

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

2017/2018 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-OPT20	A.	B.	C.	D.
Basic Plan	Annual Effective Date: 08/01/2017-07/31/2018 Deadline: 09/08/2017	Fall Effective Date: 08/01/2017-12/31/2017 Deadline: 09/08/2017	Spring/Summer Effective Date: 01/01/2018-07/31/2018 Deadline: 02/09/2018	Summer Effective Date: 06/01/2018-07/31/2018 Deadline: 06/08/2018
1. Student	<input type="checkbox"/> \$1,676	<input type="checkbox"/> \$702	<input type="checkbox"/> \$974	<input type="checkbox"/> \$280
2. Spouse	<input type="checkbox"/> \$1,676	<input type="checkbox"/> \$702	<input type="checkbox"/> \$974	<input type="checkbox"/> \$280
3. Child(ren)	<input type="checkbox"/> \$1,676	<input type="checkbox"/> \$702	<input type="checkbox"/> \$974	<input type="checkbox"/> \$280
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. →

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Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-480-4161.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

TTY: 711

For language assistance in your language call 877-480-4161 at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al 877-480-4161. (Spanish)

欲取得繁體中文語言協助，請撥打877-480-4161，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 877-480-4161 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 877-480-4161 nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 877-480-4161 an. (German)

للمساعدة في اللغة العربية، الرجاء الاتصال على الرقم المجاني 877-480-4161. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 877-480-4161 gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 877-480-4161. (Italian)

日本語で援助をご希望の方は、877-480-4161 まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 877-480-4161 번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی با شماره 877-480-4161 بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 877-480-4161. (Polish)

Para obter assistência linguística em português ligue para o 877-480-4161 gratuitamente. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 877-480-4161. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 877-480-4161. (Vietnamese)