

Missouri University of Science & Technology (Missouri S&T)

2016/2017 Visiting Scholar

Student/Scholar Health Insurance Enrollment Form

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

1. Complete all Student/Scholar information. Incomplete information will delay processing! Contact Aetna Student Health at 877-375-7905 for assistance. APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.

Visiting Scholar Name: _____
Last Name First Name MI

Scholar 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 Visiting International Scholar is covered.

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

3. Premium Rates

Coverage will begin on the day after payment is submitted. It is my responsibility to make timely payments. Eligible Visiting International Scholars and their eligible dependents that enroll in the school-sponsored scholar health insurance plan after the 15th of a given month will be charged for one-half of the monthly premium. **NOTE:** This option is available only in the first month of coverage based on the initial effective date. Full payment is due at the time of initial enrollment. The half monthly rate is only available to Scholar/Dependents that enter the U.S. after the 15th of the month. Coverage will be effective the day the Scholars/Dependent enters the U.S. Students/Dependents must enroll within 31 days of entering the US.

B1	B2	B3	B4	B5	B6	B7	B8	B9	B10	B11	B12
August '16	Sept '16	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	March '17	April '17	May '17	June '17	July '17

** Coverage will be effective from _____ to _____
month/day/year month/day/year

** Coverage is only for the 2016/2017 academic year which is between 8/01/16 and 7/31/17.

	½ Month Rate 890441-V19-1	Monthly Rate 890441-V19
1. Visiting Scholars	<input type="checkbox"/> \$63.00	<input type="checkbox"/> \$126
2. Spouse	<input type="checkbox"/> \$63.00	<input type="checkbox"/> \$126
3. Child(ren)	<input type="checkbox"/> \$63.00	<input type="checkbox"/> \$126

Number of Months Requested	X	Monthly Premium	=	TOTAL PREMIUM
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**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. →**

