



6/86WXGHQW +HDOWKQWiA4WEDV XGHQW

KDV RWKHU 3QR EDOWK  
FRYHUVK BW P/8ZDLYRBU WUKIH PDLWHK8 KHDOWK LFRYXUDDQIFH DQG LWV  
FKDUJHV D VWXGHQV QVFRYHUVU DWIKH\ (FOXUWUQOW 18H6WXGHQW +HDOWK 3ODC

URZVHU 8V MHOLFURVRI  (GJHRU \*RRJOH & KLR P HFRPPHQQGHG

\*R W [www.aetnastudenthealth.com/slu](http://www.aetnastudenthealth.com/slu) OR GLUHFWO\ DFFHVZHELW MLDKUX 6



VFUSOW :HDFRP HOLFNRQ



5HYLHZLYHU & UQRH (QLO O SDJWUROO GRZQ DC LFN RQ

### Secure Login

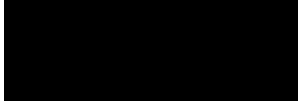
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,QWHUQDWLRQDO VWXGHQV Q XLVQDFGWHUWDD

Are you a domestic or an international student? \*

[Select Type]  
Domestic  
International

8VH SXOO GRZQ PHQV SR RQS UFRDWHDP

What type of program are you enrolled in? \*



(QW H6W XG %DQ QHU **H,QW H G L J % M Q Q H** Including leading zeroes))

Banner ID \*

Date of Birth \* 

(QW 6W XGHQW WH RI %L

MM-DD-YYYY



&OLFMRRIQR FRQWLQ

& O L F N D R Q H

NOTE:



7R HQ ~~URXU~~ V F H O 6 H N H F W X Q C B O + H D O W K 3 O D Q

**NOTE:** If you receive an error indicating that you are not eligible nor required to waive/enroll, you may call the Student Health Plan (UHP) office at 314-977-5666 or email [uhp@health.slu.edu](mailto:uhp@health.slu.edu) for further assistance.

, I \ R Z D Q W R H Q H R S C H Q G H # Q W G ' H S H Q G H Q W V V

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2 Q F H V H O H F W L R Q V D U H & F Q W S Q M M H F O L F N R Q

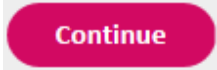
) R U ) < \$ H W ~~R D U L Q Q~~ ~~S W L R~~ ~~R D Q Q~~ W H ~~Q W B~~ ~~O S O D C~~ \$ H W G H Q S W D D Q L V  
F R P S O H W H O \ V H S D U D W H I ~~C R X G W Q M V~~ ~~P B L C F M D O B U D Q~~ not required L V

3 D \ P H Q W I R U G H Q W D O F R Y H U D J H Z L O ~~B X E W K D U T J M V I R H G P N S R Q D K F R M H~~  
F R Q W L Q X H W R E H E L O O



& RQILUP FRVXGHWQVGVGSHQKQGMU VQDP **FRSRQHGDCG** V#VOX HGX  
**HPDLQIR**

2QFH LQIR LV FRQIRUQPMIGQXFOLFNF



6HOBODQHURIFRYHGHDVHUHG

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0HGLFDO 6WXLGHQW&HDWXGHQWVRXOG HOHFW HIIHFWLYH GDWHV RI

5HWXUQLQD 0 VKRXOG HOHFW HIIHFWLYH GDWHV RI

\*UDGXDWH \$V6HOMFRQWUDJH (7HUFVLQDWBSCWLVKQDUUHO DLVGH DWIRVWRKH  
3SDK&DOWK LQRXWHDSISQLQWPHQWIVR&WEDVWHLQ'DWL&Q RFRUUHWODWH  
\RX3\$DLG KHDOWKIDWFRQD&FWKGVKQW +HDOWK 3DQ 8+3 RRIILFH  
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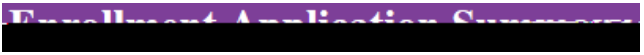
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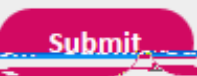
By selecting this box I agree to these [terms and conditions](#) for the above plan



& O L&FRNQ W&L Q



& DUHIS&O&SDWD IRU DFFXUDF\



& O L&FXNE P&WR FRP&SRXUWHHQUROOPHQV

\$IWHU KLWWL&RQ&K&E P&D&W&D&D&DFWLRQ&K&R&E&GUGLVSOD\ RQ VFUHHQ 7K  
VXFFHVVIXO ILOLQJ 6DYH WKH 7UDQVDFWLRQ &RQILUPDWLRQ HP  
\$SSURYHG ZDLYHG D&W&D&SHGDIV WR SURFHVV DGMXVW VWXGHQW DFF

, I \RX GR QRW&R&G&FL&P&D&W&D&D&DFWLRQ our submission may NOT have filed 3OHDVH  
UNXEPLW RU FRQWDFW WKH 8+3 [unp@health.slu.edu](mailto:unp@health.slu.edu) IRD VVLVWDQFH