## STUDENT HEALTH INSURANCE WAIVER INSTRUCTIONS

If you are a **full-time student** and have accepted the University's Health Insurance: **DOMESTIC STUDENTS** have health insurance with **United Health Care 800.767.0700** or **customerservice@uhcsr.com** 

INTERNATIONAL STUDENTS go to haylor.com/college/stony-brook-university to download the waiver

\*If you are a TA/GA/RA please contact HR BENEFITS at 631.632.6180 to enroll in your employer-sponsored health insurance. (TAs and GAs enroll in NYSHIP. RAs enroll in UMR.) If you do not enroll in health insurance with HR Benefits, you WILL be charged for Student Health Insurance.

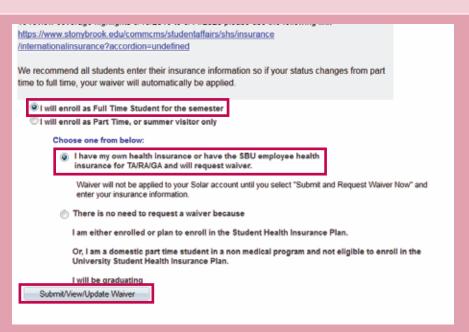




2 Click "Required Health Insurance/Waiver"



Click "I will enroll as Full Time Student for the semester" AND "I have my own health insurance or have the SBU health insurance for TA/GA/RA and will request waiver"



4 Fill in the SHIP (Student Health Insurance Waiver Request) IN FULL and Click "Submit my Health Insurance Waiver Request"

Print the completed form for your records.

Wolfie Seawolf To enter an effective date for your	insurance p	policy, please	e click on the	calendar next to	the applicabl	e box below	
* Insurance Company or Group:					- 3		
lesurance Company Telephone:							
* Subscriber ID:				Insurance group number			
Effective Date From:		ii.		Significan			
*Insurance Policy Holder Name:							
* Relationship to Student:	O Self	Parent	□ Spouse	Guardian	© Other		
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