

1. Go to [JCBins.com](https://jcbins.com). Search for San Diego State University, select the 2022-2023 plan year and “Domestic Graduate Students”

The screenshot shows the JCB Insurance Solutions website. The header includes the JCB logo and navigation links: HOME, STUDENTS, ADMINS, SERVICES, ABOUT. The main heading is "Redefining Student Insurance". Below this, a section titled "Students, Find Your School" instructs users to use the search to find their student portal. A search bar contains "San Diego State University (SDSU)". Below the search bar, there are dropdown menus for "2022-2023" and "Domestic Graduate Students". A blue button labeled "View my School Portal" is positioned below the dropdowns. At the bottom of the page, there are two columns: "Student Portal" with a "Click Here" button and an image of hands typing on a keyboard, and "Administrator Portal" with a "Click Here" button and an image of a university campus. The footer contains links for Privacy Policy, California Consumer Privacy Act, Do Not Sell My Personal Information, Terms and Conditions, Legal Notice, and social media icons.

2. Click the button corresponding to a waiver submission or take no action. If you take no action, you will be automatically enrolled in the SDSU GSHIP program.

The screenshot shows the "Health Insurance For San Diego State University Domestic Graduate Students" page. The header is blue with white text. The main heading is "Health Insurance For San Diego State University Domestic Graduate Students". Below this, a section titled "THIS PAGE IS FOR SDSU DOMESTIC GRADUATE STUDENTS ONLY" contains the following information:

- 2022-2023 ACADEMIC YEAR**
- MANDATORY INSURANCE & WAIVER INFORMATION**
- Students enrolled in domestic graduate and post-baccalaureate programs at San Diego State University are required to carry health insurance.
- The options for meeting the requirement are as follows:
- 1. Submit an online waiver to opt out of the student plan. Proof of current health insurance coverage required for a waiver. Click "[Submit Waiver Here](#)" below to begin the waiver process.
- 2. Take no action. If you do not submit and receive an approved waiver, you will be automatically enrolled in SDSU GSHIP and your student account will be charged. No action is required if you intend to be enrolled SDSU GSHIP.

For additional information on the Domestic Graduate Student Health Insurance program requirements, please visit the SDSU Graduate Student Health Insurance Program Website.

Approved opt-out waivers are valid for the 2022-2023 academic year. If you lose your other coverage at any point during the academic year, please contact GSHIP at [gsu@sdstate.edu](mailto:gsu@sdstate.edu).

ID CARDS WILL BE AVAILABLE ON THE INSURANCE START DATE OR THREE WEEKS AFTER ENROLLMENT IS SENT TO US BY SDSU, WHICHEVER IS LATER.

Below this information, there are two columns:

- Already have insurance?**  
Submit your current insurance to apply to waive out of the student health plan.  
[Submit Waiver Here](#)
- Plan Information**  
[Brochure](#)  
The health, safety, and well-being of all students are foremost in our minds as we continue to closely monitor the COVID-19 outbreak. Our thoughts go out to the people who have been affected and we appreciate the efforts of our healthcare workers and government leaders who are on the front lines working to contain this coronavirus. We are committed to serving our students and to the health, safety, and welfare of our schools. Accordingly, we have taken the necessary steps to provide direct links for details on insurance coverage about COVID-19. VIEW YOUR COVID-19 COVERAGE INFORMATION BY CLICKING THE LINK: <https://www.anthem.com/ca/coronavirus/individual-and-family/>

At the bottom of the page, there is a progress indicator with a blue dot followed by six empty circles.

3. On the next page, select the term, and agree. Continue to Next Step.

San Diego State University  
Domestic Graduate Students

[Cancel, Go Back](#) Complete the online enrollment form to purchase the student health plan.

1 Choose the term you're waiving out of.

[View Benefits](#)

Term: Fall

COVERAGE DATES  
08/15/2021 to 01/20/2022

DEADLINE  
10/11/2021

[Select This Term](#)

2 Important Enrollment Information

You must meet eligibility and attendance requirements set by your school to purchase or waive this insurance coverage. The insurance company and/or JCB Insurance Solutions (the "Company") maintains the right to investigate student (and dependent) status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, our only obligation is to refund premium payment, minus any claims paid. By enrolling in this plan you are agreeing to your insurance carrier's binding arbitration policies listed in the plan brochure. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. If your University is located in Washington State, the definition of Spouse includes Washington State Registered Domestic Partner.

All refunds will incur a \$35 processing fee.

☒ Yes, I agree to the above information.

4. If this is your first time in the JCB student portal, then you need to create a JCB account. Use your student SDSU email address, and your student RedID #.

JCB INSURANCE SOLUTIONS | Health Insurance for San Diego State University

**Returning Students**  
Already have an account? Login to your student portal below.

EMAIL

Trouble logging in? Try your personal or school email address.

PASSWORD

[Forgot your password?](#)

[Login](#)

**Create an Account**  
Create your student health account to gain access to the portal, submit insurance waivers and receive account updates.

EMAIL

CONFIRM EMAIL

CREATE PASSWORD

RETYPE PASSWORD

STUDENT ID#

DATE OF BIRTH  
Month  Day  Year

[Create Account](#)

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5. Complete registration with your personal information. It is particularly important that your Red ID# and Date of Birth matches your SDSU student account.

The screenshot shows the 'About You' registration form. At the top, there is a progress bar with four steps: 1. Get Started, 2. About You (current step), 3. Carrier, and 4. Review & Submit. Below the progress bar, a message states 'Your information is protected with 256-bit Encryption.' followed by 'Please fill in your details below.' The form is divided into several sections: 'ABOUT YOU' with fields for STUDENT ID#, GENDER (Female), IDENTIFY AS (OPTIONAL), ACADEMIC LEVEL (Graduate), FIRST NAME, MI, LAST NAME, DATE OF BIRTH, EMAIL ADDRESS, ALT EMAIL, PRIMARY PHONE, and ALT PHONE. 'TEXT NOTIFICATIONS' section has a dropdown for 'Primary Phone'. 'MAILING ADDRESS' section includes a checkbox for 'I don't currently have a US address. (If true, the mailing address specified by your university will be used.)' and fields for ADDRESS, SUITE/APT#, CITY, STATE (CA), and ZIP CODE. 'EMERGENCY CONTACT' section has fields for FIRST NAME, LAST NAME, RELATIONSHIP, PHONE, and EMAIL. At the bottom, there are 'Go Back' and 'Save & Continue' buttons.

6. To submit a waiver, enter the required information. Make sure to enter all numbers and/or letters of your Medical ID number. Submit a picture of your insurance card (if available). If you do not have a card, submit other documentation using the same "Choose File" buttons. If you receive an error message, please review and correct your information before re-submitting.

If you have atypical documentation or need additional assistance, email [StudentServices@jcbins.com](mailto:StudentServices@jcbins.com).

➤ Helpful Tip! **Kaiser Permanente Southern California** medical record numbers (MRN) are 12 digits in length; they include a 2 digit prefix with a 10 digit MRN. Enter all 12 digits, including leading zeros. For example, 000123456789.

The screenshot shows the 'Carrier Details' registration form. At the top, there is a progress bar with four steps: 1. Get Started, 2. About You, 3. Carrier (current step), and 4. Review & Submit. Below the progress bar, a message states 'Your information is protected with 256-bit Encryption.' followed by 'Please fill in your insurance details.' and 'Your information will be verified before continuing on to the next step'. The form is divided into several sections: 'CARRIER DETAILS' with fields for INSURANCE CARRIER NAME and STUDENT MEDICAL ID NOW (INCLUDE ALL NUMBERS/LETTERS). 'IMPORTANT WAIVER INFORMATION!' section lists criteria for waiving participation in the San Diego State University Graduate Student health insurance plan. 'DOCUMENT UPLOAD' section has a 'Choose File' button for 'INSURANCE ID CARD FRONT (MAX FILE SIZE 5MB)' and another for 'INSURANCE ID CARD BACK (MAX FILE SIZE 5MB)'. 'INSURED DETAILS' section has fields for STUDENT FIRST NAME, MI, STUDENT LAST NAME, and STUDENT DATE OF BIRTH (Month, Day, Year). At the bottom, there are 'Go Back' and 'Save & Continue' buttons. A red arrow points to the 'Save & Continue' button.

7. You have one final opportunity to review your submission ...

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Dashboard | My Account | Help Center | Logout

« Go Back

1 Get Started 2 About You 3 Carrier 4 Review & Submit

Your information is protected with 256-bit Encryption.

### One final review

Your submission is not complete until you click the Finish button at the bottom of this page.

STATUS	TERM	COVERAGE	
enrolled	Term #2 Term	01/1/2022 to 07/31/2022	<a href="#">Edit</a>

**ABOUT YOU**

FIRST NAME	LAST NAME	DOB	PHONE	EMAIL
Student02	Health02	01/01/1999	5	SHIP01@demo.demo

[Edit Details](#)

**CARRIER INFORMATION**

STATUS	CARRIER	MEDICAL ID NO	INSURED NAME
Active	Kaiser Permanente Of Northern California		

Waiver is not complete until clicking "Finish" at the bottom of this page.

[Edit Details](#)

**Waiver Terms and Conditions**

I have reviewed the application data and verify that it is accurate and correct. I understand that clicking "Finish" documents (1) my intent to waive the Insurance coverage sponsored by my school, (2) my agreement to maintain my current coverage throughout my enrollment at this school and (3) my agreement to provide any required documentation of the plan that I am using to waive the school's coverage. If I lose coverage during my enrollment at this school, it is my responsibility to purchase the school sponsored plan. If any of information is not accurate or does not meet the minimum criteria for opting out of the school sponsored plan, I will be required to enroll in the school sponsored plan and make all necessary payments.

☒ Yes, I agree to these terms and conditions.

« Go Back [Finish](#)

... and then you're done!

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## Dashboard

! You've successfully waived

To take action for the next coverage period, click here.

Begin Here, Select Plan Year:

**Coverage Information**

**Insurance 101**

Learn more about your insurance.

[Download Video](#)

Please select your coverage year to view your insurance id card, doctor or hospital information, and more.