

SPECIAL PROGRAM INSURANCE ELIGIBILITY 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 a special semester or academic year program. 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 University-sponsored Aetna Student Health insurance plan. 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: Write to the UHS Insurance Advisor at insurance@uhs.rochester.edu. Information about the Aetna Student Health insurance plan is available on the UHS web site (www.rochester.edu/uhs). Click on "About Aetna Student Health" in the pink Quick Links box. You can also call Aetna Student Health at 800-897-7042.

1. PLEASE PRINT:

Today's Date: _____

Student's Name: _____

☐ Male ☐ Female

Student ID Number: _____

Birthdate: ____/____/____

Mailing Address: _____
Street City State Zip Code

E-mail Address: _____ Phone #: _____

2. CHECK THE APPROPRIATE PROGRAM:

1. ____ Study Abroad
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 _____
Year Year
4. SIGN AND DATE AT THE X:
☐ I want to enroll in the University-sponsored Aetna Student Health insurance.

X _____

SIGNATURE

DATE

RETURN THIS FORM TO: UHS Insurance Advisor, University Health Service

- By e-mail (insurance@uhs.rochester.edu), or
- By fax (585-756-0263), or
- In person (Room 204, UHS Building, University of Rochester River Campus, or
- Mail (Box 270617, 738 Library Road, Rochester, NY 14627)