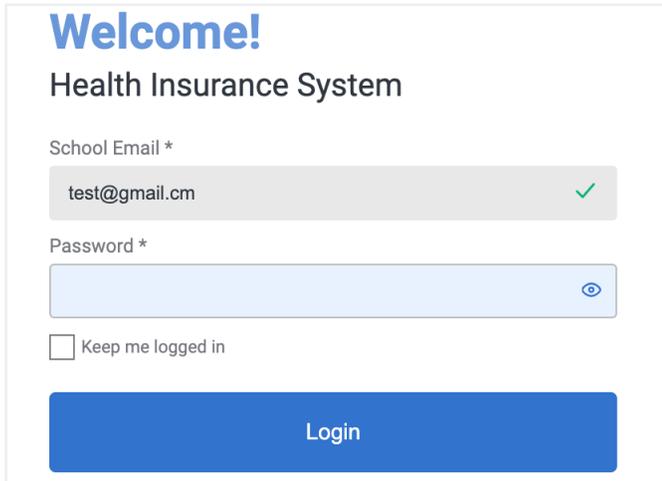
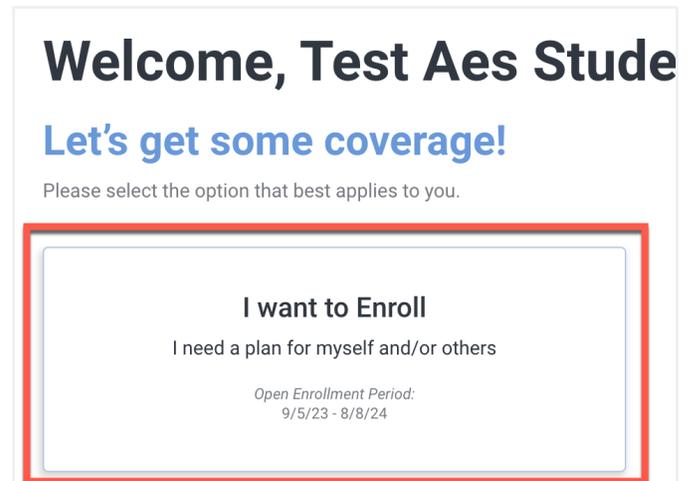


OPT Medical Coverage

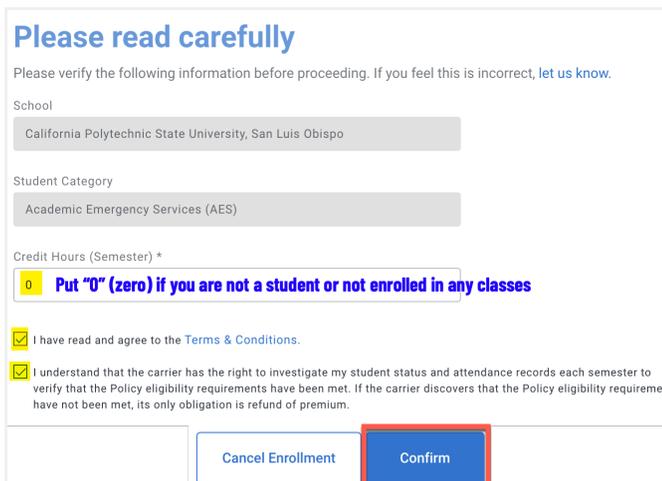
Enrollment: Medical



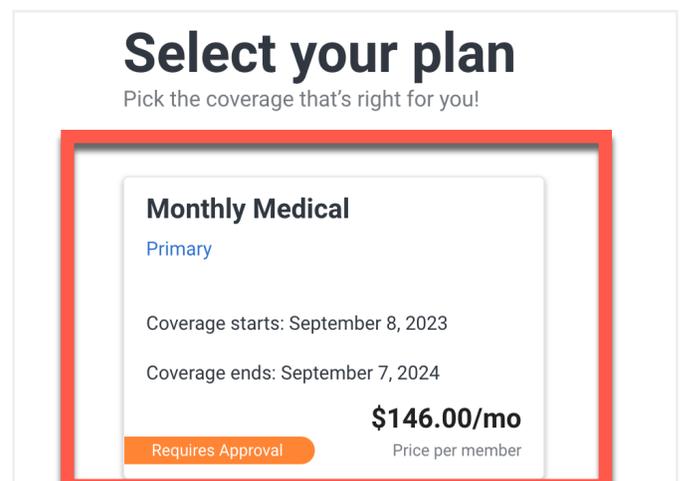
1 Log into the Care26 enrollment system using your email and password



2 Click on the "I want to Enroll" tile.



3 (A) Credit Hours: Put a "0" (zero) if you are not a student, or if you are not enrolled in any classes.
(B) Check both attestation boxes and then click confirm to continue.



4 Select the tile for "Monthly Medical"

OPT Medical Coverage

Enrollment: Medical

Dates of Coverage

Indicate the start and end dates for your coverage

Period dates *

MM/DD/YYYY to MM/DD/YYYY

Coverage begins at 12:00 a.m EST and ends at 11:59 p.m EST

Number of months

0

Auto calculated from period dates

Supporting

Supporting documentation *



DRAG AND DROP YOUR FILE

Max. file size 20 MB

Browse file

Supporting documentation: Most Recent Appointment Letter / I94 / Visa

- 5** Enter your dates of coverage.
(*Please note that the number of full months will be automatically calculated.)

- 6** Upload a copy of your most recent:
- Work Card
 - i20

Checkout

Please select a product to see the payment methods available.

Annual AES

Primary

Coverage starts: September 8, 2023

Coverage ends: September 7, 2024

Test Aes Student (You)

Payment method

Please pick how you want to pay.



Credit Card

Total: \$96.00



ACH

Total: \$96.00

Add more items

Pay selected products

- 7** (A) Select the coverage period tile.
(B) Select your payment method
(C) Click "Pay selected products")

Academic HealthPlans

Insurance coverage payment

testaes@gmail.com

Card number

MM / YY

CVC

Pay \$96.00

- 8** (A) Enter your payment details
(B) Click "Pay"

OPT Coverage

Enrollment: OPT Medical

Annual AES
Primary
Coverage starts: September 8, 2023
Coverage ends: September 7, 2024
Test Aes Student (You)

Payment method
Please pick how you want to pay.

Credit Card
Total: \$96.00

ACH
Total: \$96.00

[Add more items](#) [Pay selected products](#)

- 9** (A) Select the coverage period tile.
(B) Select your payment method
(C) Click "Pay selected products")

Academic HealthPlans
Insurance coverage payment

testaes@gmail.com

Card number

MM / YY CVC

Pay \$96.00

- 10** (A) Enter your payment details
(B) Click "Pay"

Submitted!

Your enrollment has been submitted successfully and will need to be reviewed for approval.

- 11** Congratulations! You have completed your enrollment.