Student Continuation of Insurance while on Leave of Absence
You have elected to continue student health insurance coverage while on a leave of absence (LOA) and agree that it is your responsibility to submit payment to the BCM Human Resources - Benefits office for this coverage. Coverage can be continued up to a maximum of 12 months while on an LOA. Please review the information below to understand what you must do to maintain coverage.

Payment of Coverage
Students have 31 days from their effective date of LOA to checkout with the Human Resources – Benefits office and elect to continue health insurance by completing this notice and submit a check for premiums for the first month of LOA. Thereafter, payment must be made (postmarked) on or before the first of each month for that month’s coverage. Payment may be made in person or by mail in the form of a personal check, money order or cashier’s check. Students are encouraged to mail payments via certified mail to ensure proof of timely payment. Payment made to the Human Resources - Benefits office is for individual coverage only. If you are covering dependents payment will continue to be billed by Academic HealthPlans (AHP) through your personal bank account or credit card.

Termination of Coverage
Coverage will be terminated effective the 1st of the month in which payment is late, not received, or when the student has reached the maximum 12 months of coverage while on LOA. If Baylor College of Medicine does not receive your continuation coverage payment you must be able to provide proof that you timely mailed the payment or your coverage will terminate. If you can provide such proof, BCM will allow a second chance to submit the payment.

Late Payment One Time Grace Period
In the event a student submits a late or no payment, then a one time grace period can be requested by the student. The student will have 7 calendar days from the last day of the month in which payment is late or not received to request the one time grace period and submit a check by mail or in person to the Human Resources – Benefits office for the total amount of premiums owed for the remainder of your approved leave period. For example, if a payment was due on April 1st then the student would have until May 7th to request the one time grace period and submit payment for the total amount of premiums owed for the remainder of the approved leave period. Please note that premiums are subject to change at the start of each academic year effective July 1. In the event your LOA should cross into the next academic year and your payment submitted does not cover the entire balance owed, you will be notified by the Benefits office for the amount owed and a due date for payment. In the event your LOA should cross into the next academic year and your payment submitted is more than the amount owed, you will receive a refund for the excess amount.

Payments should be made payable to Baylor College of Medicine and mailed to:

Baylor College of Medicine
One Baylor Plaza – BCM 207
Houston, TX 77030

Student name: ______________________
BCM ID: ___________________
In person payment can be made to the HR-Benefits office located at:

6624 Fannin St. Suite 1800
Houston, Texas 77030

Leave of Absence dates: _________________________

Monthly premium amount:

19/20 academic year (7/1/2019 - 6/30/2020) = $466.50
20/21 academic year (7/1/2020 - 6/30/2021) = $467.25

First Payment Due Date: ________________ First Payment Coverage Period: ________________
Second Payment Due Date: ________________ Second Payment Coverage Period: ________________

*All remaining payments will be due (postmarked) on or before the first of each month for that month’s coverage*

Annual Student Change Period
If you are on an approved leave of absence during the annual Student Insurance Change Period and have continued your student health insurance coverage you have the same rights as an active student. You may apply for an application of waiver, enroll, or add or drop dependents during the Annual Student Insurance Change Period but will have to do so by contacting the HR-Benefits office. While on LOA you will continue to receive email communication from the Human Resource - Benefits office through your BCM email address and it is your responsibility to monitor your BCM email accounts during the Annual Student Insurance Change Period and respond accordingly.

For questions, please contact the Benefits office at ask-studentinsurance@bcm.edu or contact Melina Rodriguez at 713.798.8135.

By signing below, you are certifying that you have read and understood the above information.

Signature_________________________________________ Date ________________

Print Name____________________________________BCM ID ________________

Student name: _________________________
BCM ID: ___________________