

University of Missouri-Kansas City (UMKC)

2011/2012 Visiting Scholar

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

Visiting Scholar Name: \_\_\_\_\_  
Last Name First Name MI

Scholar 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 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 whom 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 15<sup>th</sup> 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 '11	Sept '11	Oct '11	Nov '11	Dec '11	Jan '12	Feb '12	March '12	April '12	May '12	June '12	July '12

\*\* Coverage will be effective from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

\*\* Coverage is only for the 2011/2012 academic year which is between 8/01/11 and 7/31/12.

	½ Month Rate 890439-V14-1	Monthly Rate 890439-V14
Visiting Scholars	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100
Spouse	<input type="checkbox"/> \$237	<input type="checkbox"/> \$474
Child(ren)	<input type="checkbox"/> \$90	<input type="checkbox"/> \$180

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. →**

