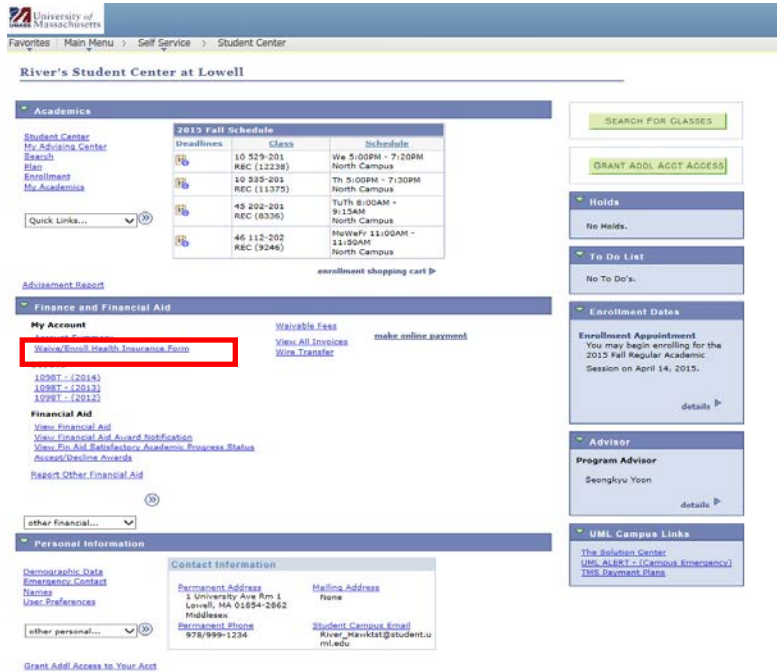


SiS – Enrolling in Health Insurance

1. Log into Student Self Service (SiS). If you have forgotten your password, you can reset it by using mypassword.uml.edu.
2. Select the Waive/Enroll Health Insurance Form link in Student Center.



University of Massachusetts Lowell
Favorites Main Menu > Self Service > Student Center

River's Student Center at Lowell

Academics

2015 Fall Schedule

Deadlines	Class	Schedule
10 529-201 REC (12238)	We 5:00PM - 7:20PM	North Campus
10 335-201 REC (11375)	Th 5:00PM - 7:30PM	North Campus
45 202-201 REC (8336)	TuTh 8:00AM - 9:15AM	North Campus
46 112-202 REC (9246)	MoWeFr 11:00AM - 11:50AM	North Campus

enrollment shopping cart

Finance and Financial Aid

My Account

Waive/Enroll Health Insurance Form

Waivable Fees View All Invoices make online payment
View All Invoices Wire Transfer

1098T -- (2014)
1098T -- (2013)
1098T -- (2012)

Financial Aid
View Financial Aid
View Financial Aid Award Notification
View On Aid Satisfaction Academic Progress Status
Access/Decline Awards
Report Other Financial Aid

other financial...

Personal Information

Demographic Data Emergency Contact Dates USC Preferences

other personal...

Contact Information

Permanent Address	Mailing Address
1 University Ave Rm 1 Lowell, MA 01854-2862	None

Addresses
Permanent Phone 978-999-1234 Student Campus Email River_Havkat@student.uml.edu

Grant Addl. Access to Your Acct

SEARCH FOR CLASSES
GRANT ADDL ACCT ACCESS

Holds
No Holds.

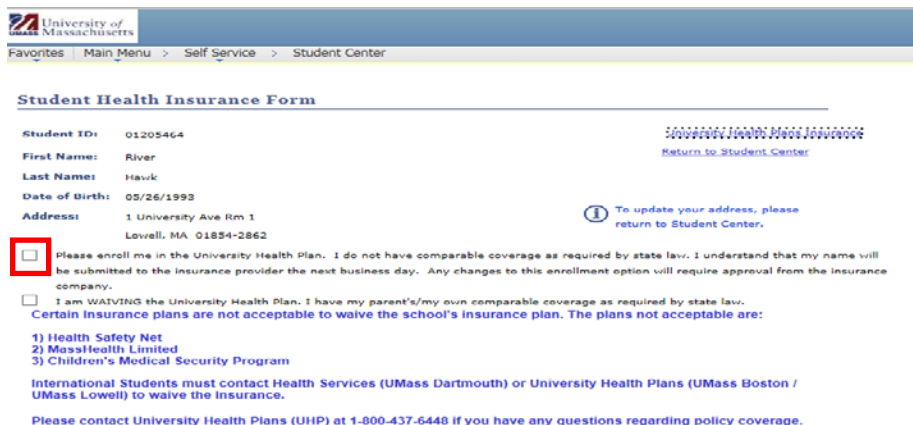
To Do List
No To Do's.

Enrollment Dates
Enrollment Appointment
You may begin enrolling for the 2015 Fall Regular Academic Session on April 14, 2015.

Advisor
Program Advisor
Seongkyu Yoon

UML Campus Links
The Solution Center
UML ALERT -- (campus Emergency)
UML Directories

3. You will be forwarded to the Student Health Insurance Form page. To enroll in the University Health Plan, click the appropriate check box to enroll in the University Health plan.



University of Massachusetts Lowell
Favorites Main Menu > Self Service > Student Center

Student Health Insurance Form

Student ID: 01205464
First Name: River
Last Name: Hawk
Date of Birth: 05/26/1993
Address: 1 University Ave Rm 1
Lowell, MA 01854-2862

To update your address, please return to Student Center.

Please enroll me in the University Health Plan. I do not have comparable coverage as required by state law. I understand that my name will be submitted to the insurance provider the next business day. Any changes to this enrollment option will require approval from the insurance company.

I am WAIVING the University Health Plan. I have my parent's/my own comparable coverage as required by state law. Certain insurance plans are not acceptable to waive the school's insurance plan. The plans not acceptable are:

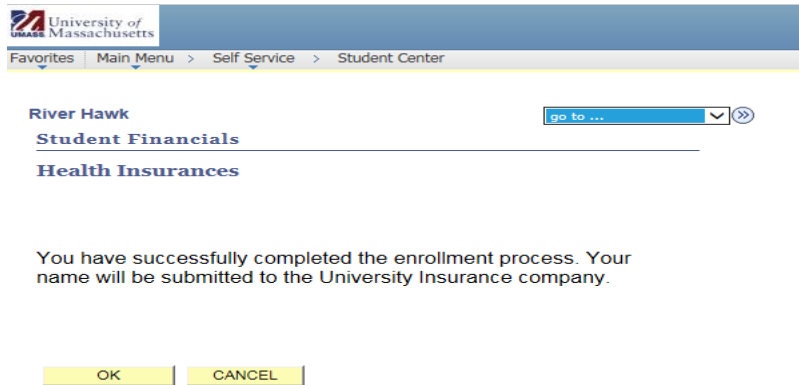
1) Health Safety Net
2) MassHealth Limited
3) Children's Medical Security Program

International Students must contact Health Services (UMass Dartmouth) or University Health Plans (UMass Boston / UMass Lowell) to waive the insurance.

Please contact University Health Plans (UHP) at 1-800-437-6448 if you have any questions regarding policy coverage.

4. Click

5. A notification will appear informing you that you have successfully completed the enrollment process.



6. Click

7. Congratulations! You have just enrolled in the University health plan.
End of Procedure.