

START THE
UF
TRADITION

HEALTH INSURANCE AT UF

UF HEALTH INSURANCE REQUIREMENT AND PROOF OF COVERAGE

UF HEALTH INSURANCE REQUIREMENT

- Who does it apply to?
- Do all health insurance plans meet this requirement?
- Why is this an enrollment requirement?

This initiative was founded on removing as many obstacles as possible for our students to reach graduation.

Here at the University of Florida, preserving our students' health and wellness are *paramount*.

HOW IT WORKS – TWO STEPS

Step 1-Visit ONE.UF

UF | STUDENT SELF SERVICE

ADMINISTRATIVE-MANDATORY HEALTH INSURANCE-REG

You may not register until you review and acknowledge important information regarding a Mandatory Health Insurance requirement at the University of Florida. Please click [here](#) to read this policy and acknowledge the requirement.

MANDATORY HEALTH INSURANCE HOLD

You may not register until you review and acknowledge important information regarding a mandatory health insurance requirement at the University of Florida. Please click **here** to read this policy or navigate to <http://studentinsurance.shcc.ufl.edu/waiver-requirements/>. While you must read and accept these terms, the requirement may not apply to you depending upon your enrollment status.

By clicking I Accept, you are acknowledging that you have read and agree to the mandatory health insurance requirement. Once you have done this, you may begin your registration.

I Accept

- **The student must read and accept the requirement before they are able to register for classes.**

HOW IT WORKS – TWO STEPS

Step 2-Determine Your Insurance:

- If a waiver has **NOT** been submitted, a charge for the student health insurance plan will appear on the student's bursar account 45 days before fee payment deadline.
- This is an opt out system.

Students must complete an insurance waiver to communicate to the University that they do not need the student insurance plan.

WHAT IF I DON'T HAVE INSURANCE?

Two Options

- **Purchase an insurance plan that meets the comparable coverage requirements and proceed to submit a waiver.**

OR

- **Do nothing. You're done!**
 - *The premium for the student insurance will be placed on your student account each semester your enrollment status is half-time.*

PLAN RATES AND DATES

Enrolled Semester	Waiver Deadline	Plan Cost	Coverage Dates
Summer B 2016	07/08/2016	\$261	06/27/16 to 08/15/16
Fall 2016	09/02/2016	\$719	8/16/16 to 1/3/17
Spring 2017	01/03/2017	\$633	1/4/17 to 5/7/17
Summer C 2017	05/19/2017	\$510	5/8/17 to 8/15/17

- The plan equates to about \$159/month
- Additional information can be found at <https://www.uhcsr.com/uf>

TIPS FOR SUCCESSFUL WAIVER COMPLETION

<http://studentinsurance.shcc.ufl.edu>

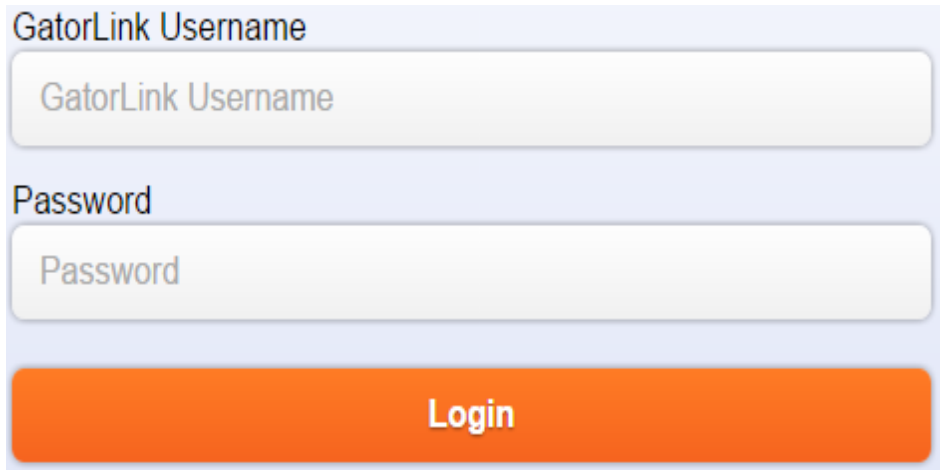
- Before logging in, have your student contact their insurance company to review the requirements listed on the above website.
- You can add any insurance plan by typing the name and then selecting “Add...” underneath the text box.

Need additional assistance? View the online videos or call for help!

HOW TO SUBMIT PROOF OF INSURANCE

Easy! Everything is done online 😊

- Log in at <https://my.shcc.ufl.edu/waiver>



GatorLink Username

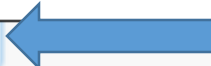
Password

Login

Verify your demographic information and select “Insurance Waivers”

UFID: ALBERTA1

Personal Info

Insurance Waivers 

Personal Information

UFID

ALBERTA1

Name

ALBERTA THE ALLIGATOR

a.k.a. ALBERTA

Birth Date

1/8/1953

Gender

Female

Ethnicity

Marital Status

Married

Edit

Under insurance waiver tab click “Add New Waiver”

Active term for waiver submission is **Summer 2016**, covering terms **Summer 2016, Fall 2016, Spring 2017**.

Submission deadline for the active term is **5/20/2016**.

+ Add New Waiver



+ Add New Waiver



**Begin typing your insurance company name
and select the appropriate option from the
drop-down menu.**

Insurance Provider

United H|

Insurance Company Code

Code: 10431 **AARP (A United HealthCare Insurance Company)**

UnitedHealthcare

Code: 10837 **UnitedHealthcare Nevada Market**

Code: 10835 **UnitedHealthcare Community Plan - Kansas**

Code: 10836 **UnitedHealthcare Facets Detroit Community & State**

Code: 10834 **UnitedHealthcare Facets Pittsburgh Community & State**

Select type of coverage



Medical Prescription Both

Coverage Type *

Please note that you must select Medical or Both to opt out of student insurance

Fill out required fields and hit submit

Insurance Claim Address

Street Address *

City * Zip code * State * Country *

Phone *

Who is the Policy Holder?

Parent/Legal Guardian Patient/Student Spouse/Domestic Partner Other

Policy Holder Name

First * Middle Last * Other Names / Aliases

Policy Holder Birth Date

Policy Holder Gender

Male Female Other

Policy Holder Contact

Street Address *

City * Zip code * State * Country *

Phone *



WHEN DOES THIS HAVE TO BE DONE?

Summer B Admits:

- Waiver must be submitted before July 8, 2016

Fall Admits:

- Waiver must be submitted before Sept. 2, 2016

Note: *This is also the date that premium charges are due for those who do wish to be auto-enrolled.*

DID YOU KNOW?

- All official University correspondence will be sent to a student's @ufl.edu email address.
- Students have the ability to log into the waiver system at any time.
- Students have the right to choose!
- Taking a semester off?

THINGS TO REMEMBER

We are here to help!

Students with waiver questions or concerns should contact the
Health Compliance Office:

healthcompliance@shcc.ufl.edu or (352) 294-2925

Students with Financial Aid allotment questions/concerns should contact their pre-assigned adviser listed at: www.sfa.ufl.edu/contact-sfa