



RCM&D

A UNISON RISK ADVISORS Company

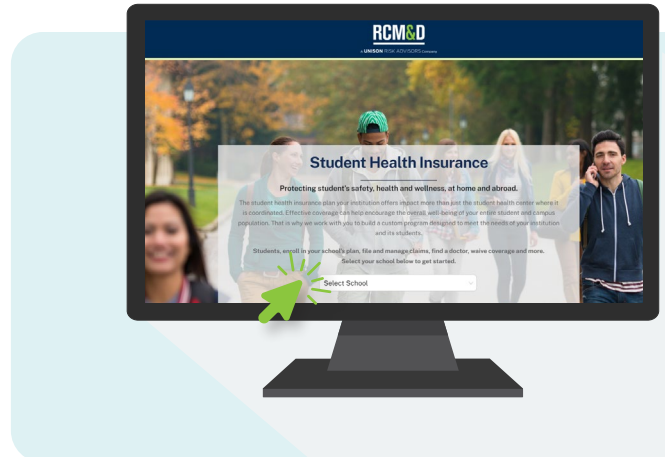
RCM&D STUDENT BENEFITS PORTAL: WAIVING & ENROLLING INTO COVERAGE

Welcome to the RCM&D Student Benefits portal. In this tutorial, you will receive step-by-step instructions on how to waive out of or enroll in your student health insurance plan.

Before beginning this process, you will need to access your school's email account and have your primary health insurance information available. When you start the process, a verification code will be sent to the student's email account. You must enter this code within 30 minutes.

Utilizing The Portal

- 1 Enter **www.RCMDstudentbenefits.com** into your browser.
- 2 Select your college or university by using the "**Select School**" dropdown box.



Enrollment Deadlines:

Fall Enrollment
Deadline: **8/31/24**

Spring/Summer Enrollment
Deadline: **1/28/25**



Waiver Deadlines:

Fall Waiver
Deadline: **8/31/24**

Spring/Summer Waiver
Deadline: **1/28/25**



- 3 On your homepage, select which action you want to take: "**Enroll Today**" or "**Waive Today**."



4 Enter your **date of birth** and **student ID number**.

5 Check your school email account for the **six-digit verification code**. This must be entered within 30 minutes or it will no longer be valid. Type in the number and click **Next.**

Step 1 - Student Validation

● ● ● ● ● ●

Hi There! Help us identify you.

* Required

Birthday

Month * Day * Year *

Please Select Please Select Please Select

Student ID (Please include the letter P) *

Step 2 - Multi Factor Authentication

● ● ● ● ● ●

* Required

We sent you an email to to*****@rcmd.com with a special code. Enter it below to continue.

6 Digit Verification *

6 Verify your personal information.

Step 3 - Personal Information

● ● ● ● ● ●

* Required

7 All of the waiver questions need to be answered correctly or your waiver may be declined. Please read the questions and sections carefully to avoid any mistakes.

Step 4 - Waiver Questions

● ● ● ● ● ●

Please answer the following questions to determine if your current coverage meets the criterion to exempt you from purchasing the University sponsored

[Read More](#)

1. Do you have health insurance that will stay effective though the 2024-2025 academic year? Yes No

Step 5 - Insurance Information



* Required

Name of Insurance Company *

Name of Policy Holder (self, parent or guardian) *

Date of Birth of Policy Holder *

E.g. (mm/dd/yyyy)

Policy Number *

Group Number *

Customer Service Telephone Number *

E.g. (xxx-xxx-xxxx)

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Click "**Next**" on the bottom of each section.

9

Provide your electronic signature by typing in your name and clicking "**Submit.**"

Step 6 - Sign and Submit



* Required

Note: To avoid issues with your submission, we recommend you use a Wifi or other high speed internet connection. Once you submit, please be patient while the system is processing your submission.

Signature *

05/26/2024

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10 Please wait for the confirmation message to appear to make sure your waiver was properly submitted.



Dear Student,

We are pleased to inform you that your insurance waiver has been approved.

Please print this email out as your confirmation of approval.

Questions? Talk to a trusted advisor.



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