



Hello!

Your petition to be waived from the Student Health Benefit Plan (SHBP) for the Fall 2024 semester has been **approved**.

Approvals are granted for one term only. You must review the following information to avoid enrollment in the SHBP for future semesters:

To maintain your waiver from the SHBP you need to provide proof of your current United States-based employer-sponsored insurance coverage or residence in your home country every semester. Updated information as requested on the form **MUST** be provided to the Office of Student Health Benefits by the end of the first week of classes; failure to do so will result in automatic enrollment in, and billing of, the non-refundable Student Health Benefit Plan.

The University of Minnesota has mandated that all international students, scholars, and their dependents be enrolled in the University-sponsored Student Health Benefit Plan (SHBP) unless they are covered by a United States-based employer-sponsored health plan or the Graduate Assistant Health Plan (GAHP) provided by the University of Minnesota.

Information about the Student Health Benefit Plan and international student insurance requirements can be found [here](#).

Best regards,

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 | www.shb.umn.edu

Copyright © 2024 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](#)