



**SAINT LOUIS  
UNIVERSITY**

— EST. 1818 —

# How to Enroll in or Waive out of the University Health Plan

## Content:

- 1) The Enrollment Process
- 2) The Waiver Process

# 1) The Enrollment Process



Do a Google Search "Aetna Student Health" and open the first website from the top.

A screenshot of a Google search for "Aetna Student Health". The search bar contains the text "Aetna Student Health" and a magnifying glass icon. Below the search bar, there are tabs for "All", "Books", "News", "Maps", "Shopping", "More", "Settings", and "Tools". The "All" tab is selected. Below the tabs, it says "About 369,000 results (0.77 seconds)". The first search result is "Aetna Student Health: Home" with the URL "https://www.aetnastudenthealth.com/". Below the URL, it says "Welcome to Aetna Student Health ... list loading... View your school. Legal notices: Health benefits & health insurance plans contain exclusions and limitations ...". There are two columns of search results. The first column contains "Aetna Student Health website" (Aetna Student Health<sup>SM</sup> gives you access to ... Aetna Secure ...) and "My School" (Welcome to the University of Southern California student ...). The second column contains "The Syracuse University ..." (Welcome to the Syracuse University student health ...) and "The University of Arizona ..." (Welcome to The University of Arizona student health ...). At the bottom, there is a link "More results from aetnastudenthealth.com »".

# Welcome to Aetna Student Health

Select "Saint Louis University" in the drop-down.

Select your college or university

Saint Louis University

[View your school](#)

[Legal notices: Health benefits & health insurance plans contain exclusions and limitations >](#)

## Helpful links



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Select School | Aetna Navigator | Contact Us | Administrators

My School Find a Doctor, Hospital or Pharmacy Members



Legal notices: Health benefits & health insurance plans contain exclusions and limitations >

## Welcome to the Saint Louis University student health insurance plan

Aetna Student Health<sup>SM</sup> gives you access to care by working closely with your school and with a network of doctors, hospitals, pharmacies and specialists throughout the country.

For more information, contact customer service at **877-381-3544**.

Select  
Enroll/  
Waive



[Enroll/Waive >](#)

You can enroll in the medical plan or waive the medical plan coverage.



[Find a doctor, hospital or pharmacy >](#)

Use this convenient tool to easily locate Aetna participating network providers.



[Print your ID card >](#)

Do you need a temporary ID card?



[View your insurance plan details >](#)

Find information about your coverage, benefits, deductibles and more.

### Helpful Links

Scroll  
Down

Home | Saint Louis University > Members > Enroll/Waive

Legal notices Health benefits & health insurance plans contain exclusions and limitations >

## Need coverage or do you want to waive your school coverage?

If you are a student looking for coverage, Aetna Student Health<sup>SM</sup> has a plan for you. Aetna Student Health<sup>SM</sup> gives you access to care by working closely with your school and with a network of doctors, hospitals, pharmacies and specialists throughout the country.

**WE ARE CURRENTLY PROCESSING ENROLLMENTS FOR THE \*\* SUMMER COVERAGE PERIOD ONLY \*\*.**

**IF YOU ARE A NEW OR CURRENTLY ENROLLED STUDENT, YOU CAN ENROLL FOR SUMMER COVERAGE PERIODS DURING THE SUMMER OPEN ENROLLMENT (ENDS JUNE 5, 2017).**

**COVERAGE PERIODS OPTIONS FOR THE 17/18 ACADEMIC YEAR WILL BE AVAILABLE IN MID-JUNE.**

**IF YOU ENROLL IN THE HEALTH PLAN, PLEASE SELECT THE STUDENT ENROLLMENT OPTION; IF YOU HAVE DEPENDENTS SELECT STUDENT ENROLLMENT FIRST, THEN CLICK SELECT PLAN UNDER THE DEPENDENT OPTION AND CLICK ADD DEPENDENTS.**

**If you have a Qualifying Life Event (i.e. marriage, birth, adoption), please note that you must complete the application and supporting documentation within 31 days. Please reach out to the UHP office at (314) 977-5666 or the Student Health Center at (314) 977-2323 for questions or to obtain the application.**





Select School | Aetr

[My School](#) [Find a Doctor, Hospital or Pharmacy](#) [Members](#)

University's Student Health Insurance Plan (University Health Plan) or demonstrate you have health insurance coverage that meets Saint Louis University's waiver requirements. Medical students are automatically charged for the health insurance on their student accounts, but will receive a full refund if waived by the end of the open enrollment period (September 30, 2016). If you take no action and do not either enroll or waive coverage by the end of the open enrollment period, you will be automatically enrolled in the plan.

#### **Saint Louis University Medical Residents**

All non-military medical residents are required to enroll in Saint Louis University's sponsored Health Insurance (University Health Plan). Coverage is provided as part of the benefits offered to trainees in Graduate Medical Education post-graduate programs.

#### **Saint Louis University Medical Residents January 1, 2017 Group Plan**

If you are a Medical Resident that is covered under this January 1, 2017 group plan, you can call the UHP office at **(314) 977-5666** for all questions and plan information or see the link below.

#### **Aquinas Students**

All Aquinas students in degree seeking programs are eligible to voluntarily enroll in the Student Health Insurance Plan (University Health Plan) and will be billed through the Student Health Center. Aquinas students interested in enrolling in the plan should email their name and banner ID to [uhp@slu.edu](mailto:uhp@slu.edu) to be added to the Eligibility list.

You can enroll in a medical plan and discount program. Or you can waive coverage. You'll need your school-issued student ID number.

[Enroll/Waive](#)

Select  
Enroll/  
Waive again



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Step 1 **Begin Your Application**

Start here to find your recommended plans.

Welcome to Aetna Student Health. We've made it easier than ever to find the right plan for you, and apply online. Simply answer a few questions to get started.

If you are completing clinical clerkships in the United Kingdom for 6 months or more and have a UK Visa, please contact your Student Finance Advisor at your institution.

**Student Information**

Are you a domestic student or an international student holding a foreign visa to study in the United States?

Domestic

What type of program are you enrolled in?

[Select Program Type]  !

**Secure Login**

All fields are mandatory ⓘ

Please begin by entering your school issued student ID number and date of birth. Information you provide is confidential and secure.

Student ID Number

000153003

Date of Birth

02/27/1993

MM/DD/YYYY

**GET STARTED >**



Enter “International” and “Undergraduate” or “Graduate & Professional Student”.

Enter your FULL 9 digit banner ID – **INCLUDING** the 000. Enter your Date of Birth (MM/DD/YYYY).

Step 2 Plan(s)

Welcome, Michelle Renee Dunham

Your plan options are below.

16/17 Saint Louis University (SLU) Health Plan

SLU requires all domestic and international Undergraduate, Graduate & Professional and Medical Students you to enroll or waive the school-sponsored insurance health plan each academic year.

Waive

[View Waiver Details](#)

Medical Plan Enrollment Options

16/17 Health Plan for Domestic Graduate & Professional Students

If you have been awarded a graduate assistantship or fellowship that provides support for the student health insurance coverage, you may see additional coverage date options that coincide more closely with your award dates.

Select Plan

[View Plan Details](#)

16/17 Domestic Graduate & Professional Student Dependent Enrollment

Domestic Graduate & Professional students are eligible to enroll their dependents in this plan.

Select Plan

Add Dependent(s)

[View Plan Detail](#)

My Cart (0)

Your cart is empty.

Continue >

Select this plan for yourself.

Select this also if you are adding a spouse or children.

Select Continue

Step 2 Plan(s)

Welcome, Michelle Renee Dunham

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SLU requires all domestic and international Undergraduate, Graduate & Professional and Medical Students you to enroll or waive the school-sponsored insurance health plan each academic year.

Waive

[View Waiver Details](#)

Medical Plan Enrollment Options

16/17 Health Plan for Domestic Graduate & Professional Students

If you have been awarded a graduate assistantship or fellowship that provides support for the student health insurance coverage, you may see additional coverage date options that coincide more closely with your award dates.

✓ Plan Selected

[View Plan Details](#)

16/17 Domestic Graduate & Professional Student Dependent Enrollment

Domestic Graduate & Professional students are eligible to enroll their dependents in this plan.

Select Plan

Add Dependent(s)

[View Plan Details](#)

My Cart (1)

Student

16/17 Health Plan for Domestic Graduate & Professional Students

Continue >

You will now see your selections here. Select Continue.



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Step 3 Student Information

Please enter your information and click Continue.

We will use this information to mail your ID card and plan materials.  
Please Note: Aetna does not mail outside the United States.

Student's Personal Information

Gender\*  
 Male  Female

First Name\*

Michelle Renee

Middle Name

Last Name\*

Dunham

Suffix

[Select Suffix]

Phone\*

000-000-0000

Email\*

mdunham2@slu.edu

Make sure all information, including gender, is correct.

Make sure your information is correct. If you do not have a phone number, enter 000-000-0000.



SAINT LOUIS  
UNIVERSITY

Phone\*  
000-000-0000

Email\*  
mdunham2@slu.edu

Address Information Fields marked with \* are mandatory

Address 1\*  
20 N. Grand Blvd.

Address 2  
MSC 123

City\*  
Saint Louis

Country\*  
United States

State\*  
Missouri

Postal Code\*  
63103

Make sure you enter a **LOCAL** mailing address. This is the address for mailboxes at the Busch Student Center – just make sure you enter **YOUR MSC** number.

My Cart (1)

Student

16/17 Health Plan for Domestic Graduate & Professional Students

Add Additional Products

Continue >





**For students who are adding a **spouse** or **dependents** to the plan:**  
*(all others can ignore this message)*

- If you chose a spouse/ dependent option, you will be prompted to enter your dependent information after you enter your own and select “continue” in step 4.
- Please list all information, and make sure to select “save” before “continue”.
- If you have more than one dependent to enroll on your plan, select “Add Another Dependent” after you save your first dependent information and select “continue”.



Step 4 Plan Details

Please confirm your enrollment selections by selecting the plan term(s) you wish to enroll into and click CONTINUE.

16/17 Health Plan for Domestic Graduate & Professional Students

Plan Term	Effective Date	Termination Date	Cost	Bursar Billed
<input checked="" type="checkbox"/> Student (myself)	[Select Term]			
<input checked="" type="checkbox"/> By selecting this box I agree				

My Cart (1)

- Student
- 16/17 Health Plan for Domestic Graduate & Professional Students

[Continue >](#)

Both of these boxes should be checked.

Select how long you need coverage here.

You will not be able to change your selection after open enrollment ends.

Annual = 8/15/16-8/14/17  
 Fall/ Spring = 8/15/16-5/20/17  
 Fall = 8/15/16-12/31/16

Select Continue.

Step 5 Enrollment Application Summary

Please review the summary of your enrollment and click SUBMIT.

Student Contact Information

Name: Michelle Renee Dunham  
 Address 1: 20 N. Grand Blvd.  
 Address 2: MSC 123  
 City: Saint Louis  
 State: MO  
 Postal Code: 63103  
 Country: USA  
 Gender: F  
 Phone Number: 0000000000  
 Email: mdunham2@slu.edu

[Edit This Information](#)

Student Information

The following information cannot be edited.  
 Student ID: 000153003  
 Date of Birth: 02/27/1978

16/17 Health Plan for Domestic Graduate & Professional Students

	Plan Term	Effective Date	Termination Date	Cost	Bursar Billed
<input checked="" type="checkbox"/> Student (myself)	Fall/Spring	08/15/2016	05/20/2017	\$0.00	\$2,034.00

[Edit This Information](#)

My Cart (1)

Student

16/17 Health Plan for Domestic Graduate & Professional Students

Total on checkout: \$0.00

Bursar Billed: \$2,034.00

[Submit >](#)



Step 6 Enrollment Application Confirmation

[Print the confirmation](#)

Your transaction is complete. Please see the confirmation below

**Confirmation! Your enrollment has been received.**

Print this page as a confirmation of your transaction.

Please allow 3-5 business days for your application to complete processing and for a member identification number to be assigned.

Please go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) in 5 – 7 Days to print or download your ID card. You will receive a plastic ID card in the mail in 10 – 12 business days.

The insurance premium in the amount of \$2,034.00 will be reflected on your next tuition bill. Please pay the school's Bursar.

Today's Date: 7/29/2016  
Student ID Number: 000153003  
Confirmation Number: 16211642236200

Email Address: mdunham2@slu.edu  
Confirmation will be sent to this address

**Purchase Details**

You enrolled in: 16/17 Health Plan for Domestic Graduate & Professional Students

This material is for information only. Health insurance plans contain exclusions, limitations and benefit maximums. The plan will pay benefits in accordance with any applicable state insurance law. If any discrepancy exists between this website and the Master Policy, the Master Policy will govern and control the payment of benefits. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professionals. Preferred providers are independent contractors and are neither agents nor employees of Aetna Life Insurance Company or its affiliates. Aetna does not provide healthcare or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.



Keep this  
confirmation  
page for your  
records.

## 2) The Waiver Process



Do a Google Search "Aetna Student Health" and open the first website from the top.

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[Aetna Navigator](#) | [Contact Us](#) | [Administrators](#)

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Select your college or university

Saint Louis University



[View your school](#)

[Legal notices: Health benefits & health insurance plans contain exclusions and limitations >](#)

## Helpful links



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Select School | Aetna Navigator | Contact Us | Administrators

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Down

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[Enroll/Waive](#)

Select  
Enroll/  
Waive again



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If you are completing clinical clerkships in the United Kingdom for 6 months or more and have a UK Visa, please contact your Student Finance Advisor at your institution.

**Student Information**

Are you a domestic student or an international student holding a foreign visa to study in the United States?

Domestic

What type of program are you enrolled in?

[Select Program Type]  !

**Secure Login**

All fields are mandatory ⓘ

Please begin by entering your school issued student ID number and date of birth. Information you provide is confidential and secure.

Student ID Number

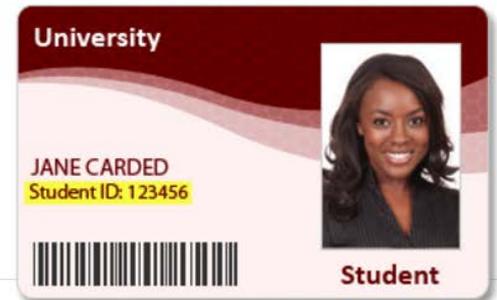
000153003

Date of Birth

02/27/1993

MM/DD/YYYY

**GET STARTED >**



Enter  
“International”  
and  
“Undergraduate”  
or “Graduate &  
Professional  
Student”.

Enter your FULL 9  
digit banner ID –  
**INCLUDING** the  
000. Enter your  
Date of Birth  
(MM/DD/YYYY).

Step 2 Plan(s)

Welcome, Michelle Renee Dunham

Your plan options are below.

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SLU requires all domestic and international Undergraduate, Graduate & Professional and Medical Students you to enroll or waive the school-sponsored insurance health plan each academic year.

Waive

[View Waiver Details](#)

Medical Plan Enrollment Options

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Select Plan

[View Plan Details](#)

16/17 Domestic Graduate & Professional Student Dependent Enrollment

Domestic Graduate & Professional students are eligible to enroll their dependents in this plan.

Select Plan

Add Dependent(s)

[View Plan Details](#)

My Cart (0)

Your cart is empty.

Continue >

Select Waive.

Select Continue.



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### Waive Coverage

You will need your current insurance policy information, carrier information, deductibles and benefit coverage amounts.

Yes

No

Select  
Yes.

Step 3 Waiver Policy

Please review the following information about your waiver policy.

Message from Saint Louis University

Welcome to Saint Louis University's (SLU) waiver application.

In keeping with its institutional responsibility to protect the health and well-being of students, SLU requires full-time students on campus to maintain health coverage throughout the academic year. This helps to protect against unexpected medical costs and to provide access to care while they are at school.

Enrollment/waiver provisions:

SLU requires you to enroll or waive the school-sponsored health plan each academic year. It is important you make an informed health assessment each year. For instance, have your health needs changed? Will you be participating in a study abroad program? Will you be traveling for an internship or medical rotation? Do you have access to a network that covers you throughout the country and do you have coverage for emergencies? Make sure you have appropriate health coverage so that an unexpected illness or accident doesn't hold back your wellness or academic success.

You may waive coverage under the school-sponsored health plan if you have other health coverage in effect. You will need to provide information about your coverage. An accepted waiver applies to the entire academic year during which it is filed.

Important: If you do not enroll for or waive coverage by the end of the Open Enrollment period (September 30, 2016), you will be automatically enrolled in the school-sponsored health plan and charged the applicable premium.

What to have with you before you start waiver submission:

Before beginning this waiver process, have the following materials with you:

- Your current health plan/program ID card
- Your current health plan/program summary of benefits or description

Waiver submissions may be reviewed by SLU, or its third party administrator, and/or their contractors, representatives, or auditors. You may be required to provide proof that you meet that school's requirements for waiving the school-sponsored plan. By submitting this waiver request, you agree that your current insurance plan may be contacted for confirmation and that you have coverage for the applicable academic year and that it meets SLU's waiver requirements.

Waiver Policy Terms

Fields marked with \* are mandatory

Waiver Policy Terms

All waiver submissions must be completed by 9/30/16.

Important - Please read carefully:

- The waiver process is an annual one. You must make a selection at the beginning of the first semester of each academic year in which you are registered (students may be required to waive in the Spring semester if they were not previously required to waive in the Fall).
- Students who do not actively make a selection to either waive or enroll will be automatically enrolled in the school-sponsored health plan.
- Full refunds of premium charges may not be given for waivers received after Open Enrollment (September 30, 2016). Penalties may apply (\$50.00).
- The school reserves the right to make final decisions regarding all waiver submissions and enrollment in the school-sponsored plan.

By checking this box, you understand

Read and understand the message and terms, then check this box.

My Cart (1)

Student

16/17 Saint Louis University (SLU) Health Plan

Continue >

Select Continue.



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Step 4

## Current Insurance Policy

Please provide your current policy information below. We need this information to properly process your waiver.

### Information about your existing insurance coverage

Please complete the form below.

I wish to waive SLU's school-sponsored health plan. I certify by this waiver that I have adequate health coverage.

Before making a decision on waiving SLU's school-sponsored health plan, make sure to compare benefits, time covered, networks, providers, and costs. You should find that SLU's plan provides coverage that meets your unique needs while at school. For more information on SLU's health plan please see the Health Plan Summary.

[www.aetnastudenthealth.com/slu](http://www.aetnastudenthealth.com/slu)

Check if your insurance meets these standards. If it does, select "yes" for these 6 questions.

## Tell us about your current insurance plan

I hereby affirm my understanding of the following and attest that I have health insurance that meets the following minimum standards:

- |   |   |
|---|---|
| 1) My plan is currently active and, if my current coverage is terminated or lost, I agree to maintain alternate health coverage for the remainder of the academic year. | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 2) My plan is provided by a company licensed to do business in the United States, with a U.S. claims payment office and a U.S. phone number.                            | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 3) My plan has an unlimited benefit for any illness or injury as per ACA guidelines.  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 4) My plan covers inpatient and outpatient medical care within the St. Louis area.  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 5) My plan covers inpatient and outpatient mental health and alcohol abuse care within the St. Louis area.  | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 6) My plan provides coverage for prescription drugs.  | <input checked="" type="radio"/> Yes <input type="radio"/> No |

## Additional information about your current policy

Insurance Company Name \*



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### Additional information about your current policy

Insurance Company Name \*

Other

Please specify

**Enter Name Here**

If your insurance company/carrier is not listed, choose OTHER.

Policy Holder ID Number \*

123456789

If covered by Tricare, enter "Military"

Policy or Group Number \*

123456

If covered by Tricare, enter "Military"

Insurance Company Phone Number \*

000-000-0000

Policy Holder Name \*

**Self, parent or spouse**

Subscriber Birth Date \*

06/03/1993



Relationship to Policyholder (Subscriber) \*

Self

What is your Policy deductible? \*

\$1 - 100

Enter your insurance information. If you do not see your insurance in the list, select "Other", and write the name of your coverage in the box.

If your insurance company covers a family, spouse or child:

Policy Holder ID Number \*

123456789

If covered by Tricare, enter "Military"

Policy or Group Number \*

123456

If covered by Tricare, enter "Military"

Insurance Company Phone Number \*

000-000-0000

Policy Holder Name \*

Self, parent or spouse

Subscriber Birth Date \*

06/03/1993



Relationship to Policyholder (Subscriber) \*

Self



What is your Policy deductible? \*

\$1 - 100



If you do not have a phone number for your insurance, type 000-000-0000.

My Cart (1)

Student

16/17 Saint Louis University (SLU) Health Plan

Continue >

Select Continue.

### Terms and Conditions

Fields marked with \* are mandatory

I understand the following:

- The waiver will be in effect for the academic year in which it was submitted.
- If you elect to waive coverage, you are legally responsible for all medical expenses you may incur.
- SLU and its third party administrator, and/or their contractors, representatives or auditors reserve the right to verify the insurance information you are providing.
- You may be required to provide coverage documents and/or other records demonstrating that you meet the school's requirements for waiving the school-sponsored health plan.
- If my current coverage is terminated or lost, I agree to maintain alternate health coverage for the remainder of the academic year.

My submission of this form will be used as an electronic signature. This signature certifies that I am covered by the health plan described above. SLU reserves the right to complete a review of all student waivers.\*



Step 5 Waiver Summary

Please review the summary of your waiver and click Submit.

**Student Contact Information**

Name: Michelle Renee Dunham  
Email: mdunham2@slu.edu

[Edit This Information](#)

**Questions about your current insurance policy**

My plan is currently active and, if my current coverage is terminated or lost, I agree to maintain alternate health coverage for the remainder of the academic year.	YES
My plan is provided by a company licensed to do business in the United States, with a U.S. claims payment office and a U.S. phone number.	YES
My plan has an unlimited benefit for any illness or injury as per ACA guidelines.	YES
My plan covers inpatient and outpatient medical care within the St. Louis area.	YES
My plan covers inpatient and outpatient mental health and alcohol abuse care within the St. Louis area.	YES
My plan provides coverage for prescription drugs.	YES

[Edit This Information](#)

**Additional information about your current policy**

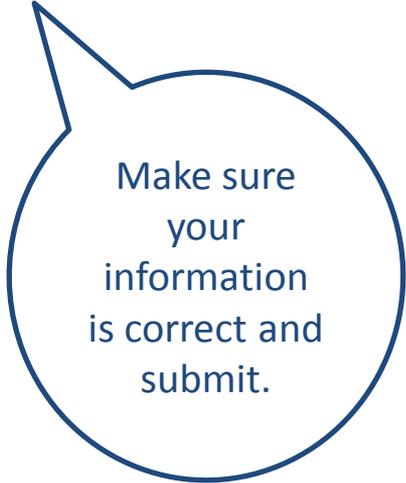
Insurance Company Name : Embassy  
Policy Holder ID Number : 123456789  
Policy or Group Number : 123456  
Insurance Company Phone Number : 000-000-0000  
Policy Holder Name : Me  
Subscriber Birth Date: 06/03/1993  
Relationship to Policyholder (Subscriber) : Self  
What is your Policy deductible? : \$1 - 100

**My Cart (1)**

Student

16/17 Saint Louis University (SLU) Health Plan

[Submit >](#)



Step 6 Transaction Confirmation

Your waiver has been submitted  
Details of your waiver transaction are available below.

Your waiver application has been submitted. Please see the confirmation below.

Dear Michelle Renee,

We have ACCEPTED and APPROVED your waiver submission. Please print this screen as confirmation.

We have the right to verify the information you have provided. If you should lose your current coverage **you are required** to notify SLU as you are required to maintain coverage while a full-time student on campus. Specifically, if you are a Medical Student and lose coverage, contact the UHP Office at (314) 977-5666. If you are an Undergraduate, Graduate or Professional student and lose coverage, contact Kristine Schmidt at (314) 977-7168.

Please review your health needs each year to make an informed decision.

[View More](#)

[Print the confirmation](#)



Keep this  
confirmation  
for your  
records.



## Helpful Resources:

Aetna's site has benefit summaries, costs and other useful information:

[www.aetnastudenthealth.com/slu](http://www.aetnastudenthealth.com/slu)

**Aetna Customer Service: 1-877-381-3544** – they can assist with any issues or questions you have about the online waiver or enrollment process.

You may also email questions to [uhp@slu.edu](mailto:uhp@slu.edu). Please include your banner ID for us to better assist you.

**Student Health Center:** <http://www.slu.edu/student-health-center>

Main: 314-977-2323 Fax: 314-977-7165

Kristine Schmidt: 314-977-7168

**University Health Plan office:** [http://www.slu.edu/medicine/departments/university-health-plan-\(uhp\)](http://www.slu.edu/medicine/departments/university-health-plan-(uhp))

Alfreda Robinson: 314-977-5666

Adrian Jones: 314-977-9897