



**Cornell University
Extension of Coverage
Student Health Plan (SHP) Enrollment Form**

STUDENT INFORMATION

Student Name _____ Date of Birth / / Gender _____
first name, middle initial, last name mm / dd / yyyy

7-digit Cornell ID# _____ Cornell Net ID _____ Current Phone # _____ - _____ - _____

Class Level (check one): Undergraduate Professional Graduate

Reason for extension request (Extension is contingent on validation of change in student eligibility):

| Graduating | Leave of Absence (SHP) | Leave of Absence (SHP Plus) | University Withdrawal |
|--|---|--|---|
| <input type="checkbox"/> August with summer credits (Coverage 9/1/22 – 11/30/22) <input type="checkbox"/> August without summer credits (Coverage 7/1/22 – 9/30/22) <input type="checkbox"/> December 2022 (Coverage 1/1/23 – 3/31/23) <input type="checkbox"/> May 2023* (Coverage 7/1/23 – 9/30/23) | Note: eligibility depends on LOA effective date. Select from following: <input type="checkbox"/> LOA dated 7/1/22 – 8/21/22 (Coverage 9/1/22-11/30/22) <input type="checkbox"/> LOA dated 8/22/22 – 3/31/23 STOP and complete continuation form on SHP website: https://studenthealthbenefits.cornell.edu/leave-absence-graduation/shp-while-leave-absence-loa-2022-23 <input type="checkbox"/> LOA dated 4/1/23 – 6/30/22* (Coverage 7/1/23 – 9/30/23) | LOA date: _____ *this is only available to students that were enrolled in SHP Plus and are on LOA | Separation Date: _____ Coverage (3 months from last date of eligible SHP or SHP Plus coverage) |

*Coverage extending beyond the end of the current plan year (7/1/23 and after) is subject to the terms and rates for the 2023-2024 plan year, which are not yet established. If you select coverage extending beyond that date, you may be required to pay the difference between the current rate and that of the new plan year.

TERMS: One-time 3-month extension of coverage. Extension is non-renewable.

ENROLLMENT DEADLINE: 60 days after change in student eligibility per Certificate of Coverage

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

COVERAGE SELECTION AND PREMIUM DUE

Indicate requested coverage

| | | |
|---|--|---|
| <input type="checkbox"/> Student only \$903 | <input type="checkbox"/> Student + Child \$1,806 | <input type="checkbox"/> Student (formerly SHP Plus- now on LOA) Will be invoiced for appropriate amount. |
| <input type="checkbox"/> Student + Spouse \$1,806 | <input type="checkbox"/> Student + 2 or more children \$2,709 | |
| <input type="checkbox"/> Student + Spouse + 1 Child \$2,709 | <input type="checkbox"/> Student + Spouse + 2 or more children \$3,612 | |

PAYMENT INSTRUCTIONS: All extensions must have proof of payment to be processed.
 Please go to: <https://shpdirectpay.securepayments.cardpointe.com/> to pay for your coverage extension.
 A copy of your payment receipt should be submitted with this application.

I acknowledge that I am responsible for paying the premium for the extension of coverage for myself (and my dependents if applicable) within 60 days of my eligibility change. My failure to pay the premium within 60 days of the start of my extension will result in termination of my extension of coverage for myself and my dependents, and I will be billed by the provider for any charges incurred after my eligibility change.

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 _____ / _____ / _____

**PLEASE COMPLETE AND SUBMIT THIS FORM AND YOUR PROOF OF PAYMENT RECEIPT TO GALLAGHER STUDENT HEALTH VIA EMAIL:
 Quincy.BSD.enrollmentteam@AJG.com**