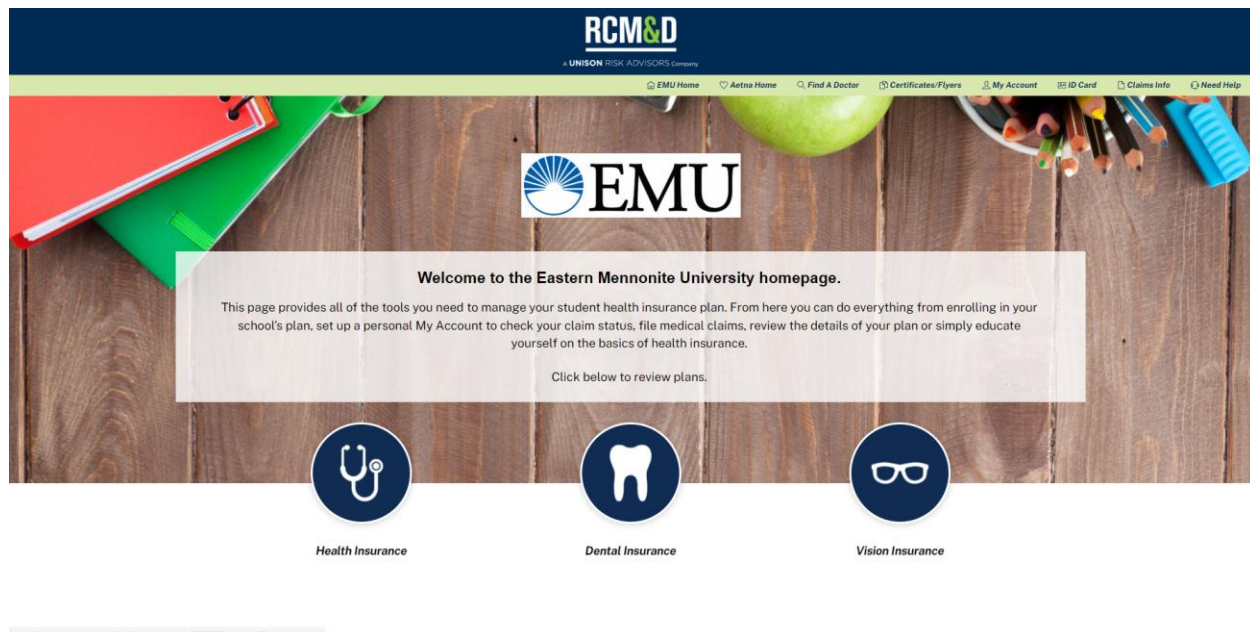


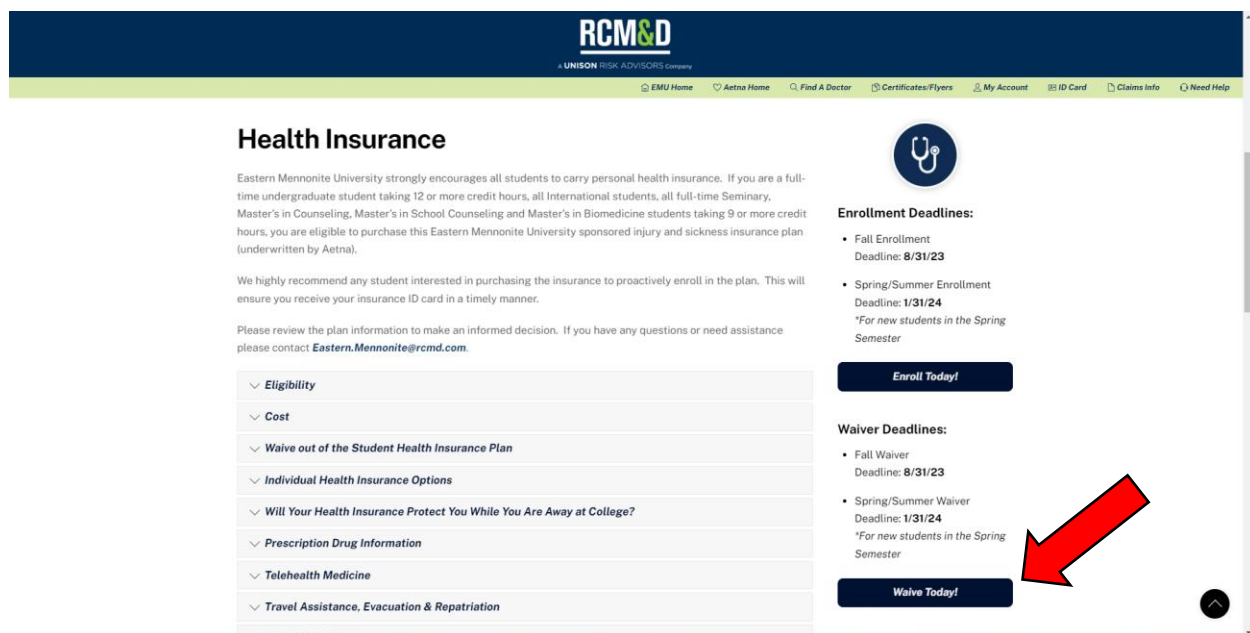
EMU Health Insurance Waiver Process

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



To Waive:

- Open <https://rcmdstudentbenefits.com/emu/>
- Scroll down and click "Waive Today"



3. This will open the waiver page (below)

UnitedHealthcare
Student Resources

Eastern Mennonite University

Important Announcement: All enrollment or waiver selections must be completed by August 31, 2025.

All eligible students and participants registered at an accredited institution of higher learning are automatically enrolled unless proof of comparable coverage is furnished

Important: If you do not enroll in or waive out of coverage by the designated deadline, you

[More information](#)

Get started here.

WAIVE COVERAGE **OPT - IN**

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4. On the waiver page (above), click “Waive Coverage”

5. The page below will open. Here, enter your EMU Student ID number and your date of birth, then click “next”

UnitedHealthcare
Student Resources

Eastern Mennonite University

Waive Coverage

Step 1 - Student Validation

● ● ● ● ●

Hi There! Help us identify you. Once validated, you'll have 25 minutes to complete the submission.

* Required

Date of Birth * Student ID *

mm/dd/yyyy

NEXT

Quick Links Legal Accessibility


About Us Privacy Policies Accessibility

Non-Discrimination Notice Language Assistance

Abuse or Violence Information Confidentiality Practices

Maryland Continuity of Health

- An authentication code will be sent to your emu.edu email address. Enter the code and click “next.” If you do not receive a code, please email businessoffice@emu.edu for support.



Eastern Mennonite University

Session expires in: 24:49

Waive Coverage

Step 2 - Multi Factor Authentication

• • • • •

* Required

We sent you an email to **re*****@emu.edu** with a special code. Enter it below to continue.

6 Digit Verification *

BACK

NEXT

Quick Links

About Us

Legal

Privacy Policies

Non-Discrimination Notice


Abuse or Violence Information

Accessibility

Accessibility

Language Assistance

- Your personal information in step 3 will auto-populate. Click “next” to proceed.



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Session expires in: 24:15

Waive Coverage

Step 3 - Personal Information

• • • • •

* Required

This form has been designed to assist students in complying with the Eastern Mennonite University policy that All traditional Undergraduate students a

[Read More](#)

Student First Name *

John

7 / 100

Student Last Name *

Doe

7 / 100

Email *

john.doe@emu.edu

23 / 50

Student ID *

123456

6 / 20


Campus Location *

EASTERN MENNONITE CO...

BACK

NEXT

8. Select “Yes” under “do you currently have health insurance.” You will be required to provide your current insurance information under step 5. Without an outside insurance plan in place, you will be unable to waive out of the EMU offered health insurance plan.



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Session expires in: 18:47

Waive Coverage

Step 4 - Waiver Questions

Please answer the following questions to determine if your current coverage exempts you from purchasing the school's recommended insurance coverage.

1. Do you currently have health insurance?

☒ Yes ☐ No

BACK


NEXT

Quick Links


About Us


Legal

Privacy Policies


Non-Discrimination Notice 


Abuse or Violence Information

Confidentiality Practices 


Maryland Continuity of Health Care Notice 

Accessibility

Accessibility 

Language Assistance 

9. In step 5, enter your current health insurance information. Please note you will need to update a front and back photo of your current insurance card



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Session expires in: 24:20

Step 5 - Insurance Information

* Required

Insurance Company Name*
(If you cannot find your insurer name, please select Other)

Name of Policy Holder* 0 / 100

Policy Holder's Relationship to student (self, parent or guardian)* 0 / 100

Policy Number* 0 / 100


Group Number* 0 / 100

Customer Service Telephone Number* 000-000-0000

Upload Proof of Other Insurance

Only files (.tif, .tiff, .jpg, .jpeg, .png, .pdf) up to 3MB each are accepted. Maximum of 3 documents.

Please upload the Front and Back of your ID card


 Choose File*

Required

BACK

NEXT

10. Enter your electronic signature and submit your waiver form. Once the form is processed by the EMU Business Office, the pending health insurance charge will be removed from your student account. You may contact the Business Office at businessoffice@emu.edu for questions about the status of your waiver form.



Eastern Mennonite University

Session expires in: 15:54

Waiver Coverage

Step 6 - Sign and Submit

* Required

Note: To avoid issues with your submission, we recommend you use a Wifi or other high speed internet connection.
Once you submit, please be patient while the system is processing your submission.

By signing this form I am affirming that I have coverage in place. I understand that even though I have private insurance, I am still eligible to utilize the services of the Eastern Mennonite University Student Health Center. I also understand I am eligible for the Eastern Mennonite University Health Plan and may enroll. (For more information on enrolling in the Eastern Mennonite University Student insurance plan call 1-800-346-4075, ext. 1607. I will assume all financial responsibility related to my health care while attending Eastern Mennonite University for the 2025/2026 academic year.

Signature *

06/06/2025

BACK

SUBMIT

Quick Links

Legal

Accessibility

5