

**University of Missouri – Columbia (MU)**  
**2017-2018 ON-CALL INTERNATIONAL VISITING SCHOLAR ENROLLMENT FORM**  
**(Medical Evacuation / Repatriation Benefits)**  
**In order to enroll step 1 through 4 must be completed!**

**1. Complete all Visiting Scholar information. Incomplete information will delay processing.**

Scholar Name: \_\_\_\_\_  
 Last Name First Name Middle Initial  
 Scholar ID: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 (UID)  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F Campus or location: \_\_\_\_\_

**2. List Dependents to be insured. Dependent coverage is only available if the scholar is covered.**

Dependents	Last Name	First Name	DOB	Social Security Number	M/F
Spouse					
Child					
Child					
Child					

**3. Select Enrollment Period.**

890430-ONC20	A	B	C
	<b>Annual Coverage</b> 08/01/2017-07/31/2018 Deadline to Enroll: 09/08/2017	<b>Fall Semester Coverage</b> 08/01/2017-12/31/2017 Deadline to Enroll: 09/08/2017	<b>Spring/Summer Semester Coverage</b> 01/01/2018-07/31/2018 Deadline to Enroll: 02/09/2018
1. Scholar Only	<input type="checkbox"/> \$66	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36
2. Spouse	<input type="checkbox"/> \$66	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36
3. Each Child	<input type="checkbox"/> \$66	<input type="checkbox"/> \$36	<input type="checkbox"/> \$36

**4. Designate Payment Method**

Make check or money order payable to Aetna Student Health, or refer to the charge card authorization to charge premium to **Visa, MasterCard, American Express or Discover Card**

**CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY. Notice to Scholars (signature required)**

Charge Full amount: \$ \_\_\_\_\_  
 Credit Card                 Exp. Date:   /    
 Signature of Cardholder \_\_\_\_\_  
 Print name and address of cardholder if different from above.

**I have carefully read the Plan Design and Summary of Benefits and elect as indicated.** Rates are not pro-rated. I permit MU to provide Aetna Student Health with my scholar 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, my coverage, and coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that the scholar is not eligible, the premium will be refunded, but the premium is not refundable for reasons other than eligibility. I understand that I and any declared dependents must have an in-force medical insurance policy that provides worldwide coverage. Failure to maintain an in-force medical insurance policy will void any obligation for service from On-Call International. I understand that On-Call International services are available anytime a non-U.S. covered participant is at his/her campus location or traveling, and do not apply when a non-U.S. participant is in his/her country of origin. I understand that U.S. scholars studying in the U.S. are eligible for all services when more than 100 miles from their permanent residence and for selected services on campus.

\*Enrollment Guidelines: if your application is received before the specific deadline as shown above, the effective date will be the beginning of the coverage term. If your application is received after the deadline then your coverage is day after postmark.

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.  
 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).

Scholar: \_\_\_\_\_ Date: \_\_\_\_\_

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call 877-480-4161.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), [CRCoordinator@aetna.com](mailto:CRCoordinator@aetna.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

TTY: 711

For language assistance in your language call 877-480-4161 at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al 877-480-4161. (Spanish)

欲取得繁體中文語言協助，請撥打877-480-4161，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le 877-480-4161 sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang 877-480-4161 nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen in deutscher Sprache? Rufen Sie uns kostenlos unter der Nummer 877-480-4161 an. (German)

للمساعدة في (اللغة العربية)، الرجاء الاتصال على الرقم المجاني 877-480-4161. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo 877-480-4161 gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 877-480-4161. (Italian)

日本語で援助をご希望の方は、877-480-4161 まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 877-480-4161 번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان فارسی با شماره 877-480-4161 بدون هیچ هزینه ای تماس بگیرید. انگلیسی (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 877-480-4161. (Polish)

Para obter assistência linguística em português ligue para o 877-480-4161 gratuitamente. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 877-480-4161. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số 877-480-4161. (Vietnamese)