

## **SiS** – Waiving Health Insurance

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

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**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.





4. Click NEXT

5.

6.

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

Massachusetts rites Main Menu > Self Service > Student Cen	ter
iver Howk	
Student Financials	go to
Health Insurances	
	ready to fill out the required

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

20						
University of Massachusetts						
Favorites Main Menu > Self Serv	rice > Student Center					
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Student Health Insuran	ice Information					
Student ID: 01205464		University Health Plans Insurance				
First Name: River						
Last Name: Hawk						
All fields are mandatory						
Plan Type:	N/A 🗸					
Name of Insurance Company:						
Policy Number:						
Torrest Dillion Address						
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					



10.

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



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