Gallagher | STUDENT HEALTH & SPECIAL RISK

Dear Student,

Thank you for your interest in the **2020-2021 Brown University Continuation Plan for students previously insured in the Student Health Insurance Plan.** This plan is underwritten by UnitedHealthcare Insurance Company and is serviced by Gallagher Student Health & Special Risk. UnitedHealthcare **Student**Resources is the Claims Administrator.

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

1. The enrollment form **must be received within 31 days after the termination of coverage under the Brown University 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.
2. 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**.**
3. The Continuation Plan duplicates the coverage of your current Student Health Insurance Plan.
4. 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/Brown under "Find A Doctor".
5. 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.
6. This Continuation Plan does not require Pre-Certification to access Benefits.
7. Enrolling in the Continuation Plan does not guarantee additional benefits for a covered Injury or Sickness.
8. The completed application along with the required premium should be emailed to: enrollmentteam@gallagherstudent.com; or sent to Gallagher Student Health & Special Risk, P.O. Box 845663, Boston, MA 02284-5663.

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 1-844-377-0963 or by clicking the 'Customer Service' link on our website.

Sincerely,

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

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Brown University
The UnitedHealthcare StudentResources
2020-2021 Continuation Plan Enrollment Form

Student's Last Name ______ First Name ______ Initial ______ Brown Banner ID # ______

Street Address ______ City ______ State ______ Zip Code ______ ( ) ______ Telephone Number

Email ______ Gender (male/female) ______ Date of Birth (mm/dd/yyyy) ______

Eligibility Requirement: All Insured Persons who have been continuously insured under the school's active student policy for at least 6 consecutive months and who no longer meet the Eligibility requirements under the Policy are eligible to continue their coverage for a period of not more than 3 months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

Calculate Your Premium

You must decide at the time of enrollment the period of coverage to purchase. You cannot re-enroll in the Continuation Plan after your Period of Coverage has expired. Enrollment in this Continuation Plan must be made within **31 days** after the expiration date of the Insured's coverage. You must be eligible to enroll in the plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered you do not meet the requirements your premium will be refunded.

Use the chart below to calculate the number of months you wish to continue coverage for yourself and your dependents. Add the amounts in the Total Premium Column to confirm total payment.

	Monthly Rate x	**Number of Months (3 maximum) =**	**Total Premium**
Student Only	$337.50		
Spouse	$337.50		
One Child	$337.50		
Two or More Children	$675.00		
Spouse & Two or More Children	$675.00		
		Processing fee	$15.00
		Total Payment Enclosed	

Continuation coverage for dependents must be purchased at the same time of student enrollment. Dependents can be enrolled only if, (a) they were previously enrolled under the active Student Health Insurance Plan, (b) the student enrolls in the Continuation Plan and (c) they are enrolled for the same period of coverage as the enrolled student. **List Dependents to be insured below**

DEPENDENT NAME ______ RELATIONSHIP ______ DATE OF BIRTH (mm/dd/yyyy)

______

______

______

Notice to student: By signing below, the student acknowledges the following: 1) He/She elects to continue coverage for the number of months as indicated above; 2) Continuation coverage can only be purchased for a maximum of three (3) continuous months and is non-renewable; 3) If it is later determined that the eligibility or enrollment requirements have not been met, coverage will be terminated and the premium will be refunded; and 4) Other than for eligibility reasons, coverage cannot be cancelled.

Signature of Student:______ **Date:**______

PAYMENT INSTRUCTIONS:
Charge to my (check one): ______Visa ____Master Card

Card Number: ______ Amount Charged: $______ Expiration Date: ______

Name and Address of Card holder ______

Check or money order (International checks are not accepted)

Make check or money order payable to **Gallagher Student Health & Special Risk**. Mail or email enrollment form along with premium payment to: enrollmentteam@gallagherstudent.com; or **Gallagher Student Health & Special Risk, P.O. Box 845663, Boston MA 02284-5663**