

**University of Missouri-St. Louis (UMSL) - 2011/2012
OPT Student and Dependent of OPT and International Students
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/Social Security #: _____

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: ____/____/____ Sex: Male Female
mm/dd/yy

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-OPT14	A.	B.	C.	D.
Basic Plan	Annual Effective Date: 08/01/11-07/31/12 Deadline: 09/16/11	Fall Effective Date: 08/01/11-12/31/11 Deadline: 09/16/11	Spring/Summer Effective Date: 01/01/12-07/31/12 Deadline: 02/10/12	Summer Effective Date: 06/01/12-07/31/12 Deadline:06/15/12
1. Student	<input type="checkbox"/> \$ 1,242	<input type="checkbox"/> \$ 518	<input type="checkbox"/> \$ 724	<input type="checkbox"/> \$ 208
2. Spouse	<input type="checkbox"/> \$5,673	<input type="checkbox"/> \$2,363	<input type="checkbox"/> \$3,310	<input type="checkbox"/> \$ 949
3. Child(ren)	<input type="checkbox"/> \$2,126	<input type="checkbox"/> \$ 886	<input type="checkbox"/> \$1,240	<input type="checkbox"/> \$ 356
Total				

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. →

