

# **MONTCLAIR**

## **STATE UNIVERSITY**

### **THE OFFICE OF STUDENT ACCOUNTS**

STUDENT HEALTH INSURANCE PLAN (SHIP)

ADMINISTRATIVE POLICY, PROCEDURES, AND GUIDELINES

Revised 08/2023

# STUDENT HEALTH INSURANCE STANDARD OPERATING PRODEDURES AND GUIDELINES



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Montclair State University values the health of its students and remains dedicated to offering all students access to quality healthcare and affordable health insurance plans to aid in protecting against financial hardships that may stem from high healthcare expenses. While most of our undergraduate and graduate students are in good health and face few severe illnesses while in school, medical and psychological issues can emerge at any time, occasionally without warning. Many health concerns may not become apparent initially until early adulthood.

The high cost of healthcare in the United States exemplifies a potentially severe financial risk to students. The scarcity of adequate insurance coverage can result in transient or enduring interruptions in students' academic achievements. **Therefore, Montclair State University requires all students registered as *full-time*\*\* (as defined below) to maintain health insurance.**

- *Undergraduate students enrolled in twelve (12) or more credits. \*\**
- *Graduate students enrolled in nine (9) or more credits. \*\**

Most students are **automatically charged** a health insurance premium as part of the course registration process. To ensure waiver compliance, students will have the opportunity to waive/opt-out of the Student Health Insurance Plan (SHIP) by providing evidence of a comprehensive Affordable Care Act (ACA) compliant health insurance plan online to our third-party broker [University Health Plans](#) (UHP).

The [2021-22 Aetna Student Health Plan Design and Benefits Summary](#) will help you understand the benefits and levels of coverage offered by the Aetna Student Health-sponsored student health insurance plans.

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**STUDENT HEALTH INSURANCE CHARGE GUIDELINES**

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In keeping with our institutional responsibility to protect the health and well-being of our students, Montclair State University requires all domestic undergraduate students enrolled in 12 or more credit hours, domestic graduate students registered in 9 or more credit hours, and F1 and J1 International students meeting any of the above-referencing criteriums to maintain health insurance coverage throughout the academic year. The University's stance regarding health insurance aids in protecting our students against unexpected high medical costs and ensures quality care while at school or traveling abroad. Montclair State University automatically charges Student Health Insurance to any registered student who meets the criteria listed below:

**FALL TERM**

- Undergraduate students carrying twelve (12) or more credit hours in the Fall semester.
- Graduate students carrying nine (9) or more credit hours in the Fall semester.
- F1 and J1 International Students meeting one of the class/credit hour combinations referenced above

**SPRING TERM**

- Any "New" (was not here for the Fall term or was part-time in the Fall term) Undergraduate student carrying twelve (12) or more credits in the Spring semester.
- Any "New" (was not here for the Fall term or was part-time in the Fall term) Graduate student carrying nine (9) or more credits in the Spring semester.
- Any "New" (was not here for the Fall term or was part-time in the Fall term) F1 and J1 International Students meeting one of the class/credit hour combinations.

Doctoral students completing their dissertations that wish to enroll in the University-sponsored Student Health Insurance Plan may petition by emailing Danisha Goodman at [goodmand@montclair.edu](mailto:goodmand@montclair.edu). Please note that this petition will assess the "Student Health Insurance" premium with the understanding that the student will remain enrolled in coverage until the policy termination date

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**STUDENT HEALTH INSURANCE SITE OPENING / CLOSING GUIDELINES**

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The Student Health Insurance waiver/enrolment site will open on or around mid to late July for the Fall term and close on or around mid to late October. The waiver site will open on or around mid-December and close on or around mid to late March for the Spring term. All students will receive a general email blast notification informing them that the website site is open, outlining the criterion for waiving/enrollment the school-sponsored health insurance and highlighting the established deadline. We will send targeted email communication to students after the specified deadline and the inception of the Late Waiver Appeal Period. Students who fail to act during the open waiver/enrollment period or the Uncontested Late Waiver Appeal Period will be enrolled into the Health Insurance Plan and become financially responsible for the associated cost of the Health Insurance Premium.

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**STUDENT HEALTH INSURANCE WAIVER DEADLINES JUSTIFICATION**

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Montclair State University establishes waiver and appeal deadline(s) to comply with its contractual and financial obligations to the school-sponsored health insurance provider (Aetna Student Health). The Health Insurance Fees are itemized charges on a students' account/invoice which are emailed to students on the 1<sup>st</sup> and 15<sup>th</sup> of each month during the course of a semester or term. We notify students of the waiver process through internal and external email communications, acceptance materials, orientations, divisions/advisors, emails, the university website, etc. Ultimately, it is the students' responsibility to verify the account's accuracy and the timely application of waivers. That said, we strongly advocate for our students to periodically monitor their accounts via Nest and Self-Service Banner (SSB) and their MSU email account, as it is the primary source of itemized account/billing information and student communication.

# MONTCLAIR STATE UNIVERSITY

## OFFICE OF STUDENT ACCOUNTS

### STUDENT HEALTH INSURANCE (SHIP)

#### PROCEDURES AND GUIDELINES

#### STUDENT HEALTH INSURANCE WAIVER GUIDELINES (DOMESTIC STUDENTS)

All domestic students may opt to waive coverage under the Student Health Insurance Program (SHIP) if they have health insurance that meets the plan requirements listed in the Waiver Requirement Student Checklist. Students will need to provide information about their current coverage via the University Health Plans website to initiate the waiver process. Accepted waivers apply only to the academic year in which it is filed. Waivers typically process within five (5) to seven (7) business days after submission. Students **not** charged the student health insurance fee do not require the completion of a waiver. Students are responsible for viewing their accounts to verify the occurrence of the assessment before attempting to waive.

#### STUDENT HEALTH INSURANCE WAIVER GUIDELINES (INTERNATIONAL STUDENTS)

Montclair State University will enroll all F-1 and J-1 international students into the school-sponsored health insurance plan. They may only opt-out (waive) if proof of coverage by an ACA-compliant insurance provider, filed, and approved in the U.S. is provided. Typically, we will not support plans marketed solely to International students as they do not fall in the category as accepted comparable alternative coverage (please verify before purchase). They are often not filed and approved in the U.S. and have limited benefits, provider networks, and coverage periods that do not comply with the requirements of acceptable coverage per the Montclair State insurance mandate. GBG Insurance, HDL Global Specialty, ISO, PGH (United), PSI, Student Medcover, and Tata AIG are examples of companies that do not meet the waiver requirements. J-1 visa holders must meet the U.S. Department of State's health insurance minimums. Please see Mandatory Health Requirements on The Office of Global Engagement site and information on waiving the university insurance. International students that have a health insurance plan that meets all of the waiver requirements can request the International Student Waiver Form by contacting University Health Plans at 800-437-6448 or [info@univhealthplans.com](mailto:info@univhealthplans.com).

#### STUDENT HEALTH INSURANCE WAIVER APPROVAL GUIDELINES

Students who meet all of the waiver criteria will be eligible to opt out of the school-sponsored health insurance plan (SHIP). Once the waiver is accepted, verified, and approved by University Health Plans (UHP), a credit (in the form of a waiver) totaling the amount of the health insurance charge will be posted to the student's account within five (5) to seven (7) business days. If the waiver application results in a credit or overpayment, the system will automatically process a refund within seven (7) to fourteen (14) days (provided this does not occur within the refund blackout periods).

#### NEW JERSEY FAMILY CARE (NJFC) WAIVER GUIDELINES

Students who receive their coverage through New Jersey Family Care (NJFC) will be allowed additional time to provide documentation as we are aware that the New Jersey Family Care (NJFC) application process takes a minimum of 60 to 90 days after applying. Therefore, students falling into this classification must adhere to the following deadlines and criteria:

##### FALL TERM

- Proof that NJFC coverage begins **September 1<sup>st</sup>** or sooner
- Complete SHIP Waiver Appeal by **November 30<sup>th</sup>**

##### SPRING TERM

- Proof that NJFC coverage begins **February 1<sup>st</sup>** or sooner
- Complete SHIP Waiver Appeal Form by **April 30<sup>th</sup>**

*\*\* Students that accumulate claims during the time of SHIP enrollment cannot the SHIP coverage removed \*\**

#### STUDENT HEALTH INSURANCE WAIVER APPEAL REVIEW BOARD (SHI-WARB)

Comprised of the Lead Administrator, who facilitates the daily operations of the Student Health Insurance waiver/enrollment process, the Director and Associate Director of the Office of Student Accounts, and the AVP of Finance, make up the Student Health Insurance Waiver Appeal Review Board and are charged with reviewing all uncontested/contested Late waiver appeal requests. ***\*\* Note: Appeal requests (uncontested or contested) that exceed twenty-five (25) days from the official waiver deadline date will not be accepted. All decisions are final \*\****

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**STUDENT HEALTH INSURANCE LATE WAIVER APPEAL GUIDELINES**

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Students who do not waive the school-sponsored health insurance plan before the deadline have the option to submit a Late Waiver Appeal Form via University Health Plans (UHP). The late waiver appeal guideline consists of two levels; uncontested and contested. All waivers are subject to review by the *“Health Insurance Waiver Appeal Review Board”*. The guidelines of both are outlined below.

**UNCONTESTED LATE WAIVER APPEAL GUIDELINES**

The Office of Student Accounts will establish an *“Uncontested Late Waiver Appeal”* which shall be known as the *“Waiver Deadline Appeal”*. The length of the uncontested late waiver appeal (Waiver Deadline Appeal) period will be based on any outside determinants that may contribute to the likelihood of students failing to act to waive the school-sponsored health insurance but shall not exceed *twenty-five (25) days from the official waiver deadline date*. A final determination regarding the length of this period will occur after careful consideration of these determinants and approval by the Director of the Office of Student Account with actions ensuring compliance carried out by representative(s) from University Health Plans, the Student Health Insurance Administrator, and other individuals as deemed necessary. Examples of some such detriments taken into consideration are but are not limited to:

- COVID-19 Pandemic & Re-acclimation to In-Person Classes/Activities
- Incoming Freshmen Population
- Number of Non-Responders (student who did not act)

Any student wishing to submit a Waiver Deadline Appeal during the Uncontested period must:

- Complete a Late Waiver Appeal Form
- Submit proof of health insurance in the form of an insurance ID card or a letter from their insurance carrier
- Clearly state the reason for requesting a late waiver

Once submitted, University Health Plans (UHP) and the Student Health Insurance Administrator will:

- Confirm that insurance meet the waiver criteria
- Confirm the submitted documentation is acceptable

If the student meets the requirements and standards mentioned above, the SHI Waiver Appeal Review Board will approve the "Waiver Deadline Appeal".

**CONTESTED LATE WAIVER APPEAL GUIDELINES**

The Student Accounts Office defines a "Contested Late Waiver Appeal" period as any time after the "Uncontested Late Waiver Appeal" or Waiver Deadline Appeal period. If a student contacts University Health Plans or any Montclair State University Office during the contested period, we will inform them that the Official Waiver Deadline and Waiver Deadline Appeal have passed, and we can no longer accept or review any requests. However, if a student believes they have extenuating circumstances that caused them to miss the deadlines and warrants additional review or if a student feels the assessment was unjust, they must submit a formal appeal via University Health Plans.

Extenuating circumstances can vary for students, but some examples warranting allowance of a Contested Late Waiver Appeal are but limited to:

- Pre-existing condition, severe/debilitating illness, or accident
- Involuntary call to active military duty
- Late or Back Dated Registration
- Disruption or Interference in current medical coverage or medical treatment
- Other extraordinary/emergency circumstances, such as natural disasters.

If the reason offered by the student is deemed sufficient to justify approval of their "Contested Late Waiver Appeal," (as determined by University Health Plans (UHP) and representative(s) within the Office of Students, an approval will be granted

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based on *extenuating circumstances* as a *one-time courtesy*. In that case, the waiver will take effect for the term in which the student submitted the “Contested Late Waiver Appeal”.

**It is essential to note the following about the Student Health Insurance Contested Late Waiver Appeals process:**

Missed deadlines will not be sufficient for an appeal as Montclair State University, and University Health Plans communicate deadline information via email with students.

Missed/disregarded email communications from any Montclair State University Office will not be sufficient for an appeal as per University Policy; students must familiarize themselves with the contents of all official University notifications and react accordingly to guidance dictated in the correspondence and reply to those requiring a response.

Health cost-sharing plans are not considered comparable coverage as all insurance plans must be fully compliant with the Affordable Care Act (ACA) provisions and provide access to local primary care providers in the Montclair State University area. Contested Late Waiver Appeals will not be approved solely based on having comparable alternative health insurance coverage.

*\*\* Students have thirty (30) days after the waiver deadline to file a Late Waiver Appeal. We will notify students of the final decision no later than two (2) weeks after their submission date. \*\**

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**EARLY TERMINATION (NOT PERMITTED)**

Montclair State University / Aetna Student Health **does not** prorate health insurance premiums or adjust effective dates of coverage. We will not remove students from SHIP coverage based upon graduation, withdrawal from the University, or new insurance plans post waiver deadline. If you are enrolled (opt-in or forced), the coverage will remain in effect until the policy's termination date (*typically on or around mid-August unless otherwise specified*).

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**GUIDELINE FOR ENROLLMENT AFTER WAIVING THE STUDENT HEALTH INSURANCE PLAN**

If a student waives the school-sponsored health insurance plan but later experiences a change in coverage or qualifying life event (QLE), the student may petition Aetna Student Health directly to enroll. For no lapse in coverage to occur, an application and documentation (proof) must be submitted (directly to Aetna Student Health) within 30 days from the onset of the QLE date.

Examples of Qualifying Life Event (QLE) include but are not limited to:

- Change in marital status.
- Loss of employment.
- Loss of insurance coverage
- Turning age 26

Please note, the student's application is subject to review and approval by Aetna Student Health, provided the student meets the specified criteria outlined on the Qualifying Life Event Enrollment Form. If a student is granted enrollment under the basis of a Qualifying Life Event, Aetna Student Health will use the daily QLE rate to calculate the cost of the students' policy, and the student will be responsible for remitting payment directly Aetna Student Health.

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Sample



Sample





**WAIVER REQUIREMENT STUDENT CHECKLIST – 20XX/20XX Academic Year**

Montclair State University mandates that all domestic and international full-time undergraduate students (12 credits or more), and full-time graduate students (9 credits or more) must enroll in the school sponsored Student Health Insurance (SHIP) or be covered by a comprehensive Affordable Care Act (ACA) compliant health insurance plan. To ensure compliance, full-time students are automatically billed for the SHIP.

If you have health insurance through another provider, it must meet the stated minimum requirements to qualify for a waiver. (Upon request, you must be able to provide verifiable proof) Foreign insurance, non-(state) HMO's, and travel insurance plans are not acceptable as alternative coverage as they do not meet the minimum requirements.

If you do not have coverage through another provider that meets these minimum requirements, then you must enroll in the School sponsored Student Injury and Sickness Insurance Plan, or you will be automatically enrolled, after the waiver deadline.

| <b>Criteria</b>   | <b>School Sponsored Student Injury and Sickness Plan</b>                       | <b>Requirements for Alternative Coverage</b>                   | <b>My Plan</b>           |
|---|--|--|--------------------------|
| Policy Maximum (Per Insured Person, Per Policy Year)  | Unlimited  | Unlimited  | <input type="checkbox"/> |
| Policy Deductible (Per Insured Person, Per Policy Year)   | \$250 in-network   | Student needs to be financially responsible for the deductible | <input type="checkbox"/> |
| Hospital inpatient Services (Includes surgery, laboratory, X-Ray, ER, test and procedures)                          | 20% coinsurance in-network   | Student needs to be financially responsible for the cost share | <input type="checkbox"/> |
| Out-of-Pocket Maximum (Preferred Provider)  | \$5,000  | No higher than \$8,550   | <input type="checkbox"/> |
| Prescription Drugs (In-Network)   | \$15/\$45/\$75/\$100   | Prescription drug coverage must be included                    | <input type="checkbox"/> |
| Mental Illness & Substance Use Disorder Treatment   | Covered as any other sickness  | Covered as any other sickness                                  | <input type="checkbox"/> |
| Pre-existing Conditions   | Covered with no limitations  | Covered with no limitations                                    | <input type="checkbox"/> |
| Claims processing office must be based in the U.S.  | Insurance Policy is filed and approved in the U.S.                             | Insurance Policy must be filed and approved in the U.S.        | <input type="checkbox"/> |
| Coverage in New Jersey, Nationwide and while traveling outside the U.S. (Emergency only coverage is not acceptable) | National PPO<br>Provides access to comprehensive healthcare in the campus area | Provides access to comprehensive healthcare in the campus area | <input type="checkbox"/> |
| Coverage Period   | 8/15/21 – 8/14/22 (Fall)<br>01/02/2022 – 8/14/22 (Spring)                      | Entire enrollment period of the academic year                  | <input type="checkbox"/> |
| Medical Emergency   | 20% co-insurance   | Student needs to be financially responsible for the cost share | <input type="checkbox"/> |
| Medical Evacuation / Repatriation   | Unlimited  | \$50,000 medical evacuation/\$25,000 repatriation              | <input type="checkbox"/> |

*\*\*This checklist is provided for reference purposes only. Students must waive/enroll through the online waiver/enrollment during the applicable open waiver/enrollment period. \*\**

If you need assistance please contact [University Health Plans](http://UniversityHealthPlans.com) at 800-437-6448.

# STUDENT HEALTH INSURANCE WAIVER REQUIREMENT

## AFFORDABLE CARE ACT (ACA)

Montclair State University mandates that all *full-time undergraduate students (12 credits or more)*, and *graduate students enrolled in (9 credits or more)* must enroll in the school sponsored Student Health Insurance (SHIP) or be covered by a comprehensive *Affordable Care Act (ACA) compliant health insurance plan*.

### AFFORDABLE CARE ACT (ACA) – WHAT YOU NEED TO KNOW

What is the Affordable Care Act (ACA)?

(A) The Patient Protection and Affordable Care Act, commonly known as the ACA, was signed into law in 2013 and provides certain requirements for health insurance, such as covering preventive care obtained at an in-network provider at no cost.

What does the ACA mean for my health insurance coverage?

(A) Under the ACA, everyone must be covered by a health insurance plan that meets certain minimum essential coverage requirements.

What is “minimum essential coverage”?

(A) An insurance plan that’s certified by the Health Insurance Marketplace®, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements under the Affordable Care Act. All qualified health plans meet the Affordable Care Act requirement for having health coverage, known as “minimum essential coverage.”

#### Examples of qualifying health coverage:

(This information retrieved from <https://www.healthcare.gov/fees/plans-that-count-as-coverage/>)

- Any health plan bought through the Health Insurance Marketplace®
- Individual health plans bought outside the Health Insurance Marketplace®, if they meet the standards for [qualified health plans](#)
- Any “[grandfathered](#)” [individual insurance plan](#) you’ve had since March 23, 2010, or earlier
- [Any job-based plan](#), including [retiree plans](#) and [COBRA coverage](#)
- [Medicare Part A or Part C](#) (but Part B coverage by itself doesn’t qualify)
- [Most Medicaid coverage](#), except for [limited coverage plans](#)
- [The Children’s Health Insurance Program \(CHIP\)](#)
- [Coverage under a parent’s plan](#)
- [Most student health plans](#) (check with your school to see if the plan counts as qualifying health coverage)
- Health coverage for Peace Corps volunteers
- [Certain types of veterans’ health coverage through the Department of Veterans Affairs](#)
- [Most TRICARE plans](#)
- [Department of Defense Nonappropriated Fund Health Benefits Program](#)
- [Refugee Medical Assistance](#)
- [State high-risk pools](#) for plan or policy years that started on or before December 31, 2014 (check with your high-risk pool plan to see if it counts as qualifying health coverage)

*See a more detailed list of types of plans that do and don’t count as [qualifying health coverage from the IRS](#).*

# Step-by-Step University Health Plans (UHP) Health Insurance Waiver Guide (w/Submission & Approval Emails)

[www.universityhealthplans.com/montclair](http://www.universityhealthplans.com/montclair)

**UNIVERSITY HEALTH PLANS**  
A DIVISION OF RISK STRATEGIES

ABOUT US CONTACT US / FAQs HEALTHCARE NEWS ADDITIONAL PRODUCTS & SERVICES

**Students, let's get started...**

Submit a waiver form, enroll in your school's health insurance plan or learn about other insurance products and services.

Select your college or university:

Montclair State University  
Montclair College of Art  
Bard College at Simon's Rock  
Marymount Manhattan College (MMC)  
Simmons University  
University of Massachusetts (UMASS) - Dartmouth  
University of Vermont (UVM)

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**Students, let's get started...**

Submit a waiver form, enroll in your school's health insurance plan or learn about other insurance products and services.

Select your college or university:

Montclair State University

**MONTCLAIR STATE UNIVERSITY**

Introduction  
Aetna COVID-19 Updates  
NJ Senate Bill 2291 - Hard Waiver Requirement  
New Jersey Family Care (NJFC)

**Student Health Plan**

Waiver Form  
Enrollment Form  
Benefit Information  
Insurance ID Card  
Aetna Provider Search  
Telehealth - Teladoc  
Prescription Information  
Aetna Member Log-in & Claim Status  
Aetna Health Mobile App  
Aetna Information  
Worldwide Travel Assistance

**Optional Plans**  
DeltaCare Dental Insurance  
VSP Vision Insurance

**Additional Information**  
Insurance info for Graduating Students and Dependents

## Montclair State University STUDENT HEALTH INSURANCE PLAN

### 2021-2022 Academic Year

#### Health Insurance Requirement

In keeping with its institutional responsibility to protect the health and well-being of the students, as well as meeting the requirements under New Jersey state law, Montclair State University requires all full-time undergraduate and graduate students to carry health insurance. Full-time students are automatically enrolled in the University-Sponsored Student Health Insurance Plan and charged for the insurance premium. Students are responsible to submit a health insurance waiver online if they do not want the Student Health Insurance Plan.

The following students are required to have health insurance that meets University requirements:

- Full-time undergraduate students enrolled in twelve (12) or more credits.
- Full-time graduate students enrolled in nine (9) or more credits.

#### Plan Highlights

The Student Health Insurance Plan will continue to be provided by Aetna Student Health. The plan complies with the Affordable Care Act benefit requirements and includes access to Aetna's national PPO network of providers. Students do not have to select a primary care physician and referrals are not required. You can view the Plan Design and Benefit Summary located under Benefit information in the left-hand side navigation menu. In order to keep the premium competitive, the following benefit changes were made: **Deductible** increased from \$150 to \$250 and the **Prescription Drug Benefit** changed from \$20/\$40/\$60 to \$15/\$45/\$75/\$100 lowering the copay for generic drugs and increasing the copay for brand and specialty drugs.

Montclair has partnered with University Health Plans to administer the plan and help with waiver, enrollment, or benefit-related questions. University Health Plans can be reached at 800-437-6446 or [info@univhealthplans.com](mailto:info@univhealthplans.com)

#### Insurance Cost & Coverage Periods

|   | Annual                    |
|---|---------------------------|
| Coverage Dates                            | 8/15/2021-8/14/2022       |
| Undergraduate and Graduate Insurance Cost | \$2,274                   |
| <b>Waiver Deadline Date</b>               | <b>September 20, 2021</b> |

#### Waiver Process

Full-time students who wish to waive (opt-out) the Health Insurance:

- If you wish to waive the Student Health Insurance Plan, you must provide proof of alternative coverage

# Step-by-Step University Health Plans (UHP) Health Insurance Waiver Guide (w/Submission & Approval Emails)

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**MONTCLAIR STATE UNIVERSITY**

### Montclair State University STUDENT HEALTH INSURANCE PLAN

#### Annual Waiver Form 2021-2022 Academic Year

It is important for you to make an informed health assessment each year. For instance, have your health needs changed? Will you be participating in a study abroad program? Do you have access to a network that covers you throughout the country and do you have coverage for emergencies? Make sure you have appropriate health coverage so that an unexpected illness or accident doesn't hold back your wellness or academic success.

You may waive coverage under this plan if you have health insurance that meets all of Montclair State University's insurance plan requirements. You will need to provide information about your coverage. An accepted waiver applies to the full academic year during which it is filed.

**The waiver deadline is September 20, 2021. PLEASE FILL OUT THE REQUIRED FIELDS BELOW:**

**Please note, your Montclair State University student ID# begins with a "M" followed by 8 digits.**

date of birth:  (MMDDYYYY)  
student ID:

**Student Health Plan**

- Waiver Form
- Enrollment Form
- Benefit Information >
- Insurance ID Card
- Aetna Provider Search
- Telehealth - Teladoc
- Prescription Information
- Aetna Member Log-in & Claim Status
- Aetna Health Mobile App
- Aetna Information >
- Worldwide Travel Assistance

**Optional Plans**

- DeltaCare Dental Insurance
- VSP Vision Insurance

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It is important for you to make an informed health assessment each year. For instance, have your health needs changed? Will you be participating in a study abroad program? Do you have access to a network that covers you throughout the country and do you have coverage for emergencies? Make sure you have appropriate health coverage so that an unexpected illness or accident doesn't hold back your wellness or academic success.

You may waive coverage under this plan if you have health insurance that meets all of Montclair State University's insurance plan requirements. You will need to provide information about your coverage. An accepted waiver applies to the full academic year during which it is filed.

**The waiver deadline is September 20, 2021. PLEASE FILL OUT THE REQUIRED FIELDS BELOW:**

**Please note, your Montclair State University student ID# begins with a "M" followed by 8 digits.**

date of birth:  (MMDDYYYY)  
student ID:

**Student Health Plan**

- Waiver Form
- Enrollment Form
- Benefit Information >
- Insurance ID Card
- Aetna Provider Search
- Telehealth - Teladoc
- Prescription Information
- Aetna Member Log-in & Claim Status
- Aetna Health Mobile App
- Aetna Information >
- Worldwide Travel Assistance

**Optional Plans**

- DeltaCare Dental Insurance
- VSP Vision Insurance

**UNIVERSITY HEALTH PLANS**  
A DIVISION OF RISK STRATEGIES

ABOUT US CONTACT US / FAQs HEALTHCARE NEWS

**MONTCLAIR STATE UNIVERSITY**

### Montclair State University STUDENT HEALTH INSURANCE PLAN

#### Annual Waiver Form 2021-2022 Academic Year

#### Pre-Waiver Form Questionnaire

It is important that students and families make an informed decision regarding their health insurance coverage. Before waiving the Montclair State University Student Health Insurance Plan, carefully review your current coverage and determine that it meets each of the following requirements.

1. I understand I am required to complete an online Waiver Form at the beginning of each academic year.  
 Yes  No
2. I am currently enrolled in a health insurance plan and I agree to maintain health insurance coverage throughout the remainder of the academic year.  
 Yes  No
3. I acknowledge by waiving the Student Health Insurance Plan, I will be solely responsible for any medical expenses I may incur and neither the University nor the Student Health Insurance Plan will be held responsible.  
 Yes  No

**Student Health Plan**

- Waiver Form
- Enrollment Form
- Benefit Information >
- Insurance ID Card
- Aetna Provider Search
- Telehealth - Teladoc
- Prescription Information
- Aetna Member Log-in & Claim Status
- Aetna Health Mobile App
- Aetna Information >
- Worldwide Travel Assistance

**Optional Plans**

- DeltaCare Dental Insurance
- VSP Vision Insurance

# Step-by-Step University Health Plans (UHP) Health Insurance Waiver Guide (w/Submission & Approval Emails)

STUDENT HEALTH INSURANCE PLAN

Annual Waiver Form  
2021-2022 Academic Year

Asterisk (\*) denotes required field

**STUDENT INFORMATION**

first name: \_\_\_\_\_  
last name: \_\_\_\_\_  
student ID: \_\_\_\_\_  
student type: \_\_\_\_\_  
email address: \_\_\_\_\_  
date of birth: \_\_\_\_\_  
international student: No

**INSURANCE INFORMATION**

insurance company name: \_\_\_\_\_  
member ID number: \_\_\_\_\_  
type of insurance: \_\_\_\_\_  
insurance company phone: \_\_\_\_\_  
subscriber name: \_\_\_\_\_  
subscriber relation: \_\_\_\_\_  
subscriber state: \_\_\_\_\_

**PROOF OF INSURANCE**

Optional: to assist in a timely review of your insurance policy we recommend uploading a copy of the front and back of your ID card and a summary of benefits. If you have been asked to provide supporting documentation in the past this will help expedite your waiver review process.

Files may not exceed 10 MB each.

file 1: [Choose File] No file chosen  
file 2: [Choose File] No file chosen

person completing waiver: \_\_\_\_\_

**Correct Phone #**

STUDENT HEALTH INSURANCE PLAN

Annual Waiver Form  
2021-2022 Academic Year

Asterisk (\*) denotes required field

**STUDENT INFORMATION**

first name: Danisha  
last name: Goodman

**Insurance Company Phone**

Provide a phone # for your insurance company (ex: member services).

**PROOF OF INSURANCE**

Optional: to assist in a timely review of your insurance policy we recommend uploading a copy of the front and back of your ID card and a summary of benefits. If you have been asked to provide supporting documentation in the past this will help expedite your waiver review process.

Files may not exceed 10 MB each.

file 1: [Choose File] No file chosen  
file 2: [Choose File] No file chosen

**STUDENT INFORMATION**

student ID: \_\_\_\_\_  
student type: \_\_\_\_\_  
email address: \_\_\_\_\_  
date of birth: \_\_\_\_\_  
international student: \_\_\_\_\_

**INSURANCE INFORMATION**

insurance company name: \_\_\_\_\_  
member ID number: \_\_\_\_\_  
type of insurance: \_\_\_\_\_  
insurance company phone: \_\_\_\_\_  
subscriber name: \_\_\_\_\_  
subscriber relation: \_\_\_\_\_  
subscriber state: \_\_\_\_\_

**PROOF OF INSURANCE**

Optional: to assist in a timely review of your insurance policy we recommend uploading a copy of the front and back of your ID card and a summary of benefits. If you have been asked to provide supporting documentation in the past this will help expedite your waiver review process.

Files may not exceed 10 MB each.

file 1: [Choose File] Health Insurance Card.pdf  
file 2: [Choose File] No file chosen

person completing waiver: \_\_\_\_\_  
your relation to student: \_\_\_\_\_

I certify that my insurance coverage is in effect and I expect it to remain in effect during the 2021-2022 academic year. The submission of this waiver form including all information herewith constitutes truthful and accurate statements.

**Remember State University and its contractors reserve the right to verify the information you are submitting. You may be required to provide coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the Student Health Insurance Plan. By submitting this waiver request, you agree that your current insurance plan may be contacted for confirmation that you have the required coverage for the policy year.**

Please note, once you click "apply" below you will receive an immediate response that your waiver was successfully submitted. Should you not receive an immediate response with your confirmation number, please contact University Health Plans at 800-437-6448 as this would mean you did not successfully submit the waiver form.

My submission of this form will be used as an electronic signature. This signature certifies that I am covered by the insurance plan as described above.

Please check your information before clicking on Submit.

[Submit] for waiver.

# Step-by-Step University Health Plans (UHP) Health Insurance Waiver Guide (w/Submission & Approval Emails)

Optional Plans

Additional Information

Insurance Info for Graduating Students and Dependents

Mental Wellness Resources

type of insurance \*

insurance company phone \*

subscriber name \*

subscriber reason \*

subscriber state \*

**PROOF OF INSURANCE**

Optional: to assist in a timely review of your insurance policy we recommend uploading a copy of the front and back of your ID card and a summary of benefits. If you have been asked to provide supporting documentation in the past this will help expedite your waiver review process.

You may not exceed 10 MB each:

file 1  [Choose File](#) Health Insurance Card.pdf

file 2  [Choose File](#) No file chosen

person completing waiver:

your relation to student:

I certify that my insurance coverage is in effect and I expect it to remain in effect during the 2021-2022 academic year. The submission of this waiver form including all information herewith constitutes truthful and accurate statements.

**Montclair State University and its contractors reserve the right to verify the insurance you are submitting.** You may be required to provide coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the Student Health Insurance Plan. By submitting this waiver request, you agree that your current insurance plan may be contacted for confirmation that you have the required coverage for the policy year.

Please note, once you click "apply" below you will receive an immediate response that your waiver was successfully submitted. Should you not receive an immediate response with your confirmation number, please contact University Health Plans at 800-437-6448 as this would mean you did not successfully submit the waiver form.

My submission of this form will be used as an electronic signature. This signature certifies that I am covered by the insurance plan as described above.

Please check your information before clicking on Submit.

for waiver.

University Health Plans Broker License # 00112303000  
William E. Devine Broker License # 34773

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**UNIVERSITY HEALTH PLANS**  
A DIVISION OF RISK STRATEGIES

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**MONTCLAIR STATE UNIVERSITY**

Montclair State University  
STUDENT HEALTH INSURANCE PLAN

Annual Waiver Form  
2021-2022 Academic Year

Dear \_\_\_\_\_

You have received your request for a waiver. Another email will be sent within 3-5 business days that states if your waiver form has been approved or denied. If it is denied, you will have a chance to prove your insurable plan is active.

The enrollment/waiver process is annual. Please review your student status and health needs each year to make an informed decision.

Your confirmation number is \_\_\_\_\_

Please use this information if you contact University Health Plans at [800-437-6448](tel:800-437-6448).

If you lose your insurance coverage, you may qualify for special enrollment rights. You must contact University Health Plans and submit a qualifying event enrollment form and payment within 31 days of the date you lost your other coverage.

**FOR YOUR SECURITY:** If you are using a shared or public computer, please be sure to close and exit from all browsers/ windows to remove personal information from previous pages stored in the browser's history cache.

**Waiver successfully submitted**

# Step-by-Step University Health Plans (UHP) Health Insurance Waiver Guide (w/Submission &Approval Emails)

---

## **Confirmation email of Health Insurance Waiver Received**

**7/28/2021 @ 1:04 PM**

Montclair State University Insurance Waiver [REDACTED]



University Health Plans <info@univhealthplans.com>

1:04 PM (0 minutes ago)

to [REDACTED]

Dear [REDACTED]

We have received your request for a waiver. Another email will be sent within 2-3 business days that states if your waiver form has been approved or denied. If it is denied, you will have a chance to prove your insurance plan is active.

The enrollment/waiver process is annual. Please review your student status and health needs each year to make an informed decision.

Your confirmation number is [REDACTED]

Please use this information if you contact University Health Plans at 800-437-6448

If you lose your insurance coverage, you may qualify for special enrollment rights. You must contact University Health Plans and submit a qualifying event enrollment form and payment within 31 days of the date you lost your other coverage.

---

University Health Plans  
833-251-1705

## **Insurance Waiver Application Approved email received**

**7/28/2021 @ 11:29 PM**

Insurance Waiver Application Approved [REDACTED]



University Health Plans <info@univhealthplans.com>

Wed, Jul 28, 11:29 PM

to [REDACTED]

Dear [REDACTED]

Your insurance waiver has been approved. Please allow up to 5 business days for the insurance charge to be removed from your student account.

As a reminder, you are responsible for medical expenses once this waiver is approved and you are responsible for finding providers covered by your insurance plan when you are in need of medical care.

Please retain a copy of this confirmation page and reference the confirmation number when contacting University Health Plans if you have any questions concerning this transaction.

Your confirmation number is [REDACTED]

Your transaction date is [REDACTED]

HOW TO KNOW YOUR WAIVER IS APPLIED

The approval of your health insurance waiver does not remove the original charge from your student account; it authorizes the application of a "Health Insurance Waiver" payment (credit) to offset the cost of the health insurance fee (refer to samples below). Both the charge and the waiver (payment/credit) will remain listed on your semester invoice (account activity).

**Student Schedule and Bill**

(updated on the 1<sup>st</sup> & 15<sup>th</sup>)

| CURRENT TERM CHARGES          |         | CURRENT TERM PAYMENTS     |         |
|-------------------------------|---------|---------------------------|---------|
| Access Code/Lab Fee           | 208.00  | Health Insurance Waiver   | 2274.00 |
| Graduation Fee                | 95.00   | Federal Unsubsidized Loan | 6184.00 |
| Student Gov't Assoc. Fee      | 36.75   |                           |         |
| Student Service Fee - Fall 21 | 450.75  |                           |         |
| UG Health Insurance Fee       | 2274.00 |                           |         |
| UG In State Tuition           | 6161.70 |                           |         |

Current Term Charges Total: \$9,226.20      Current Term Payments Total: \$8,458.00

**Student Account Activity**

(Reflects Account Activity in Realtime)

| Description   | Date    | Amount            |
|---|---------|-------------------|
| Health Insurance Waiver                                 | 7/29/21 | -\$2,274.00       |
| Mandatory Fees  |         | \$487.50          |
| Course Fees   |         | \$208.00          |
| Other Fees  |         | \$2,369.00        |
| • UG Health Insurance Fee                               | 8/22/21 | \$2,274.00        |
| • Commencement Fee - 202220-BS                          | 8/19/21 | \$95.00           |
| • UG Health Insurance Fee                               | 7/27/21 | \$2,274.00        |
| Tuition   |         | \$6,161.70        |
| <b>Term Balance:</b>                                    |         | <b>\$6,952.20</b> |
| <b>Term Balance removing the Authorized Aid amount:</b> |         | <b>\$768.20</b>   |



**Montclair State University**  
**Student Health Insurance Plan**  
**Annual Waiver Form (Domestic Students ONLY)**  
**20XX – 20XX Academic Year**

**Pre-Waiver Form Questionnaire**

It is important that students and families make an informed decision regarding their health insurance coverage. Before waiving the Montclair State University Student Health Insurance Plan, carefully review your current coverage and determine that it meets each of the following requirements.

1. I understand that I am required to complete a Waiver Form at the beginning of *each* academic year.  
 Yes    No
2. I am currently enrolled in a health insurance plan and I agree to maintain health insurance coverage throughout the remainder of the academic year.  
 Yes    No
3. I acknowledge by waiving the Student Health Insurance Plan, I will be solely responsible for any medical expenses I may incur and neither the University nor the Student Health Insurance Plan will be held responsible.  
 Yes    No

**QUESTIONNAIRE INELIGIBILITY MESSAGE**

*Based on the responses provided, your plan does not meet the waiver requirements; therefore, you cannot complete this form. If you believe this is not correct, please go back to the previous page to carefully read the questions and review your answers. If you need assistance, please contact University Health Plans at 800-437-6448.*

**\*If you get this message you cannot proceed – Contact University Health Plans for assistance (800) 437-6448\***

**ANNUAL WAIVER FORM**

**STUDENT INFORMATION**

First Name:

Last Name:

Student ID:

Student Type:

Email address: \*

Date of Birth: \*

**INSURANCE INFORMATION**

Insurance Company Name \*  ?

Member ID Number: \*

Type of Insurance: \*

Insurance Company Phone: \*  ?

Montclair State University  
Student Health Insurance Plan  
Annual Waiver Form (Domestic Students ONLY)  
20XX – 20XX Academic Year

INSURANCE INFORMATION (Continued)

Subscriber Name: \*

Subscriber Relation: \*

Subscriber State: \*

PROFF OF INSURANCE

**Optional:** to assist in a timely review of your insurance policy we recommend uploading a copy of the front and back of your ID card and a summary of benefits. If you have been asked to provide supporting documentation in the past this will help expedite your waiver review process.

**File may not exceed 10 MB each**

File 1:

File 2:

---

Person completing waiver: \*

Your relationship to the student: \*

---

*I certify that my insurance coverage is in effect and I expect it to remain in effect during the 2021-2022 academic year. The submission of this waiver form including all information herewith constitutes truthful and accurate statements.*

*Montclair State University and its contractors reserve the right to verify the insurance you are submitting. You may be required to provide coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the Student Health Insurance Plan. By submitting this waiver request, you agree that your current insurance plan may be contacted for confirmation that you have the required coverage for the policy year.*

**Please note, once you click “apply” below you will receive an immediate response that your waiver was successfully submitted. Should you not receive an immediate response with your confirmation number, please contact University Health Plans at 800-437-6448 as this would mean you did not successfully submit the waiver form.**

*My submission of this form will be used as an electronic signature. This signature certifies that I am covered by the insurance plan as described above.*

*Please check your information before clicking on Submit.*

Submit

Montclair State University  
Student Health Insurance Plan  
Annual Waiver Form (Domestic Students ONLY)  
20XX – 20XX Academic Year



**IF YOU DID NOT RECEIVE A CONFIRMATION EMAIL  
YOU DID NOT COMPLETE THE HEALTH INSURANCE WAIVER!!**

---

Sample Waiver Confirmation Page and Confirmation Email

**Montclair State University  
STUDENT HEALTH INSURANCE PLAN**

**Annual Waiver Form  
2021-2022 Academic Year**

Dear [FIRST NAME],

We have received your request for a waiver. Another email will be sent within 2-3 business days that states if your waiver form has been approved or denied. If it is denied, you will have a chance to prove your insurance plan is active.

The enrollment/waiver process is annual. Please review your student status and health needs each year to make an informed decision.

Your confirmation number is [WAIVER ID]

Please use this information if you contact University Health Plans at [800-437-6448](tel:800-437-6448)

If you lose your insurance coverage, you may qualify for special enrollment rights. You must contact University Health Plans and submit a qualifying event enrollment form and payment within 31 days of the date you lost your other coverage.

---

Montclair State University Student  
Health Insurance Plan 20XX-20XX  
INTERNATIONAL STUDENT ANNUAL  
WAIVER REQUEST

**Please Note:** Montclair is requiring all international students to be insured with an ACA compliant, filed and approved policy in the U.S. Please note, health insurance plans marketed solely to international students are often not filed and approved in the U.S., have limited benefits, provider networks and/or coverage periods that do not comply with the Montclair State University insurance requirements. GBG Insurance, HDL Global Specialty, ISO, PGH (United), PSI, Student Medicover, and Tata AIG are examples of companies that **do not** meet the waiver requirements.

**QUESTIONNAIRE**

Please answer the following questions by checking off “Yes” or “No”.

All questions are required. Do not skip any of the below questions.

- I have confirmed my plan is filed and approved in the United States and compliant with the Affordable Care Act.  
 Yes  No
- I understand that I am required to complete a Waiver Form at the beginning of *each* academic year.  
 Yes  No
- I am currently enrolled in a health insurance plan and I agree to maintain health insurance coverage throughout the remainder of the academic year.  
 Yes  No
- I acknowledge by waiving the Student Health Insurance Plan, I will be solely responsible for any medical expenses I may incur and neither the University nor the Student Health Insurance Plan will be held responsible.  
 Yes  No

All fields below marked with \* are required

\* First Name:

\* Last Name

\* Student ID:

\* Date of Birth:

\* Email Address:

\* Insurance Company Name:

\* Member ID:

\* Insurance Country:

\* Subscriber (Policy Holder) Name:

\* Subscriber (Policy Holder) Relation:

**Please include:**

Copy of the front and back of your insurance card

Copy of your plan summary

**I certify that my insurance coverage is in effect and I expect it to remain in effect during the 2021-2022 academic year.** The submission of this waiver form including all information herewith constitutes truthful and accurate statements.

*Montclair State University and its contractors reserve the right to verify the insurance you are submitting. You may be required to provide coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the Student Health Insurance Plan. By submitting this waiver request, you agree that your current insurance plan may be contacted for confirmation that you have the required coverage for the policy year.*

*The student will automatically be enrolled into the Montclair Student Health Insurance Plan unless documented proof of current enrollment in a comparable health insurance plan.*

Student Signature

Date





## Montclair State University

**"SAMPLE" Domestic Graduate Student Health Insurance Plan****Qualifying Life Event Enrollment Form***In order to enroll you must complete steps 1 through 5!*

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 2400 Fresno, CA 93716)

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCCoordinator@aetna.com](mailto:CRCCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portals/lobby.jsf>, or the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHS Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Country Health Care plans and their affiliates (Aetna).*

TTY: 711

For language assistance in your language, call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wikang Tagalog, tawagan ang nakalistingang numero sa iyong ID card nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

(Arabic) للمساعدة في اللغة العربية، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية.

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

## Montclair State University

**"SAMPLE" Domestic Graduate Student Health Insurance Plan****Qualifying Life Event Enrollment Form*****In order to enroll you must complete steps 1 through 5!***

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی، بدون هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ của quý vị. (Vietnamese)







**Montclair State University**  
**"SAMPLE" Domestic Undergraduate Student Health Insurance**  
**Plan Qualifying Life Event Enrollment Form**  
*In order to enroll you must complete steps 1 through 5!*

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 2400, Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRC.Coordinator@aetna.com](mailto:CRC.Coordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, H Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY: 711

For language assistance in your language, call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

(Arabic) للمساعدة في اللغة العربية، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية.

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

## Montclair State University

**"SAMPLE" Domestic Undergraduate Student Health Insurance  
Plan Qualifying Life Event Enrollment Form*****In order to enroll you must complete steps 1 through 5!***

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。 (Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی، بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному на вашей ID-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí số được ghi trên thẻ ID của quý vị. (Vietnamese)





## Montclair State University

**"SAMPLE" International Graduate Student Health Insurance Plan****Qualifying Life Event Enrollment Form***In order to enroll you must complete steps 1 through 5!*

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: 1000 Buena Vista, Suite 4030, Menlo Park, CA 94025-1779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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For language assistance on your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您 ID 卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wikang Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

(Arabic) للمساعدة في اللغة العربية، الرجاء الاتصال على الرقم المجاني المذكور في بطاقتك التعريفية.

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

## Montclair State University

**"SAMPLE" International Graduate Student Health Insurance Plan  
Qualifying Life Event Enrollment Form*****In order to enroll you must complete steps 1 through 5!***

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

(Persian) برای راهنمایی به زبان فارسی، بدون هیچ هزینه ای با شماره ای که بر روی کارت شناسایی شما آمده است تماس بگیرید. انگلیسی

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному на нашей ID карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của bạn. (Vietnamese)







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Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting the Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030, Fresno, CA 93779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCOordinator@aetna.com](mailto:CRCOordinator@aetna.com).

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