



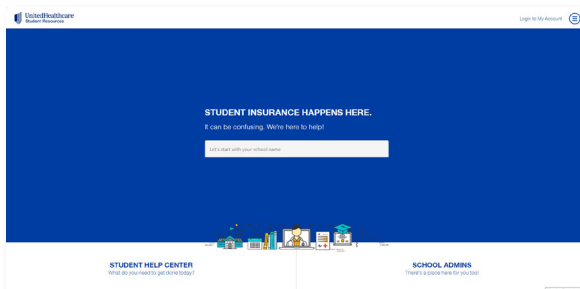
How to enroll or waive your insurance coverage

To enroll in coverage:

During the open enrollment period, you may enroll yourself or your dependents (if applicable) in the Miami University student health insurance plan by following these steps:

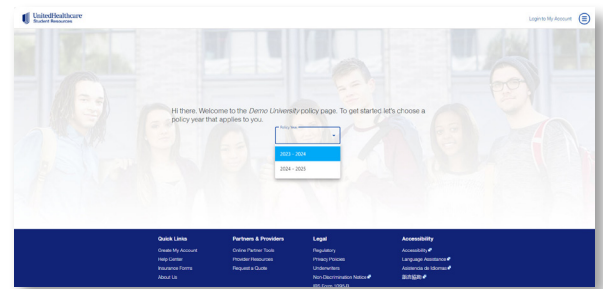
1

Visit uhcsr.com, enter your **school's name** and then select your school from the search results.



2

Select the **plan** (if applicable) that you will enroll in.



3 Select **Explore Policy** for the coverage you wish to purchase.

Demo University

Welcome to your student health insurance plan page.
For plan details, including benefits and rates, please refer to the Plan Information section below.

Entry Year: 2024 - 2025

To begin, choose a plan description.

View Plan: All

Medical - Student Plan
Policy #2024-9999-4
Explore Policy

Dental - Student Plan
Policy #2024-9999-4
Explore Policy

Vision - Student Plan
Policy #2024-9999-4

4 After reviewing the Brochure/Certificates, select **Get Started**.

Medical - Student Plan
2024-9999-4

Policy Documents

Brochures - Certificates
Certificate [\(P\)](#)

Summary Documents
Summary of Benefits and Coverage (SBC) [\(P\)](#)

Value Added Benefits/Services

Telehealth Medical
Student Assist
Additional Assistance Services

Get Started

5 Select **Login** (if you already have an HSID) or **Continue as Guest**.

Medical - Student Plan
2024-9999-4

Step 1 - Account Status

Do you already have an account? If so, login now.
If not - No problem, you can create one later.

Log In

Continue as a Guest

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6 Select the **insured category** that best describes yourself (add dependents if applicable) and select **Next**.

Medical - Student Plan
2024-9999-4

Step 2 - Basic Info

I'm here! Tell us a little bit about yourself.

What insurance category best describes you? [*](#)
Graduate

Zip Code [*](#)

Spouse [or Domestic Partner] ☐ Yes ☒ No

Number of Children
0

☐ I have read all applicable plan documents. [*](#)

Back Next

Policy underwritten by UnitedHealthcare Insurance Company

7 Choose the **policy term** and select **Next**.

Medical - Student Plan
2024-9999-4

Step 3 - Select a Policy Term

Nice! We made these just for you.
Choose a policy term from below.

* Indicates required field

Term	Term Dates	Student	Total Cost	Select *
Annual	Aug 6, 2024 - Aug 5, 2025 (Last day to purchase 01/15/2025)	\$1,572.00	\$1,572.00	☐
Spring/Summer	Jan 6, 2025 - Aug 5, 2025 (Last day to purchase 02/19/2025)	\$913.00	\$913.00	☐

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Provide Student (and Dependent if applicable) information.

Medical - Student Plan
2024-9999-4

Step 4 - Tell Us About Yourself

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

Indicates required field

Personal Information

First Name*

Last Name*

Middle Initial

Gender*

Permanent Address*

City*

State*
CT

Zip Code*
06103
5 digits

Phone Number*

Email Address*

☐ Mailing Address is same as above

Mailing Address*

City*

State*
CT

Zip Code*
5 digits

Verify Information

Provide your SSN/ITIN OR School Assigned ID [?](#)

US SSN/ITIN*

School Assigned ID*

Date of Birth*

XXXX-XX-XXXX

MM/DD/YYYY

[Privacy Policy](#)

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Next

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Select payment method, confirm purchase, electronically sign and select **Next**.

Medical - Student Plan
2024-9999-4

Step 5 - Complete Purchase

You selected the **Annual Term** for the **Medical - Student Plan**
Good through: Aug 6, 2024 - Aug 5, 2025
Insurance can be confusing. Please review your coverage to make sure everything looks correct.

Indicates required field

Selected Coverage

Policy Number: 2024-9999-4

School/Association Name: Demo University

Product Name: Student Plan

Coverage Type: Student

Effective Date: Aug 6, 2024

Expiration Date: Aug 5, 2025

Payment Information

Please select a payment type. ☒ Pay By Credit Card ☐ Electronic Check

2024 Student Plan (Graduate)

\$1,572.00

Total Cost: \$1,572.00

Acknowledgment

☐ 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, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

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Next

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) Rules are not provided 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 not be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

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Print or Sign in/Register to My Account.

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.

(56373c91-dc23-48cd-9756-8c6a7e47490) - 07/10/2023 03:44:10 PM

Insured Information

Primary Insured:

Student Name

SSN/ITIN:

*****9999

School ID:

4568

Date Of Birth:

Jan 1, 1993

Phone Number:

(214) 555-1234

Email Address:

email@email.com

Permanent Address:

1245 Test Lane

American Fork, UT 84003

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:

\$8,912.00

Payment Information

Payment Amount:

\$8,912.00

Payment Date:

07/10/2023

Payment Type:

ElectronicCheck

Account Type:

Checking

Name on Account:

Student Name

Bank Routing #:

123456789

Account #:

99

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

Page 3 of 6

To waive coverage:

During the waiver period, you may waive out of your school's student health insurance coverage if you are already insured under a comparable plan. To waive out of coverage, follow the steps below.

1

Visit **StudentCenter.uhcsr.com/miamioh**, and select **Get Started**.

All full-time students who are registered are automatically enrolled in this insurance plan, unless proof of comparable coverage is furnished.

Important: If you do not enroll in or waive out of coverage by the designated deadline, you will be automatically enrolled

[More information](#)

Get started here.

2

Upload **Proof of Other Insurance**.

Insurance Company Phone *

E.g. (xxx-xxx-xxxx)

Upload **Proof of Other Insurance**

Please Upload the front and back of your ID card

Drag & Drop

3

Provide Student information.

Step 2 - Personal Information



* Required

Student First Name *

Joe

Student Last Name *

Jones

Email *

4

Answer all waiver questions and click **Next**.

Step 3 - Waiver Questions



Please answer the following questions to determine if your current coverage exempts you from purchasing the school's recommended insurance coverage.

1. I have current and active health insurance which provides coverage for the entire academic year, or through the completion of my academic program

☐ Yes ☐ No

2. My health insurance complies with all applicable Affordable Care Act (ACA)

5

Provide **insurance information** details, like policy number and group number, and submit your waiver. You will receive email confirmation letting you know once your waiver has been processed.

Step 4 - Insurance Information

* Required

Member ID or Policy Number *

Group Number (If none, type N/A) *

Policy Holder Name *

Insurance Company Name *

Secure Email

Questions?

Contact Customer Service at customerservice@uhcsr.com or call 1-888-799-7716.

Images in the document are used for demonstration purposes only.

This plan is underwritten by UnitedHealthcare Insurance Company and is based on Policy #2026-109-1. For a full description of coverage, including costs, benefits, exclusion, any reductions or limitations, and the terms under which the coverage may be continued in force, log on to uhcsr.com/miamioh to review the plan information or call Contact Customer Service at 1-888-224-4810 or at customerservice@uhcsr.com.

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 visit [Language Assistance](#).

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Por favor vista [Asistencia lingüística](#).

注意：免费提供语言协助服务。請致電：语言协助。