

# Student Health Insurance Dependent Enrollment Submission Instructions

Please review the instructions carefully prior to submitting your documents for review.

1. Log on to the Columbia Health Patient Portal

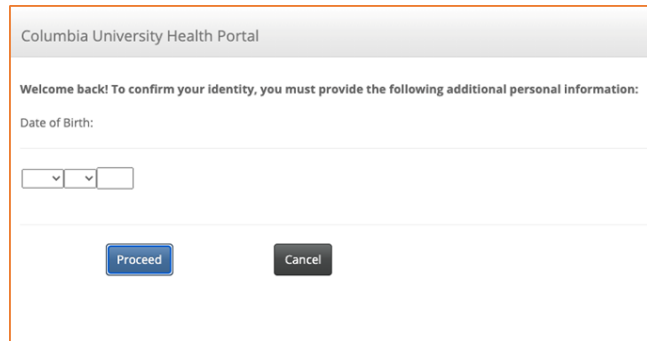
<https://secure.health.columbia.edu>



2. Log in using UNI and Password.

A screenshot of the Columbia University login page. The header features the Columbia University logo and the text "COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK". Below the header is a warning message: "Be alert to phishing emails and think before you click on any link in an email message. CUIT will never ask for your password or private personal information via email. Visit Manage My Uni for password services." The main section is titled "COLUMBIA HEALTH" and contains a login form with fields for "UNI" and "PASSWORD". There is a "LOGIN" button and a "clear" link. A "UNI Help" link is also present at the bottom left.

3. Enter your Date of Birth (Month/Day/Year), then click 'Proceed'.



Columbia University Health Portal

Welcome back! To confirm your identity, you must provide the following additional personal information:

Date of Birth:

Month Day Year

Proceed Cancel

4. In the menu of the patient portal, click on 'Downloadable Forms'



Columbia University Health Portal

Home

Profile

Medical Clearances

Appointments

Referrals

Handouts

Messages

Letters

Downloadable Forms

Forms

Insurance Card

Survey Forms

## Home for Janelle Test

You last logged in: 12/4/2020 8:56 AM [Log Out](#)

I would like to...

[Schedule an Appointment](#)

You have 3 unread secure messages [Go to Messages](#)

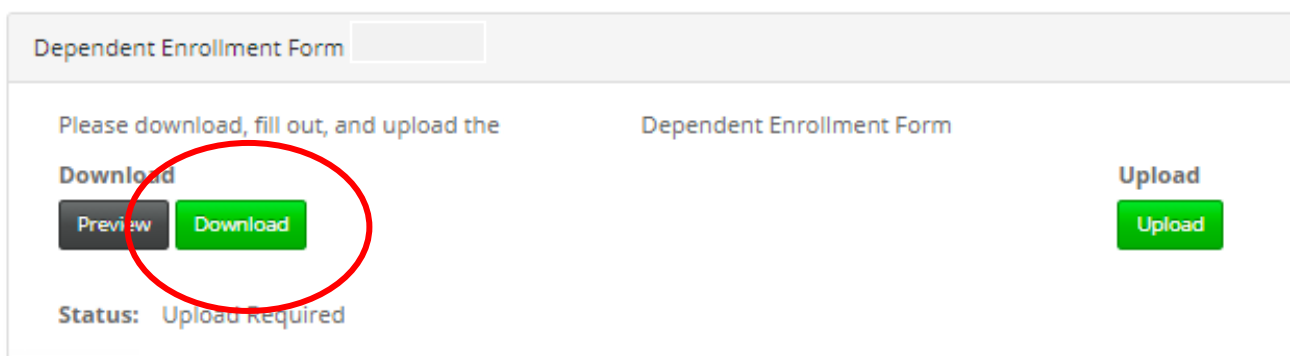
**Attention Columbia Health Medical Services patients**  
**Effective Immediately:**  
In an abundance of caution and concerns due to COVID-19, walk-ins will not be accepted. All Medical booking or by calling 212-854-7426. Students can now book onsite appointments, as well as telehealth

**In person appointments::**  
Patients with in person appointments will be asked to use hand sanitizer and wear a face covering ur

**Nursing Appiontments:**  
Some routine appointments with a registered nurse can be seen in person on the same day: vaccinat  
contraception and pregnancy screen. Please contact Medical Services at 212-854-7426 to ensure we c

**Zoom Telehealth Appointments:**

5. Preview and Download Dependent Enrollment Form, then click on 'Download' to access a blank copy of the form:



Dependent Enrollment Form

Please download, fill out, and upload the

Download

Preview Download

Upload

Upload

Status: Upload Required


6. Upload Completed Dependent Enrollment form and required documents. Acceptable file formats include: PDF, PNG, JPG, JPEG, or GIF only

Note: Please make sure to include all required documentation

- a. Dependent Spouse – first time enrolling spouse
    - i. Marriage Certificate (translated in English)
  - b. Dependent Domestic Partner - first time enrolling Domestic Partner
    - i. Domestic Partnership Certificate (translated in English)
  - c. Dependent Child
    - i. No documentation required
7. Verify Upload. You may 'Edit Image' or select 'Looks Good' if you are satisfied with the image

### Verify Upload

Does this image look correct? If it looks wrong for any reason (i.e., wrong orientation, too bright or dark, needs to be cropped), click **Edit Image** and use the image editor controls to adjust the image as appropriate.

 **COLUMBIA HEALTH** **Morningside Campus 2020-21 Dependent Enrollment Form**  
Aetna Student Health Insurance Plan  
Phone: 212-854-3286 • Website: [health.columbia.edu/insurance](http://health.columbia.edu/insurance)

**Enrollment Periods:** Fall: 07/15/2020-09/30/2020 Spring\*: 12/15/2020-02/15/2021 Summer\*: 05/01/2021-06/30/2021

	Fall Premium 8/15/20-12/31/20	Spring Premium 1/1/21-8/14/21	Annual Premium 8/15/20-8/14/21	Summer Premium 5/1/21-8/14/21
Student & Spouse/Domestic Partner(DP)**	\$2,800	\$4,552	\$7,352	\$2,140
Student & 1 Child	\$2,789	\$4,534	\$7,323	\$2,129
Student & 2+ Children	\$4,178	\$6,792	\$10,970	\$3,188
Student & Spouse/DP** & 1 Child	\$4,189	\$6,810	\$10,999	\$3,199
Student & Spouse/DP** & 2+ Children	\$5,577	\$9,069	\$14,646	\$4,258

\*New incoming students only.

\*\*Fall/Spring - Spouse/Domestic Partners are billed an additional \$305 per semester Columbia Health and Related Services Fee.

New incoming Summer Students - Spouse/Domestic Partners are billed an additional TBD Columbia Health and Related Services Fee.

Enrollment is for the full plan year as long as the student remains registered for the Fall and Spring terms.

Rates listed above are inclusive of the student premiums and are billed to the student account when you register in the respective term.

Please complete all information:

Student's name: TEST ADAM UNI: ABC123  
Last Name First Name

Mailing Address: 123 FAKE STREET ALBANY, NEW YORK 12345  
Street City, State Zip

DEPENDENT INFORMATION:

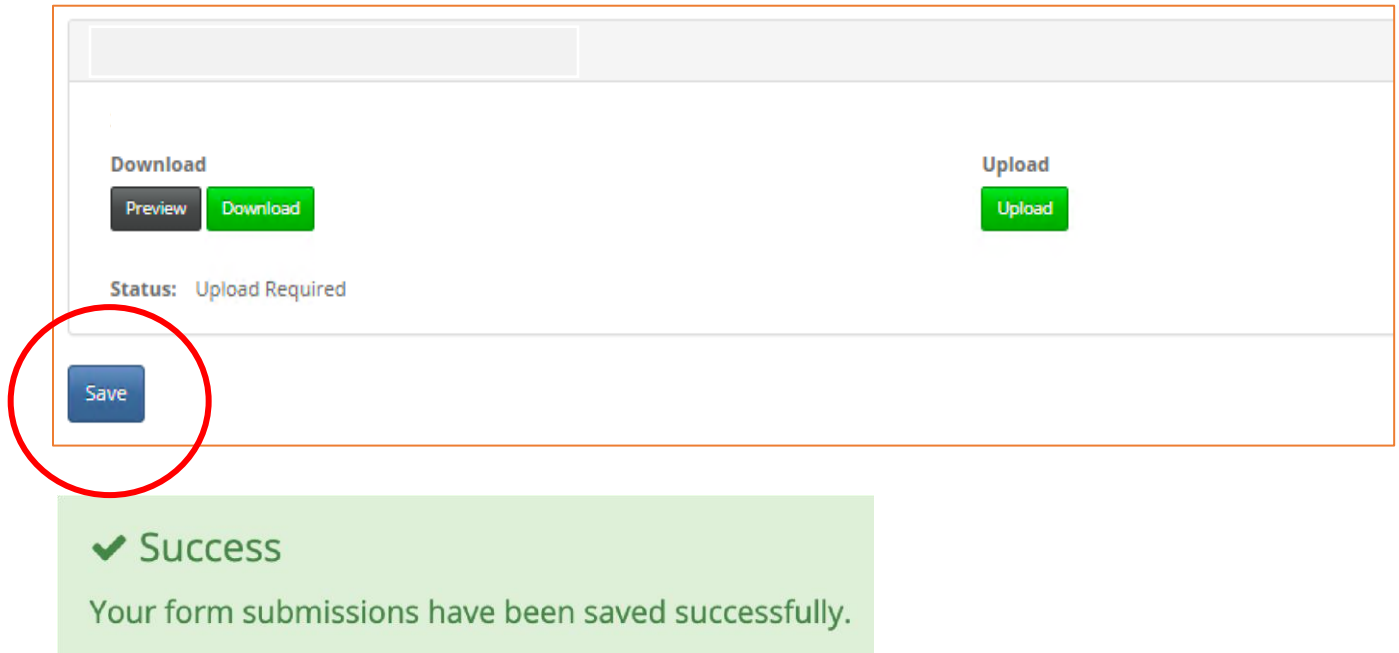
	Last Name	First Name	DOB (MM/DD/YYYY)	Gender
Spouse/ Domestic Partner*	TEST	ADAM2	1/1/2000	M/F/U

Cancel Upload

Edit Image

Looks Good

8. Be sure to click SAVE only after uploading ALL documents. Do not click 'Save' after uploading each document.



Download

Preview Download

Upload

Upload

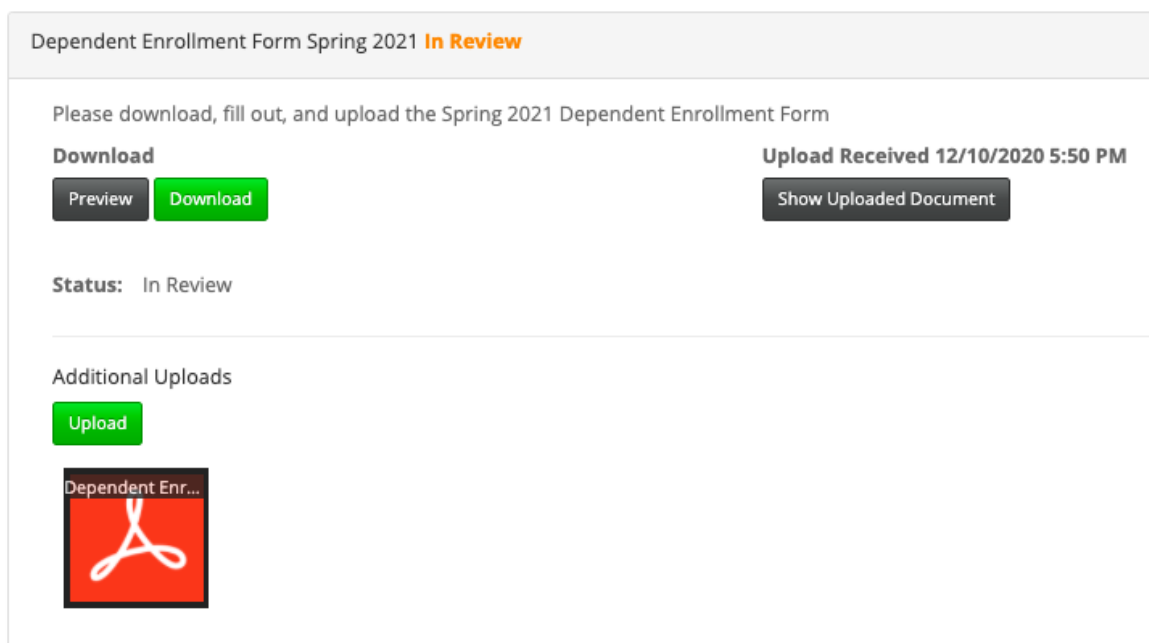
Status: Upload Required

Save

✓ Success

Your form submissions have been saved successfully.

Your submission will be labeled 'In Review' until the Insurance office processes enrollment. Please allow 14 business days for processing. **Submitting incomplete or duplicate documents will result in delayed processing of your dependent enrollment request.**



Dependent Enrollment Form Spring 2021 **In Review**

Please download, fill out, and upload the Spring 2021 Dependent Enrollment Form

Download

Preview Download

Upload Received 12/10/2020 5:50 PM

Show Uploaded Document

Status: In Review

Additional Uploads

Upload

Dependent Enr...

