



Dear Student,

Thank you for your interest in the **2019-2020 Yeshiva University/Cardozo Law School Continuation Plan for students previously insured in the Student Health Insurance Plan - Hard Waiver Program**. This plan is underwritten by UnitedHealthcare Insurance Company and is serviced by Gallagher Student Health & Special Risk. UnitedHealthcare **StudentResources** is the Claims Administrator.

There are a few key provisions we would like to bring to your attention:

1. Please review the eligibility section thoroughly to ensure you are eligible to enroll.
2. The enrollment form **must be received within 15 days of termination of coverage under the Yeshiva University/Cardozo Law School Student Health Insurance Plan**. Your coverage effective date will be retroactive to the day following your termination date under the Student Health Insurance Plan. If the deadline is not met, you will not be able to enroll in the Continuation Plan.
3. Students are allowed to purchase up to three (3) months of coverage and must select the term of coverage at the time of their initial enrollment. However, once the period of coverage the student elects terminates, they will not be eligible to re-enroll for another term of coverage.
4. The Continuation Plan duplicates the coverage of your current Student Health Insurance Plan.
5. Students will receive a new identification card. The Continuation Plan includes health care providers affiliated with the UnitedHealthcare Choice Plus PPO Preferred Provider Network. You can locate Choice Plus PPO providers at www.gallagherstudent.com/yeshiva under "Find A Doctor".
6. You must be eligible to enroll in the Continuation Plan and meet the enrollment deadline in order for your application to be accepted by us. If it is discovered you do not meet the requirements, your premium will be refunded.
7. This Continuation Plan does not require Pre-Certification to access Benefits.
8. Enrolling in the Continuation Plan does not guarantee additional benefits for a covered Injury or Sickness.
9. The completed application along with the required premium should be sent to Gallagher Student Health & Special Risk, P.O. Box 845663, Boston, MA 02284-5663; emailed to enrollmentteam@gallagherstudent.com.

Once Gallagher Student Health & Special Risk receives your completed enrollment form and applicable premium, we will process the application and send your information to the Claims Administrator.

If you have any questions, please contact us at 1-844-333-1463 or by clicking the 'Customer Service' link on our website.

Sincerely,

Client Services
Gallagher Student Health & Special Risk
www.gallagherstudent.com