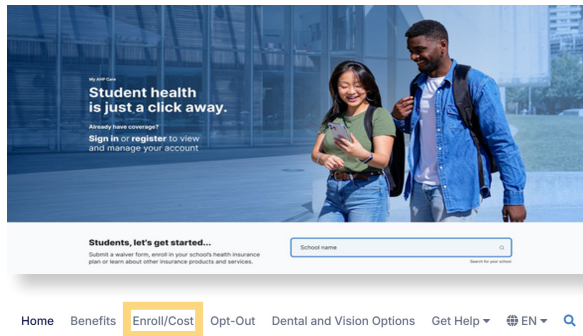


Online Enrollment Student Experience Guide

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



- 2 If you have previously enrolled online, please sign into your account. Otherwise, you will need to [Create a New Account](#).

- 3 From the Getting Started page, click [Start a New Enrollment Session](#).

- 4 Review the Terms and Conditions, then click the box to check "[I understand and agree to the above conditions](#)" and then "Next".

- 5 Select your [Campus/Program](#) or proper coverage option.

- 6 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.

7 Click [Select](#) next to your Period Type.

Getting Started - Coverage Details - Pricing Details - Order Details

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Pricing Details
Payment Options

Select a payment option tab to see pricing.

One Time Payment

One Time Payment Options:

Period Type	Covered Dates	Student R	Spouse	Each Child	All Children
Spring Matriculates	1/1/2020 - 7/31/2020	\$1			
Spring	2/1/2020 - 7/31/2020	\$1			

Update Update

8 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.

Getting Started - Coverage Details - Pricing Details - Order Details

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Details/Pricing

Current Coverage Selection

Name	Coverage Amount
Student	\$920.00

Total: \$ 920.00

Processing Fees Information

Payment Method	Fee Amount
Credit Card	
ACH	

Add dependent

Dependent Type: Spouse

First Name:

Middle Name:

Last Name:

Date of Birth: mm/dd/yyyy

Gender: F-Female

SSN:

9 Enter Demographics and Student Information. Click [Submit Demographics](#) at the bottom of the page.

Getting Started - Coverage Details - Pricing Details - Order Details - Demographics

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Demographics
Student Information

Student

First Name:

Middle Name:

Last Name:

Gender:

Marital Status:

Social Security Number (SSN):

I do not have a Social Security Number (SSN). (Click here to see SSN steps)

Mailing address (ID Card will be mailed here)

Address 1:

Address 2:

City:

State:

Zip:

Other Address (if different from mailing)

Address 1:

Address 2:

City:

State:

Zip:

Contact Information

Phone:

Phone Alternate:

Preferred Email:

University Email:

Submit Demographics

10 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.

Getting Started - Coverage Details - Pricing Details - Order Details - Demographics - Confirm Order

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Confirm Order

Please review the Coverage Dates and Total Due listed on this page. Click on the tabs above to review further details of the coverage you have selected. Click on the "Submit Order" button below to continue.

Coverage Dates	Total Due
01/01/2020 to 07/31/2020	\$ 920.00

Submit Order

Processing Fees Information

Payment Method	Fee Amount	Estimated Fee Amount
Credit Card		
ACH		

Payment Submission

Please click on the "Submit Order" button below to continue. If you have a question, click on the "Help" button.

Payment Method:

Fee Amount:

Estimated Fee Amount:

11 The first screen is a confirmation of your plan choices and submission of your application. [Print a copy](#) for your records.

Complete - Application has been submitted to AHP

Return to Member Home Page

Please click View Order Details below and print a copy of that screen for your records. Thank you for ordering insurance coverage from Academic HealthPlans.com.

Your University will be billed for your coverage by Academic HealthPlans.

Order ID: 4489255 AHP Student ID: 2089328

View Order Details

12 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

Student Information

Student Address

Payment Information

Order ID: 4489255 AHP Student ID: 2089328

Questions? Visit myahpcare.com and click "Get Help."