



Cornell University
Office of Student Health Insurance

409 College Avenue, Suite 211
Ithaca, NY 14850
t. 607.255.6363
f. 607.254.5221
www.studentinsurance.cornell.edu

2008–09 Student Health Insurance Requirement
WAIVER FORM FOR ENGINEERING CO-OP STUDENTS

*[If you are not an Engineering Co-op Student you may not use this form.
Please contact the Office of Student Health Insurance for assistance.]*

INSTRUCTIONS: Cornell University requires every student to enroll in the Student Health Insurance Plan, unless you can demonstrate that you already have a health insurance plan that meets Cornell's criteria for health insurance coverage. If you have health insurance for the fall 2008 semester that meets the three criteria specified below and do not wish to be automatically enrolled in the Cornell Student Health Insurance Plan, **you must submit this fully completed form no later than the deadline.**

If you are planning to waive in favor of coverage that may end before the beginning of the spring 2009 semester, please consult with the Office of Student Health Insurance (*contact information is listed above*).

NOTE: Due to the nature of this program, **you will be required to file a separate waiver for the Spring semester.**

DEADLINE: June 30, 2008

RETURN TO: Cornell University Office of Student Health Insurance 409 College Avenue, Suite 211 Ithaca, NY 14850

Name _____ Date of Birth ____/____/____ Gender: Female Male
(Please print clearly using ink)

Mailing Address _____

E-mail Address _____ Cornell 7-Digit Student ID # _____

INFORMATION ABOUT YOUR HEALTH INSURANCE PLAN

In order to waive participation in the Student Health Insurance Plan (SHIP), you must affirm that your plan meets *each* of the three criteria below by checking the "Yes" boxes. If you do not know whether your coverage meets these criteria, contact your insurance company administrator to get accurate information about your plan before completing this form. Cornell University reserves the right to verify your health insurance information. If your plan does not meet all three of these criteria, or you are uninsured, you will automatically be charged for and enrolled in the Student Health Insurance Plan.

Insurance Company _____ (including Medicaid/Medicare)

Insurance Co. Address _____

Insurance Co. Phone # _____ Insurance Policy # _____

Subscriber Name _____

Subscriber's Relationship to Student _____ Subscriber Date of Birth ____/____/____

YES NO

- YES NO 1. The maximum benefit for my coverage is at least \$500,000 per year.
- YES NO 2. My coverage will remain in force as long as I am a full-time registered student (including *in absentia* and non-degree status) at Cornell University.
- YES NO 3. My plan provides coverage for pre-existing conditions.

SIGNATURE

By my signature, I affirm that I have read and understand the information above and that I have health insurance coverage that meets *all three* of the criteria. 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 _____



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CORNELL'S HEALTH INSURANCE REQUIREMENT

As you know from previous experience, Cornell University requires all students to have quality health insurance and participate in an annual enrollment/waiver process. What you may not know is this applies to *all* students, whether they are on the Cornell campus or engaged in a program off-campus, such as Engineering Co-op.

Every student is enrolled automatically in Cornell's Student Health Insurance Plan *unless* s/he is approved to waive that enrollment. Only those students who can demonstrate that they have insurance meeting Cornell's criteria will be approved for waivers. (If you plan to apply for a waiver, please read carefully all of the information in the right-hand column.)

THE STUDENT HEALTH INSURANCE PLAN (SHIP)

The Cornell Student Health Insurance Plan (SHIP) has been developed especially to meet the needs of Cornell University students, whether they are studying or working in Ithaca or elsewhere in the world. Cornell's SHIP is an accident and sickness policy designed to provide:

- Extensive coverage at a reasonable cost for most on- or off-campus medical care
- Protection against catastrophic expenses
- Coverage for pre-existing medical conditions
- Coverage 24 hours a day 365 days a year anywhere in the world from August 17, 2008 through August 16, 2009
- Medical evacuation and repatriation coverage.
- Optional dental and vision plans
- Insurance assistance from the Cornell University Office of Student Health Insurance

More information about the SHIP is available on the web at:
www.studentinsurance.cornell.edu

ENROLLING IN THE SHIP

To "opt in" and enroll in the SHIP:

- You don't have to do a thing. You will be enrolled automatically and your coverage will begin on August 17, 2008. An insurance card and information about the SHIP will be sent to the address you have on file with the Cornell Registrar early in the semester.
- To expedite the process of getting your insurance card and information about how to use your insurance, contact the Office of Student Health Insurance to request an enrollment form.

REMINDERS TO SHIP MEMBERS

Remember to update your address. The Office of Student Health Insurance relies on information in the Cornell Registrar's database for your contact information. Please use "Student Center" (studentcenter.cornell.edu) to keep your address up-to-date.

Be prepared...just in case. We hope you will have a healthy semester away from campus. However, it is important to know how to find the health care providers that participate with the SHIP in your area if you do become ill or injured. You can locate providers using Aetna's DocFind Service at www.aetna.com/docfind. Be sure to include the zip code of the area where you will receive services and to select Aetna Standard Open Choice PPO as the health plan type.

APPLYING FOR A WAIVER FOR YOUR ENGINEERING CO-OP SEMESTER

In order to waive participation in the Student Health Insurance Plan (SHIP) for your Co-op semester, your health insurance plan must:

1. Have a maximum benefit of at least \$500,000 per year
2. Remain in force as long as you are a full-time registered student at Cornell University
3. Provide coverage for pre-existing conditions

To "opt out" of the SHIP:

- Make sure your plan meets all three of the criteria described above. If you don't know, contact your insurance company administrator to get accurate information about your plan.
- Complete the *Waiver Form for Engineering Co-op Students*. You can get a copy of the form from:
 - Engineering Co-op Office
 - Office of Student Health Insurance
 - www.studentinsurance.cornell.edu; link to PDF from the "News and Enrollment" section.
- Send your form by the deadline to the Office of Student Health Insurance (see mailing address and fax number above).
- **Deadline: June 30, 2008**

If you are planning to waive the SHIP in favor of coverage that may end before the beginning of the spring 2009 semester, please consult with the Office of Student Health Insurance.

AGAIN IN THE SPRING!

Due to the nature of this program (fall semester away from campus, spring semester back at Cornell), you will be required to file another waiver for the spring semester. For students studying at Cornell, there are three additional criteria that your alternative insurance must meet in order to qualify as "comparable health insurance." It must also:

4. Be provided by a company licensed to do business in the US, with a US claim payment office and US phone number
5. Provide coverage in the Ithaca area for outpatient and inpatient medical care. (A policy that provides coverage in the Ithaca area on an "emergency care only" basis does not meet this requirement.)
6. Provide coverage in the Ithaca area for outpatient and inpatient mental health care

If your health insurance does not meet all six criteria, you will have to enroll in the SHIP in the spring semester.

We will contact you at the beginning of the spring semester to complete this process.