

HEALTH INSURANCE ENROLLMENT FORM for Students in Special Semester or Academic Year Programs

This form contains important information concerning your health care coverage while you are participating in special semester or academic year programs. If you are participating in one of the special programs listed below (See #2: Check the Appropriate Program), you are eligible to enroll in the University-sponsored Aetna Student Health insurance.

Your coverage includes the mandatory health fee and the Aetna Student Health insurance. Please complete this form and return it to the UHS Insurance Advisor who will assist you with the enrollment process. You should complete this form *before* the start of the semester or the year in which you will begin the program. You will be billed for the mandatory health fee and Aetna Student Health insurance on your tuition billing statement.

IF YOU HAVE QUESTIONS: If you have any questions about enrolling in the University-sponsored Aetna Student Health insurance, write to insurance@uhs.rochester.edu. Information about the Aetna Student Health insurance is available online. Click on "Health Insurance" in the pink Quick Links box on the UHS home page (www.rochester.edu/uhs). You can also call Aetna Student Health at 800-897-7042.

1. PLEASE PRINT:	
Student's Name: _____	Today's Date: _____
Student ID Number: _____	Birthdate: ____/____/____
Address: _____ _____	Male ____ Female ____
2. CHECK THE APPROPRIATE PROGRAM:	
1. ____ Study Abroad [Please return form by August 15 if studying abroad in the fall or December 15 if studying abroad in the spring semester]	
2. ____ Internship	
3. ____ Final semester part-time [less than 12 credit hours]	
4. ____ Part-time for one semester only [will be full-time in the following semester]	
5. ____ In Absentia	
6. ____ Degree completion	
7. ____ Other (specify) _____	
3. SPECIFY THE SEMESTER(S) FOR WHICH COVERAGE IS DESIRED: Fall _____ Spring _____	
4. SIGN AND DATE AT THE X:	
____ I want to enroll in the University-sponsored Aetna Student Health insurance.	
X _____	_____
SIGNATURE	DATE

5. RETURN THIS FORM TO: UHS Insurance Advisor, University Health Service
Box 270617
 Room 204, UHS Building, Rochester, NY 14627
insurance@uhs.rochester.edu Fax: (585) 756-0263, Phone: (585) 275-2637