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Wells Fargo Student Insurance Medical ID#

**Underwritten by Aetna Life Insurance Company**  
**SACRAMENTO STATE ENGLISH LANGUAGE INSTITUTE - STUDENT HEALTH INSURANCE**  
**2016-2017 MONTHLY ENROLLMENT FORM**

**MONTHLY**

<b>STUDENT'S NAME</b>	LAST / SURNAME				
	FIRST NAME				MIDDLE INITIAL
CCE STUDENT I.D. #			DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY OR TAX I.D. # (U.S. Citizens and Permanent Residents only)	
U.S. MAILING ADDRESS <i>(Use school address if none)</i>		STREET			APARTMENT #
CITY			STATE	ZIP	
PHONE #		EMAIL ADDRESS (REQUIRED)			
Please check appropriate box: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		Please check appropriate box: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		Please check appropriate box(es):	
VISA TYPE (if applicable: F-1, J-1, etc.)			HOME COUNTRY: (if applicable)		
<b>PLEASE LIST DEPENDENTS TO BE INSURED BELOW. DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED.</b> <i>(Dependents must be enrolled on the date the student is enrolled or within 31 days of date of birth, marriage, or arrival in U.S.)</i>					
Spouse	LAST / SURNAME	FIRST NAME	MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)
CHILD	LAST / SURNAME	FIRST NAME	MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)
CHILD	LAST / SURNAME	FIRST NAME	MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)
CHILD	LAST / SURNAME	FIRST NAME	MIDDLE INITIAL	GENDER	DATE OF BIRTH (Month, Day, Year)

You can view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: [studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com) or call **800-853-5899** to request a paper copy free of charge.

**ID CARDS**

Providers need your Member ID# from your card to identify you, verify your coverage, and bill Aetna Life Insurance Company. You do not have to have your member ID card with you to be eligible to receive benefits; if you need medical attention but do not have access to your card, benefits will still be payable according to the Policy.

To access your Member ID Card, go to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com), search for your school name, and click "Print your ID card" to view and/or print a temporary Medical ID card that contains your Medical ID number. Note: you will need your Student ID number to log in.

You may also use the Aetna Mobile App to view your member ID card, find a doctor, check your benefits, and more. First, log in to [www.aetnastudenthealth.com](http://www.aetnastudenthealth.com) and create your Aetna Navigator® account. Next, download the Aetna Mobile App to your mobile device and log in using your Medical ID number (obtained from Aetna's website, see instructions above).

Technical assistance for the Aetna website and Mobile App is available toll free, Monday through Friday, from 8:30 a.m. to 5:30 p.m. local time at **(866) 378-8885**.

**PLEASE SEE OTHER SIDE FOR RATES AND PAYMENT INFORMATION • YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM**

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**WELLS FARGO INSURANCE PRIVACY INFORMATION**

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at [studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com).

**PAYMENT IN FULL IS  
REQUIRED FOR THE  
TERM PURCHASED**

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SACRAMENTO STATE ENGLISH LANGUAGE INSTITUTE - STUDENT HEALTH INSURANCE  
2016-2017 MONTHLY ENROLLMENT FORM**

MONTHLY RATE AVAILABLE FROM: 8/3/16 - 8/3/17				
Student only (per month)	\$141.27	x 1 = (1 student)	\$ _____	I want this coverage to begin on:  _____ month / _____ day / _____ year
<i>NOTE: Costs below are in addition to the student premium. Dependent enrollment in this plan is voluntary.</i>				
Spouse only (per month)	\$141.27	x 1 = (1 spouse)	+ \$ _____	
Per Child only (per month) (age 0-25)	\$141.27	x _____ = (# of children)	+ \$ _____	
<b>TOTAL PER MONTH (ADD 3 LINES ABOVE)</b>			<b>MULTIPLY BY # OF MONTHS</b>	<b>YOUR TOTAL PREMIUM:</b>
= \$ _____ <i>(Per month subtotal)</i>			x _____ <i>(number of months)</i>	= \$ _____ <i>(Amount due)</i>

*Monthly term purchase is available for certain student/scholar classifications. Coverage must be purchased in 30 day increments.  
Premium is not prorated for periods of less than 30 days.*

*Rates include premium payable to Aetna Life Insurance Company, as well as administrative fees payable to CSU and Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through On Call International and its contracted underwriting companies.*

**PAYMENT METHOD (Remit in US Funds Only)**

Credit Card:  Visa  MasterCard  Discover

Credit Card Account Number: \_\_\_\_\_

Expires (month, year): \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

*(Print Cardholder's name exactly as it appears on card.)*

**Mail or fax enrollment form and payment to: Wells Fargo Student Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670 • Fax (877) 612-7966**

**NOTE: This is limited term coverage only. Coverage will end on the last date specified in the plan you select, unless you enroll to continue insurance for an additional term. Premiums are calculated based on the plan term and will not be pro-rated.**

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**YOU MUST COMPLETE BOTH SIDES OF THE ENROLLMENT FORM AND SIGN BELOW**

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure. My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein.

SIGNATURE OF STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

**CLAIMS ADMINISTERED BY:**

*Claims, Eligibility  
and Coverage Questions*  
**Aetna Student Health**  
PO Box 981106  
El Paso, TX 79998  
(866) 378-8885 (toll-free)  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**TO FIND A  
DOCTOR OR PROVIDER:**

Aetna Life Insurance Co.  
(866) 378-8885 (toll-free)  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**PRESCRIPTIONS:**

**Aetna Pharmacy  
Management**  
(888) 792-3862  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**24-HOUR NURSE ADVICE:**

**Informed Health Line**  
(800) 556-1555  
TDD (800) 270-2386

**24/7 EMERGENCY  
TRAVEL ASSISTANCE:**

**On Call International**  
(877) 318-6901 (within U.S.)  
Dial U.S. access code plus  
(603) 328-1909 (Outside the U.S.)  
[www.oncallinternational.com](http://www.oncallinternational.com)

**GENERAL QUESTIONS:**

**Wells Fargo  
Student Insurance**  
(800) 853-5899  
Mon - Fri, 8am-5pm PST  
[studentinsurance.wellsfargo.com](http://studentinsurance.wellsfargo.com)

**PLAN BROKERED BY:**

**Wells Fargo Insurance  
Services USA, Inc**  
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