## **STUDENT HEALTH INSURANCE WAIVER INSTRUCTIONS**

If you are a **full-time student** and have accepted the University's Health Insurance:

DOMESTIC STUDENTS have health insurance with United Health Care 800.767.0700 or customerservice@uhcsr.com INTERNATIONAL STUDENTS go to haylor.com/college/stony-brook-university to download the waiver

\*If you are a TA/GA/RA please contact HR BENEFITS at 631.632.6180 to enroll in your employer-sponsored health insurance. (TAs and GAs enroll in NYSHIP. RAs enroll in UMR.) If you do not enroll in health insurance with HR Benefits, you WILL be charged for Student Health Insurance.

1 Login to SOLAR	Social Constitution Story Brook ID#
2 Click "Required Health Insurance/Waiver"	Campus Financial Services Account Information/Payment, Financial Aid RequiredHealthInsurance/Waiver, Set Billin in Direct Deposit
3 Click "I will enroll as Full Time Student for the semester" AND "I have my own health insurance or have the SBU health insurance for TA/GA/RA and will request waiver"	https://www.stonybrook.edu/commcms/studentalfairs/shs/insurance         /internationalinsurance?accordion=undefined         We recommend all students enter their insurance information so if your status changes from part time to full time, your waiver will automatically be applied.         I will enroil as Full Time Student for the semester         I will enroil as Full Time, or summer visitor only         Choose one from below:         I have my own health insurance or have the SBU employee health insurance for TA/RA/GA and will request waiver.         Waiver will not be applied to your Solar account until you select "Submit and Request Waiver Now" and enter your insurance information.         There is no need to request a waiver because         I am either enrolled or plan to enroll in the Student Health Insurance Plan.         Or, I am a domestic part time student in a non medical program and not eligible to enroll in the University Student Health Insurance Plan.         I will be oraduating         Submit/View/Update Waiver
4 Fill in the SHIP (Student Health Insurance Waiver Request) IN FULL and Click "Submit my Health Insurance Waiver Request"	SHIP - Student Health Insurance Waiver Request Wolfie Seawolf To order an effective date for your insurance policy, please citck on the calendar next to the applicable box bolive * Insurance Company ar Group: Insurance Company Telephone: * Saberible ID: Effective Date From: * Insurance *

\* Required

required student teath insurance clan (SHP-1.

I hanely wave and abooke Story Brook University, the State University of Hew York, and the State of New York from any Jacobity for my matcal case, including casts not cloured by the manner. Return to Previous Page.

Print the completed form for your records.