

How to Waive

1. Click the button next to Waive SHI Benefits Plan (I have other medical 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. However, if you need to, you can newly Select the SHI Benefits Plan for Spring/Summer 2021. You can also select coverage at any time during the year if you have a Qualifying Event and meet eligibility requirements.*

Student Health Insurance - Select / Waive

Welcome to the Student Health Insurance Information Center.

Students enrolled half-time or more must have health insurance. Before the deadline of your first term each academic year, you can choose the Student Health Insurance Benefits Plan ("SHI Benefits Plan") or waive it if you have other medical coverage in place for the academic year. You can also supplement a waiver with WilceCare.

If you miss the first term deadline, your choice defaults to SHI Benefits Plan for the year. Students can submit a choice regardless of course load. HOWEVER, your choice becomes effective ONLY if you meet credit hour and course type eligibility. Visit shi.osu.edu for eligibility details.

You can confirm the status of your choice by confirming the appropriate fee is on your Statement of Account. Monitor your fees regularly. Your eligibility may change as you add or drop classes.

Please choose an insurance option below

- Purchase Student Health Insurance Benefits Plan
- Purchase WilceCare Supplement and Waive SHI Benefits Plan (I have other medical insurance for the academic year)
- Waive SHI Benefits Plan (I have other 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: August 18, 2020 to August 16, 2021

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3. 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.

- a. 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**.

- b. 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 Information

Academic Terms: AU20, SP21, SU21

Insurance Period: August 18, 2020 to August 16, 2021

In order to WAIVE OUT of the SHI Benefits Plan, all students must complete this waiver process by the published deadline each year. Failure to do so results in automatic enrollment in the SHI Benefits Plan (assuming continued eligibility).

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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.	
*Insurance Company/Government Plan:	<input type="text" value="Aetna"/>  
*Insurance Company Telephone Number:	<input type="text" value="555/555-5555"/> 

Policy Holder's Information	
*Subscriber/Member/Insured Last Name:	<input type="text" value="Buckeye"/> 
*Subscriber/Member/Insured First Name:	<input type="text" value="Brutus"/> 
Policy/Group Number (if available):	<input type="text" value="OSU123456789"/> 
*Subscriber/Member/Insured ID:	<input type="text" value="1234567890"/> 
Your ID (if different than above):	<input type="text" value="123456789001"/> 

*Required Fields

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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.

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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.



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6. This Confirmation screen verifies that you completed the Select/Waive process to waive the SHI Benefits Plan.

Student Health Insurance - Confirmation

Printer Format



Coverage Selection: Waiver

Insurance Level: No Insurance Level

Insurance Period: August 18, 2020 to August 16, 2021

Academic Terms: AU20, SP21, SU21

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

Your confirmation number is: **000729479**



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.

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

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NEXT STEPS: Monitor your Statement of Account to make sure the SHI fee is removed. It can take up to two business days for the fee to be removed. If the fee remains, your waiver is not enacted.