



## Student Health Benefits

UNIVERSITY OF MINNESOTA

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

Hello!

You have not completed the required Health Coverage Declaration for Summer Semester 2023. To complete the declaration and fulfill the University's health insurance requirement, please go to your [Student Center](#) by May 25. *If you have recently completed the Health Coverage Declaration, please disregard this email.*

### **If you have your own health insurance**

You must complete the online Health Coverage Declaration to provide proof of your own health insurance by May 25. 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 \$915 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 May 25.**

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.

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