

Arizona State University-Student Insurance Plan 2012/2013 Student Health Insurance Enrollment Form

In order to enroll you must complete steps 1 through 4!

1. Complete all Student information. Incomplete information will delay processing! For assistance Contact ASU Campus Health at 480-965-2411. Fax Completed form to 480-965-0734

Student Name: _____
Last Name *First Name* *MI*

Student Affiliate ID #: _____ Email Address: _____

Local Mailing Address: _____
This address should be your local address in MyASU (you may need to update MyASU) Apt.#

City: _____ State: _____ Zip Code: _____

Phone Number: () - / / Sex: ☐ Male ☐ Female
mm/dd/yy

2. Select Enrollment Plan

Level of Coverage

Semester	A	B	C	Early Arrival Coverage for Inter Students only
Fall	Fall A 08/16/12-10/14/12 Deadline 09/05/12 □ \$265	Fall B 10/15/12-01/03/13 Deadline 10/28/12 □ \$358	Fall C 08/16/12-01/03/13 Deadline 09/05/12 □ \$623	2 Wks Early Arrival 08/01/12-08/15/12 □ \$ 67 4 Wks Early Arrival 07/18/12-08/15/12 □ \$134
Spring	Spring A 01/04/13-02/2/13 Deadline 01/02/13 □ \$247	Spring B 03/01/12-08/15/13 Deadline 03/02/13 □ \$742	Spring C 01/04/13-08/15/13 Deadline 01/31/13 □ \$989	2 Wks Early Arrival □ \$ 67 4 Wks Early Arrival □ \$ 134
Summer	Summer A 05/20/13-08/15/13 Deadline 06/02/13 □ \$389	Summer B 07/01/13-08/15/13 Deadline 07/14/13 □ \$ 203	Summer C 05/20/13-08/15/13 Deadline 06/02/13 □ \$389	2 Wks Early Arrival □ \$ 67 4 Wks Early Arrival □ \$ 134

3. Designate Payment Method. ☐ Make check payable to ASU ☐ Visa/MasterCard ☐ Bill Student Account

4. Notice to Student (Signature required)

I have carefully read the brochure and elect to enroll as indicated. Rates are not pro-rated other than as listed. I permit Arizona State University to provide Aetna Student Health with my 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) [if applicable] can be made void. I understand that if it is later determined that the student is not eligible for coverage, the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

I understand that by choosing an enrollment option I authorize Arizona State University to charge my student account the insurance premium for each semester thereafter while I remain a student at the University.

Enrollment Guidelines: If the application is received after the semester start date, but prior to the applicable deadline, then coverage is backdated to the start of the semester. A pro-rate of premium is only available for Qualifying Events, such as involuntary loss of other insurance coverage. Students have 31 days from date of qualifying life event to apply. After that they may apply during next open enrollment period. Documentation of change is required, i.e. certificate of credible coverage, etc. If unable to obtain official documentation within 31 day grace period, contact ASU Insurance Office at (480) 965-2411.

Signature: _____ Date: _____

For Office Use Only: Effective Date of Coverage: _____ Premium/Pro-rated \$ _____
Paid ☐ Billed ☐ Plan Code: _____ Location Code: _____