



- Health insurance waivers must be completed by early September each year
- Students new to UNH in the Spring should contact Health & Wellness directly as soon as possible to waive Health Insurance



- 1. Go to: unh.edu/health/shbp
- 2. Click the blue box to Login to Wellfleet Insurance

If you are a <u>current student</u> already enrolled in the Student Health Benefits Plan and would like to access your insurance account, click here:

LOGIN TO WELLFLEET INSURANCE



- DO NOT enter email address and password until after you complete the next step.
- 4. Click "Create New Account"

Student Sign On				
Email Address				
Enter Email Address	S			
Password	Forgot your Password?			
Enter Password				
	Sign in			
Remember me				
Don't hav	/e an account?			
Create	New Account			



- Enter your 9-digit UNH ID number, and wildcats.unh.edu email address
- 6. Create a secure password
- 7. Click Create Account

2020-2021 •			
School ID			
Enter Your So	hool ID		
School ID Last Name			
Enter Your La	st Name		
Date of Birth			
	to of Dirth		m
Enter Your Da	ILE OF BITTI		
Enter Your Da			
Enter Your Da Email Address Enter Your En	nail		
Enter Your Da Email Address Enter Your En * Please use the ema address online.	nail ail address that your	r school uses, unless you have personally updated you	ır email
Enter Your Da Email Address Enter Your En * Please use the em address online. Confirm Email Ad	nail ail address that your dress	r school uses, unless you have personally updated you	ır email
Enter Your Da Email Address Enter Your En * Please use the em address online. Confirm Email Ad	nail ail address that your dress Email	r school uses, unless you have personally updated you	ır email
Enter Your Da Email Address Enter Your En * Please use the em address online. Confirm Email Ad Confirm Your Password	nail ail address that you dress Email	r school uses, unless you have personally updated you	ır email
Enter Your Da Email Address Enter Your En * Please use the em address online. Confirm Email Ad Confirm Your Password Password	nail ail address that your dress Email	r school uses, unless you have personally updated you	ır email
Enter Your Da Email Address Enter Your En * Please use the em address online. Confirm Email Ad Confirm Your Password Password Confirm Password	ail address that your dress Email Email d	r school uses, unless you have personally updated you	ir email



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- 8. Return to the Student Sign On page
- Enter your UNH email address and newly created password

10. Sign In

Student Sign On			
Email Address			
Enter Email Addres	S		
Password	Forgot your Password?		
Enter Password			
	Sign in		
Remember me			
Don't hav	ve an account?		
Create	New Account		



11. Agree to the Wellfleet Privacy Policy

Wellfleet Privacy Policy

HIPAA Notice of Privacy Practices THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Effective: August 01, 2019

This Notice of Privacy Practices ("Notice") applies to **Wellfleet Insurance Company** and **Wellfleet New York Insurance Company**'s (together, "we", "us" or "our") insured health benefits plans. We are required to provide you with this Notice.

Personal Information is information that identifies you as an individual, such as your name and Social Security Number, as well as financial, health and other information about you that is nonpublic, and that we obtain so we can provide you with insurance coverage.

Protected Health Information (your "Health Information") is information that identifies you as related to your physical or mental health, your health care, or payment for your healthcare.

Our Responsibilities

We are required by law to maintain the privacy of the Health Information we hold and to provide you with this Notice and to follow the duties and privacy practices described in this Notice. We are required to abide by the terms of this Notice currently in effect.

We utilize administrative technical and nhusical safeguards to protect your information against

🔒 Print Agreement

I Agree I Disagree



12. Click the Waive with Proof of Insurance

Option	Current Record:Annual	History: Annual - 2020/2021 (no action) 🗸
	ACCOUNT INFORMATION	
	Name:	Insurance ID:
	DOB:	Gender:
	Email:	Password:
	Confirmation #:	Record Created By:
	Last Login:	School ID:
	Enroll Status / Plan Type:	
	Waive with Proof of Insurance Enroll	
	POLICY INFORMATION	
	Coverage Period: Annual	Record Year: 20/21
	Coverage Dates: 9/1/2020 - 8/31/2021	Coverage:
	Class:	Citizenship:
	Coverage Type:	
	Designation:	Plan Number:



13. Complete all pages of the form





14. Agree to the Terms and Conditions





15. Confirmation of waiver will be sent to the student's @unh.edu email address

Your waiver has been **APPROVED**

Please keep this waiver confirmation number for your records. You will also receive an email confirming your waiver status.

Print and save this information.



- Waivers may be denied if the student does not have comparable domestic insurance coverage
- Contact the Health & Wellness Office with questions: 603-862-9355 or health@unh.edu

