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.
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.
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 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

<table>
<thead>
<tr>
<th>Academic Terms:</th>
<th>AU22, SP23, SU23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Period:</td>
<td>August 16, 2022 to August 14, 2023</td>
</tr>
</tbody>
</table>

Please select coverage level

| Insurance Level: | Student & Spouse |

Please provide dependent information

- Last Name:  
- First Name:  
- Middle Name:  
- 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
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 Decline]
If you do not wish to enroll in the SHI Benefits Plan, you will need to submit a Waiver.
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**

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 (UMCSS, 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!

SIS Student Health Insurance Office
614-688-7979
shi_info@osu.edu

**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.*