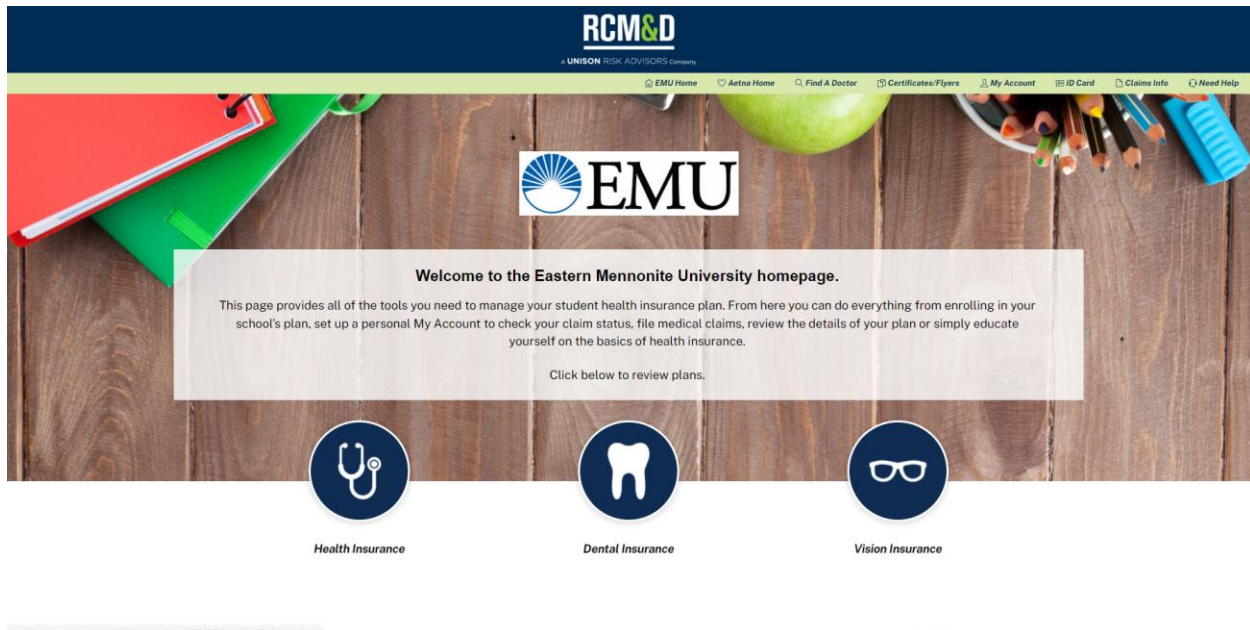


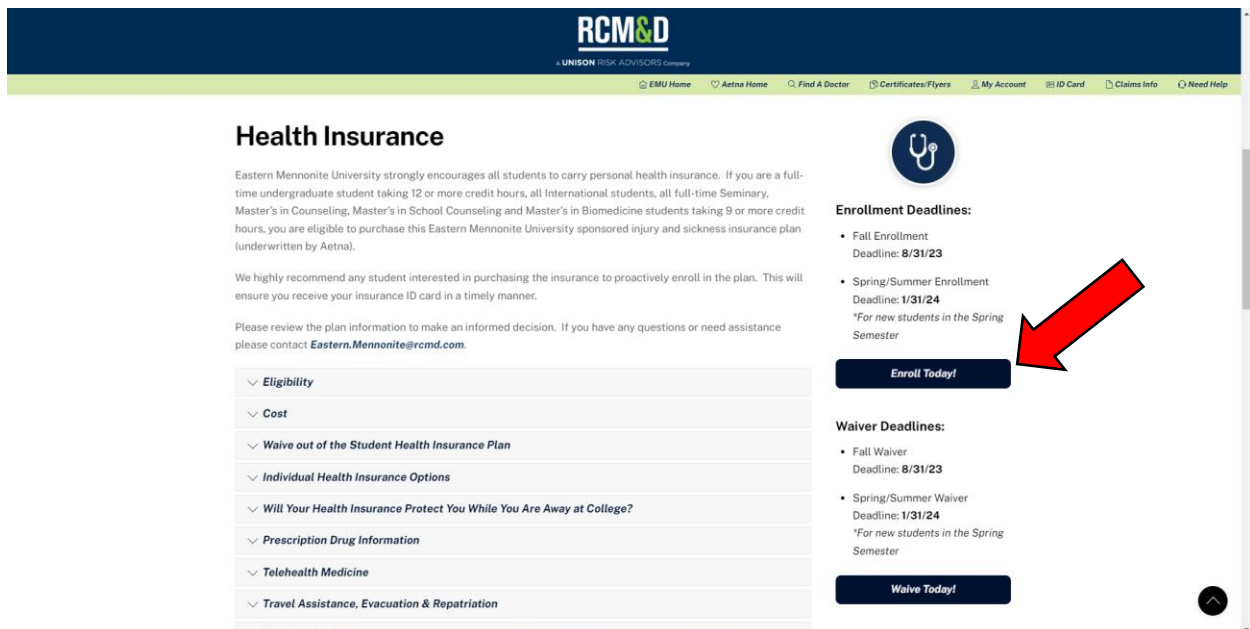
# EMU Health Insurance Waive/Enroll Process

- Website Link: <https://rcmdstudentbenefits.com/emu/>

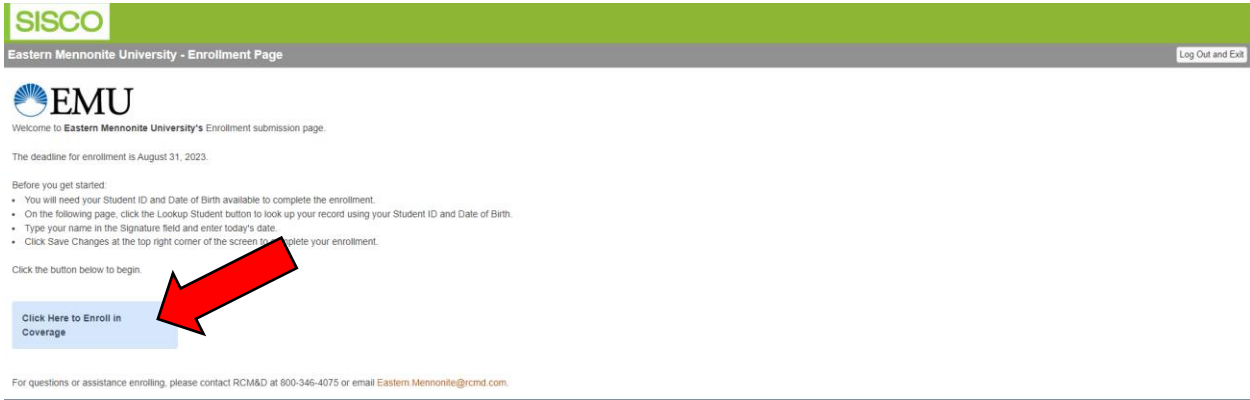


## To Enroll:

1. Open link
2. Scroll Down
3. Click "Enroll Today!"

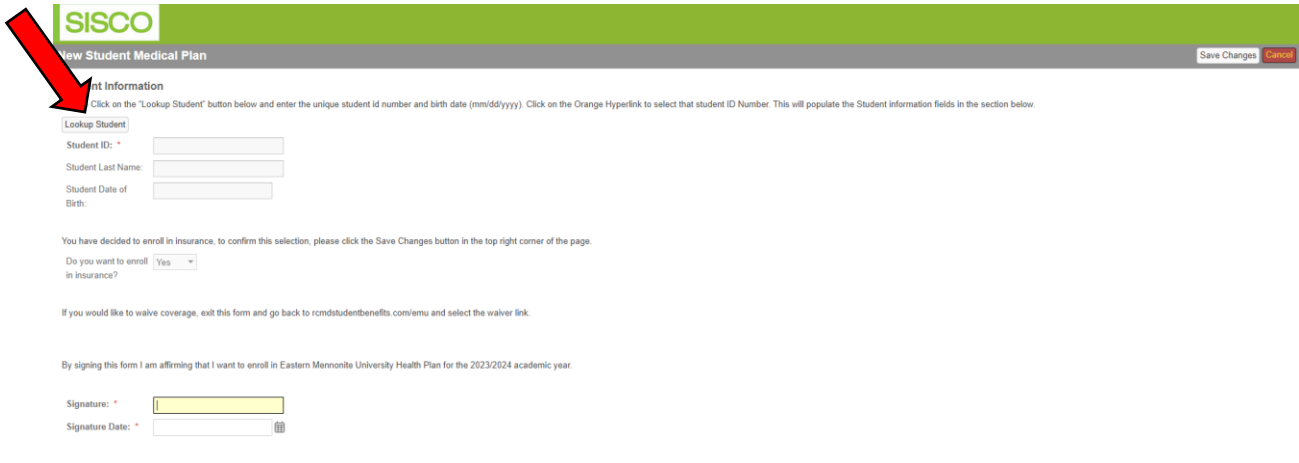


4. This will take you to the enrollment page (below)

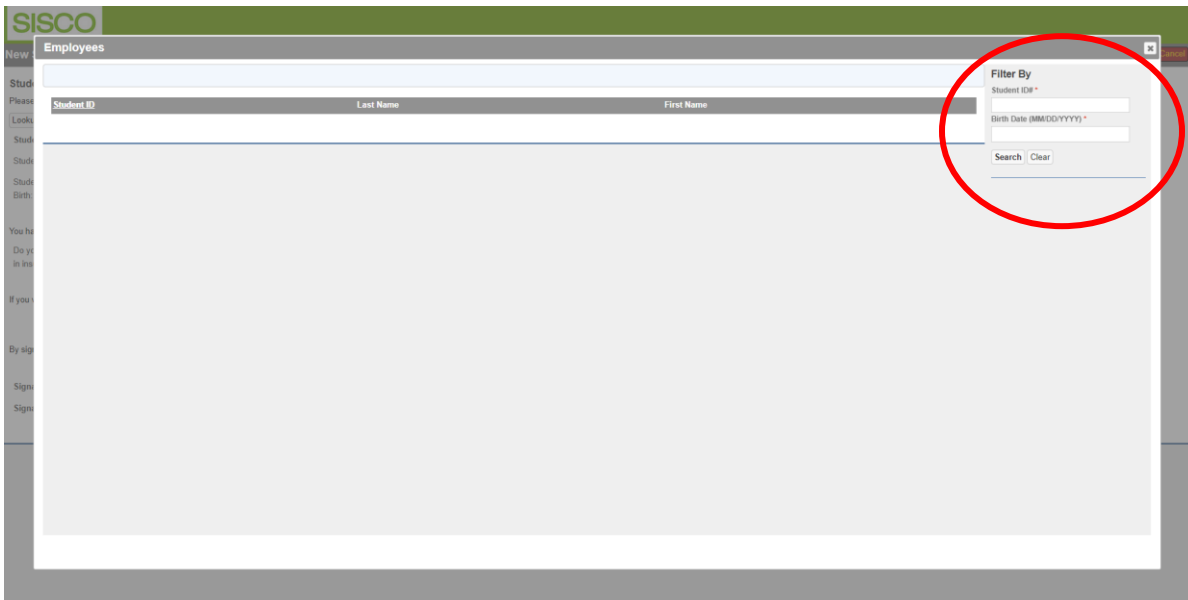


5. On the enrollment page (above), click “Click Here to Enroll in Coverage”

6. The page below will open. Here, click on “Lookup Student”



7. A popup screen will open (below). Enter in your Student ID# and Date of Birth. Click “Search”.



8. Once your information is entered correctly and you click “search” your name will show up on that page under the gray bar that says “Student ID, Last Name, First Name”
9. Click on your Student ID# on the left side of the page. It will be red/orange. This will take you back to the previous enrollment page and automatically populate the Student ID, Student Last Name, and Student Date of Birth Fields (indicated by the red arrow below).
10. Fill out the Signature and Signature Date Field at the bottom of the page (blue arrow below).
11. Finally, click “Save Changes” at the top of the page (green arrow) to submit your enrollment.

**SISCO**  
New Student Medical Plan

Student Information

Please Click on the "Lookup Student" button below and enter the unique student id number and birth date (mm/dd/yyyy). Click on the Orange Hyperlink to select that student ID Number. This will populate the Student information fields in the section below.

Lookup Student

Student ID: \*

Student Last Name:

Student Date of Birth:

You have decided to enroll in insurance. To confirm this selection, please click the Save Changes button in the top right corner of the page.

Do you want to enroll in insurance?  Yes  No

If you would like to waive coverage, exit this form and go back to [rcmdstudentbenefits.com/emu](http://rcmdstudentbenefits.com/emu) and select the waiver link.

By signing this form I am affirming that I want to enroll in Eastern Mennonite University Health Plan for the 2023/2024 academic year.

Signature: \*

Signature Date: \*

Save Changes Cancel

## To Waive:

**RCM&D**  
UNISON RISK ADVISORS Company

EMU Home Aetna Home Find A Doctor Certificates/Flyers My Account ID Card Claims Info Need Help

### Health Insurance

Eastern Mennonite University strongly encourages all students to carry personal health insurance. If you are a full-time undergraduate student taking 12 or more credit hours, all International students, all full-time Seminary, Master's in Counseling, Master's in School Counseling and Master's in Biomedicine students taking 9 or more credit hours, you are eligible to purchase this Eastern Mennonite University sponsored injury and sickness insurance plan (underwritten by Aetna).

We highly recommend any student interested in purchasing the insurance to proactively enroll in the plan. This will ensure you receive your insurance ID card in a timely manner.

Please review the plan information to make an informed decision. If you have any questions or need assistance please contact [Eastern.Mennonite@rcmd.com](mailto:Eastern.Mennonite@rcmd.com).

- Eligibility
- Cost
- Waive out of the Student Health Insurance Plan
- Individual Health Insurance Options
- Will Your Health Insurance Protect You While You Are Away at College?
- Prescription Drug Information
- Telehealth Medicine
- Travel Assistance, Evacuation & Repatriation

**Enrollment Deadlines:**

- Fall Enrollment  
Deadline: 8/31/23
- Spring/Summer Enrollment  
Deadline: 1/31/24  
*\*For new students in the Spring Semester*

**Enroll Today!**

**Waiver Deadlines:**

- Fall Waiver  
Deadline: 8/31/23
- Spring/Summer Waiver  
Deadline: 1/31/24  
*\*For new students in the Spring Semester*

**Waive Today!**

1. Open the link at the top of this document
2. Scroll down on the RCM&D page and click “Waive Today!” (red arrow above).
3. The waiver page home screen (below) will open. Click “click here to waive coverage”

**SISCO**  
Eastern Mennonite University - Waiver Page Log Out and Exit


**EMU**  
Welcome to Eastern Mennonite University's Waiver submission page.

The waiver deadline is August 31, 2023.

Before you get started:

- You will need your Student ID and Date of Birth available to complete the waiver.
- On the following page, click the Lookup Student button to look up your record using your Student ID and Date of Birth.
- Complete as many fields as possible. Required fields are noted in bold with a red asterisk.
- Type your name in the Signature field and enter today's date.
- Click Save Changes at the top right corner of the screen to complete your waiver.

Click the button below to begin.


[Click here to Waive Coverage](#) 

For questions or assistance waiving insurance, please contact RCM&D at 800-346-4075 or email Eastern.Mennonite@rcmd.com.

4. The waiver information page below will open. Click on “Lookup Student”

**SISCO**  
New Student Medical Plan Save Changes Cancel

**Student Information**  
Please Click on the "Lookup Student" button below and enter the unique student id number and birth date (mm/dd/yyyy). Click on the Orange Hyperlink to select that student ID Number. This will populate the Student information fields in the section below.

[Lookup Student](#) 

Student ID: \*   
 Student Last Name:   
 Student First Name:   
 Student Date of Birth:   
 Student Email:   
 Student Cell Phone:

You have decided to waive coverage. To confirm this selection, please complete the required waiver information and click the Save Changes button in the top right corner of the page.

Do you want to enroll in insurance? No

If you would like to enroll, exit this form and go back to rcmdstudentbenefits.com/emu and select the enroll link.

**Coverage Information**  
This form has been designed to assist students in complying with the Eastern Mennonite University policy requiring all traditional undergraduate students at the Harrisonburg location taking 12 or more credit hours, all international students, all full time Seminary, Masters in Counseling, Master's in School Counseling and Master's in Biomedicine students taking 9 or more credit hours purchase this insurance Plan unless proof of comparable coverage is furnished. If you have already purchased an alternate policy, you must provide proof that your policy provides benefits at least equal to those required by Eastern Mennonite University. This form must be completed and submitted online.

Completion of this form does not guarantee acceptability of the above private insurance. This insurance coverage may be verified with your insurance provider.

If at anytime it is determined that the student's current insurance plan is not active or does not provide coverage as outlined in the waiver, Eastern Mennonite University has the authority to bill the student's account for the Student Health Insurance plan. The student will be notified of such billing through the Eastern Mennonite University email server. This billing will be non-refundable.

If you lose coverage for any reason throughout the school year, you are required to contact Eastern.Mennonite@rcmd.com to enroll in the school sponsored Student Health plan or provide proof of enrollment in a comparable plan.

Do you have Yes

5. A popup screen will open (below). Enter in your Student ID# and Date of Birth. Click “Search”.

**SISCO**  
New Employees

Student ID  Birth Date (MM/DD/YYYY)

**Filter By**  
 Student ID# \*   
 Birth Date (MM/DD/YYYY) \*   
 Search Clear

Student ID  Last Name  First Name

6. Once your information is entered correctly and you click “search” your name will show up on that page under the gray bar that says “Student ID, Last Name, First Name”
7. Click on your Student ID# on the left side of the page. It will be red/orange. This will take you back to the previous waiver page and automatically populate the Student ID, Student Last Name, and Student Date of Birth Fields.
8. Scroll down the page and finish entering your current insurance information in the rest of the boxes (below).



The screenshot shows a web form titled "New Student Medical Plan". At the top right, there are two buttons: "Save Changes" and "Cancel". A green arrow points to the "Save Changes" button. The form contains the following fields:

- Do you have coverage for the duration? (Yes) \*
- Name of Insurance Company: \*
- Policy Holder Last Name: \*
- Policy Holder First Name: \*
- Policy Holder's Relationship to Student: \* (- None Selected -)
- Is your Insurance Plan part of a Medicaid Program? (None Selected) \*
- What State administers it? \*
- Insurance Company Phone: \*
- Insurance Company Address: \*
- Insurance Company City: \*
- Insurance Company State: \* (- None Selected -)
- Insurance Company Postal Code: \*
- Policy Number: \*
- Group Number: \*
- Customer Service Phone Number: \*

9. When done entering all of your information, click “Save Changes” at the top of the page (green arrow above) to submit your waiver.