



If you have recently completed the Health Coverage Declaration, please disregard this email.

You have not completed the required Health Coverage Declaration for fall semester 2020. To complete the declaration and fulfill the University's health insurance requirement, please go to your [Student Center](#).

If you have your own health insurance

You must complete the online Health Coverage Declaration to provide proof of your own health insurance. Choose "Waive Me" and provide your health insurance information in your [Student Center](#). If you do not do this, you will be enrolled in the Student Health Benefit Plan and \$1,272 will be billed to your student account.

If you intend to continue enrollment in the Student Health Benefit Plan

Please complete the Health Coverage Declaration and choose "Enroll Me" to confirm your enrollment in the Student Health Benefit Plan.

The deadline to complete the Health Coverage Declaration is October 1.

If you are enrolled in the Graduate Assistant Health Plan and are asked to complete the Health Coverage Declaration to waive the Student Health Benefit Plan, please enter the following information:

- Name of insurance company: Graduate Assistant Health Plan
- Health plan member ID number: Your student ID number

For more information, visit the Office of Student Health Benefits [website](#).

Please contact our office with any 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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