



THE OHIO STATE UNIVERSITY  
NEWARK

## Waiving OSU Health Insurance Charge [buckeyelink.osu.edu](http://buckeyelink.osu.edu)

Students are assessed the fee for the OSU Comprehensive Student Health Insurance Plan when they enroll in eligible classes. The student has the option to waive the health insurance fee by providing proof of other coverage.

**\*\*\*Remember the date to waive the OSU insurance is the same date as when your tuition is due.**

### Students

#### Notice

Important changes to tuition and fee payment policies. [Read more.](#)



**My Buckeye Link**  
Student login (former Student Center)



**Sign into your Student Center with your name.#**

### Finances

#### My Account

[Account Inquiry](#)  
[Account Refund](#)  
[Guardian and Credit Card ePay](#)



You have no outstanding charges at this time.

#### Financial Aid

[View Financial Aid](#)

[make an echeck payment](#) ▶

[mail a payment](#) ▶

#### Student Health Insurance

[Select/Waive Coverage](#)  
[View Insurance Information](#)

**Click on: select/waive coverage**

other financial... ▼ ⏏

**Please choose an insurance option below**

- OSU Comprehensive Student Health Insurance
- WilceCare Supplement
- Waiver (No OSU student coverage)
- Off-Term OSU Comprehensive Student Health Insurance
- Cancel Off-Term selection

**Student Health Insurance Links**

**Select: Waiver**  
**Select: Academic Terms**

[Off-Term Coverage](#)

[FAQs](#)

**Please select the Academic Term**

\*Academic Terms:

**Insurance Company Information**

**Please use the magnifying glass to select the name of your insurance company. If not found, type the name in the box.**

\*Insurance Company/Government Plan:

Insurance Company Address:

City:  State:  Postal Code:

\*Insurance Company Telephone Number:

**Policy Holder's Information**

\*Policy Holder's Last Name:

\*Policy Holder's First Name:

\*Policyholder/Subscriber ID Number:

\*Policy/Group Number:

Policy Holder's Telephone Number:

**Fill in all required fields indicated by the \*  
Click on Next to complete the process**

\*Required Fields

I do not have health insurance

**Note:** Policy Holder is the primary person that the policy is under, such as parent, spouse, or student.

go to ...

[Return To Student Center](#)

Once insurance is waived look under Student Health Insurance, click on [View Insurance Information](#). This will indicate whether you are enrolled in health insurance by semester.