

5. Notice to Student (Signature required)

Students presently enrolled in the Seton Hall Law School Student Health Insurance Plan are eligible to continue their coverage by enrolling in the Continuation Plan. This Continuation Plan is only available to insured students who lose their eligibility for the Seton Hall Law School Student Health Insurance Plan in force with Aetna Life Insurance Company through graduation or otherwise leaving school. This Plan will be available to terminating students and eligible dependents as long as they were enrolled in the Seton Hall Law School Student Health Insurance Plan for the previous six months. Students eligible for the 2007/2008 Seton Hall Law School Student Health Insurance Plan are not eligible to purchase this Continuation Option. **To enroll, complete the enrollment form and remit the appropriate premium prior to the termination date of the regular policy. Application and premium received after September 12, 2007 will not be accepted and premium will be refunded.**

Coverage may be purchased for a three (3) or six (6) month Period of Coverage. The period of coverage must be selected, and the total premium must be paid, at the time of enrollment. **There is no renewable option and no refunds are available.** Once an election of coverage is made, a later application requesting an increase or a decrease of the initially elected coverage period will not be processed, even if received prior to the deadline.

DESCRIPTION OF BENEFITS

The Seton Hall Law School Continuation Coverage is the same as the 2007-2008 Seton Hall Law School Student Health Insurance Plan. Please see the Seton Hall Law School Student Health Insurance Plan Brochure online at www.chickering.com. Click on "Student Connection" and enter #697407 as your Policy Number for a description of benefits, definitions, limitations and exclusions as many features of the plan may have changed for 2007-2008. For a complete description, please refer to the Master Policy.

Payment will be made as allocated herein for Covered Medical Expenses incurred for each Accident or each Sickness while insured under the Plan, not to exceed an Aggregate Maximum while Continuously Insured of \$50,000.00.

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 am a student at Seton Hall Law School and am presently insured under the Seton Hall Law School Student Health Insurance Plan and wish to enroll in the Continuation Option. I have read the brochure and elect to enroll myself (and applicable dependents).

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:
Chickering Benefit Planning Agency, Inc. P.O. Box 15706, Boston, MA 02215-0014