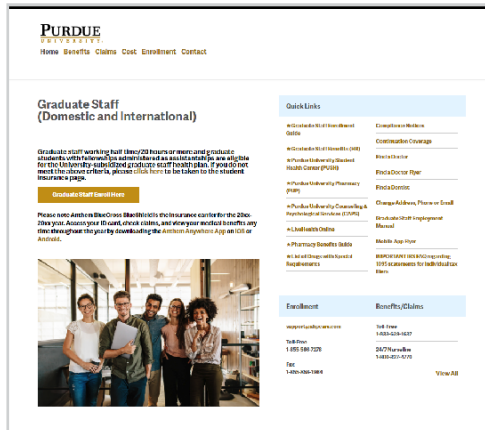
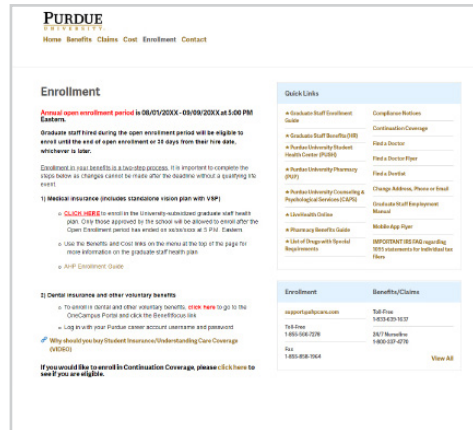


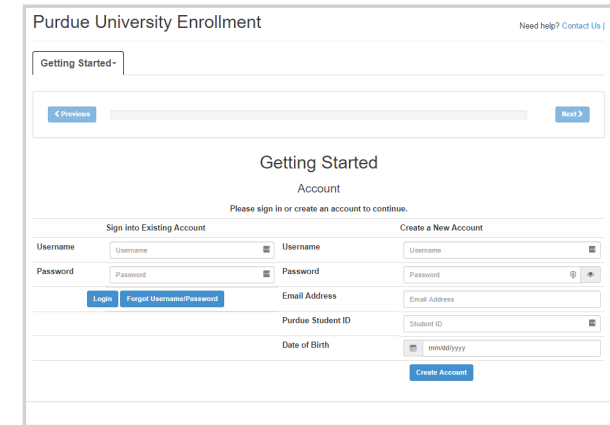
Purdue University - Graduate Staff Domestic and International Enrollment User Guide



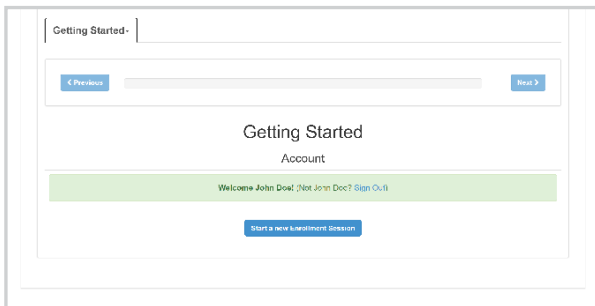
1 Go to purduega.myahpcare.com and click on the **Enrollment** link.



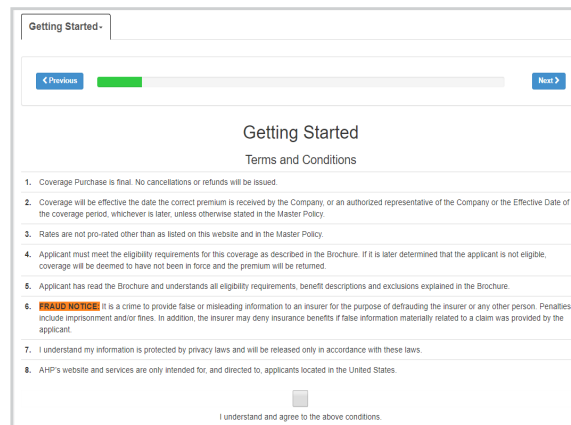
2 Click the **red underlined** link under 1) Medical Insurance to begin enrollment.



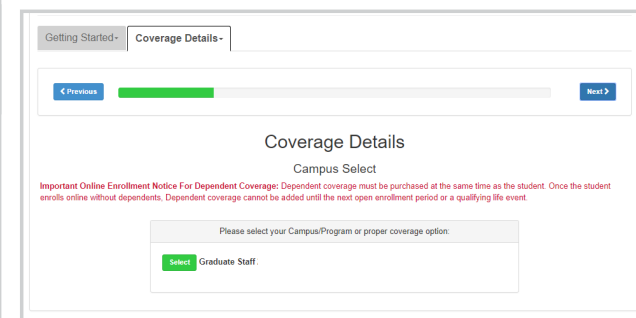
3 From the Getting Started page, you will need to **Create a New Account** or **Sign into Existing Account**.



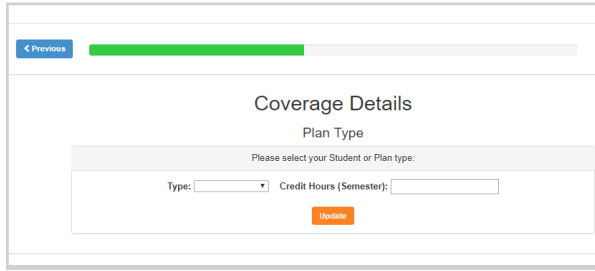
4 Once your account is created or you've logged in, click **Start a new Enrollment Session** to begin enrollment.



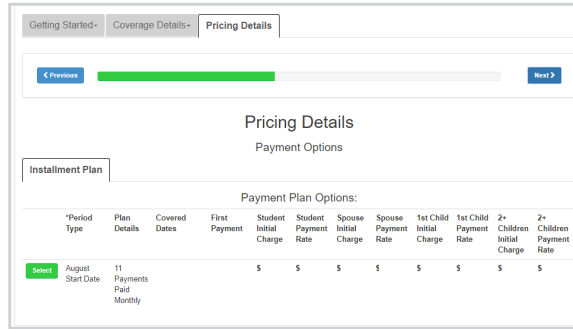
5 Review the Terms and Conditions, then click the box to check **I understand and agree to the above conditions.**



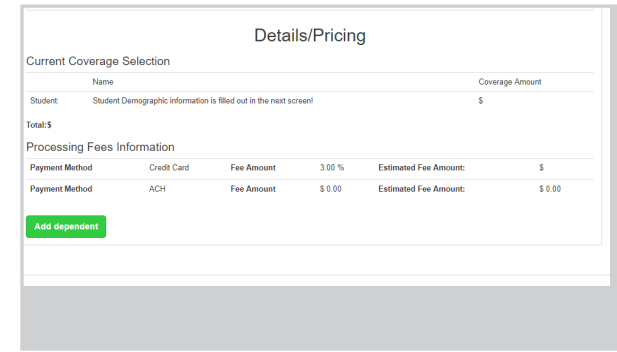
6 Click **Select**.



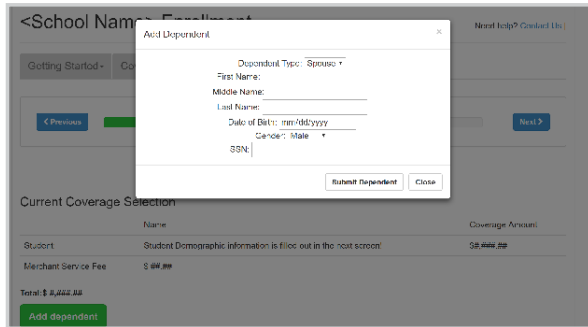
7 Select your **Student or Plan Type** and enter your **credit hours**. Click Next



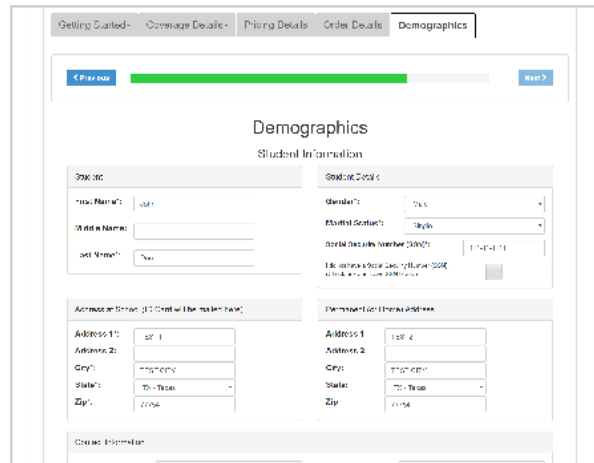
8 Select your **Payment Option**.



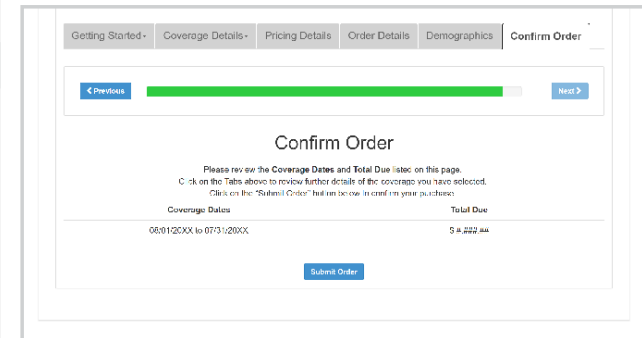
9 You will see the Pricing Details for your plan. If you want to add coverage for a dependent, click **Add dependent**.



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



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



12 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.

Payment Submission

Amount Due: \$ 9,888.##

Payment Options: **Single Credit Card** | Bank Draft (ACH) | Web Pay

Card number: [] MM/YY: [] CVC: []

Amount to be Charged: \$ 9,888.## **Submit Payment**

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

Coverage Purchase Confirmation

[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.

Order ID: [] AHP Student ID: []

View Order Details

14 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.

15 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.

Coverage Information Status: **Paid**

School: [] Coverage: Domestic
 Birth Type: Undergrad/Graduate
 Coverage Amount: []
 Gender: []
 Student ID: []

Issued ID: []
 AHP ID: []
 Member ID: []
 Date: []

Student Information Coverage for this member has not yet started

Student Name: Doe, John
 Date of Birth: 01/01/1990
 Gender: M
 Suffix: III11111
 Student ID: a

Coverance Date: []
 Marital Status: Single
 Email: []
 Phone: 111-111-1111

Student Addresses

Termination: [] Address at School: [] Permanent Address: []
 11111 CITY, IN 11111 11111 CITY, AL 11111

Trx Type	Trx Date	Payment Date	Deposit Date	Amount	Payment Details
Doc, John	Student			\$	Free
payment				\$	Credit Card
Total Coverage Amount:				\$	
Administrative Fee:				\$ 0.00	
Amount Billed:				\$	
Amount Paid:				\$	
Balance:				\$ 0.00	

Spouse Information **No spouse enrolled on this order**

Child Information **No children enrolled on this order**

Questions? Please go to purduenga.myahpcare.com and click on the "Do You Need Help" link