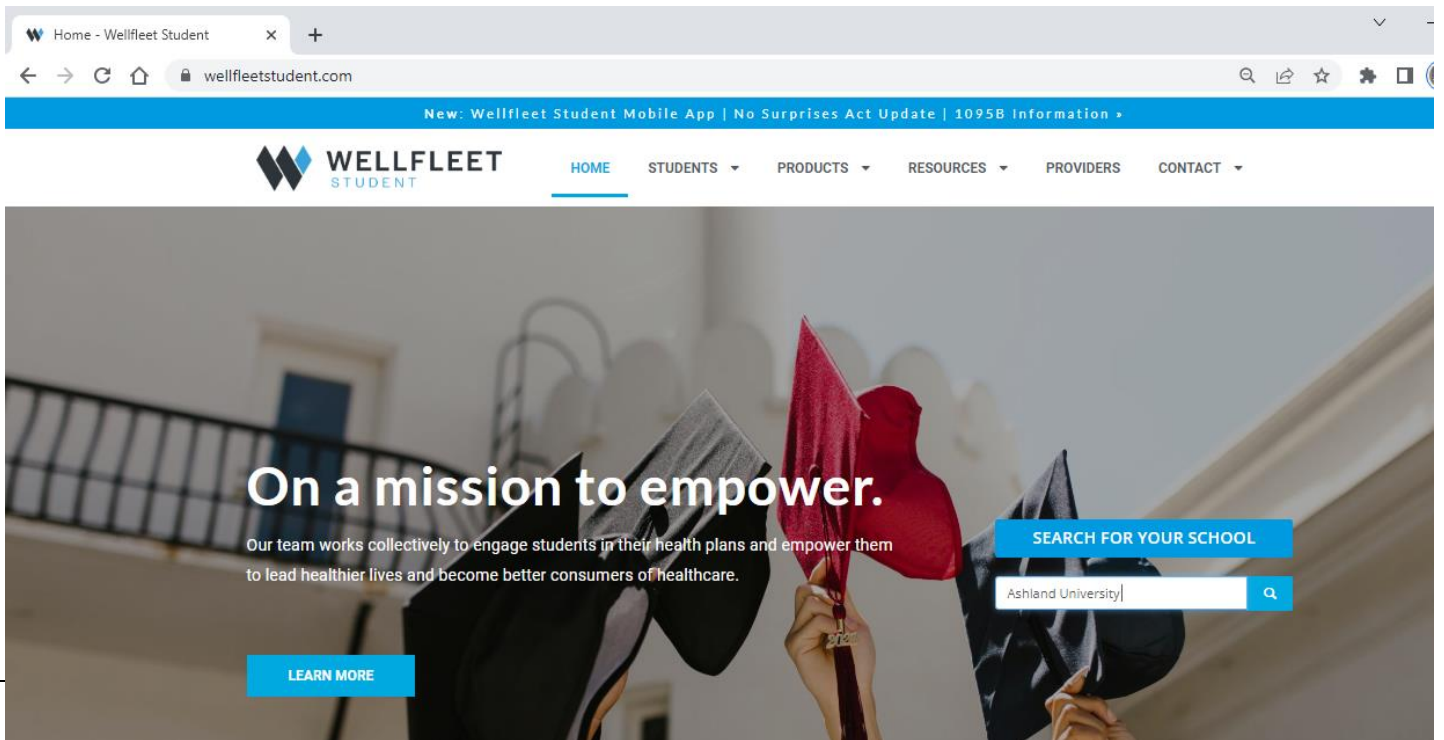
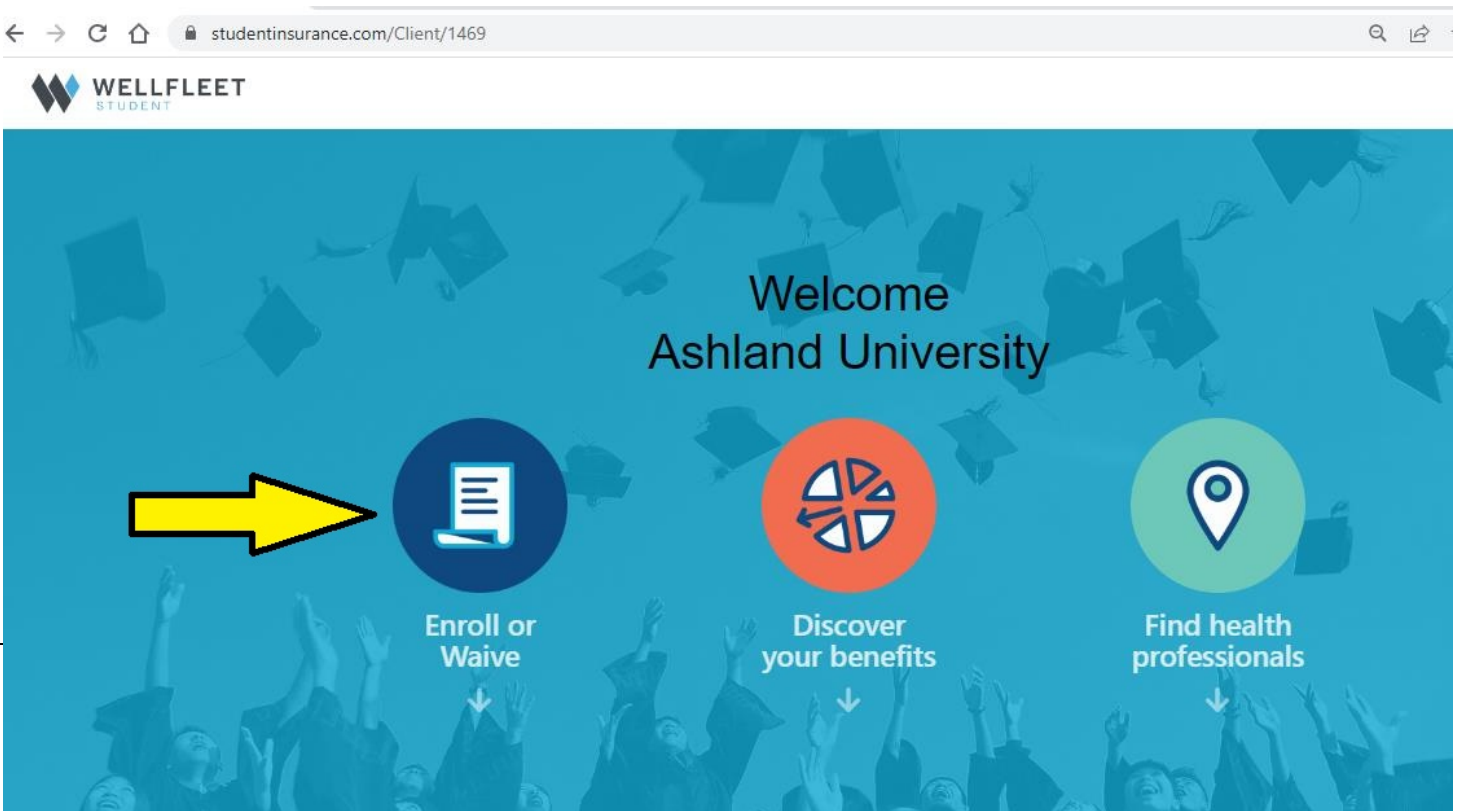


How to Complete Your Online Insurance Waiver

Go to www.wellfleetstudent.com and search for Ashland University (Ashland).



Click Enroll or Waive and proceed as directed.



Returning students can login using their previously entered username and password.
New students will have to "Create a New Account" using their AU email as their username.

Ashland University

Login

Username - (Email Address) *

Password *

Log in

[Forgot Password](#)

Wellfleet partners with external PBMs to deliver our student-focused Rx solution. Please click below to log in to your pharmacy benefits.

Login to Pharmacy Benefits

Getting Started?

Don't have an account? Get started below using the information on file with your school. Note: If you've enrolled in or waived off a plan with us in the past, you already have an account. [Contact us](#) with any issues or questions.

Create a New Account

Click "Waive with Proof of Insurance" to continue with the waiver.

Communications Student Options Contact Us Admin

< BACK LOGOUT

Current Record: Annual History: [Annual No Action - 2023/2024 \(no action\)](#)

ACCOUNT INFORMATION

Name: [REDACTED] Insurance ID: [REDACTED]
DOB: [REDACTED] Gender: [REDACTED]
Email: [REDACTED] Password: ***** [change]
Confirmation #: [REDACTED] Record Created By: IMPORT
Last Login: 7/27/2023 School ID: [REDACTED]

Enroll Status / Plan Type: No Action

Waive with Proof of Insurance Enroll

POLICY INFORMATION

Coverage Period: Annual Record Year: 23/24
Coverage Dates: 8/12/2023 - 8/11/2024 Coverage: No Action
Class: Undergraduate Citizenship: Domestic
Coverage Type: S Plan Number: [REDACTED]
Designation: None

Ashland University
401 College Ave.
Ashland, OH 44805
1-877-657-6030

WELLFLEET

Enter as much accurate information as possible on this page to ensure your waiver gets processed quickly.

Insured Name:	[REDACTED]	Group/Policy Number:	[REDACTED]
Address:	[REDACTED]	Id Number:	[REDACTED]
DOB:	[REDACTED]	Cell phone#:	[REDACTED]

Update Waiver Information

Subscriber ID / Member ID*		Group / Plan ID*	
Policy Holder First Name*		Policy Holder Last Name*	
Relationship to Policy Holder*		Policy Holder DOB mm/dd/yyyy	Policy Holder ZIP*
Health Insurance Company Medical Mutual Of Ohio			
Are you currently enrolled in or on a State Medicaid plan? * <input type="radio"/> Yes <input checked="" type="radio"/> No			
Insurance Company Address PO Box 8016		Insurance Company Address2	
Insurance Company City Cleveland	Insurance Company State OHIO (OH)	Insurance Company Zip 44101	Insurance Company Country --Select--
Insurance Company Member/Customer Service Phone*			

Upload Insurance Id Card <input type="button" value="Upload"/>	Upload Schedule Of Benefits (optional) <input type="button" value="Upload"/>
<input type="button" value="Update"/>	

When your online waiver is successfully submitted, you will receive a confirmation e-mail. However, the Student Accounts Office does not get the report of approved waivers until the next day, so it will not be reflected in your account right away.

[< BACK](#) [LOGOUT](#)

Current Record: Annual History: Annual SHIP - 2023/2024 (waiver) ▼

ACCOUNT INFORMATION	
Name: [REDACTED]	Insurance ID: [REDACTED]
DOB: [REDACTED]	Gender: [REDACTED]
Email: [REDACTED]	Password: ***** [change]
Confirmation #: [REDACTED]	Record Created By: STUDENT
Last Login: 9/9/2022	School ID: [REDACTED]
Enroll Status / Plan Type: Waiver Accepted Accepted On: 8/3/2023 10:51:35 PM	

POLICY INFORMATION	
Coverage Period: Annual	Record Year: 23/24
Coverage Dates: 8/12/2023 - 8/11/2024	Coverage: [REDACTED]
Class : Undergraduate	Citizenship: Domestic
Coverage Type: S	Plan Number: [REDACTED]
Designation: None	

Ashland University
401 College Ave.
Ashland, OH 44805
1-877-857-5030

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