

## WEST VIRGINIA UNIVERSITY

### 2016-2017 STUDENT VOLUNTARY LIFE INSURANCE ENROLLMENT FORM

**1. Complete all Student information. Incomplete information will delay processing.**

Student's Name: \_\_\_\_\_  
Last Name First Name MI

Student's ID#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
mm/dd/yy

**2. Select Enrollment Option.**

474957-LI19	<b>Annual Coverage Period</b> 08/11/16 – 08/10/17 <i>Enrollment Deadline Date: 07/01/17</i>
<b>Student Only</b>	<input type="checkbox"/> <b>Annual Premium \$15</b>

**3. Select Your Payment Method (Cash is not Accepted).**

**Check or Money Order: Make check or money order payable to AETNA STUDENT HEALTH.**

**Credit Card: Refer to the charge card authorization below to charge premium to Visa, MasterCard, Discover or American Express.**

Charge Full Amount: \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	
Credit Card Number: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Expiration Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Signature of Cardholder: _____	
Printed Name and Address(if different from student): _____	

**4. Notice to Student (Signature required)**

I have carefully read the Plan Design and Summary of Benefits and elect to enroll as indicated. I am aware that this voluntary life insurance offering **excludes coverage for self-injurious related deaths or suicide**. I permit West Virginia 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, coverage for dependents can be made void. I understand that if it is later determined that I am not eligible for coverage, the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

**Enrollment Guidelines:** If the Voluntary Application and Premium is received after the Enrollment Deadline Date it will not be accepted.

*Fully insured student health insurance plans are underwritten by Aetna Life Insurance Company. Self-insured plans are funded by the applicable school, with claims administration services provided by Aetna Life Insurance Company. Aetna Student Health<sup>SM</sup> is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If paying by CHECK: MAIL TO: Aetna Student Health P.O. Box 14388, Lexington, KY 40512**  
 or

**If paying by CREDIT CARD: FAX TO Aetna Student Health Enrollment at: 1-859-425-5200**