

**Arizona State University-Continuation for Graduates Plan  
2013/2014 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 866-378-0178 for assistance.**

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yy Sex:  Male  Female

**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					

**3. Select Enrollment Plan**

	A.	B.
<b>Continuation Plan 697443-C16</b>	<b>Fall Effective Date: 08/16/13-11/15/13 Deadline: 09/15/13</b>	<b>Spring Effective Dates: 1/4/14-4/3/14 Deadline: 1/4/14</b>
1. Student	<input type="checkbox"/> \$ 489	<input type="checkbox"/> \$ 489
2. Spouse	<input type="checkbox"/> \$1,410	<input type="checkbox"/> \$1,410
3. Child(ren)	<input type="checkbox"/> \$1,206	<input type="checkbox"/> \$1,206
4. Spouse & Child(ren)	<input type="checkbox"/> \$2,013	<input type="checkbox"/> \$2,013

**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. →**

