



Cornell University

Cornell Health

Student Health Benefits

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Dear Student,

Cornell University requires all students (undergraduate, graduate, and professional) to have quality health insurance while studying in the United States, and enrolls all students in Cornell's Student Health Plan (SHP) to ensure sufficient coverage.

However, due to the COVID-19 pandemic and students' resulting distance learning situations, **domestic students whom have indicated on the re-entry checklist that they will be away from campus during the 2020-2021 academic year have the option to waive their SHP enrollment if they meet the conditions described below.**

In order to waive SHP, students must have health insurance that meets the university's requirements (studenthealthbenefits.cornell.edu/requirements), with the exception of the requirement that their insurance plan provides coverage in the Ithaca area.

By submitting this form, I am indicating my intent to waive my SHP coverage until I resume instruction on campus. I attest that:

- My plan meets the following university requirements:
 - has unlimited annual and lifetime benefits (i.e., no policy maximum);
 - will be active for the duration of the 2020-2021 academic year or until my program ends, whichever comes first;
 - provides coverage for health care where I will be residing while attending school, including inpatient care, emergency care, urgent care, specialty care, diagnostic imaging and testing, and outpatient mental health care.
- I am currently participating in distance learning away from campus and am not part of the University's surveillance testing protocols due to my location.
- I wish to waive my SHP coverage while engaged in distance learning away from campus.
- I understand that any health care expenses incurred while I have waived my SHP coverage are my responsibility.
- I understand that any misrepresentation of my current location or status constitutes a violation of the university's Code of Conduct and could result in disciplinary action.
- I understand that I will be re-enrolled in SHP and billed a pro-rated premium beginning on the 1st of the month during which I resume instruction in Ithaca.

Signature

Printed Name

Student Name and Cornell ID#

Date (month/day/year)