MARYLAND INSTITUTE COLLEGE OF ART

Precollege Program
Summer 2024 SHIP
Student Health Insurance Plan
Enrollment/ Waiver Form

QM SERVICES

Please return the completed and signed form to:
your QM Services profile: www.qmservicesinc.com
Fax: 717-591-2093
Mail: MICA, c/o Student Insurance Administrator
P.O. Box 867 Mechanicsburg, PA 17055
If waiving the SHIP, return with a picture/copy of the front and back of your health insurance card.

Student Information

Name: _____ Cell Phone #: _____

MICA ID# _____ Email Address: _____

Date Of Birth: _____ Mailing Address: _____

_____

To complete your insurance requirement, select one of the following options:

☐ **Enroll** I want to *enroll* in the MICA SHIP for the 2024 Precollege Program.

Effective Dates: 6/30/24 - 7/31/24
Total Cost of Insurance: $336
Includes a one-time administrative fee.
A dependent spouse or child(ren) can be added for an additional cost. Contact QM Services for more details.

MICA supports an individual's gender expression. However, insurance carriers require the following information to accurately process any insurance claims. Which gender was assigned to you at birth on your original birth certificate?

☐ Male ☐ Female

☐ The mailing address provided above is where all SHIP communications about the SHIP should be sent.

By signing this document, I understand I agree to be enrolled in MICA's Student Health Insurance Plan for the full term of insurance notated on this form. I understand the cost associated with my enrollment is my responsibility, and failure to pay may result in loss of insurance coverage or other penalties at the discretion of the collector, Maryland Institute College of Art, their administrator or insurance carrier. **I understand that once enrolled, the carrier will not allow cancellations, except in the case of a Qualifying Life Event.**

_____ _____
Signature Date

☐ **Waive** I want to *waive* the MICA SHIP for the 2024 Precollege Program and receive a credit to my student account.

Credit: $336

Please fill in ALL required information below (notated with an *) and return with a copy of the front and back of your health insurance ID Card

*Name of Insurance Company: _____

*Member ID# _____

Group # _____

Who is the Insurance Subscriber?

*Name:_____

*Date of Birth:_____ *Relationship to student:_____

Is your policy Medicaid? ☐ No ☐ Yes- in which state? _____

Is your policy an HMO? ☐ No ☐ Yes- in which state? _____

If you do not know if your policy is Medicaid or HMO, please refer to the second page

I hereby waive rights to the benefits of the MICA SHIP. I have confirmed that my plan will cover my medical expenses while at school. If the insurance company specified on this form fails to pay, I understand that I will be solely responsible for all medical expenses.

_____ _____
Signature Date

MARYLAND INSTITUTE COLLEGE OF ART

Precollege Program
Summer 2024 SHIP
Enrollment/ Waiver Instructions

This page is for reference only, you are not required to complete or return anything on this page

Need assistance completing your form? Contact QM Services!

Email: university@qmservicesinc.com
Phone: 800-273-1715 ext. 2
Website: qmservicesinc.com

Enroll

Effective Dates: 6/30/24 - 7/31/24 - *Your insurance policy will be active between these dates.*
Total Cost of Insurance: $336 - *This amount may have already been billed to your student account.*

Gender: MICA supports an individual's gender expression. However, insurance carriers require the following information to accurately process any insurance claims. The gender you provide must match the gender assigned to you on your original birth certificate. If you have questions or need clarification, please contact QM Services

Mailing Address: MICA's SHIP Insurance Company, Aetna, does not issue ID Cards by mail. Aetna will send a welcome email to your MICA email address with instructions to obtain your ID Card 7-10 business days after you receive a confirmation email. You can also visit aentnastudenthealth.com to obtain a copy of your insurance card and find benefit information. Aetna may still send Explanations of Benefits (EOBs) and/or other SHIP-related documents to this address. **If your address changes throughout the year, please contact QM Services to update your address.**

Cancellations: When you sign the Enrollment form, you agree to be enrolled in the full term of insurance. Cancellations to the policy can only be made if you experience a Qualifying Life Event (QLE). For more information about QLEs, please contact QM Services.

Benefits Information: Information about policy benefits and exclusions is available on the QM Services website (www.qmservicesinc.com) by selecting "Student Enroll/Waive" and entering your school name. This information can be found in the green links on the left-hand side of the page.

Waive

Credit: $336 - *This amount may have already been billed to your student account. If your insurance is accepted by the deadline, you will be credited the same amount. Information received after the deadline may be subject to a late waiver fee. Contact QM Services for more information.*

If you intend to waive, this form MUST be returned with a copy of the front and back of your insurance cards. Forms that are submitted with NO insurance cards are not complete, and will not qualify as waiver submission.

Name of Insurance Company: Please enter the name of the insurance company that carries your insurance coverage. There is no need to enter your policy name.

Member ID: This can also be called your **insurance ID** or **Subscriber ID**. Please provide all digits including any letters. Spaces or hyphens are not necessary.

Group #: This field is not required, not all insurance cards have a group number on them. If your card does have a group number or **group ID** please provide it.

Insurance Subscriber: This is the name and date of birth of the person who the insurance coverage is through. If it is a group policy, this is the person who works at the company that provides the policy. If your plan is Medicaid, it is the person who applied for Medicaid coverage. Then, write how they are related to you (parent, spouse, step-parent, etc.)

Medicaid: Medicaid is a no or low-cost plan applied for through the state you live in. If your plan is Medicaid, it might say it on the card. If you do not know, ask the *insurance subscriber,* or write "IDK" on your form.

HMO: A Health Maintenance Organization (HMO) is a type of insurance that may limit benefits by network or area. Your card may say **HMO** or **Health Maintenance** on it. If you do not know, ask the *insurance subscriber,* or write "IDK" on your form.