ 1-866-260-2723។

#### Charaka

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#### Chinese

您可以免費獲得語言援助服務。請致電 1-866-260-2723。

#### Choctaw

Chahta anumpa ish anumpuli hokmvt tohsholi yvt peh pilla hochi apela hinla. I paya 1-866-260-2723.

#### Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

#### Dutch

Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

#### French

Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

#### French Creole- Haitian Creole

Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

#### German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

#### Greek

Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

#### Gujarati

ભાષા સહ્યય સેવાઓ તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. કુપા કરીને 1-866-260-2723 પર ક્રૉલ કરો.

#### Hawaijan

 $K\bar{o}$ kua manuahi ma kāu 'ōlelo i loa'a 'ia. E kelepona i ka helu 1-866-260-2723.

#### Hind

आप के लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

#### Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

#### Ibo

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

#### Ilocano

Adda awan bayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

#### Indonesian

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

#### Italian

Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

#### Japanese

無料の言語支援サービスをご利用いただけます。 1-866-260-2723 までお電話ください。

#### Karei

ကျိတ်တာမေစາເສຕີໂနမေးနှုံးအီးသဲ့ဝဲလာတလိဉ်ဟ္ဉာ်အပူးဘဉ်(ဒီလီ)နှဉ်လီး. ဝံသးစူးဆုံးကျိုးဘဉ်1-866-260-2723တက္ကာ်.

#### Korean

언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오.

#### Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yon. Sebel i nsinga ini 1-866-260-2723.

#### Kurdish Sorani

خزمەتەكلىي بار مەنيى زمانى بەخۆر ايى بۇ ئۆ دابين دەكرىنى تكايە تىلمەۋن بىكە بۆ رمار دى 2723-260-1.

#### Laotia

ມືບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໂທຫາເບີ 1-866-260-2723.

#### Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे. त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

#### Marshallese

Kwomaroñ bōk jerbal in jipañ in kajin ilo ejjelok wōṇāān. Jouj im kallok 1-866-260-2723.

#### Micronesian-Pohnpeian

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

#### Navajo

Saad bee áka'e'eyeed bee áka'nída'wo'ígíí t'áá jíík'eh bee nich'į' bee ná'ahoot'i'. T'áá shoodí kohji' 1-866-260-2723 hodíilnih.

#### Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया 1-866-260-2723 मा कल गर्नुहोस्।

#### Nilotic-Dinka

Käk ë kuny ajuser ë thok atë tinë yin abac të cin wëu yeke thiëëc. Yin cəl 1-866-260-2723.

#### Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

#### Pennsylvania Dutch

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

#### Persian-Farsi

خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شمار ه 8-260-2723 تماس بگیرید.

#### Polish

Możesz skorzystać z bezplatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

#### Portuguese

Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

#### Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ

1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

#### Romanian

Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

#### Russian

Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-866-260-2723.

#### Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e lē totogia. Faamolemole telefoni le 1-866-260-2723.

#### Serbo- Croatian

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

#### Somali

Adeegyada taageerada luqadda oo bilaash ah ayaa la heli karaa. Fadlan wac 1-866-260-2723.

#### Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

#### Sudanic- Fulfulde

E woodi walliinde dow wolde caahu ngam maaɗa. Noodu 1-866-260-2723.

#### Swahili

Huduma za msaada wa lugha zinapatikana kwa ajili yako bure. Tafadhali piga simu 1-866-260-2723.

#### Syriac- Assyrian

چەھەققە تەخبۇقە تەلغىتە، ھەكىمىد، ئەبلە ھەئە ئالەممى . مىيىدەمە مەنى جلا مەنتە، 2723-266-1.

#### Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

#### Telugu

లాంగ్వేజ్ అసిస్టెంట్ సర్వీసెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి. దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

#### Thai

มีบริการความช่วยเหลือด้านภาษาให้โดยที่คุณไม่ต้องเสียค่าใช้จ่า ยแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข 1-866-260-2733

#### Tongan- Fakatonga

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

#### Trukese (Chuukese)

En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

#### Turkish

Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayı arayınız.

#### Ukrainiai

Послуги перекладу надаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

#### Urdu

#### Vietnamese

Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

#### Yiddish

שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך פריי פון אפצאל. ביטע רופט 1-866-260-2723.

#### Yoruba

Isé irànlówó èdè tí ó jé òfé, wà fún ó. Pe 1-866-260-2723.