

Health Insurance Waiver Guide (Chinese)

1. 首先打开 google 网页，搜索“msu stuinfo”，然后请按照你的 Netid 和密码登入 stuinfo。
1. Start by opening google. Search for MSU stuinfo and then login according to your netid and password.
2. 网页上面会有五个选择：【quick links】，【academics】，【student accounts】，【financial aid】，还有【other】。按【other】。点击【other】之后网页会出现一个下拉菜单栏。选单提供不同系列的链接，在【health insurance】下面按【insurance waver】的链接。
2. At the top of the website there are 5 options: [quick links], [academics], [student accounts], [financial aid] and [other]. Select [other]. After selecting [other] the website will open a menu. The menu provides different series of links, under “health insurance” select the link for “insurance waiver”.

The screenshot shows the Michigan State University StuInfo website. At the top, there is a navigation bar with links for IMPORTANT DATES, CONTACT US, PROFILE, and LOG OFF. Below this is a header with the MICHIGAN STATE UNIVERSITY logo and the StuInfo title. The main content area is divided into several sections: QUICK LINKS, IMPORTANT DATES, and a dropdown menu for OTHER. The QUICK LINKS section includes links for Academic Calendar, Account detail, Billing statement, Confirm Attendance, Direct Deposit, Enrollment, Financial Aid (check your aid), Financial Aid messages, Grades, Holds, Manage Guests, Pay bill, Perkins, Health Profession, Long Term institutional, or Short Term loan payment in ECSJ, Schedule History and Enrollment Access, Student Account Overview, and Transcript. The IMPORTANT DATES section lists several dates: Apr 14 (Saturday, Apr 14), Apr 27 (Friday, Apr 27), Apr 28 (Saturday, Apr 28), Apr 28 (Saturday, Apr 28), and Apr 30 (Monday, Apr 30–Friday, May 4). The OTHER dropdown menu is open, showing options for Messages, Address and Parent Information, Health Insurance, FAQs, Offices, and New International Student. A red arrow points to the 'Insurance waiver' link under the 'Health Insurance' section. At the bottom, there is a 'Questions? Ask Sparty' section with a search bar and an 'Ask' button.

3. 请看一下 terms and conditions , 看完之后请选 I understand and agree 然后点击下一步(continue)。
3. Please look at the terms and conditions. After reading, please select I understand and agree and then select continue.

MICHIGAN STATE UNIVERSITY | StuInfo

[IMPORTANT DATES](#) [CONTACT US](#) [PROFILE](#) [LOG OFF](#)

[HOME](#) [QUICK LINKS](#) [ACADEMICS](#) [STUDENT ACCOUNTS](#) [FINANCIAL AID](#) [OTHER](#)

STUINFO **Insurance Waiver** 4/5/2018 9:12:50 AM

tangruot [Refresh](#) [Home](#) [Help](#) [Log out](#)

Name: **PID:**

Current Status: Not Started

Looking for help?

Getting Started

Who should use this

email MSU Human Resources

- Domestic Medical Student (Human, Vet, Osteo) regardless of admit date
- International Students including Undergraduate, Graduate and Medical Students
- Graduate Assistants

Questions? Contact MSU Human Resources Office at 517-353-4434 or 800-353-4434

If you want to report that you already have insurance that meets MSU requirements, we recommend you have the following materials with you:

- Your current health insurance plan ID card
- Your health insurance brochure or plan description
- Your Student Number

TERMS AND CONDITIONS

I understand the following:

- Each academic year MSU students must provide the University with information about their insurance coverage using this health insurance information reporting system.
- If you do not provide information about your insurance, or if the information you provide shows that your insurance does not meet the coverage requirements of Michigan State University, you will be enrolled in the MSU-Sponsored Student Health Insurance program and billed for coverage on your tuition.
- You can find the current deadlines on the Human Resources website at: <https://www.hr.msu.edu/benefits/students/health/index.html>
- If you find yourself without coverage during the school year, you need to report this change in status to MSU Human Resources Benefits department at solutionscenter@hr.msu.edu or (517) 353-4434. International students must submit a copy of your insurance policy to MSU Human Resources. Human Resources will verify whether your insurance meets the waiver criteria. You will receive the results by email.
- MSU reserves the right to audit all waivers in order to ensure compliance with insurance requirements

POLICY TERMS AGREEMENT * indicates a required field

☐ I understand and agree to all the terms and conditions listed above *

[CONTINUE](#) [MAIN MENU](#)

Questions? Ask Sparty [Ask](#)

- 4.如果您已有健康保险，请选择您保险的生效时间。
4. If you already have health insurance, please select the range your health insurance is in effect for.
5. 保险号码 (Policy Holder ID number) 是你的健康保险公司发给你的，如果保险公司还没有给你这个保险号码的话请您写 pending。
5. Policy Holder ID number will be sent to you by your health insurance company. If you have not received an ID number, please type “pending”.
6. Carrier Name 是您有什么健康保险公司，大部分的 VIPP 访问学者有 Blue Care Network。
6. Carrier Name is what health insurance company you have. Most of VIPP’s visiting scholars have Blue Care Network.

7. Policy Holder Name 是您的名字。

7. Policy Holder Name is your name.

8. 在 Questions about your coverage 的部分您可以每个问题回答 yes 然后点击 continue

8. In the section “Questions about your coverage” you can respond “yes” to every question and then select continue.

	QUICK LINKS	ACADEMICS	STUDENT ACCOUNTS	FINANCIAL AID	OTHER
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STUINFO	Insurance Waiver	4/5/2018 9:10:33 AM
tangruot	Name:	PID:
Looking for help?	Current Status: Started	

MSU has the following contact information on file for you. If this information is incorrect, please submit this change of address form.

PERMANENT ADDRESS	E-MAIL ADDRESS
	A confirmation e-mail will be sent to this e-mail address: *

If you already have insurance, for what date range do you have coverage? * indicates a required field

☐ Spring III 2018 *

POLICY INFORMATION * indicates a required field
Enter details concerning your policy:

Policy Holder ID Number *	Carrier Name *
Policy Holder Name *	

QUESTIONS ABOUT YOUR COVERAGE * indicates a required field
Enter details concerning your policy:

Does your plan cover at least a minimum of \$500,000 per condition without time limitation? *	☐ Yes ☐ No
Does your plan have a policy year deductible of \$500 or less per individual? *	☐ Yes ☐ No
Does your plan cover inpatient and outpatient medical services (including labs and x-rays)? *	☐ Yes ☐ No
Does your plan cover inpatient and outpatient mental health services? *	☐ Yes ☐ No
Does your plan cover prescriptions up to a minimum of \$500,000? *	☐ Yes ☐ No
Does your plan have a maximum out of pocket limit of \$2000 per individual and \$4000 per family? *	☐ Yes ☐ No
Does your plan provide coverage worldwide? *	☐ Yes ☐ No
Does your plan have \$50,000 or more provision for medical evacuation to the international student's home country? *	☐ Yes ☐ No
Does your plan have \$25,000 or more provision for repatriation (removal of remains after death) to the international student's home country? *	☐ Yes ☐ No
Does your plan provide coverage for the waiver period requested? *	☐ Yes ☐ No

9. 最后一页会确认您的信息。请您再查一下文档没有错误，然后在 agreement 的下面按 my submission of this form will be used as an electronic signature。最终点击 submit。

9. The last page will confirm your personal information. Please check that there are no errors in your file. Then under agreement select “my submission of this form will be used as an electronic signature. Finally press submit.

Looking for help?
[email MSU Human Resources](#)
Questions?
Contact MSU Human Resources
Office at 517-353-4434 or 800-353-4434

Current Status: **Started**

Summary

Please review the information you entered to make sure it is complete and correct:

PERMANENT ADDRESS

E-MAIL ADDRESS

A confirmation e-mail will be sent to this e-mail address:

COVERAGE PERIOD * indicates a required field

Coverage period *
Spring III 2018

POLICY INFORMATION * indicates a required field

Enter details concerning your policy:

Policy Holder ID Number *
afa

Carrier Name *
adf

Policy Holder Name *
af

COVERAGE QUESTIONS * indicates a required field

Enter details concerning your policy:

Does your plan cover at least a minimum of \$500,000 per condition without time limitation? *	Yes
Does your plan have a policy year deductible of \$500 or less per individual? *	Yes
Does your plan cover inpatient and outpatient medical services (including labs and x-rays)? *	Yes
Does your plan cover inpatient and outpatient mental health services? *	Yes
Does your plan cover prescriptions up to a minimum of \$500,000? *	Yes
Does your plan have a maximum out of pocket limit of \$2000 per individual and \$4000 per family? *	Yes
Does your plan provide coverage worldwide? *	Yes
Does your plan have \$50,000 or more provision for medical evacuation to the international student's home country? *	Yes
Does your plan have \$25,000 or more provision for repatriation (removal of remains after death) to the international student's home country? *	Yes
Does your plan provide coverage for the waiver period requested? *	Yes

AGREEMENT * indicates a required field

☐ My submission of this form will be used as an electronic signature. This signature certifies that I am covered by the insurance plan described above. Michigan State University reserves the right to complete an audit on all students *

SUBMIT

EDIT RESPONSES

MAIN MENU



Questions? Ask Sparty

Type your complete question here

Ask