

How to Waive and Select WilceCare

1. Click the button next to Select WilceCare Supplement and Waive SHI Benefits Plan (I have other annual health insurance for the academic year).
2. Select the Academic Terms and click NEXT.
 - a. *Reminder: Your waiver will stay in place for the remaining terms of the academic year. There are no refunds or drops for WilceCare. However, if you need to, you can newly Select the SHI Benefits Plan for spring/summer 2022. You can also select coverage at any time during the year if you have a Qualifying Event and meet eligibility requirements.*

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



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3. Enter accurate information into all fields on this screen. Your insurance member ID card should contain all this information. SHI uses the information entered to verify you are compliant with the university's health insurance requirement. Errors or omissions will cause delays.

For the Insurance Company Plan box, click the magnifying glass for a list of common companies.

- a. *No Payer ID is required if your company name is available in the list of common companies.*

If you do not see your company, click **Other** and you will be prompted with a new box to type the **Name** and **Payer ID**.

- a. *The **Payer ID** is most often found on the back of the insurance card in the Provider or Claims submission section. It is usually five (5) alpha or numeric characters. If you are unable to locate it, enter NA or None.*

Student Health Insurance - Waiver and WilceCare Information

Academic Terms: AU21, SP22, SU22

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

You have selected the option to enroll in the WilceCare Supplement. In order to be eligible for this coverage, you are also required to complete the following waiver information by the published deadline each year. Failure to do so results in automatic enrollment in the SHI Benefits Plan (assuming eligibility).

Insurance Company Information	
Click on the magnifying glass to select the name of your insurance. If you don't see yours, select "Other" from the alphabetical list, and a new box will appear for you to type the name of your insurance.	
*Insurance Company/Government Plan:	<input type="text" value="Aetna"/> 
*Insurance Company Telephone Number:	<input type="text"/>
Policy Holder's Information	
*Subscriber/Member/Insured Last Name:	<input type="text"/>
*Subscriber/Member/Insured First Name:	<input type="text"/>
Policy/Group Number (if available):	<input type="text"/>
*Subscriber/Member/Insured ID:	<input type="text"/>
Your ID (if different than above):	<input type="text"/>
*Required Fields	

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4. Check the boxes if you wish to share your insurance coverage information with these departments.
5. Click I AGREE to submit your choice to Waive the SHI Benefits Plan with your other annual health insurance.

Student Health Insurance - Waiver Acknowledgement

I acknowledge that by submitting this form, I am waiving out of the SHI Benefits Plan for the selected academic term(s).

In addition, I hereby certify:

- That I am currently enrolled in a primary individual or group health insurance policy that will remain in effect throughout the academic year;
- That I have compared my plan to the SHI Benefits Plan and have determined the benefits to be comparable;
- I understand that the next opportunity I will have to enroll in the SHI Benefits Plan will not be until the enrollment period for the following term, unless I experience a qualifying event;
- I will be solely responsible for all medical expenses and neither the Ohio State University nor the Ohio State SHI Benefits Plan will be held responsible for any medical expenses that I incur.

I understand that the information provided herein is confidential and will be used for the sole purpose of documenting my decision to waive the SHI Benefits Plan. Furthermore, I understand that this information will not be made available to any third party outside the Student Health Insurance Account Administrator, without my expressed consent.

By checking the applicable box(es) below, I give my consent to release information provided herein to the designated University department(s) for the purposes of proof of eligibility and/or claims processing in the event that I receive medical care services provided by the designated department(s):

- Student Health Services at the Wilce Student Health Center
- Counseling and Consultation Services at the Younkin Success Center
- Department of Athletics
- The Ohio State University Wexner Medical Center



I am also granting The Ohio State University or its agent permission to verify this information through a random audit process. If it is determined that the information provided on this form is invalid, I understand that I will be enrolled in and billed for the SHI Benefits Plan.

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

- I AGREE You have waived (have not enrolled in) the SHI Benefits Plan for the selected academic term(s).
- I DISAGRE You will be billed for the SHI Benefits Plan for the selected academic term(s) if you meet the eligibility criteria.



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

Student Health Insurance - Confirmation

Printer Format 

Coverage Selection: Waiver & WilceCare
Coverage Level: No Insurance Level
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: **000914808**



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 WilceCare Supplement.

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