

SMU Student Health Insurance Plan

Health insurance is required each Fall and Spring term for SMU domestic students who are enrolled in a minimum of 9 credit hours and for SMU international students who are enrolled in a minimum of 1 credit hour. However, all students and dependents of students are strongly encouraged to **Elect** coverage in the SMU Student Health Insurance Plan.

After enrolling in classes for a Fall or Spring term, students who are required to have insurance must either **Elect or Waive** the SMU Student Health Insurance Plan by the **deadline** posted in the my.SMU Announcements. Students who do not **Elect** or **Waive** by the deadline will be automatically elected and charged for the Student Health Insurance Plan provided through SMU. After the deadline, the SMU Student Health Insurance Plan can no longer be requested or waived, and no reversal of insurance charges will be approved. Any student who has waived the SMU Student Health Insurance Plan *prior* to the deadline will continue to have online access to **report changes** to their personal insurance coverage *after* the deadline. **A student may grant access to a parent or relation to view and enter health insurance selections on the student's behalf.** The chart below summarizes a student's insurance options, followed by detailed instructions.

Domestic Students Enrolled in at least 9 Credit Hours	International Students Enrolled in at least 1 Credit Hour
<p>Elect or Waive: Students may elect or waive coverage in the SMU Student Health Insurance Plan online by logging into my.SMU, clicking on the Student Center hyperlink, then clicking on the Health Insurance hyperlink. <i>(Although not required, students who are enrolled in at least 1 but less than 9 credit hours are welcome to elect coverage online.)</i></p> <p>Relations may elect or waive coverage in the SMU Student Health Insurance Plan online on behalf of the student, once the student has granted them Health Insurance access, by logging into my.SMU, clicking on the Student Authorized Access hyperlink, then clicking on the Health Insurance hyperlink.</p>	<p>Elect: Students may elect coverage in the SMU Student Health Insurance Plan online by logging into my.SMU, clicking on the Student Center hyperlink, then clicking on the Health Insurance hyperlink. In order to ensure that you receive your insurance card, please update your U.S. residence address in my.SMU.</p> <p>Relations may elect coverage in the SMU Student Health Insurance Plan online on behalf of the student, once the student has granted Health Insurance access to them, by logging into my.SMU, clicking on the Student Authorized Access hyperlink, then clicking on the Health Insurance hyperlink.</p> <p>Waive: Students may request permission to waive coverage in the SMU Student Health Insurance Plan by contacting the SMU Health Insurance Office. Students must meet strict criteria to qualify for a waiver. Online waivers are not available, but a waiver form can be printed from the SMU Health Insurance website (<i>go to http://www.smu.edu/StudentAffairs/HealthCenter/Insurance/InternationalStudent and click on the INTERNATIONAL WAIVER pdf link</i>).</p>
<p>Auto-Election (automatic election processed by the SMU Health Insurance Office after the Elect/Waive deadline): Domestic students enrolled in a minimum of 9 credit hours who do not elect or waive coverage by the deadline, and International students enrolled in a minimum of 1 credit hour, who do not elect coverage (or receive special approval to waive) will be automatically elected in and charged for the SMU Student Health Insurance Plan for the current enrollment term.</p> <p>Special Early Auto-Election (automatic renewal processed by the SMU Health Insurance Office for select students): After Spring class enrollment, students who elected coverage in the SMU Health Insurance Plan for the prior <i>Fall term</i> will automatically be renewed and charged for continued coverage for the <i>Spring term</i>. This applies to students only; dependents will have to be renewed for Spring by the student. This only applies to students who <i>elected</i> in the Fall term; it does not apply to students who waived or those who were auto-elected in the Fall by the SMU Health Insurance Office.</p>	

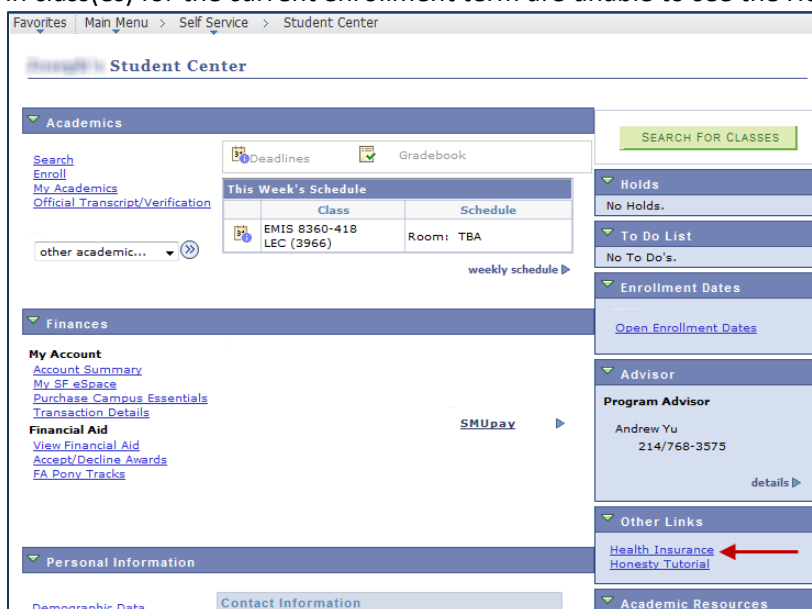
Deadline to Elect, Waive, or Make Selection Changes

- Students who are required to have insurance must elect or waive coverage for the current term in the SMU Student Health Insurance Plan by the Elect/Waive deadline posted in the my.SMU Announcements, or they will be automatically elected by the SMU Health Insurance Office.
There will no longer be a late appeal process after the deadline posted in the my.SMU Announcements.
- All students who have elected coverage for the current enrollment term in the SMU Student Health Insurance Plan may request a waiver and reversal of charges no later than the deadline posted in the my.SMU Announcements.
- Spring Terms Only: As a courtesy, students who elect insurance in a Fall term (this does not include students who are auto-elected for Fall by the SMU Health Insurance Office), will automatically be renewed and charged for continued coverage for the upcoming Spring term). These students may request a waiver and reversal of charges no later than the deadline posted in the my.SMU Announcements.
- All students who have waived coverage for the current enrollment term in the SMU Student Health Insurance Plan who would like to elect coverage in the plan must contact the SMU Health Insurance Office prior to the deadline posted in the my.SMU Announcements.
- Students who have waived coverage in the SMU Student Health Insurance Plan for the current enrollment term may update their personal insurance or pharmacy information at any time.
- No waivers will be accepted or reversal of charges made after the deadline posted in the my.SMU Announcements.**

HOW TO ELECT/WAIVE THE SMU STUDENT HEALTH INSURANCE PLAN

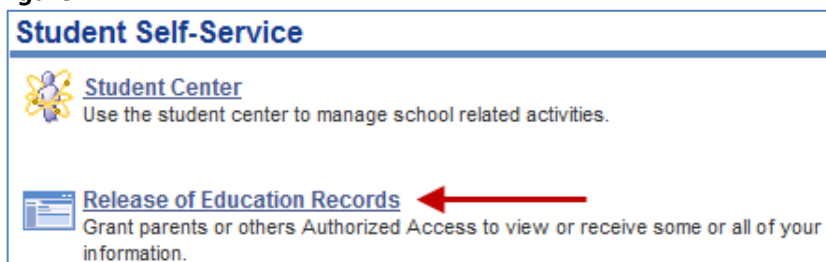
For Students:

- Log into my.SMU at <https://my.smu.edu>.
- Click on Student Center.
- Click on the Health Insurance hyperlink and proceed as instructed.
- NOTE: Students who have no history of prior health insurance enrollment and are not enrolled in class(es) for the current enrollment term are unable to see the Health Insurance link.



For Parents/Relations:

- The student must first grant access to the parent/relation in order to view/make health insurance selections. The student must click on Release of Education Records and proceed as instructed (see 1st screenshot below).
- The parent/relation must then log into my.SMU at <https://my.smu.edu>.
- Click on Student Authorized Access (see 2nd screenshot below).
- Click on Go Student Center (Figure).
- Click on the Health Insurance hyperlink and proceed as instructed (Figure 4).
- For students who have no history of prior health insurance enrollment and are not enrolled in class(es) for the current enrollment term are, the Health Insurance link will be inactive.

Figure 1**Figure 2****Figure 3**

[Favorites](#) | [Main Menu](#) > [SMU Student Authorized Access](#) > [Student Authorized Access](#)

[Instructions/FAQ](#)

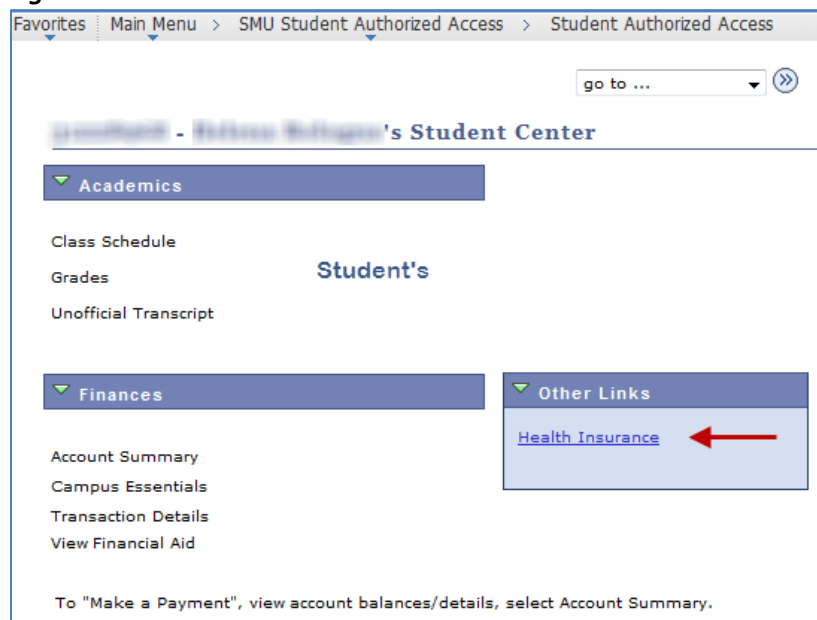
Parent's Authorized Access

Listed next to each student below are the areas of their Education Record which they have approved for you to view. Some of this information is available to you through this account via Access.SMU, and other information may be requested from an SMU department or business office. Records for the areas denoted with an asterisk (*) are only available through the office holding those records. [Click here](#) for more details.

The Family Educational Rights and Privacy Act of 1974 (also known as [FERPA](#) and/or The Buckley Amendment of 1974), as amended, protects the privacy of student education records and affords students attending postsecondary institutions certain rights with respect to their education records. Any student listed below has granted you access to some or all of their confidential education record at Southern Methodist University, and that student may modify or remove this access at any time.

To "Make a Payment", view account balances/details, proceed to Account Summary within Student Center.

View All Authorized Account					
	Empl ID	Relationship	Name	Areas Granted	Go Student Center
1	12345678	Parent	[REDACTED]	Holds, Health Insurance	Go Student Center

Figure 4

You will now be able to elect coverage, waive coverage (domestic students only), edit or update waiver information, and view previously elected or waived coverage for the current enrollment term and prior terms.

Please note that a **Cancel** button is provided on each of the Health Insurance pages for your convenience should you decide that you do not want to proceed at any step in the Elect or Waive process.

If this is not your first term at SMU, you will need to select a term and Click Next. If the **Elect/Waive** deadline for the current enrollment term has not passed, then the term displaying first will indicate "Open Enrollment". **Note: Screenshot shows Fall 2015 example.**

Select Term [Instructions](#)

Select a term then click next.

		Career	Institution
<input type="radio"/>	Fall 2015 (Open Enrollment)	Graduate	Southern Methodist University
<input type="radio"/>	Spring 2015	Graduate	Southern Methodist University
<input type="radio"/>	Fall 2014	Graduate	Southern Methodist University
<input type="radio"/>	Spring 2014	Graduate	Southern Methodist University
<input type="radio"/>	Fall 2013	Graduate	Southern Methodist University
<input type="radio"/>	Spring 2013	Graduate	Southern Methodist University
<input type="radio"/>	Fall 2012	Graduate	Southern Methodist University
<input type="radio"/>	Spring 2012	Graduate	Southern Methodist University
<input type="radio"/>	Fall 2011	Graduate	Southern Methodist University

Next >

Cancel

A summary of the SMU Student Health Insurance Plan, including links to additional information, is provided on the Welcome page. Click Next to begin the Elect/Waive process. **Note: Screenshot shows Fall 2015 example.**

The screenshot shows a web browser window with a blue header bar containing navigation links: Favorites, Main Menu, Self Service, and Student Center. Below the header is the my.SMU logo. The main content area has a 'Welcome' heading followed by a paragraph about SMU's concern for student health and a requirement for health insurance. It states that all undergraduate and graduate students taking nine or more credit hours are required to have health insurance. A link to 'https://smu.myahpcare.com' is provided for more details. Another paragraph encourages students to have health insurance and provides the same link. A third paragraph describes the SMU Student Health Insurance Plan as a major medical plan administered by Academic HealthPlans, Inc. and underwritten by Blue Cross Blue Shield. A final paragraph instructs users to view benefits by going to the same link and navigating to 'Benefits' and 'Brochure' links. At the bottom, there are two buttons: 'Cancel' and 'Next >'. A text prompt 'CLICK THE BUTTON TO PROCEED TO THE NEXT PAGE' is located above the buttons.

my.SMU

[Instructions](#)

Welcome

SMU is very concerned about the health and well being of all our students. In order to make sure that you have appropriate health care coverage, the President's Executive Council passed a Health Insurance requirement.

Each fall and spring term, all undergraduate and graduate students who are (1) domestic and taking nine or more credit hours, or (2) international and taking one or more credit hours, are **REQUIRED** to have health insurance either through the SMU Student Health Insurance Plan or through another valid, comparable U.S. individual or family plan. If you have other insurance, you must complete the waiver process or you will be **AUTOMATICALLY CHARGED** a premium of \$XXXX.00 for the Fall term. Details on the SMU Health Insurance Plan can be found at <https://smu.myahpcare.com>.

Although insurance is not required for domestic students taking less than nine hours, or for dependents of students, all students and their dependents are strongly encouraged to have health insurance. Students who are not required to have insurance who wish to obtain coverage through the SMU Student Health Insurance Plan for themselves or their dependents are encouraged to visit <https://smu.myahpcare.com> for more information.

The SMU Student Health Insurance Plan is a major medical plan that provides coverage for illnesses and injuries that occur on and off campus. The plan is administered by Academic HealthPlans, Inc. and underwritten by Blue Cross Blue Shield.

To view the SMU Student Health Insurance Plan benefits, go <https://smu.myahpcare.com> and then navigate to the "Benefits" and "Brochure" links.

If you are currently covered by another valid, comparable U.S. insurance plan that meets SMU's waiver requirements, you will need your insurance information to complete the process.

CLICK THE BUTTON TO PROCEED TO THE NEXT PAGE

Click here for [Elect](#) instructions.

Click here for [Waive](#) instructions.

[Return to Top](#)

TO ELECT COVERAGE**Domestic Students:**

If you have not yet elected or waived coverage for the current enrollment term, the following page will appear. The **IMPORTANT** paragraph will only appear during a Fall term. Select the “Elect SMU Student Health Insurance Plan” button and click Next. (Note: After you click Elect *but before you click Next*, if you do not want to proceed with the Elect process, do not click Next because this will elect you in the SMU Health Insurance Plan. Instead, please click the Cancel button.) **Note: Screenshot shows Fall 2015 example.**

Favorites Main Menu > Self Service > Student Center

my.SMU

Choose to Elect or Waive Coverage **Step 1 of 4**

1 2 3 4 Next >

A health insurance premium of \$XXXX.00 will automatically be billed to your SMU account for the Fall 2015 term unless you select the Waive button and click Next to complete the Waive Coverage process. If you do not have current health insurance coverage, you may choose coverage in the SMU Student Health Insurance Plan by selecting the Elect button and clicking Next.

IMPORTANT: Students who elect and are charged for the SMU Student Health Insurance Plan for Fall 2015 will automatically be re-elected in the plan through Academic HealthPlans, Inc./Blue Cross Blue Shield for the upcoming Spring term. A health insurance premium of \$XXXX.00 will automatically be billed to your SMU account for Spring during the December billing period. This applies only to students. You will need to re-elect your dependents and spouse for Spring by sending a completed Dependent Enrollment Form along with full payment to Academic HealthPlans, Inc./Blue Cross Blue Shield at the address provided on the form or call 855/357-0242. To access the form, go to [Mandatory Student Health Insurance](#) and click on the link to "Dependent Enrollment Form for Domestic and International Students". If your situation will be changing for Spring and you qualify for a waiver, you must complete the Waiver process in my.SMU before the Spring deadline.

☒ **Elect SMU Student Health Insurance Plan**

☐ **Waive SMU Student Health Insurance Plan**

Cancel

International Students:

If you have not yet elected coverage or been approved for a waiver by the SMU Student Health Insurance Office for the current enrollment term, the following page will appear. **International students do not have the ability to waive online;** a Waiver Request form must be submitted to the Insurance Office for consideration (see contact information on page 16). The **IMPORTANT** paragraph will only appear during a Fall term. To elect insurance, select the “Elect SMU Student Health Insurance Plan” button and click Next. (Note: After you click Elect *but before you click Next*, if you do not want to proceed with the Elect process, do not click Next because this will elect you in the SMU Health Insurance Plan. Instead, please click the Cancel button.) **Note: Screenshot shows Fall 2015 example.**

The screenshot shows a web browser window with the URL 'my.SMU'. The navigation bar includes 'Favorites', 'Main Menu', 'Self Service', and 'Student Center'. The page title is 'my.SMU'. Below the title, there is a progress indicator showing four steps, with the first step (1) selected. A 'Next >' button is visible. The main content area contains the following text:

International students must choose coverage in the SMU Student Health Insurance Plan by selecting the Elect button and clicking Next. A health insurance premium of \$525.00 will be automatically billed to your SMU account for the Fall 2015 term unless you are approved to waive coverage. **International students are not able to waive online. Waivers MUST be approved by the SMU Health Insurance Office.** In order to review waive options for international students, please [click here](#).

IMPORTANT: Students who elect and are charged for the SMU Student Health Insurance Plan for Fall 2015 will automatically be re-elected in the plan through Academic HealthPlans, Inc./Blue Cross Blue Shield for the upcoming Spring term. A health insurance premium of \$525.00 will automatically be billed to your SMU account for Spring during the December billing period. This applies only to students. You will need to re-elect your dependents and spouse for Spring by sending a completed Dependent Enrollment Form along with full payment to Academic HealthPlans, Inc./Blue Cross Blue Shield at the address provided on the form or call 855/357-0242. To access the form, go to [Mandatory Student Health Insurance](#) and click on the link to "Dependent Enrollment Form for Domestic and International Students". If your situation will be changing for Spring and you qualify for a waiver, you must complete the Waiver process in my.SMU before the Spring deadline.

Below the text, there are two radio button options:

- ☒ Elect SMU Student Health Insurance Plan
- ☐ Waive SMU Student Health Insurance Plan

A yellow 'Cancel' button is located at the bottom left of the form.

When you click Next above, an online confirmation of your elected coverage will display, plus an **Elect** confirmation will be sent to the student's SMU campus email address (and to the parent/relation's email if the parent/relation has been granted access by the student and is the one logged in to elect coverage). The **IMPORTANT** paragraph will only appear during a Fall term. Clicking Next or Cancel takes you back to the Student Center page. *Please note: The insurance fee will be billed to your SMU student account.*

Elect Form SuccessfulStep 2 of 2

12

Next >

You have successfully elected coverage in the SMU Student Health Insurance Plan for the Fall 2015 term.

Insurance Carrier: Academic HealthPlans, Inc./Blue Cross Blue Shield

Date of Service: 08/13/2015-01/09/2016

Policy #: 101227

_____, SMU ID _____, a request for coverage in the SMU Student Health Insurance Plan has been received by the SMU Health Insurance Office, and the Fall 2015 premium of \$XXXX.00 has been charged to your SMU account. Your request has been submitted to Academic HealthPlans, Inc./Blue Cross Blue Shield for processing. You should receive your insurance ID card from Academic HealthPlans, Inc./Blue Cross Blue Shield within three weeks. **Failure to receive your card may indicate your enrollment is not complete. Contact Academic HealthPlans, Inc./Blue Cross Blue Shield at 855/357-0242 if you do not receive your insurance ID card.** Insurance cards for students without a valid U.S. residence address in my.SMU or that have been returned for inaccurate addresses will be mailed to the SMU Health Insurance Office. The SMU Student Health Insurance Office will send an email to your SMU email address if your insurance card is returned to them.

If you wish to elect dependent coverage at an additional cost, please send a completed Dependent Enrollment Form along with full payment to Academic HealthPlans, Inc./Blue Cross Blue Shield at the address provided on the form or call 855/357-0242. To access the form, go to [Mandatory Student Health Insurance](#) and click on the link to "Dependent Enrollment Form for Domestic and International Students".

IMPORTANT: Students who elect and are charged for the SMU Student Health Insurance Plan for Fall 2015 will automatically be re-elected in the plan through Academic HealthPlans, Inc./Blue Cross Blue Shield for the upcoming Spring term. A health insurance premium of \$XXXX.00 will automatically be billed to your SMU account for Spring during the December billing period. This applies only to students. You will need to re-elect your dependents and spouse for Spring by sending a completed Dependent Enrollment Form along with full payment to Academic HealthPlans, Inc./Blue Cross Blue Shield at the address provided on the form or call 855/357-0242. To access the form, go to [Mandatory Student Health Insurance](#) and click on the link to "Dependent Enrollment Form for Domestic and International Students". If your situation will be changing for Spring and you qualify for a waiver, you must complete the Waiver process in my.SMU before the Spring deadline.

If you wish to change your Fall 2015 selection, you must contact the SMU Health Insurance Office before the deadline at [Student Health Insurance](#).

No waivers will be accepted and no charges will be reversed after _____.

An email confirmation for your election of coverage through the SMU Student Health Insurance Plan has been sent to your SMU campus email address.

IF YOU HAVE BEEN AUTO-ELECTED:

If you have been automatically elected in the SMU Student Health Insurance Plan, an online confirmation will be provided for your review. You will also receive an email confirmation to your SMU campus email address. There are two kinds of auto-elect confirmations online.

If you have not elected or waived coverage in the SMU Student Health Insurance Plan for the current enrollment term by the deadline, you will be automatically elected in and charged for the plan. The following online confirmation will display when you click on the Health Insurance hyperlink. **Note:** Screenshot shows Fall 2015 example.

1

Next >

Coverage in the SMU Student Health Insurance Plan for Fall 2015 has been automatically requested for you. **This action is final. No waivers will be accepted and no charges will be reversed.**

Insurance Carrier: Academic HealthPlans, Inc./Blue Cross Blue Shield

Dates of service: 08/13/2015 - 01/09/2016

Policy number: 101227

_____, SMU ID _____, a request for coverage in the SMU Student Health Insurance Plan has been submitted by the SMU Health Insurance Office to Academic HealthPlans, Inc./Blue Cross Blue Shield for processing, and the Fall 2015 premium of \$XXXX.00 has been billed to your SMU account. You should receive your insurance ID card from Academic HealthPlans, Inc./Blue Cross Blue Shield within three weeks. **Failure to receive your card may indicate your enrollment is not complete. Contact Academic HealthPlans, Inc./Blue Cross Blue Shield at 855/357-0242 if you do not receive your insurance ID card.** Insurance cards for students without a valid U.S. residence address in my.SMU or that have been returned for inaccurate addresses will be mailed to the SMU Health Insurance Office. The SMU Student Health Insurance Office will send an email to your SMU email address if your insurance card is returned to them.

If you wish to elect dependent coverage at an additional cost, please send a completed Dependent Enrollment Form along with full payment to Academic HealthPlans, Inc./Blue Cross Blue Shield at the address provided on the form or call 855/357-0242. To access the form, go to [Mandatory Student Health Insurance](#) and click on the link to "Dependent Enrollment Form for Domestic and International Students".

An email confirmation for your election of coverage through the SMU Student Health Insurance Plan has been sent to your SMU campus email address.

IF YOU HAVE BEEN EARLY AUTO-ELECTED:

If you chose to **Elect** the SMU Student Health Insurance Plan for a Fall term (you did not waive and were not auto-elected for Fall), then as a courtesy to you, you will be automatically renewed continued coverage of the plan for the following Spring term. The following online confirmation (example from Spring 2016 term) will display when you click on the Health Insurance hyperlink.

1

Next >

Coverage in the SMU Student Health Insurance Plan for Spring 2016 has been automatically requested for you.

Insurance Carrier: Academic HealthPlans, Inc./Blue Cross Blue Shield

Dates of service: 01/10/2016 - 08/12/2016

Policy number: 101227

██████████, SMU ID ██████████, our records indicate that you elected coverage in the SMU Student Health Insurance Plan for Fall 2015 term. As a courtesy to you, the SMU Health Insurance Office has automatically submitted a request for Spring 2016 insurance coverage to Academic HealthPlans, Inc./Blue Cross Blue Shield for processing. The Spring 2016 premium of \$XXXX.00 has been billed to your SMU account.

You will need to re-elect your dependents and spouse for Spring 2016 by sending a completed Dependent Enrollment Form along with full payment to Academic HealthPlans, Inc./Blue Cross Blue Shield at the address provided on the form or call 855/357-0242. To access the form, go to [Mandatory Student Health Insurance](#) and click on the link to "Dependent Enrollment Form for Domestic and International Students".

Continue to use your Fall 2015 SMU Student Health Insurance Plan insurance card from Academic HealthPlans, Inc./Blue Cross Blue Shield when seeking medical attention. Academic HealthPlans, Inc./Blue Cross Blue Shield does not send new cards when you are continuing an academic year's coverage.

Contact Academic HealthPlans, Inc./Blue Cross Blue Shield at 855/357-0242 if you do not have your Fall 2015 insurance ID card or require a replacement card.

If you are currently covered by another valid, comparable U.S. insurance plan that meets SMU's waiver requirements, and you wish to waive the SMU Health Insurance Plan and have the charge reversed, you must contact the SMU Health Insurance Office before the deadline at [Student Health Insurance](#).

No waivers will be accepted and no charges will be reversed after ██████████-██████████-██████████.

An email confirmation for your election of coverage through the SMU Student Health Insurance Plan has been sent to your SMU campus email address.

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TO WAIVE COVERAGE:**Domestic Students:**

If you have not yet elected or waived coverage for the current enrollment term, the following page will appear. The **IMPORTANT** paragraph will only appear during a Fall term. Select the “Waive SMU Student Health Insurance Plan” button and click Next to check the acknowledgement box and enter your personal insurance information. **Note: Screenshot shows Fall 2015 example.**

Favorites Main Menu > Self Service > Student Center

my.SMU

Business Settings

Choose to Elect or Waive Coverage Step 1 of 4

1 2 3 4 Next >

A health insurance premium of \$XXXX.00 will automatically be billed to your SMU account for the Fall 2015 term unless you select the Waive button and click Next to complete the Waive Coverage process. If you do not have current health insurance coverage, you may choose coverage in the SMU Student Health Insurance Plan by selecting the Elect button and clicking Next.

IMPORTANT: Students who elect and are charged for the SMU Student Health Insurance Plan for Fall 2015 will automatically be re-elected in the plan through Academic HealthPlans, Inc./Blue Cross Blue Shield for the upcoming Spring term. A health insurance premium of \$XXXX.00 will automatically be billed to your SMU account for Spring during the December billing period. This applies only to students. You will need to re-elect your dependents and spouse for Spring by sending a completed Dependent Enrollment Form along with full payment to Academic HealthPlans, Inc./Blue Cross Blue Shield at the address provided on the form or call 855/357-0242. To access the form, go to [Mandatory Student Health Insurance](#) and click on the link to "Dependent Enrollment Form for Domestic and International Students". If your situation will be changing for Spring and you qualify for a waiver, you must complete the Waiver process in my.SMU before the Spring deadline.

☐ Elect SMU Student Health Insurance Plan

☒ Waive SMU Student Health Insurance Plan

Cancel

International Students:

International students do not have the ability to waive online. A Waiver Request form must be submitted to the SMU Health Insurance Office for consideration. See contact information on page 16.

In order to advance to the next page, **the acknowledgement checkbox must be checked**, which indicates that you have accepted the waiver terms and conditions, and then click Next

Waive Coverage Acknowledgement

Step 2 of 4

1234

Next >

SMU Student Health Insurance Plan Waiver

I request a waiver of participation in the SMU Student Health Insurance Plan. I acknowledge that I am legally responsible for any and all medical expenses during my enrollment at Southern Methodist University and that Southern Methodist University will not be responsible for any medical expenses I may incur. By checking the box below, I attest that the information provided about my insurance coverage is true and correct. I understand that the information is subject to verification and that I must maintain coverage throughout the entire semester for which I have been granted a waiver. Should my insurance provider change during the period covered by this waiver, I agree to notify Southern Methodist University of my new insurance provider within thirty days of termination of the coverage. If I fail to maintain insurance coverage I understand that I may be subject to automatic billing for participation in the SMU Student Health Insurance Plan in the amount of \$XXXX.00.

If this request is denied, I understand that my student account will be billed for the SMU Student Health Insurance Plan.

If you would like additional information, please [click here](#) to go to the Frequently Asked Questions Page.

I have read and accepted the terms and conditions outlined in the SMU Student Health Insurance Plan Waiver ☒

Cancel

A form will open asking for the details of your personal insurance company. All fields marked with an asterisk (*) are required. The [click here](#) link opens a separate browser window to the Frequently Asked Questions page. Once all required information is entered, click 'Next'. **The waiver is not complete until you click Next.**

Waive Form Update

Step 3 of 4

1234

Next >

Please provide the requested information listed below (starred areas are required). If you would like additional information, please [click here](#) to go to the Frequently Asked Questions Page. You may return any time to provide pharmacy information, but the waiver is not complete until you have entered the required insurance and policyholder information and you click the Next button.

I am currently covered by the following health insurance plan:

<u>Insurance Company Information</u>	<u>Policyholder Information</u>	<u>Pharmacy Information</u>
*Insurance Company: <input type="text"/>	*Policyholder Name: <input type="text"/>	Pharmacy ID #: <input type="text"/>
*Member Services Phone Number: <input type="text"/>	*Policyholder Date of Birth: <input type="text"/>	Pharmacy Group #: <input type="text"/>
	*Group #: <input type="text"/>	Pharmacy BIN #: <input type="text"/>
	*Subscriber/Member ID #: <input type="text"/>	Pharmacy PCN #: <input type="text"/>
		Pharmacy 1-800 #: <input type="text"/>

Cancel

An online confirmation for your waiver of coverage will display, plus a **Waive** confirmation will be sent to the student's SMU campus email address (and to the parent's email if the parent is the one logged in to waive coverage). Clicking Next takes you back to the Student Center page. **Note: Screenshot shows Fall 2014 example.**

Step 4 of 4

1234

Next >

You have successfully completed the Fall 2014 SMU Student Health Insurance Plan Waiver.

████████████████████, SMU ID ██████████, your selection has been submitted to the SMU Health Insurance Office for Fall 2014.

An email confirmation for your waiver of coverage in the SMU Student Health Insurance Plan has been sent to your SMU email address.

[Return to Top](#)

TO VIEW/EDIT/UPDATE COVERAGE INFORMATION:

To view, edit, or update your coverage information, log into my.SMU, then:

Students: Click on Student Center, Health Insurance link

Parents/Relations: Click on Student Authorized Access, Go Student Center, Health Insurance

If you **elected** coverage (or were **auto-elected**) in the SMU Student Health Insurance Plan for the current enrollment term, you will be able to view your online confirmation. If you **waived** coverage in the SMU Student Health Insurance Plan for the current enrollment term, you will be able to review, edit, update, or report termination of your personal insurance coverage. You may also view online confirmations for past terms. **There are three options for reporting changes to your waiver of coverage for the current enrollment term. (If you inadvertently select the wrong option, you may either select a new button or click the Cancel button to release your selection and start over.)**

1. CURRENT TERM COVERAGE WAIVED – WILL BE LOSING OR HAVE LOST INSURANCE COVERAGE:

If you waived coverage for the current enrollment term and will lose (or have lost) your personal insurance coverage, you are required to report it to the SMU Health Insurance Office. Click on the button that says, “I have lost/will lose my insurance coverage”. A box will appear asking for the date the coverage was/will be terminated. Enter the termination date and click Next. **The cancellation is not complete until you click Next.**

Waive Coverage Update Step 1 of 3

1 2 3 Next >

You have waived the SMU Student Health Insurance Plan, and the personal insurance information that you provided is displayed below for your review. Any change to your personal insurance or pharmacy information must be reported to the SMU Health Insurance Office. Domestic students may report a termination or update by selecting one of the options below and clicking the Next button. International students must report a termination or update coverage by contacting the SMU Health Insurance Office at [Student Health Insurance](#). Please note that you must notify Southern Methodist University within thirty days of the termination of the coverage provided. Failure to do so may result in automatic billing \$XXXXX.00 for participation in the SMU Student Health Insurance Plan.

☒ I have lost/will lose my insurance coverage
Date coverage terminated/will terminate: 05/03/2013

☐ I need to edit my current insurance or pharmacy information.

☐ My insurance has changed. I need to supply new information

Insurance Company Information	Policyholder Information	Pharmacy Information
Insurance Company: BlueCross BlueShield	Policyholder Name: John Smith	Pharmacy ID #: ABC123
Member Services Phone Number: 888/308-7320	Policyholder Date of Birth: 10/13/1960	Pharmacy Group #: ABCRYS1
	Group #: 123456789	Pharmacy BIN #: 610014
	Subscriber/Member ID #: 987654321	Pharmacy PCN #:
		Pharmacy 1-800 #: 800/555-1111

Cancel

2. CURRENT TERM COVERAGE WAIVED – NEED TO EDIT PERSONAL INSURANCE/PHARMACY INFORMATION:

If you waived coverage for the current enrollment term and need to edit any of the information you provided, click on the button that says, “I need to edit my current insurance or pharmacy information.” The information you previously provided will become available for editing. You will be able to change any field, noting that all fields marked with an asterisk (*) are required, and click Next. **Your waiver edits are not complete until you click Next.**

Waive Coverage Update Step 1 of 3

1 2 3 Next >

You have waived the SMU Student Health Insurance Plan, and the personal insurance information that you provided is displayed below for your review. Any change to your personal insurance or pharmacy information must be reported to the SMU Health Insurance Office. Domestic students may report a termination or update by selecting one of the options below and clicking the Next button. International students must report a termination or update coverage by contacting the SMU Health Insurance Office at [Student Health Insurance](#). Please note that you must notify Southern Methodist University within thirty days of the termination of the coverage provided. Failure to do so may result in automatic billing \$XXXXX.00 for participation in the SMU Student Health Insurance Plan.

☐ I have lost/will lose my insurance coverage

☒ I need to edit my current insurance or pharmacy information.

☐ My insurance has changed. I need to supply new information.

Insurance Company Information

Insurance Company: BlueCross BlueShield

Member Services Phone Number: 888/308-7320

Policyholder Information

Policyholder Name: John Smith

Policyholder Date of Birth: 10/15/1960

Group #: 123456789

Subscriber/Member ID #: 987654321

Pharmacy Information

Pharmacy ID #: ABC123

Pharmacy Group #: ABCRXS1

Pharmacy BIN #: 610014

Pharmacy PCN #:

Pharmacy 1-800 #: 800/555-1111

Cancel

3. CURRENT TERM COVERAGE WAIVED – NEED TO UPDATE PERSONAL INSURANCE/PHARMACY INFORMATION:

If you waived coverage for the current enrollment term and need to provide completely new information on your personal insurance company and pharmacy information, click on the last button that says, “My insurance has changed. I need to supply new information.”

Waive Coverage Update Step 1 of 3

1 2 3 Next >

You have waived the SMU Student Health Insurance Plan, and the personal insurance information that you provided is displayed below for your review. Any change to your personal insurance or pharmacy information must be reported to the SMU Health Insurance Office. Domestic students may report a termination or update by selecting one of the options below and clicking the Next button. International students must report a termination or update coverage by contacting the SMU Health Insurance Office at [Student Health Insurance](#). Please note that you must notify Southern Methodist University within thirty days of the termination of the coverage provided. Failure to do so may result in automatic billing \$XXXXX.00 for participation in the SMU Student Health Insurance Plan.

☐ I have lost/will lose my insurance coverage

☐ I need to edit my current insurance or pharmacy information.

☒ My insurance has changed. I need to supply new information.

Insurance Company Information

Insurance Company: BlueCross BlueShield

Member Services Phone Number: 888/308-7320

Policyholder Information

Policyholder Name: John Smith

Policyholder Date of Birth: 10/15/1960

Group #: 123456789

Subscriber/Member ID #: 987654321

Pharmacy Information

Pharmacy ID #: ABC123

Pharmacy Group #: ABCRXS1

Pharmacy BIN #: 610014

Pharmacy PCN #:

Pharmacy 1-800 #: 800/555-1111

Cancel

The information you previously provided will be automatically removed for your convenience in entering new data. Please enter your new insurance company, policyholder, and pharmacy information, noting that all fields marked with an asterisk (*) are required, and click Next. **Your waiver update is not complete until you click Next.**

Waive Form Update Step 3 of 3

1 2 3 < Previous Next >

Please enter your insurance, policyholder, or pharmacy information as needed (starred fields are required):

I am currently covered by the following health insurance plan:

<u>Insurance Company Information</u>	<u>Policyholder Information</u>	<u>Pharmacy Information</u>
*Insurance Company: <input type="text"/>	*Policyholder Name: <input type="text"/>	Pharmacy ID #: <input type="text"/>
*Member Services Phone Number: <input type="text"/>	*Policyholder Date of Birth: <input type="text"/>	Pharmacy Group #: <input type="text"/>
	*Group #: <input type="text"/>	Pharmacy BIN #: <input type="text"/>
	*Subscriber/Member ID #: <input type="text"/>	Pharmacy PCN #: <input type="text"/>
		Pharmacy 1-800 #: <input type="text"/>

For all of the above three Waive Update options, an online confirmation of your waiver update will display after you click Next, plus a **Waive Update** confirmation email will be sent to the student's SMU campus email address (and to the parent/relation's email address, if the parent/relation is the one logged in to update the waiver). Clicking Next takes you back to the Student Center page. A representative of the SMU Health Insurance Office will contact you if you have reported lost coverage.

Waive Coverage Update Successful Step 3 of 3

1 2 3 Next >

Student Name, SMU ID 123456789, you have successfully updated your insurance information. These changes have been submitted to the SMU Health Insurance Office.

An email confirmation of your waiver update has been sent to your SMU email address.

CONTACT THE SMU HEALTH INSURANCE OFFICE FOR ANY OF THE FOLLOWING REASONS:

- To reverse an accidental insurance election **BEFORE** the final deadline posted in the my.SMU Announcements,
- For an international student to request approval to waive coverage in the SMU Student Health Insurance Plan **BEFORE** the final deadline posted in the my.SMU Announcements,
- To inquire about insurance packets that may have been sent to the SMU Health Insurance Office due to an inaccurate address in my.SMU (international students must have a valid U.S. **residence** address in my.SMU), or
- For more information on the SMU Student Health Insurance Plan, please contact:

SMU HEALTH INSURANCE OFFICE

Phone: 214/768-3408

E-mail: studenthealthinsurance@smu.edu

ACADEMIC HEALTHPLANS, INC. (AHP)

Phone: 855/357-0242

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