The deadline to complete the University’s health insurance requirement is approaching.

**If you have your own health insurance**
Complete the online [Health Coverage Declaration](#) to provide proof of your own health insurance. Choose “Waive Me” and provide your health insurance information.

**If you intend to enroll in the Student Health Benefit Plan**
Please complete the [Health Coverage Declaration](#) and choose “Enroll Me” to confirm your enrollment.

The deadline to complete the Health Coverage Declaration is February 7. For more information, visit the Office of Student Health Benefits [website](#).

Office of Student Health Benefits
University of Minnesota
410 Church Street SE, N323
Minneapolis, MN 55455
Phone: 612-624-0627 or 1-800-232-9017
Fax: 612-626-5183 or 1-800-624-9881
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