

Activate Enrollment Online for Mandatory Students

Quick Reference Guide

1

Click on the URL below:

[https://studentcenter.uhc
sr.com/gsu](https://studentcenter.uhc
sr.com/gsu)

Click on **OPT – IN** button

The screenshot shows the UnitedHealthcare StudentResources page for Georgia State University. At the top, there is a navigation bar with the UnitedHealthcare logo and "StudentResources". Below this, the text "Georgia State University" is displayed. To the right, there are links for "NEED HELP?" and "SECURE EMAIL PDF". A prominent "Important Announcement" banner states: "The Waiver/Enrollment period for Fall Semester begins on June 22, 2020 and ends September 18, 2020". Below the banner, a "Please Note" section indicates that waiver requirements for the 2020-2021 Policy year have changed, with a "Click Here" link. A "Welcome to the Georgia State" message is followed by a "More information" link. At the bottom, there are two buttons: "WAIVE COVERAGE" and "OPT - IN".

2

Complete the **Student Validation** Form.

The screenshot shows the "Opt - In" form titled "Step 1 - Student Validation". The form includes a greeting: "Hi there! Tell us a little bit about yourself". Below this, there are three dropdown menus for "Month", "Day", and "Year", each with a "Please Select" prompt. A "Required" field for "Partner ID # (EX. 123456789)" is also present. A "NEXT" button is located at the bottom right of the form.

3

Enroll Now

Georgia State University

Step 2 - Select a Policy Term

Domestic Student Plan / Hard Waiver / UnitedHealthcare Insurance Company

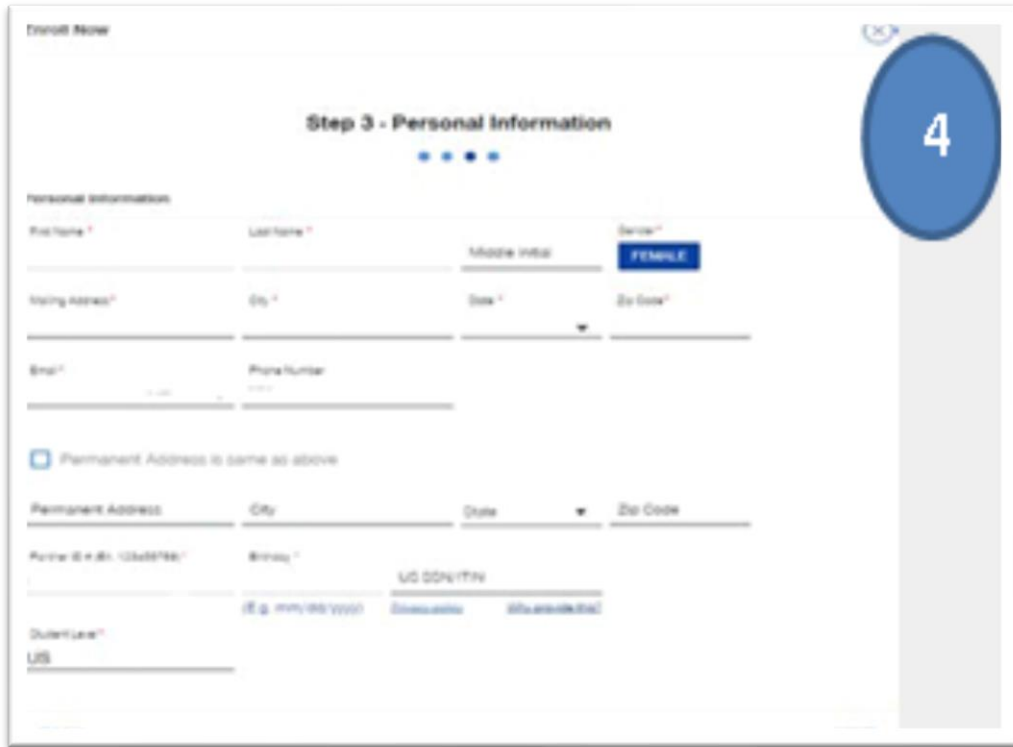
Select Policy	Term	Student	Price	
Full	8/1/2017-12/31/2017	\$047.00	\$947.00	<input checked="" type="checkbox"/>

BACK NEXT

- Select Coverage period
- The student rate will display

Note: Student has already paid amount to GSU using PantherPay. United Healthcare will bill GSU for this amount.

Complete the **PERSONAL INFORMATION** section



Enroll Now

Step 3 - Personal Information

Personal Information

First Name * Last Name * Middle Initial Gender * **FEMALE**

Living Address * City * State * Zip Code *

Phone * Phone Number *

Permanent Address is same as above

Permanent Address * City * State * Zip Code *

Home E-mail (Student) * Email *

US CITIZEN

Country * **USA**

4

5

Sign and Submit the form.



Step 4 - Sign and Submit

Selected Coverage

Policy Number: 2017-201-1
School/Association Name: Georgia State University
Product Name: Domestic Student Plan
Coverage Type: Student
Effective Date: 8/1/2017
Expiration Date: 12/31/2017

NOTE TO STUDENTS Coverage will be effective on the effective date of the coverage period, 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 located on this enrollment card, 2) Rates are not pro-rated other than as listed on this enrollment card, 3) Premium is collected by the student's school and remitted to the Company on the student's behalf, 4) He/She meets the eligibility requirements for this coverage as described in the brochure, and 5) 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.

Affirm Purchase

I elect to purchase insurance coverage under this student insurance plan. Above are the choices I have made **TOTAL: \$947.00**

Over Signature * 07/12/2017

6/24/16 6/24/16