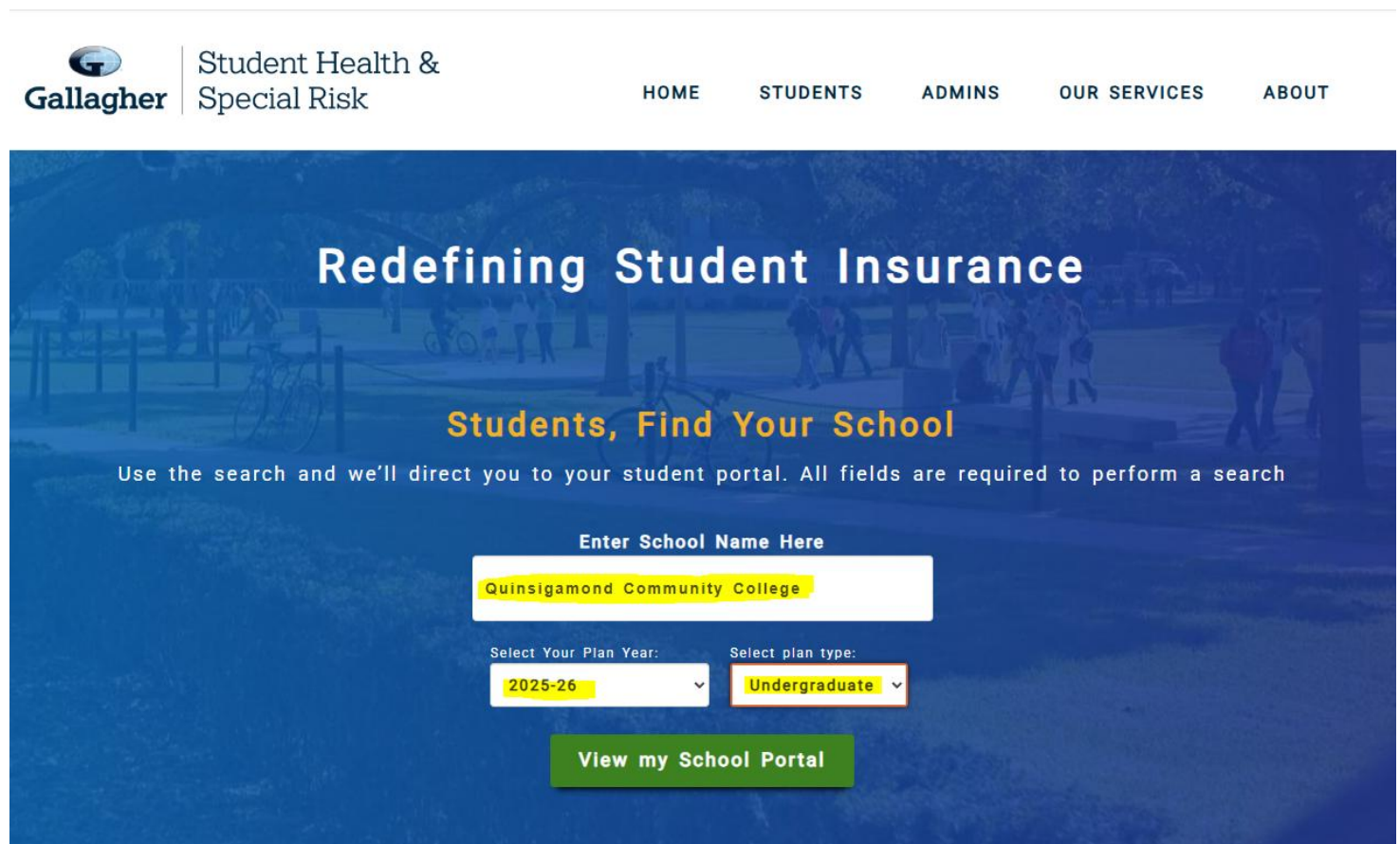


Waive student health insurance on Gallagher:

Step 1: Navigate to portal.gallagherstudent.com

Step 2: Search by:

- 1- Entering Quinsigamond Community College as your school
- 2- Inputting the correct plan year
- 3- Selecting the plan type you wish to waive (Undergrad medical)



The screenshot shows the Gallagher Student Health & Special Risk portal. The header includes the Gallagher logo and navigation links: HOME, STUDENTS, ADMINS, OUR SERVICES, and ABOUT. The main content area has a blue background with a campus scene. It features the heading "Redefining Student Insurance" and the subheading "Students, Find Your School". Below this is a search instruction: "Use the search and we'll direct you to your student portal. All fields are required to perform a search". The search form includes a text input field for "Enter School Name Here" with "Quinsigamond Community College" entered. Below this are two dropdown menus: "Select Your Plan Year:" with "2025-26" selected, and "Select plan type:" with "Undergraduate" selected. A green button labeled "View my School Portal" is at the bottom.

Gallagher | Student Health & Special Risk

HOME STUDENTS ADMINS OUR SERVICES ABOUT

Redefining Student Insurance

Students, Find Your School

Use the search and we'll direct you to your student portal. All fields are required to perform a search

Enter School Name Here

Quinsigamond Community College

Select Your Plan Year: 2025-26

Select plan type: Undergraduate

[View my School Portal](#)

Step 3: After clicking on “View my School Portal” you will be taken to the page below where you will then click “Submit Waiver Here”

Health Insurance For

Quinsigamond Community College

Undergraduate Medical



All full-time students registered for nine or more credit hours are automatically billed for the Student Health Insurance Plan unless proof of comparable coverage is received by the published deadline. This includes students enrolled in day or evening classes. If you wish to enroll in a **Voluntary Dental insurance** please click [here](#).

Already have insurance?

Submit your current insurance to apply to waive out of the student plan.


Submit Waiver Here

Health Services

Counseling Services

Step 4: You will be redirected to the screen below. Click “Select This Term” and agree to the important enrollment information.

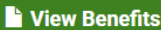
After this, click “Continue to Next Step”



« Cancel,
Go Back

Submit your current insurance to apply to waive out of the student plan.

1 Choose the term you're waiving out of.


 View Benefits

Term: Annual

COVERAGE DATES
09/01/2025 to 08/31/2026

DEADLINE
10/29/2025

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 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 refund requests must be sent to the University who will confirm nonstudent status with Gallagher Student Health, and submit the refund request on behalf of the student. The refund deadline is 45 days after the Insurance term start date. Only refunds submitted by the University before the refund deadline will be considered. Credit card refunds must be requested within 120 days of the date of purchase and before the refund deadline. No refunds will be considered after the refund deadline. All refunds will incur a \$35 processing fee.

☒ Yes, I agree to the above information. (Required)

Continue to Next Step

Step 5: Create an account or login with your existing Gallagher account.

NOTE:

-If you already have a Gallagher account, but do not remember the password, then click the “Forgot your password?” button. **DO NOT** create another account.

-If you are creating an account for the first time, please make sure to use your **QCC STUDENT EMAIL** when filling out your information. Accounts created with your personal email **WILL NOT** waive your health insurance fee as the system does not register it as a legitimate account.

Step 6: Once you are in, Gallagher will prompt you to fill out your information details (even if you already have an existing account with them)

[« Go Back](#)

1

2

3

4

Get StartedAbout YouCarrierReview & Submit

Current Step: About You (2/4)

Your information is protected with 256-bit Encryption.

Please fill in your details below.

All fields marked with * are required

ABOUT YOU

* STUDENT ID#

* GENDER

--

IDENTIFY AS (OPTIONAL)

* ACADEMIC LEVEL

Undergrad

* FIRST NAME

MIDDLE INITIAL

* LAST NAME

DATE OF BIRTH

MONTH

DAY

YEAR

Month

Day

Year

* EMAIL ADDRESS

gdejesus@qcc.mass.edu

ALT EMAIL

* PRIMARY PHONE

ALT. PHONE

MAILING ADDRESS

☐ I don't currently have a US address (If selected, the mailing address specified by your university will be used. You must return to this site to update your address once you are in the United States)

Step 7: Gallagher will then ask you to fill out your health insurance carrier information. Fill out the applicable information and click the box that confirms that your plan meets the coverage requirements.

[« Go Back](#)

1

2

3

4

Get Started

About You

Carrier

Review & Submit

Current Step: Carrier (3/4)

Your information is protected with 256-bit Encryption.

Please fill in your insurance details.

Your information will be verified before continuing on to the next step

CARRIER DETAILS

This information can be found on your medical ID card.

INSURANCE CARRIER NAME ⓘ

Start typing..

SUBSCRIBER MEDICAL ID #(INCLUDE ALL NUMBERS/LETTERS) ⓘ

IMPORTANT CONSIDERATIONS

☒ YES, MY PLAN MEETS THE ABOVE REQUIREMENTS

INSURED DETAILS

Please enter the requested information exactly as it appears on the Student's Insurance ID card.

SUBSCRIBER FIRST NAME

John

MIDDLE INITIAL

SUBSCRIBER LAST NAME

Doe

SUBSCRIBER DATE OF BIRTH

MONTH

January (1)

DAY

1

YEAR

2000

[« Go Back](#)

You can review everything in the next step.

Save & Continue

Click “Save & Continue”

Step 8: Lastly, review your account information to make sure that everything is correct. Once done, agree to the “Terms and Conditions” and click “Finish”

One final review

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

| STATUS | TERM | COVERAGE | |
|---------|-------------|-------------------------|----------------------|
| waiving | Annual Term | 09/1/2025 to 08/31/2026 | Edit |

ABOUT YOU

| FIRST NAME | LAST NAME | DOB | PHONE | EMAIL |
|------------|-----------|-----|-------|-------|
| | | | | |

[Edit About You](#)

CARRIER INFORMATION

| STATUS | CARRIER | MEDICAL ID NO# | INSURED NAME |
|--------|---------|----------------|--------------|
| ACTIVE | | | |

WAIVER IS NOT COMPLETE UNTIL CLICKING "FINISH" AT THE BOTTOM OF THIS PAGE.

[Edit Carrier Details](#)

Waiver Terms and Conditions

I have reviewed the application data and verify that it is accurate and correct. I understand that clicking "Finish" I confirm (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. (Required)

[« Go Back](#)

[Finish](#)

Once completed you will receive this screen as confirmation. You will also receive an email confirmation, save that email to your device.



Student Health &
Special Risk

DASHBOARD

MY ACCOUNT

HELP CENTER

LOGOUT

Dashboard



You've successfully waived



QUINSIGAMOND
Community College

To take action for the next coverage period, click here to visit the [Gallagher Student Health Homepage](#).

Once all of these steps are completed, please allow 2–3 business days for the compulsory health insurance fee to be removed from your account.

If you have any further questions or need assistance, please don't hesitate to contact the Business Office directly at businessoffice@qcc.mass.edu or 508-854-4560