



**HUMAN RESOURCES
Benefits Office**

Office:
O'Quinn Medical Tower
6624 Fannin St, Suite 1800
Houston, Texas 77030

Mail:
One Baylor Plaza ▪ BCM 207
Houston, Texas 77030
713-798-1500 ▪ 713-798-5141 FAX
ask-studentinsurance@bcm.edu

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 HR- Student Benefits office for coverage. Coverage can be continued up to a maximum of 12 months while on an LOA. Please review the information below for information on maintaining coverage.

Payment of Coverage

Students have 31 days from their effective date of LOA to checkout with the BCM HR – Student Benefits office. To complete checkout, the student must sign and return this notice along with their student clearance form and the first month's LOA premium payment. Payment may be made via credit by logging into your CAMS student portal. The online system accepts VISA, MASTERCARD and DISCOVER credit cards. A mandatory convenience fee of 3% will apply to each online transaction.

You may also remit payment in person or by mail, in the form of a personal check, money order or cashier's check. Your initial payment must be received or be postmarked by the due date assigned by our office. Each payment after must be received no later than the 1st of the month in which you are paying. For convenience, and to ensure a timely payment, students are encouraged to utilize the on-line payment system.

Payment made to the BCM HR- Benefits office is for individual coverage only. Dependent payments 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 if payment is late, not received, or when the student has reached the maximum 12 months of coverage. If you believe a termination due to non-payment was done in error, you must submit proof of timely payment in order to have the benefits reinstated.

Late Payment One Time Grace Period

In the event a student submits a late or no payment, a one time grace period can be requested by the student. You 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. If granted, a check must be submitted either by mail or in person to our office for the total amount owed for the remainder of your approved LOA. Online payments will not be accepted.

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
Attn: Student Benefits
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

Student Name:	Dates of LOA:
Premium Amount Due:	Due Date:
\$467.25	
\$467.25	
\$467.25	
\$467.25	
\$467.25	
\$467.25	
\$467.25	
\$467.25	
\$467.25	
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\$467.25	
\$467.25	

Annual Student Change Period

If you are on LOA during the Annual Student Insurance Change Period and have continued your student health insurance, you do not need to take action. You may waive, enroll, or add or drop dependents within 31 days after you return as an active student. While on LOA you may continue to receive email communication from the HR- Student Benefits office through your BCM email address. It is your responsibility to monitor your BCM email accounts and respond accordingly.

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

Signature _____ Date _____

Print Name _____ BCM ID _____

For questions, please contact the HR-Student Benefits Team:

ask-studentinsurance@bcm.edu
Melina Rodriguez - 713.798.8135
Toi Washington - 713.79.7338

Student name: _____

BCM ID: _____