

How to Enroll in the Geneva's Student Health Insurance

-Go to the **University Health Plans** website at <https://www.universityhealthplans.com/>

-Select "Geneva College" from the Select your college or university drop down menu and click "Continue."

Students, let's get started...

Submit a waiver form, enroll in your school's health insurance plan or learn about other insurance products and services.

Select your college or university:

Search | **Continue**

- Endicott College
- Fitchburg State University
- Framingham State University
- Geneva College**
- Gordon College
- Gordon-Conwell Theological Seminary
- Ithaca College
- ITT Technical Institute
- Johnson & Wales University (JWU)
- Lafayette College

Additional Products and Services

The additional products and services listed below include vision and dental plans, property insurance, and other plans. These plans are an ancillary cost and are not included in the cost of the student health insurance plan. **and services at your institution, to**

-This will bring the student to the Geneva landing page.

-Students wishing to enroll will click "Enrollment Form" on the left-hand side of the landing page.

*****Students should submit an enrollment form if they know they will be using the student health insurance*****

GENEVA COLLEGE

STUDENT HEALTH INSURANCE PLAN

2025-2026 Policy Year

Full-time traditional undergraduate students enrolled in 12 or more credit hours are required to have health insurance while attending Geneva College. **Students required to have insurance will be enrolled in the student health insurance plan unless proof of comparable coverage is provided by completing the waiver form.**

The 2025-2026 Geneva College Student Health Insurance Plan (SHIP) is underwritten and administered by Wellfleet. The plan includes Cigna's Preferred Provider Organization (PPO). Geneva College has partnered with University Health Plans to administer the plan and help with any waiver, enrollment, or general benefit-related questions. University Health Plans can be reached at 833-251-1722 or info@univhealthplans.com. For specific benefit-related questions or questions about claims, Wellfleet can be reached at (877) 657-5030.

Premium and Coverage Periods

	Annual Students	New Spring Students
Coverage Dates	August 1, 2025 – July 31, 2026	January 1, 2026 – July 31, 2026
Insurance Cost	\$1,616	\$938
Waiver Deadline	September 12, 2025	January 23, 2026

Student Enrollment Process

Students planning to use the student health insurance plan should complete the enrollment form in the navigation menu to the left to transfer their information to the insurance company before the **deadline**. After the waiver deadline, students who did not submit a form will be automatically enrolled in the SHIP retroactive to August 1, 2025.

Navigation Menu:

- Introduction
- Contact Information
- Wellfleet COVID-19 Updates
- FAQs
- Student Health Plan**
- Waiver Form
- Enrollment Form**
- Qualifying Event Enrollment Form
- Dependent Enrollment Form
- Self-Insured Retention

Geneva College

STUDENT HEALTH INSURANCE PLAN

Annual Enrollment Form 2025-2026 Academic Year

Although students are automatically charged on their tuition statement for the SHIP, student information is not transferred to the insurance company until after the deadline unless an enrollment form is submitted.

Students may also enroll their lawful spouse and dependent children up to age 26. When dependents are enrolled, the dependent premium is paid to UHP via credit card.

Your student ID number is 7 digits and does not include any leading zeros.

TO CONTINUE THE ENROLLMENT PROCESS, PLEASE FILL OUT THE REQUIRED FIELDS BELOW:

Asterisk (*) denotes required field

date of birth: * (MM/DD/YYYY)

student ID: *

Continue

-Students will need to answer all required fields before submitting the enrollment form.

Geneva College

STUDENT HEALTH INSURANCE PLAN

Annual Enrollment Form 2025-2026 Academic Year

By completing the enrollment form, the student confirms enrollment in the SHIP and is responsible for the student insurance premium charged to the tuition statement.

Students may also enroll their lawful spouse and dependent children up to age 26. The dependent premium is paid to UHP through this form. Please note only one form can be submitted. If you intend to enroll dependents, please submit one form confirming enrollment for the student and all dependents. Submitting the dependent enrollment automatically confirms the student enrollment.

Student Only

- ☐ \$1,616.00 **Student Only - 08/01/2025 - 07/31/2026** the premium is charged to your tuition statement

Student + Dependent Coverage

- ☐ \$1,616.00 **Spouse 08/01/2025 - 07/31/2026** - The dependent cost of \$1,616 paid by credit card is in addition to the \$1,616 student cost, added to the tuition statement.
- ☐ \$1,616.00 **One Child 08/01/2025 - 07/31/2026** - The dependent cost of \$1,616 paid by credit card is in addition to the \$1,616 student cost, added to the tuition statement.
- ☐ \$3,232.00 **Spouse + One Child 08/01/2025 - 07/31/2026** - The dependent cost of \$3,232 paid by credit card is in addition to the \$1,616 student cost, added to the tuition statement.
- ☐ \$3,232.00 **Two Children 08/01/2025 - 07/31/2026** - The dependent cost of \$3,232 paid by credit card is in addition to the \$1,616 student cost, added to the tuition statement.
- ☐ \$4,848.00 **Three Children 08/01/2025 - 07/31/2026** - The dependent cost of \$4,848 paid by credit card is in addition to the \$1,616 student cost, added to the tuition statement.
- ☐ \$4,848.00 **Spouse + Two Children 08/01/2025 - 07/31/2026** - The dependent cost of \$4,848 paid by credit card is in addition to the \$1,616 student cost, added to the tuition statement.
- ☐ \$6,464.00 **Spouse + Three Children 08/01/2025 - 07/31/2026** - The dependent cost of \$6,464 paid by credit card is in addition to the \$1,616 student cost, added to the tuition statement.

Asterisk (*) denotes required field

STUDENT INFORMATION

first name: *

last name: *

student ID: *

home address: *

home address (cont.):

home city: *

home state: *

home zip: *

email address: *

date of birth: *

(MM/DD/YYYY)

gender: *

international student: *

DEPENDENT INFORMATION

first name	m.	last name	relation	gender	birthdate

NOTICE TO STUDENT: By applying, the student acknowledges the following: 1) The student has carefully read the Summary of Benefits and elects to enroll as indicated on this enrollment form; 2) The student meets the Eligibility requirements for this coverage; 3) If it is later determined that the student is not eligible, the premium will be refunded by the insurance company; and 4) Other than Eligibility, the premium is not refundable.

Continue

Once the enrollment form has been successfully submitted, it may take up to a week before you are able to download your insurance cards from the University Health Plans website.