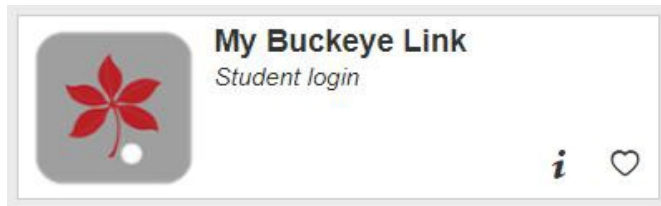


# How to Waive and Select WilceCare

1. Go to [buckeyelink.osu.edu](https://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 WilceCare Supplement and Waive SHI Benefits Plan (I have other annual health insurance for the academic year).
6. 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 2024. You can also select coverage at any time during the year if you have a Qualifying Event and meet eligibility requirements.*

## 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](#)

[SHBP](#)

#### Please select the Academic Term

\*Academic Terms:

Insurance Period:

[Return To My Buckeye Link](#)

NEXT >


7. 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.
  - 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**.
  - 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:** AU23, SP24, SU24

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

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

go to ...  

[Return To My Buckeye Link](#)

< BACK

NEXT >

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

### Student Health Insurance - Waiver Acknowledgement

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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 DISAGREE**

**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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go to ...  

[Return To My Buckeye Link](#)

10. 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

Insurance Level: No Insurance Level

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

Academic Terms: AU23, SP24, SU24

**Stop! Please read the following information regarding your confirmation number.**

Your confirmation number is: **000874257**

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

Your Next Steps:

Review Statement of Account

1. Please allow 1-2 business days for your Statement of Account to reflect any fee adjustments.

Coverage Audit

1. The university requires students enrolled at least half time in a degreed program of study have and maintain active, verifiable, annual health insurance coverage.
2. Selection of the WilceCare Supplement requires the SHI office to verify the health insurance information you provided during this Select / Waive process to ensure your compliance with this requirement.
3. If our office is unable to verify active coverage, the SHI Benefits Plan fee will be added to your account. Please respond promptly to any requests from our office for additional information.

Should your circumstances change and you decide to choose the SHI Benefits Plan coverage, you may enroll at the start of the next term. Certain life events may also allow you to enroll in coverage during the term.

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

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 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.*