



EAP Gap Health Insurance Enrollment Form 2009-2010

(For US coverage only after return to the U.S.)

Complete this form carefully. All information must be legible. Keep a copy for your records. It is important to share all insurance information with your parents. To be eligible for Gap Insurance, EAP students must return to a UC campus the term following EAP as full-time students.

Mail completed form and payment to: Mercer Health & Benefits Attention: Alex Zeron 1166 Avenue of the Americas New York, NY 10036

OR fax to: (212) 345-3594

Important:

- 1. Please complete this form by the EAP pre-departure withdrawal deadline for your program listed in the EAP Student Agreement.
2. Do not complete this form if you are certain that you will not experience a gap in medical insurance coverage after you return to the U.S.
3. If you do not enroll in Gap Insurance, we will understand that you are willingly declining Gap Insurance coverage as you have a valid medical insurance policy in effect on the day that you return to the US.
4. If you do not enroll in Gap Insurance, you understand that if you face a medical emergency when you return from EAP, and are not covered by SHIP, or other private plan, you may incur a large financial burden because you would be uninsured in the US.

Required Information - Please print

Name of Student (Please print clearly)

EAP Program (Program, Country) (Start/End Dates of EAP Term)

Date of Birth UC I.D. Number

Home UC Campus (choose one)

- Berkeley Irvine Merced San Diego Santa Cruz
Davis Los Angeles Riverside Santa Barbara

Enroll in EAP Gap Health Insurance

1) Gap coverage starts on the first day that you arrive in the US after EAP. 2) Please check only one box. 3) Sign below. 4) Return form and check made payable to Marsh USA, Inc. to the address above.

Term of Gap Health Insurance Needed (Graduating Seniors are limited to 1 month of Gap Insurance coverage)

- 1 month \$105.00 2 months \$210.00 3 month \$315.00

Covering Dependents? Yes No

If "Yes," please provide full name and relationship to student. Dependent premium is the same as student premium.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Signature Date Signed