

# Dartmouth Student Group Health Plan (DSGHP) Mid-Year Enrollment

**Dartmouth Student Group Health Plan**
**Mailing Address:**

 7 Rope Ferry Rd, HB# 6143  
 Hanover, NH 03755

 E-mail: [dartmouth.student.health.plan@dartmouth.edu](mailto:dartmouth.student.health.plan@dartmouth.edu)

 Website: <http://www.dartgo.org/studentinsurance>

Telephone: (603) 646-9438 &amp; (603) 646-9449 Fax: (603) 646-8893

**Student Name:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **DID#:** \_\_\_\_\_  
Last First

**ENROLLMENT:** I am requesting to be enrolled into the Dartmouth Student Group Health Plan (DSGHP) during the following timeframe:

\_\_\_\_\_ to \_\_\_\_\_

The DSGHP premium that will be charged to my tuition account is \$ \_\_\_\_\_.  
 (Please contact the DSGHP office for this prorated amount.)

I am requesting enrollment later than September 1, 2024 because:

\_\_\_\_\_ Dartmouth sponsored study abroad program, term(s): \_\_\_\_\_

\_\_\_\_\_ Mid-year start date, term: \_\_\_\_\_

\_\_\_\_\_ My coverage with another health plan was terminated involuntarily.  
 (You must provide a copy of the termination letter sent to you from this health plan. This application must be submitted within 31 days of termination with the other health plan.)

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

- I understand that I will automatically be re-enrolled into the plan and the fee charged to my student account each year I am eligible. If I wish to waive enrollment I need to submit a completed waiver by the deadline. I also understand that my enrollment can not be cancelled except with an advanced written application to terminate December 31<sup>st</sup> or March 31<sup>st</sup>, as described in the DSGHP Plan Document found at the website below.
- If you have dependents you would like to enroll into the plan for an additional fee:  
 Download, print, complete, and submit the dependent application to the DSGHP Office with this enrollment form. Dependent Applications are available at:

<http://www.dartgo.org/studentinsurance>

\_\_\_\_\_  
 Signature of Student or Parent/Guardian

\_\_\_\_\_  
 Date