



**4. University of Mississippi Authorization:**

The University of Mississippi’s Office of International Programs (OIP) must authorize that you are an International Scholar/Faculty or an International Affiliated Student at the University of Mississippi before AETNA can enroll you in the “International Scholar/Faculty, International Affiliated Student, and Dependent Insurance Plan”.

This is to verify that \_\_\_\_\_ may purchase AETNA health insurance coverage as an International Scholar/Faculty or an International Affiliated Student from \_\_\_\_\_ (mm/dd/yyyy) to \_\_\_\_\_ (mm/dd/yyyy).

Full Name of Staff Member at OIP: \_\_\_\_\_

Signature \_\_\_\_\_ of \_\_\_\_\_ OIP \_\_\_\_\_ Staff \_\_\_\_\_ Member \_\_\_\_\_ above:

Date: \_\_\_\_\_ (mm/dd/yyyy)

**5. Designate Payment Method for Payment of Premium:**

Make check or money order payable to Aetna Student Health. To charge to a credit card, please complete section below. Note that ONLY VISA, MasterCard, Discover, and American Express are accepted for such payment. Cash cannot be accepted.

**Credit Card Authorization:** (ONLY VISA, MasterCard, Discover, and American Express are accepted!)

Full amount to be charged: \$ , .

Credit Card Number:  Exp Date: /

Signature of Credit Card Holder: \_\_\_\_\_

Full Name and Address of Credit Card Holder, if different than the International Student/Scholar/Faculty:

Last Name /First Name: \_\_\_\_\_

Street / Number: \_\_\_\_\_

City/Postal or Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

**6. Notice to International Scholar/Faculty or Affiliated International Student / Certification:**

I have carefully read the Aetna policy plan and provisions including all Aetna enrollment guidelines, and elect to enroll in the Aetna health insurance plan for International Scholars/Faculty and Affiliated International Students as indicated above.

I permit the University of Mississippi to provide Aetna Student Health with enrollment status information for the purpose of my eligibility under this plan.

I warrant that the information I have provided on this enrollment form is true. I understand that the provision of false information may result in the annulation of coverage for myself as well as for my spouse and children.

I understand that if it should be determined that I am not eligible for stated coverage, the premium will be refunded (see Aetna brochure for eligibility requirements), and that the premium is not refundable for any reasons other than coverage eligibility.

I understand it is my responsibility to ensure renewal payments for coverage are made in a timely manner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yyyy)

*\* Enrollment Guidelines: For enrollment forms received and accepted after the effective date of the selected policy period, but before the selected deadline, coverage will be effective the first date of that policy period. Enrollment forms received after the deadline of the selected policy period will not be accepted, unless there is a significant life change that directly affects the enrollee’s insurance coverage. When applying to enroll due to a significant life event, please attach appropriate documentation providing date and evidence of the life event.*

*\* International Scholar/Faculty: International individuals affiliated with the University of Mississippi for purposes other than being an enrolled student at the University of Mississippi. International Affiliated Student: International students at the University of Mississippi, as defined by the Office of International Programs, who are or are not enrolled in course during a given term. Example: international students on post-graduation Optional Practical Training, those on permanent resident status etc.*