

UNIVERSITY OF PITTSBURGH STUDENT HEALTH INSURANCE INTERNATIONAL STUDENTS

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INTERNATIONAL STUDENT HEALTH INSURANCE OVERVIEW

International students are required to take action during the annual enrollment period. It is required for international students to have other health insurance or enroll in the University sponsored health insurance.

To take action during the annual enrollment period, start by logging in to the Student Health Insurance Portal by following the steps in the next section.

International students must submit their enrollment no later than October 15. After October 15, we reserve the right to place a registration hold on your account. A registration hold will prohibit registration for future classes or graduation.



ACCESS THE STUDENT HEALTH INSURANCE PORTAL VIA MY.PITT.EDU

- 1. Go to my.pitt.edu.
- 2. Select "Students" from the Roles drop-down (located underneath the search bar) if not already selected.

Pittsburgh 👻 Students 🧃
Alumni
Applicants
Faculty
Parents
Retired Staff
Staff
Students 🗸

3. Search for "Student Health Insurance".



4. Find the option for the "Student Health Insurance (*eBenefits*)" and launch the portal, logging in via Pitt Passport (if not logged in).





COMPLETE THE MANDATORY ENROLLMENT

- 1. Once you are successfully logged into the Student Health Insurance portal, select "**Start Here**" under the Fall Semester Enrollment section.
 - a. If the screen displays the "**Review**" option, that means you submitted your enrollment. You can edit your elections here if the enrollment period is still open.
 - b. If the screen displays the "**Continue**" option, that means you started your event but did not submit it.

University of Pittsburgh	😭 Home	Message Center 🖉 Reference	ce Center +
			Type Here to Search Q
Fall Seme Fall Semeste Days Lef	ester Enrollment is Here!		
Home Medical Dental	Vision Student Health Services	University Counseling Center	I Want To + Q Resources
Welcome, JOHN	Minportant Reminde	r Benefits	Portal
Benefit Summary	Fall Semester Enrollment		Start Here

2. Select "Start Enrollment"





3. Next, you will see your demographic information. If any of your information needs to be updated, you will need to do so in PeopleSoft/Highpoint CX or <u>contact the Registrar's</u> <u>Office</u> for assistance.

1. Abou	t You- 2. Election Information- 3. Review	Tota \$42	il Student Co 5.14/Monthly
	About You	Ask Sofia Your Benefit Assistant	×
	Your Information	Please note, this chat may be recordulate output	ded for X
	, ear merindeen	Common Questions	
	Updates to personal information such as name, address, or phone	What do I do if something is listed incorrectly?	
	number can be made according to guidelines designed to protect the identity of our students and maintain the integrity of our student's academic records. Click here for detailed information as to how to	Type Your Question	
	update the personal information seen below.		0
	First Name		
	Middle Initial		
	Last Name		
	ZZTest9		
	Social Security Number 999-54-7809		
	Date of Birth		
	Gender		
	Male		
	Address 1 131 Test		
	Address 2		
	City		
	Pittsburgh		
	ZIP 12345		
	State		
	PA		
	Student Email		

4. You will be prompted to add any new dependents and review any existing dependents. If you do not need to enroll dependents, you may select "**No**" and then "**Next.**"

Your Family	
Do you have any depende	ents?
< Back	Next >



- 5. As an international student, you must choose one of the following options in response to the question: *"Would you like to enroll in Medical Coverage?"*
 - a. If you would like to enroll, select: "Yes, See My Options."
 - b. If you do not wish to enroll, you will need to attest to having other coverage and select "**No, Waive Coverage.**"

	Medical
What insu and sele min	en most people think of benefits, they think about their medical irance. Medical benefits are an important part of protecting you your loved ones. By thoughtfully reviewing your options and cting the best fit plan, you will not only have greater peace of d, but could also reduce medical costs long term.
	O Yes, See My Options No, Waive Coverage
< Back	Next >

6. You will then see a page confirming that you are choosing to Waive Medical if declining coverage. Select "**Next**" to proceed.

Medical		
	•	
êBenefits	For technical assistance regarding this site, please contact the eBenefits Customer Support Team at 1-866-203-8051. Monday through Friday, 7 a.m. to 10 p.m. EST and Saturday, 8 a.m. to 3 p.m. EST. Copyright © 2023. eBenefits Solutions LLC. All Rights Reserved. Privacy Policy	
Waive N Monthly \$0.00 _{Waive}	fedical Cost	
Coverage	PNo Cost © Selected tails	
	See Coverage Options	



7. You are required to attest to having other medical insurance coverage in order to waive coverage. To attest to other coverage, please complete <u>all</u> the fields below. International students must enroll in medical coverage <u>or</u> submit the attestation form below. If this is not complete, the University reserves the right to place a registration hold on your account. A registration hold will prohibit registration for future classes or graduation.

insurance Company Name *
Insurance Company Address *
insurance Company Phone *
555-555-1234
Insurance Company Group or Policy Number *
Effective Date of Coverage *
MM/DD/YYYY
Does your insurance policy meet the following minimum coverage requirements: \$50,000 per accident or illness; Medical evacuation in the amount of \$10,000; Repatriation coverage for up to \$7,500; A deductible of no more than \$500 per illness? *
O Yes O No
K Back

8. Once you have completed the attestation, you will be prompted to proceed through the rest of your enrollment. Dental and Vision are not required, but you may enroll if you wish to do so.



9. You will be prompted to review your elections before you submit.

About You • 2. Election Information • 3.	Review		🕐 Ask Sof	ia Total Student 4 \$473.20/Month
ease review the following information. After yo	u have verified that all your inf	ormation is corre	t, click on the "Approve" butt	on. If you would like
make changes or new selections, simply click	on the "Edit" link to the right of	the area in which	you would like to make the o	hanges.
	Review Enro	ollment		
You're almos	t done! Please revie	w vour enr	ollment below.	
You must slick the	Approve hutten hefer	, unu uill he e	arelled in any plane	
fou must click the	Approve button belon	e you will be e	nrolleu in any plans.	
 About You 				
 Dependents - 1 		4	Dependent Verificatio	n Required
Dependent Verification Re One or more of the following of	equired dependents must be verified be	fore they will be e	ligible for full coverage.	
Dependents				
Name	Relationship	Gender	Date of Birth	Edit
Arbley		-		

10. Select "Approve" when finished.

My Health		
Plan	Coverage	Student Cost Moreny
Medical Further Bive - Graduate Student Flan View Details A Pending Dependent Verification	MATTHEW, Ashley	5425.34
Dental Plus Dental Plan View Details A Pending Dependent Werthation	MATTHEW, Ashiey	\$33.00
Vision Voen Plan Vew Details A Pending Dependent Werthlation	MATTHEW, Ashiey	\$15.06 Ed
Total Cost		\$473.2
otal student cost represents the total approved o e information submitted may be subject to furth- nef(solver system at the time of elections. To ve	oil of benefits included on the summary. Other benefits n or review and/or approval. The deduction amounts are bar rify actual elections and/or deduction amounts, please co	ot displayed are not included. sed on rates and calculations stored in the tact your benefits administrator.
igroyer remains responsible for any and all visio surance premiums, stop-loss deductibles, reinsur mer/vendor or for failure to provide appropriate	r carnages, and in to event shall businessoiver be liable t ance fees, health plan or other claims, cancellation or rein billing information in a timely manner, unless such delay i	or any amount, including, but not limited to, statement fees, or penalties, for a failure to pa is caused by the negligent acts of Businessolve
ery effort has been made to report information a nfirmation and an official plan document, the pla on approval of your evidence of insurability (EOI	courately, but the possibility of error exists. In case of any n document will be the final authority. Please note, some by the carner.	conflict between your benefits election munance coverage elections only become effe



11. After selecting "**Approve**", you will be prompted to agree to the terms and conditions. Select "**I Agree**" to complete the process and submit your enrollment or attestation.

Confirmation	
By selecting "I Agree" you have through August 31. By selecting "I Disagree" your	e confirmed your benefit elections for the current plan year of September 1 changes will not be submitted.
*Total student cost represents the total a included.	approved cost of benefits included on the summary. Other benefits not displayed are not
The information submitted may be subje calculations stored in the Benefitsolver s contact your benefits administrator.	set to further review and/or approval. The deduction amounts are based on rates and system at the time of elections. To verify actual elections and/or deduction amounts, please
Employer remains responsible for any ar but not limited to, insurance premiums, reinstatement fees, or penalties, for a fai manner, unless such delay is caused by t	nd all loss or damages, and in no event shall Businessolver be liable for any amount. including, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or liure to pay a certificiend or of of failure to provide appropriate billing information in a timely he negligent acts of Businessolver.
× I Disagree	Total Student Cost: \$473.20 Monthly

12. If successful, you will be presented with a **Transaction Complete** page that includes a confirmation number.

Distantivof Pittsburgh	🛠 Home	Message Center	🛛 Help 🖉 Refere	nce Center - MATTHEW FISCH
				Type Here to Search
Thank You!				
O Transaction Complete - Pending A	pproval			Benefit Summary PDF
Election Information Update Complete			Confirma	tion Number
Here is your election update confirmation number, which has also (above).	been sent to	the Message Center	175-47-05-	0079
To review, save or print these elections click on the Benefits Summ confirmation number.	ary PDF butto	in just above your		
Return to your benefits home page by clicking "Home" above or to	end your ses	sion click on "Log Out".		
Move to Mobile!				
Now that you have completed your enrollment, consider downloa started, download the app from your respective app store and use	ding the MyCh the access co	noice Mobile App and m ode below to get started	anage your benefits from	your phone year round. To get
MyChoice Mobile App				
Access your benefit details, store ID cards, and more	All at your fin	gertips.		
1 Hama				Ch Lougast
Home				Logout



LIFE EVENTS AND/OR LATE ENROLLMENT REQUESTS

If you need to change your election after the annual enrollment period, this can be done through a Late Enrollment Request.

1. Go to my.pitt.edu

2. Select "Students" from the Roles drop-down (located underneath the search bar) if not already selected.

Pittsburgh 🗸 Students
Alumni
Applicants
Faculty
Parents
Retired Staff
Staff
Students 🗸

3. Search for "Student Health Insurance"



4. Find the option for the "Student Health Insurance (*eBenefits*)" and launch the portal, logging in via Pitt Passport (if not logged in)





5. Select "Change My Benefits" on the Navigation Bar at the top of your homepage, then choose "Change My Benefits" on the right side of the page.



Sometimes life events happen, and your current benefits need adjusting. A life event is a personal event that can include; Marriage, divorce or legal separation, birth or adoption, gain or loss of coverage, etc. For life events you must make changes to your coverage within 60 days of the effective date of the life event. To make changes, open **Change My Benefits** using the link on the right and select your event from the Change My Benefits

6. Choose the appropriate event under the Life Event option.

drop-down list. Once selected follow the steps to change your benefits.

earch Rea	ons for Change
elect the n	ason for change that applies and enter the date of the event.
▼ <u>LIFE</u> Exam Birth	EVENT Jest Jest Leath
Birth/Add	ption
Death of	Dependent
Divorce/[issolution of Domestic Partnership
Gain of C	ther Coverage
Late Enro	lment Request
Loss of O	ther Coverage
Marriage	Establishment of Domestic Partnership

7. Enter the date the event occurred and click "Start Change."

Late Enrollment Request		Х
What date are resulting changes effective?		
 Any add or change in coverage will be effective or Any coverage dropped or no longer continued will be added and a second se	n: 10/01/2023 ill be terminated o	on: 09/30/2023
Show Plan Exceptions		
	Cancel	Continue



- 8. Continue through the online enrollment.9. Once you have completed your changes, select "Approve" on the Review Enrollment Page. After the screen loads, select "I Agree" on the Confirmation Page

Plan	Coverage	Student Cost Morenly
Medical		
Panther Blue - Graduate Student Plan	MATTHEW, Ashley	\$425.14 Edg
View Details		
A renarg organises renotation		
Dental Plus Dental Plan		
View Details	MATTHEW, Ashley	\$33.00 fdt
A Pending Dependent Ventilization		
Vision		
Vision Plan	MATTHEW, Ashiey	\$15.06 Edit
View Details		
· renarg bepercent versional		
Total Cost		\$473.20
"Total student cost represents the total approved o	cost of benefits included on the summary. Other benefits n	ot displayed are not included.
The information submitted may be subject to furth Senefcoolver system at the time of electrons. To up	er review andrisr approval. The deduction amounts are bai infly actual elections and/or deduction amounts, status cor-	sed on rates and calculations stored in the tact your benefits administrator.
Employer remains responsible for any and all loss (or damages, and in no event shall Businessolver be liable f	for any amount, including, but not limited to,
resurance premiums, isop-loss deductibles, reinsur	rance fees, health plan or other claims, cancellation or rein	statement tees, or penalties, for a failure to pay a
the second state of the second to be such additional	month and a property many many provide the set of the s	o revoleo sil sue sell'illesa erro su prossessories.
Every effort has been made to report information a	accurately, but the possibility of error exists, in case of any	conflict between your benefits election
confirmation and an official plan document, the pla	an document will be the final authority. Please note, some	insurance coverage elections only become effective
upon approval of your evidence of insurability (LDI	0 by the carrier.	
		and the second second
< Back		✓ Approve
C Back		✓ Approve
< Back		✓ Approve
C Back		✓ Approve
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Confirmation		✓ Approxe
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Confirmation By selecting "I Agree" you have or through August 31.	confirmed your benefit elections for the	Current plan year of September 1
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- 10. Upload the required supporting documentation in one of two ways:
 - 1. If you have your documentation ready at the time of enrollment, select "Upload Now" on the "Action Required" page immediately after you submit your elections.



2. If you do not have your documentation ready at the time of enrollment, visit your Message Center at the top of your homepage at a later date. When you have the documents ready, view the message titled, "You need to submit documentation to verify your eligibility", and upload your document(s) directly to the message.

Profile Benefit Summary Fall Semester Enrollment Benefit Summary UPIT Verification t: You need to submit documentation to verify your eligibility e: Wed, May 17, 2023 2:42 PM S Andrew Test Upload Document	Account	Benefits		
Personal Documents Message Center Pall Semester Enrollment Benefit Summary	Profile	Benefit Summary Fall Semester Enrollment Benefit		
Message Center 2 Summary	Personal Documents			
om: UPITT Verification ject: You need to submit documentation to verify your eligibility are: Wed, May 17, 2023 2:42 PM To: Andrew Test JUpload Document		- Cummerer		
	Message Center	2 Summary		
	Message Center Drm: UPITT Verification ect: You need to submit documentation to verify your eligibility ate: Wed, May 17, 2023 2:42 PM To: Andrew Test Upload Document	2 Summary		



3. Once you receive a "Complete – Pending Event Verification" notification, your submission will be reviewed by the University of Pittsburgh Benefits Department for approval or denial.

					Type Here to Search
					UNZ
hank You!					
⊘ Transaction Complete -	Pending Approval				Benefit Summary PD
Election Information Update Complete			6	opfirmati	ion Number
Here is your election update confirmation numt (above).	per, which has also been sent to the Message Cer	iter	C	onninau	Ion Number
To review, save or print these elections click on t confirmation number.	the Benefits Summary PDF button just above you	r			
Return to your benefits home page by clicking "	Home" above or to end your session click on "Lo	g Out".			
Move to Mobile!					
Move to Mobile! Now that you have completed your enrollment, started, download the app from your respective	consider downloading the MyChoice Mobile App app store and use the access code below to get	and mai started.	nage your be	nefits from y	our phone year round. To get
Move to Mobile! Now that you have completed your enrollment, started, download the app from your respective	consider downloading the MyChoice Mobile App app store and use the access code below to get	and mai started.	nage your be	enefits from y	our phone year round. To get
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Move to Mobile! Now that you have completed your enrollment, started, download the app from your respective MyChoice Mobile App Access your benefit details, store II Access the App	consider downloading the MyChoice Mobile App app store and use the access code below to get D cards, and more! All at your fingertips.	and mai	nage your be	enefits from y	our phone year round. To get
Move to Mobile! Now that you have completed your enrollment, started, download the app from your respective MyChoice Mobile App Access your benefit details, store II Access the App	consider downloading the MyChoice Mobile App app store and use the access code below to get D cards, and more! All at your fingertips.	and mai started.	nage your be	enefits from y	our phone year round. To get



Event Guide

Event	Event Details	Documentation Required
Birth/Adoption	The addition of a child to your family is a qualifying life event to make changes to your benefits enrollment. You must submit a life event in the eBenefits portal within 60 days of the birth or adoption being finalized.	Birth certificate or Legal court ordered document confirming the adoption of child
Death of Dependent	When you experience the loss of a dependent, you may make changes to your benefits. Please submit a life event in the eBenefits portal within 60 days of the passing of your dependent.	Copy of the Death Certificate
Marriage/Establishment of Domestic Partner	A change in your marital status, such as marriage or domestic partnership, provides you with the opportunity to make changes to your benefits enrollment. You must submit a life event in the eBenefits portal within 60 days of the marriage date or the date of a domestic partnership being finalized.	Copy of the Marriage Certificate or Affidavit of Domestic Partnership
Divorce or Dissolution of Domestic Partnership	A change in your marital status, such as divorce, provides you with the opportunity to make changes to your benefits enrollment. You must submit a life event in the eBenefits portal within 60 days of the date of a divorce being finalized	Copy of the Divorce Decree or Dissolution of Domestic Partnership Form



Late Enrollment Request	As an international student, you may be eligible to enroll in coverage through a Late Enrollment Request. For example, if you arrived in the U.S. after the annual enrollment period. Choose this event to complete a Late Enrollment Request for review.	Documentation not required. Please explain the reason for your Late Enrollment Request in the Event Notes section. For example: "Returned to campus and require medical coverage," or "International student requiring insurance"
Loss of Other Coverage	A loss of coverage through an employer-sponsored plan or state-sponsored program is considered a qualified status change to add you, your spouse, and/or child(ren) to your benefits.	COBRA letter from the former employer, or letter from employer's human resources department or insurance company that indicates what coverage(s) are terminating (i.e., medical/dental/vision), covered person(s) and effective termination date of coverage(s), or Letter or statement that you/your dependents are no longer eligible for state- sponsored coverage (i.e., CHIP eligibility, loss of Medicaid eligibility)
Gain of Other Coverage	Gaining coverage through an employer-sponsored plan or state-sponsored program is considered a qualified status change to remove you, your spouse, and/or child(ren) to your benefits.	Confirmation statement of benefits or letter from employer's human resources department or insurance company that outlines coverages (i.e., medical/dental/vision), enrollee(s), and effective start date of coverage, or Letter or statement that you/your dependents are newly eligible for state-sponsored coverage.
Relocating Outside the U.S.	Students who graduate and leave the U.S. permanently are able to make changes	Plane ticket and passport stamp showing the date you arrived in your home country



TERMINATE INSURANCE DUE TO LEAVING THE U.S.

International students can terminate their coverage if they have graduated and are leaving the U.S. permanently.

- 1. Go to my.pitt.edu
 - If you no longer have access to the my.pitt.edu portal, please contact eBenefits Member Services at 888-499-6885
- 2. Select "Students" from the Roles drop-down (located underneath the search bar) if not already selected



3. Search for "Student Health Insurance"



4. Find the option for the "Student Health Insurance (*eBenefits*)" and launch the portal, logging in via Pitt Passport (if not logged in)





5. Click on "Change My Benefits" on the Navigation Bar at the top of your homepage, then choose "Change My Benefits" on the right side of the page.



Change My Benefits

To make changes, open Change My Benefits using the link on the right and select your event from the drop-down list. Once selected follow the steps to change your benefits.

6. Choose "Relocating Outside the U.S." under the Life Event option.

ect the re	ason for change that applies and enter the date of the event.
LIFE Examp Marria Birth/	EVENT Version Search Search
lirth/Ado	ption
eath of [Jependent
vorce/D	issolution of Domestic Partnership
ain of Ot	ther Coverage
ate Enrol	Iment Request
oss of Ot	her Coverage
/arriage/	Establishment of Domestic Partnership

7. Enter the date the event occurred and select "Start Change."

Relocating Outside the US		Х
What date are resulting changes effective?		
	Cancel	Continue



- 8. Continue through the online enrollment to waive whichever coverage(s) you wish to terminate.
- 9. Once you have completed your changes, select "Approve" on the Review Enrollment Page then select "I Agree" on the Confirmation Page.

Plan	Coverage	Student Cost Morthly
Medical		
Fanther Blue - Graduate Student Plan	MATTHEW, Ashley	\$425.14 Edit
A Pending Dependent Venification		_
Dental		
Plus Dental Plan	MATTHEW Ashiev	\$33.00
Vev Details		
Mining		
Vision Plan		
View Details	MATTHEW, Auropy	\$15.00
A Pending Dependent Venification		
Total Cost		\$473.20 Monthly
Total student cost represents the total approve	d cost of benefits included on the summary. Other benefits	rot displayed are not included.
The information submitted may be subject to fu Jenefitsoliker system at the time of elections. To	other review and/or approval. The deduction amounts are ba verify actual elections and/or deduction amounts, please co	oed on rates and calculations stored in the stact your benefits edministrator.
amenvender or for failure to provide appropri very effort has been made to report informaci confirmation and an official plan document, the spon approval of your evidence of incurately (are being inturnation in a briege manner, unless such delay on accurately, but the possibility of error exists, in case of any plan document will be the final authority. Please hote, some DOI by the carrier.	 Gaused by the regigent acts of businessoner conflict between your benefits election impurance coverage elections only become effective
C Back		✓ Approve
€ flack		✓ Approve
Confirmation		✓ Approve
< Bask	e confirmed your benefit elections for the	✓ Agenue current plan year of September 1
< Back Confirmation By selecting "I Agree" you hav through August 31. By selecting "I Disagree" your	e confirmed your benefit elections for the changes will not be submitted.	✓ Ageroue current plan year of September 1
Confirmation By selecting "I Agree" you have through August 31. By selecting "I Disagree" your otal student cost represents the total student.	e confirmed your benefit elections for the changes will not be submitted.	♥ Agenue current plan year of September 1 ny. Other benefits not displayed are not
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Confirmation By selecting "I Agree" you have brinough August 31. By selecting "I Disagree" your boat students cost represents the total student.	e confirmed your benefit elections for the changes will not be submitted. approved cost of benefits included on the summa set to further review and/or approval. The deduct ystem at the time of elections. To verify actual ele the loss or damages, and in no event shall Busin to loss deductibles, reinsurance free. heath pl unto to pay a carrentemotor of for failures provide the negligent acts of Businessolver.	✓ Agreese current plan year of September 1 ry. Other benefits not displayed are not on amounts are based on rates and ctons and/or deduction amounts, please testorler be liable for any amount, includ in or other claims, cancellation or de appropriate billing information in a tim

- 10. Upload the required supporting documentation in one of two ways:
 - 1. If you have your documentation ready at the time of enrollment, select "Upload Now" on the "Action Required" page immediately after you submit your elections.

A Required Action 1 of 2	
Pending Dependent Verification	
You have requested to have dependents added to your benefit elections that have not yet been verifie eligibility under the University of Pittsburgh benefit program. Until the requested documentation is su	ed. Documentation is required to verify your dependent(s)' ubmitted, your coverage changes will not be approved.
If documentation is not received by the deadline provided in your Verification Initial Letter, you	ur changes will not be approved.
You may submit the document(s) following the steps detailed below. Once all documentation is receive requested changes to your insurance providers.	ed, action will be taken to update your elections and send the
 If you have your documentation mady, click Upgland New. If you need to know which documents to provide, visit your Personal Documents and review the V Personal Documents can be found by clicking the link under your name at the top of this page. Once you have the mequested documentation, login to this is and visit your Message Center. You View the "You read to submit documentation to your eligibility" message. Upload your documental directly to the message (FDR or IPGC file toppes are recommended). 	/erification Initial Letter for detailed requirements. Your ur Message Center can be found at the top of this page.
If you have any questions, click Sofia in the lower right-hand corner of this page.	



2. If you do not have your documentation ready at the time of enrollment, visit your Message Center at the top of your homepage at a later date. When you have the documentation ready, view the message titled, "You need to submit documentation to verify your eligibility", and upload your document(s) directly to the message.



From: UPITT Verification Subject: You need to submit documentation to verify your eligibility	
Date: Wed, May 17, 2023 2:42 PM	
To: Andrew Test	
🛁 Upload Document	
You recently completed an enrollment or change to your benefits under the University of Pittsburgh group health plan, and as pa additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not Click Upload Document above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need required for verification and when it was due, go to your Personal Documents on this site and review the Verification Initial Le	art of our eligibility requirements, you must submit be approved. d additional information on how to review what is etter.

3. Once you receive a "Complete – Pending Event Verification" notification, your submission will be reviewed by the University of Pittsburgh Benefits Department for approval or denial.