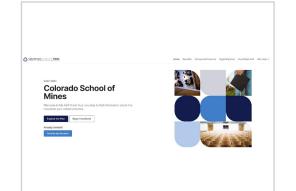
Colorado School of Mines Enrollment/Waiver Process User Guide



Go to csm.myahpcare.com and click

on the Enroll/Opt-Out tab.

All are automatically enrolled in College School of Mines' (CSM) Student Health Insurance In industribution of the insurance charge will appear on students' accounts as an additional charge, separate from tuition and other fees. If students have alternative health insurance coverage, a waiver may be submitted.

To be eligible for a waiver of enrollment in the SHIP, Colorado School of Mines requires that students provide ovidence of coverage that meets University requirements (soo below). Please be advised that the waiver request will be reviewed for compliance and verified active with the insurance carrier. Notification of acceptance or rejection of waiver requests will be sent to students' Mines email addresses within seven business days.

Domestic Students and Athletes

To gualify for a waiver, your health insurance plan must meet the requirements as listed below . Medical coverage must be active

 Medical coverage must have a lifetime maximum benefit of at least \$2,000,000 (with no yearly or per condition maximum benefit that would reduce coverage). 1. Contains no exclusions (or waiting periods) for pre-existing condition 2. Includes prescription drug benefits (prescription discount cards will not be

Includes prescription drug perentra prescription unaccum carso win accord accord and accordengiab.
 Includes mental health carso benefits of at least 20 outpatient visits for mental health cars and visits and at least 30 digre of proteint mental health care service including emergionic payoficating admittations.
 Individual annual cut of opcoder mendament of 83.5500 of vises.
 Plan provides in naturel's coveringe in the Deriver metrica area.

If your plan meets the above criteria and you wish to waive enrollment from the Student Health Insurance Plan, please acquire an electronic copy of the front and back of your Insurance ID card card (If further Information is needed, you may be caked to present a copy of your full insurance policy. This document is a multi-page document that provides a detailed para parameter and a second se below to submit your waiver request. Once you login, select the 'WAIVE' button under the 'I Already Have Insurance" section

International Students

To qualify for a walver, your health insurance plan must meet the requirements as listed below 1. Student is sponsored by a government or embassy (They provide for your schooling and your insurance (U.S. Insurance)). 2. Student is covered by a U.S. based employe

3. Medical coverage must be ACA Compliant:

- Provide the Essential Minimum Benefits required by the PPACA with no annual or lifetime limits. A list of the Essential Minimum Benefits can be found here: https://www.healthcare.gov/glos sary/essential-health-benefits
- Contains no exclusions (or waiting periods) for pre-existing conditions
- Covers 100% of Preventive Care as defined by the PPACA. A list of these prever services can be found here: https://www.healthcare.gov/coverage/preventive-carebenefits/
- Includes prescription drug benefits (prescription discount cards will not be
- accepted as coverage).

Includes mental health care benefits of at least 20 outpatient visits for mental health care services and at least 30 days of inpatient mental health care services including emergency psychiatric admissions

NOTE: Travel plans are not acceptable

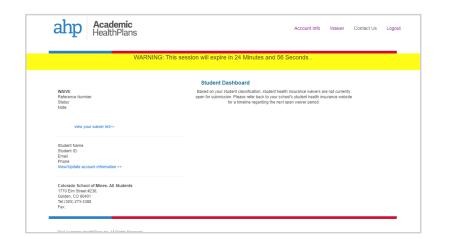
If your plan meets the above criteria and you wish to waive enrollment from the Student Health Insurance Plan, please acquire an electronic copy of the front and back of your insurance ID card, your full policy document, and a scanned copy of your medical evacuation and repatriation coverage (if you have this coverage). Select the appropriate link below to submit your waiver request. Once you login, select the 'WAIVE' button under the "LAiready Have Insurance" section

Review the criteria and click on your classification to waive or enroll.



Log in to the waiver system using the following: Login: Student ID Number (8 Digit CWID)

Password: Birth Date (mmddyyyy format), unless you previously changed your password



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.

Stud	lent Dashboard
erms & Conditions: Enrollment in student health ins	urance
not been in force and the premium will be returned. 5. Applicant has read the Brochure and understands all eligibility requirements, benefi 6. FRAUD NOTICE: It is a crime to provide false or misleading information to an insur and/or fines. In addition, the insurer may deny insurance benefits if false informatio 7. I understand my information is protected by privacy laws and will be released only 8. AHP's website and services are only intended for, and directed to, applicants locate	er for the purpose of defrauding the insurer or any other person. Penalties include imprison materially related to a claim was provided by the applicant. n accordance with these laws.
Waiting for waiver submission	I NEED HEALTH INSURANCE

to read the Terms and Conditions and enter your initials.

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
Insurance Plan (SHIP) unless they are eligible to waive the coverage based on evidence of alternate insurance coverage. This form allows you to apply for a	Gender*	Female ~	Birth Date (mmddyyyy)*	01/01/1990
jbility requirements. The Student Health Insurance Plan, underwritten by National Guardian Life, is administered by Academic HealthPlans. The insurance premium is unts. Students may request a waiver of SHIP and must provide evide FOR SUBMISSION:	School Email*		Personal Email	
	Parent/Alternate Email		Phone Number*	
age	Policy Holder Information			
rage. 1. A front and back copy of your medical insurance card. 2. A copy of your full insurance policy (This document is a multi-page document that provides a detailed coparys/coinsurance amounts and percentages, hospital benefits, surgery benefits, mental health benefits, etc.). Please allow 5-7 business days to receive your waiver NG YOUR DOCUMENT copy this link to your browser.	Insurance Company Name*	×	Member ID'	
		Not listed? Click here to add to the list.	Member Service Phone #	
	First Name (Policy Holder)*		Last Name (Policy Holder)*	
Browse Attach File 2 Browse	Address (Policy Holder)"		City (Policy Holder)*	
			State (Policy Holder)*	
Attach File 3 Browse				
choose to waive by clicking the red button, you will be prom ach proof of insurance.		our proof of insu <mark>ation chart</mark> .	rance is uploa	ded, complete th
		ation chart.		ded, complete th
		ation chart.	metH, waker request has been resolved and submitted on that your variance that been process	
		ation chart. Der ##Studenfinst Your heath insurance hat bis is not onlice a water wil see the Please keep a copy	mettill, waiver request has been received and submitted on that your valver has been granted. You you your valver coreo your request has been protein their credit on their student account.	I for processing. Please note receive a separate email set. Those who are granted e a problem with your
		ation chart. Der ##Studenfinst Your heath insurance hat bis is not onlice a water wil see the Please keep a copy	mettill, naking request has been granted. You will you waive roce your request has been process wer credit on the ladoet account.	I for processing. Please note receive a separate email set. Those who are granted e a problem with your
ach proof of insurance.		ation chart. Der ##Studen#Finiti Yor healt instance ngarding the status experiment Please keep a copy waiver, you will need Waiver Status Details:	mettill, waiver request has been received and submitted on that your valver has been granted. You you your valver coreo your request has been protein their credit on their student account.	I for processing. Please note receive a separate email set. Those who are granted e a problem with your
ach proof of insurance.		ation chart. Der #85xderFrah Your health insurance tat finis in not notici- a weier will see the w Plass keep a copy of waiver, you will need Weier Status Details: Sudert Name: #85ku Waiver Code: #85ka	metty, maker request has been received and submitted on that your waiver has been grande. You profile the receil on their student account. The this senail for your records. Should there be this confirmation email and your waiver code dent FirstNametty #StudentLastNametty fentWaiverCodet#	I for processing. Please note receive a separate email set. Those who are granted e a problem with your
ach proof of insurance.		Action chart. Der ##Studenfinst Your heath insurance that bis is not onlice a water wil see the Please keep a copy water, you will ee Water Satus Details: Student Name: ##Stu Subert Date: ##Stu	mettill, waiver request has been received and submitted on that your valver has been granted. You you your valver core oo you request has been wolles wer credit on their subdent account. It his email for your records. Should there be this confirmation email and your waiver code JentFirstName## ##StudentLastName## JentWaiverCode## JentWaiverCode##	I for processing. Please note receive a separate email set. Those who are granted e a problem with your
		Ation chart. Der ##Studenfinitiv Yor health insurance hat his is not notice valeer, you will ned Waler Satus Dealin Student Name: ##Stu Waler Code: ##Stu Subert Date: ##Stu	mettill, waiver request has been received and submitted on that your valver has been granted. You you your valver core oo you request has been wolles wer credit on their subdent account. It his email for your records. Should there be this confirmation email and your waiver code JentFirstName## ##StudentLastName## JentWaiverCode## JentWaiverCode##	I for processing. Please note receive a separate email set. Those who are granted a a problem with your listed below.
ach proof of insurance isotion for the Student Health Insurance Plan. Lacknowledge that I am legally responsible for any and all medical expenses during my enrollment at Colorado School of Mines, and that will not be responsible for any medical expenses I may incur. By electronically submitting this form, I attest that the information provided about my health insurance coverage is true and ance Waiver is approved. I will receive a credit, posted on my student account within the net 5 to 7 business days.		ation chart. Dear ##StudentFinal. Yoor health insurance magning the status of a waiver you will need Waiver Status Details: Student Name: ##Stu Waiver Code:: ##Stu Waiver Code:: ##Stu Waiver Status Status ##Stu Waiver Status Status ##Stu	mettill, waker reparts has been promed. You will on has your valver has been promed. You will your valver once your request has been process were credit on the isulation account. If this email for your records. Should there be this confirmation email and your waiver code dentEirstName####StudentLastName## BertWaiverState## BertWaiverState## # your waiver plasse follow the instructions beic	I for processing. Please note receive a segurate entral sed. Those who are granted a problem with your s listed below.
spaleor for the Student Health Insurance Plan I. Lacknowledge that I an legally responsible for any and all medical expenses during my enrollment at Colorado School of Mines, and that will not be responsible for any medical expenses I may incur. By electronically submitting this form, I atter that the information provided about my health insurance coverage is the and and Walver is approved. I will excite a event and state account within the next 5 or 7 business days.		ation chart. Der ##Studenfinith Your heafti insurance tat this in not notific a waiver you will need waiver status betwin: Student Name: ##Stu Waiver Status ##Stu Waiver Status ##Stu Waiver Status ##Stu Cocheck the status of 1. Goot In the status 2. Option the status 3. Option the status 4. Option the status 5. Option the status 1. Option the status 1. Option the status 2. Option the status 3. Option the status 3. Option the status 3. Option the status 4. Option the status 3. Option the status 4. Option the status 3. Option the status 4. Op	me##, waiver request has been received and submitted on that your vaiver has been grands. You will were receil on their student account. If this email for your records. Should there be this confirmation email and your vaiver code dentFirstName####StudentLastName## BentWaiverCode## BentBentCode# BentBentCode# BentBentCode# BentBentBentBentBentBentBentBentBentBent	I for processing. Please note receive a separate email set. These who are granted e a problem with your listed below.
ach proof of insurance.		ation chart. Der ##Studenfinshi Vor heath insurance tat finis in et entilier a water vil i bei her Waiver Status Details: Student Name: ##Stu Waiver Code: ##Stu Decement Code: ##Stu Dece	me##, waiver request has been received and submitted on that your vaiver has been granted. You way waive cong your request has been ber confit on their addent account. this confirmation email and your waiver code this confirmation email and your waiver code dentFirstName## ##StudentLastName## fertWaiverCode## fertWaiverCode## fertWaiverCode## fertWaiverCode## fertWaiverCode## fortWaiverCode## down waiver piesas follow the instructions below wai zeidemichaet#plane conviction/284. Item WaiverCode# follow for instructions below code: Either Date (modSyny format) unless you did the student daaboard. On the left hand side, e displayed.	I for processing. Please note receive a separate email sea: Those who are granted a problem with your sisted below. 244.
Acch proof of insurance provide the Student Health Insurance Plan. Lacknowledge the II am legally responsible for any and all medical expenses during my enrollment at Colorado School of Mines, and Mat will not be responsible for any medical expenses in my snor. By selectronically submitting this form, Lattest that the information provided about my health insurance coverage is true and and walker is approved, I will receive a credit, posted on my student account within the next 5 to 7 business days. Subdent's Signature (or Parent's Signature of student is under Age 18)*		ation chart. Der ##StudenFinkt Yor head in insured nagerding the status of a waiver will beet Waiver Status Details Student Name: #BRU Waiver Status #BRU BRU BRU BRU BRU BRU BRU BRU	me##, waiver request has been received and submitted on that your vaiver has been grands. You will were receil on their student account. If this email for your records. Should there be this confirmation email and your vaiver code dentFirstName####StudentLastName## BentWaiverCode## BentProvide#	for processing. Please note receive stage.fice.encol sed. Those who are granted a problem with your a listed below.
Atom proof of insurance and the statement of the statemen		ation chart. Des ##Studenfisht Your health insurance that this is not endiced a water will be the Water Status Details: Student Name: ##Stu Water Code: ##Stu One the status of 0 per pose with Department. After log in, you will be Department.	melliff, waker request has been reached and submitted binding your waker has been granted. You will your waker once your request has been process water credit on the waken account. If this small for your records. Should there be this confirmation email and your waker code dent FirstNameliff #BStudentLastNameliff tertWakerStudentState tertWakerState tertWakerState tertWakerStud	I for processing. Please note receive a separate email set. Those who are granted a a problem with your s lated below. 24. u previously changed your information pertaining to 15, follow these steps: Login no drift your moteses these. Login no drift your moteses these. Login
And the proof of insurance of an isotrowide that isotrowide that isotrowide the second of the second		ation chart. Des ##Studenfisht Your health insurance that this is not endiced a water will be the Water Status Details: Student Name: ##Stu Water Code: ##Stu One the status of 0 per pose with Department. After log in, you will be Department.	me##, waiver request has been received and submitted on that your vaiver has been process bet craftion to the addent account. this example, the process the craftion on the addent account, this example on the addent account, this example on the addent account, this example on the addent account, this confirmation email and your waiver code dentFirstName## ##StudentLastName## fertWaiverCode## fertWaiverCode## fertWaiverCode## fertWaiverCode## fertWaiverCode## for waiver please follow the instructions below wai academichaet#plane convictions/284 them Wer aydem to young the following: wait academichaet#plane conviction/284 them wait academichaet#plane convictions/284 them wait academichaet#plane convictions/284 them wait academichaet#plane conviction/284 them wait academichaet#plane convictions/284 them wait academichaet#plane convictions/284 them wait academichaet#plane convictions/284 them were addent dashboard. On the left hand side, a displayed. alwor boart messages from Academic heatth/flane wait the Student famboard. Con the left hand side, a wait for an addent for Academic heatth/flane wait the convolution for free to board.	I for processing. Please note receive a separate email set. Those who are granted a a problem with your s lated below. 24. u previously changed your information pertaining to 15, follow these steps: Login no drift your moteses these. Login no drift your moteses these. Login
And the proof of insurance of an isotrowide that isotrowide that isotrowide the second of the second		ation chart. Der ##Studenfrank Your heafti insurance tat this is not rollica a waver you will need waver, status student Name: ##Stu Waver Status ##Stu Waver Status ##Stu Waver Status ##Stu Detects the status of . Cools to the will . Cools to the will . Status to the status of . Cools to the status of . Detects the stat	mettin, waker request has been received and submitted on that your waker has been grand. You will were receil on their student account. If this email for your records. Should there be this confirmation email and your waiver code sentFirstName####StudentLastName## dentWaiverCode## BertWaiverCode## BertWaiverCode## BertWaiverCode#BertWaiverCode# DentWaiverCode#BertWaiverCode# Student ID # (d Digit CWD) Student D # document and wakes account only takes you are fast water students. The off in the students account for the hand side, the folget may be the student. Student Part massages from Academic HealthPilers at 856 off Beauter Students.	I for processing. Please note receive a separate email de problem with your listed below. w. w. w. w. so, for these steps: Login in to enter your mobile coming emails. For 7-840.
Acch proof of insurance when the Student Health Insurance Plan. I admonwedge that I am legally responsible for any and all medical expenses during my servoltment at Colorado School of Mines, and that there the Student Health Insurance Plan. I admonwedge that I am legally responsible for any and all medical expenses during my servoltment at Colorado School of Mines, and that there the supported in the reaction of the support of the suppo		ation chart. Der ##Studenfrank Your heafti insurance tat this is not rollica a waver you will need waver, status student Name: ##Stu Waver Status ##Stu Waver Status ##Stu Waver Status ##Stu Detects the status of . Cools to the will . Cools to the will . Status to the status of . Cools to the status of . Detects the stat	mettill, exister spear hals been provide, You will your valver once your request has been proved. You will be the student account. If this small for your records, Should here be this confirmation email and your walver code dentiFirstName####StudentLastName## dentiFirstName####StudentLastName## dentiFirstName####StudentLastName## dentiFirstName####StudentLastName## dentiFirstName####StudentLastName## fyour walver placeStudentLastName## fyour walver placeStudentState dentiFirstName####StudentLastName## fyour walver placeStudentState fyour walver placeStudentState to get a the student dashoord. On the left hand side, a left black of the occur in for (abo of dashoord) at the student dashoord. On the left hand side, a left black out of the occur in for (abo of dashoord) at the student dashoord. On the left hand side, a left black out for (abo of dashoord) and (abo of dashoord) at the student dashoord. On the left hand side, a left black out for (abo of dashoord) and (abo of dashoord) and the of the occur in for (abo of dashoord). s ent from an address that cannot accept in please contact Academic HealthPlane at 8555 of	I for processing. Please note receive a separate email de problem with your listed below. w. w. w. w. so, for these steps: Login in to enter your mobile coming emails. For 7-840.

Questions? Please go to csm.myahpcare.com and click on the "Get Help" dropdown