

# Student Health Insurance Certification

To certify health insurance under the Student Center Click on details on the To Do List.

Junior's Student Center

A screenshot of the 'Junior's Student Center' interface. On the left, there's a sidebar with 'Academics' expanded, showing 'Search Plan Enroll' and 'My Academics'. Below this is a dropdown menu 'other academic...'. The main area has a 'Deadlines' and 'URL' section, followed by a 'This Week's Schedule' table with three entries: NURS 3532-100 LEC (5622), NURS 3532B-100 LEC (5624), and NURS 3536-100 LEC (5625). To the right is a 'SEARCH FOR CLASSES' button. Further right is a 'Holds' section with a 'TF Delinquent Payment' item and a 'Currency used is US Dollar.' note. At the bottom right is a 'To Do List' section with a 'Health Insurance' item, which is circled in red. Below the 'Holds' section is an 'Enrollment Dates' section.

Click on To Do Item Health Insurance.

Main Menu > Self Service > Student Center

Junior Nursing

ID Number: 1944806

To Do List

A screenshot of the 'To Do List' page. A table titled 'Item List' shows one item: 'Health Insurance' with a due date of '03/09/2012', status 'Initiated', institution 'Univ. of Texas HSC at Houston', and administrative function 'General'. The entire table is circled in red.

To Do Item	Due Date	Status	Institution	Administrative Function
Health Insurance	03/09/2012	Initiated	Univ. of Texas HSC at Houston	General

go to ...

Click on Health Insurance Certification

Main Menu > Self Service > Student Center

Self Service ToDo Details Page

To Do List

To Do Item Detail

Junior Nursing

Health Insurance

Contact

Academic Institution: Univ. of Texas HSC at Houston  
Administrative Function: General  
Due Date: 03/09/2012  
Contact: Sue Langard

Description

[Health Insurance Certification](#)

TO REMOVE HOLD CLICK ON THE HEALTH INSURANCE CERTIFICATION LINK AND ANSWER THE QUESTIONS. All students must

The student should click Yes if they have employee health insurance or health insurance from another source.

The student should click No if they need to purchase health insurance for the term they are registering for. **Please NOTE: Health insurance only covers one term at a time so the insurance purchased in a previous term would not be good for a subsequent term..**

Student      **Applicant**

Utlink, Test Person XXXXXXXX      1596926

**Student Financials**

**Health Insurance Certification**

**2012 Summer**

**Do You Have Health Insurance?**

Yes, I have Health Insurance      MD Anderson or UT Health Employee  
 No, I do not have Health Insurance      You should answer "Yes" to this question.

If you have UT Student Health Insurance from a prior term, you should answer NO to this question.

[Click here for information about Student Health Insurance.](#)

**CANCEL**

If the student selects YES they have Health Insurance. They must fill in the Insurance Company Name and policy number.

**STUDENT FINANCIALS**

**Health Insurance Certification**

**2012 Spring**

**Do You Have Health Insurance?**

Yes, I have Health Insurance      MD Anderson or UT Health Employee  
 No, I do not have Health Insurance      You should answer "Yes" to this question.

[Click here for information about Student Health Insurance.](#)

**Insurance Policy Information**

Insurance Company Name   
Policy Number

**Student Policy Owner**

Yes, I am the Policy Holder       No, I am not the policy holder  
Policy Holder Name

Please tab out of field to continue

**CANCEL**

If the student is the policy holder they should check **Yes, I am the Policy Holder** the Disability Insurance Cert will appear.

If the student is not the policy holder they should click no and fill in the Policy Holder's Name. **They must hit the TAB key to tab out of the field , then the Disability Insurance Cert will appear.**

They must click the certification button. **Please NOTE: they are only certifying that they are aware Disability Insurance is available. They are not signing up for it nor will they be charged for it in Campus Solutions.**

**Insurance Policy Information**

Insurance Company Name

Policy Number

**Student Policy Owner**

Yes, I am the Policy Holder  No, I am not the policy holder

Policy Holder Name

**Please tab out of field to continue**

**Disability Insurance Availability**

[Click here for more information on disability insurance.](#)  
Professional disability insurance may be available for your program of study. For more information on availability and eligibility, click on the hyperlink above.

Please select the radio button below to acknowledge that you are aware that disability insurance may be available for purchase at your own expense. (SF Msg: 24000, 14)

I am aware that Disability Insurance may be available.

**CANCEL**

When they click the Disability Insurance certification the Private Insurance Certification loads.

**By clicking confirm they will have completed the certification process.**

**Private Insurance Certification**

By clicking the "Confirm" button, you are certifying that you have private health insurance that will provide coverage for you throughout the entire term and that all information you have provided is true and complete.

I understand that all students enrolled at The University of Texas Health Science Center at Houston (UTHealth) are required to have and maintain health insurance coverage on a continual basis while enrolled at UTHealth. I further understand and agree that my failure to have and maintain such health insurance coverage may result in the cancellation of my registration. I understand and agree that I am responsible for any and all charges related to my medical care.

I hereby certify that I have and will maintain current health insurance coverage while enrolled as a student at UTHealth. I understand that the information and certification herein provided will be relied upon by UTHealth, and I waive and release any claims against UTHealth in connection with my failure to have and maintain required health insurance coverage while enrolled at UTHealth.

In addition, you are acknowledging that all insurance information provided is subject to verification and you are consenting to the release of personal information to the insurance carrier you identified above for the purpose of coverage verification. (SF Msg: 24000, 4)

**CONFIRM**

**CANCEL**

If the student needs to purchase Health Insurance for the term they are registering for, they will click **NO, I do not have Health Insurance.**

Nursing,Junior

1944806

## Student Financials

### Health Insurance Certification

2012 Spring

#### Do You Have Health Insurance?

Yes, I have Health Insurance

MD Anderson or UT Health Employee

No, I do not have Health Insurance

You should answer "Yes" to this question.

[Click here for information about Student Health Insurance.](#)

#### Disability Insurance Availability

[Click here for more information on disability insurance.](#)

Professional disability insurance may be available for your program of study. For more information on availability and eligibility, click on the hyperlink above.

Please select the radio button below to acknowledge that you are aware that disability insurance may be available for purchase at your own expense. (SF Msg: 24000, 14)

I am aware that Disability Insurance may be available.

[CANCEL](#)

The Disability Insurance Certification will load. When they click the Disability Insurance Certification the Release of Information Consent loads. **When they click Confirm they will complete the Certification process.**

#### Disability Insurance Availability

[Click here for more information on disability insurance.](#)

Professional disability insurance may be available for your program of study. For more information on availability and eligibility, click on the hyperlink above.

Please select the radio button below to acknowledge that you are aware that disability insurance may be available for purchase at your own expense. (SF Msg: 24000, 14)

I am aware that Disability Insurance may be available.

#### Release of Information Consent

By clicking the Confirm button below, you have indicated that you do not have private insurance and acknowledge that a fee for health insurance will be assessed to your student account upon enrollment.

In addition, you are consenting to the release of personal information to the UT Health Science Center Insurance Provider for the issuance of the policy. (SF Msg: 24000, 3)

[CONFIRM](#)

[CANCEL](#)