



**WELLFLEET**  
STUDENT

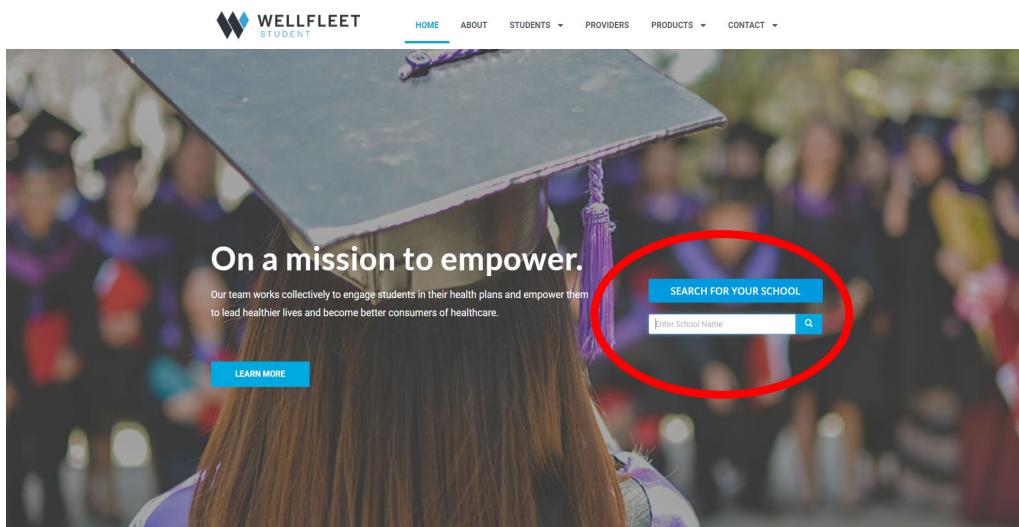
# WAIVER PROCESS



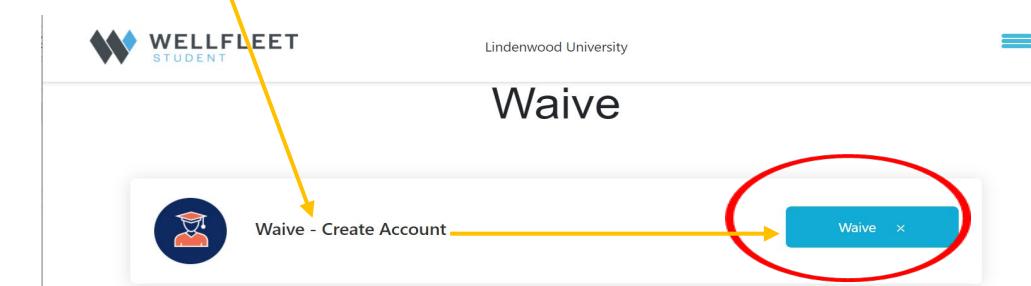
**Process Opens: 6/1/2022**  
**Process Closed: 9/2/2022**

# Waiver Process Steps 1 & 2

**Step 1:** Students will go to: [www.wellfleetstudent.com](http://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**

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Username - (Email Address) \*

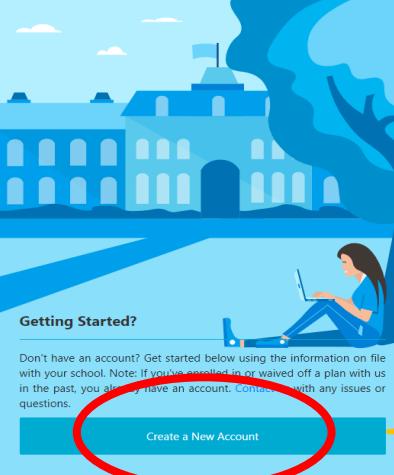
Password \*

**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](#)



**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".



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



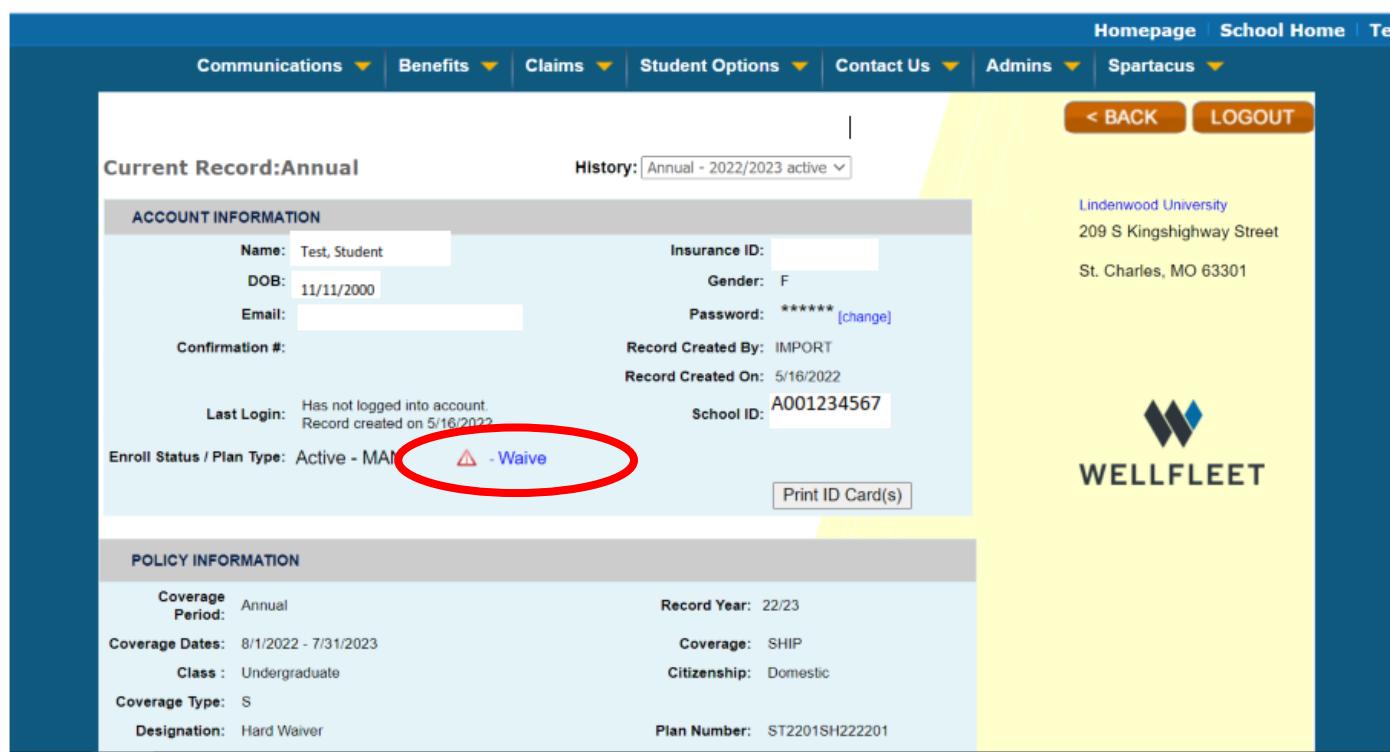
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**Create Account**



# 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.



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 - MAI [⚠ - 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	

Homepage School Home Terra

< BACK LOGOUT

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”.

WELFLEET STUDENT

Lindenwood University

Waiving for Annual 8/1/2022 - 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  
Address1 \* 209 S Kingshighway  
City \* SAINT CHARLES State \* MISSOURI (MO)  
US Cell Phone \* +1 636-949-0000  
ZIP \* 63303 Alternate Phone \* +1 636-949-0000  
Country \* United States (US) Opt in for text messages? \* Yes No

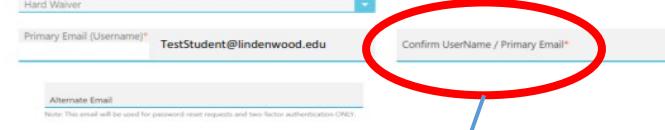
Class \* Undergraduate Citizenship \* Domestic

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 (MFA)

← 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" →

Waiving for Annual  8/1/2022 - 7/31/2023



START IDENTIFICATION WAIVE REVIEW AND CONFIRM FINISH

## 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 *	EDA/INC				
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 Schedule Of Benefits			
<input type="button" value="Upload"/>				<input type="button" value="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



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: shawaver918 munwaiver918

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](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 Options" 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