According to our records, you are currently enrolled in class 0999. This letter is to inform you that our office recently reviewed your registration and enrolled you in the University-sponsored Student Health Benefit Plan (SHBP) according to the University of Minnesota requirements. A charge for the Student Health Benefit Plan has been placed on your student account.

As an international student, you are required by the University of Minnesota to maintain health plan coverage for the entire period you are a student at the University of Minnesota. More information about the insurance requirement for international students can be found here.

The Student Health Benefit Plan may be waived if you are:

1. Currently covered by a United States-based employer health plan or the University-sponsored Graduate Assistant Health Plan; or
2. In residence in your home country for the entire semester.

If you fall into one of these two categories and wish to waive the Student Health Benefit Plan, you must submit a completed international waiver request form along with supporting documentation.

To verify your U.S. employer-based coverage, please submit either a copy of the front and back of your insurance card or a letter from your human resources office confirming the effective date of your coverage.

To verify that you will continue your studies physically in your home country please submit one of the following, a recently requested copy of your travel history from the U.S. Customs and Border Protection I-94 website, or a copy of your flight ticket/itinerary showing your departure from the United States within the last 3 months, or a copy of your passport showing a stamped entry date into your home country.

Alternative documentation may be discussed with a representative of the Office of Student Health Benefits should any of the above be unattainable. OSHB reserves the right to request additional information if the original submission is insufficient.

Waiver requests must be submitted to the Office of Student Health Benefits on or before September 30th, 2021. Waiver requests received after this date will not be considered and you will remain enrolled in the Student Health Benefit Plan for the duration of the Fall semester.

If you do not intend to waive and need an insurance card, please expect one to arrive if you’re newly enrolled. If you are continuing enrollment, you may request one with
Blue Cross Blue Shield. If you have recently updated your mailing address, please let our office know right away to ensure the timely arrival of your card.

Information about the Student Health Benefit Plan and international student insurance requirements can be found here.

It is important to explore your benefits and may do so on our website here.

Please contact us with any questions.

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
umshbo@umn.edu
www.shb.umn.edu