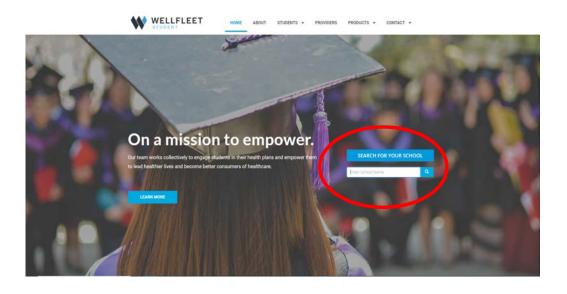


# UNIVERSITY OF INCARNATE WORD WAIVER PROCESS

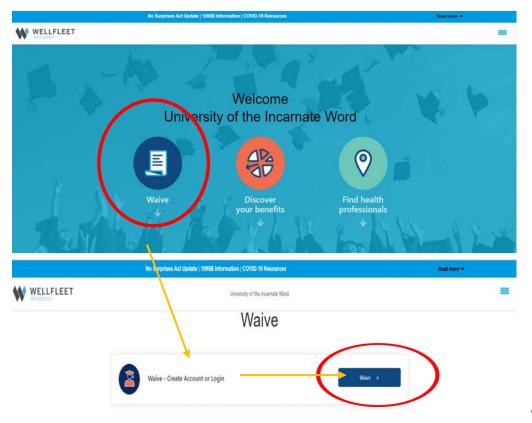
**Active with the option to Waive** 

# Waiver Process Steps 1 & 2

**Step 1**: Students will go to: <a href="www.wellfleetstudent.com">www.wellfleetstudent.com</a>
Under "Search for your School" type in the name of your College or University.

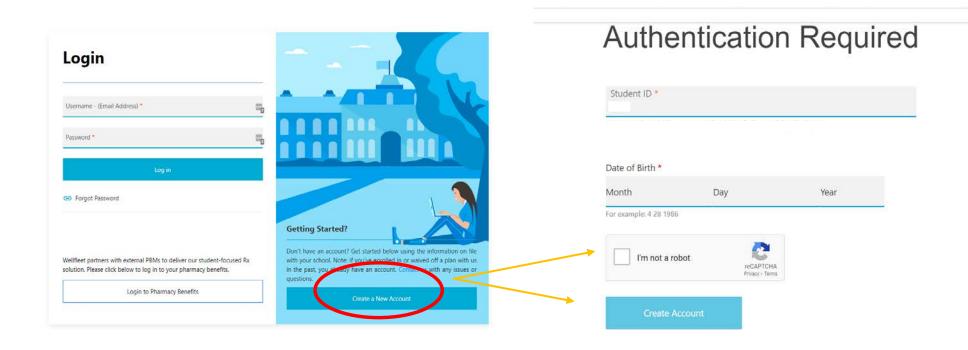


**Step 2**: Welcome to your School's Student Insurance Landing Page. From this page, select **"Waive"**. On the very next screen, **Waive - Create An Account** select, **"Waive"** to proceed.



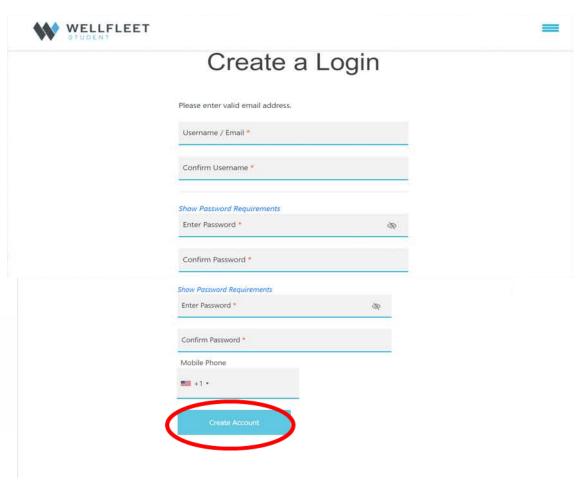


**Step 3**: New Students using the Wellfleet site must "**Create a New Account**". Returning user can proceed to Login. To Create a New Account, Authentication is required. Students must enter their School ID and Date of Birth. Check "I'm not a robot" and then "Create Account".





**Step 4**: The next step - "Create a Login". Complete all the requested information and select "Create Account".



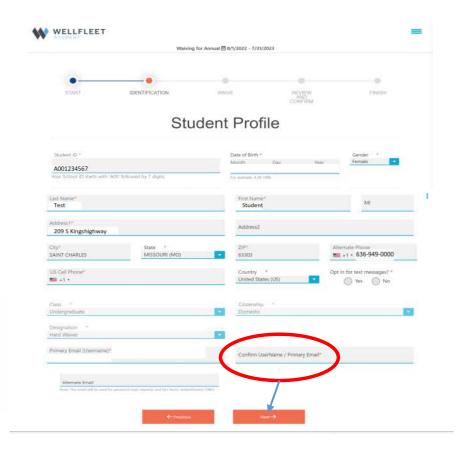


**Step 5**: Once the student has Created their Login information they will be logged into their Current Record. From here the student would select "Waive" to proceed.

The Residence of the	nications 🕶 Benefits	Claims V Student Option	ns V Contact Us V	Admins Spartacus	
Commun	ilications  Benefits	Claims Student Option	ns Contact Us	Admins Spartacus	
			j	< BACK	LOGOUT
Current Record	:Annual	History: Annual - 2022/20	23 active 🗸		
ACCOUNT INFORM	IATION				
Nam	e: Test, Student	Insurance ID:			
DO	B: 11/11/2000	Gender:	F		
Ema		Password:	***** [change]		
Confirmation #:	#:	Record Created By:	IMPORT		
		Record Created On:			
Last Logi	n: Has not logged into account Record created on 5/16/202	School ID:	A001234567	44	
Enroll Status / Plan Typ	11012 Transport of Children (1981)	- Waive		***	2.
	A LIGHT A MANA	- Malva	Deint ID Cont/o)	WELLFI	LEET
			Print ID Card(s)		
POLICY INFORMAT	TON				
Coverage Anni	ual	Record Year:	22/23		
Coverage Dates: 8/1/2	2022 - 7/31/2023	Coverage:	SHIP		
Class: Und	ergraduate	Citizenship:	Domestic		
Coverage Type: S					



**Step 6**: **Student Profile.** Confirm all fields represented with an "\*" are correct. Complete information where needed. To Confirm Username / Primary Email and Select "Next".





**Step 7:** All eligible students are automatically enrolled as "active" with the option to "waive". The following message will appear: "We have detected you have an active enrollment record for the coverage period displayed. By continuing, you are requesting to waive the Student Health plan for this period".

Select "Next"

START IDENTIFICATION WAIVE REVIEW AND CONFIRM

Save & Continue Later

We have detected you have an active enrollment record for the coverage period displayed above. By continuing, you are requesting to waive the student health plan for this period.



Next ->

**Step 8**: For Students who select to waive. Enter waiver insurance information in this section. Copy of Insurance Card can be uploaded during this process. Once the information is completed, select Next to continue.

### Waiver Insurance Information

	♂ Save &	Continue Later	
Subscriber ID / Member ID *		Group / Plan ID * EDAINC	
Policy Holder First Name *		Policy Holder Last Name *	
Relationship to Policy Holder * child		Policy Holder Doð *	Policy Holder ZIP * 01028
Health Insurance Company AFLAC			
Insurance Company Address * 678 North Woods Rd		Insurance Company Address2	
Insurance Company City * Chicago	Insurance Company State ILLINOIS (IL)	insurance Company Zip * 60689	Insurance Company Phone * 5802225463
	Upload insurance id Card  Deload	Upload Schedule Of Benefits  Upload	
	← Previous	Next ->	
		8	



**Step 9**: Real-time verification process begins with students being shown a notice of their waiver status and receiving and email with their waiver status.

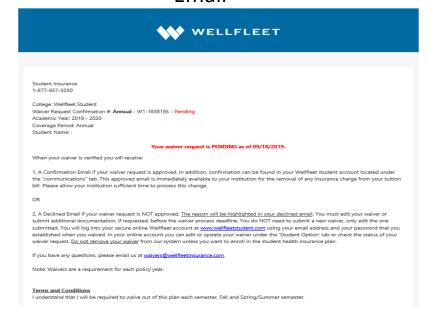
Types of Waiver Status: Approved, Pending or Declined. If pending or declined, additional information may be required of the student.

# Real-time Your Confirmation number is: W1375-1666397 Your waiver is PENDING Please keep this waiver confirmation number for your records. You will also receive an email confirming your waiver status.

Print and save this information.

WELLFLEET

### Email

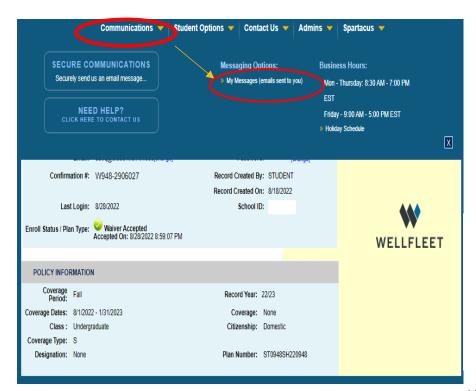




### **Email Communications**

All system generated email communications can be view within the student's Wellfleet Account.

In the student's account, choose "My Messages (emails sent to you) from Communications drop down



Choose the email you want to view by clicking on the name of the email (in blue). The email will expand and the option to resend is made available.

# Insured Name: Address: Id Number: Id Number: Cell phone#: To: \*\*Manufact -- Your Waiver Request Status - Approved -- Spr/Sum \*\*Standard Insurance\*\* 1-977-697-9030 College: University of the Incornate Word Academic Year: 2022 -- 2023 Coverages Phonost Residuest Status -- Approved -- Spr/Sum \*\*Standard Insurance\*\* 1-977-697-9030 College: University of the Incornate Word Academic Year: 2022 -- 2023 Coverages Phonost Residuest Status -- Approved -- Spr/Sum \*\*Standard Insurance\*\* 1-977-697-9030 College: University of the Incornate Word Academic Year: 2022 -- 2023 Coverages Phonost Residuest Status -- Approved -- Spr/Sum \*\*Standard Insurance\*\* 1-977-697-9030 College: University of the Incornate Word Academic Year: 2022 -- 2023 Coverages Phonost Residuest Status -- Approved by Weilfleet for the Spr/Sum coverage period (2023-02-01 -- 2023-07-31). This



### **Email Communications (cont.)**

### Pending Waiver Email

Student Insurance 1-877-657-5030

College: University of the Incarnate Word

Waiver Request Confirmation #: Fall - W948-2869242 - Pending

Waiver Request Confirmation #: Spr/Sum - W948-2869242SS - Pending - Will be verified at a later date

Academic Year: 2022 - 2023 Coverage Period: Fall

Name:

Your waiver request is PENDING as of 08/19/2022.

When your waiver is verified you will receive:

1. A Confirmation Email if your waiver request is approved. In addition, confirmation can be found in your Wellfleet student account located under the **Communications Tab**. This approved email is immediately available to your institution for the removal of any insurance charge from your tuition bill. Please allow your institution sufficient time to process this change.

OR

2. A Declined Email if your waiver request is NOT approved. The reason will be highlighted in your declined email. You must edit your waiver or submit additional documentation, if requested, before the waiver process deadline. You do NOT need to submit a new waiver, only edit the one submitted. You will log into your secure online Wellfleet account at <a href="https://www.wellfleetstudent.com">www.wellfleetstudent.com</a> using your email address and your password that you established when you waived. In your online account you can edit or update your waiver under the **Student Options Tab** or check the status of your waiver request. Do not remove your waiver from our system unless you want to enroll in the student health insurance plan.

If you have any questions, please email us at waivers@wellfleetinsurance.com.

Note: Waivers are a requirement for each policy year.



### **Email Communications (cont.)**

### **Declined Waiver Email**

Student Insurance 1-877-657-5030

College: University of the Incarnate Word

Academic Year: 2022 - 2023 Coverage Period: Fall

Name:

### Your waiver request is DECLINED as of 08/25/2022.

**Reason**: Active proof of coverage required, please submit current eligibility documentation - Please upload current documentation that includes your name and displays the coverage dates of your current insurance plan. A confirmation letter including plan dates or active status, or a screenshot from your online member portal is acceptable.

### IMPORTANTI

Your Fall waiver request for the 2022 - 2023 plan year with the information you provided has been Declined (See Reason Above), and at this time the Student Health Insurance Plan charge will remain your responsibility. You may update your declined waiver and upload requested documentation simultaneously within your Wellfleet account before the waiver process deadline. After the waiver process deadline, no updates will be accepted.

Please double check the information that you have provided and login to your Wellfleet student account. You may see multiple accounts once you login, simply click 'View' next to the appropriate coverage period and then you will see the option to update your waiver. Do not remove your waiver from our system unless you want to enroll in the student health insurance plan.

Our Customer Service Department can be reached at 1-877-657-5030 and will work with you to process the correct waiver information. We look forward to hearing from you.

Thank You,

Wellfleet Student Insurance Customer Service Waiver Department



### **Email Communications (cont.)**

### Approved Waiver Email

Student Insurance 1-877-657-5030

College: University of the Incarnate Word

Waiver Request Confirmation #: Fall - W948-2024532 - Approved

Waiver Request Confirmation #: Spr/Sum - W948-2024532SS - Pending - Will be verified at a later date

Academic Year: 2021 - 2022 Coverage Period: Fall

Name:

### Your waiver request is APPROVED as of 06/04/2021.

Your waiver request has been verified and approved by Wellfleet for the Fall coverage period (08/01/2021 - 01/31/2022). This approved email is immediately available to your institution for the removal of any insurance charge from your tuition bill. Please allow your institution sufficient time to process this change.

If we can further assist you, please contact us at 1-877-657-5030 or email us at waivers@wellfleetinsurance.com.

If you become ineligible for your insurance during the semester, this may be a Qualifying Life Event (QLE) that would allow you to enroll in the student insurance. With a QLE, you must enroll in the plan and pay the insurance premium within the required Special Enrollment Period as stated in the policy. A certificate of coverage will be required to verify the QLE. Cancelling coverage for which you are still eligible or ceasing to pay premiums under another plan is not a QLE

Thank you,

Wellfleet Customer Service Waiver Department



# THANK YOU

