Introduction
The Student Blue tool is used by students enrolled and who want to enroll in the Student Blue plan. Students will have the ability to manage the health coverage enrollment and waiver process. Most students are required to either enroll in the student health plan or provide proof that they already have creditable coverage through an existing insurance policy.

University administrators will also have access in order to check the status of students’ submissions and assist them accordingly.

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Student Enrollment – Already has Login/Password

Access the Student Blue website at www.bcbsnc.com/student

On the Student Blue homepage, select your school.

Click the Enroll tab.
Student Enrollment – Already has Login/Password

If you are not sure you are eligible to enroll, answer the questions and click Check Eligibility.

If you know you are Eligible, click Enroll Now.

If you have previously, registered on the Student Blue site, enter your User Name and Password.

Click Login.
Select Enroll.
Enter the Social Security Number and student contact information.

U.S.A. University

Student Enrollment Request - Fall 2022

Student Information

First Name
Middle Initial
Last Name
Student ID
Gender
Date of Birth

Social Security Number

Student Contact Information

Address 1
Address 2
City
State
Zip Code

User Tip:
Have your insurance ID card available to complete the online waiver request.
Student Enrollment – Already has Login/Password

Scroll past contact information.

Select “Yes” or “No”, if you would like to include coverage for abortions.

Review the Statement of Understanding and select the checkbox.

Scroll past application questions.

Select the checkbox next to the Application Signature.

Click Submit.
Student Enrollment – Already has Login/Password

Confirmation Page Appears.

**Transaction Information**

- **University Name**: 
- **Term**: Fall 2015
- **Transaction Type**: Enroll
- **Confirmation #:** E-5428E2ED09F4F
- **Abortion Coverage (if selected, applies to all insured)**: Yes
- **Student Class**: Graduate
- **Student Type**: Domestic
- **Submitted**: 9/8/2015, 3:45pm EDT
Access the Student Blue website at www.bcbsnc.com/student

On the Student Blue homepage, select your school.

Click the Enroll tab.
If you are not sure you are eligible to enroll, answer the questions and click Check Eligibility.

If you know you are Eligible, click Enroll Now.

Enter your Student ID and Date of Birth.

Click Continue.
Enter the student information and contact information.

Note: The University e-mail Address entered here will be the student’s User Name in the tool.
**Student Enrollment – New User**

1. Scroll past contact information.
2. Select "Yes" or "No," if you would like to include coverage for abortions.
3. Review the Statement of Understanding and select the checkbox.
4. Scroll past application questions.
5. Select the checkbox next to the Application Signature.
6. Click **Submit**.

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**Notice of Special Enrollment**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance (including Medicare or Children's Health Insurance Program (CHIP)) or group health plan coverage, you may be able to enroll yourself and the dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (other than Medicaid or CHIP) or if the employer stops contributing towards your or your dependents' other coverage and within 60 days after the loss of Medicaid or CHIP eligibility. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption or foster care, except when adding a dependent child will not change your coverage type or premiums that are owed. For questions or to obtain more information, contact: Blue Cross and Blue Shield of North Carolina PO Box 2073, Durham, NC 27702 (888) 351-8283

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**Statement of Understanding**

I understand that by signing the below, I am agreeing to the following:

1. I certify that I have read and understand the plan brochure section entitled “Eligibility,” and that I am eligible for student coverage (and understand the refund policy).
2. I certify that all statements on this application are complete and true. I understand that for a period of two years from the date of this application, BCBSNC may rescind my policy for any acts or practices that constitute fraud or if I make an intentional misrepresentation of material fact. If fraudulent statements were made, BCBSNC may take legal action at any time.
3. As primary applicant, I warrant that I am authorized to agree to the above statements on behalf of all my dependents under age 18. (Applicant spouse and applicant dependents age 18 or older must sign below.)

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**Application Signature**

Olivia Okra, (or a Parent/Guardian if I am under 18 years of age), have reviewed the application and checked this box as my electronic signature.

Date Signed: 09/08/2015
Confirmation Page Appears.

U.S.A. University

Your enrollment is complete
You have successfully enrolled in Student Blue<sup>SM</sup>
Your confirmation number is E-5426E8ED9F4F. A confirmation email will be sent to you from noreply@studentbluenc.com. Please keep a copy for your records.
To view your plan benefits, please visit www.bluenc.com/student.

Transaction Information

<table>
<thead>
<tr>
<th>University Name</th>
<th>Application State University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term</td>
<td>Fall 2015</td>
</tr>
<tr>
<td>Transaction Type</td>
<td>Enroll</td>
</tr>
<tr>
<td>Confirmation #</td>
<td>E-5426E8ED9F4F</td>
</tr>
<tr>
<td>Abortion Coverage (if selected, applies to all insured)</td>
<td>Yes</td>
</tr>
<tr>
<td>Student Class</td>
<td>Graduate</td>
</tr>
<tr>
<td>Student Type</td>
<td>Domestic</td>
</tr>
<tr>
<td>Submitted</td>
<td>9/8/2015, 3:46pm EDT</td>
</tr>
</tbody>
</table>

User Tip:
Have your insurance ID card available to complete the online waiver request.
**Student Waiver – Already has Login/Password - Domestic**

Access the Student Blue website at [www.bcbsnc.com/student](http://www.bcbsnc.com/student)

<table>
<thead>
<tr>
<th>On the Student Blue homepage, select your school.</th>
<th><img src="image" alt="Student Blue homepage" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>Click the Waive tab.</td>
<td><img src="image" alt="Click the Waive tab" /></td>
</tr>
</tbody>
</table>
Student Waiver – Already has Login/Password - Domestic

Click **Request a Waiver**.

If you have previously, registered on the Student Blue site, enter your **User Name** and **Password**.

Click **Login**.
Select Request Waiver.
Enter Primary and Secondary email address.

Waiver Request - Fall 2015
If you already have insurance, submit your insurance information below to request a waiver.
Your insurance information will need to be verified each semester.

Student Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>sidney</td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>squash</td>
</tr>
<tr>
<td>Student Id</td>
<td>852277277</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>1/1/1980</td>
</tr>
</tbody>
</table>

Email Address

Confirm Primary Email Address

Secondary Email Address (e.g. Parent’s Email)

Confirm Secondary Email Address
Student Waiver – Already has Login/Password - Domestic

 Scroll past Email Address.

 Enter the Insurance Policy and Health Insurer information.

**Policy Information**

- **Policy Number**: Depending on your insurance provider this number may be listed as a Policy, Member, Account, Enrollee, or Subscriber identification number.
- **Group/Plan Number**
- **Policy Holder First Name**
- **Policy Holder Middle Initial**
- **Policy Holder Last Name**
- **Relation to Policy Holder**
  - Select Relationship

**Health Insurer Contact Information**

- **Insurance Company**: Select Company
- **Company Address 1**
- **Company Address 2**
- **Company City**
- **Company State**
  - Select State
- **Company Zip Code**
### Student Waiver – Already has Login/Password - Domestic

<table>
<thead>
<tr>
<th>Scroll past policy and health carrier information.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Select the Add Proof of Coverage button. Browse and locate desired document and select open.</td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> Proof of Waiver is optional for domestic, but required for international.</td>
<td></td>
</tr>
<tr>
<td>Select “Yes” or “No,” if you would like to automatically resubmit waiver for the Spring/Summer semester.</td>
<td></td>
</tr>
<tr>
<td>Select the check box and certify the information provided is accurate.</td>
<td></td>
</tr>
<tr>
<td>Click Submit.</td>
<td></td>
</tr>
</tbody>
</table>
Confirmation page appears.

Waiver requests will result in one of the following responses:

- **Approved**: the waiver is approved. No further action is required. The student receives an e-mail confirmation. Students can also view the confirmation e-mail in the Message Center.

- **Denied**: the waiver request is denied. The student will be contacted by e-mail.

- **Pending**: the waiver is placed in a pending status because more information or research is required. The student will be contacted by e-mail to follow up. Students will receive a waiver request decision e-mail within 5 business days of submission.

On the Student Blue homepage, select your school.

Click the **Waive** tab.
Click Request a Waiver.

Select the New User tab.

Click Enroll.
Enter your Student ID and Date of Birth.

Click Continue.

Enter Student Information.
Scroll past Student Information.

Enter the Insurance Policy and Health Insurer information.

**Policy Information**

- **Policy Number** *
  - Depending on your insurance provider, this number may be listed as a Policy, Member, Account, Enrollee, or Subscriber identification number.

- **Group/Plan Number**

- **Policy Holder First Name** *

- **Policy Holder Middle Initial**

- **Policy Holder Last Name** *

- **Relation to Policy Holder** *
  - **Select Relationship**

**Health Insurer Contact Information**

- **Insurance Company** *
  - **Select Company**

- **Company Address 1**

- **Company Address 2**

- **Company City**

- **Company State**
  - **Select State**

- **Company Zip Code**
<table>
<thead>
<tr>
<th>Student Waiver – New User - Domestic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scroll past policy and health carrier information.</td>
</tr>
<tr>
<td>Select the <strong>Add Proof of Coverage</strong> button. Browse and locate desired document and select open.</td>
</tr>
<tr>
<td><strong>Note:</strong> Proof of Waiver is optional for domestic, but required for international.</td>
</tr>
<tr>
<td>Select “Yes” or “No”, if you would like to automatically resubmit waiver for the Spring/Summer semester.</td>
</tr>
<tr>
<td>Select the check box and certify the information provided is accurate.</td>
</tr>
<tr>
<td>Click <strong>Submit</strong>.</td>
</tr>
</tbody>
</table>
Confirmation page appears.

Waiver requests will result in one of the following responses:

- **Approved**: the waiver is approved. No further action is required. The student receives an e-mail confirmation. Students can also view the confirmation e-mail in the Message Center.

- **Denied**: the waiver request is denied. The student will be contacted by e-mail.

- **Pending**: the waiver is placed in a pending status because more information or research is required. The student will be contacted by e-mail to follow up. Students will receive a waiver request decision e-mail within 5 business days of submission.
Access the Student Blue website at www.bcbsnc.com/student.

On the Student Blue homepage, select your school.

Click the Waive tab.
Click **Request a Waiver**.

If you have previously, registered on the Student Blue site, enter your **User Name** and **Password**.

Click **Login**.
Enter Student and Account Information.

Scroll past Student Information.

Review the Waiver Requirements and select all that apply.

Note: The international student must meet and attest to each of these requirements by checking each box.
Scroll past Waiver Requirements.

Enter the Policy and Health Carrier Information.
### Student Waiver – Already has Login/Password - International

Scroll past policy and health carrier information.

Select the **Add Proof of Coverage** button. Browse and locate desired document and select open.

*Note: Proof of Waiver is optional for domestic, but required for international.*

Select “Yes” or “No”, if you would like to automatically resubmit waiver for the Spring/Summer semester.

Select the check box and certify the information provided is accurate.

Click **Submit**.

---

<table>
<thead>
<tr>
<th>Proof of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>You may upload any documentations from your insurance carrier which display your policy’s effective dates of active coverage and any pertinent information.</td>
</tr>
<tr>
<td>Examples of proof: Insurance Card, Confirmation Letter, Statement of Coverage, etc</td>
</tr>
</tbody>
</table>

[Add Proof of Coverage (Required)]

Acceptable file types: .PDF, .JPG, .PNG
Acceptable file sizes: 10 MB per file

<table>
<thead>
<tr>
<th>Resubmission Opt-In</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would like for Student Blue to automatically re-submit my waiver request in the spring semester. *</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waiver Agreements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification - I attest that the above information is accurate and authorize its verification. I realize that if the waiver information is found to be invalid, the waiver request will be denied. *</td>
</tr>
</tbody>
</table>

[Submit]
Confirmation page appears.

Waiver requests will result in one of the following responses:

• Approved: the waiver is approved. No further action is required. The student receives an e-mail confirmation. Students can also view the confirmation e-mail in the Message Center.

• Denied: the waiver request is denied. The student will be contacted by e-mail.

• Pending: the waiver is placed in a pending status because more information or research is required. The student will be contacted by e-mail to follow up. Students will receive a waiver request decision e-mail within 5 business days of submission.
Access the Student Blue website at www.bcbsnc.com/student.

On the Student Blue homepage, select your school.

Click the Waive tab.
Click **Request a Waiver**.

Select the **New User** tab.

Click **Enroll**.
Enter Primary and Secondary email address.

Scroll past Student Information.

Review the Waiver Requirements and select all that apply.

Note: The international student must meet and attest to each of these requirements by checking each box.
**Student Waiver – New User – International**

Scroll past Waiver Requirements.

Enter the Policy and Health Carrier Information.

<table>
<thead>
<tr>
<th>Policy Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number *</td>
</tr>
<tr>
<td>Group/Plan Number</td>
</tr>
<tr>
<td>Policy Holder First Name *</td>
</tr>
<tr>
<td>Policy Holder Middle Initial</td>
</tr>
<tr>
<td>Policy Holder Last Name *</td>
</tr>
<tr>
<td>Relation to Policy Holder *</td>
</tr>
<tr>
<td>Select Relationship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Carrier Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Company Name *</td>
</tr>
<tr>
<td>Company Address 1</td>
</tr>
</tbody>
</table>

Scroll past policy and health carrier information.

Select the **Add Proof of Coverage** button. Browse and locate desired document and select open.

*Note: Proof of Waiver is optional for domestic, but required for international.*

**Proof of Coverage**

You may upload any documents from your insurance carrier which display your policy’s effective dates of active coverage and any pertinent information.

Examples of proof: Insurance Card, Confirmation Letter, Statement of Coverage, etc

Add Proof of Coverage (Required)

Acceptable file types: .PDF, .JPG, .PNG
Acceptable file sizes: 10 MB per file
Select “Yes” or “No”, if you would like to automatically resubmit waiver for the Spring/Summer semester.

Select the check box and certify the information provided is accurate.

Click Submit.

Confirmation page appears.

Waiver requests will result in one of the following responses:

- **Approved**: the waiver is approved. No further action is required. The student receives an e-mail confirmation. Students can also view the confirmation e-mail in the Message Center.
- **Denied**: the waiver request is denied. The student will be contacted by e-mail.
- **Pending**: the waiver is placed in a pending status because more information or research is required. The student will be contacted by e-mail to follow up. Students will receive a waiver request decision e-mail within 5 business days of submission.
Student Blue Dashboard

Access the Student Blue website at www.bcbsnc.com/student.

The dashboard provides access to all the information and functionality students need to enroll, submit a waiver or check the status of previously submitted transactions.

From the Dashboard the student will also see an Enrollment or Waiver confirmation message.

Click on **Message Center** from the Dashboard.

All communications from Student Blue will be posted here. Click on the message to view details.

*Note: Students cannot send e-mails through the Student Blue tool.*

Click on **Enrollment and Waivers** from the Dashboard.

All submitted enrollment and waivers are displayed. Click view details to see more information.

After you have completed the Enrolment or Waiver process, you can cancel the transaction.

Click the Dashboard button.

Click **Cancel Waiver** or **Cancel Enrollment** button.
Click Yes button.

Confirmation Screen appears.
Non-Discrimination and Accessibility Notice

Discrimination is Against the Law

- Blue Cross and Blue Shield of North Carolina (“BCBSNC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- BCBSNC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

BCBSNC:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

- If you need these services, contact Customer Service 1-888-206-4697, TTY and TDD, call 1-800-442-7028.
- If you believe that BCBSNC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
  - BCBSNC, PO Box 2291, Durham, NC 27702, Attention: Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office, Telephone 919-765-1663, Fax 919-287-5613, TTY 1-888-291-1783 civilrightscoordinator@bcbsnc.com

- You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator - Privacy, Ethics & Corporate Policy Office is available to help you.
- This Notice and/or attachments may have important information about your application or coverage through BCBSNC. Look for key dates. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call Customer Service 1-888-206-4697.

* Marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross and Blue Shield Association. 

NDM4L1001 v11. 10/11/16
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-206-4697 (TTY: 1-800-442-7028).


注意：如果您講廣東話或普通話，您可以免費獲得語言援助服務。請致電 1-888-206-4697 (TTY 1-800-442-7028)。


ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بال无偿. اتصل رقم 1-888-206-4697.


ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-206-4697 (релейный: 1-800-442-7028).


संदेश: यदि आप हिंदी में बोलते हैं तब आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028)


धारण के: वहां हिंदी बोलने हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-206-4697 (TTY: 1-800-442-7028)

이해관계: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-206-4697 (TTY: 1-800-442-7028)

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-206-4697（TTY: 1-800-442-7028）まで、お電話にてご連絡ください。