

**2022 FALL SEMESTER - DEPENDENT HEALTH INSURANCE ENROLLMENT**  
LA ROCHE UNIVERSITY – Student Health Insurance Plan - Effective dates: **01/1/2023 - 07/31/2023**

**Required Information:**

_____	Student Gender: <input type="checkbox"/> M <input type="checkbox"/> F
<b>STUDENT NAME</b> (First, MI, Last)	
_____	_____
Student ID #	Student Date of Birth
_____	_____
Student Preferred E-mail Address	Student Cell Phone #
_____	_____
Student Preferred Street Address	City State & Zip Code

**DEPENDENT #1**

_____	_____
<b>Print Name</b> (First, MI, Last)	Social Security Number
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth _____

**DEPENDENT #2**

_____	_____
<b>Print Name</b> (First, MI, Last)	Social Security Number
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth _____

**DEPENDENT #3**

_____	_____
<b>Print Name</b> (First, MI, Last)	Social Security Number
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth _____

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. 18 Pa C.S. A § 4117(k)(1)*

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**

QM Services uses PayPal to manage billing and payments for dependent enrollments. After we receive this complete enrollment form, an invoice will be sent to the e-mail address provided. Once payment is received, the dependent enrollment will be processed. You will receive a confirmation e-mail in 7-10 business days and insurance ID cards should arrive two to three weeks after enrollment. Please provide your preferred mailing and e-mail addresses for all health insurance communications.

*Please complete this form and return to:*  
Secure Upload: [www.qmservicesinc.com](http://www.qmservicesinc.com)  
Phone: 800-273-1715 x 2/ Fax: 717-591-2093  
Mail: P.O. Box 867 • Mechanicsburg, PA 17055

