Colorado School of Mines Enrollment/Waiver Process User Guide



| WARNING | : This session will expire in 24 Minutes and 56 Seconds . |
|--|---|
| | Student Dashboard |
| WAIVE Reference Number. Status Note: | Based on your student classification, student health insurance waivers are not currently open for submission. Please refer back to your school's student health insurance website for a timetime regarding the next open waiver period. |
| view your waiver list>> | |
| Student Name. Student ID: Email. Phone | |
| View/Update account information >> | |
| Colorado School of Mines- All Students 1770 Elm Street #236, Golden, CO 80401 Tel(303) 273-3388 | |

Select the blue button to waive coverage or the green button to enroll in the insurance plan. You will have 25 minutes to complete your waiver submission before the system times out.

| | Student Dashboard |
|--|---|
| erms & Conditions: E | nrollment in student health insurance |
| Coverage Purchase is final. A 2. Coverage will be effective on th 3. Rates are not pro-rated other th 4. Applicant must meet the eligibility not been in force and the premi 5. Applicant has read the Brochur 6. FRAUD ONTCE: It is a crime 1 and/or fines. In addition, the lins 7. I understand my information is 8. AHP's website and services are 9. A student's enrollment into ti yeer, including summer. | Io cancellations or refunds will be issued. e Effective Date of the coverage period. an as listed in the Master Policy. Ity requirements for this coverage as described in the Brochure. If it is later determined that the applicant is not eligible, coverage will be deemed to um will be returned. a and understands all eligibility requirements, benefit descriptions and exclusions explained in the Brochure. o provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonmen urer may deny insurance benefits if false information materially related to a claim was provided by the applicant. protected by privacy laws and will be released only in accordance with these laws. so only intended for, and directed to, applicants located in the United States. be Student Health Insurance Plan is an annual selection. The enrollment selection that the student chooses is binding for the entire acade |



If you choose to enroll by clicking the green button, you will prompted to read the Terms and Conditions and enter your initials.

| Colorado School of Mines | | | 9.00% | | |
|--|--|-----------------------------|---|---|---|
| Waiver Request Information Form | | Attach File 2 | Browse | Attach File 4 | Browse |
| Domestic Undergraduate Students Only | / | | | | |
| | | Student Information | | | |
| | | First Name* | | Middle Name | |
| | | Last Name* | AHPTEST | Student ID* | AHPTEST |
| an (SHIP) unless they are eligible to waive the coverage based on evider | nce of alternate insurance coverage. This form allows you to apply for a | Gender* | Female ~ | Birth Date (mmddyyyy)* | 01/01/1990 |
| Health Insurance Plan, underwritten by National Guardian Life, is admir iver of SHIP and must provide evide | inistered by Academic HealthPlans. The insurance premium is ice please contact Academic HealthPlans Customer | School Email* | | Personal Email | |
| | | Parent/Alternate Email | | Phone Number* | |
| | | Policy Holder Information | | | |
| of your medical insurance card. 2. A copy of your full insurance polic and percentages, hospital benefits, surgery benefits, mental health I | cy (This document is a multi-page document that provides a detailed benefits, etc.). Please allow 5-7 business days to receive your waiver | Insurance Company Name* | × | Member ID* | |
| is link to your browser: | | | Not listed? Click here to add to the list. | Member Service Phone # | |
| | | First Name (Policy Holder)* | | Last Name (Policy Holder)* | |
| Attach File 2 | Browse | Address (Policy Holder)* | | City (Policy Holder)* | |
| | | | | State (Policy Holder)* | ~ |
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| See to waive by clicking the o attach proof of insurance in Haath Insurance PIIn 1 achnowledge that 1 am legaly responsible for any and all me to any medical expenses 1 may incur by electronically submitting this form 1 alleft th oved, 1 will receive a credit, posted on my student account within the next 5 to 7 business Sudent's Signature (or Parent's Signature if student is under Age 15)* Busdent's Signature (or Parent's Signature if student is under Age 15)* Please allow five to seven business days for waivers t Submit Waive ***INPORTANT NOTE - PLEASE REF | blue button, you will be c. deal expenses during my enrollment at Colorado School of Milles, and that the information provided about my health insurance coverage is true and degs. Date but is true and correct to the best bo be processed. EAD*** | 7 Once yo Informa | Dur proof of insur ation chart. | cance is upload | aded, complete aded , complete a problem with your a problem with your b previously changed your , information pertaining to ns, follow these steps: Login to enter your motions |
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Questions? Please go to csm.myahpcare.com and click on the "Get Help" dropdown