



## Student Health Benefits

UNIVERSITY OF MINNESOTA

*\*If you have completed the Health Coverage Declaration in the last 48 hours, you may disregard this email or contact the Office of Student Health Benefits for confirmation.\**

Hello Gopher!

You have not completed the required Health Coverage Declaration for spring semester 2024. To complete the declaration and fulfill the University's health insurance requirement, please go to your [Student Center](#). 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. 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 \$1,795 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.

### **If you are enrolled or have submitted to enroll in the Graduate Assistant Health Plan**

Complete the Health Coverage Declaration and waive the Student Health Benefit Plan by entering the following information:

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

**The deadline to complete the Health Coverage Declaration is February 8, 2024.**

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

Please contact our office with any questions.

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