MONTCLAIR State university

THE OFFICE OF STUDENT ACCOUNTS

STUDENT HEALTH INSURANCE PLAN (SHIP) ADMINISTRATIVE POLICY, PROCEDURES, AND GUIDELINES

STUDENT HEALTH INSURANCE STANDARD OPERATING PRODEDURES AND GUIDELINES



STUDENT HEALTH INSURANCE POLICY	Т
STUDENT HEALTH INSURANCE CHARGE GUIDELINES	
Fall Term	
Spring Term	
STUDENT HEALTH INSURANCE SITE OPENING / CLOSING GUIDELINES	
STUDENT HEALTH INSURANCE SITE OF ENDOY CLOSING GUIDELINES	
STUDENT HEALTH ISUKANCE WAIVER DEADLINES JUSTIFICATION	
Domestic	
International	
STUDENT HEALTH INSURANCE WAIVER APPROVAL GUIDLINES	
NEW JERSEY FAMILY CARE (NJFC) WAIVER GIUDELINES	
Fall Term	
Spring Term	
STUDENT HEALTH INSURANCE WAIVER APPEAL REVIEW BOARD	
STUDENT HEALTH INSURANCE WAIVER AFFEAL REVIEW BOARD	
Uncontested Late Waiver Appeals	
Contested Late Waiver Appeals	
EARLY TERMINATION REQUEST	
GUIDELINES FOR ENROLLMENT REQUEST AFTER APPROVED WAIVERS	
Qualifying Life Event (QLE)	
What is it?	
Process to Check eligibility	
SAMPLE FORMS & DOCUMENTS	
Waiver Requirement Checklist	
Waiver Requirements (ACA)	
UHP Health Insurance Step-by-Step Guide	
How to Know If Your Waiver is Applied	
Sample Annual Waiver Questionnaire (Domestic)	
Sample Annual Waiver Approved Email (Domestic)	
Sample Annual Waiver Questionnaire (International)	
Sample OLE Enrollment Form Grad (Domestic)	
Sample OLE Enrollment Form Undergrad (Domestic)	
Sample QLE Enrollment Form Grad (International)	
Sample QLE Enrollment Form Undergrad (International)	

MONTCLAIR STATE UNIVERSITY



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 <u>University Health Plans</u> (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.



STUDENT HEALTH INSURANCE CHARGE GUIDELINES

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**. 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

STUDENT HEALTH INSURANCE SITE OPENING / CLOSING GUIDELINES

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.

STUDENT HEALTH INURANCE WAIVER DEADLINES JUSTIFICATION

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 1st and 15th 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.

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 Medicover, 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.

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 1st or sooner
- Complete SHIP Waiver Appeal by November 30th

SPRING TERM

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

** 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 **

STUDENT HEALTH INSURANCE LATE WAIVER APPEAL GUIDELINES

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 "<u>Waiver</u> <u>Deadline Appeal</u>". 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

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. **

EARLY TERMINATION (NOT PERMITTED)

Montclair State University / Aetna Student Health <u>does not</u> 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*).

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.





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.

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

**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 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 innetwork 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:

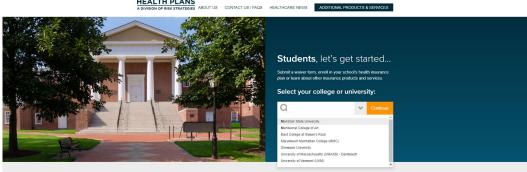
(This information retrieved from <u>https://www.healthcare.gov/fees/plans-that-count-as-coverage/</u>)

- Any health plan bought through the Health Insurance Marketplace®
- Individual health plans bought outside the Health Insurance Marketplace®, if they meet the standards for <u>qualified health plans</u>
- Any <u>"grandfathered" individual insurance plan</u> you've had since March 23, 2010, or earlier
- Any job-based plan, including retiree plans and COBRA coverage
- <u>Medicare Part A or Part C</u> (but Part B coverage by itself doesn't qualify)
- Most Medicaid coverage, except for limited coverage plans
- The Children's Health Insurance Program (CHIP)
- <u>Coverage under a parent's plan</u>
- <u>Most student health plans</u> (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
- <u>Refugee Medical Assistance</u>
- <u>State high-risk pools</u> 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 <u>qualifying health coverage from the IRS.</u>

www.universityhealthplans.com/montclair

UNIVERSITY HEALTH PLANS



UNIVERSITY HEALTH PLANS



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:

WONTCLAIR STATE

Introduction Aetna COVID-19 Updates

NJ Senate Bill 2291 -Hard Waiver Requirement

Enrollment Form Benefit Information

Insurance ID Card

Aetna Provider Search

Worldwide Travel Assistance

Telehealth - Teladoc Prescription Information Aetna Member Log-In & Claim Status Aetna Health Mobile App Aetna Information

New Jersey Family Care (NJFC) Student Health Plan Waiver Form

Montclair State University STUDENT HEALTH INSURANCE PLAN

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

2021-2022 Academic Year

Health Insurance Requirement

In larging with its institutional responsibility to protect the health and well-being of the students, as well as meeting it requirements under New Jerey state law, Menthal' State University requires all 4-line undergraduate and graduat students to carry health municince. Full-time understate are automatically erroled in the University-Sponsored Student Health Instance Film and charged for the instance premium. Students are responsible to submit a health minarraw waver combined they do not warthened the Student Health Instance Plan.

The following students are required to have health insurance that meets Unive Full-time undergraduate students enrolled in twelve (12) or more credits.
Full-time graduate students enrolled in nine (9) or more credits.

Plan Highlights

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

The Student Health Insurance Plan will continue to be provided by Aetna Student Health. The plan complex with the Affordable Care Act benefit requirements and incluises access to Aethan Indioral PPO network of providers. Students don that we baseled significant care physicant and referration and referration? You can view the Plan Design and Beard Summary Accald under Benefit (Information in the 4th-Rand dise naivgation meru). In order to keep the premium competition, the following benefit changes even made: <u>Beard(and)</u> increased from \$150 to \$258 and the <u>Planet(and) received</u> for administry for generic direct and a specially drags and increased the or \$150 to \$258 and a specially drags and increased the cospit for generic direct administry for generic direct administry for generic direct administry for generic direct administry.

Montclair has partnered with University Health Plans to administer the plan and help with waiver, enrollme related questions. University Health Plans can be reached at 800-437-6448 or <u>Info@univhealthplans.com</u>

Insurance Cost & Coverage Periods

Annual Coverage Dates 8/15/2021-8/14/2022 Undergraduate and Graduate Insurance Cost \$2.274 September 20, 2021 September 20, 2021 Waiver Process

Additional Information

Insurance Info for Graduating Students and Dependents

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

Worldwide Travel Assistance

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

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VSP Vision Insurance		
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	person completing walver. *	
	I confly that my insurance coverage is in effect and l expect If to remain in effect during the 2021- 2022 academic year. The automission of this waiver form including all information herewith constitutes truthful and accurate adamments.	
	Manthia: State University and BL constructors states the sight to sort? We have been used as a submitting. You must be required provide severage discontents and/or direct received disconstructioned by you need the about a requirements for waiving the Student Italih insurance Plan. By submitting this assiver respect you agree that your received insurance plan may be contacted for confirmation that you have the required coverage for the plant.	
	Plase 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 <u>not</u> 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.	
	University Health Plans Broker License # 000123939000 William E. Devine Broker License # 34773	
	0 2000-2021 University Health Plans, A Division of Risk Strategies All rights reserved. Privacy Policy Terms of Use Contact Us	

UNIVERSITY HEALTH PLANS A DIVISION OF RISK STRATEGIES	ABOUT US CONTACT US / FAOS HEALTHCARE NEWS
	<section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>

<u>Confirmation email of Health Insurance Waiver Received</u> 7/28/2021 @ 1:04 PM

Montclair State University Insurance Waiver

University Health Plans <info@univhealthplans.com> to Dear</info@univhealthplans.com>	1:04 PM (0 minutes ago)
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 of the states of th	ce 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	
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 lo	ist 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

.

Dear

University Health Plans <info@univhealthplans.com>

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

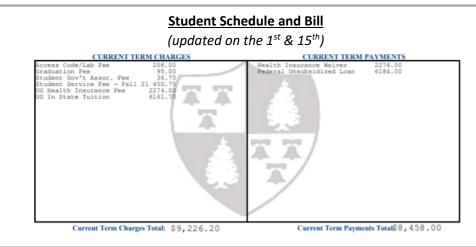
As a reminder, you are responsible for medical expenses once this waiver is approved and you are responsible for finding providers covered by your insurance plan when you are in need of medical care.

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 Your transaction date is Wed, Jul 28, 11:29 PM

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 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
Term Balance:		\$6,952.20
Term Balance removing the Authorized <i>i</i>	Aid amount:	\$768.20

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 <u>each</u> 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
- 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:	First Name	
Last Name:	Last Name	
Student ID:	Must include "M" in CWID	
Student Type:		
Email address: *	msu email address	
Date of Birth: *	MM/DD/YYYY (Required Format)	
	INSURANCE INFORMATION	
Insurance Company Na	ame * ?	
Member ID Number: *		
Type of Insurance: *		
Insurance Company Ph	ione: * ?	

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.

<u>Montclair State University and its contractors reserve the right to verify the insurance you are</u> <u>submitting</u>. 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 <u>not</u> 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.

<u>S</u>ubmit

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

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

<u>Please Note:</u> 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 <u>do not</u> 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.

- 1. I have confirmed my plan is filed and approved in the United States and compliant with the Affordable Care Act.
- I understand that I am required to complete a Waiver Form at the beginning of <u>each</u> academic year.
 Yes □ No
- 3. 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
- 4. 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

 \Box 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.

Aetna Life Insurance Company	Aetna Student Health		
Montclair State Universit	y		
"SAMPLE" Domestic Graduate Student He	alth Insurance Plan		
Qualifying Life Event Enrollme	nt Form		
In order to enroll you must complete steps			
<u>in order to enrott you must complete steps</u>			
1. Complete all Student information. Incomplete information will delay processing! Contact Aetna Student Health at 1-877-480- 4161 for assistance. Enrollment must be completed for each semester if the Annual Plan option is not selected.			
APPLICATIONS WITH MISSING INFORMATION WILL N	OT BE PROCESSED.		
Student Name:			
Last Name First Na	me MI		
Email address:	<u> 1000, "J000", "</u>		
Mailing Address:			

Date of Bin.

□ Full 1. `e Graduate Student Base Plan

DEADLINE: Within 31 days of Loss of Coverage

□ \$12.21/day X _____ (# of days)

ent Period: 08/15/XX-08/14/XX

6861t _QE22-3

ⁱons

State:

mm/dd/yy

Apt. #

Sex: □ Male □ Female

...ode

This address will be used for Aetna Student Health insurance commun.

PLEASE COMPLETE AND SIGN THE BACK OF THIS FORM.

Jan

Coverage End Date: 8/14/XX

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.

En.

WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION.

City:

Phone Number:

Student ID:

<u>2.</u>

Select Enrollment Plan

Co rage P

Student Total: \$

	Aetna Life Insurance Company	Aetna Student Health
	Montclair State University	
"SAMPLE" Domestic Graduate Student Health Insurance Pla		Insurance Plan
	Qualifying Life Event Enrollment F	Form
	In order to enroll you must complete steps 1 thr	ough 5!

3. Designate Payment Method.

Make check or money order payable to Aetna Student Health. Refer to the charge card authorization to charge premium to Visa, MasterCard, American Express or Discover. <u>CASH WILL NOT BE ACCEPTED.</u>

CREDIT CARD AUTHORIZATION-PLEASE PRIN	NT CLEARLY!!!
Credit Card#:	
Signature of Cardholder: Printed Name and Address (if different from student):	

4. Notice to Student (Signature required)

I have carefully read the policy plan provisions including all enroll. guide nest and elect to enroll as indicated above. I permit Montclair State University to provide Aetna Student tealth with to an ent status for purposes of eligibility under this plan. I warrant that the information I have provided on this approximation form is to and I am aware that if I provide false information, my coverage can be made void. I understand that if it is later determined. t I am not eligibility <u>or eligibility guidelines</u>, the premium of the premium

It is the student's responsibility for time, ren. ' naym its.

5. Do we have your permission to comme icate electrically with you regarding this enrollment form and this Student Health Insurance Plan? Yes _____1

*Enrollment Guidelines: For applic ..., reived and accepted after the effective date of the policy period, but before the established de line, coverage with be effective the first date of that policy period. Enrollment Forms received after the deadline will not be according to the significant life change that directly affects applicant's insurance coverage. When enrolling due to a life ever the please attach appropriate documentation providing proof and date of the event.

Fully in red students and services provided by Aetna Health and Life Insurance Company. Self-insured plans are funded by the applicate with claims and instration services provided by Aetna Health and Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Health and Life Insurance Company. Aetna Student HealthSM is the brand name is by Aetna Health and Life Insurance Company and its applicable affiliated companies (Aetna).

Signature:

Date:

ENCLOSE PAYMENT WITH ENROLLMENT FORM & MAIL TO: AETNA STUDENT HEALTH BENEFIT P.O. BOX 14388 LEXINGTON, KY 40512

OR

FAX: 859-425-5200

Aetna Life Insurance Company 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 service call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on protect d class roted 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 2^A 0 Fresno, CA 937) 1-800-648-7817, TTY: 711, Form 850, 425, 2270 (CA HMO sustamers: 860, 262, 7705). CBCooperington (CA HMO sustamers)

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), <u>CRCoc instor@a a.com</u>.

You can also file a civil rights complaint with the U.S. Detternent of Helth and the man forvices, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gc cr/port_lobby.jsf, U.S. Department of Health and Human Services, 200 Independence Avenue SW to som 509F 'H', Building, We anington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and service. vovided by or more of the Aetna group of subsidiary companies, including Aetna Life Low Company, Construct Hearth Care plans and their affiliates (Aetna).

TTY: 711

For language assistar vour language call the umber listed on your ID card at no cost. (English)

Para obtener asistencia lingui ina en espai iniame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取华柔痘中、語言協助 請撥打您 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. (Fr. ch)

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

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

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

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

Aetna Life Insurance Company	Aetna Student Health
Montclair State University	
"SAMPLE" Domestic Graduate Student Health Insurance Plan	
Qualifying Life Event Enrollment F	orm
In order to enroll you must complete steps 1 thro	ough 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 주신, 오. (Korean)

برای راهنمایی به زبان فار 🕠، بدون ه 🧃 نزینه 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 i Const.

Para obter assistência linguística em português ligue para o número grátis listado no vrtão de identificação 'ortuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по руказанно у в ва у л-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miên hí đến số ược ghi ên thẻ của quý vị. (Vietnamese)

Aetna Life Insurance Company	Aetna Student Health	
Montclair State	5	
"Sample" Domestic Undergraduate		
Qualifying Life Event		
<u>In order to enroll you must con</u>	ipiete steps 1 through 5:	
<u>1.</u> Complete all Student information. Incomplete information will 4161 for assistance. Enrollment must be completed for each se		
APPLICATIONS WITH MISSING INFORM	ATION WILL NOT BE PROCESSED.	
Student Name:		
Last Name	First Name MI	
Email address:		
Mailing Address: Image: Comparison of the comparison of		
City:		
Phone Number:		
Student ID:		
Image: Student		
Enrollment Period: 08/15/XX-08/14/XX		
DEADLINE : Within 31 days of Loss of Coverage		
Correlage Begin Date:		
Coverage End Date: 08/14/XX		
□ \$4.91/day X	(# of days)	
Student Total: \$		

PLEASE COMPLETE AND SIGN THE BACK OF THIS FORM.

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.

WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION.

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

3. Designate Payment Method.

Make check or money order payable to Aetna Student Health. Refer to the charge card authorization to charge premium to Visa, MasterCard, American Express or Discover. CASH WILL NOT BE ACCEPTED.

CREDIT CARD AUTHORIZATION-FLEASE FRINT CLEARLT	
Charge full amount: \$	
Credit Card#:	Exp. Date:
Signature of Cardholder: Printed Name and Address (if different from student):	
rrinted Name and Address (if different from student):	

4. Notice to Student (Signature required)

I have carefully read the policy plan provisions including all enrollment for and elemental as included above. I permit Montclair State University to provide Aetna Student Health with arollment for boses of for ablity under this plan. I warrant that the information I have provided on this application for is true and I can be made void. I understand that if it is later determined that 1 and the eligible for the entrol as including all enrollment for and the provide and the premium with the premium with the refund for the premium is not refundable for reasons other than eligibility.

It is the student's responsibility for timely renewal p vn.

<u>5.</u> Do we have your permission ' municate el 'tron. 'v with you' egarding this enrollment form and this Student Health Insurance Plan? 1. _ No _____

*Enrollment Guideling For applications regived and spted after the effective date of the policy period, but before the established deadline, constrained will be effective be first date of that policy period. Enrollment Forms received after the deadline will not be accepted, unless bere significant life sis significant life significant life significant life sis

Fully dent health is an eplans as derwritten by Aetna Health and Life Insurance Company. Self-insured plans are funded by the as acable school, with claims ministration rvices provided by Aetna Health and Life Insurance Company. Aetna Student HealthSM is the brand name r products and services provided by Aetna Health and Life Insurance Company and its applicable affiliated companies (Aetna).

Sig....ure:

Date:

ENCLOSE PAYMENT WITH ENROLLMENT FORM & MAIL TO: AETNA STUDENT HEALTH BENEFIT P.O. BOX 14388 LEXINGTON, KY 40512

OR

FAX: 859-425-5200

Aetna Life Insurance Company Aetna Student Health 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 lang .ge assistance.

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

If you believe we have failed to provide these services or otherwise discriminated based on a ______ 'ected /____ss noted above, you can also file a grievance with the Civil Rights Coordinator by conta_____ng: Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24 Fresno, CA 9779), 1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), C. Coord, pr@aet, pm.

You can also file a civil rights complaint with the U.S. then of the ealth and Hy man Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gc the of the ealth and Hy man Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gc the of the ealth and Hy man Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gc the order of the ealth and Hy man Services, 200 Independence Avenue SW Room 509F, H Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and service. wided by c e or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Companies, Cov w Health Care plans and their affiliates (Aetna).

TTY: 711

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

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

欲取得繁體中文語言協則,請操, 「卡上所列的號碼,無需付費。(Chinese)

Pour une assistance lingu tir le en frai lais appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

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

Benchangen unfe oder informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgefunge Nummer an German)

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

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

Aetna Life Insurance Company	Aetna Student Health
Montclair State University	
"SAMPLE" Domestic Undergraduate Student	Health Insurance
Plan Qualifying Life Event Enrollme	nt Form
In order to enroll you must complete steps 1 th	rough 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 주십 년오. (Ko, an)

برای راهنمایی به زب^ر رسی، بر رهیچ ^مزینه ^ر سماره 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 ka 🚬 ID. (Polis)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identific. (P .uguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бес . Эму номеру, указ тному вашей ID-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn rinh số đu nhi trên thi ID của quý vị. (Vietnamese)

Aetna Life Insurance Company Aetna Student Health		
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!		
1. Complete all Student information. Incomplete information will delay processing! Contact Aetna Student Health at 1- 4161 for assistance. Enrollment must be completed for each semester if the Annual Plan option is not selected.	<u>877-480-</u>	
APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.		
$\sim \sim $		
Student Name: Last Name First Name	MI	
]	
Mailing Address: LILI LILI LILI LILI LILI LILI LILI Address will be used for Aetna Student Health insurance communications Apt. #		
This address will be used for Aetna Student Health insurance communications Apt. #	1	
Phone Number:		
mm/dd/yy		
<u>2. Select Enrollment Plan</u>		
OE22-7 cull Time International Graduate Base Plan Students		
Enrollment Period: 08/15/XX-08/14/XX	_	
DEADLINE : Within 31 days of Loss of Coverage		
Cge Begin Date:		
Coverage End Date: 08/14/XX		
□ \$12.21/day X (# of days)		
Student Total: \$		

PLEASE COMPLETE AND SIGN THE BACK OF THIS FORM.

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.

WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION.

3. Designate Payment Method.

Make check or money order payable to Aetna Student Health. Refer to the charge card authorization to charge premium to Visa, MasterCard, American Express or Discover. <u>CASH WILL NOT BE ACCEPTED.</u>

CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY!!!	
Charge full amount: \$	
Credit Card#:	Exp. Date:, '
Signature of Cardholder: Printed Name and Address (if different from student):	

4. Notice to Student (Signature required)

I have carefully read the policy plan provisions including all environment guideling and elect to fold as indicated above. I permit Montclair State University to provide Aetna Student Health with mrollment of status for proposes of eligibility under this plan. I warrant that the information I have provided on this application form. The and I am aware that if I provide false information, my coverage can be made void. I understand that if it is later determent that I am notice th

It is the student's responsibility for timenewal paylents.

5. Do we have your permission to control on the student Health Insurance Plan? Yes _____ No ____

*Enrollment Guidelines: F app. 'ons received ad accepted after the effective date of the policy period, but before the established deadline, covera e will ' 've the first date of that policy period. Enrollment Forms received after the deadline will not be accepte' unless there 'a gnifican. change that directly affects applicant's insurance coverage. When enrolling due to a life event. 'ach appro, tate docum_ntation providing proof and date of the event.

Fully it ared student health insurance clans are underwritten by Aetna Health and Life Insurance Company. Self-insured plans are funded by the applice 'e school diminist and services provided by Aetna Health and Life Insurance Company. Aetna Student HealthSM is the brand name for proc. A by Aetna Health and Life Insurance Company and its applicable affiliated companies (Aetna).

Signature: _

Date:_

ENCLOSE PAYMENT WITH ENROLLMENT FORM & MAIL TO: AETNA STUDENT HEALTH BENEFIT P.O. BOX 14388 LEXINGTON, KY 40512

OR

FAX: 859-425-5200

Aetna Life Insurance Company 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 lang .ge assistance.

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

If you believe we have failed to provide these services or otherwise discriptinated based on a prosterio class noted above, you can also file a grievance with the Civil Rights Coordinator by contact.

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: Эвс 4030 no, CA 779), 1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-770), Coordin or@aetna.c

You can also file a civil rights complaint with the S. Departm of Health and Human Services, Office for Civil

Rights Complaint Portal, available at <u>https://ocrp.</u> t. <u>hs.gov/ocr.</u> <u>tal/lobby.jsf</u>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., oc 509F, HHL Iding, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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

TTY: 711

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

Para obtener ristencia lin ü'uca en e añol, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得 餐體中文語言控助, 請發打您 ID 卡上所列的號碼, 無需付費。(Chinese)

Pour u conce lin istique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wik ina 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)

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

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

Aetna Life Insurance Company 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)

برای راهنمایی به زبان فارسی، بدون هیچ 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 ID. (Polish)

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

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному зшей II карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được vi trên thẻ ID của vý vị. (Jietna ese)

Aetna Life Insurance Company	Aetna Student Health	
Montclair State U	5	
"SAMPLE" International Undergraduate		
Qualifying Life Event E		
<u>In order to enroll you must comp</u>	lete steps 1 through 5!	
1. <u>Complete all Student information. Incomplete information will dela</u> 4161 for assistance. Enrollment must be completed for each semest		
APPLICATIONS WITH MISSING INFORMATIO	ON WILL NOT BE PROCESSED.	
Student Name:		
	First Nam MI	
Email address:		
Mailing Address: This address will be used for Aetna Student Health instance	comn. cations Apt. #	
Phone Number: Date of Date of Date of Male Determined Sex: Determined		
Student ID:		
2. Select Enrollment Plan		
۲۵۰. ۲ QE22-1 Full می International Undeg	graduate Base Plan Students	
Location code: International Undergraduate		
Enrollment Period: 08/15/XX-08/14/XX		
DEADLINE : Within 31 days of Loss of Coverage		
	ss of coverage	
Coverge Best a Date:		
Coverage End Date: 08/14/XX		
□\$4.91/day X([#] of days)	

Student Total: \$

PLEASE COMPLETE AND SIGN THE BACK OF THIS FORM.

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.

WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION.

3. Designate Payment Method.

Make check or money order payable to Aetna Student Health. Refer to the charge card authorization to charge premium to Visa, MasterCard, American Express or Discover. <u>CASH WILL NOT BE ACCEPTED.</u>

CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY!!!	
Charge full amount: \$	
Credit Card#:	
Signature of Cardholder: Printed Name and Address (if different from student):	

4. Notice to Student (Signature required)

I have carefully read the policy plan provisions includin , $nrollment \in dines and elect to enroll as indicated above. I permit$ Montclair State University to provide Aetna Student e. with enro. <math>nt status for purposes of eligibility under this plan. I warrant that the information I have provided on this application or m is true a Lam aware that if I provide false information, my coverage can be made void. I understand that if it determines that n not eligibility <u>see the Plan Design and Benefits Summary or the</u> <u>Master Policy for eligibility guidelines</u>), P_{I} ium wild be realled, minus any claims paid, but the premium is not refundable for reasons other than eligibility.

It is the student's response for timely real val pays ts.

5. Do we have your ermiss. communic electronically with you regarding this enrollment form and this Student alth Insurance Place and Log

Fully insure tudent health insurance plans are underwritten by Aetna Health and Life Insurance Company. Self-insured plans are funded by the applicable school, with claims administration services provided by Aetna Health and Life Insurance Company. Aetna Student Health⁵⁴⁴ is the brand name for products and services provided by Aetna Health and Life Insurance Company and its applicable affiliated companies (Aetna).

Signature: ___

Date:

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1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CP _oordinate _____aetna. n.

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TTY: 711

For language assistance you inguage call innumber listed on your ID card at no cost. (English)

Para obtener esistencia lir vüísti a e epañor, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

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

Pour <u>e assi</u> usi, uistice en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French,

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

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Aetna Life Insurance Company	Aetna Student Health
Montclair State University	
"SAMPLE" International Undergraduate Student Health Insurance Pla	
Qualifying Life Event Enrollment Form	
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Чтобы получить помощь русскоязычного переводчика, позвоните по бести и ном указанному в ваш "D-кг. с удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn p. đến số được ghi t. thẻ ID a quý vị. (Vietnamese)