



**Student Health Benefits**

UNIVERSITY OF MINNESOTA

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

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 \$1,272, you must complete the Health Coverage Declaration and provide proof of your own health insurance by **October 1**. 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  
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410 Church St. SE  
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