Aetna Life Insurance Company **Aetna Student Health**

Michigan State University-Continuation Plan
2008/2009 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 800-859-8452 for assistance.

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.

Student Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐
Last Name First Name MI

MSU STUDENT APID NUMBER: ☐☐☐☐☐☐☐☐

Email Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mailing Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐
This address will be used for all Aetna Student Health 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	Last Name	First Name	DOB	Social Security Number	M/F
Spouse					
Child					
Child					
Child					

3. Select Enrollment Plan

☐ Former International Students

711130-C11	A 1 Month	B 3 Months	C 6 Months	D 9 Months
1. Student	☐ $129	☐ $387	☐ $774	☐ $1,161
2. Spouse	☐ $417	☐ $ 1,251	☐ $2,502	☐ $3,753
3. One Child	☐ $223	☐ $669	☐ $1,338	☐ $2,007
4. All Children	☐ $313	☐ $939	☐ $1,878	☐ $2,817

☐ Former Domestic Students and Visiting Scholars

711130-C11-1	A 1 Month	B 3 Months	C 6 Months	D 9 Months
1. Student	☐ $144	☐ $432	☐ $ 864	☐ $1,296
2. Spouse	☐ $417	☐ $1,251	☐ $ 2,502	☐ $3,753
3. One Child	☐ $223	☐ $669	☐ $1,338	☐ $2,007
4. All Children	☐ $313	☐ $939	☐ $1,878	☐ $2,817

711130-S11	A
1. Student	☐ $555
2. Spouse	☐ $555
3. Child(ren)	☐ $555 X ____ # of Children

NOTE: Optional Catastrophic coverage is not available under this continuation privilege unless Optional Catastrophic coverage was maintained under the school's regular student policy (number 711130).

PLEASE COMPLETE AND SIGN THE SECOND PAGE 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 or refer to the charge card authorization to charge premium to Visa or MasterCard (Please note Visa and MasterCard are the only credit cards accepted). CASH WILL NOT BE ACCEPTED.

CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY!!! (VISA OR MASTERCARD ARE THE ONLY ACCEPTED CREDIT CARDS)

Charge full amount: $☐☐☐☐.☐☐

Credit Card # (Visa or MasterCard only): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Exp. Date:** ☐☐/☐☐

Signature of Cardholder:_____

Printed Name and Address(if different from student):

5. Notice to Student (Signature required)

Students presently enrolled in the Michigan State University Insurance Plan are eligible to continue their coverage by enrolling in the Michigan State University Continuation Plan. This Continuation Plan is only available to insured students who lose their eligibility for the Michigan State University Student Health Insurance Plan through graduation or otherwise leaving school. This Plan will be available to terminating students and eligible dependents as long as they were enrolled in Michigan State University Student Health Insurance Plan for for at least 6 consecutive months the previous academic term. Newborn children born after the termination date of the 2007/08 Plan are not eligible for Continuation Coverage. Students eligible for the 2008/09 Michigan State University Student Health Insurance Plan are not eligible to purchase this Continuation Option. **To enroll, complete the enrollment form and remit the appropriate premium within 14 days of the expiration date of your student coverage.** Coverage will be in effect the day after the termination date of your School Name Student Health Insurance to insure continuous coverage**.** Application and premium received after the 14 days will not be accepted and premium will be refunded.

The maximum length of coverage under the Continuation Plan is 9 consecutive months. The period of coverage must be selected, and the total premium must be paid, at the time of enrollment. **The** Michigan State University **Student Health Insurance Policy is not renewable. However, you may re-enroll for the next policy year if you are eligible at that time. All enrollments are final. Once an application has been received, coverage cannot be cancelled and no refunds are available.** Once an election of coverage is made, a later application requesting an increase or a decrease of the initially elected coverage period will not be processed, even if received prior to the deadline.

DESCRIPTION OF BENEFITS

The Michigan State University Continuation Coverage is the same as the 2008-2009 Michigan State University Student Health Insurance Plan. Please see the Michigan State University Student Health Insurance Plan Brochure on-line at www.aetnastudenthealth.com/msudirect.htm for a description of benefits, definitions, limitations and exclusions of the Plan for 2008-2009. For a complete description, please refer to the Master Policy.

Payment will be made as allocated herein for Covered Medical Expenses incurred for each Accident or each Sickness while insured under the Plan, not to exceed an Aggregate Maximums of the 2008/2009 policy year.

The payment of the balance of any Copays, Deductibles, Coinsurance amounts, and any charges beyond the allowed Reasonable Charges and any medical expenses not covered are the responsibility of the Covered Person.

I have carefully read the Michigan State University Continuation Information and elect to enroll as indicated. I permit Michigan State University to provide Aetna Student Health with my enrollment status for purpose 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 my dependent(s) coverage can be made void. I understand that if it is later determined that the student is not eligible; the premium will be refunded, unless a claim has been filed, but the premium is not refundable for reasons other than eligibility. I understand that I am under no obligation to purchase the Continuation Plan.

Signature: _____Date: _____

PLEASE RETURN THIS FORM TO:

Aetna Student Health P.O. Box 15706, Boston, MA 02215-0014