



Enroll your dependents online today!




Dependent enrollment is available:

- Once the primary enrollment information has been submitted and is loaded into the UnitedHealthcare Student Resources system
- During the open enrollment period

1 Visit uhcsr.com/myaccount to login using your HealthSafe ID.

2 During the open enrollment period, you will see the **Enroll Dependent** option on your desktop or mobile device.

 HealthSafe ID®

Sign in

Use your [HealthSafe ID®](#) to sign in.

Username

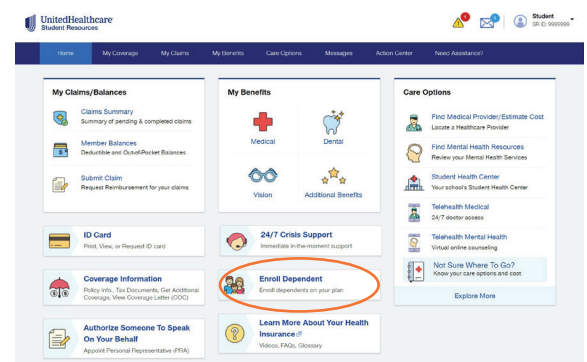
Password

☐ Remember my username (Optional)

Sign in

Register now

Forgot [username](#) or [password](#)?



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After reviewing the policy materials, click **Enroll Now**.

Medical - Student Plan
2021-9999-1

Policy Documents

- Brochures - Certificates
- Summary Documents

Value Added Benefits/Services

- Telehealth Medical
- Student Assistance Program
- Additional Assistance Services

Brochures - Certificates

- Certificate

Summary Documents

- Summary Brochure
- Summary of Benefits and Coverage (SBC)

Enroll Now

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Enter your spouse's or dependent's basic information and click **Next**.

Medical - Student Plan
2021-9999-1

Step 1 - Basic Info

Hi there! Tell us a little bit about yourself.

* Indicates required field

Select your campus?

UHCSSR University

What insurance category best describes you?

Domestic Graduate

Zip Code

75092

Spouse

☐ Yes ☒ No

Number of Children?

0

☐ I have read all applicable plan documents.

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Policy underwritten by UnitedHealthcare Insurance Company

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Select the policy period that you wish to enroll in and click **Next**.

Medical - Student Plan
2021-9999-1

Step 2 - Select a Policy Term

Nice! We made these just for you.

Choose a policy term from below.

Term	Term Dates	Spouse	Child	Total Cost	Select
Annual	Aug 01, 2021 - Aug 31, 2022 (Last day to purchase 08/31/2021)	\$2300.00	\$2300.00	\$4600.00	<input type="radio"/>
Fall	Aug 01, 2021 - Dec 31, 2021 (Last day to purchase 08/31/2021)	\$900.00	\$900.00	\$1800.00	<input type="radio"/>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

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Provide your spouse's or dependent's information (if applicable) and click **Next**.

Medical - Student Plan
2020-330-2

Step - 4 Tell Us About Yourself

You selected the **Summer 1 Term** for the **Student Plan**

* Indicates required field

Personal Information

First Name * Last Name * Gender *

Student Name Middle Initial Male

Permanent Address * City * State * Zip Code *

123 Test Drive Sherman TX 75092

Phone Number * Email *

999-999-9999 student@email.com

☒ Mailing Address is same as above

Verify Information

US SSN/ITIN * School Assigned OR Date of Birth *

XXXXXX-XXXX 99999999 01/01/1970

Spouse Information

First Name * Last Name * Gender *

Spouse Name Middle Initial Female

US SSN/ITIN * Date of Birth *

999-99-9999 Passport Number * 01/01/1975

Child-1 Information

First Name * Last Name * Gender *

Child Name Middle Initial Male

US SSN/ITIN * Date of Birth *

999-99-9999 Passport Number * 12/17/2012

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Select payment information, confirm purchase, electronically sign and click **Next**.

Medical - Student Plan
2021-9999-1

Step 5 - Complete Purchase

You selected the **Fall Term** for the **Student Plan**
Good through: Aug 01, 2021 - Dec 31, 2021

Insurance can be confusing. Please review your coverage to make sure everything looks correct.

Selected Coverage

Policy Number: 2021-9999-1
School/Association Name: UHCSR University
Product Name: Student Plan
Coverage Type: Spouse Child
Effective Date: Aug 01, 2021
Expiration Date: Dec 31, 2021

Payment Information

* Indicates required field

Please select a payment type.*

☐ Pay By Credit Card
☐ Electronic Check

2021 Student Plan (Domestic Graduate) \$1800.00

Acknowledgement \$1800.00

☐ I elect to purchase insurance coverage under this student insurance plan. Above are the choices I have made.*

Payer Signature

Signature *

I have reviewed the application data and verify that is accurate and correct. I understand that clicking the 'Next' button documents (1) my intent to purchase the insurance coverage requested and (2) authorizes the automatic debit of my account for the required premium. I understand that my premium may be deducted prior to the effective date of coverage and that my coverage will be in force on the effective date of the coverage period.

Verify Signature *

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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NOTICE TO STUDENTS:

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) if it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

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Print and/or save your purchase confirmation for your records.

Medical - Student Plan
2023-9999-1

 Congratulations! Please print this page for your records. Your enrollment and payment information has been received and will be processed within two business days.

Please note, if you are enrolling in a policy that includes pharmacy benefits, your benefits will be available 1-2 business days after your enrollment confirmation.

You will receive an email message confirming your policy purchase details. Once your coverage has been processed, you may access your account online by logging in to MyAccount at www.uhcsr.com

In order to further protect your privacy, we are updating our password security requirements. You may be asked to change your password the next time you login.

(50373c91-dc23-48c0-9756-8fc6a7e47490) - 07/10/2023 03:44:10 PM

Insured Information		Payment Information	
Primary Insured:	Student Name	Payment Amount:	\$7,428.00
SSN/ITIN:	****9999	Payment Date:	07/10/2023
School ID:	4569	Payment Type:	ElectronicCheck
Date Of Birth:	Jan 1, 1993	Account Type:	Checking
Phone Number:	(214) 555-1234	Name on Account:	Student Name
Email Address:	email@email.com	Bank Routing #:	123456789
Permanent Address:	1245 Test Lane American Fork, UT 84003	Account #:	99
Mailing Address:	1245 Test Lane American Fork, UT 84003		
School/Association:	Demo University		
Plan:	(2023-9999-1) Medical - Voluntary Students (Graduate) - Annual		
Effective Date:	Aug 16, 2022		
Expiration Date:	Aug 15, 2023		
Total:	\$7,428.00		

Coverage Purchased For:

Spouse Information

Spouse : Spouse Name

SSN/ITIN: *****5555

Passport Number: Dec 1, 1993

Child Information

Child: Child Name

SSN/ITIN: *****1111

Passport Number: Jun 1, 2020

Communication from UHCSR

You are now enrolled to receive any explanation of benefits or claims letters from UHCSR electronically, as well as any other important communications. When a new document is ready for you to view, we'll send you an email message at the address you entered above. If you prefer to receive paper documents by mail, then you can change your selection under Email Preferences within MyAccount.

It may take up to 24 hours for new members information to be loaded to our system.

[Sign In/Register to My Account](#) [Print Confirmation](#)

Questions?

Contact Customer Service at customerservice@uhcsr.com or call **1-800-767-7000**.

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免费提供语言协助服务。請致電 1-866-260-2723。

**United
Healthcare**