Dear Students,

The online **SPRING 2016 ENROLLMENT / WAIVER** for the student health insurance is AVAILABLE!

Please follow the directions below:

1.) Log in to **EagleLINKS**
2. Select **Campus Systems**
3. Select **Student Systems**
4. Select **Student Health Insurance Site**
5. The student will be directed to **SEBT- Health Insurance Website (ENROLLSEBTRUST.COM)**
6. Select **ENROLL OR WAIVE FOR SPRING 2016**
7. Enter **University/Campus Email Address**
8. Enter **Student Identification Number**
9. Click **Submit**
10. Will have to go into your **University/Campus Email** to retrieve SEBT email “new password required”.
11. Click on link in email to set a new password.
12.) Enter **University/Campus Email**
13.) Enter **New Password**
14.) **Verify Your Information Page** (demographic information)
15.) You must enter the student **Social Security Number**
16.) **Review information to make sure everything is correct**
17.) Click **Update**
18.) **My Elections Page**
19.) Click **Waive Coverage**
20.) **Existing Insurance Page**
21.) **ARE YOU CURRENTLY COVERED BY ANOTHER MEDICAL INSURANCE PLAN?**
22.) **CLICK “YES”**
23.) **CLICK “SAVE AND CONTINUE”**
24.) **EXISTING COVERAGE INFORMATION**
25.) **ENTER INFORMATION**
26.) Check “**I CONFIRM THIS INFORMATION IS TRUE AND ACCURATE”**
27.) **CLICK “ADD AND CONTINUE”**
28.) **MY ELECTION PAGE “WAIVER COMPLETE” PRINT PAGE FOR YOUR RECORDS**
Students opting to waive coverage will need to provide proof in the form of the insurance information from your other insurance policy to waive the CSU coverage. This means the information that is on your insurance card, as well as a few details to answer questions pertaining to your coverage.

Once complete, **YOU MUST PRINT THE LAST FORM FOR YOUR PROOF OF WAIVER.**

Upon approval, your waiver status will be sent to Coppin State University and the charge for the coverage will be removed from your student account.

Students that waive coverage are still able to purchase the pre-paid student health insurance plan with Life and AD&D, as well as the dental and vision plans.

**PS:** Screen shots below will help you navigate thru the Online Waiver process.
Welcome to the Student Educational Benefit Trust (SEBT) Enrollment Portal.
EXPIRED PASSWORD

Please change your password before using the SEBT Enrollment Portal for the first time

Current password

New password

Repeat new password

Change password

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VERIFY YOUR INFORMATION

The Federal Government requires you to supply your social security number in conjunction with the insurance requirements of HealthCare Reform before continuing with enrollment.

The password has been changed

Your School ID*

test123

Social Security Number* (Numbers only, no dashes)

First name*
# My Elections

## My Elections

- View Your Information
- View Add Dependents
- View Add Beneficiaries
- View Existing Coverage

## Current Enrollment

<table>
<thead>
<tr>
<th>Type</th>
<th>Plan/Coverage</th>
<th>Status</th>
<th>Coverage Period</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>None Selected</td>
<td>Not Enrolled</td>
<td>01/25/16-08/31/16</td>
<td>Enroll</td>
</tr>
</tbody>
</table>
EXISTING INSURANCE

Are you currently covered by another medical insurance plan?*

☐ Yes
☐ No

Save and Continue
## EXISTING COVERAGE INFORMATION

### Profile Information

**Policy Holder First Name**

**Policy Holder Last Name**

**Policy Holder Date of Birth** *(Format YYYY-MM-dd, e.g. 1990-12-31)*

**Insurance Company Name**