

1. Log into the Gallagher insurance portal and select “Enroll”

2023-2024 Wesleyan University SHIP

Plan Summary	Plan Details
<p>Carrier Name: Wellfleet</p> <p>Wesleyan University Student Health Insurance Plan with Wellfleet coverage is administered by Gallagher Student Health. Please review the documents in the Plan Details section for answers to frequently asked questions.</p> <hr/> <p>2023-2024 Wesleyan University SHIP - Annual Coverage Period: 08/12/2023 - 08/11/2024</p> <p>ENROLL WAIVE</p>	<p> Freq</p> <hr/> <p> Plan</p> <hr/> <p> Sum</p> <hr/> <p> Plan</p> <hr/> <p> Add</p>

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2. Check off the terms of agreement box and then make selection for spouse/partner or child enrollment. (note- you will not enter demographic information at this time)

i Disclaimer

- Coverage will be effective the first date of the coverage period when Gallagher Student Health receives the enrollment information.
- By submitting this form, I acknowledge the following:
 - I have carefully read the plan information and elect to enroll in the coverage.
 - I meet the eligibility requirements for this coverage as described in the plan information.
 - I will receive a refund of my premium payment if it is later determined that I am not eligible.
 - Other than for eligibility reasons, my premium payment is non-refundable.

By checking this box, I agree to the terms and declarations of this form. *

Add/Review Dependents

Dependent Spouse / Partner

i Add dependent by clicking the 'Enroll Spouse/Partner' button and 'Add Spouse/Partner' link to the right.
Enroll Spouse/Partner

Dependent Children

i Add dependent by clicking the 'Enroll Child' button and 'Add Child' link to the right.
Enroll Child

i Enroll in Available Insurance Plans

- Select the Coverage in which you wish to Enroll under Available Plans.
- Check your plan documents or student account for premium information.

IMPORTANT: Please make sure to click each available plan below and select the desired E

Available Plans

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3. Scroll down to Available Plans and click the hyperlink of the plan name

Dependent Spouse / Partner

First Name	Last Name	Date of Birth

Dependent Children

First Name	Last Name	Date of Birth

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- **Enroll in Available Insurance Plans**
 - Select the Coverage in which you wish to Enroll under Available Plans.
 - Check your plan documents or student account for premium information.

IMPORTANT: Please make sure to click each available plan below and select the desired Enrollment.

Available Plans

Coverage Name
2023-2024 Wesleyan University SHIP - Annual

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4. A new window will pop up and you will click the box for "Yourself"

Plan Enrollment

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- **Select Individuals to Enroll**
 - Select the individuals you wish to enroll by checking the box next to their name. Adding individuals may affect the total premium.
 - When finished, click the 'Save and Continue' button at the top right corner to return to the Plan Enrollment.
 - Enroll in additional insurance plans, if applicable.

Yourself	<input checked="" type="checkbox"/>
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- **Coverage Pricing Details**

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Coverage Name:

2023-2024 Wesleyan University SHIP - Annual

5. Locate and Click Save and Continue (top right)

6. This will bring you back to the page where you can now add demographic information for your spouse/partner/child

Dependent Spouse / Partner

First Name	Last Name	Date of Birth	Address Line 1	City	State	Zip Code

Dependent Children

First Name	Last Name	Date of Birth	Address Line 1	City	State	Zip Code

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- **Enroll in Available Insurance Plans**
 - Select the Coverage in which you wish to Enroll under Available Plans.
 - Check your plan documents or student account for premium information.

IMPORTANT: Please make sure to click each available plan below and select the desired Enrollees. Any premium not collected by Gallagher is handled by your school and may be billed to you on your tuition/bursar bill depending on your school's policy

Available Plans

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7. Once complete, locate and click Submit (top right)