



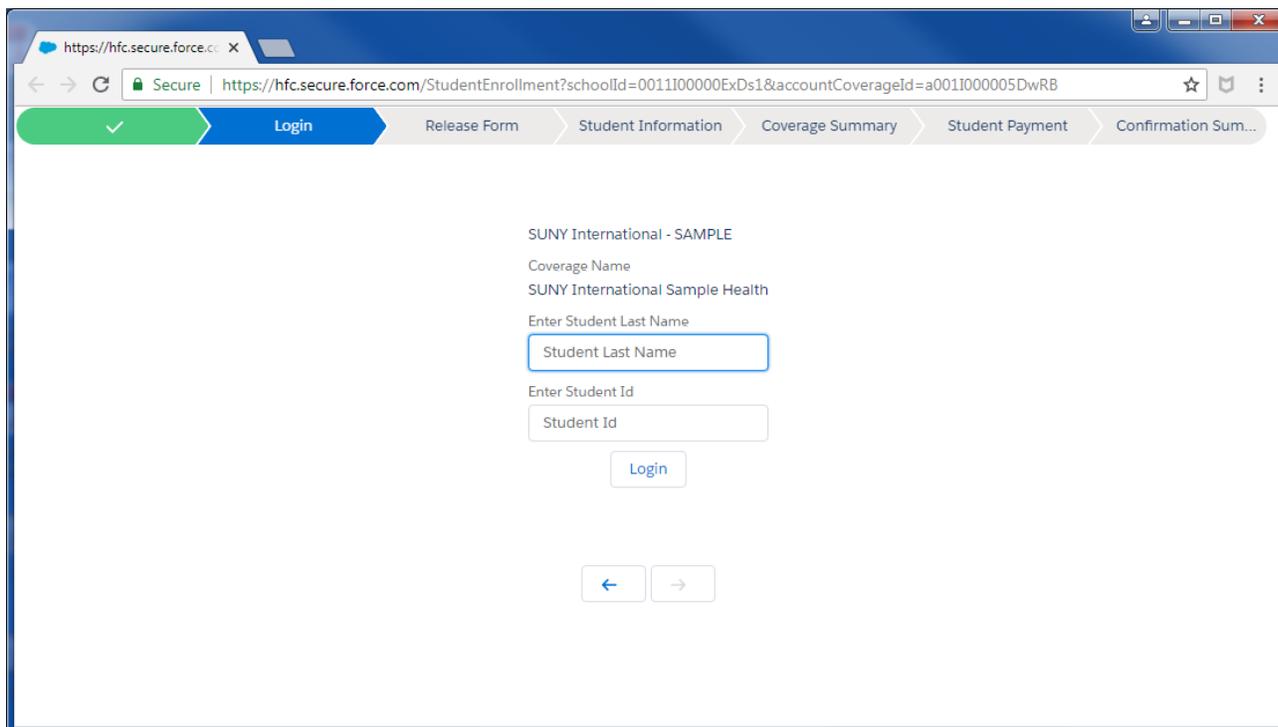
The State University
of New York

Student Health Insurance Program *Online Waiver Portal Instructions*

Step 1: Visit <http://www.haylor.com/college-students/> Under the **Select Your College/University** tab, type in your campus name and then click on the orange magnifying glass to submit.

Step 2: You are now on your university's specific landing page. Click on the **Waive** tab under **Student Health**.

Step 3: You will now be sent to the screen below. Enter your last name and student ID # and select **Login**.



The screenshot shows a web browser window with the URL <https://hfc.secure.force.com/StudentEnrollment?schooId=0011I00000ExDs1&accountCoverageId=a001I000005DwRB>. The page title is "SUNY International - SAMPLE". The coverage name is "SUNY International Sample Health". The page contains two input fields: "Enter Student Last Name" with a text box containing "Student Last Name", and "Enter Student Id" with a text box containing "Student Id". Below the input fields is a "Login" button. At the bottom of the page are two navigation arrows, left and right.

Step 4: Please ensure your primary health insurance policy that you are using to waive the SUNY International Student Health Insurance Policy meets SUNY's requirements listed on this screen below. If your primary health insurance meets this criterion, please proceed by clicking that you agree with the terms and conditions, and **submit**.

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Secure | https://hfc.secure.force.com/StudentEnrollment?schoolId=0011100000ExDs1&accountCov... ☆

✓ ✓ Release Form Student Info... Coverage Su... Student Pay... Confirmation...

Please note that if your primary health insurance policy does not meet the following requirements listed below, you will not be eligible to waive the SUNY International Student Health Insurance Program.

Requirements:

1. Your insurance plan will be in effect for the entire academic year (or through the completion date of your academic program.)
2. Your plan covers inpatient and outpatient medical care and mental health care within a 50 mile radius of your College/University. This includes routine, urgent and emergency care (emergency only coverage does not satisfy this requirement).
3. Your plan is provided by an insurance company based in the United States.

* Agreement

I agree to terms and conditions above

I do not agree to terms and conditions above

Submit

Step 5: Answer all of the questions on the **Student Information** Tab (the next 3 screen shots below demonstrate the information that is collected on the **Student Information** tab.) Please note you cannot proceed without completing all fields. At the bottom of this page, you must upload a copy of the front and the back of your health insurance ID card that you are utilizing for your waiver. Lastly, click **submit**.

https://hfc.secure.force.com/StudentEnrollment?schoolId=001100000ExDs1&accountCoverageId=a001000005DwRB

Student Information

Take Action on this Coverage

Waive

Student ID
test

School
SUNY International - SAMPLE

First Name

Last Name
test

Address

City

State (2 digit code)

Zip Code

Country

Phone

https://hfc.secure.force.com/StudentEnrollment?schoolId=001100000ExDs1&accountCoverageId=a001000005DwRB

Personal Email

School Email

Sex
Male

Date of Birth

Will your insurance plan be in effect for the entire academic year (or through the completion date of your academic program?)
Yes

Does your plan cover inpatient and outpatient medical care and mental health care within 50 miles of the College/University, including routine, urgent and emergency care (emergency only coverage does not satisfy this requirement)
Yes

Is your plan provided by an insurance company based in the United States?
Yes

https://hfc.secure.force.com/StudentEnrollment?schoolId=0011I00000ExDs1&accountCoverageId=a001I000005DwRB

Aetna Administrators

Insurance Company Phone

Member ID Number (Do not include spaces, dashes or special characters)

If your current health insurance is a Medicaid Program please enter the 2 digit state code, otherwise please enter NA

Policy Holder First Name

Policy Holder Last Name

Policy Holder Date of Birth

Group Number (If Applicable)

Insurance Company Address

Insurance Company City

Insurance Company State please enter the 2 digit state code, otherwise please enter NA

Insurance Company Zip Code

Upload Images of the front and back of your current Medical Insurance ID Card here:

[Upload Files](#)

Attachments Loaded: 0

By signing this form I am affirming that I have coverage in place. I will assume all financial responsibility related to my health care while attending for the current academic year. Further, I understand that if this Insurance Waiver is accepted, my insurance company may be contacted to confirm continuous coverage on a periodic basis. (Student must enter name and date)

CC

Jun 18, 2018

Next Steps: After your waiver has been submitted, please allow Haylor, Freyer, & Coon, Inc. and SUNY 5-10 business days to approve or deny your waiver. You will receive an email confirmation within that time period that states if your waiver has been approved or denied.



Have a question about the online waiver process? Want to create access/remove access for your campus to our online waiver platform? Please contact Haylor, Freyer, and Coon's servicing team:

Christian Claps, Account Manager

Email: cclaps@haylor.com
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