



# Butler University Direct Pay Petition to Add Form

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE ENROLLED**

Please print clearly to ensure accurate processing.

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Address \_\_\_\_\_ Gender  Male  Female  
Street or P.O. Box City State Zip

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Check Here	Enrollment Period	Plan period	Premium for Coverage Period
	Spring/Summer	01/10/2013-08/14/2013	\$596
		Processing Fee	\$15
		Total Payment Enclosed	<b>\$611</b>

**Students can only add coverage if there is a qualifying event. Please check qualifying event:**

- Reaching the age limit of another health insurance plan
- Loss of health insurance through a marriage or divorce
- Involuntary loss of coverage from another health insurance plan

I understand that this Petition is subject to the approval of Gallagher Koster and subject to the payment of any applicable premium.

**If you are completing this petition as a result of losing coverage under your previous insurance carrier, for whatever reason, you must include a letter from your previous carrier confirming loss of coverage and indicating the last date of coverage.** In order not to have a lapse in coverage, this petition must be received within 31 days of your last day of coverage. If this form is not received within 31 days of your last day of coverage, the effective date will be the date that this form is received at Gallagher Koster.

**Please complete form with payment and return it with a letter from your previous carrier confirming loss of coverage to:**

**Gallagher Koster  
P.O. Box 845663  
Boston MA 02284-5663  
1-877-363-9377**

**PAYMENT INSTRUCTIONS:**

Charge to my (check one):  Visa  Master Card

Card Number: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name and Address of Card holder \_\_\_\_\_

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

Make check or money order payable to **Gallagher Koster**.

You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.