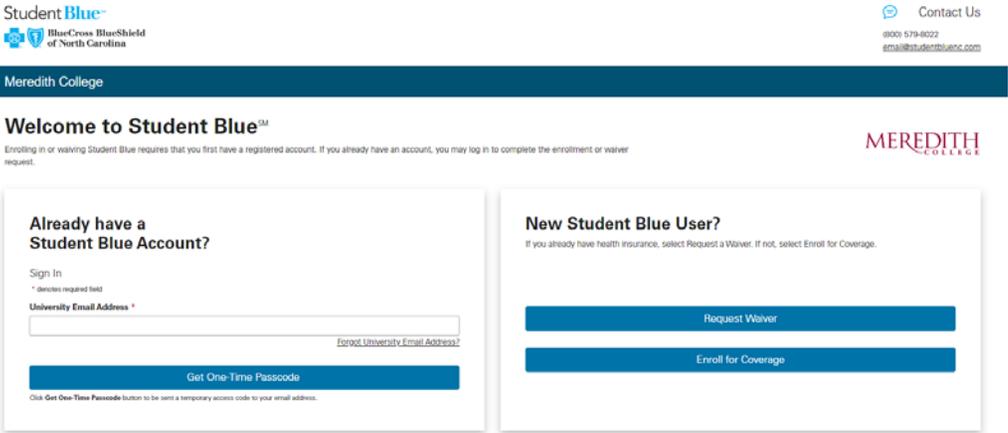
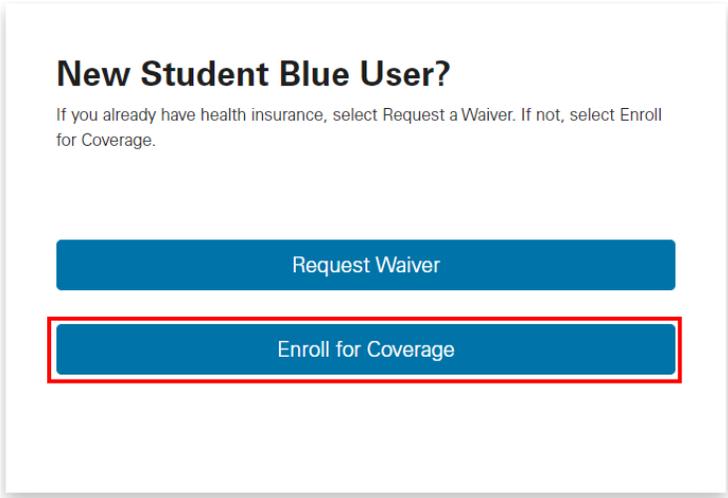


## New Student – Enrollment Request

This document will show you how to set up your account in the Student Blue portal and submit a request for enrollment in the Student Blue plan.

<p>1. Start by navigating to <a href="https://studentblue.bcbsnc.com/mc/login">https://studentblue.bcbsnc.com/mc/login</a></p>	 <p>The screenshot shows the Student Blue login interface for Meredith College. At the top, there is a navigation bar with the Student Blue logo, BlueCross BlueShield of North Carolina logo, and Meredith College name. Below this is a 'Welcome to Student Blue' message. Two main tiles are visible: 'Already have a Student Blue Account?' with a 'Sign In' field and a 'Get One-Time Passcode' button, and 'New Student Blue User?' with two buttons: 'Request Waiver' and 'Enroll for Coverage'.</p>
<p>2. In the <i>New Student Blue User?</i> Tile, select the <i>Enroll for Coverage</i> button</p>	 <p>This is a close-up of the 'New Student Blue User?' tile. It contains the text 'New Student Blue User?' and a sub-instruction: 'If you already have health insurance, select Request a Waiver. If not, select Enroll for Coverage.' Below this text are two blue buttons: 'Request Waiver' and 'Enroll for Coverage'. The 'Enroll for Coverage' button is highlighted with a red border.</p>

3. Enter your Meredith student ID number, making sure to include the leading zero in your ID number (as shown on your Meredith CamCard).
4. Enter your Date of Birth using the MM/DD/YYYY format
5. Click on the blue *Continue* button

## Enroll for Coverage

Please note: This process will require you to register, setup your Student Blue user credentials and Enroll into Student Blue.

### Student Information

\* denotes required field

#### Unique Student Id \*

Your Unique Student ID is issued by Meredith College. It is NOT your social security number or any part of your email address. If you do not know your Student ID, please contact your University for assistance. Please be sure to include the leading zero on your Student ID number.

Example: 0123456

#### Date of Birth (mm/dd/yyyy) \*

Continue

6. Confirm that the information in the *Student Info* section is correct and hit the *Continue* button at the bottom of the page

Student Information

\* denotes required field

First Name \*

Middle Initial

Last Name \*

Student ID

Date of Birth

Social Security Number  
The Meredith Care Act requires most people have health insurance. Providing your Social Security and ITIN numbers helps you get credit for having health insurance.

Gender \*  
 Female  
 Male

Student Class \*  
 Graduate  
 Undergraduate

Student Type \*  
 Domestic  
 International

Continue

7. Confirm your Meredith email address, enter a second email address (i.e. your personal email address or a parent's email address). The secondary email will only receive copies of emails for actions taken in the portal but cannot be used to access to the account.
8. Enter up to two mobile phone numbers and opt-in to receive SMS messages from Student Blue (optional)
9. Click *Continue* to move to the next section

**Account Information**

\* denotes required field

University Email Address \*

Confirm University Email Address \*

Secondary Email Address \*

Confirm Secondary Email Address \*

Primary Mobile Phone Number

Yes, I would like this number to receive SMS Text Message Notifications.

No, I would like this number to receive SMS Text Message Notifications.

Secondary Mobile Phone Number (e.g. Parent's Mobile Phone)

**Continue**

10. Complete the *Enrollment Info* section by entering in the mailing address that you would like to have your insurance cards for the Student Blue plan sent to. If you need to update your address after you enroll, you can always contact the Student Blue customer service team to make any changes.

**Enrollment Information**

\* denotes required field

Address Line 1 \*

Address Line 2

City \*

State \*

Zip Code \*

**Continue**

11. The *Dependent Info* section is only needed if you have and dependents (i.e. a spouse, domestic partner or child) that you wish to have covered under your Student Blue plan. If you do not, just click on the *Continue* button to move onto the next section.

**Dependent Insurance**  
\* denotes required field

If you wish to insure your spouse, same-sex domestic partner and/or children as dependents, please apply below. The premium amount due for dependent coverage is paid directly to BCBSNC.

We will bill you monthly for dependent insurance.

Dependent Type	Annual Cost
Spouse / Domestic Partner Cost	\$3,192.00
Children Cost	\$4,788.00
Family Cost	\$7883.00

[Add Dependent Coverage](#)

[Continue](#)

12. In the *Authorization* section, you will have to review the *Notice of Special Enrollment* and then review and agree to both the *Statement of Understanding* and the *Authorization for Release of Personal Health Information*.

**Authorization**  
\* denotes required field

**Notice of Special Enrollment**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance (including Medicaid or Children's Health Insurance Program (CHIP)) or group health plan coverage, you may be able to enroll yourself and the dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (other than Medicaid or CHIP) or if the employer stops contributing towards your or your dependents' other coverage and within 60 days after the loss of Medicaid or CHIP eligibility. In addition, if you have a new dependent as a result of marriage, birth, adoption, placement for adoption or foster care, or by court order, you may be able to enroll yourself and your dependents. You must request enrollment within 30 days after the qualifying life event, unless adding a dependent child will not change your coverage type or premiums that are owed. For questions or to obtain more information, contact: Blue Cross and Blue Shield of North Carolina PO Box 2073, Durham, NC 27702 (800) 579-6022.

**Statement of Understanding**

I understand that by signing below, I am agreeing to the following: 1. I understand that the coverage applied for will not be issued unless BCBSNC finds that I am eligible for this coverage as of the date of the application according to its policy. 2. I understand that as long as I am enrolled in this coverage, I will not be eligible to enroll in any other BCBSNC or any other Blue Cross or Blue Shield plan. 3. I certify that all statements on this application are complete and true. I understand that for a period of two years from the date of this application, BCBSNC may rescind my policy for any acts or practices that constitute fraud or if I make an intentional misrepresentation of material fact. If fraudulent statements were made, BCBSNC may take legal action at any time. 4. As primary applicant, I warrant that I am authorized to agree to the above statements on behalf of all my dependents under age 18. (Applicant spouse and applicant dependents age 18 or older must sign below.)

**Authorization for Release of Personal Health Information**

I understand that my protected health information is individually identifiable health information, including demographic information, collected from me or created or received by a health care provider, a health plan, or a health care clearinghouse and that relates to:

13. The *Review & Application Signature* section allows you to review all the information you have entered and go back to edit anything that needs to be updated.

14. Once you are satisfied that the information submitted is correct, you will need to check the box in order to complete the electronic *Application Signature*.

15. You can then click *Submit* to process your enrollment request.

16. A confirmation screen will show you your completed enrollment request, including a confirmation number for your transaction. From this screen you can also access a print-friendly version of the enrollment application and navigate to the dashboard of your Student Blue account.

## Enrollment Request - Fall 2020

MEREDITH COLLEGE

 You have successfully enrolled in Student Blue.

Your confirmation number is:  
E-95BBF9171893FD6

A confirmation email will be sent to you from [nonoly@studentblueinc.com](mailto:nonoly@studentblueinc.com). Please keep a copy for your records.  
To view your plan benefits, please visit [www.studentblueinc.com/benefits](http://www.studentblueinc.com/benefits).

[Go to Dashboard](#)

## Enrollment Request - Fall 2020

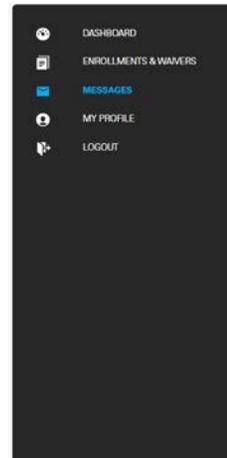
### Transaction Information

University Name	Meredith College
Term	Fall 2020
Transaction Type	Enrollment
Confirmation #	E-95BBF9171893FD6
Submitted	6/17/2020 8:44 PM

### Student Information

First Name	JESSICA
Middle Initial	-

17. Confirmation emails will be sent to you both the primary and secondary email address. They are also available by clicking on the *Messages* option on the left navigation when you are logged into the Student Blue portal.



[Back to Messages](#)

Jun 17, 2020 8:44 PM

### Student Blue Enrollment

Email sent to: [studentbluepedest1-0017@gmail.com](mailto:studentbluepedest1-0017@gmail.com), [parent@gmail.com](mailto:parent@gmail.com)

\*\*\*\* This is an automatically generated email. Please do not respond as it will not be received. \*\*\*\*

University Name: Meredith College  
Enrollment Confirmation #: E-95BBF9171893FD6  
Coverage Period: Policy Year 2020/2021

Dear Jessica Doe,

This email serves as confirmation of your transaction for the Meredith College Medical Insurance Plan for the Policy Year 2020/2021. The coverage period for this policy will be from 6/1/2020 to 7/31/2021. Your enrollment for the Policy Year 2020/2021 will be activated by 6/1/2020 or within 5 business days of your transaction, whichever is later. The premium must be billed and paid through your student account.

**Please retain a copy of this email for your records.**

Please check your university student account to see if you have been charged for this insurance. If you have not been charged, you may not be covered, and you should contact the insurance office at your student health center immediately.

Do not hesitate to contact us if you have questions. You can call us at 800-579-8022 or email us at [email@studentblueinc.com](mailto:email@studentblueinc.com). Student Blue™ Customer Service is here to assist you.

Important plan information is available at [www.studentblueinc.com/meredith](http://www.studentblueinc.com/meredith), including benefit details, health and wellness resources, a provider locator, and relevant forms.

You may also review further information regarding the insurance plan and your college's requirements at [www.meredith.edu/health](http://www.meredith.edu/health).

Thank you,  
Student Blue™ Customer Service