

**2021-2022 Enrollment Application  
 Student Health on Haven & Aetna Student Health Insurance Plan**

**Enrollment Periods:**
**Fall Semester: 08/01/2021-09/30/2021**
**Spring Semester: 01/01/2022-02/15/2022 (New Students Only)**
**Summer Semester: 05/15/2022-06/30/2022 (New Students Only)**
**Please Complete all Information:**

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

Columbia PID or C Number: \_\_\_\_\_ CU Email address: \_\_\_\_\_ School of Registration: \_\_\_\_\_

 Date of Birth: \_\_\_\_\_ Sex Assigned at Birth:  Male  Female Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**Please Select Enrollment Type:**     Part-Time Student                       Adding Dependents                       Approved Leave of Absence

Student applying for coverage for an approved leave must submit the Dean's Verification Form &amp; coverage is limited to two semesters.

For timely processing, please send supporting documentation (ie. Marriage license, birth certificate)

<u><b>Student Health on Haven</b></u> <input type="checkbox"/> Individual <input type="checkbox"/> Individual & Spouse/Domestic Partner <input type="checkbox"/> Individual & Child 18 & over <input type="checkbox"/> Individual Spouse Child 18 & over	<u><b>Aetna Student Health Insurance</b></u> <input type="checkbox"/> Individual <input type="checkbox"/> Individual & Spouse/Domestic Partner <input type="checkbox"/> Individual & Child <input type="checkbox"/> Individual & 2 or More Children <input type="checkbox"/> Individual & Spouse & 1Child <input type="checkbox"/> Individual & Spouse & 2 or More Children
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Dependent Information:	Last Name	First Name	DOB	Sex Assigned at Birth	Dependent E-Mail	Dependent Phone No.
Spouse/Domestic Partner						
Child						
Child						
Child						

**Annual Coverage for a student and spouse on the Aetna Student Health Insurance Plan and the Student Health on Haven costs (\$3,892+ \$1,576) + (\$3,892+ \$1,576) = \$10,936**
**For semester breakdown please visit the [Student Health on Haven Fees](#) page.**

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: \_\_\_\_\_