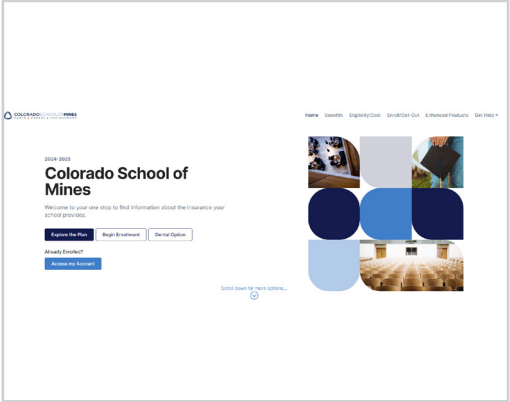
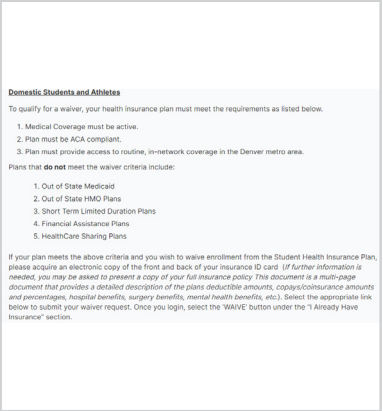
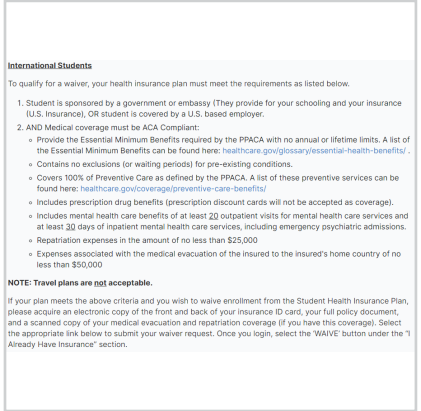
Colorado School of Mines
Enrollment/Waiver Process User Guide

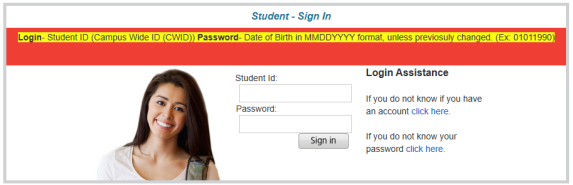


1 Go to csm.myahpcare.com and click on the Enroll/Opt-Out tab.

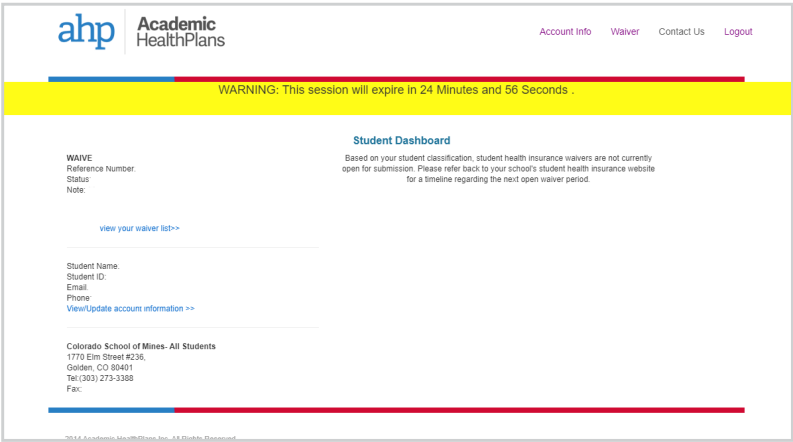




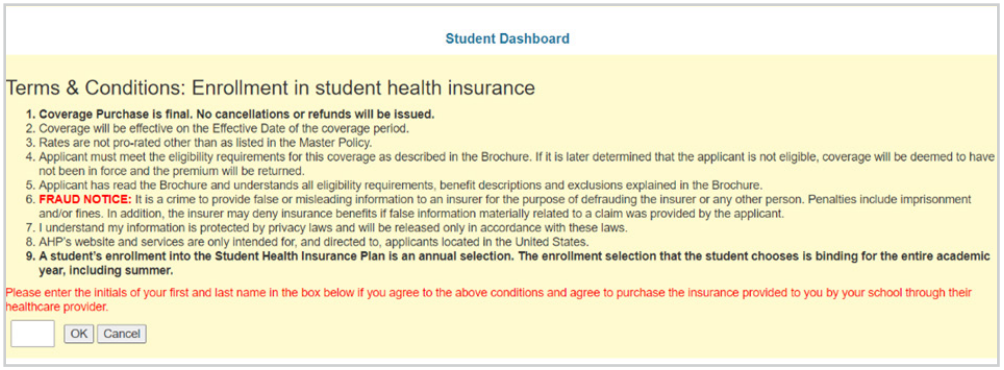
2 Review the criteria and Click the "+" next to your student category (Domestic Students/Athletes or International Students) to click on the blue Waive/Enroll button.



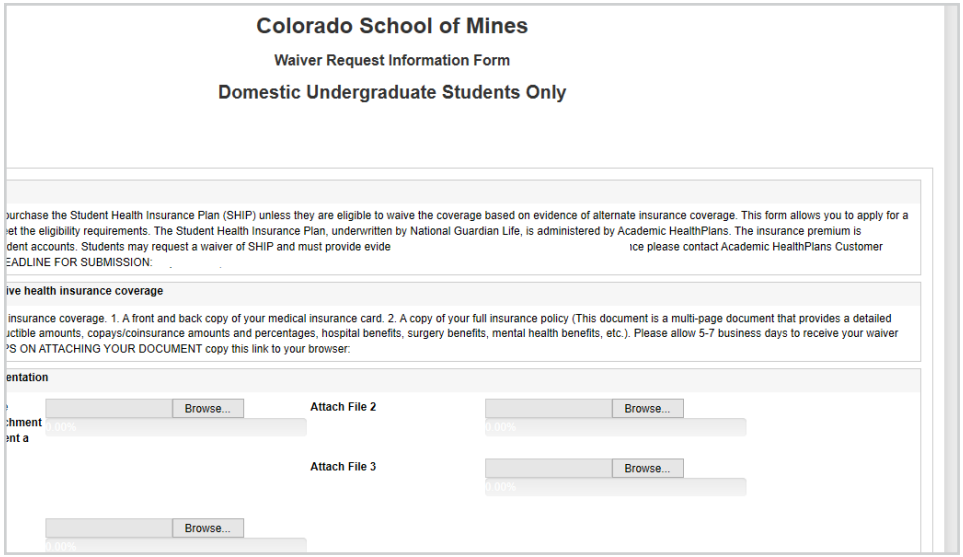
3 Log in to the waiver system using the following:
Login: Student ID Number (8 Digit CWID)
Password: Birth Date (mmddyyyy format), unless you previously changed your password



4 Select the blue button to waive coverage or the green button to enroll in the insurance plan. You will have 25 minutes to complete your waiver submission before the system times out.



5 If you choose to enroll by clicking the green button, you will prompted to read the Terms and Conditions and enter your initials.



Colorado School of Mines

Waiver Request Information Form

Domestic Undergraduate Students Only

urchase the Student Health Insurance Plan (SHIP) unless they are eligible to waive the coverage based on evidence of alternate insurance coverage. This form allows you to apply for a et the eligibility requirements. The Student Health Insurance Plan, underwritten by National Guardian Life, is administered by Academic HealthPlans. The insurance premium is dent accounts. Students may request a waiver of SHIP and must provide evide ice please contact Academic HealthPlans Customer EADLINE FOR SUBMISSION:

ive health insurance coverage

insurance coverage. 1. A front and back copy of your medical insurance card. 2. A copy of your full insurance policy (This document is a multi-page document that provides a detailed uctible amounts, copays/coinsurance amounts and percentages, hospital benefits, surgery benefits, mental health benefits, etc.). Please allow 5-7 business days to receive your waiver S ON ATTACHING YOUR DOCUMENT copy this link to your browser:

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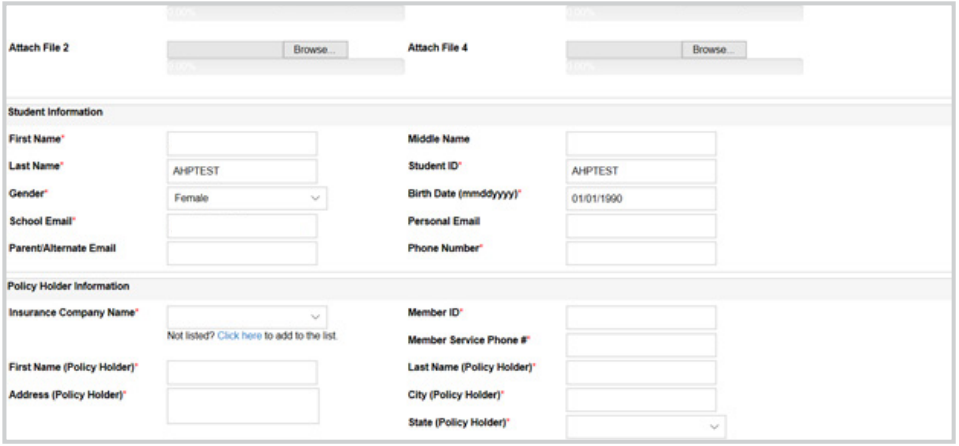
6 If you choose to waive by clicking the blue button, you will be prompted to attach proof of insurance.



Attach File 2 Browse... Attach File 4 Browse...

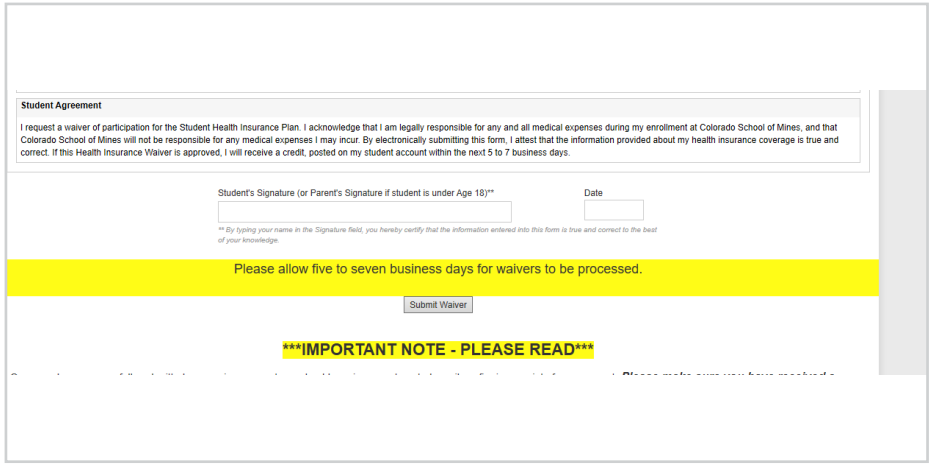
Student Information

First Name*		Middle Name	
Last Name*	AHPTEST	Student ID*	AHPTEST
Gender*	Female	Birth Date (mmddyyyy)*	01/01/1990
School Email*		Personal Email	
Parent/Alternate Email		Phone Number*	

Policy Holder Information

Insurance Company Name*	Not listed? Click here to add to the list.	Member ID*	
		Member Service Phone #*	
First Name (Policy Holder)*		Last Name (Policy Holder)*	
Address (Policy Holder)*		City (Policy Holder)*	
		State (Policy Holder)*	

7 Once your proof of insurance is uploaded, complete the Student Information chart.



Student Agreement

I request a waiver of participation for the Student Health Insurance Plan. I acknowledge that I am legally responsible for any and all medical expenses during my enrollment at Colorado School of Mines, and that Colorado School of Mines will not be responsible for any medical expenses I may incur. By electronically submitting this form, I attest that the information provided about my health insurance coverage is true and correct. If this Health Insurance Waiver is approved, I will receive a credit, posted on my student account within the next 5 to 7 business days.

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

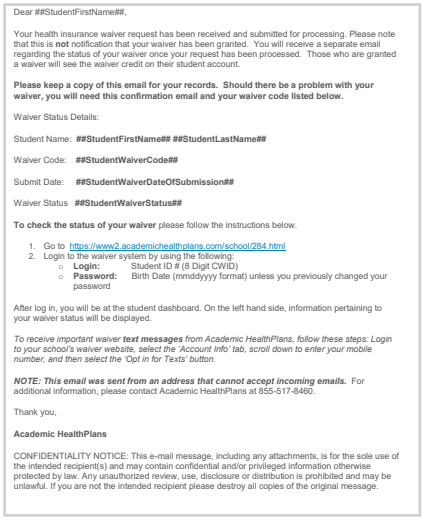
** By typing your name in the Signature field, you hereby certify that the information entered into this form is true and correct to the best of your knowledge.

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

Submit Waiver

*****IMPORTANT NOTE - PLEASE READ*****

8 Electronically sign and click Submit Waiver. Waiver will be processed within five to seven business days.



Dear ##StudentFirstName##,

Your health insurance waiver request has been received and submitted for processing. Please note that this is **not** notification that your waiver has been granted. You will receive a separate email regarding the status of your waiver once your request has been processed. Those who are granted a waiver will see the waiver credit on their student account.

Please keep a copy of this email for your records. Should there be a problem with your waiver, you will need this confirmation email and your waiver code listed below.

Waiver Status Details:

Student Name: **##StudentFirstName## ##StudentLastName##**

Waiver Code: **##StudentWaiverCode##**

Submit Date: **##StudentWaiverDateOfSubmission##**

Waiver Status **##StudentWaiverStatus##**

To check the status of your waiver please follow the instructions below.

1. Go to https://www2.academichealthplans.com/school/284.html
2. Login to the waiver system by using the following:
   - **Login:** Student ID # (8 Digit CWID)
   - **Password:** Birth Date (mmddyyyy format) unless you previously changed your password

After log in, you will be at the student dashboard. On the left hand side, information pertaining to your waiver status will be displayed.

*To receive important waiver **text messages** from Academic HealthPlans, follow these steps: Login to your school's waiver website, select the 'Account Info' tab, scroll down to enter your mobile number, and then select the 'Opt in for Texts' button.*

NOTE: This email was sent from an address that cannot accept incoming emails. For additional information, please contact Academic HealthPlans at 855-517-8460.

Thank you,

Academic HealthPlans

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and/or privileged information otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited and may be unlawful. If you are not the intended recipient please destroy all copies of the original message.

9 You will receive email confirmation of your waiver submission. It is the student's responsibility to follow up on their waiver status.

Questions? Please go to csm.myahpcare.com and click on the "Get Help" dropdown