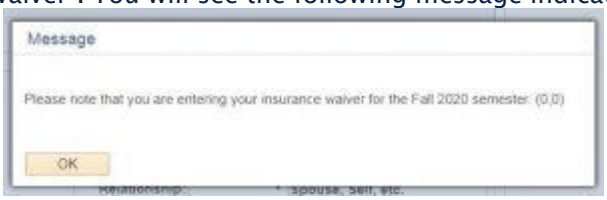
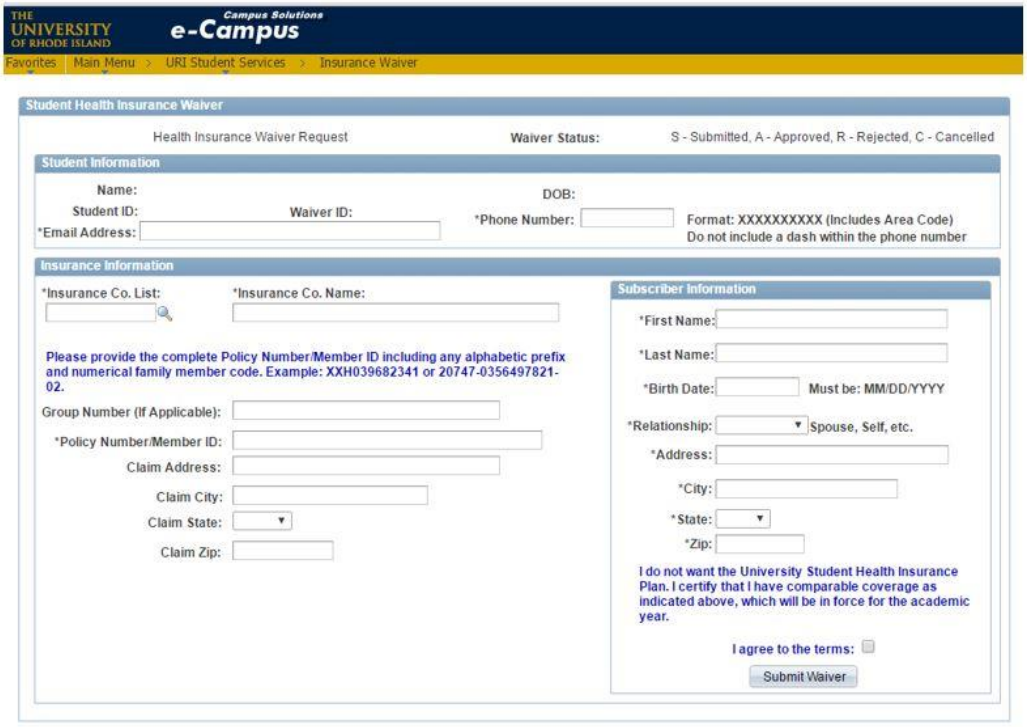
How do I submit my insurance waiver?

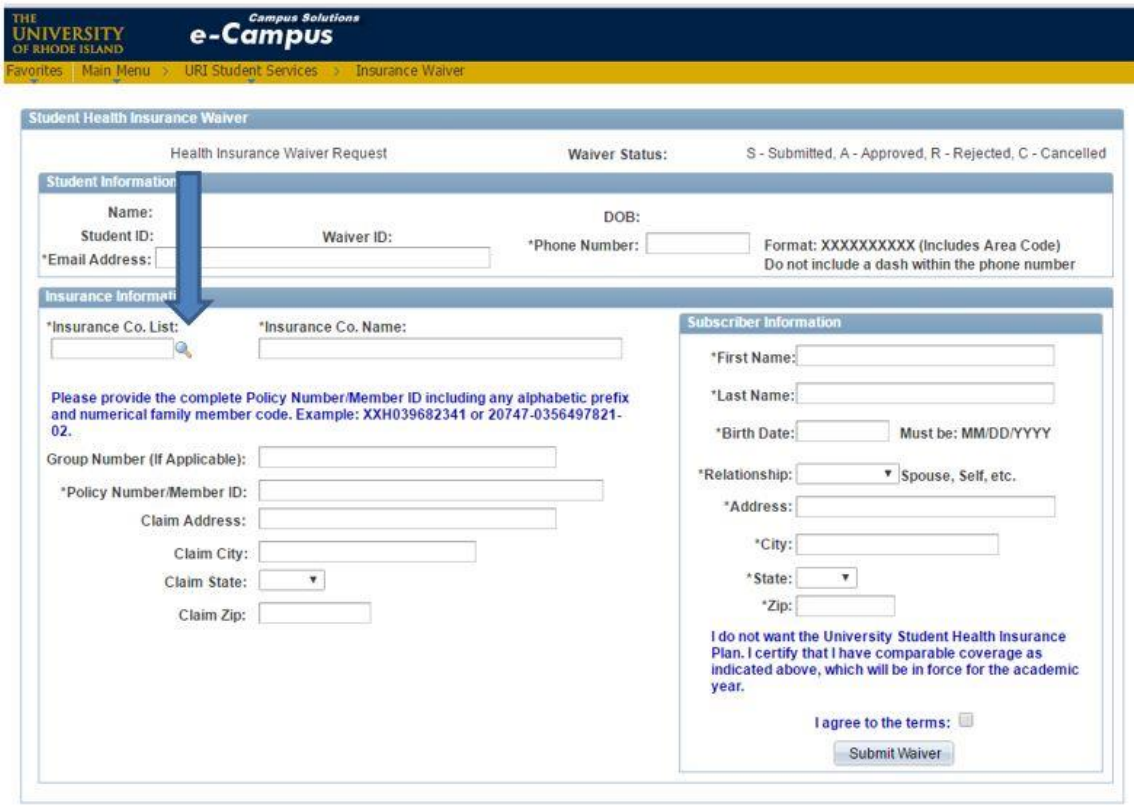
- Log into e-Campus
- Select "URI Student Services" from the menu
- Now, select "Insurance Waiver". You will see the following message indicating the term you are submitting a waiver for:



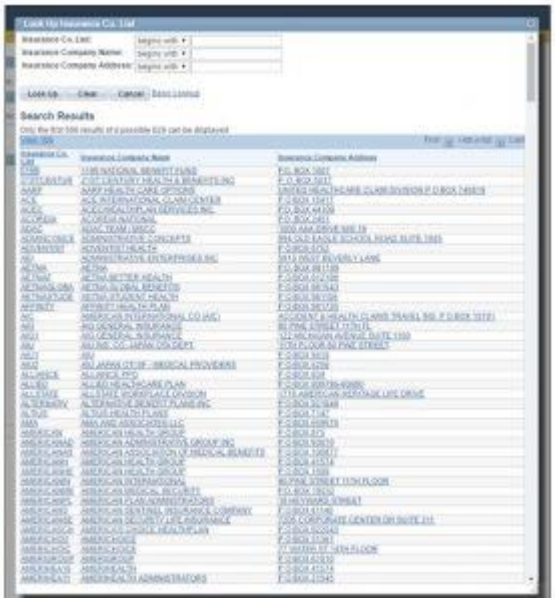
- Now, click "OK". You will see the following screen



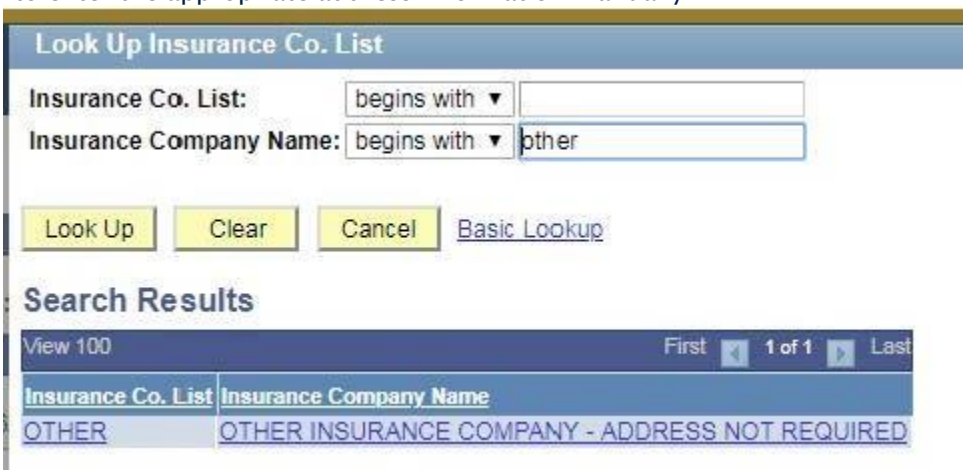
- Enter your preferred email address, which we will use to contact you regarding the status of your insurance waiver.
- Enter your 10 digit preferred phone number. Please **do not** insert any dashes (-).
- Click on the magnifying glass to the right of the "Insurance Company list" field.



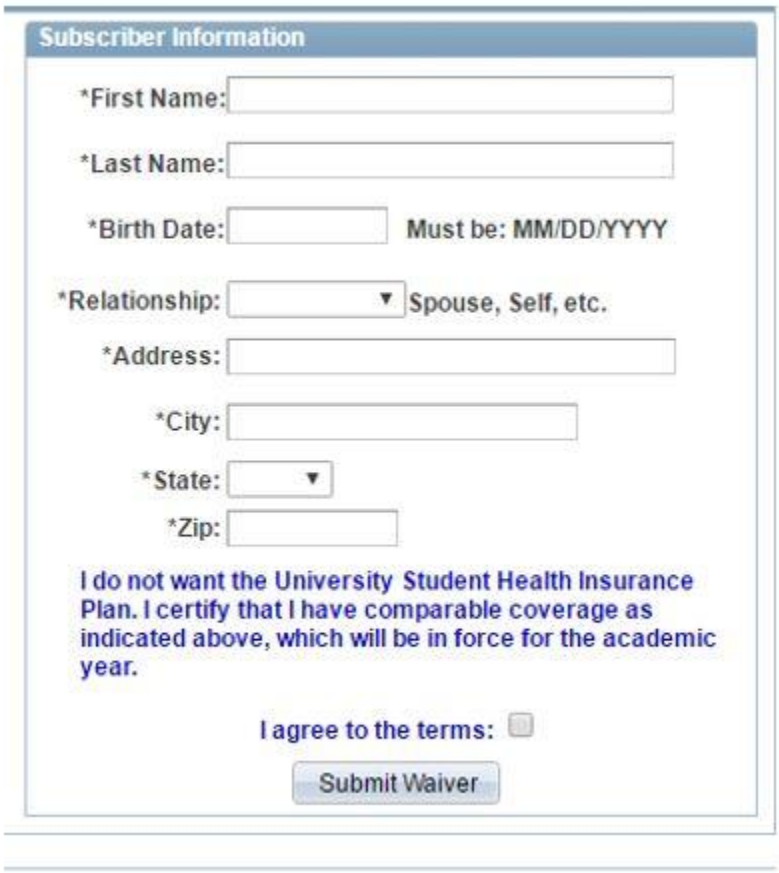
- You will be presented with a list of Insurance Companies. Search for your insurance company by entering in the first few letters of the name at the top of the screen in the field that says "Insurance Company Name" and change the drop down arrow from "begins with" to "Contains", then select "Look Up". Simply click on the Insurance Company Name and in the insurance company name will automatically populate in your waiver.



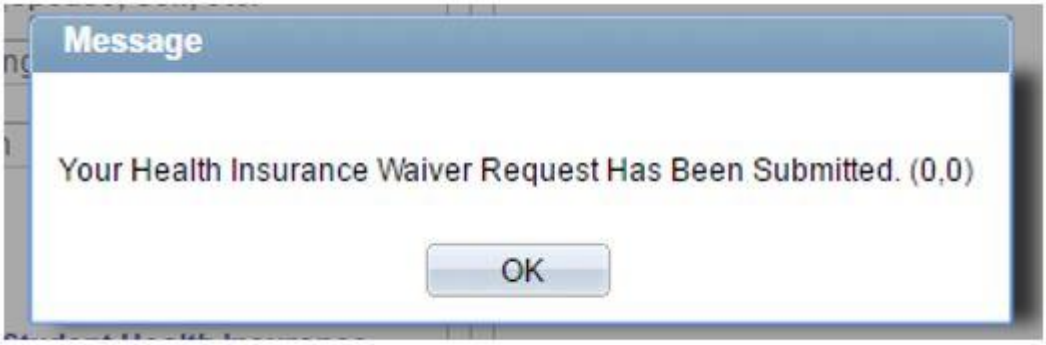
- If you can't locate your Insurance Company, search for "Other" and select that option. You will then need to enter the appropriate address information manually.



- Once your insurance company information has been entered, enter the "Subscriber Information" toward the right of the screen. This is the name, birth date, and relationship to you of the person whom the insurance policy is written for. This could be a parent, guardian, spouse or any other person whom carries you on their insurance. If you have your own insurance, simply enter your own name and birth date. To see a sample insurance card to help you with your waiver please click here.



- Once you have completed filling out this information, read the terms of the waiver and place a check box in the box following "I agree to the terms:".
- Finally, click "**Submit Waiver**" in the lower right corner of the screen. A message will appear indicating your waiver has been submitted:



- You will receive a confirmation email at the address you specified in the waiver. Your waiver will be reviewed and approved/rejected within 30 days of submission. Please submit your waiver by the posted deadline to avoid purchasing the school sponsored health insurance.

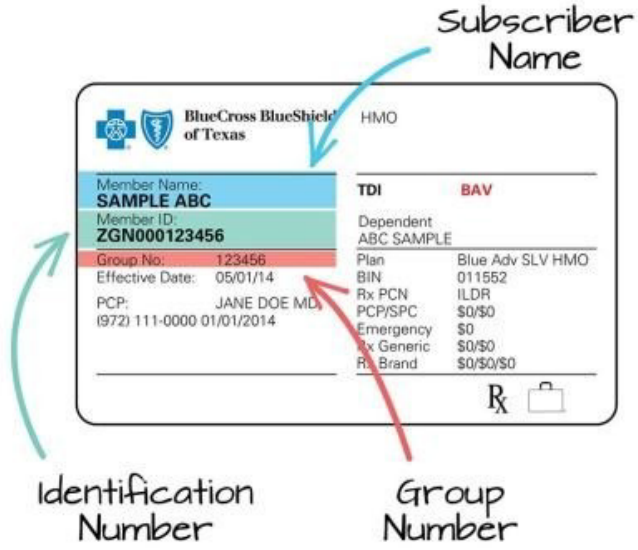
Should you have any questions, please contact us at 401-874-4774.

THE UNIVERSITY OF RHODE ISLAND
HEALTH SERVICES

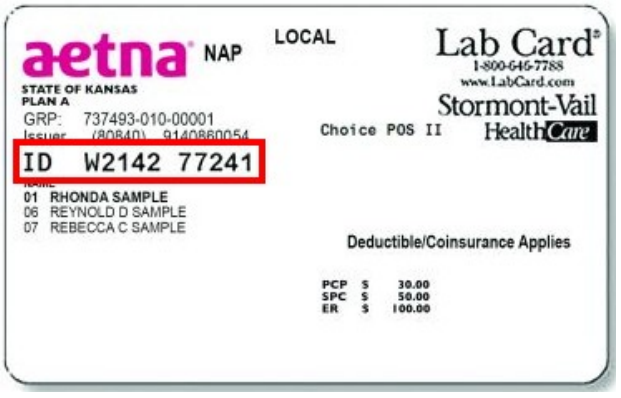
SAMPLE INSURANCE CARDS

United Healthcare:

Blue Cross Blue Shield:



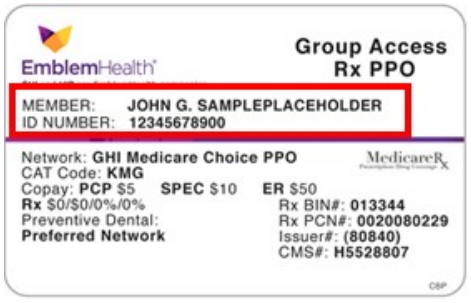
Aetna:



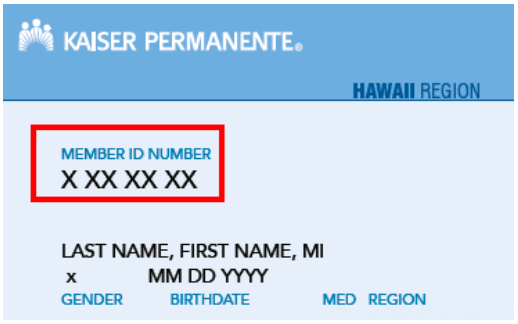
THE UNIVERSITY OF RHODE ISLAND
HEALTH SERVICES

SAMPLE INSURANCE CARDS

Emblem Health:

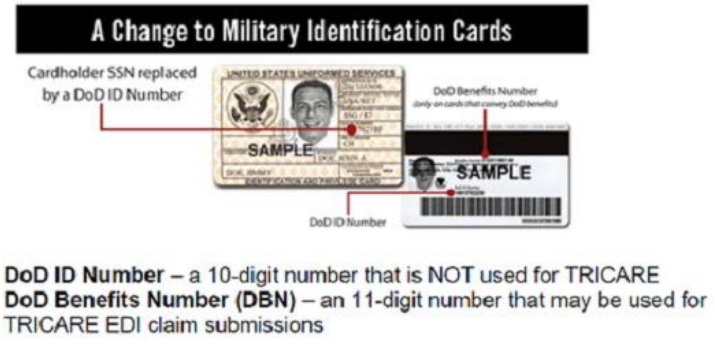


Kaiser Permanente:



Premera BCBS:

Tricare:



DoD ID Number – a 10-digit number that is NOT used for TRICARE
DoD Benefits Number (DBN) – an 11-digit number that may be used for TRICARE EDI claim submissions

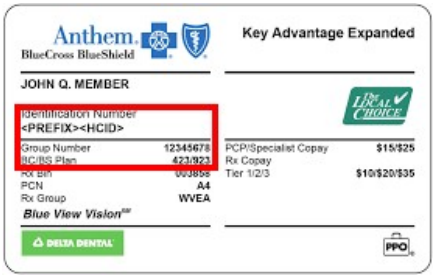
THE UNIVERSITY OF RHODE ISLAND
HEALTH SERVICES

SAMPLE INSURANCE CARDS

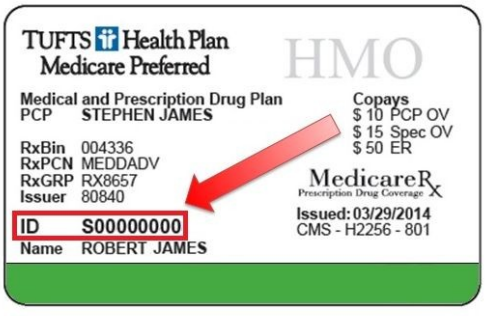
CDPHP:

Neighborhood Health Plan:

Anthem BCBS:



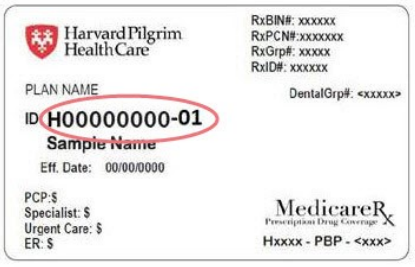
Tufts:



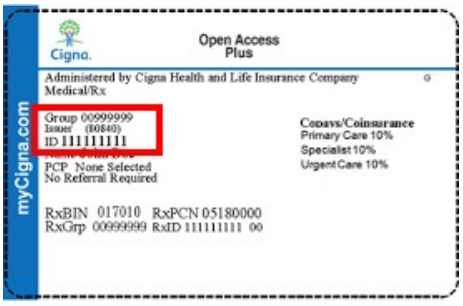
THE UNIVERSITY OF RHODE ISLAND HEALTH SERVICES

SAMPLE INSURANCE CARDS

Harvard Pilgrim:



Cigna:



Coventry Health Care:

Horizon Blue Cross