



## Student Health Benefits

UNIVERSITY OF MINNESOTA

If you do not wish to have health insurance through the Student Health Benefit Plan for the fall 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 September 26. 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  
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](mailto:umshbo@umn.edu)  
[www.shb.umn.edu](http://www.shb.umn.edu)

*Copyright © 2019 Regents of the University of Minnesota, all rights reserved.  
The University of Minnesota is an equal opportunity educator and employer.*

**This message was sent from:**  
Office of Student Health Benefits  
410 Church St. SE  
Minneapolis, MN, 55455

[mass email privacy statement](#)