



Insurance Election Change Request Form

Change request must be received by 5pm on January 31, 2023

Section 1 – Student Information

Full Name: _____

Date of Birth: _____ Duke Unique ID: _____

Email: _____ Phone #: _____

Gender: _____ Address: _____

City: _____ State & Zip Code: _____

Section 2 – Original Transaction

Submitted: _____

Select one:

- ☐ I elected to waive for Fall 2023, but now want to enroll. Please cancel my waiver and enroll me in the plan effective January 1, 2024.
- ☐ I initially elected to enroll but will not be a student at University for Spring 2024. Please cancel my enrollment as of December 31, 2023.

Section 3 - Certification

I hereby request the cancellation of the transaction described above in Section 2 and I understand that I must submit the completed form prior to the 1/31/2024 deadline. I understand that coverage will not be terminated if it is determined that medical or pharmacy claims have been filed for services after 12/31/2023.

Signature: _____ Date: _____

Send completed form to:

Email: dijah_wells@ajg.com
Phone: 919-684-9927