2025-2026 Student Health Benefit Plan
Waiver Request Form for Students Learning Abroad

Students participating in a Learning Abroad experience who were enrolled in the Student Health Benefit Plan the previous term will automatically be enrolled in the Student Health Benefit Plan for the term of their Learning Abroad experience, unless they request a waiver.

To request a waiver from the University-sponsored Student Health Benefit Plan, submit the following to the Office of Student Health Benefits:

- This form
- Verifiable proof of other health insurance (e.g., a copy of the front and back of your health insurance card)

All eligible students must complete the waiver request process by the posted deadline. Please keep a copy of this form for your records.

A. Student Information

Name (last, first, middle initial) *(please print)* | Date of birth (mm/dd/yyyy) | Sex | U of M ID number

Street address, city, state, ZIP code | Daytime phone | Email address

B. Acknowledgment

ACKNOWLEDGMENT: I acknowledge that if approved, this waiver will be valid for the term of my learning abroad experience.

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Student signature (electronic signatures are not accepted) | Date signed

Please submit to: Office of Student Health Benefits, 410 Church Street SE, N323, Minneapolis, MN 55455
Email: umshbo@umn.edu | Phone: 612-624-0627 | Fax: 612-435-4230 or 1-800-624-9881 | Website: shb.umn.edu
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