Mail: 630 W. 168th Street, Mailbox 77, NY, NY 10032
Location: 60 Haven Avenue, Apt. 3E, NY, NY 10032 – Tel. 212-342-3946 – Fax 212-342-3947

2009-10 Dependent Enrollment Application

Student Health Service & Aetna Student Health Insurance Plan

Enrollment Periods:

Fall Semester: 08/01/2009-09/30/2009
Spring Semester: 01/15/2010-02/28/2010 (New Students Only)
Summer Semester: 06/01/2010-06/30/2010 (New Students Only)

Student, Please complete all information:

Student's name:_____
Last Name **First Name** **MI**

Columbia PID or C Number:_____ Email address: _____

School of Registration: _____ CU UNI #: _____ Date of Birth: _____

Mailing Address:_____

City: _____ State _____ Zip Code:_____

Phone Number: _____ Gender ☐ Male ☐ Female

DEPENDENT INFORMATION:

	Last Name	First Name	DOB	Gender
Spouse/ Domestic Partner				
Child				
Child				
Child				

Select enrollment type:

Student Health Service

☐ Student only
☐ Student & Spouse/Domestic partner
(There is no Student Health fee for children)

Insurance Effective Date: _____
Insurance Termination Date: August 16th 2010

Aetna Student Health Insurance

☐ Spouse/Domestic partner only
☐ Child(ren) only
☐ Spouse/Domestic Partner & Children

Insurance Effective Date: _____
Insurance Termination Date: August 16th 2010

I have carefully read the brochure and elect to enroll as indicated. Rates are not prorated other than as listed. I permit Columbia University to provide Aetna Student Health Insurance with my enrollment status for purpose 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 my dependent(s) coverage can be made void. I understand that if it is later determined that the student is not eligible, the premium will be refunded, unless a claim has been filed, but the premium is not refundable for reasons other than eligibility.

Signature _____ Date: _____

ADMINISTRATIVE USE ONLY:
Payment Method: ☐Student Account ☐Check ☐Cash ☐Money Order • Payment Amount: $_____

MAIL TO: Eladia Goris, Student Health Service, 630 West 168th Street, Box 77, New York, NY 10032
FAX: 212-342-3947 • Phone: 212-342-3946 • Website:" www.cumc.Columbia.edu/student/health
Ms. Goris E-mail address: eg242@columbia.edu
Macintosh HD:Users:briansoda:Desktop:elsaDocs:2009-2010 Dependent #367A76.doc