



Cornell University
Office of Student
Health Insurance

Student Health Insurance Plan
Enrollment/Waiver Form
**CORNELL LEADERSHIP ALLIANCE
SUMMER PROGRAM, 2009**

INSTRUCTIONS: Please fill out either the ENROLLMENT or WAIVER section of this form and return **no later than May 18, 2009** to:

Cornell Leadership Alliance
216 Stimson Hall
Cornell University
Ithaca, NY 14853

Web: www.studentinsurance.cornell.edu
Phone: 607.255.6363
E-mail: sicu@cornell.edu

(Due to policy restrictions, students may not enroll in or cancel the SHIP after the program begins.)

Name _____ Date of Birth _____ / _____ / _____ Gender Female Male
(Last, First - Please print clearly using ink) (mm/dd/yy)

E-mail Address _____ Cornell 7-digit Student I.D. # _____

Local Address _____

ENROLLMENT

Please enroll me in the Student Health Insurance Plan which will cover me from May 30, 2009 to July 31, 2009. I will send the \$378.50 payment for the premium to the address above no later than May 18, 2009. Payment must be in US dollars, check or money order only; no cash, no credit cards.) I understand **that this policy is nonrefundable** if I leave the Cornell Leadership Alliance early for any reason.

Student Signature _____ Date _____

WAIVER

I have health insurance that satisfies the conditions listed below, and I do not wish to purchase the Student Health Insurance Plan.

- You must indicate that your plan meets *each* of the conditions below by checking the "yes" boxes.
- If your coverage does not meet *all six* of these conditions, you may not waive. You must purchase the Student Health Insurance Plan.
- If you do not know whether your coverage meets these conditions, contact your health insurance plan administrator to get current, accurate information about your plan before completing this form.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. My plan is provided by a company licensed to do business in the United States, with a US claim payment office and US phone number.
<input type="checkbox"/>	<input type="checkbox"/>	2. My plan provides coverage in the Ithaca area for outpatient and inpatient medical care. (Coverage for emergency care only does <i>not</i> meet this requirement.)
<input type="checkbox"/>	<input type="checkbox"/>	3. My plan provides coverage in the Ithaca area for outpatient and inpatient mental health care.
<input type="checkbox"/>	<input type="checkbox"/>	4. The maximum benefit for my coverage is at least \$500,000 per year.
<input type="checkbox"/>	<input type="checkbox"/>	5. My coverage will remain in force as long as I am a full-time registered student (including <i>in absentia</i> and non-degree status) at Cornell University.
<input type="checkbox"/>	<input type="checkbox"/>	6. My plan provides coverage for pre-existing conditions.

Insurance Company _____ (including Medicaid/Medicare)

Subscriber Name _____ Subscriber Birthdate _____ / _____ / _____

Subscriber's Relationship to Student _____ Insurance Policy # _____

Insurance Co. Address _____ Insurance Co. Phone # _____

NOTE: Cornell University reserves the right to verify insurance information. If your plan does not meet these requirements, or you are uninsured, you will automatically be charged for and enrolled in the Student Health Insurance Plan.

WAIVER PETITION SIGNATURE

By my signature, I affirm that I have health insurance coverage that meets *all six* of the conditions described above. I understand I am legally responsible for all medical expenses incurred during my enrollment at Cornell University and that the University will not be responsible for any medical expenses.

Signature _____ Date _____

All students are eligible to use Gannett Health Services, regardless of their insurance coverage.