

# Qualifying Life Form

We would need to collect the following information:

**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 current plan year, you can enroll in the school sponsored health insurance for the remainder of the current coverage period.

Please complete this form and sign and date it at the bottom.

First Name:

Last Name:

Gender:    M        F        Other    Student ID# :

Date of Birth:

Permanent Mailing Address (home address):

City:                                  State:                                  Zip:

School Email Address:

Type of Student:

Domestic Undergraduate

International Graduate

International Undergraduate

Other:

Domestic Graduate

Date coverage is to begin:

What School do you Attend:

Please email information to [pfritze@rcmd.com](mailto:pfritze@rcmd.com)

Signature:

Date: