

How to Select

1. Click the button next to Select Student Health Insurance Benefits Plan.
2. Select the Academic Terms and click NEXT.
 - a. *Reminder: Once you select the SHI Benefits Plan, your selection stays in place for all terms in the remainder of the academic year. You cannot select in autumn and then drop for spring or summer unless you experience a Qualifying Event.*

Student Health Insurance - Select / Waive

Welcome to the Student Health Insurance Information Center.

Students enrolled half-time or more must have health insurance. Before the deadline of your first term each academic year, you can choose the Student Health Insurance Benefits Plan ("SHI Benefits Plan") or waive it if you have other medical coverage in place for the academic year. You can also supplement a waiver with WilceCare.

If you miss the first term deadline, your choice defaults to SHI Benefits Plan for the year. Students can submit a choice regardless of course load. HOWEVER, your choice becomes effective ONLY if you meet credit hour and course type eligibility. Visit shi.osu.edu for eligibility details.

You can confirm the status of your choice by confirming the appropriate fee is on your Statement of Account. Monitor your fees regularly. Your eligibility may change as you add or drop classes.

Please choose an insurance option below

Select Student Health Insurance Benefits Plan

Select WilceCare Supplement and Waive SHI Benefits Plan (I have other medical insurance for the academic year)

Waive SHI Benefits Plan (I have other medical insurance for the academic year)

Student Health Insurance Links

[OSU Student Health Insurance](#)

[WilceCare Supplement](#)

[FAQs](#)

Please select the Academic Term

*Academic Terms:

Insurance Period: August 17, 2021 to August 15, 2022

3. To keep Student Only coverage, click NEXT.

Student Health Insurance - Selection and Dependents

Academic Terms: AU21, SP22, SU22

Insurance Period: August 17, 2021 to August 15, 2022

Please select coverage level

Insurance Level: Student Only



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- a. If you wish to cover dependents such as a child or spouse, click the Insurance Level drop down menu and select the correct level of coverage.
- b. You will be prompted to enter your dependent(s) demographic information. Enter the required information, then click NEXT.

Student Health Insurance - Selection and Dependents

Academic Terms: AU21, SP22, SU22

Insurance Period: August 17, 2021 to August 15, 2022

Please select coverage level

Insurance Level: Student & Spouse/Dom. Partner



Please provide dependent information

*Last Name: *Birthdate: MM/DD
*First Name: *Relationship:
Middle Name: *Gender:
SSN:



The Affordable Care Act requires the insurer report to the Internal Revenue Service (IRS) the dependent(s) Social Security Number (SSN) to verify they have health insurance coverage.

*Required Fields

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4. Click the CONFIRM button to submit your choice to have the SHI Benefits Plan.

Student Health Insurance - Confirmation

I acknowledge that by submitting this form, I am choosing the Student Health Insurance Benefits Plan ("SHI Benefits Plan") for the selected academic term(s).

I understand that my choice is confirmed as effective coverage only if I meet eligibility requirements and the appropriate fee posts to my Statement of Account.

I understand that my eligibility is based on my course enrollment each term.

I understand that my selection, once confirmed, will stay in effect for the full policy year, unless I experience a Qualifying Event, and that my next opportunity to change my insurance selection will be the enrollment period for the first term of the next academic YEAR.

I understand that the information provided herein is confidential. This information will not be made available to any party outside the Student Health Insurance Account Administrator, without my expressed consent.

To complete this process, click the following "Confirm" button once, then wait for your Confirmation Number to appear. This number will replace all your previous confirmation numbers.

CONFIRM

You will be billed for the SHI Benefits Plan for the selected term(s), assuming that you meet the eligibility criteria each academic term.

I DISAGREE

If you do not wish to enroll in the SHI Benefits Plan, you will need to submit a Waiver.



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5. This Confirmation screen verifies that you completed the Select/Waive process to select the SHI Benefits Plan. **A confirmation email will also be sent to your university email account.**

Student Health Insurance - Confirmation

Printer Format



Coverage Selection: OSU Student Health Insurance
Coverage Level: Student Only
Coverage Period: August 17, 2021 to August 15, 2022
Academic Terms: AU21, SP22, SU22



Stop! Please read the following information regarding your confirmation number.

Your confirmation number is: **000914807**



Thank you for completing the Select/Waive process! Please watch your university email for a confirmation of this transaction.

Need to make a change? You can modify your choice by repeating the process in My Buckeye Link prior to the published Select/Waive deadline.

The Select/Waive deadline can be found on our Rates, Dates and Deadlines page at <https://shi.osu.edu/shi-benefits-plan/rates-dates-and-deadlines>.

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NEXT STEPS: Monitor your Statement of Account to ensure the correct fee appears. If the fee does not appear, you do not have the SHI Benefits Plan.

If you do not meet the eligible credit hour requirement for the plan, the SHI fee will not post to your Statement of Account.