

Spring 2021 Student Health Insurance Dependent Enrollment Submission Instructions

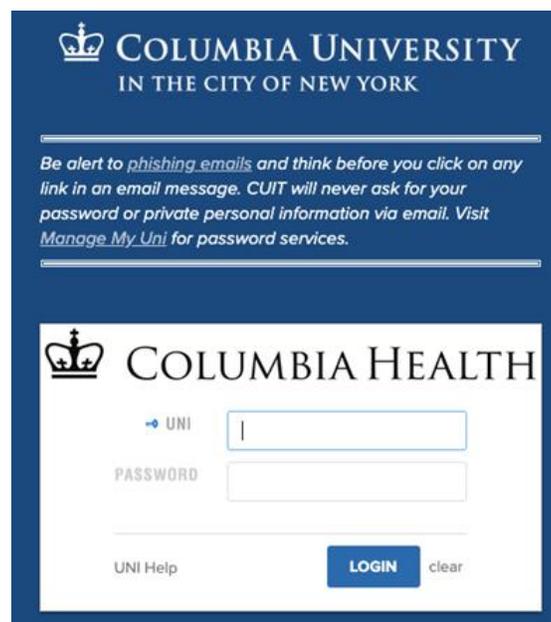
Please review the instructions carefully prior to submitting your documents for review.

1. Log on to the Columbia Health Patient Portal

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



2. Log in using UNI and Password.

The image shows the login page for Columbia Health. At the top, it says 'COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK'. Below this 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 the Columbia Health login form, which includes fields for UNI and Password, a LOGIN button, and a clear button.

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:

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

Columbia University Health Portal Janelle Test

Home | Profile | Medical Clearances | Appointments | Referrals | Handouts | Messages | Letters | **Downloadable Forms** | Forms | Insurance Card | Survey Forms | Labs | Immunizations | Log Out

Home for Janelle Test

You last logged in: 12/14/2020 5:21 PM [Log Out](#)

I would like to...

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 Services appointments must be pre-scheduled by on-line booking or by calling 212-854-7426. Students can now book onsite appointments, as well as telehealth appointments.

In person appointments:
Patients with in person appointments will be asked to use hand sanitizer and wear a face covering until you are seen.

Nursing Appointments:
Some routine appointments with a registered nurse can be seen in person on the same day; vaccinations, tuberculosis skin testing, allergy injections, emergency contraception and pregnancy screen. Please contact Medical Services at 212-854-7426 to ensure we can accommodate you.

Zoom Telehealth Appointments:

- If you are currently residing outside of New York State, please contact medical services at 212-854-7426 for assistance
- If your visit type is Telehealth your provider will be meeting with you via Zoom for telehealth
- A few minutes before the scheduled appointment time, log on to this same Patient Portal and go to your Appointments.
- On your appointments page, click on 'Check-in to Online Appointment' to let your provider know you are online.
- After your provider starts the meeting you will be able to click on 'Click here to join the meeting.' The telehealth appointment between you and your provider will begin. Note that you may be prompted to download the Zoom app, if it is not already installed.
- For more information and screenshots on [Zoom Telehealth appointments click here.](#)

Specialty Visits:

Tobacco Cessation
Please email GHAP@columbia.edu to make a virtual appointment.

Travel Medicine
Please contact Medical Services at 212-854-7426 or travelhealth@columbia.edu to schedule an appointment for travel. You will receive instructions on what to do prior to the visit, including establishing care at Medical Services, and completing a travel questionnaire.

Processes and operations change quickly during this state of emergency so your patience in all matters is truly appreciated. Continue to visit the Columbia University COVID-19 website for updates and FAQs. [SSL](#)

[\[Advanced Options\]](#)
You are seeing this link because your patient record is configured as a testing record.

[Version: 12.11.5101]

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

Dependent Enrollment Form Spring 2021

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

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
 - i. Marriage Certificate (translated in English)
- b. Dependent 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.



Morningside Campus 2020-21 Dependent Enrollment Form
Aetna Student Health Insurance Plan
Phone: 212-854-3286 • Website: 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 Last Name ADAM First Name UNI: ABC123

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

DEPENDENT INFORMATION:

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

International Exception Continuance Affirmation Form

2021 Spring International Exception Continuance Affirmation Form

Download **Upload**

Preview Download Upload

Status: Upload Required

Save

Cancel

✓ 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 **Upload Received 12/14/2020 6:20 PM**

[Preview](#) [Download](#) [Show Uploaded Document](#)

Status: In Review

Additional Uploads

[Upload](#)

Dependent Enr...
