

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".

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

Medical - Student Plan

Step 2 - Select a Policy Term

Next! We made these just for you.

Choose a policy term from below:

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

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

Medical - Student Plan

Step - 4 Tell Us About Yourself

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

Personal Information

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

Permanent Address * City * State * Zip Code *

123 Student Drive Plano TX 75094

Phone Number * Email *

222-222-2222 asarah@uhcsr.com

☐ Mailing Address is same as above

Mailing Address * City * State * Zip Code *

123 Student Drive Plano TX 75094

Verify Information

US SSN/ITIN * School Assigned ID * Date of Birth *

xxxxxx-5555 01/01/1991 (E.g. mm/dd/yyyy)

Provide your SSN/ITIN OR School Assigned ID

Spouse Information

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

US SSN/ITIN * Passport Number * Date of Birth *

Provide your spouse's SSN/ITIN OR Passport Number

Child-1 Information

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

US SSN/ITIN * Passport Number * Date of Birth *

Provide your child's SSN/ITIN OR Passport Number

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

Medical - Student Plan

Step 5 - Confirm Purchase

Summary of your selection:

Plan: Annual (Sep 10, 2017 - Sep 9, 2018)

Price: \$3600.00

Payment Method: Credit Card

Card Number: **** * 1234 5678 9010 1112

Exp. Date: 12/31/2018

Cardholder Name: John Doe

Cardholder Address: 123 Student Drive, Plano, TX 75094

Cardholder Email: john.doe@uhcsr.com

Cardholder Phone: 222-222-2222

Cardholder Signature: [Electronic Signature]

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8 Print and/or save your purchase confirmation.

Medical - Student Plan

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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。