

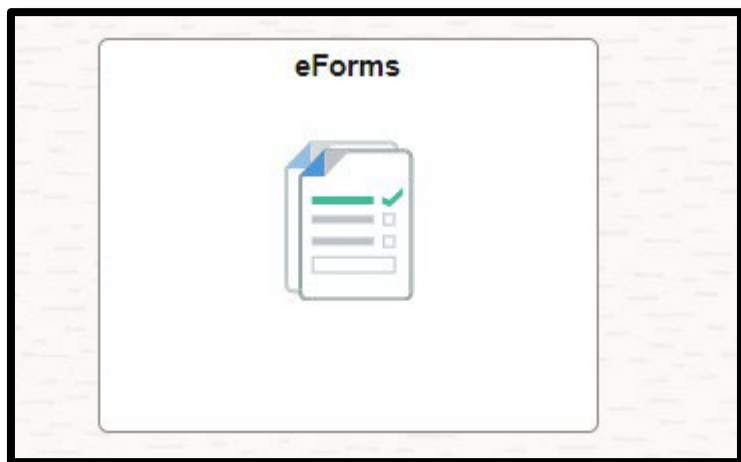


Student Business Services

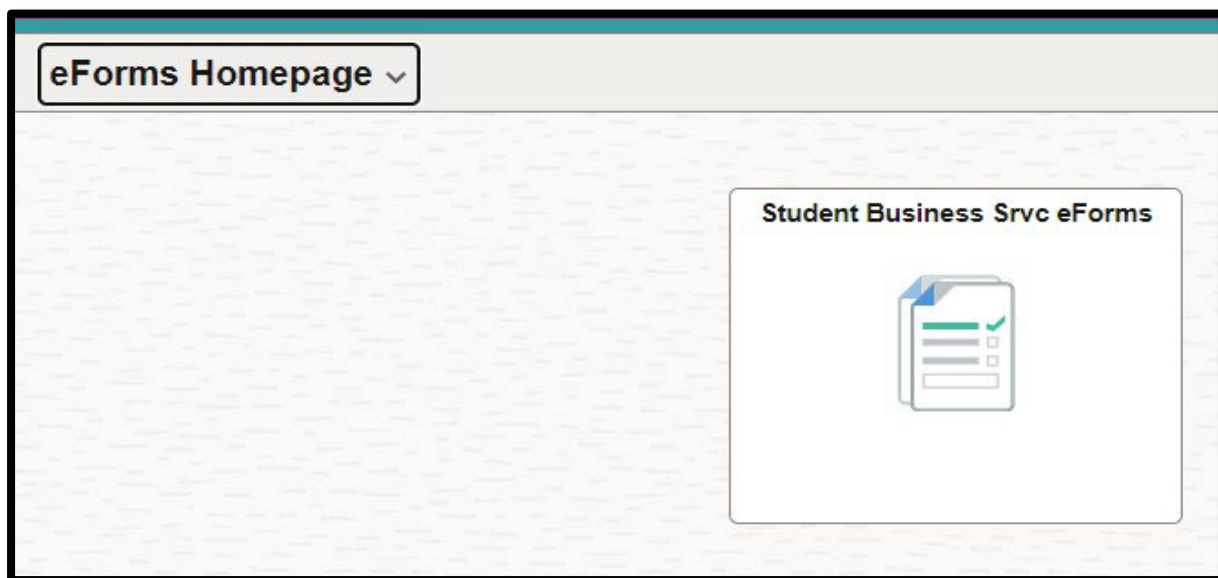
Opt-Out of Health Insurance

This tutorial covers how to opt-out of health insurance, if you have a health insurance charge.

1. Login to the [Chapman University Student center](#).
2. On the Student Center homepage, select the "**eForms**" tile.



3. Click on "Student Business Srvc eForms".





Student Business Services

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4. Select "Proof of Health Ins. (required)".

Student Business Srvc (SBS)

Landing Page

Master Payment Cntr(required)

Proof of Health Ins.(required)

Purchase Health Ins.(optional)

Purchase Health Ctr (optional)

Substitute W-9S (optional)

View a Submitted SBS eForm

Student Business Service eForms

Please contact Student Business Services if you should have any questions regarding the forms under SBS.

Email: ocbush@chapman.edu

Phone: 714-997-6617

www.chapman.edu/sbs

5. Select "Yes" to Opt Out.

Term Instruction

You have been charged for campus provided health insurance within the academic year. You may opt out of this student health insurance by providing your proof of health insurance coverage.

Choose the terms you wish to opt out of below by selecting "Yes". A term will display ineligible if you have not been charged for that term or if it is past the term deadline to opt out. Dates of coverage displayed.

Please note that if you opt out of the health insurance coverage with Chapman University, the waiver will be applied to subsequent terms in the academic year.

Campus Provided Student Health Insurance

Term ↕	Description ↕	Opt Out Eligibility ↕	Opt Out ↕	Start Date ↕
1 2248	Fall 2024	Eligible to opt out	Yes ☐	08/19/2024
2 2254	Spring 2025	Ineligible to opt out		02/03/2025



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6. Follow the steps below to enter your health insurance provider information. Be sure to upload a copy of your Health Insurance Card.

**If you do not have a group number, please input your member or medical ID number.*

Insurance Provider

Health insurance is required. Please provide your insurance information.

*Insurance Provider: **1**

*Group Number: **3**

*Ins Start Date: **2**

File Attachments

Please submit a copy of your health insurance card. Note: insurance card is required if not using campus provided insurance.

Attachment Required	Action	Description ^{TL}	Instructions ^{TL}	File Name ^{TL}
1	Upload 4	Health Insurance Card	Upload a copy of your insurance card.	

[Add](#)

7. Select "Yes" for the Acknowledgement and then "Submit".

Form Action Items

Acknowledgement

1 ☒ Yes

By checking this box, I certify that I meet the requirements of the above and understand I may need to provide proof of health insurance each term.

[Submit](#)