

Dear ##StudentFirstName##,

Your health insurance waiver request has been received and has been approved. This means that you will NOT be enrolled in the University's Student Health Insurance Plan, and you will be covered by the insurance you submitted. If your student account has been charged for the health insurance premium, it will be removed within 5 to 7 days.

**Please keep a copy of this email for your records. Should there be a problem with your waiver, you will need this confirmation email and your waiver code listed below.**

Waiver Status Details:

Student Name: **##StudentFirstName## ##StudentLastName##**

Waiver Code: **##StudentWaiverCode##**

Submit Date: **##StudentWaiverDateOfSubmission##**

Waiver Status: **##StudentWaiverStatus##**

***NOTE: This email was sent from an address that cannot accept incoming emails.*** For additional information, please contact Academic HealthPlans at [help.ahpcare.com](mailto:help.ahpcare.com).

Thank you,

**Academic HealthPlans**

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