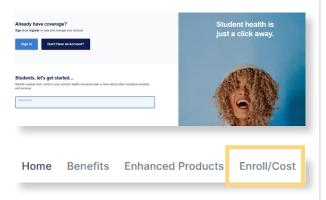
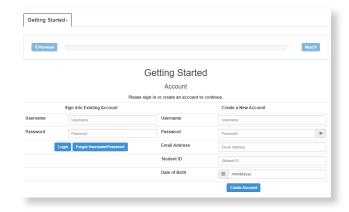
Online Enrollment Student Experience Guide

Find your school site at myahpcare.com
Go to the Enroll/Cost page and click on the appropriate enrollment link.



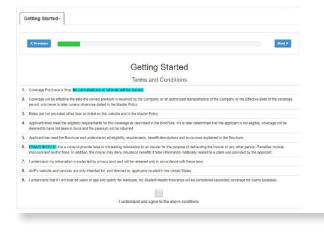
If you have previously enrolled online, please sign into your account. Otherwise, you will need to Create a New Account.



From the Getting Started page, click Start a New Enrollment Session.

Getting Started-		
₹ Previous		Nex
	Catting Started	
	Getting Started	
	Account	
	Start a new Enrollment Session	

Review the Terms and Conditions, then click the box to check "I understand and agree to the above conditions" and then "Next".



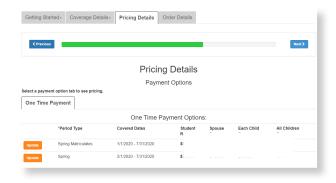
Select your Campus/Program or proper coverage option.

< Previous		Next>
	Coverage Details	
	Campus Select	
	Please select your Campus/Program or proper coverage option:	
	Select Main 2019-20	

Select your Student or Plan Type and enter the number of credit hours you are taking. If you are enrolling in a coverage that spans multiple semesters, enter the number of credit hours you are taking in the first semester of the coverage you are choosing.

< Previous		_	Next>
· ·			
		Coverage Details	
		Plan Type	
		Please select your Student or Plan type:	
	Type:	▼ Credit Hours (Semester):	

7 Click Select next to your Period Type.



You will see the Pricing Details for your plan. If your school allows for dependent coverage and you want to enroll a dependent, you must enroll them now by clicking Add Dependent. If specific documentation is required, it will be listed on this screen.

	coverage Details+	Pricing Details Order	Details	
< Previous	2 de estica	Details/F	Pricing	Next >
Current Coverage S	selection			Coverage Amount
Student : Student Demographic information is filled out in the next screen!				\$920.00
Total: \$ 920.00				
Processing Fees In	formation		Add Dependent	
Payment Method	Credit Card	Fee Amount		
Payment Method	ACH	Fee Amount	Dependent Type:	Spouse *
			First Name:	
Add dependent			Middle Name:	
			Last Name:	
			Date of Birth:	mm/dd/yyyy
			Gender: SSN:	F-Female T

Enter Demographics and Student Information. Click Submit Demographics at the bottom of the page.

← Previous				Next
	Demograph	ics		
	Student Informat	ion		
Student	Stude	nt Details		
First Name*:	Gend	er*:		
Middle Name:	Marit	ni Status*:	Single	
Last Name*:	I do not	Security Numb	rity Number (SSN).	
Mailing address (ID Card will be mailed here)			erent from mailing)	
Address 1": Address 2: City":	Addr Addr City:			
State*: Zip*:	v State Zip:			•
Contact Information				
Phone*:	Preferre	d Email*:		
Phone Alternate:		ity Email*:		

Review the Coverage Dates and Total Due listed. If all appears correct, click Submit Order. Select payment type, enter payment information and select Submit Payment.

ing Started - Cove	rage Details - Pric	ing Details Order Detail	s Demographics	Confirm Order
Previous				Next>
		Confirm Or	der	
	Click on the Tabs a	w the Coverage Dates and Tota bove to review further details of k on the "Submit Order" button b	he coverage you have sel	ected.
	Coverage Dates			Total Due
01/0	1/2020 to 07/31/2020			\$ 920.00
Payment Method	Credit Card	Processing Fees Info		ted Fee Amount:
Payment Method	ACH	Fee Amount		ded Fee Amount:
		Payment Submis Feets select countries from Cost cook present net be existed to the contribution of the con	Title of helicania coloridate for	
Note that		Peace select payment method to be used once the envolve there is no premium our score. Premium will be Amount Date. Processing Page.	ert application is verified by AMP: neight upon approval.	
WE FW	SE CESTAMON	Peace said payment method to be used once the enrolle there is no premium our stopy Premium will be Amount Day. Processing Peace	ord application is verified to AUP region approval. 5-000 5-000 Seek Deet AOS	MATTY CYC
Sto Fix	III Certurale Anaut liste Chepit	Peace soled payment methods be used once the entering these is to premium out stock, Promium will be Annual Day. Promium of the Promium of the Promium of the Peace and Continue to the Peace of the Pe	ord application is verified by AMP. \$4.00 \$4.00 \$4.00 bent ADDB.	MAYER CITC
mark.		Peace saled paramet method to be used once the entitle time is to pretent one body. Franchis visit to Annual Co. Promoting Fee Registed Options: Enter Circli Cerl Annual Levil	or opinion to writer to AUP. negacyon appropria 8 100 8 100 was Delt AUD.	MARTY COS

The first screen is a confirmation of your plan choices and submission of your application. Print a copy for your records.

Thank you for ordering insurance coverage from Academic Health Plans com. Your University will be billed for your coverage by Academic He	
Your University will be billed for your coverage by Academic He	
	althPlans.
Order ID: 4480255	AHP Student ID: 2086328
Wew Order Details	

Once submitted and/or verification complete, you will be provided a Coverage Purchase Confirmation with your Order ID and AHP Student ID. Click View Order Details to view a detailed summary and confirmation of coverage.

		Coverage information School Gerspin Ships Tube Covered Period Center		\$180.05: *** *** *** *** *** *** *** *** *** *	
		Student information		Coverage for this member is active	
		Student Name Date of Web Gender Signs Shoter#10	Operage to Martal Status Email Phone	er: 0191/2020 - 61/91/2020 : Named	
		Student Addresses			
		Address at School 3509 William D Tate Ave Bulls 200 Greanwise, Tik 76651		PermorentAddress	
rx Non	Try Carte	Payment Date	Deposit Date	Amount	Payment (brail
ts. dst	Student	09912009 - 67/01/2020			CHARLES
	04/07/2020				
X. 106	Spoose	08415069-05/315080			(RESERVE)
	0491/2029				
		ROSAL COVERAGE ARROUND			
		Administrative Fee:			
		Amount tritled			
		Amount Feet.			
		Didence			

Questions? Visit <u>myahpcare.com</u> and select your school from the drop down list.