

Aetna Life Insurance Company **Aetna Student Health**
Missouri University of Science & Technology (Missouri S&T) 2016/2017
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: ____/____/____ 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: 890441-OPT19	A.	B.	C.	D.
Basic Plan	Annual Effective Date: 08/01/16-07/31/17 Deadline: 09/09/16	Fall Effective Date: 08/01/16-12/31/16 Deadline: 09/09/16	Spring/Summer Effective Date: 01/01/17-07/31/17 Deadline: 02/10/17	Summer Effective Date: 06/01/17-07/31/17 Deadline: 06/09/17
1. Student	<input type="checkbox"/> \$1,503	<input type="checkbox"/> \$630	<input type="checkbox"/> \$873	<input type="checkbox"/> \$251
2. Spouse	<input type="checkbox"/> \$1,503	<input type="checkbox"/> \$630	<input type="checkbox"/> \$873	<input type="checkbox"/> \$251
3. Child(ren)	<input type="checkbox"/> \$1,503	<input type="checkbox"/> \$630	<input type="checkbox"/> \$873	<input type="checkbox"/> \$251
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. →

4. Designate Payment Method.

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.**

CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY!!! (VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER)

Charge full amount: \$.

Credit Card# :

Exp. Date: /

Signature of Cardholder: _____
 Printed Name and Address (if different from student): _____

5. Notice to Student (Signature required)

I have carefully read the policy plan provisions including all enrollment guidelines and elect to enroll as indicated above. **I permit Missouri S&T to provide Aetna Student Health with enrollment status for purposes 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 coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that I am not eligible **(Plan Design and Benefits Summary)**, the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

It is the student's responsibility for timely renewal payments.

***Enrollment Guidelines: For applications received and accepted after the effective date of the policy period, but before the established deadline, coverage will be effective the first date of that policy period. Applications received after the deadline will not be accepted, unless there is a significant life change that directly affects applicant's insurance coverage. When applying due to a life event, please attach appropriate documentation providing proof and date of the event.**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fully insured student health insurance plans are underwritten by Aetna Life Insurance Company. Self-insured plans are funded by the applicable school, with claims administration services provided by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

Signature: _____ Date: _____

SPECIAL MISSOURI NOTICE

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.

**PLEASE RETURN THIS FORM TO:
Aetna Student Health P.O. Box 14388, Lexington, KY 40512**