

UNIVERSITY OF PITTSBURGH STUDENT HEALTH INSURANCE INTERNATIONAL STUDENTS

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INTERNATIONAL STUDENT HEALTH INSURANCE OVERVIEW

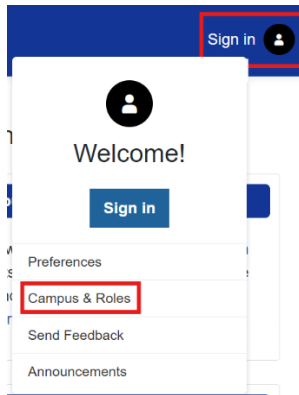
International students are required to take action during the annual enrollment period. It is required for international students to have other health insurance or enroll in the University sponsored health insurance.

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.

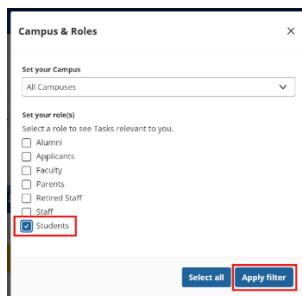
International students must submit their enrollment no later than September 30. After September 30, the University reserves the right to place a registration hold on your account. A registration hold will prohibit registration for future classes or graduation.

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

1. Go to my.pitt.edu.
2. Click on “Sign in” in the upper right corner to bring up the pop-up menu, then select “Campus & Roles”



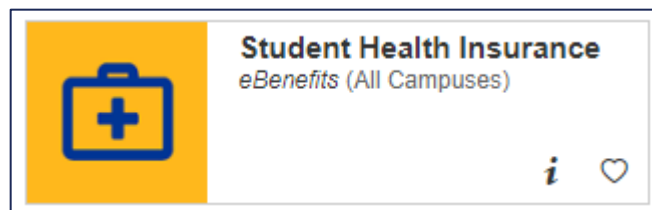
3. If not already selected, select "Students" from the role choices then click on “Apply Filter”



4. Search for “Student Health Insurance”.

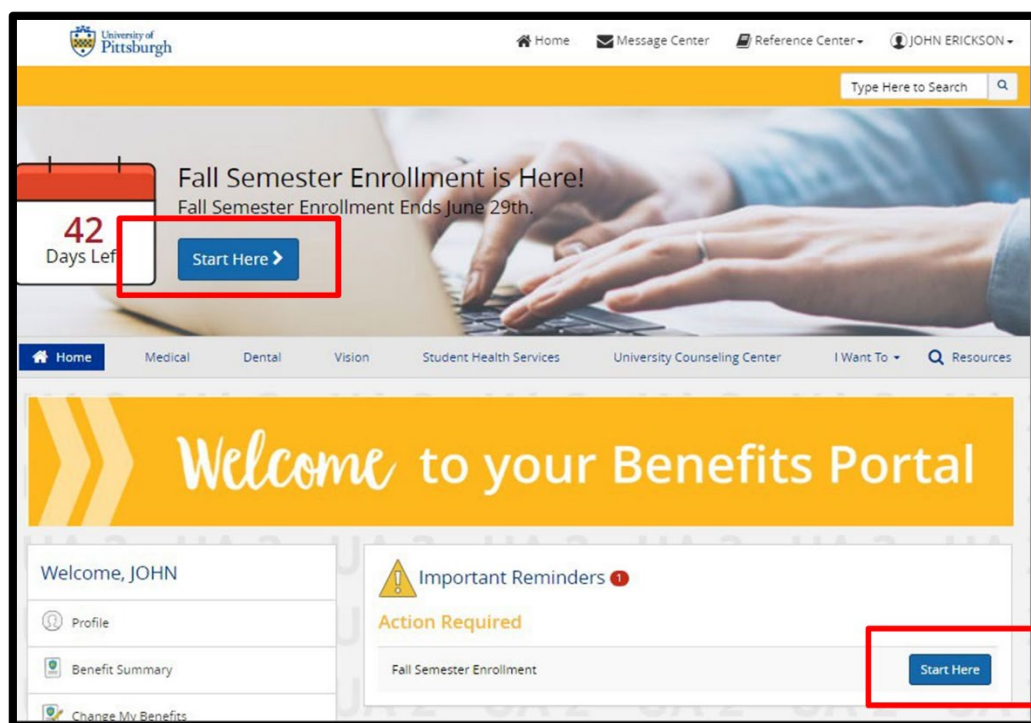


5. Find the option for the “Student Health Insurance (eBenefits)” and launch the portal, logging in via Pitt Passport (if not logged in).

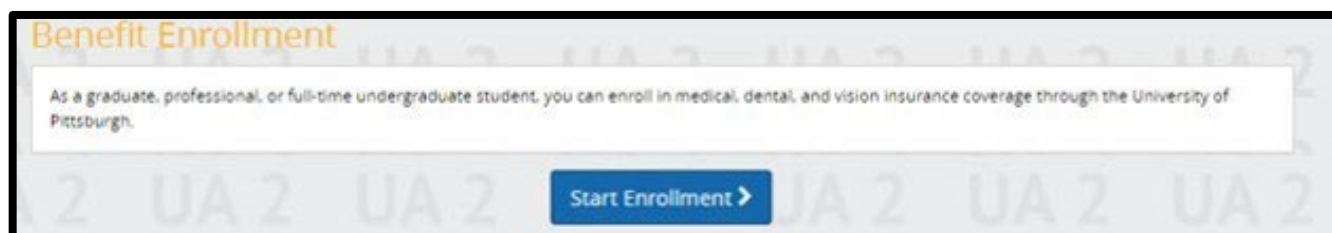


COMPLETE THE MANDATORY ENROLLMENT

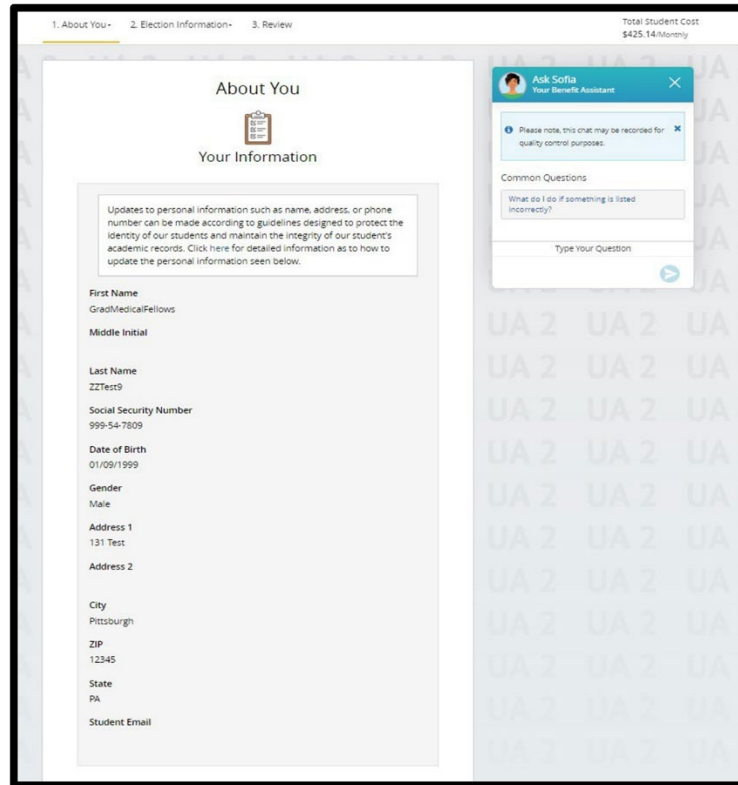
1. Once you are successfully logged into the Student Health Insurance portal, select **“Start Here”** under the Fall Semester Enrollment section.
 - a. If the screen displays the **“Review”** option, that means you submitted your enrollment. You can edit your elections here if the enrollment period is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



2. Select **“Start Enrollment”**



- 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 [contact the Registrar's Office](#) for assistance.



1. About You - 2. Election Information - 3. Review

Total Student Cost
\$425.14/Monthly

About You

Your Information

Updates to personal information such as name, address, or phone 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 update the personal information seen below.

First Name
GradMedicalFellows

Middle Initial

Last Name
ZZTest9

Social Security Number
999-54-7809

Date of Birth
01/09/1999

Gender
Male

Address 1
131 Test

Address 2

City
Pittsburgh

ZIP
12345

State
PA

Student Email

Ask Sofia
Your Benefits Assistant

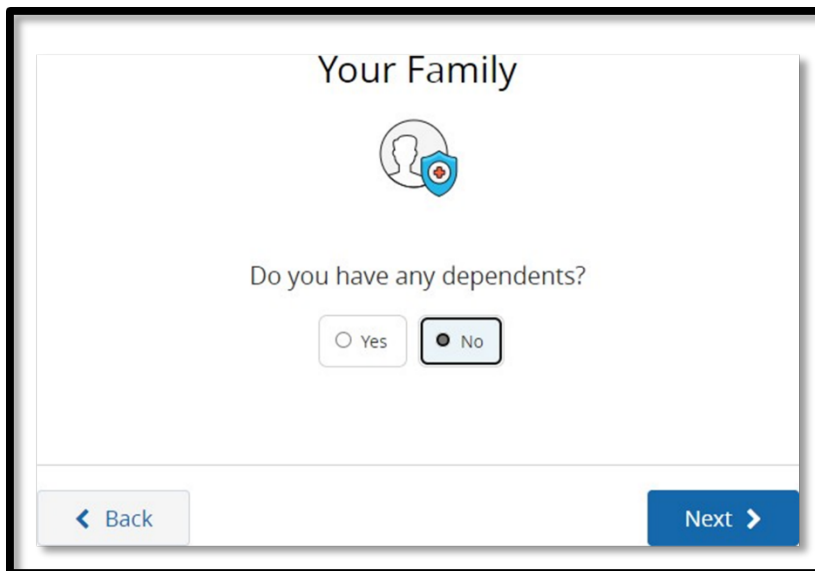
Please note, this chat may be recorded for quality control purposes.

Common Questions

What do I do if something is listed incorrectly?

Type Your Question

- 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

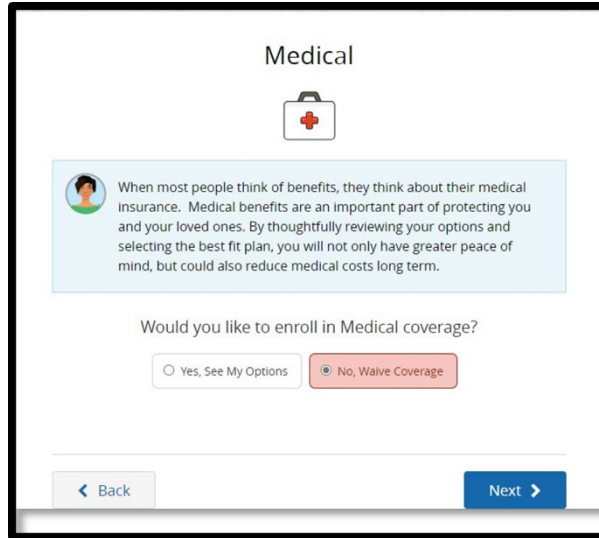
Do you have any dependents?

☐ Yes ☒ No

< 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?”*
- If you would like to enroll, select: **“Yes, See My Options.”**
 - If you do not wish to enroll, you will need to attest to having other coverage and select **“No, Waive Coverage.”**



The screenshot shows a web page titled "Medical" with a first aid kit icon. A light blue box contains a message about the importance of medical insurance. Below this, the question "Would you like to enroll in Medical coverage?" is displayed. Two radio button options are shown: "Yes, See My Options" and "No, Waive Coverage", with the latter being selected. At the bottom are "Back" and "Next" navigation buttons.

Medical



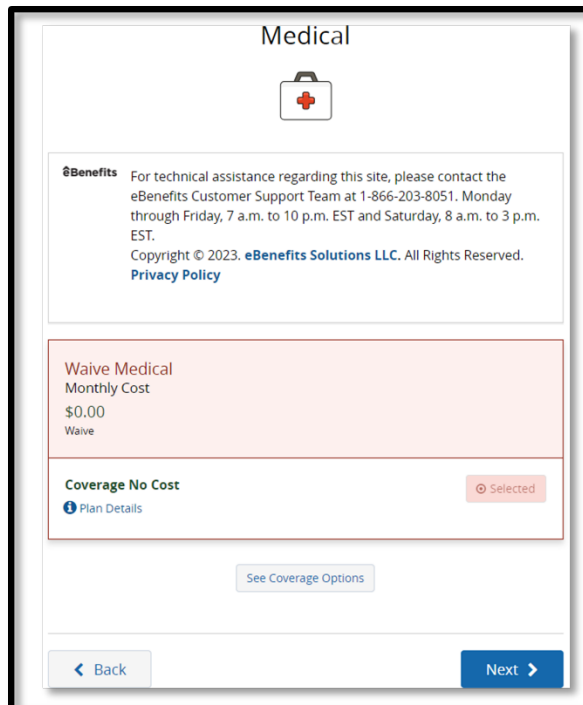
When most people think of benefits, they think about their medical insurance. Medical benefits are an important part of protecting you and your loved ones. By thoughtfully reviewing your options and selecting the best fit plan, you will not only have greater peace of mind, but could also reduce medical costs long term.

Would you like to enroll in Medical coverage?

☐ 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.



The screenshot shows a web page titled "Medical" with a first aid kit icon. It contains a "Benefits" section with contact information for the eBenefits Customer Support Team. Below this is a red box titled "Waive Medical" showing a "Monthly Cost" of "\$0.00" and the word "Waive". Underneath is a section titled "Coverage No Cost" with a "Selected" status and a "Plan Details" link. A "See Coverage Options" button is also present. At the bottom are "Back" and "Next" navigation buttons.

Medical



Benefits 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 Medical
Monthly Cost
\$0.00
Waive

Coverage No Cost Selected
[Plan Details](#)

[See Coverage Options](#)

[< Back](#) [Next >](#)

7. You are required to attest to having other medical insurance coverage in order to waive coverage. To attest to other coverage, please complete all the fields below. International students must enroll in medical coverage or 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? *

☐ Yes

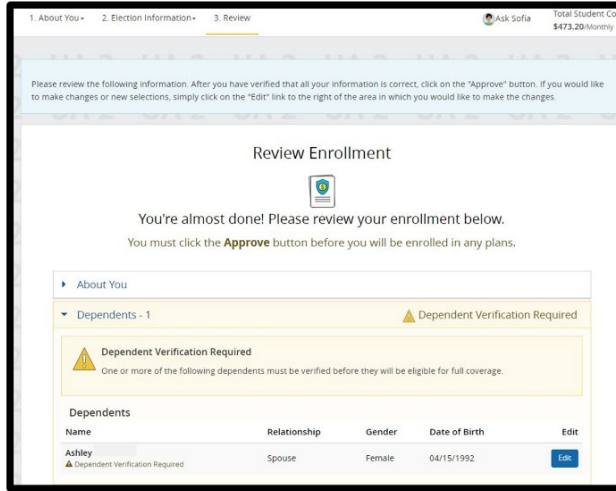
☐ No

< Back

Next >

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.



1. About You • 2. Election Information • 3. Review

Please review the following information. After you have verified that all your information is correct, click on the "Approve" button. If you would like to 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 changes.

Review Enrollment

You're almost done! Please review your enrollment below.
You must click the **Approve** button before you will be enrolled in any plans.

▶ About You

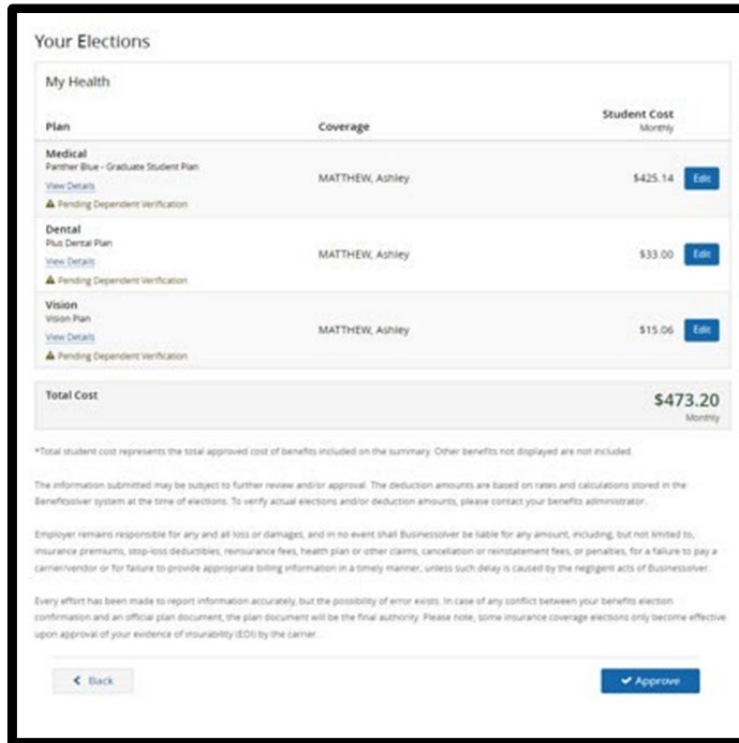
▼ Dependents - 1 ⚠️ Dependent Verification Required

Dependent Verification Required
One or more of the following dependents must be verified before they will be eligible for full coverage.

Name	Relationship	Gender	Date of Birth	Edit
Ashley	Spouse	Female	04/15/1992	Edit

Total Student Cost: \$473.20/Monthly

10. Select “Approve” when finished.



Your Elections

Plan	Coverage	Student Cost Monthly
Medical Panther Blue - Graduate Student Plan View Details ⚠️ Pending Dependent Verification	MATTHEW, Ashley	\$425.14 Edit
Dental Plus Dental Plan View Details ⚠️ Pending Dependent Verification	MATTHEW, Ashley	\$33.00 Edit
Vision Vision Plan View Details ⚠️ Pending Dependent Verification	MATTHEW, Ashley	\$15.06 Edit
Total Cost		\$473.20 Monthly

*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Businessolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

[← Back](#) [✓ Approve](#)

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 confirmed your benefit elections for the current plan year of September 1 through August 31.
By selecting “I Disagree” your changes will not be submitted.


*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

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Total Student Cost: \$473.20
Monthly

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

 Home Message Center Help Reference Center MATTHEW RISCH

Type Here to Search

Thank You!

Transaction Complete - Pending Approval

Benefits Summary PDF

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

Confirmation Number

175-47-05-0079

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking “Home” above or to end your session click on “Log Out”.

Move to Mobile!

Now that you have completed your enrollment, consider downloading the MyChoice Mobile App and manage your benefits from your phone year round. To get started, download the app from your respective app store and use the access code below to get started.

my choice

MyChoice Mobile App

Access your benefit details, store ID cards, and more! All at your fingertips.

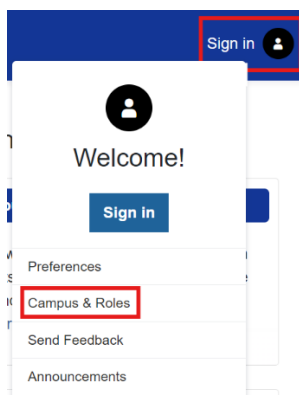
Access the App

Home Logout

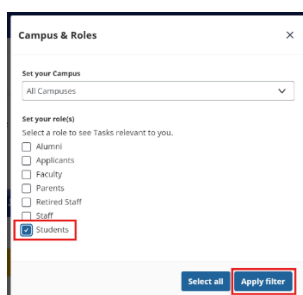
LIFE EVENTS AND/OR LATE ENROLLMENT REQUESTS

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. Click on “Sign in” in the upper right corner to bring up the pop-up menu, then select “Campus & Roles”



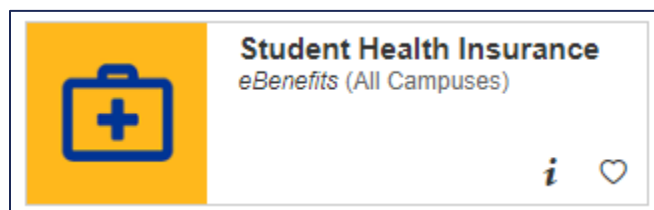
3. If not already selected, select "Students" from the role choices then click on “Apply Filter”



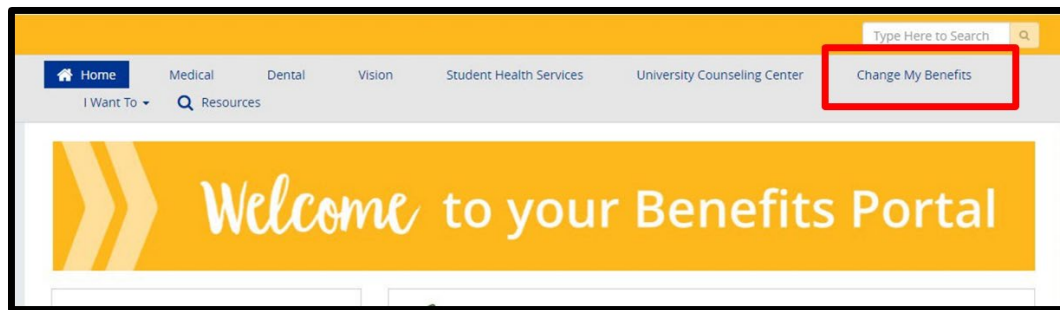
4. Search for “Student Health Insurance”.



5. Find the option for the “Student Health Insurance (eBenefits)” and launch the portal, logging in via Pitt Passport (if not logged in).



1. 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.



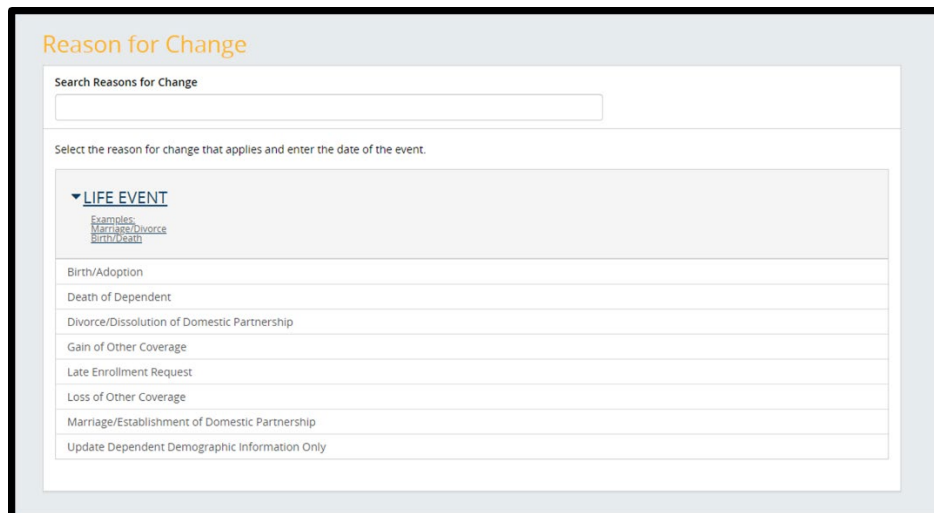
Sometimes life events happen, and your current benefits need adjusting. A life event is a personal event that can include; Marriage, divorce or legal separation, birth or adoption, gain or loss of coverage, etc. For life events you must make changes to your coverage within 60 days of the effective date of the life event.

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

do you need to make a change to your benefits?

[Change My Benefits](#)

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



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

Late Enrollment Request

X

What date are resulting changes effective?

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: **10/01/2023**
- Any coverage dropped or no longer continued will be terminated on: **09/30/2023**

[Show Plan Exceptions](#)

Cancel

Continue

4. Continue through the online enrollment.

5. Once you have completed your changes, select "Approve" on the Review Enrollment Page. After the screen loads, select "I Agree" on the Confirmation Page

Your Elections

My Health

Plan	Coverage	Student Cost Monthly
Medical Partner Blue - Graduate Student Plan View Details Pending Dependent Verification	MATTHEW, Ashley	\$425.14 Edit
Dental Plus Dental Plan View Details Pending Dependent Verification	MATTHEW, Ashley	\$33.00 Edit
Vision Vision Plan View Details Pending Dependent Verification	MATTHEW, Ashley	\$15.06 Edit
Total Cost		\$473.20 Monthly

*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

Back

Approve

Confirmation

By selecting "I Agree" you have confirmed your benefit elections for the current plan year of September 1 through August 31.
By selecting "I Disagree" your changes will not be submitted.

*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

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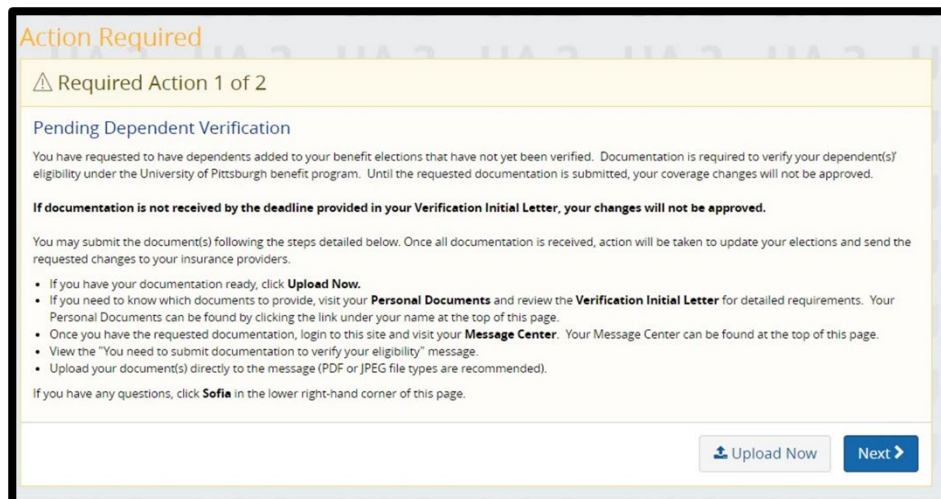
I Disagree

Total Student Cost: \$473.20
Monthly

I Agree

6. 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.



Action Required

⚠ Required Action 1 of 2

Pending Dependent Verification

You have requested to have dependents added to your benefit elections that have not yet been verified. Documentation is required to verify your dependent(s)/eligibility under the University of Pittsburgh benefit program. Until the requested documentation is submitted, your coverage changes will not be approved.

If documentation is not received by the deadline provided in your Verification Initial Letter, your changes will not be approved.

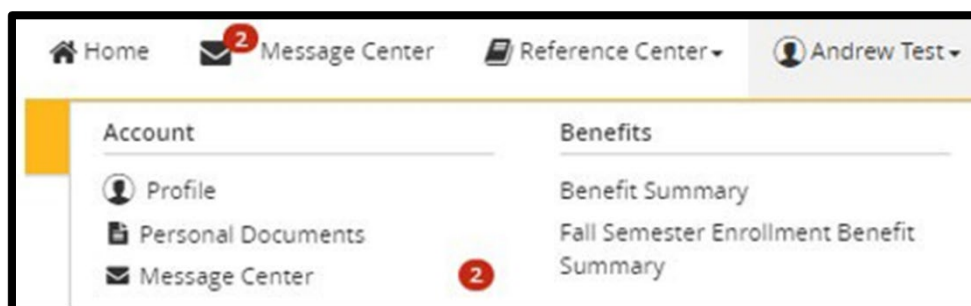
You may submit the document(s) following the steps detailed below. Once all documentation is received, action will be taken to update your elections and send the requested changes to your insurance providers.

- If you have your documentation ready, click **Upload Now**.
- If you need to know which documents to provide, visit your **Personal Documents** and review the **Verification Initial Letter** for detailed requirements. Your Personal Documents can be found by clicking the link under your name at the top of this page.
- Once you have the requested documentation, login to this site and visit your **Message Center**. Your Message Center can be found at the top of this page.
- View the “You need to submit documentation to verify your eligibility” message.
- Upload your document(s) directly to the message (PDF or JPEG file types are recommended).

If you have any questions, click **Sofia** in the lower right-hand corner of this page.

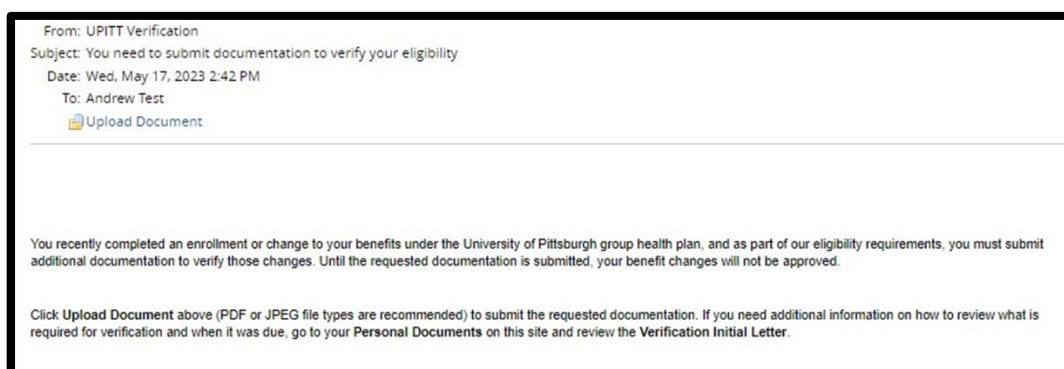
[Upload Now](#) [Next >](#)

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.



Home **Message Center** Reference Center Andrew Test

Account	Benefits
Profile	Benefit Summary
Personal Documents	Fall Semester Enrollment Benefit Summary
Message Center 2	



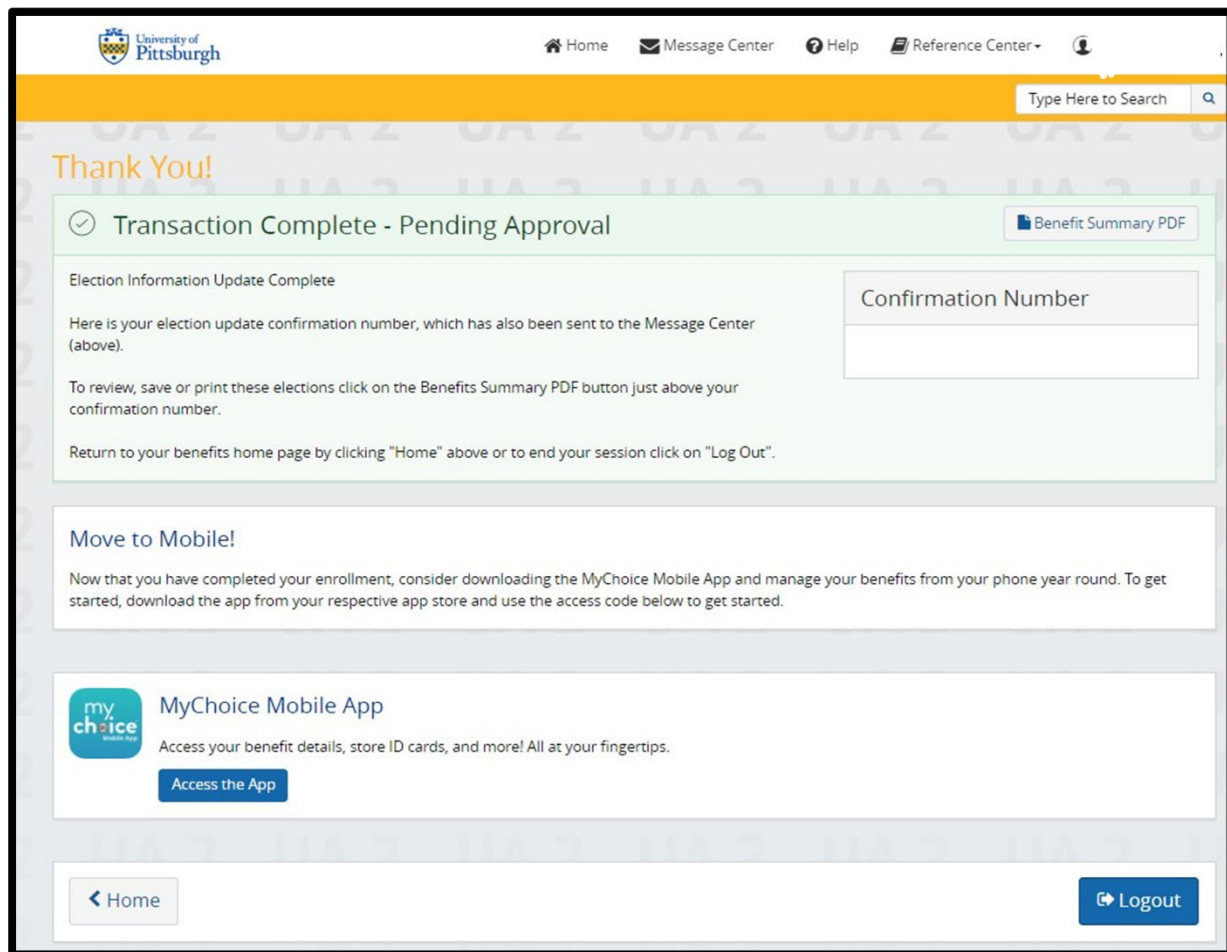
From: UPITT Verification
Subject: You need to submit documentation to verify your eligibility
Date: Wed, May 17, 2023 2:42 PM
To: Andrew Test

[Upload Document](#)

You recently completed an enrollment or change to your benefits under the University of Pittsburgh group health plan, and as part of our eligibility requirements, you must submit additional documentation to verify those changes. Until the requested documentation is submitted, your benefit changes will not be approved.

Click [Upload Document](#) above (PDF or JPEG file types are recommended) to submit the requested documentation. If you need additional information on how to review what is required for verification and when it was due, go to your **Personal Documents** on this site and review the **Verification Initial Letter**.

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.



The screenshot displays the University of Pittsburgh MyChoice portal. At the top, the University of Pittsburgh logo is on the left, and navigation links for Home, Message Center, Help, and Reference Center are on the right. A search bar is located in the top right corner. The main content area features a large green banner with a checkmark icon and the text "Transaction Complete - Pending Approval". To the right of this banner is a button labeled "Benefit Summary PDF". Below the banner, the text reads: "Election Information Update Complete", "Here is your election update confirmation number, which has also been sent to the Message Center (above).", "To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.", and "Return to your benefits home page by clicking 'Home' above or to end your session click on 'Log Out'". To the right of this text is a box labeled "Confirmation Number" with an input field. Below the green banner is a section titled "Move to Mobile!" with text encouraging users to download the MyChoice Mobile App. At the bottom of this section is a button labeled "Access the App". The footer of the page contains a "Home" button on the left and a "Logout" button on the right.

University of Pittsburgh

Home Message Center Help Reference Center

Type Here to Search

Thank You!

✓ Transaction Complete - Pending Approval [Benefit Summary PDF](#)

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).


To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

Confirmation Number

Move to Mobile!

Now that you have completed your enrollment, consider downloading the MyChoice Mobile App and manage your benefits from your phone year round. To get started, download the app from your respective app store and use the access code below to get started.

 MyChoice Mobile App

Access your benefit details, store ID cards, and more! All at your fingertips.

[Access the App](#)

[Home](#) [Logout](#)

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

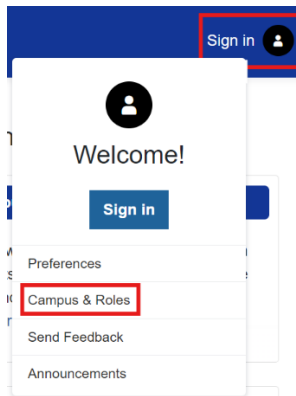
Late Enrollment Request	As an international student, you may be eligible to enroll in coverage through a Late Enrollment Request. For example, if you arrived in the U.S. after the annual enrollment period. Choose this event to complete a Late Enrollment Request for review.	Documentation not required. 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.	<p>COBRA letter from the former employer (please provide a full copy). • Letter from employer's human resources department or insurance company that indicates what coverages are terminating (i.e., medical/dental/vision), covered person(s) and effective termination date of coverage(s). • Letter or statement that you/your dependents are no longer eligible for state-sponsored coverage (i.e., CHIP eligibility, loss of Medicaid eligibility)</p> <p>Found here:</p> <p>https://www.hr.pitt.edu/sites/default/files/Benefits_QualifiedStatusChanges_Chart.pdf</p>
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.	<p>Confirmation statement of benefits that outlines the coverages (i.e., medical/dental/vision), enrollee(s), and effective start date of coverage. • Letter from employer's human resources department or insurance company that outlines coverages (i.e., medical/dental/vision), covered person(s), and effective start date of coverage. • Letter or statement that you/your dependents are newly eligible for state sponsored coverage.</p> <p>Found here:</p> <p>https://www.hr.pitt.edu/sites/default/files/Benefits_QualifiedStatusChanges_Chart.pdf</p>

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
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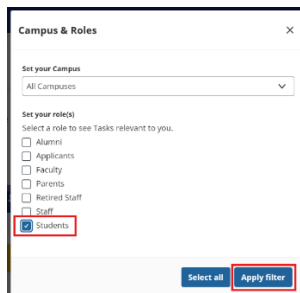
TERMINATE INSURANCE DUE TO LEAVING THE U.S.

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

1. Go to my.pitt.edu.
2. Click on “Sign in” in the upper right corner to bring up the pop-up menu, then select “Campus & Roles”



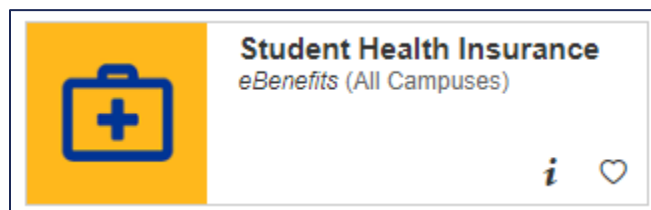
3. If not already selected, select "Students" from the role choices then click on “Apply Filter”



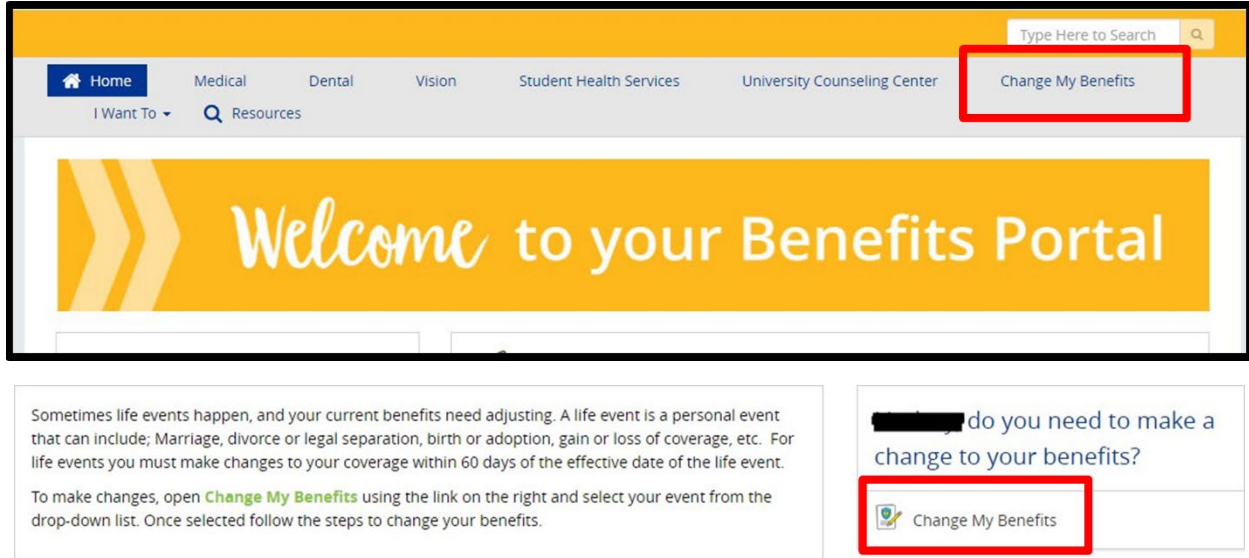
4. Search for “Student Health Insurance”.



5. Find the option for the “Student Health Insurance (eBenefits)” and launch the portal, logging in via Pitt Passport (if not logged in).



1. 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.



Type Here to Search

Home Medical Dental Vision Student Health Services University Counseling Center Change My Benefits


I Want To Resources

Welcome to your Benefits Portal

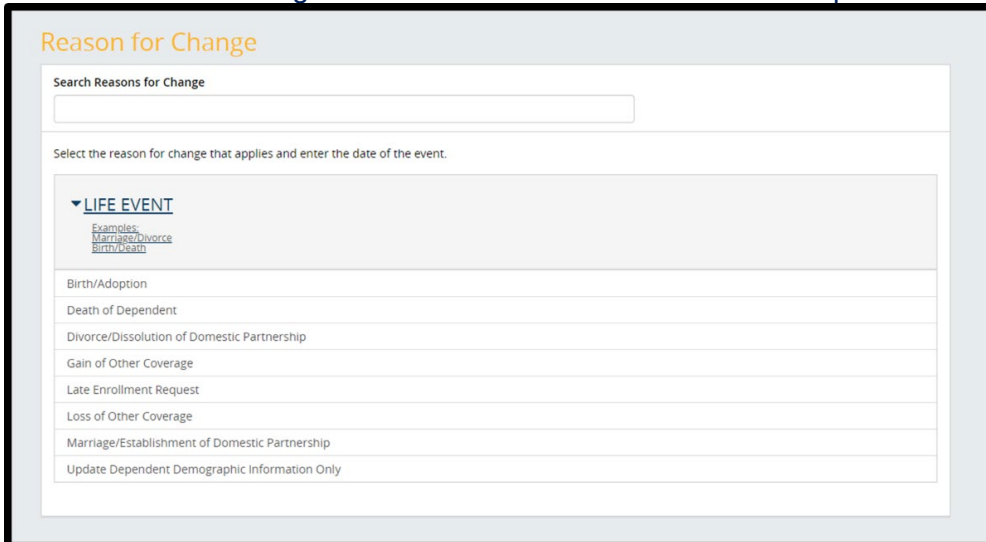
Sometimes life events happen, and your current benefits need adjusting. A life event is a personal event that can include; Marriage, divorce or legal separation, birth or adoption, gain or loss of coverage, etc. For life events you must make changes to your coverage within 60 days of the effective date of the life event.

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

do you need to make a change to your benefits?

 Change My Benefits

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



Reason for Change

Search Reasons for Change

Select the reason for change that applies and enter the date of the event.

▼ LIFE EVENT

Examples:
[Marriage/Divorce](#)
[Birth/Death](#)

Birth/Adoption
Death of Dependent
Divorce/Dissolution of Domestic Partnership
Gain of Other Coverage
Late Enrollment Request
Loss of Other Coverage
Marriage/Establishment of Domestic Partnership
Update Dependent Demographic Information Only

- Enter the date the event occurred and select "Start Change."
Note: Future dates are not accepted. The relocation event can only be completed after arrival in home country.

Relocating Outside the US

X

What date are resulting changes effective?

MM/DD/YYYY

☐ Save Settings

Cancel

Continue

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

Your Elections

My Health

Plan	Coverage	Student Cost Monthly
Medical Panther Blue - Graduate Student Plan View Details Pending Dependent verification	MATTHEW, Ashley	\$425.14 Edit
Dental Plus Dental Plan View Details Pending Dependent verification	MATTHEW, Ashley	\$33.00 Edit
Vision Vision Plan View Details Pending Dependent verification	MATTHEW, Ashley	\$15.06 Edit
Total Cost		\$473.20 Monthly

*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Businessolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Businessolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

[Back](#)
[Approve](#)

Confirmation

By selecting "I Agree" you have confirmed your benefit elections for the current plan year of September 1 through August 31.
By selecting "I Disagree" your changes will not be submitted.

*Total student cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

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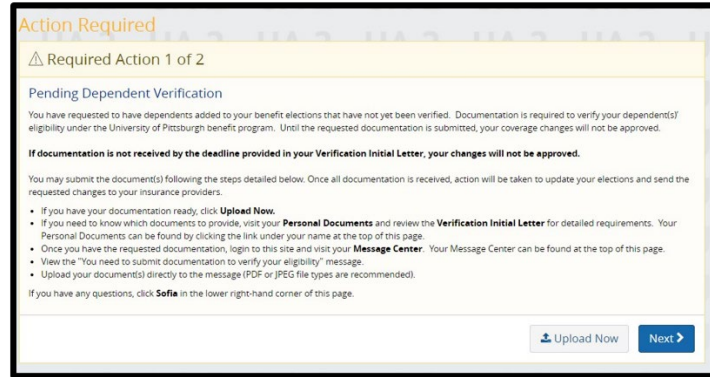
X I Disagree

Total Student Cost: \$473.20
Monthly

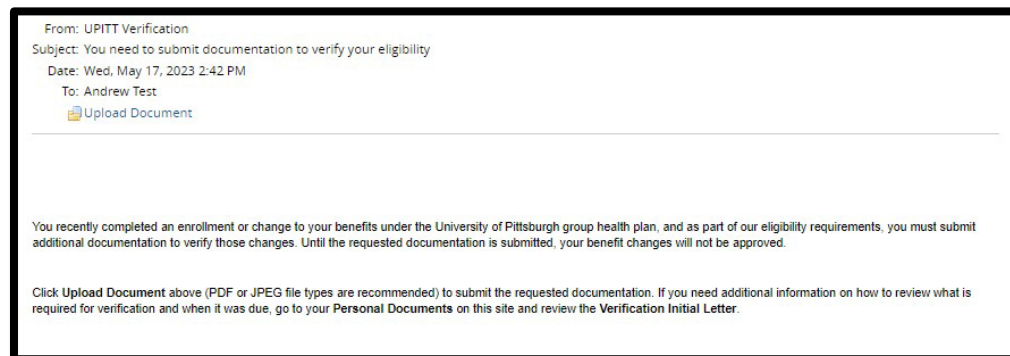
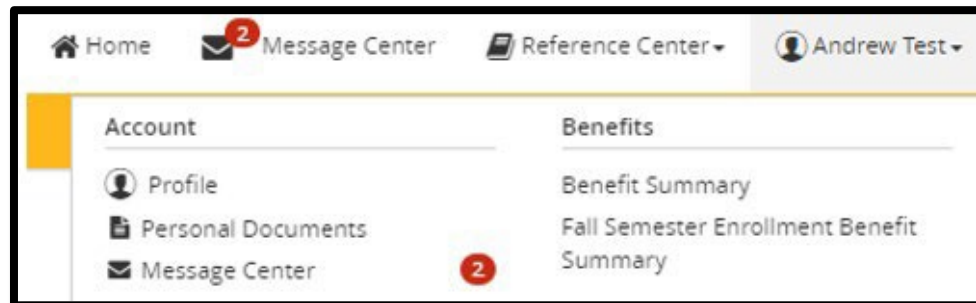
I Agree

6. 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 documentation ready, view the message titled, “You need to submit documentation to verify your eligibility”, and upload your document(s) directly to the message.



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.