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.
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 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 understand that the information provided herein is confidential and will be used for the sole purpose of documenting my decision to waive the Student Health Benefits Plan. Furthermore, I understand that this information will not be made available to any third party outside the Student Health Benefits Plan 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 Wilke Student Health Center
- [ ] Counseling and Consultation Services at the Youahn 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 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.

I AGREE You have waived (have not enrolled in) the Student Health Benefits Plan for the selected academic term(s).

I DISAGREE You will be billed for the Student Health Benefits Plan for the selected academic term(s) if you meet the eligibility criteria.
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.

**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.*