



### Qualified Late Enrollment in SHIP

STUDENT NAME: \_\_\_\_\_

VANDAL ID #: \_\_\_\_\_

VANDAL EMAIL: \_\_\_\_\_@vandals.uidaho.edu

DATE COVERAGE ENDED: \_\_\_\_\_

Students who lose employer sponsored health insurance, Medicaid, or age off their parents' health insurance plan after Open Enrollment may enroll in SHIP within 30 days of the date the coverage ended.

The effective date of SHIP will be the day following the day coverage was lost. Charges for SHIP are placed on students' accounts.

Pro-rated cost of coverage will be the monthly rate multiplied by months of coverage **OR** the full semester rate, whichever is **LESS**.

**FULL SEMESTER RATE: \$1,206.00**

**MONTHLY RATE: \$201.00**

***\*THE FULL MONTHLY COST OF COVERAGE IS CHARGED EVEN IF ONLY ONE DAY OF THE MONTH IS NEEDED FOR COVERAGE.***

ATTACH DOCUMENTATION SHOWING LOSS OF COVERAGE THAT **INCLUDES** THE TERMINATION DATE.

If the required documentation is not received within 30 days of SHIP effective date, a \$50.00 late fee will be charged to the student's account.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR SHIP OFFICE ONLY

NOTES:

Premium:

SHIP Effective Date:

Date Processed:

Initials: