How to Waive and Select WilceCare

1. Go to buckeyelink.osu.edu
2. Click the Students tab then Current Students Sign In button

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 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 2025. You can also select coverage at any time during the year if you have a Qualifying Event and meet eligibility requirements.
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.
   a. For the Insurance Company Plan box, click the magnifying glass for a list of common companies.
   b. No Payer ID is required if your company name is available in the list of common companies.
   c. 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.
   d. 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 Benefits Plan - Waiver and WileeCare Information

Academic Term: AU24, SY25, BU25
Insurance Period: August 15, 2024 to August 15, 2025

You have selected the option to enroll in the WileeCare 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 Student Health 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: Anthem
*Insurance Company Telephone Numbers: 111/111-111

Policy Holder's Information
*Subscriber/Member/Insured Last Name: Test Last Name
*Subscriber/Member/Insured First Name: Test First Name
Policy/Group Number (If available): 123456
*Subscriber/Member/Insured ID: AAA1234567890
*Your ID (if different than above): AAA12345678901

*Required fields

Go To
Return To My Back up Link  BACK  NEXT >
8. Click I AGREE to submit your choice to Waive the SHI Benefits Plan with your other annual health insurance.

Student Health Benefits Plan - Waiver Acknowledgement

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

In addition, I hereby certify:

- That I am currently enrolled in an active, primary individual or group health insurance policy that will remain in effect throughout the academic year;
- That I have compared my plan to the Student Health Benefits Plan and have determined the benefits to be comparable;
- I understand that the next opportunity I will have to enroll in the Student Health 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 Student Health Benefits Plan will be held responsible for any medical expenses that I incur.

I am also granting The Ohio State University or its agent permission to verify this information through an 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 Student Health Benefits Plan (assuming eligibility).

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.
9. 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.

**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.*