

**The University of Tennessee Health Science Center**  
**2008-2009 Voluntary Student Health Insurance Enrollment Form**  
*In order to enroll steps 1 through 5 must be completed.*

**1. Complete all Student information.**

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

Social Security#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Apt. #

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

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

**2. Select Enrollment Period.**

	A	B	C
<u>June Start Date</u>	Annual	First Semi-Annual	Second Semi-Annual
<b>New Student</b> <b><u>890445-JNS11</u></b>	6/30/08-7/05/09 <input type="checkbox"/> \$1,721	6/30/08-1/05/09 <input type="checkbox"/> \$860	1/06/09-7/05/09 <input type="checkbox"/> \$860
<b>Returning Student</b> <b><u>890445-JRS11</u></b>	7/06/08-07/05/09 <input type="checkbox"/> \$1,721	7/06/08-1/05/09 <input type="checkbox"/> \$860	1/06/09-7/05/09 <input type="checkbox"/> \$860

	A	B	C
<u>August Start Date</u>	Annual	First Semi-Annual	Second Semi-Annual
<b>New Student</b> <b><u>890445-ANS11</u></b>	8/10/08-8/16/09 <input type="checkbox"/> \$1,721	8/10/08-2/16/09 <input type="checkbox"/> \$860	2/17/09-8/16/09 <input type="checkbox"/> \$860
<b>Returning Student</b> <b><u>890445-ARS11</u></b>	8/17/08-8/16/09 <input type="checkbox"/> \$1,721	8/17/08-2/16/09 <input type="checkbox"/> \$860	2/17/09-8/16/09 <input type="checkbox"/> \$860

**3. Student Eligibility Requirements**

All full-time students are automatically enrolled for the annual policy period unless a completed waiver is submitted by July 14, 2008 for the June 30<sup>th</sup> effective date OR August 24, 2008 for the August 10th effective date. To waive coverage, students are required to show proof of comparable coverage and must submit both sides of their current insurance card to the Student Affairs's Office.

Waiver forms may be obtained at the Student Affairs Office or can be downloaded from UT HSC's Health Center website at [www.utmem.edu/univheal/ins\\_verif\\_form.html](http://www.utmem.edu/univheal/ins_verif_form.html) or by visiting [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), click on "Find Your School" and enter your Policy Number 890445.

The Waiver Form with a copy of both sides of your current insurance card can be submitted or mailed to the following address:  
 Office of Student Affairs

800 Madison Avenue, Rm. 300  
 Memphis, TN 38163  
 Phone: (901) 448-4860  
 Fax: (901) 448-7585

If the student application and premium is received after the semester start date, then coverage will become effective on the day of the postmark date of the application.

**PLEASE COMPLETE AND SIGN THE SECOND PAGE OF FORM.**

**APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.**

**WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR APPLICATION.**

