How To Select or Waive Health Insurance

University of Colorado Boulder

1. Log in to MyCUInfo (https://mycuinfo.colorado.edu)



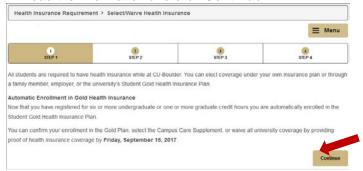
2. Go to the **Billing Information** tab and click on **Select** or **Waive Student Health Plans**.



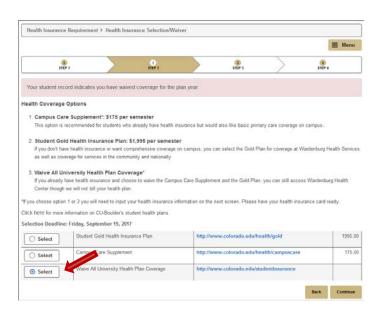
3. Under "Term Information", click on View my health insurance selections.



4. Read the information and click Continue.



5. **Select** a health plan or **waive** coverage then click **Continue**. Selecting the Campus Care Supplement will remove the Gold Plan from your account.



6. If selecting Campus Care or waive all coverage: Please complete this information to ensure that your choice is registered, then click **Save**.

Health Insurance Requirement						granten and a second
						= 1
Required Field						
1 1727-1		STEP 2		2 STEP 2	>	ETEP 4
Rease complete the information below 103-492-5107 with any questions.	w. Most of this informat	ion can be found on your i	neurance card or by o	ontacting your health ins	urance company. Plear	se call Patient Services a
ATTENTION! This site does n aggested, Firefox and Inter			unable to compl	ete this page, plea	se try a different	browser. Chrome i
nter Plan/Policy coverage of	date in this forma	t mm/dd/yyyy.				
Insured By:						
Name of Insurance Carrier/Milit	tary Branch/Medica	are/Medicaid/Indigent F	Program)			
f military,indicate branch:						
Eligibility Confirmation Tele Number:	phone					
Typically printed on back of the	insurance card)					
Subscriber Name:	100					
Name of individual through who	om insurance is pro	nided. (example: stud-	ent, parent/guardia	spouse/domestic	partner)	
Member ID Number						
As printed on the insurance ca	ard)					
Plan/Policy Number:						
If any)	-					
Group Number:						
As printed on the insurance ca	ird)					
Effective Date of Plan/Policy	A Prince Prince					
Date coverage started)						
						(Control Control
						Cancel

7. The confirmation page displays your selection. **Print** and keep this page for your records.

	STEP 1		STEP 2		STEP 3		STEP 4
✓ Yo	u have succes	sfully waived a	Il university hea	Ith coverage.			
Your cu	urrent selection	will expire Friday	v. August 17, 201	18.			
	o your selection or dates and deadlin		e made during the	fall and spring op	en enrollment period	ls. Please see th	e website below for
	eed to complete	this process ever	v fall semester.				
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	any questions, pl	ease contact Warr	tenhura Health Ser	vices at 303,402.	5107 PatientServi		

