Gallagher | STUDENT HEALTH & SPECIAL RISK

Dear Tulane Student,

Thank you for your interest in the **Continuation Plan for students previously insured in the 2024-2025 Tulane-Sponsored Student Health Insurance Plan (T-SHIP).** This plan is underwritten by UnitedHealthcare Insurance Company and is serviced by Gallagher Student Health & Special Risk. UnitedHealthcare **Student**Resources is the Claims Administrator.

There are a few key provisions we would like to bring to your attention:

1. Please review the eligibility section thoroughly to ensure you are eligible to enroll.
2. The enrollment form **must be received within 15 days of termination of coverage under the Tulane-Sponsored Student Health Insurance Plan (T-SHIP).** Your coverage effective date will be retroactive to the day following your termination date under the Student Health Insurance Plan. If the deadline is not met, you will not be able to enroll in the Continuation Plan.
3. Students are allowed to purchase up to three (3) months of coverage and must select the term of coverage at the time of their initial enrollment. Once the period of coverage you initially elect terminates, there is not an opportunity to extend coverage.
4. The Continuation Plan duplicates the coverage of your current T-SHIP.
5. Students will receive a new identification card. The Continuation Plan includes health care providers affiliated with the UnitedHealthcare Choice Plus PPO Preferred Provider Network. You can locate Choice Plus PPO providers at www.gallagherstudent.com/Tulane under "Find A Doctor".
6. You must be eligible to enroll in the Continuation Plan and meet the enrollment deadline in order for your application to be accepted by us. If it is discovered you do not meet the requirements, your premium will be refunded.
7. Enrolling in the Continuation Plan does not guarantee additional benefits for a covered injury or sickness. Covered Medical Expenses incurred while enrolled in the active T-SHIP prior to the effective date of coverage for the Continuation Plan will be applied towards the unlimited Plan Maximum.
8. The completed application along with the required premium should be sent to Gallagher Student Health & Special Risk, P.O. Box 845663, Boston, MA 02284-5663 or email at **enrollmentteam@gallagherstudent.com**.

Once Gallagher Student Health & Special Risk receives your completed enrollment form and applicable premium, we will process the application and send your information to the Claims Administrator.

If you have any questions, please contact us at 1-844-484-0090.

Sincerely,

Client Services
Gallagher Student Health & Special Risk
www.gallagherstudent.com/Tulane

Tulane University
2024-2025 Continuation Plan Enrollment Form
Distance Learning Students
Underwritten by the UnitedHealth Insurance Company

Student's Last Name _____ First Name _____ Initial _____ Student ID # _____

Street Address _____ City _____ State _____ Zip Code _____ (____) _____ Telephone Number

Email _____ Gender (male/female) _____ Date of Birth (mm/dd/yyyy) _____

Eligibility Requirement: All Insured Persons (International students with a current passport and student visa (F-1 or J-1), undergraduate, graduate, dissertation students, graduate assistants, teaching assistants, research assistants or distance learning students who have been continuously insured under the school's active student policy for at least one semester and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of no more than three (3) months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

Calculate Your Premium

You must decide at the time of enrollment the period of coverage to purchase. You cannot re-enroll in the Continuation Plan after your Period of Coverage has expired. Enrollment in this Continuation Plan must be made within **15 days** from the date that coverage terminates under the student's active Student Health Insurance Plan. You must be eligible to enroll in the plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered you do not meet the requirements your premium will be refunded. Use the chart below to calculate the number of months you wish to continue coverage for yourself and your dependents. Add the amounts in the Total Premium Column to confirm total payment.

	Monthly Rate x	Number of Months (3 maximum) =	Total Premium
Student Only	$301.25		
Spouse	$301.25		
One Child	$301.25		
Two or More Children	$602.50		
Spouse and Two or More	$903.75		
		Processing fee:	$15.00
		Total Payment Due:	

Continuation coverage for dependents must be purchased at the same time of student enrollment. Dependents can be enrolled only if, (a) they were previously enrolled under the active Student Injury and Sickness Insurance Plan, (b) the student enrolls in the Continuation Plan and (c) they are enrolled for the same period of coverage as the enrolled student. **List Dependents to be insured below.**

DEPENDENT NAME RELATIONSHIP DATE OF BIRTH (mm/dd/yyyy)

Notice to student: By signing below, the student acknowledges the following: 1) He/She elects to continue coverage for the number of months as indicated above; 2) Continuation coverage can only be purchased for a maximum of three (3) continuous months and is non-renewable; 3) If it is later determined that the eligibility or enrollment requirements have not been met, coverage will be terminated and the premium will be refunded; and 4) Other than for eligibility reasons, coverage cannot be cancelled.

Signature of Student:_____ **Date:**_____

Please return the completed enrollment form to Gallagher Student Health at enrollmentteam@gallagherstudent.com. You will receive an email following approval of your enrollment application with a link to our secure payment portal. Here you will be able to enter your payment information which will complete the enrollment process.