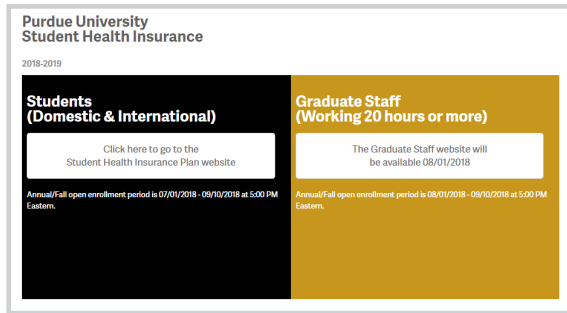
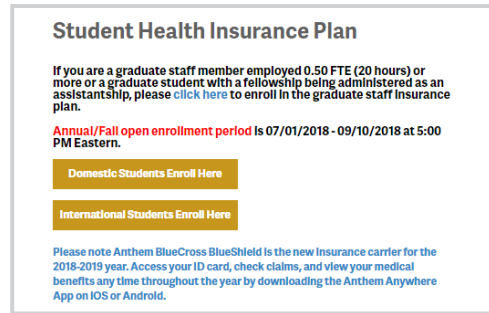


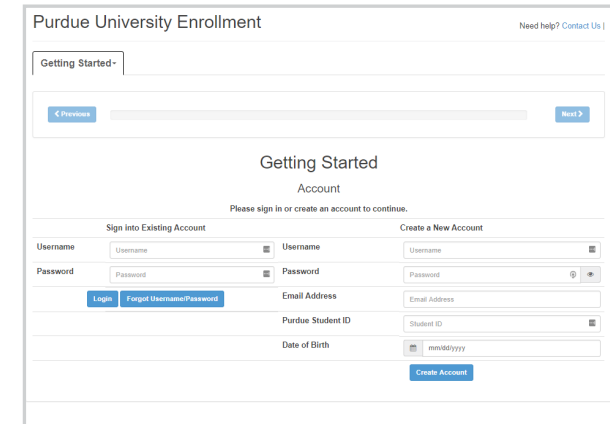
# Purdue University Domestic and International Enrollment User Guide



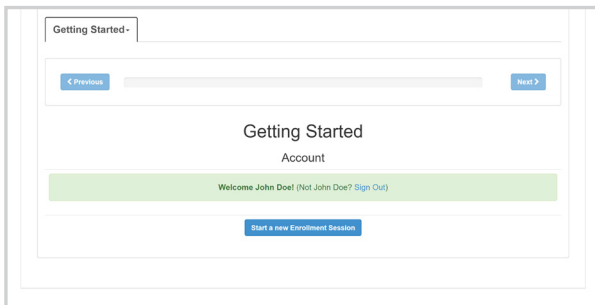
1 Go to [purdue.myahpcare.com](http://purdue.myahpcare.com) and click on your Enrollment classification.



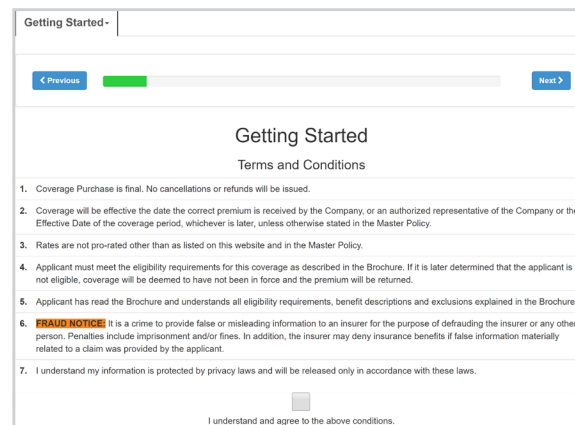
2 Click on the appropriate **Enroll Here** button to begin enrollment.



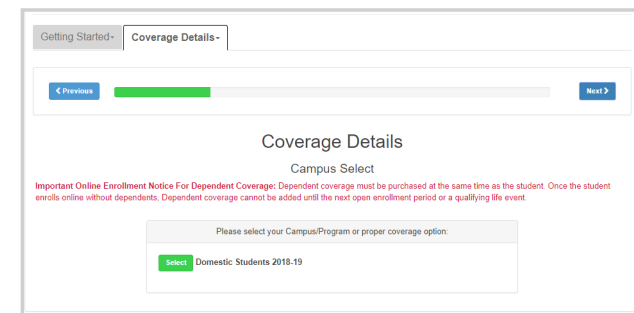
3 From the Getting Started page, you will need to **Create a New Account** or **Sign into Existing Account**.



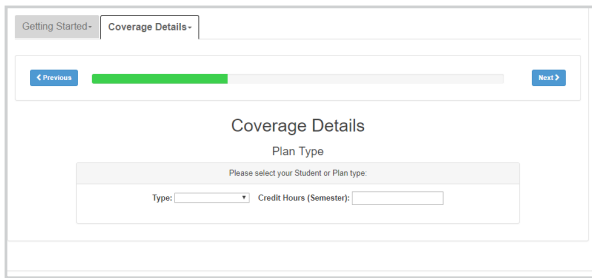
4 Once your account is created or you've logged in, click **Start a new Enrollment Session** to begin enrollment.



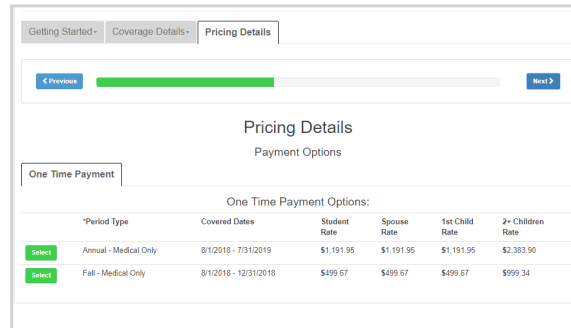
5 Review the Terms and Conditions, click the box to check **I understand and agree to the above conditions**, then click next at the top of the page.



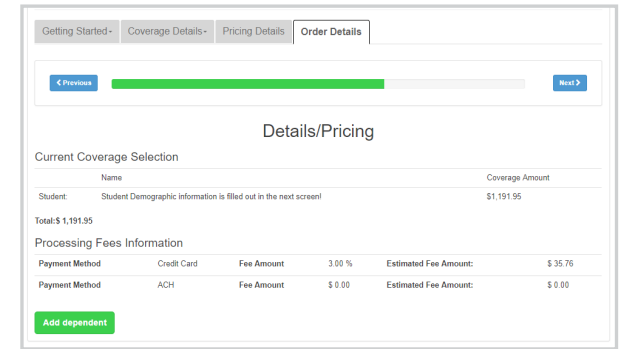
6 Click **Select**.



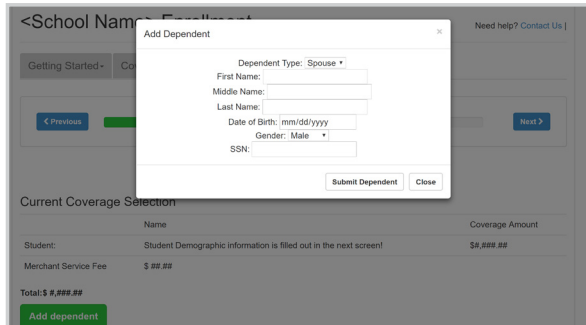
**7** Select your **Student or Plan Type** and enter your **credit hours**. Click Next



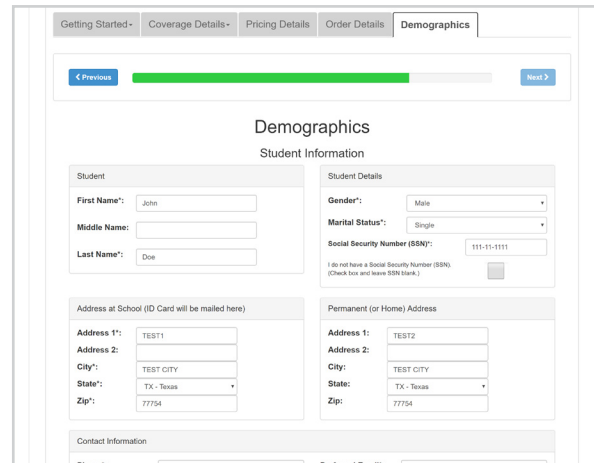
**8** Select your **Payment Option**.



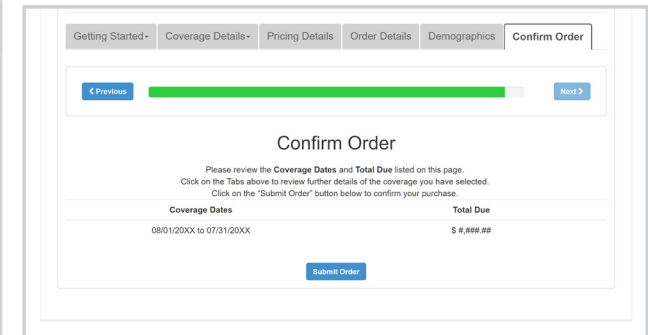
**9** You will see the Pricing Details for your plan. If you want to add coverage for a dependent, click **Add dependent**.



**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.

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

**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.

Trx Type	Trx Date	Payment Date	Deposit Date	Amount	Payment Details
Doe, John	Student	06/01/2018 - 08/14/2018			<b>Paid</b>
bill	04/04/2018			\$ 479.00	
payment	04/04/2018	04/04/2018	04/04/2018	\$ -479.00	Credit Card
<b>Total Coverage Amount:</b>				\$ 479.00	
<b>Administrative Fee:</b>				\$ 0.00	
<b>Amount Billed:</b>				\$ 479.00	
<b>Amount Paid:</b>				\$ -479.00	
<b>Balance:</b>				\$ 0.00	

Questions? Please contact Academic HealthPlans at 1-855-566-7278 or support@ahpcare.com