



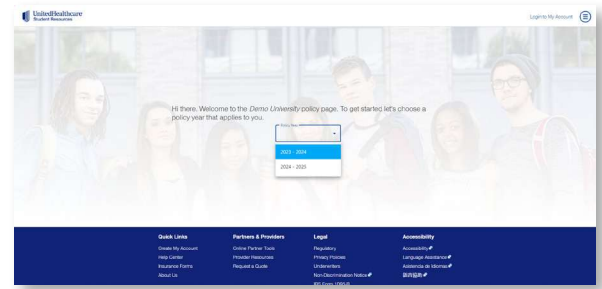
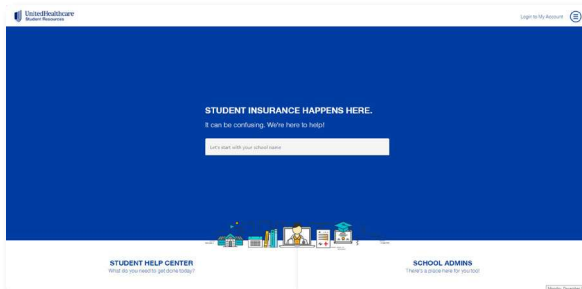
How to enroll or waive your insurance coverage

To enroll in coverage:

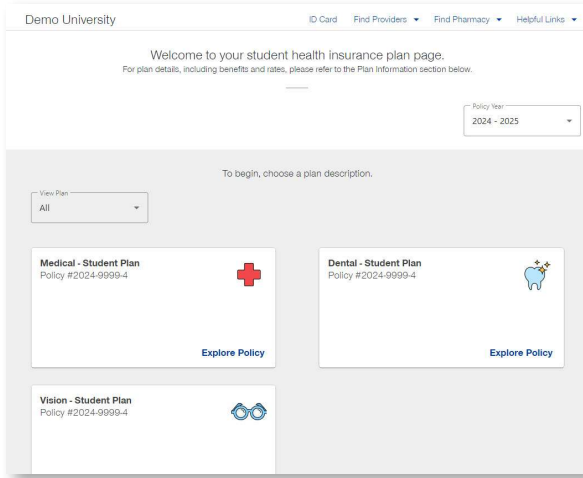
During the open enrollment period, you may enroll yourself or your dependents (if applicable) in the Miami University student health insurance plan by following these steps:

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

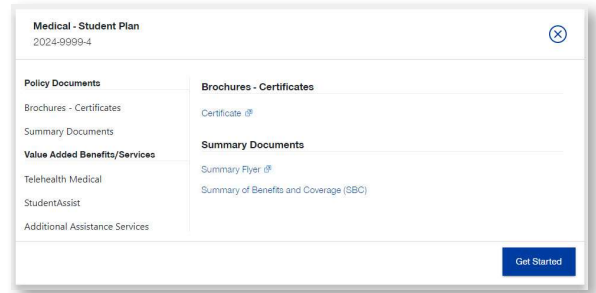
2 Select the **plan** (if applicable) that you will enroll in.



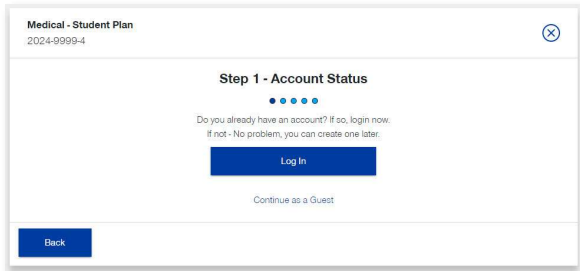
3 Select **Explore Policy** for the coverage you wish to purchase.



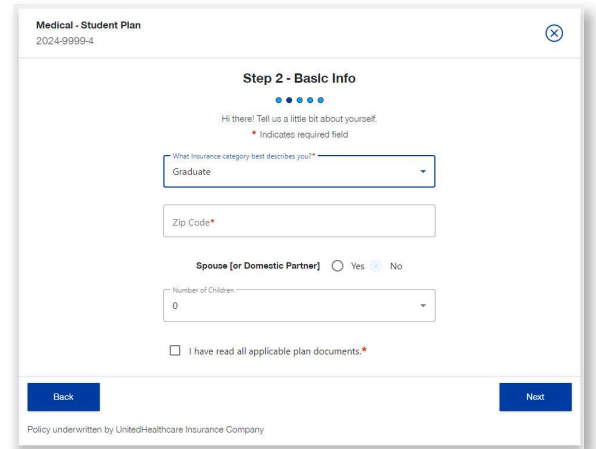
4 After reviewing the Brochure/Certificates, select **Get Started**.



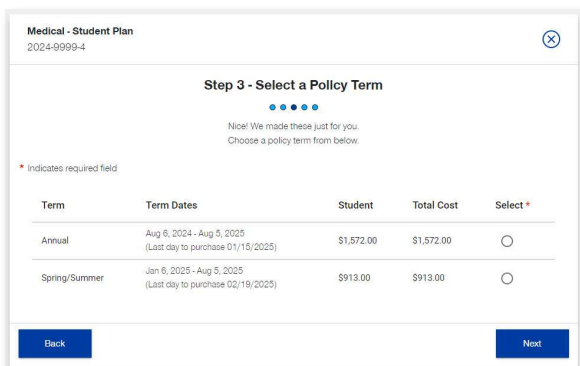
5 Select **Login** (if you already have an HSID) or **Continue as Guest**.



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



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



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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* Zip Code*
CT 06103
5 digits

Phone Number* Email Address*
xxxx-xxxx-xxxx

Mailing Address is same as above

Mailing Address* City* State* 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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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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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) Fees are not prorated other than as listed on the 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 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-dc23-485d-9756-8b0ba7647490) - 07/10/2023 03:44:10 PM

Insured Information	Payment Information
Primary Insured: Student Name *****9999	Payment Amount: \$8,912.00
SSN/ITIN: 4568	Payment Date: 07/10/2023
School ID: Jan 1, 1993	Payment Types: ElectronicCheck
Date Of Birth: (214) 555-1234	Account Type: Checking
Phone Number: email@email.com	Name on Account: Student Name
Email Address: 1245 Test Lane	Bank Routing #: 123456789
Permanent Address: American Fork, UT 84003	Account #: 99
Mailing Address: 1245 Test Lane American Fork, UT 84003	
School/Association: Demo University (2023-9999-1) Medical - Voluntary Students (Graduate) - Annual	
Effective Date: Aug 16, 2022	
Expiration Date: Aug 15, 2023	
Total: \$8,912.00	

Coverage Purchased For:

Insured Information

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

Spouse Information

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

Child Information

Child: Child Name *****1111
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](#)

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)

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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 #2025-109-1. 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 www.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 visita [Asistencia lingüística](#).

注意：免费提供语言协助服务。請致電：语言协助。