Purdue University - Graduate Staff Domestic and International Enrollment User Guide

	Purdue University Enrollment	
	Getting Started-	Cetting Started-
	Churken	Chroina Box2
Enroll	Getting Started	Getting Started
View Enrollment Guide	Please sign in or create an account to continue. Sign into Existing Account Create a New Account	Account
Click Here to compare the graduate	Username Username Username E Pessword Document E Password Document 0 •	Welcome John Dee! (Not John Dee? Sign Out)
staff and student benefits	Password Password Password @ @ Login Farget Distrance/Password Email Address Email Address	Start a new bardiment Session
Domestic Students Click Here	Purdue Student ID Student ID E	
International Students Click Here	Create Account	
Go to purduega.myahpcare.com, scroll to the Enroll box and click the appropriate link to begin enrollment.	2 From the Getting Started page, you will need to Create a New Account or Sign into Existing Account.	3 Once your account is created or you've logged in, click Start a new Enrollment Session t begin enrollment.
) Starfed -		
Getting Started	Getting Stated- Coverage Details-	C Previous
Terms and Conditions age Purchase is final. No cancellations or refunds will be issued.		Coverage Details
ge 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 errage period, whichever is later, unless otherwise stated in the Master Policy.	Coverage Details _{Campus} Select	Plan Type
are not pro-rated other than as listed on this website and in the Master Policy. In thrust meet the eligibility requirements for this coverage as described in the forchure. If it is later determined that the applicant is not eligible, are will be determed to have not been in force and the cereminant will be refunded.	Important Online Enrollment Notice For Dependent Coverage: Dependent coverage must be purchased at the same time as the student. Once the student enrols online without dependents. Dependent coverage cannot be added until the next open enrollment period or a qualitying like event.	Please select your Student or Plan type:
nt has read the Brochure and understands all eligibility requirements, benefit descriptions and exclusions explained in the Brochure.	Please select your Campus/Program or proper coverage option:	Type: Credit Hours (Semester):
KOTINEE It is a crime to provide faite or misleading information to an issurer for the purpose of definating the issurer or any other person. Penalties mprisonment and/or fines. In addition, the insurer may deny insurance benefits if faite information materially related to a claim was provided by the L.	Select Graduate Staff	
tand my information is protected by privacy laws and will be released only in accordance with these laws.		
I understand and agree to the above conditions.		
		- Oalasture Otudantan Dian Tura
Review the Terms and Conditions,	Click Select.	Select your Student or Plan Type
hen click the box to check	Ĵ	and enter your credit hours.
understand and agree to the		Click Next
above conditions.		

Getting	Started -	Coverage	e Details+	Pricing D	etails							
< Pre	vious											Next >
				F	Pricin	g Deta	ails					
					Payme	nt Optio	ns					
Installr	nent Plan]										
		1		P	ayment	Plan Op	tions:					
	*Period Type	Plan Details	Covered Dates	First Payment	Student Initial Charge	Student Payment Rate	Spouse Initial Charge	Spouse Payment Rate	1st Child Initial Charge	1st Child Payment Rate	2+ Children Initial Charge	2+ Children Payment Rate
	August	11 Payments			\$	\$	\$	5	\$	\$	\$	\$

Select your Payment Option.

Current Coverage	Selection				
Name				Cov	erage Amount
Student: Student	Demographic information	is filled out in the next sc	reen!	ş	
otal:\$					
Processing Fees I	nformation				
Payment Method	Credit Card	Fee Amount	3.00 %	Estimated Fee Amount:	\$
Payment Method	ACH	Fee Amount	\$ 0.00	Estimated Fee Amount:	\$ 0.00
Add dependent					

You will see the Pricing Details for

your plan. If you want to add

Add dependent.

coverage for a dependent, click

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	Add Dependent ×	
Gotting Startod -	Doorndhint Type: Sprouse * "Fare Name: Madde Name: Lade Name: Lade Name: Cade Of Bett: renr/Addysysy Cade of E Made * Batk	Next>
Current Coverage	Ruheat Rependent Close	Coverage Amount
Current Coverage	Selection	Coverage Amount

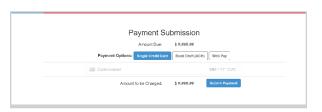
If Applicable, enter dependent information and click Submit Dependent. Repeat for any additional dependents, then click next.

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		Demog	aphics		
		Student In	formation		
Stud and			Studient Details	¢	
Final Name's	ы÷		Gender":	Vec.	•
Middle Name:			Model Status	Sityle	•
Last Name'r			Operation of the second s		
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Adoress at School	(C Card of the matter)	hew)	Permanentifor	Liberas Address	
Address 11:	58-1		Address 1:	1:58-2	
Address 2:			Address 2		
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State":	TN - Te tas	-	Statlet	TX - Telopierie -	
Zip'.	17.64		Zip	77:54	

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

< Previous					Next >			
	Confirm Order							
	C ck on the Tabs ab	the Coverage Dates a ove to review further de "Suhmit Order" hut on	stails of the coverage	you have selected.				
	Coverage Dates			Total Due				
	08/01/20XX to 07/31/20XX			5 #. ###.##				
		Submit	Order					



Review the Coverage Dates and Total Due listed on this page. If all appears correct, click Submit Order. Otherwise, use the tabs at the top to go back and change your selection.

2 Enter your payment with a credit card, bank draft or Web Pay. Click Submit Payment.

	Coverage Purchase Confirmation	on
	Return to Member Home Page Please click View Order Details below and print a copy of that screen for	or your records.
	Thank you for ordering insurance coverage from Academic Health	Plans.com.
rder ID:		AHP Student ID:

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Upon successful payment, 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.

PURDUE UNIVERSITY.		Home(Enroll)	Benefits & Cost	Enhanced Products	Get Help 🕶
Enhanced F	Products				
		Expand All			
	Dental	+			
	Vision	+			

15 To enroll i and click

To enroll in Dental, go to purduega.myahpcare.com and click on the Enhanced Products tab.

Coverage	Information			Status: Paid	
School				Insured ID:	
Gampus:	Domestic:			AHP ID:	
Group Type:	Undergrad /	Staduate		Member ID:	
Covered Period				Date to	
Garrier					
Student Inf	formation		Covers	age for this member has not yet sta	rted
Station: Nema:					
Date of Dirth:	010101990		Coverage Codes:		
Gender	M		Martal Status:	Single	
SSN	111111111		Emaik		
Student ID:	4		Phone	111-111-1111	
Student Add	Iresses				
Address at School				Permanent Address	
Testington			TEST		
LESFORY D	77754		LESECTZ AL 77254		
frx Type Joe, John	Tro; Date Student	Payment Date	Deposit Date	Arrount	Payment Details
Joe, John	Student			8	Pris.
an Aryment				5	Credit Card
aynen				8	Cover Care
	Goverage Amount:		8		
	nistrative Fee:		\$ 0.00		
	ant Billed. ant Bald:		8		
Amo: Balan			8		
NUE ST			30.00		
				Kospause orralled on this order	
Spouse Inf	termation			no spaces on and of the order	
Ghild Infor	mation		,	No children enrolled on this order	

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This screen is a confirmation of your benefit choices and proof of your enrollment. Print a copy for your records. You can Access this page at any time by logging into your AHP Account.



16 Click on the Dental dropdown and repeat steps 2-14.

Questions? Please go to purduega.myahpcare.com and click on the "Get Help" dropdown