



Academic HealthPlans

# Waiver Submission Quick Reference Card

Use this Quick Reference Card to assist in the submission of an alternate health insurance waiver request.

## How to log in

You will be provided the login web address by your school or through an email sent by AHP. This link will take you to a screen similar to this one.

Welcome to AHP University

**Student - Sign In**

[New Student Registration](#)

Already have an account? Login below.

Student Id:

Password:

**Login Assistance**

If you do not know if you have an account [click here](#).

If you do not know your password [click here](#).

Enter your student ID and password and then click 'Sign in'. You will be taken to the Student Dashboard screen which will look similar to this one.

Account Info Waiver Contact Us Logout

WARNING: This session will expire in 24 Minutes and 57 Seconds.

Student Dashboard

Most recent 2014-2015 AHP University Spring  
Reference Number: 195461-1579-5  
Status: Approved  
[View your waiver history](#)

**NO, I do not want the insurance.**  
Click button below to begin your waiver request.

**2014-2015 AHP University Spring**

**YES, I want the insurance.**  
Click button below to enroll early.

If you would like to enroll in the Student Health Insurance Plan [Click Here](#)

AHP University  
1000 Glenn Road  
Columbus, IN 47203  
Tel: (317) 476-2100  
Fax:

Student Name: Charles Sampson  
Student ID: A7500  
Email:  
Phone: (314) 818-5312  
View Update account information

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## How to submit a waiver

### Step #1

If your alternate insurance meets the school's criteria, select the **red button** under the "NO, I do not want the insurance." section. This starts the waiver process and will take you to a screen containing the waiver form.

Student Information

First Name:  Gender:  Last Name:  Student ID:  Date Of Birth:  SSN:  Student is a:

Parent/Alternate Email:

Policy Holder Information

First Name (Policy Holder):  Last Name (Policy Holder):  Address (Policy Holder):  City (Policy Holder):  State (Policy Holder):  Zip (Policy Holder):  Member ID:  Group Number:  Payer is EOR Number:  Member Service Ph No:  Phone No (Policy Holder):

Documentation of Alternate Health Insurance Coverage

Attach proof of insurance coverage (front and back of ID card, policy document in English, listing coverage amounts in US Dollars, and Medical and Repatriation Coverage if applicable). Please allow 5-7 business days to receive your waiver submission results.

Attachments

Attach File 1:    Attach File 2:   Attach File 3:   Attach File 4:

Student's Signature (or Parent's Signature if student is under Age 18):  Date:

Please allow five to seven business days for waivers to be processed.

AHP Training University

### Step #2

Enter your information in the waiver form similar to the one above. It is best to supply all requested information however those fields with a **red">\*** are the minimum required to submit a waiver. If requested, also attach supporting documentation. When done select the 'Submit Waiver' button at the bottom. You will receive an on-screen confirmation for a successfully submitted waiver request similar to the one below.

Your submitted waiver id is  
**195461-1579-5**  
Date: **02/19/2015**  
ID: **a8000**  
[Click here to print this page](#)

### Step #3

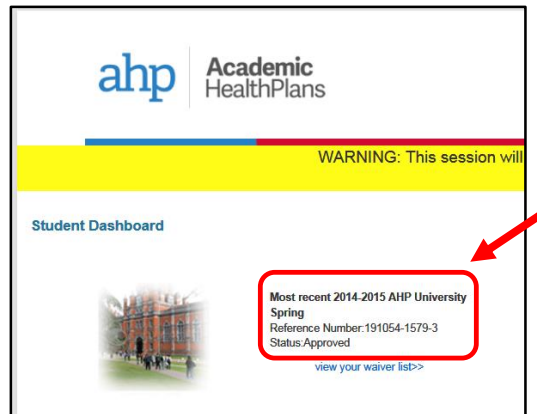
You will also receive an email to the addresses entered in the waiver form. Ensure that this email is received as it contains valuable information you may need later.

#### How to submit additional documentation

Some schools require specific proof documents to receive an approved waiver request. If you receive an email from Academic HealthPlans indicating that we are unable to verify your alternate insurance, please follow the detailed instructions in that email to submit the requested documents.

#### How to check the status of your waiver request

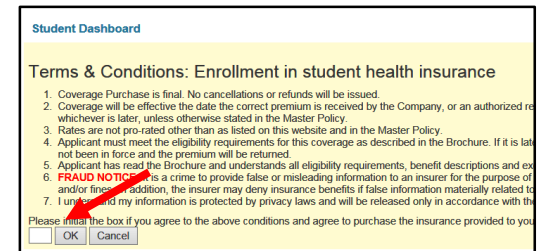
Follow the login instructions above to enter the Student Dashboard screen similar to the next screen. Note the "Status:" description.



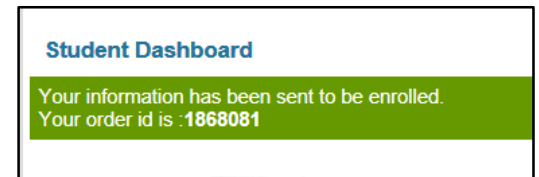
Additionally, you will also receive an email during each step of the waiver process advising you of the status of your waiver request. Ensure that this email is received as it contains valuable information you may need later.

#### How to enroll in the student health insurance plan.

Some schools offer the ability to opt-in to the health insurance plan prior to the end of the enrollment period. If this option is available and you wish to enroll early, select the **green button** under the "YES, I want the insurance." section. This starts the enrollment process and will take you to a screen similar to this one.



Read the Terms and Conditions and if you agree enter your initials in the white box and then select the 'OK' button. You will receive an on-screen confirmation for a successfully submitted enrollment request similar to the one below.



Additionally, you will also receive an email advising you that your student health insurance enrollment was completed. Ensure that this email is received as it contains valuable information you may need later.