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

Dartmouth Student Group Health Plan

Mailing Address:

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Hanover, NH 03755

E-mail: dartmouth.student.health.plan@dartmouth.edu

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

Telephone: (603) 646-9438 & (603) 646-9449

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, 2025 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 31st or March 31st, 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