

## 1. Email in your @SDSU inbox

Confirm your email External Inbox x

AHP Notifications <noreply@ahpcare.com>  
to me

Jul 8, 2024, 8:51 AM (3 days ago) ☆ ↶ ⋮



### Account created

Dear [REDACTED],

Your account to access the **Care26** system has been created.

Please click on the button below to set your password and complete the registration process. This link will expire 60 days after this email was sent.

[Set up password](#)

Thank you,



This email was sent from an address that cannot accept incoming emails. For assistance, please [submit this form](#).

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise protected by law. Any unauthorized review, use, disclosure or distribution is prohibited and may be unlawful. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

2. You will need to set up your password
3. Then log in with your SDSU email and the password you just created

#### 4. Once logged in you will select "I want to Waive"



## Welcome,

### Let's get some coverage!

Please select the option that best applies to you.

#### I want to Enroll

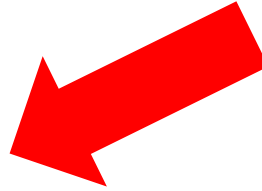
I need a plan for myself

Open Enrollment Period:  
7/8/24 - 9/21/24

#### I want to Waive

I already have health insurance.

Waiver Period:  
7/8/24 - 9/21/24



### Current coverage

You currently have no active coverage.

### Pending coverage

You currently have no pending or ongoing coverage operations.

We have you classified as a **San Diego State University student**. This student category applies to Domestic Grads. If you feel this is incorrect, [let us know](#).



## 5. You are not Done!! In the next page select “Start Waiver Process”



Your session will time out if left inactive for too long and any unsaved changes will be lost. If you plan to step away and finish later, be sure to save any changes.



### Waiver Process

Please read carefully

Please verify that you are eligible to waive before proceeding.

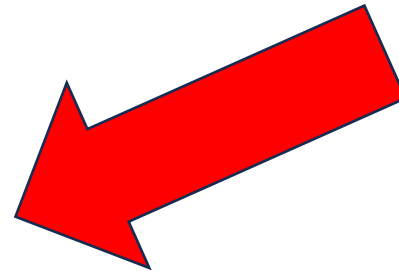
#### Information needed to complete this process

- Policyholder information
- Copy of your insurance ID card

Start Waiver Process for  
Fall (08/15/24-01/15/25)  
Medical

Deadline for Submission is 09/21/2024

For assistance, please [submit this form](#).



6. Once you go through the document and submit your information you will see the next window.



## Congratulations!

Your waiver has been successfully submitted.

You will receive a response once your waiver has been reviewed.

You can always check the status on the homepage.


[Go to Homepage](#)

7. To verify you have submitted your waiver you can view your dashboard and will be able to see the “Pending” status.

Dashboard ahp Academic HealthPlans

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San Diego State University **SDSU** San Diego State University



## Welcome,

### Let's get some coverage!

Please select the option that best applies to you.

**I want to Enroll**  
I need a plan for myself

Open Enrollment Period:  
7/8/24 - 9/21/24

### Current coverage


You currently have no active coverage.

### Pending coverage


These are the ongoing operations that aren't yet active.

Pending




**W** Waiver  
Fall (08/15/24-01/15/25)

 Yourself

 Valid from 8/15/24 - 1/15/25

  Medical  
[Cancel Waiver](#)

Started

-  Start process
-  Submitted  
Submit Waiver Form
-  In Progress  
**Waiver Form Evaluation**
-  Pending
-  Confirmation

We have you classified as a **San Diego State University student**. This student category applies to Domestic Grads.  
If you feel this is incorrect, [let us know](#).

8. As a second form of verification that you have submitted your waiver you can check your SDSU email.

Waiver Submitted External Inbox x

AHP Notifications <noreply@ahpcare.com>  
to me ▾



## Waiver is being processed

Dear ,

Your health insurance waiver request has been received and submitted for processing. Please note that this doesn't mean that your waiver has been approved. You will receive a separate email regarding the status of your waiver once your request has been processed. Those who are granted a waiver will have the health insurance fee removed from their student account.

**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 Order ID listed below.**

### Waiver Details

Order ID:

Full name:

Submit date: 07/11/2024

Coverage status: PENDING

You may view your coverage information from within Care26 at any time.

[Revise the form](#)

Thank you,