

New Student – Waiver Request

This document will show you how to set up your account and complete a waiver in the Student Blue portal as a new student. Please note: it is recommended that you have a copy of your insurance card for the insurance policy that you plan to use to waive out of the Student Blue plan before you begin.

1.	Start by navigating to <u>https://studentblue.bcbsnc.com/mc/login</u>	Student Blue* Or Control of Number Canadiana Image: Weich Canadiana Meredith College Weich Come to Student Blue*M Enrolling in control of Student Blue*M Enrolling in controls Student Blue endures that you first have a negativered account. If you already have an account, you may log in to complete the enrolline of varier Merecetter	ntact Us 2 thbuenc.com
		Already have a Student Blue Account? Sign In * ensure read Matrixes * Concent Final Address *	
2.	In the <i>New Student Blue User?</i> Tile, select the <i>Request Waiver</i> button	New Student Blue User? If you already have health insurance, select Request a Waiver. If not, select Enroll for Coverage. Request Waiver Enroll for Coverage	

Request Waiver You must create an account to waive Student Blue coverage. Have your insurance ID card available to complete the online waiver request. Enter your Meredith student ID number, making sure to 3. Student Information include the leading zero in your ID number (as shown on your * denotes required field Meredith CamCard). Unique Student Id * Your Unique Student ID is issued by your University. 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 0012345 4. Enter your Date of Birth using the MM/DD/YYYY format Example: 0123456 Date of Birth (mm/dd/yyyy) * 5. Click on the blue *Continue* button 01/23/1994 Continue 0 0 0 0 Studient Info Account Info impurance Info **Review & Certification** Student Information * denotes required field First Name 8 Jessica Middle Initial Last Name 6. Confirm that the information in the Student Info section is 8 Doe correct and hit the Continue button at the bottom of the page Student ID 8 0012345 Date of Birth 8 1/23/1994 Gender O Female Male Student Class Graduate O Undergraduat Student Type O Domestic International



12. Next, you will need to enter the policy number for the plan that you're covered under. This could also be your subscriber identification number or your member number, depending on what type of insurance you have.	Policy Information Policy Number (Numbers and Letters ONLY) * Depending to your impures provider this number may be listed as a Placy, Mumber, Account, Errollee, or Subcrolleer identification number. ABC122450789 O12245				
 Most plans will have a group or a plan number you can include that here as well. 	Policy Holder First Name * Policy Holder Middle Initial Policy Holder Last Name * Doe				
14. You will also need to include the first name, last name and date of birth of the policy holder. If you are on your parent's plan, your relationship to the policy holder will be child. If this is your insurance plan than the relationship is self.	Student's Relation to Policy Holder * Child (Student's the Child of the Policy Holder) * Policy Holder Date of Birth * 02/03/1973				
15. In the <i>Comparable Coverage</i> section, you will need to verify that your plan meets Meredith College's health insurance requirement, including that the plan will cover you in Raleigh, NC.	Comparable Coverage Valid waiver requests MUST meet or exceed the following criteria: * The Claims administrator must be based in the United States with a US telephone number and address for submission of claims. The plan must provide both emergency and non-emergency health care and mental health benefits in the Raleigh, NC area. Out of state Medicaid and state Children's Health Insurance Plans do not cover non- emergency care in the area. The plan must have participating hospitals, physicians, pharmacies, and mental health providers in the Raleigh, NC area. The plan must provide inpatient and outpatient mental health care(with at least 30 visits per year) and chemical dependency benefits that are comparable to the coverage provided by Meredith College.				
 16. Finally, in the <i>Proof of Coverage</i> section, you can upload an image of your insurance ID card, both front and back, or other document that includes your policy information. 17. Click <i>Continue</i> to move to the final section. 	Proof of Coverage Add Proof of Coverage Browse Choose files Browse Acceptable file store:: 50 MB per file Browse Insurance-Card.jpp View / Download 34.3 KB ✓ Continue Continue				

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	Review & Certification				
	Review your waiver information before submitting. Once your waiver is submitted you can no longer make any changes.				
. The <i>Review & Certification</i> section allows you to review all the information you have entered and go back to edit anything that needs to be updated.	Student ID	0012345			
	uste of sum	1/23/1964	Edt		
	First Name	Jessica			
	Middle Initial Last Name	Doe			
	Gender	Female			
	student Class Student Type	Domestic			
	Account Information		Edt		
	University Email Address	jdoe@email.meredith.edu			
 Once you are satisfied that the information submitted is correct, you will need to select the checkbox in the <i>Waiver Agreements</i> box. You can then click <i>Submit</i> to process your waiver request. 	Policy Number (Numbers and Letters ONLY) Group/Plan Number Policy Holder First Name Policy Holder Middle Initial Policy Holder Last Name Student's Relation to Policy Holder Policy Holder Date of Birth Proof of Coverage Documentation	ABC123456789 012345 Jane – Doe Child (Student is the Child of the Policy Holder) 2/3/1973 Insurance-Card.jpg			
	Walver Agreements * Certification - I attest that the above information is accurequest will be denied.	urate and authorize its verification. I realize that if the waiver information is found	to be invalid, the waiver		
		Submit			

