How to Waive and Select WilceCare

1. Click the button next to Purchase WilceCare Supplement and Waive SHI Benefits Plan (I have other annual health insurance for the academic year).
2. 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 2020. You can also select coverage at any time during the year if you have a Qualifying Event and meet eligibility requirements.
3. Enter accurate information into all fields on this screen. Your insurance member ID card should contain all this information.

For the Insurance Company Plan box, click the magnifying glass for a 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.

   a. SHI Uses the information entered to verify you are compliant with the university’s health insurance requirement. Errors or omissions will cause delays.

Student Health Insurance - Waiver and WileeCare Information

<table>
<thead>
<tr>
<th>Academic Terms:</th>
<th>AU19, SP20, SU20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Period:</td>
<td>August 13, 2019 to August 17, 2020</td>
</tr>
</tbody>
</table>

You have selected the option to purchase 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 SHI Benefits Plan (assuming eligibility).

**Insurance Company Information**

Click on the magnifying glass to select the name of your insurance carrier. If you don’t see your carrier, select “Other” from the alphabetical list. A new box will appear for you to type the name of your insurance. For more information, hover over the question mark bubble.

<table>
<thead>
<tr>
<th>*Insurance Company/Government Plan:</th>
<th>Aetna</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Insurance Company Telephone Number:</td>
<td>555/555-5555</td>
</tr>
<tr>
<td>*Payer ID or EDI:</td>
<td>23228</td>
</tr>
</tbody>
</table>

**Policy Holder’s Information**

| *Subscriber/Member/Insured Last Name: | Buckeye |
| *Subscriber/Member/Insured First Name: | Brutus |
| Policy/Group Number (If available): | OSU123456789 |
| *Subscriber/Member/Insured ID: | 12345678901 |
| Your ID (if different than above): | |

*Required Fields
4. Check the boxes if you wish to share your insurance coverage information with these departments.

5. Click I AGREE to submit your choice to Waive the SHI Benefits Plan with your other annual health insurance.

Student Health Insurance - Waiver Acknowledgement

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 purchased) 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.

Return To My Buckeye Link
6. This Confirmation screen verifies that you completed the Select/Waive process to waive the SHI Benefits Plan and purchase the WilceCare Supplement.

**Student Health Insurance - Confirmation**

Coverage Selection: Waiver & WilceCare  
Insurance Level: No Insurance Level  
Insurance Period: August 13, 2019 to August 17, 2020  
Academic Terms: AU19, SP20, SU20

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

Your confirmation number is **000729478**  

Thank you for completing the Student Health Insurance Select / Waive process. This confirms your choice to waive the university offered Student Health Insurance (SHI) Benefits Plan AND enroll in the WilceCare Supplement. The university Health Insurance Requirement mandates students must maintain active, verifiable, annual health insurance coverage. The SHI office routinely audits the health insurance information provided during the Select / Waive process to ensure students are compliant with the university requirement. If our office is unable to verify active coverage, the SHI Benefits Plan may be added to your account. Please respond promptly to any requests from our office for additional information.

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. Should you decide to choose the SHI coverage, you may enroll at the start of each 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!

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

Next step: 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.*