

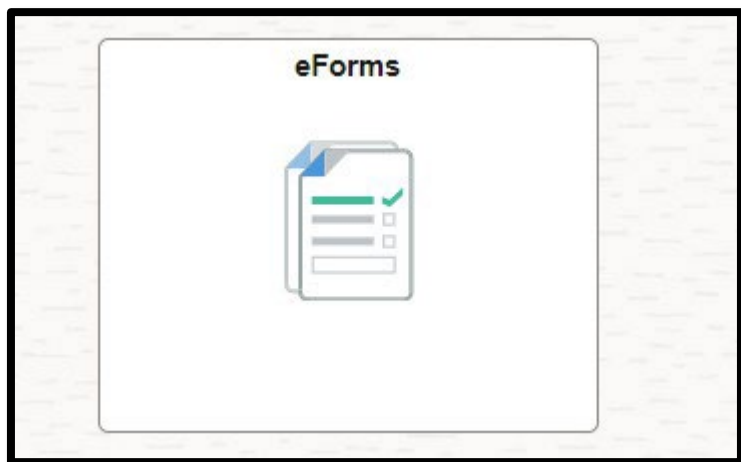


## Student Business Services

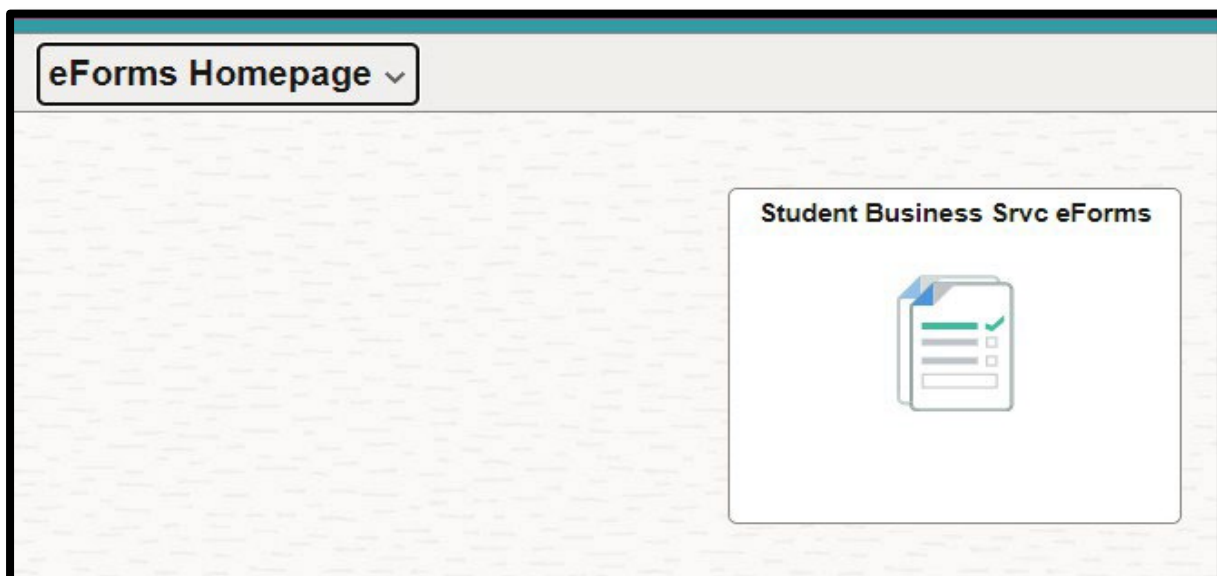
### Opt-Out of Health Insurance

*This tutorial covers how to opt-out of health insurance, if you have a health insurance charge.*

1. Login to the [Chapman University Student center](#).
2. On the Student Center homepage, select the "**eForms**" tile.



3. Click on "Student Business Srvc eForms".





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4. Select "Proof of Health Ins. (required)".

**Student Business Srvc (SBS)**

Student Business Service eForms  
Please contact Student Business Services if you should have any questions regarding the forms under SBS.  
Email: [ocbusn@chapman.edu](mailto:ocbusn@chapman.edu)  
Phone: 714-997-6617  
[www.chapman.edu/sbs](http://www.chapman.edu/sbs)

- Landing Page
- Master Payment Cntr(required)
- Proof of Health Ins. (required)**
- Purchase Health Ins. (optional)
- Purchase Health Ctr (optional)
- Substitute W-9S (optional)
- View a Submitted SBS eForm

5. Select "Yes" to Opt Out.

**Term Instruction**

You have been charged for campus provided health insurance within the academic year. You may opt out of this student health insurance by providing your proof of health insurance coverage. Choose the terms you wish to opt out of below by selecting 'Yes'. A term will display ineligible if you have not been charged for that term or if it is past the term deadline to opt out. Dates of coverage displayed. Please note that if you opt out of the health insurance coverage with Chapman University, the waiver will be applied to subsequent terms in the academic year.

**Campus Provided Student Health Insurance**

Term	Description	Opt Out Eligibility	Opt Out	Start Date
1 2248	Fall 2024	Eligible to opt out	Yes <input type="checkbox"/>	08/19/2024
2 2254	Spring 2025	Ineligible to opt out		02/03/2025



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6. Follow the steps below to enter your health insurance provider information. Be sure to upload a copy of your Health Insurance Card.

*\*If you do not have a group number, please input your member or medical ID number.*

The screenshot shows the 'Insurance Provider' form. It includes fields for 'Insurance Provider' (Kaiser), 'Ins Start Date' (01/01/2023), and 'Group Number' (123456). Below these is a 'File Attachments' section with a table. The table has columns for 'Attachment Required', 'Action', 'Description', 'Instructions', and 'File Name'. A row shows 'Health Insurance Card' with an 'Upload' button. A red exclamation mark icon is next to the first row. An 'Add' button is at the bottom left.

Attachment Required	Action	Description	Instructions	File Name
1	<a href="#">Upload</a>	Health Insurance Card	Upload a copy of your insurance card.	

7. Select "Yes" for the Acknowledgement and then "Submit".

The screenshot shows the 'Form Action Items' section. It features an 'Acknowledgement' row with a 'Yes' checkbox. Below the checkbox is the text: 'By checking this box, I certify that I meet the requirements of the above and understand I may need to provide proof of health insurance each term.' A 'Submit' button is located below the row. A red arrow points to the 'Yes' checkbox, and another red arrow points to the 'Submit' button.