The UNC System requires that eligible students must have health insurance. You may be covered under your own insurance plan or you may choose to enroll in the UNC System’s Student Health Insurance Plan, Student Blue from Blue Cross and Blue Shield of North Carolina (BCBSNC).

All international students who have F or J visa categories have health insurance stipulations mandated by federal regulation (e.g., medical evacuation, repatriation, and other requirements). Plus, all degree-seeking international students, regardless of semester credit hour level, are eligible to purchase or waive out of the Hard Waiver rated plan.

Please remember to complete the steps below prior to September 10, 2015 for the Fall Semester and January 30, 2016 for the Spring Semester for the 2015/2016 school year.

GETTING STARTED

ACCESS www.bcbsnc.com/unc.

CLICK on "Enrollment & Waiver".

SELECT "Go to Enrollment or Waiver" button at the bottom of the page.

YOU ARE READY to begin the process to complete your waiver request.

STEP 1 OF 2

ENTER your Unique Student ID and date of birth on the Welcome to Student Blue screen.

CLICK on "Register" and provide the following:

- Full name
- Student information (U.S. address)
- Gender
- Class
- Type (Select "International")
- Email address(es)
- Password

CLICK on "Register" at the bottom of the page and proceed to Step 2.
STEP 2 of 2

Once the online account has been established, you have the option to SELECT "Enroll" or "Request Waiver."

**ENROLLMENT PROCESS**

**PROVIDE** the following:
- Abortion coverage confirmation

**CHECK** the Attestation box

**CLICK** on "Submit"

**WAIVER PROCESS**

**PROVIDE** the following information about your current medical coverage and policy:
- Policy information including policy # and policy holder name
- Health insurer contact information

SELECT "Yes" in the Resubmission Opt-in section if you would like Student Blue to automatically resubmit your waiver request for the upcoming Spring Semester.

**CLICK** on "Submit" to complete the process.

SELECT "Add Proof of Waiver" then click “Submit” to upload waiver

**BENEFIT REQUIREMENTS TO WAIVE COVERAGE**

In order to waive Student Blue coverage, your current medical policy must include the following:

1. Minimum total benefit/coverage of $100,000 (USD) per accident or illness
2. Plan deductible of no more than $500 (USD)
3. Minimum of $50,000 (USD) for medical evacuation
4. Minimum of $25,000 (USD) for repatriation
5. Policy must be active for the entire duration of the academic semester

As part of the verification process, you must complete the Waiver Request form on Page 3 of this document and provide a certificate of coverage or benefit summary in English to BCBSNC. This information is necessary to confirm the minimum benefit requirements and can be emailed to email@studentbluenc.com.

**CONFIRMATION AND VERIFICATION**

Upon completion of the enroll/waive process, a confirmation page will appear on your screen with a unique confirmation number for that transaction indicating that the request was received. You will also receive a confirmation email with the confirmation ID number for your records. Within five business days, you will receive a verification notice regarding your coverage status.

**QUESTIONS?**

Please contact our Student Blue team Monday through Friday from 8:30am - 5pm by telephone at 1-888-351-8283 or by email at email@studentbluenc.com.

**VIEW the 2015-2016 Medical Benefit Summary**

**VIEW** the 2015-2016 Medical Benefit Summary
Waiver Request Form

International students must complete this form and submit with evidence of coverage to request a waiver. Please complete legibly and completely to facilitate proper processing of your request.

**STUDENTS THAT ARE NOT U.S. CITIZENS**

☐ I am not a United States citizen

☐ Submit official insurer documentation in English that demonstrates ALL of the following:
  • Your First and Last Name
  • Policy/Member Number
  • Active and termination dates of coverage
  • Minimum total benefit/coverage of $100,000 (USD) per accident or illness
  • Plan deductible of no more than $500 (USD)
  • Minimum of $50,000 (USD) for medical evacuation
  • Minimum of $25,000 (USD) for repatriation
  • Policy active for the entire duration of the academic semester

**ATTESTATION**

I attest that the above is truthful and accurate. I have included the required documentation.

☐ Please resubmit my waiver for Fall Semester 2015.

University: ___________________________  Student ID: ___________________________
  (9 digit/ university assigned)

Student Name: ________________________  Email: ___________________________

Signature: ____________________________  Date: ____________________________

Return completed form and documentation prior to the deadline to:

StudentBlue
Fax: (919) 313-2020
Email@studentbluenc.com
PO Box 2073 Durham, NC 27702

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