



Cornell University Student Health Plan (SHP)
Continuation of Coverage Request Form

Student Name _____ Date of Birth _____ 7-digit Cornell ID# _____
Email _____ Phone _____

Reason for continuation request (Continuation is contingent on validation of student eligibility):

Form with checkboxes for Graduation, Leave of Absence, and Permanent Withdrawal, including sub-sections for graduation month and effective dates.

TERMS: One-time 3-month continuation of coverage. Continuation is non-renewable.

ENROLLMENT DEADLINE: The later of 60 days after coverage ended or written notification of right to continue.

CANCELLATION POLICY: Continuation may be cancelled at any time. No premium refund will be issued for cancellation requests submitted after the first effective day of the continuation.

Amount Due:

Table with 4 columns: Coverage Option, Amount, Coverage Option, Amount. Includes options like Student only, Student and Spouse, etc.

- I acknowledge that I am responsible for paying the premium for the continuation of coverage for myself (and my dependents if applicable) within 60 days of my eligibility change.
I acknowledge that by submitting this form by email, I am consenting to electronic communications.

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Student signature _____ Date _____

INSTRUCTIONS:

- 1. Before submitting this form, go to: https://studenthealthbenefits.cornell.edu/continuation-request-form-payment
2. A copy of your payment receipt (webpage or email) must be submitted with this application.
3. Submit this form and proof of payment to Gallagher Student Health to: Quincy.BSD.enrollmentteam@AJG.com.