



WELLFLEET
STUDENT

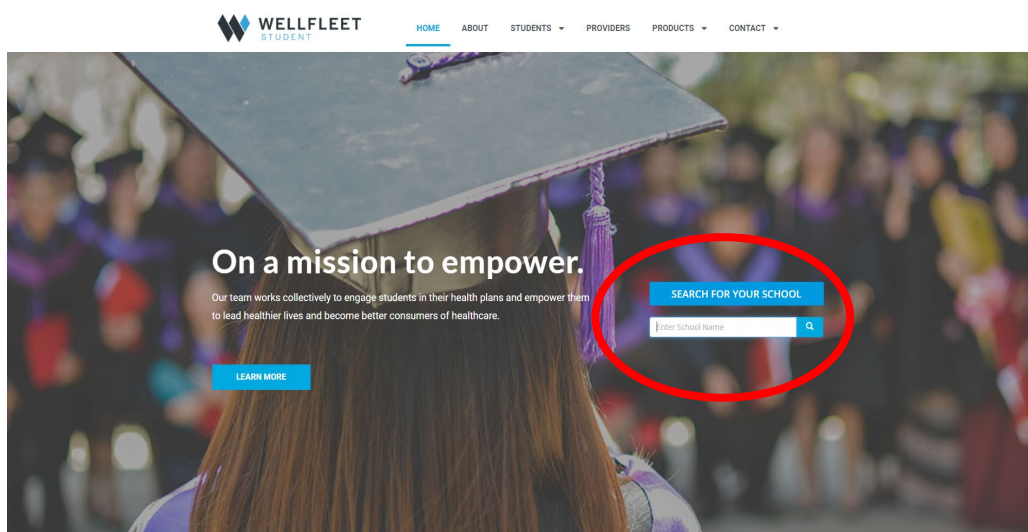
WAIVER PROCESS

LINDENWOOD
UNIVERSITY

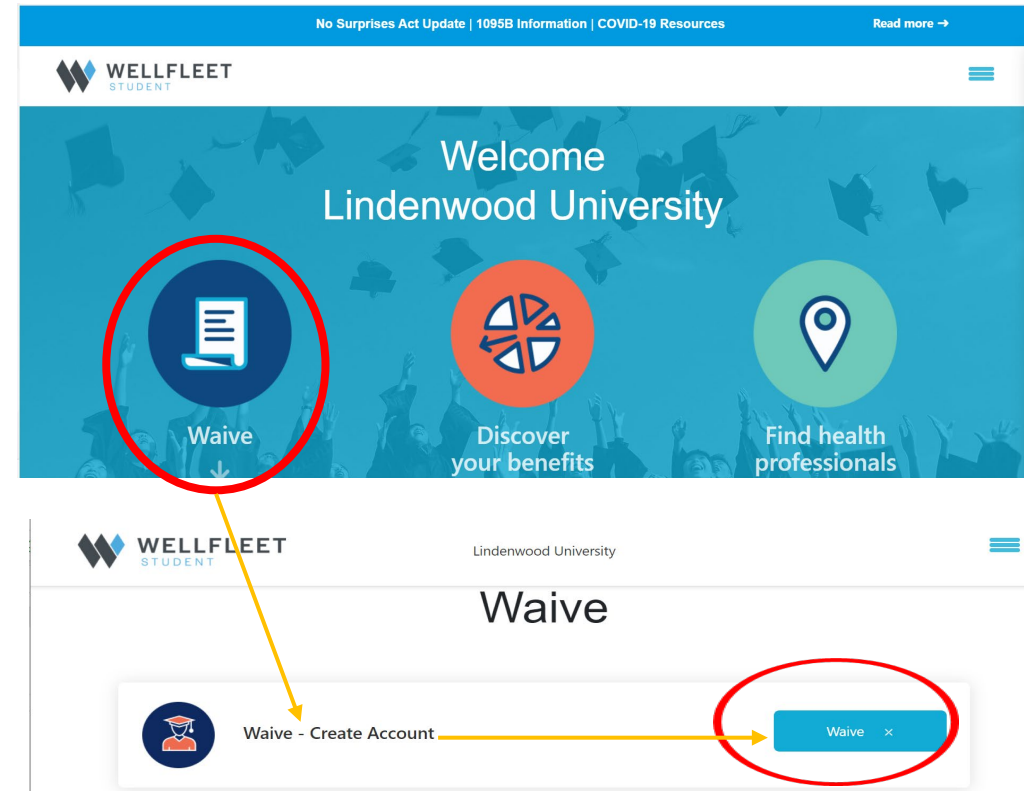
Process Opens: 6/1/2022
Process Closed: 9/2/2022

Waiver Process Steps 1 & 2

Step 1: Students will go to: www.wellfleetstudent.com
Under "Search for your School" type Lindenwood University.

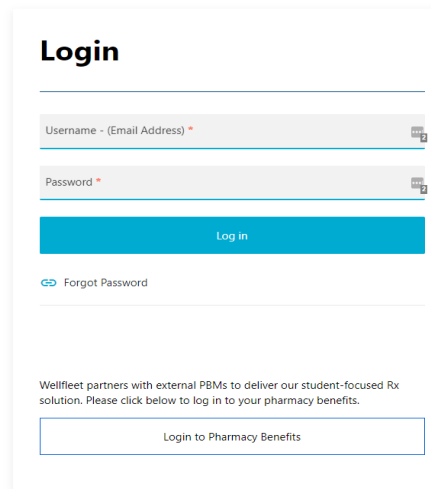


Step 2: Welcome to Lindenwood University Student Insurance Landing Page. From here, select "Waive". On the very next screen, Waive – Create An Account select, "Waive".



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. Lindenwood students must enter their 10-digit Student ID (Example - A001234567) and Date of Birth. Check "I'm not a robot" and then "Create Account".



Login

Username - (Email Address) *

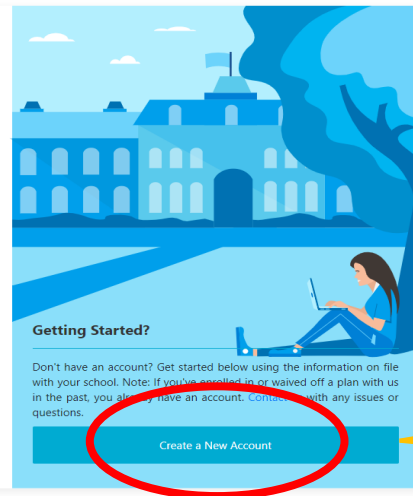
Password *

Log in

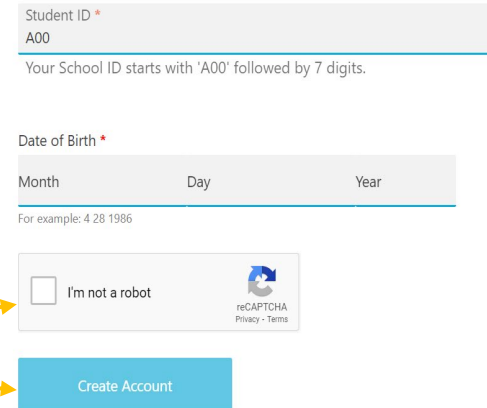
[Forgot Password](#)

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



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

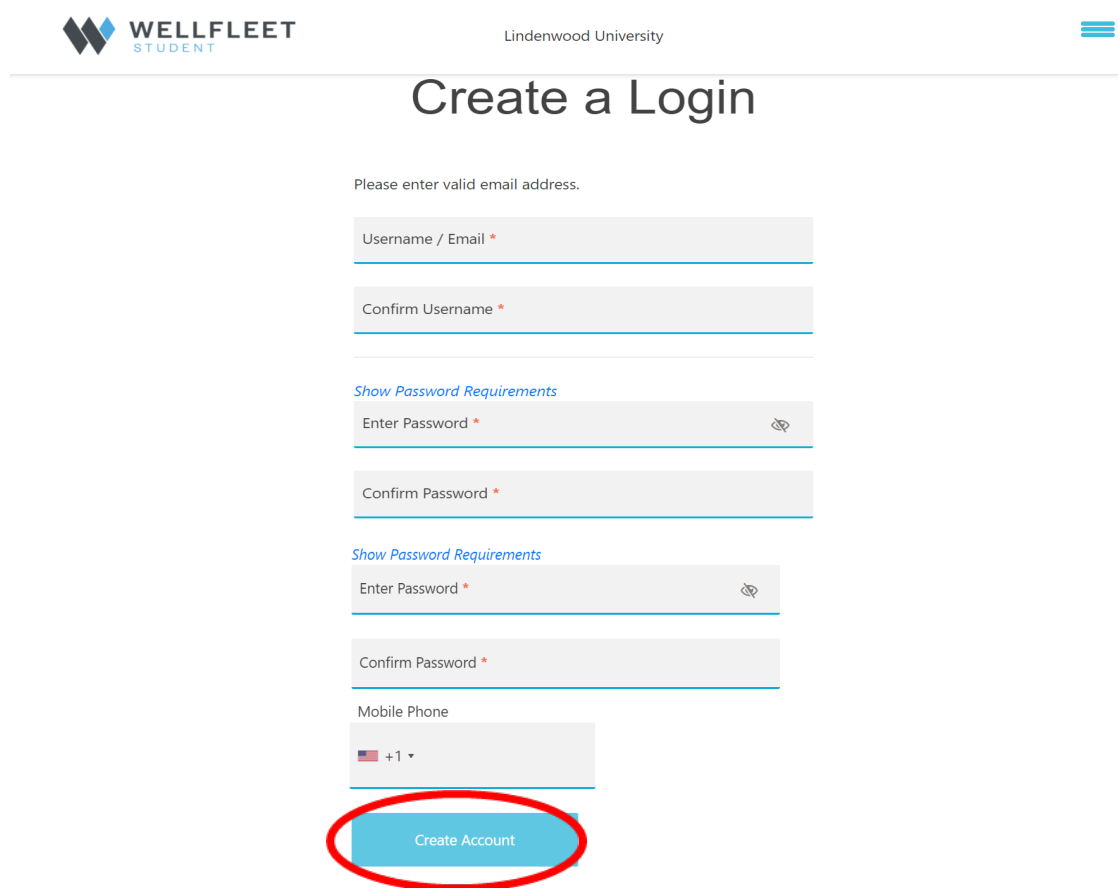
reCAPTCHA
Privacy - Terms



Create Account



Waiver process Step 4

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



 Lindenwood University 


Create a Login

Please enter valid email address.

Username / Email *


Confirm Username *

[Show Password Requirements](#)

Enter Password * 


Confirm Password *

[Show Password Requirements](#)

Enter Password * 

Confirm Password *

Mobile Phone

 +1 ▼

Create Account



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.

Homepage | School Home | Term

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

< BACK | LOGOUT

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

ACCOUNT INFORMATION

Name:	Test, Student	Insurance ID:	
DOB:	11/11/2000	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		
School ID:	A001234567		
Enroll Status / Plan Type:	Active - MA [△ - Waive] Print ID Card(s)		

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		

Lindenwood University
209 S Kingshighway Street
St. Charles, MO 63301

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 STUDENT Lindenwood University
Waiving for Annual 6/1/2022 - 7/31/2023

START IDENTIFICATION WAIVE REVIEW AND CONFIRM FINISH

Student Profile

Student ID *
A001234567
Your School ID starts with 'A00' followed by 7 digits.

Date of Birth *
Month: 8 Day: 13 Year: 2003
For example: 4/28/1996

Gender *
Female

Last Name *
Test

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) *
TestStudent@lindenwood.edu

Confirm UserName / Primary Email *

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

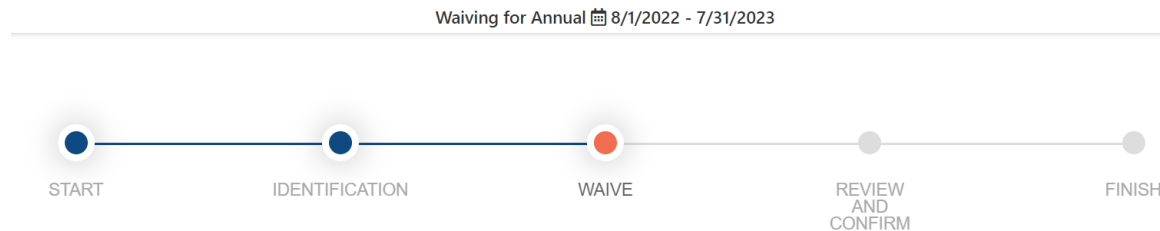
Previous Next



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 Address2	
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

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**

Student Insurance
1-877-657-5030

College: Wellfleet Student
Waiver Request Confirmation #: **Annual** - W1-1639165 - **Pending**
Academic Year: 2019 - 2020
Coverage Period: Annual
Student Name: shawwaiver918 murwaiver918

Your waiver request is PENDING as of 09/18/2019.

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 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.

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