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. International students are not able to opt out of the student health insurance program and are required to take the 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 Wellfleet Insurance, 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 Wellfleet: 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 Wellfleet. The button highlighted in red should be selected.

On the screen below, you will be asked to input your personal information. The School ID is your Student ID Number.
Once the account is created, you will return to the log in screen. After logging in, you will choose to enroll in the Wellfleet 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
- **Last name**: TEST
- **Home Country**: United States
- **DOB**: 01/01/1997
- **Student ID**: 256699

**Create your Account:**
- **Email address**: noneal@studentinsurance.com
- **Alternate Email**:

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
- **City**: TEST
- **State**: TN
- **Zip Code**: 28501

3601 N. Military Trail, Boca Raton, FL 33431
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