

Student Health Insurance Enrollment Form 2019-2020

July enrollment. Effective dates: 07/01/20 to 07/31/20



Questions? Benefit summaries are available on our website: www.cmu.edu/health-services/student-insurance. You may also email shinsure@andrew.cmu.edu, or call 412-268-2157 and select the option for insurance.

<i>Last Name</i>		<i>First Name</i>		<i>MI</i>	<i>Date of Birth (mm/dd/yyyy)</i>
<i>Gender:</i> <input type="checkbox"/> M <input type="checkbox"/> F		<i>Andrew ID:</i>		<i>9-digit Carnegie Mellon Campus Photo ID Card Number</i> <small>(This number is displayed at the very bottom of your campus photo id. If you don't know this value, simply write "not known.")</small>	

Campus status: Undergraduate Graduate
Full and part-time matriculating Carnegie Mellon students and visiting scholars/researchers with an active ongoing university relationship may enroll in the contracted medical insurance, or the optional dental and/or vision plan. Enrollment eligibility conditions apply. Visit our website www.cmu.edu/health-services/student-insurance for complete details.

Were you previously enrolled in the Aetna student medical insurance contracted by Carnegie Mellon?

No
 Yes. If known, enter your most recent ID number from your prior Aetna student medical insurance enrollment card:
W _____

Specify a COMPLETE United States mailing address for Aetna to use for all of your insurance company communications. Although it can be changed at a later date, the address you enter must be one at which you can currently receive US mail.

- You can enter
- your local off-campus address (**preferred**);
 - your campus SMC mailbox (XXXX is to be replaced with your specific mailbox number):
Carnegie Mellon University, SMC #XXXX, 5032 Forbes Ave., Pittsburgh, PA 15289-XXXX;
 - the University Health Services clinic address (but use this only if one of the above options do not exist for you):
Student Health Insurance, Box 1200, 5032 Forbes Ave, Pittsburgh, PA 15289

<i>Apt/House#</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Email</i>		<i>Phone</i>		

Payment details:
Undergraduate and Graduate students: include no payment here. We will charge your student account.

DO NOT COMPLETE – FOR UHS USE ONLY

DATE RECEIVED: ___/___/___ PROCESSED BY: _____
UHS PROCESSED : _____ PROCESSED DATE: ___/___/___
COMMENT: _____ HASHED ID: _____

Last Name	First Name	MI	Date of Birth (mm/dd/yyyy)
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Choose your plan(s) levels. Benefit summaries/details are available on our website: www.cmu.edu/health-services/student-insurance.

MEDICAL plan: If you wish to enroll in the student medical insurance, select your level of coverage below.

Level of Coverage	
Individual level – enroll myself only	<input type="checkbox"/> \$ 251
Two-person level – enroll myself and one family member (my spouse/domestic partner* or one child)	<input type="checkbox"/> \$ 467
Family level – enroll myself, and at least two other family members (my spouse/domestic partner* and/or children)	<input type="checkbox"/> \$ 683

There is no vision or dental enrollment outside of the fall and spring open enrollment periods.

Add dependents to your chosen plan(s). List only the members of your immediate family that you are enrolling in your chosen plan(s). Use the checkboxes to indicate the coverage (medical and/or vision and/or dental) for each person being added.

	Last Name	First Name	MI	Date of Birth (mm/dd/yyyy)	Sex	Is to be enrolled in Medical
<i>Spouse:</i>					<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/>
<i>Domestic Partner*:</i>					<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/>
<i>Child:</i>					<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/>
<i>Child:</i>					<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/>
<i>Child:</i>					<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/>
<i>Child:</i>					<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/>

*Attach a copy of your approved Domestic Partner form. Find form here: www.studentaffairs.cmu.edu/dean/domestic_partner

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Date of Birth (mm/dd/yyyy)</i>
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Certification of Insurance Enrollment

Medical Insurance Certification

I did not enroll in the student medical insurance contracted by Carnegie Mellon;

or

I did enroll in the student medical insurance contracted by Carnegie Mellon. **By signing below**, I acknowledge that the following terms and conditions apply to the medical insurance plan I selected on this Student Health Insurance Enrollment Form 2019-2020:

- My coverage begins at 12:00 AM July 1, 2020 and expires at midnight on the evening of July 31, 2020.
 - I must attend the first 31 days of class in order to maintain my eligibility, or I may be retroactively cancelled from the plan.
 - I cannot change my student medical insurance plan within this insurance enrollment year.
 - I must remain enrolled in the student medical insurance plan in order to permit my spouse/domestic partner and/or dependents to remain enrolled.
 - If I or my spouse/domestic partner gives birth while I am insured in the plan, the newborn child is covered for the first 32 days under my policy (assuming I remain insured in the plan for that 32-day timeframe). I have the right to continue coverage for the child beyond the first 32 days. To do so, I must, within 32 days after the child's birth, complete a change of enrollment form and return it to University Health Services. If I opt to continue coverage, any corresponding increase in premium will be effective as of the 1st of the month after the date of birth.
 - If I have a spouse/domestic partner and/or dependent(s) and have not enrolled them at this time, I realize I can enroll them later only if they:
 1. were previously insured, and lost the insurance they had through loss of employment or otherwise involuntarily; or
 2. just arrived in this country for the first time in this insurance enrollment year. I must enroll the dependent within 31 days of this qualifying event.
 - If I wish to cancel my insurance at some point in this enrollment year:
 1. I must complete a cancellation form. I may be eligible for a refund of a portion of the insurance premium, but I realize no partial refund of premium will be issued if there are any claims against my policy, or if I am still enrolled on or after April 1 of this enrollment year.
 2. If I am still a full-time matriculating student when I cancel, I must also complete an insurance waiver form to verify that my new insurance meets the university's mandated minimum insurance requirements.
- Waiver and cancellation forms are available here: www.cmu.edu/health-services/student-insurance.
- If I am adding a Domestic Partner, I must also complete Carnegie Mellon's Student Domestic Partnership forms, available here: www.studentaffairs.cmu.edu/dean/domestic_partner. I must deliver a copy of the notarized form to University Health Services with this form.
 - Enrollment forms do not roll-over from one academic year to another. I must resubmit this form within the student insurance open enrollment period each academic year to be considered for enrollment in that academic year.

Signature: _____ **Date:** _____
 (If student is under 18 years of age, parent or guardian must sign.) (mm/dd/yyyy)

Return form by email, FAX or US Mail to:

shinsure@andrew.cmu.edu

FAX: (412) 268-6357

Student Health Insurance, Box 1200, 5032 Forbes Ave, Pittsburgh, PA 15289

Make a copy of this form for your records.