



**WELLFLEET**  
STUDENT

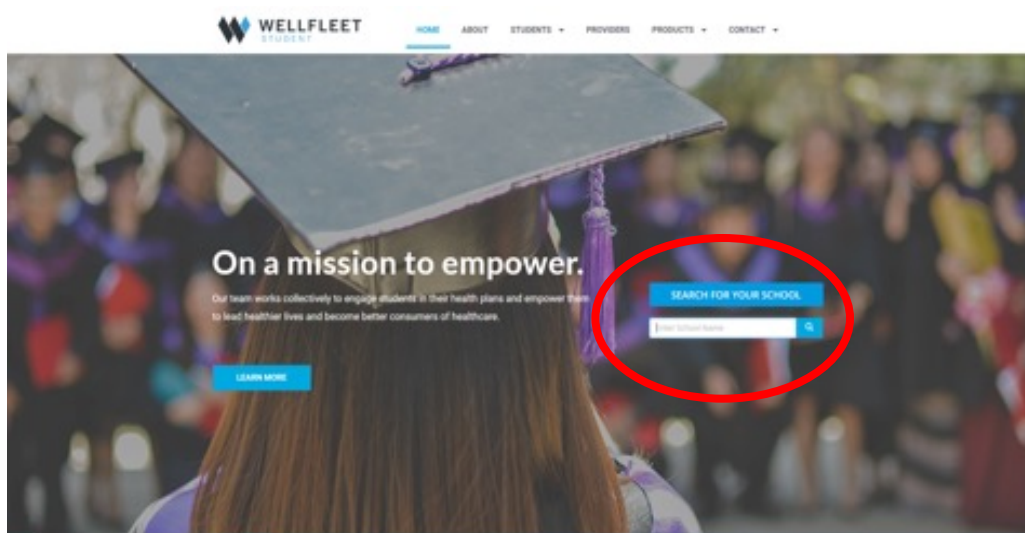
# WAIVER PROCESS

**Enrolled as Active with the Option to Waive**

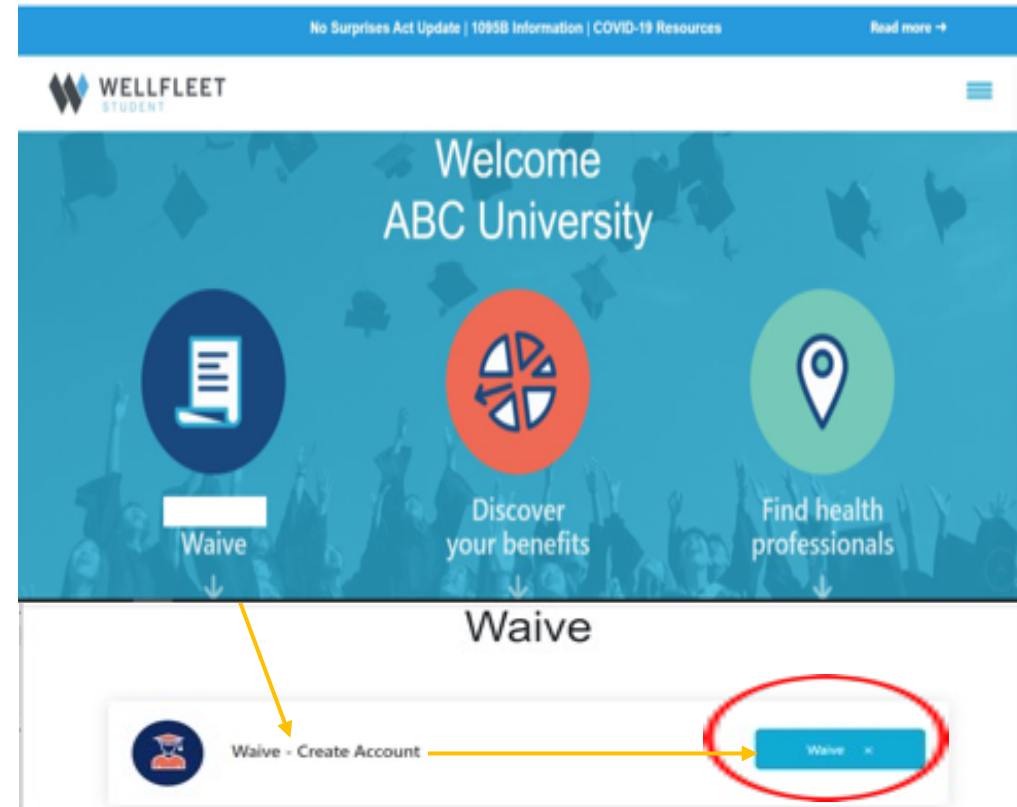
**Webber International University**

# Waiver Process Steps 1 & 2

**Step 1:** Go to: [www.wellfleetstudent.com](http://www.wellfleetstudent.com)  
Under "Search for your School" type the name of your college or university.



**Step 2:** Welcome to your Schools' Student Insurance Landing Page. From here, select "Waive".  
On the very next screen, **Waive - Create An Account** select, "Waive".



# Waiver Process Step 3

**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 need to enter their school ID# and Date of Birth. Check “I’m not a robot” and then “Create Account”.

**Login**

Username - (Email Address) \*

Password \*

Log in

[Forgot Password](#)

Wellfleet partners with external PBMs to deliver our student-focused Rx solution. Please click below to log in to your pharmacy benefits.

Login to Pharmacy Benefits

**Getting Started?**

Don't have an account? Get started below using the information on file with your school. Note: If you've enrolled in or waived off a plan with us in the past, you already have an account. [Contact us](#) with any issues or questions.

Create a New Account

## Authentication Required

Student ID \*


A00

Your School ID starts with 'A00' followed by 7 digits.

Date of Birth \*

Month Day Year

For example: 4 28 1986

I'm not a robot 

reCAPTCHA  
Privacy - Terms

Create Account



# Waiver process Step 4

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

The screenshot displays the 'Create a Login' interface. At the top left is the 'WELLFLEET STUDENT' logo, and at the top center is 'Lindenwood University'. The main heading is 'Create a Login'. Below this, a message reads 'Please enter valid email address.' The form contains the following fields:

- Username / Email \*
- Confirm Username \*
- Show Password Requirements (link)
- Enter Password \*
- Confirm Password \*
- Show Password Requirements (link)
- Enter Password \*
- Confirm Password \*
- Mobile Phone (with a dropdown for country code, currently showing '+1')

A blue button labeled 'Create Account' is located at the bottom of the form and is circled in red.



# Waiver process Step 5

**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.

Communications ▾ Benefits ▾ Claims ▾ Student Options ▾ Contact Us ▾ Admins ▾ Spartacus ▾

< BACK LOGOUT

Current Record: Annual History: Annual - 2022/2023 active ▾

**ACCOUNT INFORMATION**

Name:	Student Test	Insurance ID:	
DOB:	2/9/2001	Gender:	F
Email:		Password:	***** [change]
Confirmation #:		Record Created By:	IMPORT
Last Login:	Has not logged into account Record created on 5/16/2022	Record Created On:	5/16/2022
Enroll Status / Plan Type:	Active - MAN	School ID:	

Enroll Status / Plan Type: Active - MAN ⚠ - Waive

**POLICY INFORMATION**

Coverage Period:	Annual	Record Year:	22/23
Coverage Dates:	8/1/2022 - 7/31/2023	Coverage:	SHIP
Class:	Undergraduate	Citizenship:	Domestic
Coverage Type:	S	Plan Number:	ST2201SH222201
Designation:	Hard Waiver		

ABC University  
2077 Roosevelt Ave  
Springfield, MA 01114

**WELLFLEET**



# Waiver process Step 6

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

WELLFLEET  
Underwood University  
Waiting for Annual 8/1/2022 - 1/31/2023

START IDENTIFICATION WAIVE REQUEST AND CONFIRM FINISH

### Student Profile

Student ID\*  
A002134567  
Your School ID starts with A00 followed by 7 digits.

Date of Birth\*  
Month: 8 Day: 13 Year: 2003  
For example: 8-13-1988

Gender\*  
Female

Last Name\*  
Text  
Text

First Name\*  
Student MI

Address1\*  
209 S Kingshighway

Address2

City\*  
SAINT CHARLES

State\*  
MISSOURI (MO)

ZIP\*  
63303

Alternate Phone  
+1 - 636-949-0000

US Cell Phone\*  
+1 -

Country\*  
United States (US)

Opt in for text messages\*  
 Yes  No

Class\*  
Undergraduate

Citizenship\*  
Domestic

Designation\*  
Hard Waiver

Primary Email (Username)\*  
TextStudent@Underwood.edu

Confirm Username / Primary Email\*

Alternate Email  
Note: This email will be used for password reset requests and two-factor authentication (2FA).

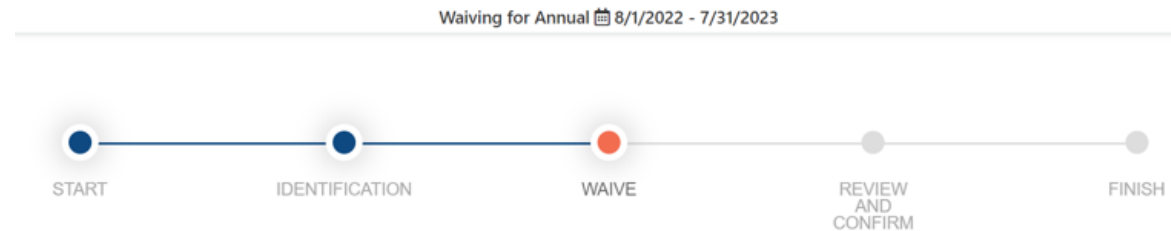
Previous Next



# Waiver Process Step 7

**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”** →



## Notice

[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.

[← Previous](#)

[Next →](#)



# Waiver Process Step 8

**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 * A7654321	Group / Plan ID * EDAINC		
Policy Holder First Name * Edwin	Policy Holder Last Name * Warren		
Relationship to Policy Holder * child	Policy Holder DoB * 05/23/1953	Policy Holder ZIP * 01028	
Health Insurance Company * AFLAC	Insurance Company Address * 678 North Woods Rd		
Insurance Company City * Chicago	Insurance Company State * ILLINOIS (IL)	Insurance Company Zip * 60689	Insurance Company Phone * 5802225463

Upload Insurance Id Card

Upload

Upload Schedule Of Benefits

Upload

← Previous

Next →






# Waiver Process Step 9

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

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**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

 **WELLFLEET**

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Student Insurance  
1-877-657-9030

College: Wellfleet Student  
Waiver Request Confirmation #: Annual - W1-1639165 - **Pending**  
Academic Year: 2019 - 2020  
Coverage Period: Annual  
Student Name: shawler@18 murvaier@18

**Your waiver request is PENDING as of 09/15/2019.**

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 [www.wellfleetstudent.com](http://www.wellfleetstudent.com) 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 Option" 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](mailto:waivers@wellfleetinsurance.com)

Note: Waivers are a requirement for each policy year.

**Terms and Conditions**  
I understand that I will be required to waive out of this plan each semester, Fall and Spring/Summer semester.



**THANK YOU**



**WELLFLEET**  
STUDENT