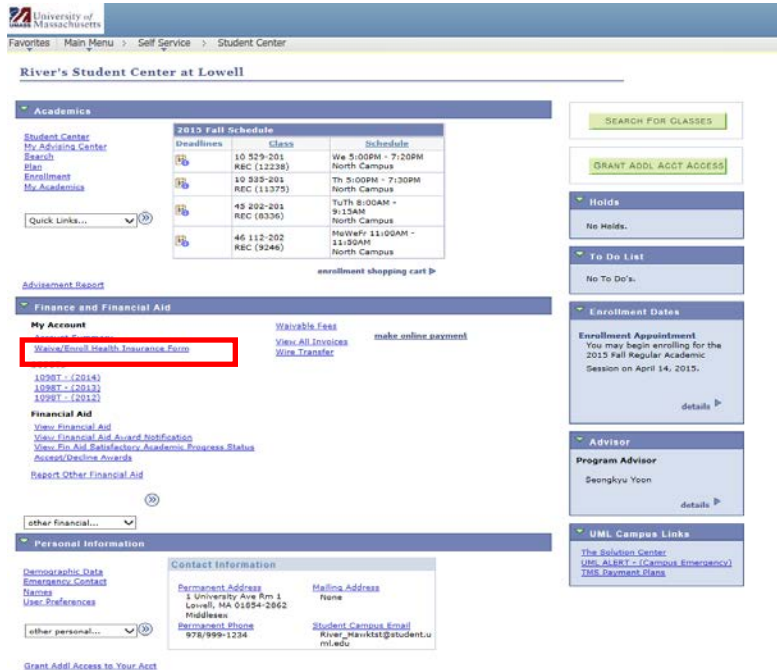


## SiS – Waiving Health Insurance

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



The screenshot shows the 'River's Student Center at Lowell' interface. Under the 'Academics' section, there is a '2015 Fall Schedule' table:

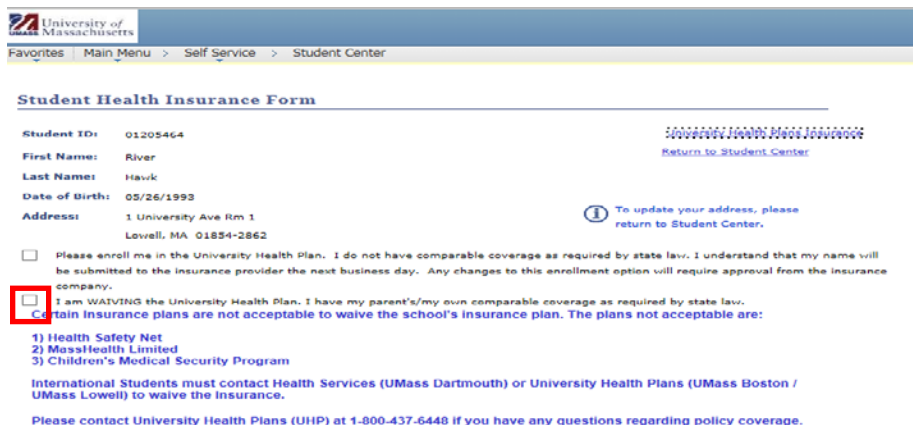
Deadlines	Class	Schedule
10 529-201 REC (12238)	10 529-201 REC (12238)	We 5:00PM - 7:20PM North Campus
10 529-201 REC (13375)	10 529-201 REC (13375)	Th 5:00PM - 7:30PM North Campus
45 202-201 REC (8336)	45 202-201 REC (8336)	TuTh 8:00AM - 9:15AM North Campus
46 112-202 REC (9246)	46 112-202 REC (9246)	MoWeFr 11:00AM - 11:50AM North Campus

Under the 'Finance and Financial Aid' section, the 'My Account' sub-section contains a red box around the link 'Waive/Enroll Health Insurance Form'. Other links include 'Waivable Fees', 'View All Invoices', 'Wire Transfer', 'make online payment', 'View Financial Aid', 'View Financial Aid Award Notification', 'View On-Set Satisfaction Academic Progress Status', 'Assess/Decline Awards', and 'Report Other Financial Aid'.

Under the 'Personal Information' section, there is a 'Contact Information' table:

Permanent Address	Mailing Address
1 University Ave Rm 1 Lowell, MA 01854-2862	None
Addresses	Student Campus Email
Permanent Phone: 978-999-1234	River_Hawkat@student.uml.edu

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



The screenshot shows the 'Student Health Insurance Form' page. The form includes the following information:

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

There is a 'Return to Student Center' link.

The form contains two checkboxes:

- 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

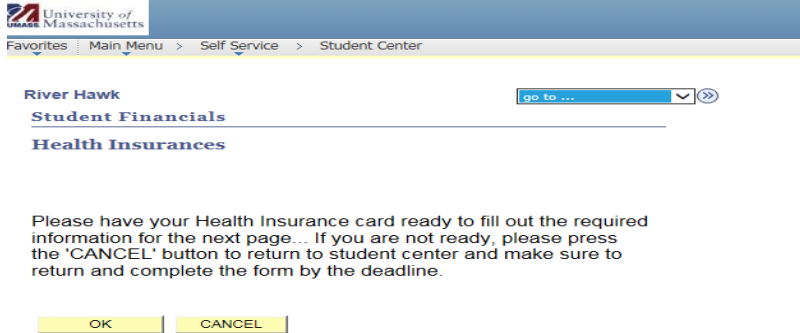
International Students must contact Health Services (UMass Dartmouth) or University Health Plans (UMass Boston / UMass Lowell) to waive the insurance.

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

4. Click **NEXT**

5.

A notification will appear informing you that the next step requires you to have your health insurance card ready.



University of  
Massachusetts

Favorites | Main Menu > Self Service > Student Center

River Hawk

**Student Financials**

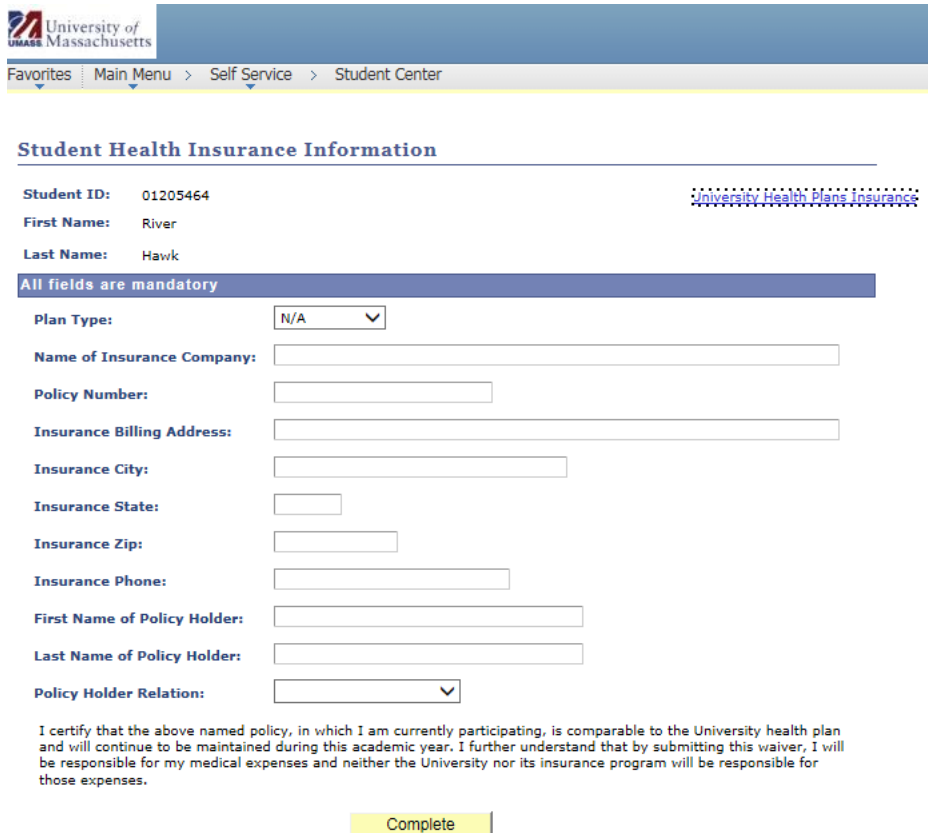
**Health Insurances**

Please have your Health Insurance card ready to fill out the required information for the next page... If you are not ready, please press the 'CANCEL' button to return to student center and make sure to return and complete the form by the deadline.

**OK** **CANCEL**

6. Click **OK**

7. Using the information found on your health insurance card, fill out the Student Health Insurance Information form.



University of  
Massachusetts

Favorites | Main Menu > Self Service > Student Center

**Student Health Insurance Information**

Student ID: 01205464 [University Health Plans Insurance](#)

First Name: River

Last Name: Hawk

All fields are mandatory

Plan Type:

Name of Insurance Company:

Policy Number:

Insurance Billing Address:

Insurance City:

Insurance State:

Insurance Zip:

Insurance Phone:

First Name of Policy Holder:

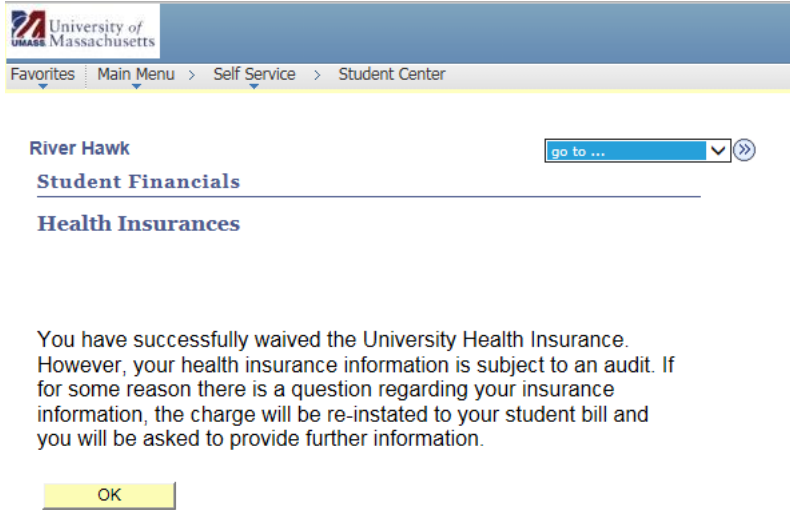
Last Name of Policy Holder:

Policy Holder Relation:

I certify that the above named policy, in which I am currently participating, is comparable to the University health plan and will continue to be maintained during this academic year. I further understand that by submitting this waiver, I will be responsible for my medical expenses and neither the University nor its insurance program will be responsible for those expenses.

**Complete**

8. Click
9. A notification will appear confirming you have successfully waived the University Health Insurance.



The screenshot shows the top navigation bar of the University of Massachusetts Lowell Student Center. The user is logged in as "River Hawk". The page title is "Student Financials" and the sub-section is "Health Insurances". A confirmation message states: "You have successfully waived the University Health Insurance. However, your health insurance information is subject to an audit. If for some reason there is a question regarding your insurance information, the charge will be re-instated to your student bill and you will be asked to provide further information." Below the message is an "OK" button.

10. Click
11. Congratulations! You have just waived health insurance.  
**End of Procedure.**