

EXHIBIT "E"



Matthew Keller <matthew.ed.keller@gmail.com>

St. John's University Student Insurance Plan - Enrollment Receipt

1 message

University Health Plan <info@univhealthplans.com>
To: matthew.ed.keller@gmail.com

Tue, Jul 29, 2025 at 12:51 PM

Dear Matthew Keller,

Thank you for submitting your on-line enrollment application. Your application has been successfully submitted and your information is summarized below. Your eligibility will be confirmed with the University before enrollment being processed. Please be sure you have confirmed attendance with the University. Please keep a copy for your records and reference the confirmation number if contacting University Health Plans with any questions.

Enrollment Form completed on 07/29/2025 12:47:50 PM (ET).
Confirmation Number: 1519216
Student Name: Matthew Keller
Student ID: X03778755
Effective Date: 08/15/2025
Termination Date: 08/14/2026
Paid Amount: \$11,862.00

Coverage Period: The coverage period is August 15 2025 through August 14, 2026 only. A new enrollment form must be submitted each academic year. This plan will NOT renew automatically. You may not change your enrollment decision once the Plan is active.

ID Card Information: Your eligibility will be confirmed with the University. If eligible, your enrollment will be processed. A hard copy ID will not be automatically mailed. Your electronic member ID card will be available on the plan start date or within 10-15 business days if enrolled after that date. When enrolled, you'll receive an email from Aetna notifying you your ID card is ready to download. You can request a hard copy ID card via your member portal or by contacting Member Services at 1-866-381-1529.

Optional Plans: If you are interested in information regarding the voluntary vision, renters or dorm insurance available please go to www.universityhealthplans.com/stj.

NOTE: The Company maintains its right to investigate student status and attendance records to verify that the Policy eligibility requirements have been met. If and whenever the Company discovers that the Policy eligibility requirements have not been met, it's only obligation is refund of any premiums paid.

University Health Plans
833-251-1134