

## University of Missouri-St. Louis (UMSL)- 2013/2014

## OPT Student and Dependent

## Student Health Insurance Enrollment Form

*In order to enroll you must complete steps 1 through 5!*

**1. Complete all Student information. Incomplete information will delay processing! Contact Aetna Student Health at 877-375-7905 for assistance. Enrollment must be completed for each semester if the Annual Plan option is not selected.**

**APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.**

Student Name: \_\_\_\_\_  
Last Name First Name MI

Student ID #: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
This address will be used for all Aetna Student Health insurance communications Apt.#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm/dd/yy Sex: ☐ Male ☐ Female

**2. List Dependents to be insured. Dependent coverage is only available if the student is covered. Dependents must be enrolled within 30 days of the later date of: a) the student's effective date of coverage, or b) the date the dependent entered the USA.**

Dependents	Last Name	First Name	DOB	Social Security Number	M/F
Spouse					
Child					
Child					
Child					
Child					

**3. Select Enrollment Plan**

Form ID: 890440-OPT16	A.	B.	C.	D.
Basic Plan	Annual Effective Date: 08/01/13-07/31/14 Deadline: 09/13/13	Fall Effective Date: 08/01/13-12/31/13 Deadline: 09/13/13	Spring/Summer Effective Date: 01/01/14-07/31/14 Deadline: 02/14/14	Summer Effective Date: 06/01/14-07/31/14 Deadline: 06/13/14
1. Student	<input type="checkbox"/> \$1,475	<input type="checkbox"/> \$618	<input type="checkbox"/> \$857	<input type="checkbox"/> \$246
2. Spouse	<input type="checkbox"/> \$6,792	<input type="checkbox"/> \$2,847	<input type="checkbox"/> \$3,945	<input type="checkbox"/> \$1,135
3. Child(ren)	<input type="checkbox"/> \$2,545	<input type="checkbox"/> \$1,067	<input type="checkbox"/> \$1,478	<input type="checkbox"/> \$425
<b>Total</b>				

**PLEASE COMPLETE AND SIGN THE BACK OF THIS FORM.**

**APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.**

**WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION. →**

**Make check or money order payable to Aetna Student Health. Refer to the charge card authorization to charge premium to Visa, MasterCard, American Express or Discover Card. CASH WILL NOT BE ACCEPTED.**

**Charge full amount: \$**

Credit Card#:

**Exp. Date:**   /

**An enrollee who is a member of a group health plan with coverage for elective abortions has the right to exclude and not pay for coverage for elective abortions if such coverage is contrary to his or her moral, ethical or religious beliefs. Your group contract holder has not purchased an optional rider for elective abortions pursuant to VAMS section 376.805.**

**Aetna Life Insurance Company**

**Aetna Student Health**

**University of Missouri-St. Louis (UMSL)- 2013/2014**

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**PLEASE RETURN THIS FORM TO:**

**Aetna Student Health P.O. Box 14388, Lexington, KY 40512**