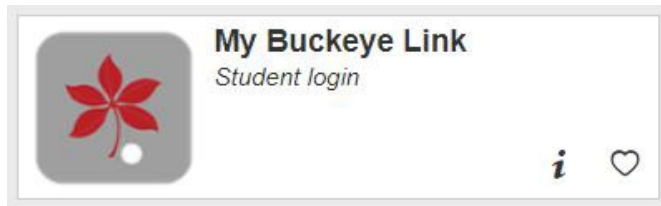


# How to Select

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**

[My Class Schedule](#)  
[Add a Class](#)  
[Drop a Class](#)  
[Grades](#)  
[Generate Advising Report](#)  
[My Academics](#)

other academic... >>

Deadlines URL Gradebook

Autumn 2021 Semester Schedule		
	Class	Schedule
	SOCWORK LEC (9490)	TBA Online
	SOCWORK LEC (9466)	TBA Online
	SOCWORK LEC (9565)	TBA Online

[Weekly Schedule](#) >

**Finances**

**My Account**  
[Account Inquiry](#)  
[Account Refund](#)  
[Guardian Setup](#)

**Financial Aid**  
[View Financial Aid](#)

**Student Health Insurance**  
[Select/Waive Coverage](#)  
[View Insurance Information](#)

other financial... >>

**Outstanding Charges**

- Past Due 0.00
- Due Now
- Future Due 0.00

**Total of Outstanding Charges**

This total does not reflect recent changes to your tuition and fees. For an updated balance, click on the Statement of Account link below.

The tuition and fees listed on your Statement of Account are based on your course schedule for the summer 2021 semester. In the event that the university needs to change the mode of instruction during the semester in response to the COVID-19 pandemic or other factors, Ohio State will not provide refunds of tuition and fees. Students who satisfactorily fulfill course requirements this semester will receive full academic credit.

The university may provide partial refunds of housing and dining costs in the event the university requires students to move out of the residence halls earlier than the official move-out date for the semester. BuckID funds and Dining Dollars would be rolled over as detailed on the University Dining Plans page

\*Term 2021 Autmr > [Statement Of Account](#)

**Make A Payment**

**Search for Classes**

**Holds**  
No Holds.

**To Do List**  
[Campus Safety Training](#)  
[Refund Direct Deposit Signup](#)  
[More](#) >

**Enrollment Information**  
**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**  
[Admissions](#)  
[Registration/Residency/Tuition](#)  
[Buckeye Link](#)

**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 Benefits Plan - Select / Waive

### Welcome to the Student Health Benefits Information Center.

Students enrolled at least half-time in a program of study must have health insurance. Before the deadline of your first term each academic year, you can choose the Student Health Benefits Plan ("SHBP") or waive it if you have other medical coverage in place for the academic year. Your choice becomes effective ONLY if you meet credit hour and course type eligibility. Visit [shi.osu.edu](http://shi.osu.edu) for eligibility details.

LOOK ON YOUR STATEMENT OF ACCOUNT. You can confirm the status of your choice by confirming the Student Health Benefits Plan fee is on your Statement of Account. Check your fees regularly. Your eligibility may change as you add or drop classes.

If you miss the select/waive deadline, you will remain in the Student Health Benefits Plan for the year.

Please choose an insurance option below

☒ Select Student Health Benefits Plan

☐ Waive Student Health Benefits Plan (I have other active annual medical insurance for the academic year)

☐ Select WilceCare Supplement and Waive Student Health Benefits Plan (I have other active annual 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:

[Return To My Buckeye Link](#)

7. To keep Student Only coverage, click NEXT.

### Student Health Insurance - Selection and Dependents

Academic Terms: AU23, SP24, SU24

Insurance Period: August 15, 2023 to August 12, 2024

Please select coverage level

Insurance Level:



go to ...

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NEXT >

- 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.

### Student Health Insurance - Selection and Dependents

Academic Terms: AU23, SP24, SU24

Insurance Period: August 15, 2023 to August 12, 2024

Please select coverage level

Insurance Level:



Please provide dependent information

\*Last Name:   
\*First Name:   
Middle Name:   
SSN:   
\*Birthdate:   
\*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.

\*Required Fields

go to ...

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NEXT >

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

### Student Health Insurance - Confirmation

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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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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

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Printer Format



**Coverage Selection:** OSU Student Health Insurance

**Insurance Level:** Student Only

**Insurance Period:** August 15, 2023 to August 12, 2024

**Academic Terms:** AU23, SP24, SU24



Recti

**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.*