Access the Student Blue website at [www.bcbsnc.com/student](http://www.bcbsnc.com/student)

On the Student Blue homepage, select your school.

Click the Enroll tab.
If you are not sure you are eligible to enroll, answer the questions and click Check Eligibility.

If you know you are Eligible, click Enroll Now.

Enter your Student ID and Date of Birth.

Click Continue.
Enter the student information and contact information.

Note: The University e-mail Address entered here will be the student’s User Name in the tool.
Scroll past contact information.

Select “Yes” or “No,” if you would like to include coverage for abortions.

Select “Yes” or “No,” if you would like to automatically re-enroll for the Spring/Summer semester.

*Note: This will also automatically enroll dependents.

Review the Statement of Understanding and select the checkbox.

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Would you like to include coverage for abortions (first 16 weeks of pregnancy) at no additional cost?
(If selected, applies to all insured) *

Select Coverage

Re-Enrollment Opt-In

I would like for Student Blue to automatically re-enroll me and any dependents (if applicable) for the Spring/Summer semester.

(Subject to Eligibility Requirements) *

Select Re-Enrollment Opt-In

Notice of Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance (including Medicaid or Children’s Health Insurance Program (CHIP)) or group health plan coverage, you may be able to enroll yourself and the dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (other than Medicaid or CHIP) or if the employer stops contributing towards your or your dependents’ other coverage and within 60 days after the loss of Medicaid or CHIP eligibility. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption or foster care, except when adding a dependent child will not change your coverage type or premiums that are owed. For questions or to obtain more information, contact: Blue Cross and Blue Shield of North Carolina PO Box 2073, Durham, NC 27702 (888) 351-8283

Statement of Understanding

☐ I understand that by signing the below, I am agreeing to the following:

1) I certify that I have read and understand the plan brochure section entitled “Eligibility,” and that I am eligible for student coverage [and I understand the refund policy]

2) I certify that all statements on this application are complete and true. I understand that for a period of two years from the date of this application, BCBSNC may rescind my policy for any acts or practices that constitute fraud or if I make an intentional misrepresentation of material fact. If fraudulent statements were made, BCBSNC may take legal action at any time.

3) As primary applicant, I warrant that I am authorized to agree to the above statements on behalf of all my dependents under age 18. (Applicant spouse and applicant dependents age 18 or older must sign below.) *
Scroll past application questions.

Select the checkbox next to the Application Signature.

Click Submit.

Confirmation Page Appears.