



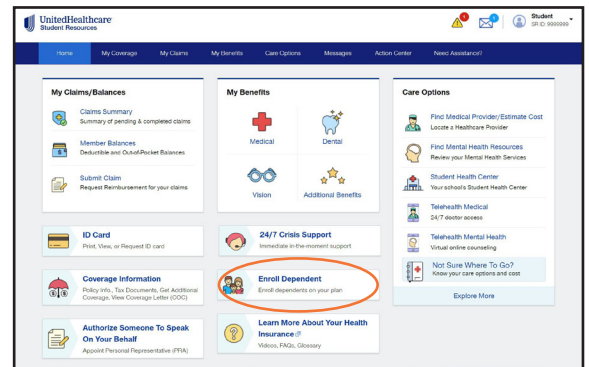
# Enroll your dependents online today!

## 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](https://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.



3

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

Medical - Voluntary Students  
2023-9999-1

|                                      |                                    |
|--------------------------------------|------------------------------------|
| <b>Policy Documents</b>              | <b>Brochures - Certificates</b>    |
| Brochures - Certificates             | Certificate <a href="#">📄</a>      |
| Summary Documents                    |                                    |
| <b>Value Added Benefits/Services</b> | <b>Summary Documents</b>           |
| Telehealth Medical                   | Summary Brochure <a href="#">📄</a> |
| StudentAssist                        |                                    |
| Additional Assistance Services       |                                    |

**Enroll Now**

4

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

Medical - Voluntary Students  
2023-9999-1

**Step 2 - Basic Info**

Hi there! Tell us a little bit about yourself.

\* Indicates required field

**What insurance category best describes you?\***

Graduate

**Zip Code\***

84003

**Spouse\***

Yes  No

**Number of Children?\***

1

I have read all applicable plan documents.\*

**Back** **Next**

Policy underwritten by UnitedHealthcare Insurance Company

5

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

Medical - Voluntary Students  
2023-9999-1

**Step 3 - Select a Policy Term**

Nice! We made these just for you.

Choose a policy term from below.

| Term   | Term Dates  | Student    | Spouse     | Child      | Total Cost | Select                |
|--------|---|------------|------------|------------|------------|-----------------------|
| Annual | Aug 16, 2022 - Aug 15, 2023<br><small>(Last day to purchase 07/31/2023)</small> | \$3,004.00 | \$2,954.00 | \$2,954.00 | \$8,912.00 | <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.**

**Back** **Next**

6

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

Medical - Voluntary Students  
2023-9999-1

**Step 4 - Tell Us About Yourself**

You selected the **Annual Term** for the **Voluntary Students**

\* Indicates required field

**Personal Information**

|             |            |                |         |
|-------------|------------|----------------|---------|
| First Name* | Last Name* | Middle Initial | Gender* |
| Student     | Norise     |                | Female  |

|                    |               |        |                   |
|--------------------|---------------|--------|-------------------|
| Permanent Address* | City*         | State* | Zip Code*         |
| 1245 Test Lane     | American Fork | UT     | 84003<br>5 digits |

Phone Number\* 214-556-1234 Email\* email@email.com

Mailing Address is same as above

|                  |               |        |                   |
|------------------|---------------|--------|-------------------|
| Mailing Address* | City*         | State* | Zip Code*         |
| 1245 Test Lane   | American Fork | UT     | 84003<br>5 digits |

**Verify Information**

|              |                     |                |
|--------------|---------------------|----------------|
| US SSN/ITIN* | School Assigned ID* | Date of Birth* |
| xxx-xx-9999  | 1234                | 01/01/1993     |

Provide your SSN/ITIN OR School Assigned ID

**Spouse Information**

|             |            |                |         |
|-------------|------------|----------------|---------|
| First Name* | Last Name* | Middle Initial | Gender* |
|-------------|------------|----------------|---------|

|              |                  |                |
|--------------|------------------|----------------|
| US SSN/ITIN* | Passport Number* | Date of Birth* |
| xxxx-xx-xxxx |                  | mm/dd/yyyy     |

Provide your spouse's SSN/ITIN OR Passport Number

**Child-1 Information**

|             |            |                |         |
|-------------|------------|----------------|---------|
| First Name* | Last Name* | Middle Initial | Gender* |
|-------------|------------|----------------|---------|

|              |                  |                |
|--------------|------------------|----------------|
| US SSN/ITIN* | Passport Number* | Date of Birth* |
| xxxx-xx-xxxx |                  | mm/dd/yyyy     |

Provide your child's SSN/ITIN OR Passport Number

**Back** **Next**

7

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

Medical - Voluntary Students  
2023-9999-1

**Step 5 - Complete Purchase**

You selected the **Annual Term** for the **Voluntary Students**  
**Good through:** Aug 16, 2022 - Aug 15, 2023

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

**Selected Coverage**

Policy Number: 2023-9999-1  
School/Association Name: Demo University  
Product Name: Voluntary Students  
Coverage Type: Student Spouse Child  
Effective Date: Aug 16, 2022  
Expiration Date: Aug 15, 2023

**Payment Information**

\* Indicates required field

Please select a payment type.\*

Pay By Credit Card

Electronic Check

2022 Student Plan (Graduate - Voluntary) \$8,912.00

**Acknowledgement \$8,912.00**

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.**

**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) The student 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) The student 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.

8

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

Medical - Voluntary Students  
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.

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| Insured Information        |   | Payment Information     |                 |
|----------------------------|---|-------------------------|-----------------|
| <b>Primary Insured:</b>    | Student Name  | <b>Payment Amount:</b>  | \$8,912.00      |
| <b>SSN/ITIN:</b>           | ****-9999   | <b>Payment Date:</b>    | 07/10/2023      |
| <b>School ID:</b>          | 4569  | <b>Payment Type:</b>    | ElectronicCheck |
| <b>Date Of Birth:</b>      | Jan 1, 1993   | <b>Account Type:</b>    | Checking        |
| <b>Phone Number:</b>       | (214) 555-1234  | <b>Name on Account:</b> | Student Name    |
| <b>Email Address:</b>      | email@email.com   | <b>Bank Routing #:</b>  | 123456789       |
| <b>Permanent Address:</b>  | 1245 Test Lane<br>American Fork, UT 84003   | <b>Account #:</b>       | 99              |
| <b>Mailing Address:</b>    | 1245 Test Lane<br>American Fork, UT 84003   |                         |                 |
| <b>School/Association:</b> | Demo University<br>(2023-9999-1) Medical -<br>Voluntary Students (Graduate) -<br>Annual |                         |                 |
| <b>Plan:</b>               |   |                         |                 |
| <b>Effective Date:</b>     | Aug 16, 2022  |                         |                 |
| <b>Expiration Date:</b>    | Aug 15, 2023  |                         |                 |
| <b>Total:</b>              | <b>\$8,912.00</b>   |                         |                 |

**Coverage Purchased For:**

**Insured Information**

**Insured:** Student Name  
**SSN/ITIN:** \*\*\*\*-9999  
**School ID:** 1234  
**Date of Birth:** Jan 1, 1993

**Spouse Information**

**Spouse :** Spouse Name  
**SSN/ITIN:** \*\*\*\*-5555  
**Passport Number:**  
**Date of Birth:** Dec 1, 1993

**Child Information**

**Child:** Child Name  
**SSN/ITIN:** \*\*\*\*-1111  
**Passport Number:**  
**Date of Birth:** 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](mailto: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**