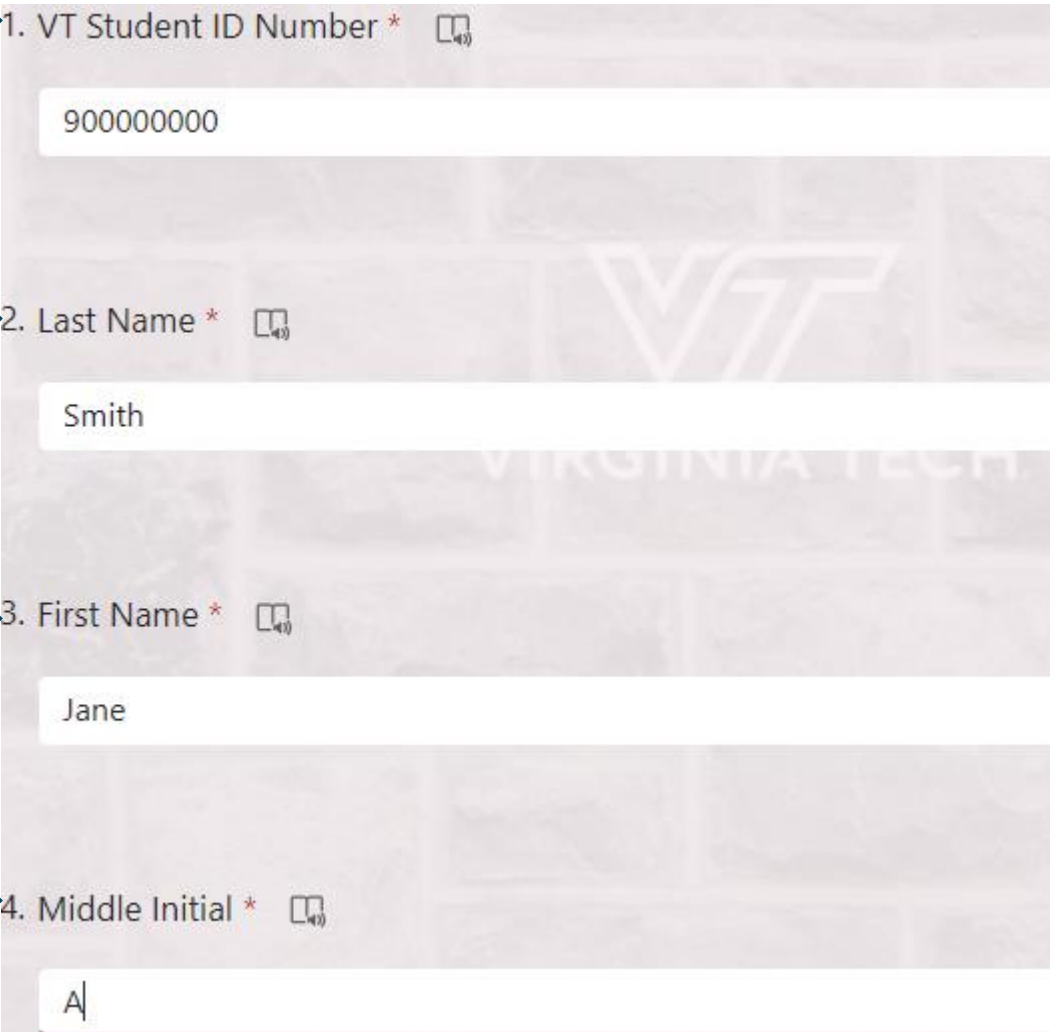


How to Enroll in the Aetna Student Health Insurance Plan At Virginia Tech

Select Open Enrollment Form

1. Provide your VT Student ID Number, your last name, your first name and your middle name initial



A screenshot of a web form for enrollment. The form has a light gray background with a faint 'VT VIRGINIA TECH' watermark. It contains four input fields, each preceded by a red arrow and a number. The first field is labeled '1. VT Student ID Number *' and contains the text '900000000'. The second field is labeled '2. Last Name *' and contains the text 'Smith'. The third field is labeled '3. First Name *' and contains the text 'Jane'. The fourth field is labeled '4. Middle Initial *' and contains the text 'A'. Each label includes a small icon of a document with a checkmark.

1. VT Student ID Number *

2. Last Name *

3. First Name *

4. Middle Initial *

2. Provide your current mailing address (it must be a valid US Address), Include the City, State and Zip Code

➔ 5. Current Mailing address. (must be a valid US Address) *

800 Washington St

➔ 6. City *

Blacksburg

➔ 7. State *

VA

➔ 8. Zip Code *

24061


3. Select your gender and indicate your date of birth

→ 9. Gender * 

Male

Female


Non-binary

→ 10. Date of Birth * 

7/1/2024

4. Next select your Student Status, either Graduate or Undergraduate

a. If you are a graduate student, select whether you have a .50 assistantship

→ 11. What is your student status? * 

Undergraduate

Graduate

5. Indicate if you are an international or domestic student

a. If you are an International Student select what Visa type you have

➔ 12. Are you an international or domestic student? * 

International

Domestic

➔ 13. What is your visa status? * 

F-1

J-1

Other

6. Indicate if you want to add a dependent or if you are interested in enrolling in the optional dental plan (note that to add a dependent or enroll in the dental plan you will need to follow the Aetna link that is listed and enroll on Aetna's website).

➔ 14. Do you have dependents you would like to enroll in the plan? *Covered students may also enroll their lawful spouse or domestic partner and any dependent children up to the age of 26. Dependents are not eligible for subsidies from the university. To enroll a dependent, visit aetnastudenthealth.com/en/school/474968/ **

Yes

No

➔ 15. Are you interested in enrolling in the supplemental Aetna dental plan? *add language at the end: Covered students may also enroll in the option dental plan provided by Aetna. To enroll on the dental plan, visit aetnastudenthealth.com/en/school/474968/. **

Yes

No

7. Lastly make sure you read the last question and select “I agree” once you read it through.

➔ 16. I acknowledge that submitting this form will result in my enrollment in the Aetna Student Medical Insurance Plan offered to students at Virginia Tech. The cost of this insurance will be added to my student account with the Office of the University Bursar, and will be remitted to Aetna by Virginia Tech. *

I agree

The select “Submit”