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.
3. To keep Student Only coverage, click NEXT.

Student Health Insurance - Selection and Dependents

**Please select coverage level**

- **Insurance Level:** Student Only

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**Please provide dependent information**

- **Last Name:**
- **First Name:**
- **Middle Name:**
- **SSN:**
- **Birthday:**
- **Relationship:**
- **Gender:**

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.

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*Required Fields*

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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.

You will be prompted to enter your dependent(s) demographic information. Enter the required information, then click NEXT.
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.
5. This Confirmation screen verifies that you completed the Select/Waive process to select the SHI Benefits Plan.

Student Health Insurance - Confirmation

Coverage Selection: OSU Student Health Insurance
Insurance Level: Student & Spouse/Dom. Partner
Insurance 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: 000874256

Thank you for completing the Student Health Insurance (SHI) Select / Waive process. This confirms your SELECTION of the university offered Student Health Insurance (SHI) Benefits Plan coverage. Please keep this notification for your records.

Your Next Steps:

Review Statement of Account

1. Review your Statement of Account to ensure the SHI fee posts to your account. If the fee does not post, you do not have the coverage.
2. If the fee does not post to your Statement of Account, you do not have the coverage.
3. Please allow 1-2 business days for the fee to post.

Payment of SHI Fee

1. In order to use the coverage, the SHI fee must be paid in full to the university bursar.
2. The SHI fee can be included in the TOPP program, the Post-9/11 GI Bill, and many financial aid packages.
3. Authorization in My Buckeye Link is required for Title IV federal financial aid to apply to the SHI fee. Contact Student Financial Aid for questions regarding your aid package.

Your eligibility for coverage is strictly dependent upon credit hour and course enrollment and your selection will remain in place for the remainder of this academic year as long as you continue to meet these course enrollment requirements.

Please contact our office with any questions or concerns and again, thank you!

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.