



Student Health Benefits

UNIVERSITY OF MINNESOTA

If you recently completed the Health Coverage Declaration and requested to waive the Student Health Benefit Plan, please disregard this message.

If you do not wish to have health insurance through the Student Health Benefit Plan for the spring semester and pay the associated premium of \$1,170, you must complete the Health Coverage Declaration and provide proof of your own health insurance by February 6. Go to your [Student Center](#) to complete the declaration.

Visit our [website](#) for more information or [contact](#) our office with questions.

Office of Student Health Benefits
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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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