



LYNN

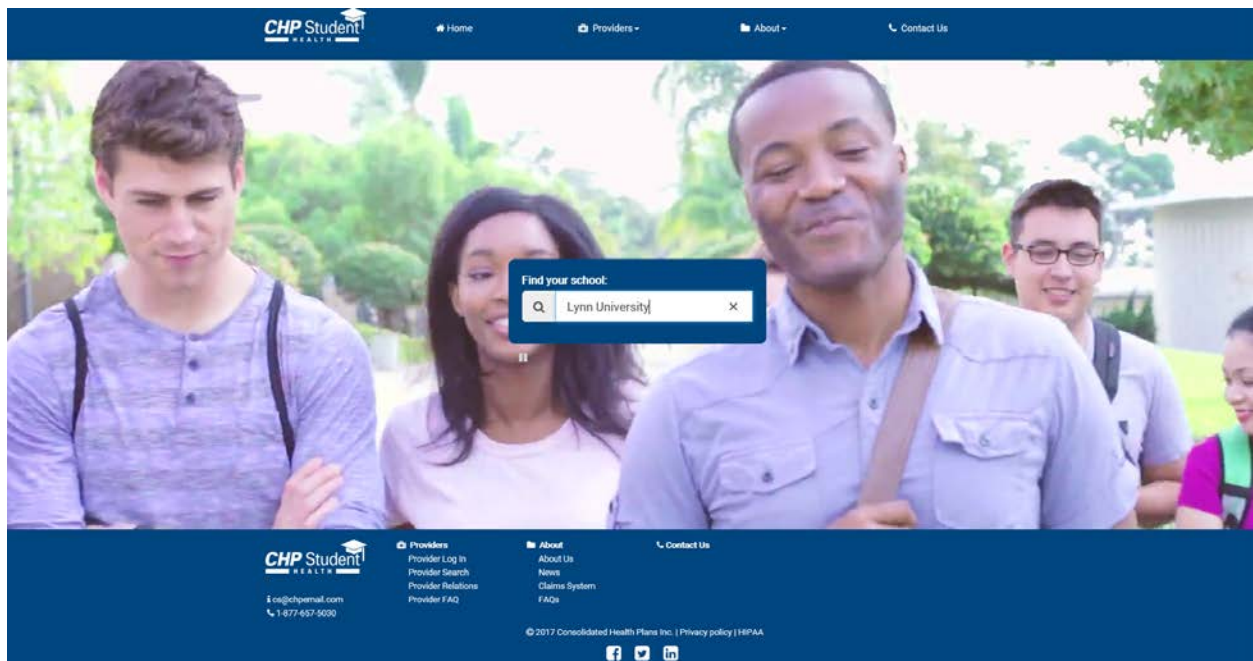
UNIVERSITY

Enrolling In The Student Health Insurance Program

All Full-Time, Day-students, International students and Graduate students living on campus are automatically enrolled in the Lynn University health insurance plan. The premium for coverage is added to the student's tuition bill unless proof of alternate coverage is provided.

If you would like to enroll in the schools insurance offered by Consolidated Health Plan (CHP), you can do so by following the step by step guide provided below.

1. Open your internet browser and type www.studentinsurance.com
2. The website below will open
3. Type Lynn University into the search bar



You will then be directed to the CHP: Student Insurance for Lynn University web page

To confirm your enrollment into the Lynn University Health Insurance, the option “Waive or Enroll (Mandatory)” highlighted in red must be selected below.

You must then create an account with CHP. The button highlighted in red should be selected.

CHP Student HEALTH

Home Value Added Services ID Cards Resources Contact Us My Account

Student Sign On

Email Address
Enter Email Address

Password
Enter Password

Remember me

Sign In Reset Password? **Create New Account**

Alerts:

- Annual Term:**
 - The waiver process will end on 9/1/2017.
 - Open Enrollment will end on 9/1/2017.
- Annual Term:**
 - Voluntary Enrollment will close on 9/1/2017.

LYNN UNIVERSITY

3601 N. Military Trail
Boca Raton, FL 33431

Find Another School

CHP Student HEALTH

Value Added Services
Davis Vision Discount Program
Travel Guard

ID Cards

Resources
Cigna Rx Claim Form
HealthCare.gov
NeedyMeds
Preventive Care

Contact Us

My Account

cs@chpemail.com
1-877-657-5030

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On the screen below, you will be asked to input your personal information. The School ID is your Student ID Number.

Create New Account - Lynn University

Please enter the requested information below. This page is only for students who have never set up an account (with an email address and password). If you enrolled or waived at www.studentinsurance.com, you did set up an online account during that process. If you are not able to Create an Account or have any issues, please contact us at cs@chpemail.com or call us at 1-877-657-5030.

Academic Year
2017-2018

School ID
Enter Your School ID

Last Name
Enter Your Last Name

Date of Birth
Enter Your Date of Birth

Email Address
Enter Your Email

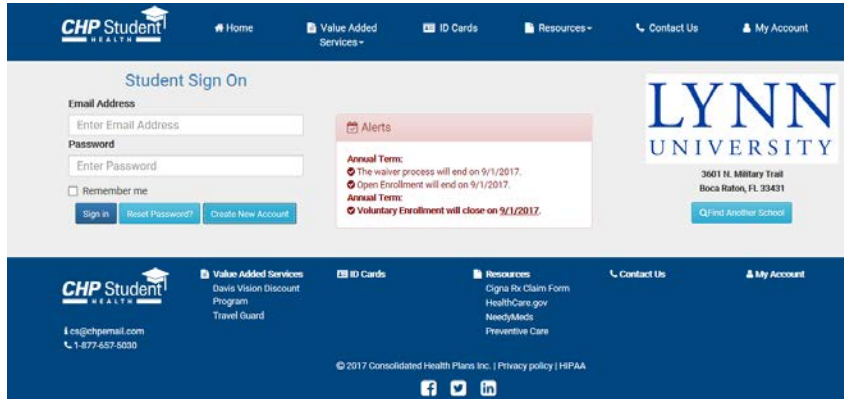
* Please use the email address that your school uses, unless you have personally updated your email address online.

Password
Password

Confirm Password
Confirm Password

Create Account Cancel

Once the account is created, you will return to the log in screen. After logging in, you will choose to enroll in the CHP Health Insurance.



The following screen prompts you to acknowledge that the charge for the insurance will be placed upon your student tuition account.



The screen below will need to be populated with all of your current information. You will also be prompted to select if you would like to print your insurance ID card or if you would like a hard copy mailed to you. If you would like your insurance card mailed to you please make sure your current address details are correct.

Lynn University



! You are now enrolling in the mandatory insurance plan

Upon completion of the enrollment, you will receive a confirmation number and a confirmation email. If you do not receive a confirmation number, then you have not completed the enrollment process.

* Not required

Insured's Information	
First name: TEST	Middle initial:*
Last name: TEST	DOB: 1 - January / 1 / 1997
Phone number: 888 - 888 - 8888	MM/DD/YYYY
Home Country: United States	Student ID: 2556699
Gender: M	

Create your Account:

Only one email address per account may be used (ex: you cannot use the same email for both of your children or yourself and spouse if you both attend the college).

Email address: **	noneal@studentinsurance.com
Confirm Email: **	noneal@studentinsurance.com
<input type="checkbox"/>	Please click if you wish to add an alternate email [i.e. - parent's email] for communication purposes ONLY.
Alternate Email:	

** Please be advised that we will be sending you automatic emails at the end of this process and in the future, to ensure that these emails are not filtered into your junk items, please check that Educational Markets email domain (@studentinsurance.com) are included in your safe senders list to ensure proper delivery. Thank you.

Please enter a password that meets the following criteria: (1. 6-12 characters; 2. At least one UPPER and one lower case letter; 3. At least one number; 4. No special characters) and enter it in the box provided below and confirm.

Password:	●●●●●●
Confirm Password:	●●●●●●

You may use this password (along with your email address) to access your insurance information and to verify your waiver or enrollment. Keep this password in a secure place.

Mailing Address

Address1:	1945				
Address2*:					
City:	TEST	State:	TN	Zip Code:	29501