



## Cornell University Office of Student Health Insurance

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Ithaca, NY 14850  
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www.studentinsurance.cornell.edu

# 2009–10 Student Health Insurance Requirement APPEAL INFORMATION FOR PROFESSIONAL STUDENTS

## INTRODUCTION

Cornell's policy establishes the Student Health Insurance Plan (SHIP) as mandatory for all graduate and professional students. It also creates an option for professional students to file a written appeal if you believe you have other comparable health insurance. If the appeal demonstrates that your health insurance meets all six of Cornell's criteria, you will not be required to enroll in the SHIP and pay the SHIP premium. Please read this information carefully.

## PRIMARY CARE AT GANNETT HEALTH SERVICES

Whether you have the Student Health Insurance Plan or other health insurance, Gannett Health Services will serve your primary medical care and counseling needs when you are in the Ithaca area.

All full-time registered students can meet with a Gannett health care provider or counselor for a \$10 student visit charge. Most other services at Gannett are covered for those enrolled in the SHIP. (The SHIP is an accident and illness policy; see "Exclusions" in the SHIP brochure.) For students who have private health insurance, fees are charged for most services. Carefully review your health insurance policy to make sure it will provide adequate coverage for your health care needs. Gannett does not bill private insurance companies directly, but will provide you with a receipt for services that you can submit to your insurance company for reimbursement.

**Confidentiality:** All medical care and counseling at Gannett is confidential. Gannett staff confer with one another as needed to provide integrated care for you; in the event of your treatment at Cayuga Medical Center or another hospital, the hospital and Gannett will share relevant health information for continuity of care. Otherwise, Gannett will not release any information about you without your written permission, except as authorized or required by law, or in our judgment as necessary to protect you or others from a serious threat to health or safety.

For more information about Gannett, visit [www.gannett.cornell.edu](http://www.gannett.cornell.edu).

## APPEAL APPLICATION

**ELIGIBILITY:** Professional students in the Law School (all, except JSD), the Johnson School (MBA only), and College of Veterinary Medicine (DVM only) are eligible to file an Appeal Application.

You must fill out the Appeal Application if you wish to appeal and are a: 1) new student; 2) continuing student appealing for the first time; or 3) continuing student whose private health insurance has changed from the policy that was approved last year. In the application, you must affirm that your alternative health insurance meets all six of Cornell's criteria for health insurance coverage. Your plan must:

1. be provided by a company licensed to do business in the US, with a US claim payment office and US phone number
2. 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.)
3. provide coverage in the Ithaca area for outpatient and inpatient mental health care
4. have a maximum benefit of at least \$500,000 per year
5. remain in force as long as you are a registered student at Cornell
6. cover pre-existing conditions

## PROOF OF COVERAGE

As part of your Appeal Application, you must submit proof that you have health insurance coverage that meets all six of Cornell's criteria. (See application form for details.) *This information must be in English.*

## DEADLINE FOR SUBMITTING APPEAL APPLICATIONS

Your Appeal Application and supporting materials are due to the Office of Student Health Insurance by:

Fall Entrants: **September 30.** Waiver applications received after this date will incur a late fee of \$50 for each month late. No applications will be accepted after December 10, 2009.

Spring Entrants: **February 28.** Waiver applications received after this date will incur a late fee of \$50 for each month late. No applications will be accepted after April 15, 2010.

## APPROVAL OF AN APPEAL APPLICATION

Your Appeal Application will be approved if:

1. you submit your fully completed application by the deadline; *and*
2. you include the required supporting documents, properly marked to demonstrate coverage that meets all six of Cornell's criteria; *and*
3. you have not used the SHIP.

The Office of Student Health Insurance will send a letter to you, with copies to your school and the Office of the Bursar, indicating that your Appeal Application has been approved.

Your SHIP coverage will be cancelled. The Office of Student Health Insurance will issue a credit to your Bursar account for the premium. The Office of the Bursar will waive finance charges if filed by the deadline.

## DENIAL OF AN APPEAL

Your appeal will be denied if you do not provide proof, by the deadline, that you carry health insurance that meets all six of Cornell's criteria. Incomplete applications cannot be processed and will be returned to you for completion.

The Office of Student Health Insurance will send a letter to you, with copies to your school and the Office of the Bursar, indicating that your Appeal Application has been denied.

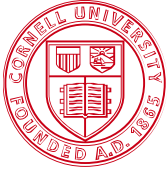
You will be responsible for the SHIP premium (charged to your Bursar account and payable immediately) and remain enrolled in the SHIP. You may also retain your own insurance if you choose.

The Bursar will waive finance charges accrued up to the date your appeal is denied; finance charges that accrue after the appeal denial are your responsibility.

If you prefer to spread out your payments, you may request the installment plan payment option from the Office of Student Health Insurance.

## CORNELL OFFICE OF STUDENT HEALTH INSURANCE

Address: 409 College Avenue, Suite 211 Ithaca, NY 14850  
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**2009–10 Student Health Insurance Requirement**  
**APPEAL APPLICATION FOR PROFESSIONAL STUDENTS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Female  Male  
*(Please print clearly using ink)* *(mm/dd/yyyy)*

7-Digit Cornell ID # \_\_\_\_\_ School/Program \_\_\_\_\_

Mailing Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Subscriber ID # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Subscriber Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Subscriber's Relationship to Student \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_ Insurance Co. Phone # \_\_\_\_\_

➤ **STEP ONE: INFORMATION ABOUT YOUR HEALTH INSURANCE PLAN**

If you have health insurance that satisfies Cornell's six criteria and do not wish to purchase the Student Health Insurance Plan (SHIP), please indicate by checking all six of the "yes" boxes below. If your coverage does not meet *all six* of these criteria, your appeal cannot be renewed and you must purchase the SHIP.

- | 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. (A policy that provides coverage in the Ithaca area on an "emergency care only" basis does not 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.   |

➤ **STEP TWO: PROOF OF COVERAGE** Both of these documents must be included for an appeal application to be accepted. Benefit information must be in English.

- I have attached a copy of my insurance identification card that includes my name (or the "Subscriber Name," written above, and family, spouse, or domestic partner coverage indicated).
- I have attached a document (e.g., a benefit booklet, policy statement) and highlighted the sections that demonstrate that my plan meets each of Cornell's six criteria detailed above. I have numbered the highlighted sections to correspond to the requirements listed above (#1 through #6).

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

➤ **STEP THREE: SIGNATURE**

By my signature, I affirm that I have read and understand the information in the Appeal Renewal Instructions and Application. I hereby request a renewal of my appeal of the requirement of enrollment in the SHIP, based on my previous demonstration that I have health insurance coverage that meets all six of the criteria 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 \_\_\_\_\_