# How to Select

- 1. Go to **buckeyelink.osu.edu**
- 2. Click the My Buckeye Link Student login tile



- 3. Enter your name.# log in credentials.
- 4. On your My Buckeye Link homepage, locate the **Student Health Insurance** title bar in the **Finances** area and click the **Select/Waive Coverage** link.

Buckeye Link			
Academics			Search for Classes
My Class Schedule	Deadlines 🔲 URL 🔄 Gradebook		
Drop a Class	Autumn 2021 Semester Schedule		✓ Holds
Grades Generate Advising Report	Class	Schedule TDA	No Holds.
My Academics	LEC (9490)	Online	
other academic V	SOCWORK LEC (9466)	TBA Online	▼ To Do List
	SOCWORK LEC (9565)	TBA Online	Campus Safety Training Refund Direct Deposit Signup
		Weekly Schedule	Mores
			More
▼ Finances			Enrollment Information
My Account Account Refund Guardian Setup Financial Aid View Financial Aid Student Health Insurance Select/Waive Coverage View Insurance Information Other financial	Past Due     Due Now     Future Due     Total of Outstanding Charges     This total of outstanding Charges     The tuition and fees listed on your     schedule for the summer 2021 ser     change the mode of instruction du     pandemic or other factors, Ohio St     Students who satisfactorily fulfill ca     academic credit.     The university may provide partial     the university requires students to     official move-out date for the seme     rolled over as detailed on the Univ     *Term 2021 Autmr      Statem	0.00 0.00 Data and the set of t	Enrollment Appointment You may begin enrolling for the Autumn 2021 Regular Academic Term session on April 26, 2021. Details Schedule Planner Degree Audit Enrollment Verification Advisor Program Advisor None Assigned University Offices
	Make A Payment		Registration/Residency/Tuition Buckeye Link V University Resources

- 5. Click the button next to Select Student Health Insurance Benefits Plan.
- 6. 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.

<ul> <li>Select WilceCare Supplement and Waive SHI Benefits Plan (I have other medical insurance for the academic year)</li> </ul>	Student Health Insurance Links
) Waive SHI Benefits Plan (I have other medical insurance for	OSU Student Health Insurance
	WilceCare Supplement
	FAQS
Please select the Academic Term	
Academic Terms: AU22, SP23, SU23	
Insurance Period: August 16, 2022 to August 14, 2023	

## 7. To keep Student Only coverage, click NEXT.

### **Student Health Insurance - Selection and Dependents**

Academic Terms:	AU22, SP23, SU23	
Insurance Period:	August 16, 2022 to August 14, 2023	
Please select cov	erage level	
Insurance Level: S	tudent Only	
,		
go to	Return To My Buckeye Link < BACK NEXT >	

- 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

lease select cov	rage level		
nsurance Level: S	udent & Spouse,	<u>⊸</u> <	
Please provide de	pendent information		
Last Name:		*Birthdate:	31
First Name:		*Relationship:	· /
iddle Name:		*Gender:	✓
SSN:			



### 8. 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

go to ... 🗸 📎

Return To My Buckeye Link

**9.** 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	
Insurance Level: Student Only	
Insurance Period: August 16, 2022 to August 14, 2023	
Academic Terms: AU22, SP23, SU23	
Stop! Please read the following information regarding your confirmation number.	
Your confirmation number is: 000729477	
Thank you for choosing the Student Health Insurance (SHI) Benefits Plan to meet your health insurance needs.	
Your coverage will be active when the university bursar receives payment of the premium. Activation in our partner systems (UHCSR, HealthSmart, HealthSmart Rx, Delta Dental, and Student Health Services) can take up to five (5) business days after the premium is paid. Please note that enrollment in the TOPP program will satisfy the payment requirement allowing activation of your coverage.	
Remember your selection remains in place for the remainder of this academic year as long as you continue to meet the published course enrollment requirements. You may not change your enrollment from term to term. Check your Statement of Account each term. if the premium is on your statement, you are enrolled in the plan.	
Please contact our office with any questions or concerns and again, thank you!	
SL Student Health Insurance Office 614-688-7979 shi_info@osu.edu	
go to   Return To My Buckeye Link	

**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.*