

Colorado School of Mines Enrollment/Waiver Process User Guide

1 Go to csm.myahpcare.com/ and click on the **Waiver tab**.

2 Review the criteria and **click on your classification** to waive or enroll.

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

3 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.

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

Account Info Waiver Contact Us Logout

Waiver Name: WAIVE - Fall 2018-19

Double check pre-populated information on this form and fill out the rest.

Colorado School of Mines
Waiver Request Information Form
Domestic Undergraduate Students Only

Purpose of Waiver Form
 All domestic students must purchase 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 waiver of the SHIP if you meet the eligibility requirements. The Student Health Insurance Plan, underwritten by National Guardian Life, is administered by Academic HealthPlans. The insurance premium is automatically charged to student accounts. Students may request a waiver of SHIP and must provide evidence of alternate insurance coverage. For assistance please contact Academic HealthPlans Customer Service at 855-517-8460. DEADLINE FOR SUBMISSION:

Documentation of alternative health insurance coverage
 Attach proof of insurance coverage (front and back of ID card). Please allow 5-7 business days to receive your waiver submission results. FOR TIPS ON ATTACHING YOUR DOCUMENT copy this link to your browser: <https://goo.gl/vF9EHw>

Attach Supporting Documentation
 Attach File 1* Attach File 3

5 If you choose to waive by clicking the red button, you will be prompted to **attach proof of insurance**.

Attach File 2 Attach File 4

Student Information

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

Policy Holder Information

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

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

Zip (Policy Holder)*

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 verify 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*****

Once you have successfully submitted your waiver request you should receive an automated email confirming receipt of your request. **Please make sure you have received a submission confirmation email, and print for your records.** Should there be any problems with your waiver, you will need this confirmation email and your waiver request code. This automated email does not constitute granting of a waiver; a separate email as to whether your waiver request has been approved will be sent from Academic HealthPlans within approximately one week. Those students who are granted a waiver will have the health insurance fee removed from their student accounts. **Please note that it is the student's responsibility to follow up on their waiver status, and to ensure that all information is received by AHP by the waiver deadline.**

7 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.

- Go to <https://www2.academichealthplans.com/school/284.html>
- Login to the waiver system by using the following:
 - Logic: Student ID # (8 Digit CUID)
 - 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 Text' 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.

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

Questions? Please contact Academic HealthPlans at
 1-855-517-8460 or support@ahpcare.com