



If you have recently completed the Health Coverage Declaration, you may disregard this email. Be sure to review your student account in 24 hours to confirm the premium was removed.

Hello!

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, you may review your submission in the Communication Center. The declaration should be marked as "Declined." The premium would then be automatically removed from the student account within 24- 48 hours.*

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 eligible*, your enrollment in the SHBP will continue.

If you are enrolled/enrolling in the Graduate Assistant Health Plan

Please enter the following information to waive the Student Health Benefit Plan (SHBP):

- 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.

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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