

Qualifying Life Event Step by Step Tutorial

Go to www.uvastudentinsurance.com

Select Enroll/Waive



Welcome to the University of Virginia student health insurance plan

Aetna Student HealthSM gives you access to care by working closely with your school and with a network of doctors, hospitals, pharmacies and specialists throughout the country.

For more information, contact customer service at **800-466-3027**.



[Enroll/Waive >](#)

You can enroll/waive in the medical plan. You will need your school issued student ID number.



[Find a doctor, hospital or pharmacy >](#)

Use this convenient tool to easily locate Aetna participating network providers.



[Get your ID Card >](#)

Do you need an ID card?



[View your insurance plan details >](#)

Find information about your coverage, benefits, deductibles and more.

Select Enroll/Waive button on screen

Insurance Verification timeframe is currently closed. Please login and proceed to add dependents as a qualifying life event.

More information, please call 434-243-2702 or sth-ins@virginia.edu.

[Enroll/Waive](#)

Login in with UVA email address (example abc3xy@virginia.edu) and date of birth and select Login

Secure Login

All fields are mandatory

Please begin by entering your UVA email address (example: abc3xy@virginia.edu) and your Date of Birth (example: 01-01-2001).

UVA Email Address *

Date of Birth *



MM-DD-YYYY

[Login](#)

Select plan for dependent-same plan type as student. If a student is international, the dependent plan

The screenshot shows a web interface titled "Medical Plan Enrollment Options". It contains two sections for "21/22 QLE Dependent Enrollment". The first section is for "Domestic" enrollment, and the second is for "International" enrollment. Both sections include a brief explanation of QLE coverage eligibility and two buttons: "Add Dependent(s)" and "View Plan Details >".

selection is also international.

Select CONTINUE

Enter Information for student.

The screenshot shows a form titled "Student's Personal Information" with a sub-header "Fields marked with asterisk (*) are mandatory". The form includes fields for Gender (radio buttons for Male, Female, Non Binary), First Name, Middle Name, Last Name, Suffix (dropdown menu), Phone, and Email. Below this is a section titled "Address Information" with a sub-header "Fields marked with asterisk (*) are mandatory" and a field for Address 1.

Select CONTINUE

Enter information for Dependent

Dependent Information Fields marked with asterisk (*) are mandatory

Gender*
 Male Female Non Binary

First Name*


Middle Name

Last Name*

Suffix
 [Select Suffix] ▼

Dependents Relationship to Student*
 Spouse Child


Full-Time College Student? *
 Yes No


Date of Birth*?
 
 MM/DD/YYYY

NOTE: For Qualifying Life Event, documentation will need to be provided. If a dependent enrollment is due to moving to the U.S., flight details and boarding pass for flight will be required. Birth announcement is needed to add a newborn dependent, marriage certificate is documentation required to add spouse and event (marriage, birth, move to U.S.) must be within last 30 days to qualify and are not able to add for a date later than effective date of current date.

Dependents Relationship to Student*
 Spouse Domestic Partner Child

Full-Time College Student? *
 Yes No

Date of Birth*?
 
 MM/DD/YYYY

Qualifying Life Event Date*
 
 MM/DD/YYYY

All the qualifying events should be enrolled within 31 days.

Qualifying Life Event Document*
 No file chosen

Documents that provide proof of a "Qualifying Life Event", which results in a dependent becoming newly eligible for the student health insurance plan within the past 31 days. Examples of this are Birth, Marriage, change of University eligibility status, etc.)

Any dependents enrolled in the Medical Insurance Plan must be eligible for coverage. We may audit dependents to verify their eligibility. If your dependent(s) is(are) selected for audit, we will email you with instructions to submit the documents needed to verify your dependent(s) eligibility. Please check the box below to confirm that you have read the eligibility requirements for dependents, that your dependent(s) is(are) eligible for coverage, and that you will submit documentation required to verify your dependent(s) eligibility if audited.

[Click on the Instructions](#) to see what documents are required to verify dependent eligibility.

After entering information, please select "Save" dependent information.

Enter payment information and Submit.