



**3. Designate Payment Method.**

Make check or money order payable to Aetna Student Health. Refer to the charge card authorization to charge premium to Visa, MC, Discover & AE (please note Visa, MC, Discover & AE are the only credit cards accepted). **CASH WILL NOT BE ACCEPTED.**

<b>CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY!!! (VISA, MC, DISCOVER &amp; AE ARE THE ONLY ACCEPTED CREDIT</b>		
<b>CARDS) Charge full amount:</b> \$ <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/>		
Credit Card#: <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/>	Exp. Date: <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 25px; border: 1px solid black;" type="text"/>	
(Visa, MasterCard, Discover & American Express only)		
Signature of Cardholder: _____		
Printed Name and Address (if different from student): _____		

**4. Notice to Student (Signature required)**

I have carefully read the policy plan provisions including all enrollment guidelines and elect to enroll as indicated above. **I permit Grand Canyon University to provide Aetna Student Health with enrollment status for purposes 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 coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that I am not eligible (**see the Plan Design and Summary of Benefits**), the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

**It is the student's responsibility for timely renewal payments.**

**\*Enrollment Guidelines: For applications received and accepted after the effective date of the policy period, but before the established deadline, coverage will be effective the first date of that policy period. Applications received after the deadline will not be accepted, unless there is a significant life change that directly affects applicant's insurance coverage. When applying due to a life event, please attach appropriate documentation providing proof and date of the event.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ENCLOSE PAYMENT WITH ENROLLMENT FORM & MAIL TO:  
AETNA STUDENT HEALTH BENEFIT P.O. BOX 14388 LEXINGTON, KY 40512  
**OR**  
FAX: 859-425-5200