Columbia University Medical Center Campus
Part-Time Student Enrollment Application
Student Health Service
Chickering/Aetna Plan

Enrollment Periods: **Fall Semester: 8/01/2006-09/30/2006**
Spring Semester 1/1/2007-03/01/07
Summer Semester: 6/1/2007-6/30/2007

Student Please complete all information:

Enrolled Student's name: _____
Last Name **First Name** **MI**

Social Security #: _____ Email address: _____

School of Registration: _____ CU Student ID #: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State _____ Zip Code: _____

Phone Number: _____ Gender ☐ Male ☐ Female

DEPENDENT INFORMATION:
List dependents to be insured. Dependent coverage is only available if the student is covered.

	Last Name	First Name	DOB	Social Security Number	Gender
Spouse/ Domestic Partner					
Child					
Child					
Child					

Select enrollment type:

Student Health Service
☐ Student only
☐ Student & Spouse/Domestic partner

Insurance Effective Date: _____
Insurance Termination Date: **August 16th 2007**

Chickering/Aetna Insurance
☐ Student only
☐ Spouse/Domestic partner only
☐ Student and Child(ren)
☐ Spouse/Domestic Partner & Children

Insurance Effective Date: _____
Insurance Termination Date: _____

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 The Chickering Group 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.

Sign _____ Date: _____

ADMINISTRATIVE USE ONLY:
Payment Method: ☐ Student Account ☐ Check ☐ Cash ☐ Money Order • Payment Amount: $_____

MAIL TO: Eladia Goris, Student Health Service, 630 West 168th Street, Box 77, New York, NY 10032
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Ms. Goris E-mail address: eg242@columbia.edu