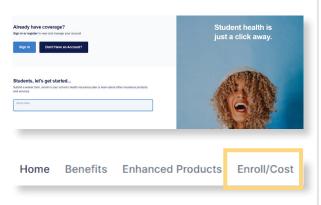
## Online Enrollment Student Experience Guide

Find your school site at <a href="myahpcare.com">myahpcare.com</a>
Go to the Enroll/Cost page and click on the appropriate enrollment link.



Students are automatically enrolled. For student enrollment, no further action is needed. If you are adding a dependent and you have previously enrolled them online, please sign into your account. Otherwise, you will need to Create a New Account.

Getting Stan	ted-			
< Previous				Next >
		Getting Started		
		Account		
	Please s	ign in or create an account to c	ontinue.	
	Sign into Existing Account		Create a New Account	
Username	Username	Username	Username	
Password	Password	Password	Password	
	Login Forgot Username/Password	Email Address	Email Address	
		Student ID	Student ID	
		Date of Birth	mm/dd/yyyy	
			Create Account	

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

Next>
MALY
ting Started
Account

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

	CP/minus Rest2
	Getting Started
	Terms and Conditions
1.	Coverage Purchase is final, No cancellations or refunds will be issued,
2.	Coverage will be effective the date the correct premium is received by the Company, or an authorized representative of the Company or the Effective Date of the coverage period, whichever is later, unless otherwise stated in the Master Policy.
3.	Rates are not pro-rated other than as listed on this website and in the Master Policy.
1.	Applicant must meet the eligibility requirements for this coverage as described in the Brochure. If it is later determined that the applicant is not eligible, coverage will be deemed to have not been in force and the premium will be returned.
5.	Applicant has read the Brochure and understands all eligibility requirements, benefit descriptions and exclusions explained in the Brochure.
5.	FRAUD NOTICE: It is a crime to provide false or misleading information to an insurer for the purpose of defauding the insurer carry other person. Penalties include impresonment and/or fines. In addition, the insurer may deny insurance benefits if table information materially related to a claim was provided by the applicant.
7.	I understand my information is protected by privacy laws and will be released only in accordance with these laws.
3.	AHP's website and services are only intended for, and directed to, applicants located in the United States.
9.	I understand that if I am ever 65 years of age and qualify for Medicare, my Student Health Insurance will be considered secondary coverage for claims purposes.
	l understand and agree to the above conditions.

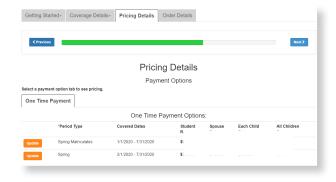
Select your Campus/Program or proper coverage option.

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

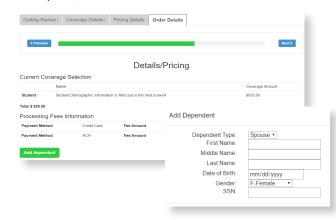
Select your Student or Plan Type and enter the number of credit hours you are taking. If you are enrolling in a coverage that spans multiple semesters, enter the number of credit hours you are taking in the first semester of the coverage you are choosing.

C Previous		_	Next 3
			Channel
		Coverage Details	
		Plan Type	
		Please select your Student or Plan type:	
	Туре:	▼ 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.



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

⟨ Previous				Next 3
	Democ	raphics		
	-	nformation		
Student		Student Details		
First Name*:		Gender*:		
Middle Name:		Marital Status*:	Single	
Last Name*:		Social Security Number		
		(Check box and leave 55N bi	ank)	
Mailing address (ID Card will be mailed here)		Other Address (if differ	rent from mailing)	
Address 1":		Address 1:		
Address 2: City*:		Address 2: City:		
State*:	-	State:		
Zip*:		Zip:		
Contact Information				
Phone*:		Preferred Email*:		
		University 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 - Cover	rage Details - Prici	ng Details Order Detail	Demographics	Confirm Order
Previous				Next >
		Confirm Ord	ler	
	Please review	the Coverage Dates and Total	Due listed on this page.	
		ove to review further details of to on the "Submit Order" button be		ected.
C	overage Dates			Total Due
01/01	2020 to 07/31/2020			\$ 920.00
		Submit Order		
		Processing Fees Info	rmation	
Payment Method	Credit Card	Fee Amount	Estima	ited Fee Amount:
Payment Method	ACH	Fee Amount	Estima	ded Fee Amount:
Payment Method	ACH	Fee Amount	Estima	ited Fee Amount:
Payment Method	ACH	Fee Amount	Estimi	ted Fee Amount:
Payment Method	ACH	Payment Submiss	ion	ded Fee Amount:
Payment Method	ACH		ion	ited Fee Amount:
Payment Method	ACH	Payment Submiss Face and government Submiss face or a pend of the face of of the fa	OOT  1 opinions is writed to, AVP  2 opinions special  3 oo  3 oo  3 oo  3 oo  3 oo  4 oo  5 oo  5 oo	Fee Amount:
Payment Method	ACH	Payment Submiss Fines and purel network as protection of the service of the servi	OR Taggindon b verified by ARP agest on reports \$150 \$150 and APP and	fee Fee Amount:
	ACH	Payment Submiss Face and government Submiss face or a pend of the face of of the fa	OR Taggindon b verified by ARP agest on reports \$150 \$150 and APP and	Merry CIG
		Payment Submiss Fines and purel network as protection of the service of the servi	OOT  registers a variety to pair registers to variety to pair registers to the pair species to the pair sp	
	al Contract	Payment Submiss Fleat and power or wife to the first of t	OT)  or contains a welfast to solid.  spin can regard.  5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5	

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: 4480255		AHP Student ID: 2086328
	View 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 Shool Tube Convect Period Cerver		\$180.06: **Turbon Collect** Insured ID: 260533 APP ID: 100-100-100-100-100-100-100-100-100-100	
		Student Information		Coverage for this member is active	
		Student Name Date of Meth Gender Sign. Shelert I.O.	Otverage Or Vortal Statu Email Phone	ose: oservaces envisionale s: Named	
		Student Addresses			
		Addition & School 3509 William & Tale Are Bulls 200 Greantine, Tik 76651		PernerertAddress	
fry Nyse	Try Carte	Figure 21 Date	Deposit Date	Ameson	Payment Details
Sts. del	Student	09912000 - 67/01/2020			COLUMN TWO IS NOT THE PARTY OF
oil .	04419999				7
OT. 108	Spouse	08412009-07312020			(2000)
e .	0410/2020				
		Rotal Cover age Amount:			
		Administrative tee:			
		Amount titled			
		Amount Feet:			
		Didence			

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