

iSiS – Waiving Health Insurance

1. Once logged into iSiS

Click the **Self Service** link.

[▶ Self Service](#)

2. Begin by navigating to the **Student Center** page after you have logged into Student Self-Service.



The screenshot shows the 'Self Service' page with a 'Student Center' link highlighted in red. Other visible links include 'Class Search / Browse Catalog', 'Academic Planning', 'Enrollment', 'Campus Personal Information', 'Transfer Credit', 'Academic Records', and 'Personal Information'.

3. Click the **Health Insurance Form** link under the Finances tab.



The screenshot shows the 'John's Student Center at Lowell' page. Under the 'Finances' tab, the 'Health Insurance Form' link is highlighted with a red box. Other visible links include 'My Account', 'Waivable Fees', 'View Current Bill', 'Your 1098 Is', and 'Financial Aid'.

Deadlines	Class	Schedule
42 200-201 REC (9557)		MoWe 9:30AM - 10:45AM Room: TBA
42 292-201 REC (6845)		MoWeFr 11:00AM - 11:50AM Room: TBA
42 423-202 REC (39604)		TuTh 2:00PM - 3:15PM Room: TBA
84 101-201 REC (8305)		Tu 9:30AM - 12:20PM Room: TBA

- 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.

Student Health Insurance Form

Student ID: 01143205 [Koster Health Insurance](#)
 First Name: John [Return to Student Center](#)
 Last Name: Doe
 Date of Birth: 10/12/1984
 Address: 16 MAIN STREET
 LYNN, MA 01904-1060 i 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 am WAIVING the University Health Plan. I have my parent's/my own comparable coverage as required by state law.

- A notification will appear informing you that next step requires you to have health insurance card of your health care provider ready.

Please have your Health Insurance card ready to fill out the required information for the next page...

- Click OK

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

Student Health Insurance Information

Student ID: 01143205 [Koster Health Insurance](#)
 First Name: John
 Last Name: Doe

All fields are mandatory

RHD/PPD:

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.

- Click Complete

9. To waive coverage, you must answer a series of questions regarding your Health Care Provider.

Does your policy provide all of the following?

To waive coverage, you must answer a series of questions about your own private health insurance coverage. Consult your private insurance provider to determine the answers to these questions. Students who are covered under a parent/guardian's plan should review this information with the parent/guardian prior to completing the online waiver.

	Yes	No
1. Preventive and primary care?	<input type="radio"/>	<input type="radio"/>
2. Emergency care?	<input type="radio"/>	<input type="radio"/>
3. Surgical services?	<input type="radio"/>	<input type="radio"/>
4. Hospitalization benefits?	<input type="radio"/>	<input type="radio"/>
5. Ambulatory patient services?	<input type="radio"/>	<input type="radio"/>
6. Mental health services, both inpatient and outpatient?	<input type="radio"/>	<input type="radio"/>
7. Coverage for pre-existing conditions?	<input type="radio"/>	<input type="radio"/>
8. Coverage for accident or illness that occurs during travel outside of the U.S.?	<input type="radio"/>	<input type="radio"/>
9. \$50,000 minimum aggregate indemnity?	<input type="radio"/>	<input type="radio"/>
10. Coverage for outpatient care in the UMass area, including office visits, outpatient mental health care, laboratory and radiology procedures (coverage only for emergency care, does not satisfy this requirement)?	<input type="radio"/>	<input type="radio"/>

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

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.

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