

Enroll Dependents Online Now

Step-by-Step Dependent Enrollment at www.uhcsr.com. This feature is available:

- a) once the primary enrollment information has been submitted by the school and loaded into the UHCSR system and
- b) during the open enrollment period

1 Access MyAccount.uhcsr.com

2 During Open Enrollment period, you will see the Enroll Dependent selection on your desktop or mobile device.

3 After reviewing the Brochures-Certificates and/or Summary Brochure, select 'Enroll Now'.

4 Enter basic information about the spouse or dependent and select "Next".

UnitedHealthcare StudentResources 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: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.
- 請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請致電：1-866-260-2723。



5 Select the policy term that you wish to enroll and select "Next".

Select Policy	Term	Student	Spouse	Child	Price
Annual	Sep 10, 2017 - Sep 9, 2018	\$1000.00	\$1200.00	\$1400.00	\$3600.00
Summer	Jun 1, 2018 - Sep 9, 2018	\$277.00	\$332.00	\$387.00	\$996.00

6 Provide Spouse and Dependent information (if applicable) and select "Next".

Step 4 - Tell Us About Yourself

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

Personal Information

First Name: Student, Last Name: Name, Middle Initial: , Gender: Male
 Permanent Address: 45 Address Drive, City: PLANO, State: TX, Zip Code: 75094
 Phone Number: 432-435-4354, Email: email@student.com

Mailing Address is same as above

Verify Information

School Assigned ID: 43543443, Date of Birth: 01/01/1966
 US SSN/ITIN: 549-58-9090, Passport Number: 549-58-9090, Date of Birth: 01/01/1970

Spouse Information

First Name: Spouse, Last Name: Name, Middle Initial: , Gender: Female
 US SSN/ITIN: 454-39-8593, Passport Number: 454-39-8593, Date of Birth: 01/01/2006

Child-1 Information

First Name: Child, Last Name: Name, Middle Initial: , Gender: Female
 US SSN/ITIN: 454-39-8593, Passport Number: 454-39-8593, Date of Birth: 01/01/2006

7 Select payment information, confirm purchase, electronically sign and select "Next".

Step 5 - Complete Purchase

You selected the **Summer Term** for the **Student Plan**
 Good through: Jun 22, 2020 - Aug 31, 2020

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

Selected Coverage

Policy Number: 2019-999-1
 School/Association Name: University Name
 Product Name: Student Plan
 Coverage Type: Spouse Child
 Effective Date: Jun 22, 2020
 Expiration Date: Aug 31, 2020

Payment Information

Pay By Credit Card
 Electronic Check

2019 Student Plan (Both School of Business) \$1770.00
 I elect to purchase insurance coverage under this student insurance plan. Above are the choices I have made. \$1770.00

Payer Signature

Signature: _____
 Verify Signature: _____

8 Print and/or save your purchase confirmation.

Medical - Student Plan

2019-999-1

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.

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Insured Information

Primary Insured: Student Name
 SSN/ITIN: 43543443
 School ID: 43543443
 Date Of Birth: Jan 1, 1966
 Phone Number: (432) 435-4354
 Email Address: email@student.com
 Permanent Address: 45 Address Drive, PLANO, TX 75094
 Mailing Address: 45 Address Drive, PLANO, TX 75094
 School/Association: University Name
 Plan: (2019-999-1) Medical - Student Plan (Business) - Summer
 Effective Date: Jun 22, 2020
 Expiration Date: Aug 31, 2020
 Total: \$1770.00

Payment Information

Payment Amount: \$1770.00
 Payment Date: 06/09/20
 Payment Type: Electronic Check
 Account Type: Checking
 Name on Account: Student Name
 Bank Routing #: 880043463
 Account #: 95043

Coverage Purchased For:

Spouse Information

Spouse: Spouse Name
 SSN/ITIN: *****9090
 Passport Number: *****
 Date of Birth: Jan 1, 1970

Child Information

Child: Child Name
 SSN/ITIN: *****8593
 Passport Number: *****
 Date of Birth: Jan 1, 2006

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.

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