



2022-2023 Emory University Medical & 2 Year MBA Student Dependent Newborn QLE Student Health Enrollment Form

INSTRUCTIONS: You must complete this enrollment form in full. If you do not, we will return it to you. That can delay its processing. You are responsible for its accuracy and completeness. Contact Aetna Student Health at [877-480-4161] for assistance. Enrollment must be completed for each semester if the Annual Plan option is not selected. When enrolling due to a life event, please attach appropriate documentation providing proof and date of the event.

A. Student information – You must complete this section.

| | | |
|------------------------|------------------------------|----------------------------------|
| First name | Middle initial | Gender (Male/Female/ Nonbinary): |
| Last name | | |
| Local US Address | | Apt. |
| City | State | ZIP code |
| Email address | | |
| Phone Number: () - | Date of Birth: (mm/dd/yy) | Student ID Number: |

B. List Dependents to be insured. Dependent coverage is only available if the plan covers dependents, and the student is covered.

| Dependents | Last Name | First Name | DOB | Male/Female/Nonbinary |
|------------|-----------|------------|-----|-----------------------|
| Child | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |
| Child | | | | |

C. Select enrollment option:

Please note: If enrolling a spouse and children, coverage rates selected must be added together for total premium due.

*Note: please make sure the coverage dates (last coverage date) are in line with yours as a student.

| | | |
|------------------------|---|--|
| (686178-NE25-2) | Annual Coverage Eff. 7/15/22 - 7/31/23 | Date of Birth: _____ # of days until 7/31/23: _____ (x) daily rate from below: \$ _____ Total Premium Due: \$ _____ |
| 1. One Child | <input type="checkbox"/> \$5,243 | <input type="checkbox"/> \$14.36 per day |
| 2. Child(ren) | <input type="checkbox"/> \$10,486 | <input type="checkbox"/> \$28.72 per day |

D. 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. CASH WILL NOT BE ACCEPTED.

| | |
|---|--|
| <u>CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY</u> | |
| Charge full amount: \$_____. | |
| Credit Card#: _____ | |
| Exp. Date: ___/___ (MM/YY) | Security Code*: ___ (*three-digit code back of card/Amex-4 digit on front of card) |
| Signature of Cardholder: _____ | |
| Name as it appears on Card: _____ | |
| Billing Information: | |
| Street: _____ | |
| City: _____ | |
| State: _____ | Zip Code: _____ |
| Phone Number: _____ | |
| WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION WITHOUT YOUR SIGNATURE. | |

E. Notice to Student

I have carefully read the policy plan provisions including all enrollment guidelines and elect to enroll as indicated above. **I permit Emory University 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 (**see the Plan Design and Benefits Summary or the Master Policy for eligibility guidelines**), the premium will be refunded, minus any claims paid, but the premium is not refundable for reasons other than eligibility.

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

Do we have your permission to communicate electronically with you regarding this enrollment form and this Student and dependent Health Insurance Plan? Yes _____ No _____

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. Enrollment Forms received after the deadline will not be accepted, unless there is a significant life change that directly affects applicant's insurance coverage.

| | |
|--|------------------------------|
| Please sign here ONLY if you are enrolling in coverage for yourself and /or dependents. Student signature (required) X | Date (Month/Day/Year) |
| ENCLOSE PAYMENT WITH ENROLLMENT FORM & MAIL TO: AETNA STUDENT HEALTH P.O. BOX 14388 LEXINGTON, KY 40512 OR FAX: 859-425-5200 | |

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).

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-877-480-4161.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna is committed to being an inclusive health care company. Aetna does not discriminate on the basis of ancestry, race, ethnicity, color, religion, sex/gender (including pregnancy), national origin, sexual orientation, gender identity or expression, physical or mental disability, medical condition, age, veteran status, military status, marital status, genetic information, citizenship status, unemployment status, political affiliation, or on any other basis or characteristic prohibited by applicable federal, state or local law.

Aetna provides free aids and services to people with disabilities and free language services to people whose primary language is not English.

These aids and services include:

- Qualified language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Qualified interpreters
- Information written in other languages

If you need these services, contact the number on your ID card. Not an Aetna member? Call us at 1-877-480-4161.

If you have questions about our nondiscrimination policy or have a discrimination-related concern that you would like to discuss, please call us at 1-877-480-4161.

Please note, Aetna covers health services in compliance with applicable federal and state laws. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage.

Language accessibility statement

Interpreter services are available for free.

Attention: If you speak English, language assistance service, free of charge, are available to you. Call **1-877-480-4161** (TTY: **711**).

Español/Spanish

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-480-4161** (TTY: **711**).

አማርኛ/Amharic

ልብ ይበሉ: አማርኛ ቋንቋ የሚናገሩ ከሆኑ፣ የትርጉም ድጋፍ ሰጪ ድርጅቶች፣ ያለምንም ክፍያ እርስዎን ለማገልገል ተዘጋጅተዋል። የሚከተለው ቁጥር ላይ ይደውሉ **1-877-480-4161** (መስማት ለተሳናቸው: **711**).

العربية/Arabic

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-480-4161** (رقم الهاتف النصي: **711**).

ፊንታ ስታል/ፊንታ

Dè dè nià kɛ dyɛdɛ gbo: ɔ ju'ke' m' dyi Bàsòò-wùdù-po-nyò ju'ni, nìi à wuɖu kà kò dɔ po-poò bɛ m' gbo kpaa. Ða' **1-877-480-4161** (TTY: **711**).

中文/Chinese

注意: 如果您说中文, 我们可为您提供免费的语言协助服务。请致电 **1-877-480-4161** (TTY: **711**)。

فارسی/Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات زبانی رایگان به شما ارایه میگردد، با شماره **1-877-480-4161** (TTY: **711**) تماس بگیرید.

Français/French

Attention : Si vous parlez français, vous pouvez disposer d'une assistance gratuite dans votre langue en composant le **1-877-480-4161** (TTY: **711**).

ગુજરાતી/Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો ભાષાકીય સહાયતા સેવા તમને નિ:શુલ્ક ઉપલબ્ધ છે. કોલ કરો **1-877-480-4161** (TTY: 711).

Kreyòl Ayisyen/Haitian Creole

Atansyon: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-480-4161** (TTY: 711).

Igbo

Nrụbama: Ọ buru na i na asu Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-877-480-4161** (TTY: 711).

한국어/Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스가 무료로 제공됩니다. **1-877-480-4161**(TTY: 711)번으로 전화해 주십시오.

Português/Portuguese

Atenção: a ajuda está disponível em português por meio do número **1-877-480-4161** (TTY: 711). Estes serviços são oferecidos gratuitamente.

Русский/Russian

Внимание: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Звоните по телефону **1-877-480-4161** (TTY: 711).

Tagalog

Paunawa: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-480-4161** (TTY: 711).

اردو/Urdu

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت دستیاب ہیں۔ **1-877-480-4161** (TTY: 711) پر کال کریں۔

Tiếng Việt/Vietnamese

Lưu ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-877-480-4161** (TTY: 711).

Yorùbá/Yoruba

Àkíyèsí: Bí o bá nsọ èdè Yorùbá, ìrànṣọ́wọ́ lórí èdè, lófẹ́ẹ́, wà fún ọ. Pe **1-877-480-4161** (TTY: 711).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).