

Arizona State University-Dependent Only Insurance 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					
Child					
Child					
Child					

3. Select Enrollment Plan

Form ID: 697443- D16-3						
Dependent Enrollment	Fall A 8/16/13- 10/15/13 Deadline: 9/15/13	Fall B 10/16/13- 1/3/14 Deadline: 10/29/13	Spring A 1/4/14- 3/16/14 Deadline: 1/26/14	Spring B 3/17/14- 8/15/14 Deadline: 3/30/14	Summer A 5/16/14- 8/15/14 Deadline: 6/2/14	Summer B 7/1/14- 8/15/14 Deadline: 7/16/14
1. Spouse	<input type="checkbox"/> \$943	<input type="checkbox"/> \$1,236	<input type="checkbox"/> \$1,113	<input type="checkbox"/> \$2,348	<input type="checkbox"/> \$1,422	<input type="checkbox"/> \$711
2. Child(ren)	<input type="checkbox"/> \$806	<input type="checkbox"/> \$1,058	<input type="checkbox"/> \$952	<input type="checkbox"/> \$ 2,008	<input type="checkbox"/> \$1,216	<input type="checkbox"/> \$608
3. Spouse & Child(ren)	<input type="checkbox"/> \$1,346	<input type="checkbox"/> \$1,764	<input type="checkbox"/> \$1,588	<input type="checkbox"/> \$ 3,354	<input type="checkbox"/> \$2,030	<input type="checkbox"/> \$1,015
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. →**

