

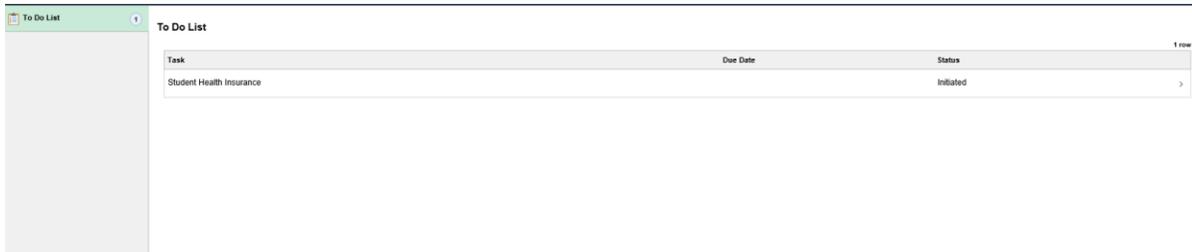
New Process for Fall 2022 Waiver Processing

Steps to Waive Student Health Insurance

1. Log into your catalyst account under [UC Catalyst](#) or the BearcatPortal.uc.edu for first year students.
 1. If logging on through Catalyst, this must be completed through the student account, not the parent delegated access and through a computer, laptop, or tablet device.
2. Click on **Tasks**



3. Click on **To Do** list on the left hand side



4. Click on **Student Health Insurance**
5. Click **Continue to Selection Page**

Continue to Selection Page

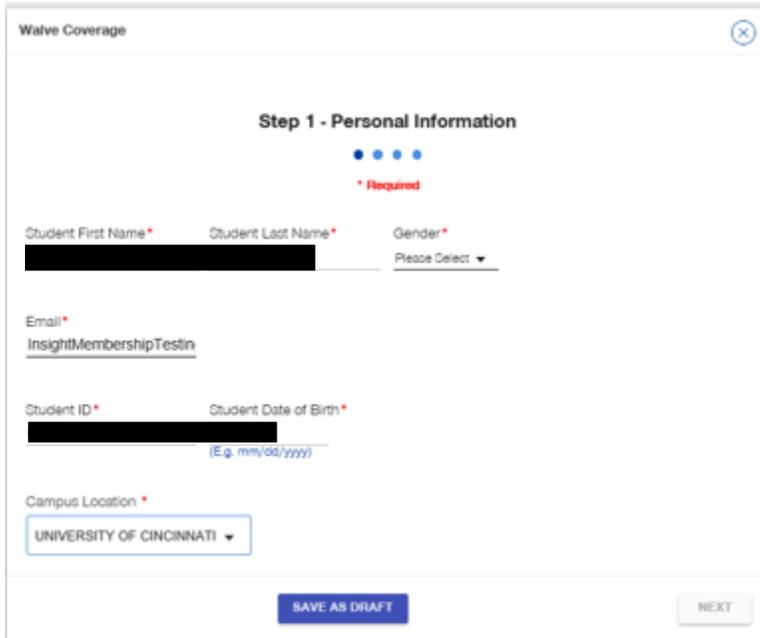
6. To waive the UC Student Health Insurance, click **Waive**

By clicking "WAIVE" you are verifying that you have coverage that meets the University's requirements and will not hold the University liable for any medical expenses. You are responsible for entering all required data and ensuring that the waiver is processed and approved. **If the waiver is denied, you are responsible for the charges on the account and will be enrolled in coverage.**

WAIVE

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7. The waive link redirects to the United Healthcare Center. Ensure that all pop-up blockers are turned off if not automatically redirected.
8. Step 1 - Personal Information will
 1. Update Gender.
 2. Verify that your student email is accurate.
 3. Click **NEXT**



The screenshot shows a web form titled "Waive Coverage" with a close button in the top right corner. The form is titled "Step 1 - Personal Information" and has four blue dots indicating progress. A red asterisk and the word "Required" are centered above the form fields. The fields are: "Student First Name*" (with a blacked-out value), "Student Last Name*" (with a blacked-out value), "Gender*" (with a dropdown menu showing "Please Select"), "Email*" (with the value "InsightMembershipTestin"), "Student ID*" (with a blacked-out value), "Student Date of Birth*" (with a blacked-out value and a hint "(E.g. mm/dd/yyyy)"), and "Campus Location*" (with a dropdown menu showing "UNIVERSITY OF CINCINNATI"). At the bottom of the form are two buttons: "SAVE AS DRAFT" and "NEXT".

1. Step 2 - Waiver Questions
 1. Read through the list of waiver requirements
 2. Answer question 1 - Verify that your insurance meets the listed requirements.
 - a. If **YES**, you are eligible for a waiver
 - b. If **NO**, you are not eligible for a waiver
 3. Answer question 2 - Verify that you understand that the waiver information will be reviewed, and if not verified you will be enrolled in the University Student Health Insurance and responsible for the charge.
 - a. If **YES**, you are eligible to continue with the process
 - b. If **NO**, you are not eligible to continue with the process
4. Click **NEXT**



Step 2 - Waiver Questions



Your insurance must meet the following requirements to waive the University Student Health Insurance coverage:

- Be active the entire time you are enrolled in classes.
- Have access to care within 50 miles of the University.
- Contains no exclusions or limitations for pre-existing conditions.
- Contains no limitations on benefits and is not a short-term plan.
- Based through a U.S. insurance company and claims administrator.
- Comparable to the UC Student Health Insurance policy.
- Include services for: ambulatory, emergency, hospitalization, maternity, newborn care, mental health, substance use disorder, behavioral health, prescription drugs, preventative care, wellness care, laboratory, rehabilitative services and devices.

[Hide Text](#)

1. I verify that my insurance meets the above listed requirements. Yes No

2. I understand the insurance information I am providing will be reviewed for approval upon submission of this waiver request. If my insurance cannot be verified or does not meet the listed requirements, my waiver request will be denied, and I will be charged and enrolled in the University Health Insurance Plan. Yes No

BACK

SAVE AS DRAFT

NEXT

9. Step 3 - Insurance Information

1. You are required to provide your current insurance information:
 - i. **Member ID**
 - ii. **Group #**
 - iii. **Policy Holder First Name**
 - iv. **Policy Holder Last Name**
 - v. **Policy Holder Date of Birth**
 - vi. **Policy Holder Relationship to Student**
 - vii. **Policy Holder Gender**
 - viii. **Policy Holder Address**
 - ix. **Policy Holder City**

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- x. **Policy Holder State**
 - xi. **Policy Holder Zip Code**
 - xii. **Insurance Company Name**
2. **Upload a copy of the front and back of your ID card**
 - i. A recent verification of coverage letter may also be uploaded if you have previously had issues with a waiver being processed.
 3. Click **NEXT**

10. Step 4 - Sign and Submit

1. Type your name on the signature line to agree to the terms
2. Click **SUBMIT**

Waive Coverage



Step 4 - Sign and Submit



* Required

Note: To avoid issues with your submission, we recommend you use a Wifi or other high speed internet connection.
Once you submit, please be patient while the system is processing your submission.

I am affirming that my insurance policy will provide the coverage as outlined above. I hereby release University of Cincinnati of any responsibility of my health care and I will assume all financial responsibility related to my health care while attending the University of Cincinnati.

Signature *

_____ 05/24/2022

BACK

SUBMIT

11. You will receive an automated response on the screen that the waiver is processing.

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Dear Student,

Thank you for submitting your Student Health Insurance waiver request. Your waiver request is Pending Verification while we confirm that you have active coverage that meets the requirements established by University of Cincinnati Main Campus.

You will receive an email confirming the status of your waiver once this review is complete.

Please allow up to 5 business days to receive a response.

Thank You.

[CLOSE](#)