



6/86WXGHQW +HDOWKQWiA4W1W XGHQW

KDV RWKHU 3QR EDOWK
FRYHUVK BW P/8ZDLYRU WUKHD PDLWHK8 KHDOWK LFRYXUDDQFH DQG LWV
FKDUJHV D VWXGHQV FRHYHU DWKH \ (FOXUADQW 18H6WXGHQW +HDOWK 3OD

URZVHU 8VH0LFURVRI  (GJHRU *RRJOH &KLWR PHFRPPHQGHG

*R W www.aetnastudenthealth.com/slu OR GLUHFWO\ DFFHVZHELWMLNDKUX 6



VFUSOW :HDFRP HOLFNRQ



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

Secure Login

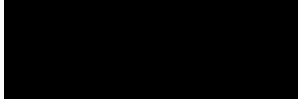
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,QWHUQDWLRQDO VWXGHQV QXUDGFCGWHUDD

Are you a domestic or an international student? *

[Select Type]
Domestic
International

8VH SXOO GRZQ PHQVSR RQSURDJWHD P

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 XGHQWH RI %L



&OLFMRRJQR FRQWLG

& 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 for further assistance.

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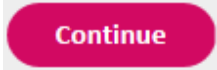
) R U) < \$ H W ~~R D H L Q Q~~ ~~S W L R~~ ~~R D Q Q~~ W H ~~Q W B~~ ~~O S O D C~~ \$ H W G H Q S W D D Q L V
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3 D \ P H Q W I R U G H Q W D O F R Y H U D J H Z L O ~~B X E W K D U T J M V I R H G P N S R Q D K F R M H~~
F R Q W L Q X H W R E H E L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



& RQILUP FRVXGHVOWP VVGHSHQKGGMU VQDP **FRSRQRHGDG8V#VOX** HGX
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*UDGXDWH \$V6HOMFRQWUDJH (7HUFVLQDWBISQVLRQDNUUHO DLVGHWIRVWRKH
3SDKEDOWK LQRXWHDSISHLQWPHQWIRREWEVEVHPLQ'DWLGRFRRUUHWODWH
\RX3\$DLG KHDOWKIDWFRUDVDFWVWKQW +HDOWK 3DDQ 8+3 RRIILFH
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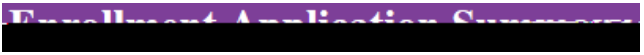
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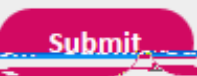
By selecting this box I agree to these [terms and conditions](#) for the above plan



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VXFFHVIXO ILOLQJ 6DYH WKH 7UDQVDFWLRQ &RQILUPDWLRQ HP
\$SSURYHG ZDLYHG DWDWDSHGDIV WR SURFHVV DGMXVW VWXGHQW DFF

, I \RX GR QRW & RIGFLHPLQ'DWDDQDFWLRQ our submission may NOT have filed 3OHDVH
UNXEPLW RU FRQWDFW WKH 8+3 runp@health.wvu.edu IRD VVLVWDQFH