

5. Notice to Student (Signature required)

All Insured Persons who have been continuously insured under the school's regular Student Health Insurance Policy for the entire Fall Semester for the 2007-2008 policy year and are no longer enrolled at the University are eligible to continue their coverage at a higher premium rate for a period of not more than (6) six months under the school's Policy in effect. You may add these additional months, up to 6 months of continuous coverage, as long as the premium is received by Chickering Benefit Planning Insurance Agency, Inc. **by February 1, 2008.**

Continuation Coverage is **only** available to insured students who lose their eligibility under the 2007/2008 IU Undergraduate and Graduate Student Health Insurance Plan due to graduation or otherwise determined not to be eligible. In addition, eligible dependents may enroll as long as they were enrolled during the Fall semester of 2007/2008 year. Newborn children born after the termination date of the 12/31/07 are not eligible for Continuation Coverage. Students eligible for the 2007/2008 IU Student Health Insurance Plan are not eligible to purchase this Continuation Coverage.

To enroll, complete the enrollment form and remit the appropriate premium prior to the enrollment deadline date of February 1, 2008. Application and premium received after February 1, 2008 will not be accepted and premium will be refunded.

Continuation Coverage is in effect from the date coverage under the IU Undergraduate and Graduate Student Health Insurance Plan expires, 12/31/07 (if the completed Enrollment Form and applicable premium is received prior to the deadline date), and continues until the end of the period for which premium is paid. If a break in continuous coverage occurs, the definition of a pre-existing Injury or Sickness will apply in determining coverage of any conditions that existed during such break. Coverage may be purchased for a one, two, three, four, five or six month Period of Coverage. In no event will Continuation Coverage extend beyond June 30, 2008. **The Coverage option must be selected up front and the total premium paid, at the time of enrollment. Additional periods of coverage may not be purchased after the initial enrollment. Premiums paid will be considered to be non-refundable. Coverage will not extend beyond the coverage option selected.**

DESCRIPTION OF BENEFITS

The Indiana University Continuation Coverage is the same as the 2007-2008 IU Undergraduate and Graduate Student Health Insurance Plan. Please see the IU Undergraduate and Graduate Student Health Insurance Plan Brochure online at www.chickering.com Click on "Student Connection" and enter #890423 as your Policy Number for a description of benefits, definitions, limitations and exclusions for 2007-2008. For a complete description, please refer to the Master Policy.

The payment of the balance of any Copays, Deductibles, Coinsurance amounts, any charges beyond the allowed Reasonable Charges and any medical expenses not covered are the responsibility of the Covered Person.

I have carefully read the IU Continuation Information and elect to enroll as indicated. I permit Indiana University to provide The Chickering Group with my enrollment status for purpose of eligibility under this Plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and my dependent(s) coverage can be made void. I understand that if it is later determined that the student is not eligible; the premium will be refunded, unless a claim has been filed, but the premium is not refundable for reasons other than eligibility.

Signature Required:

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Chickering Benefit Planning Agency, Inc. P.O. Box 15706, Boston, MA 02215-0014