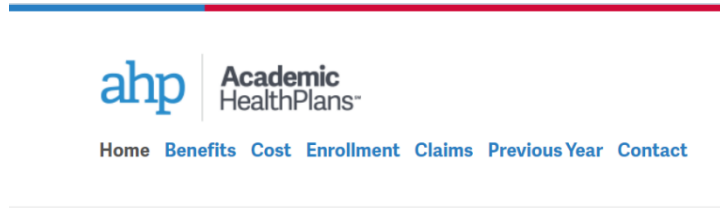


1. Go to <https://wku.myahpcare.com/> and Click on 'Enrollment'.



2. Scroll down to Visiting Scholar Enrollment and click on 'Visiting Scholars – Enroll Online Here'. This will send an email to Toni Dye and the student will be Emailed the Visiting Scholar Link to use to enroll.

## Western Kentucky University

2020-2021

### Visiting Scholars

[Click Here](#) to email for information on how to enroll for Student Health Insurance as a Visiting Scholar.

3. Create a username and password to use for this account and enter it in the 'Create a New Account' section on the right side of the screen.

Choose a username and password that you will remember as you will need this information each time you purchase coverage!

If you are renewing your coverage, log in using the left side of the screen. Do not create a new account!

Click 'Create Account'

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Getting Started -

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### 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.
4. 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.
6. **FRAUD NOTICE** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, the insurer may deny insurance benefits if false 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.
8. 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 over 65 years of age and qualify for Medicare, my Student Health Insurance will be considered secondary coverage for claims purposes.

I understand and agree to the above conditions.

4. Terms and Conditions  
Check the box at the bottom of the page "I understand and agree to the above conditions" and click 'Next'.

- 5. Select 'Visiting Scholars – 2020-21' then click 'Next'.

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Getting Started- Coverage Details-

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### Coverage Details

#### Campus Select

**Important Online Enrollment Notice For Dependent Coverage:** Dependent coverage must be purchased at the same time as the student. Once the student enrolls online without dependents, Dependent coverage cannot be added until the student's next open enrollment period.

Please select your Campus/Program or proper coverage option:

Visiting Scholars 2020-21

- 6. From the drop down menu select your Classification/Campus.

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Getting Started- Coverage Details-

← Previous Next →

### Coverage Details

#### Plan Type

Please select your Student or Plan type:

Classification:	<input type="text" value=""/>	▼
Effective Date:	<input type="text" value="mm/dd/yyyy"/>	📅
Termination Date:	<input type="text" value="mm/dd/yyyy"/>	📅

- 7. Using the calendar drop down arrow select your Effective and Termination Dates.

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Getting Started- Coverage Details- Pricing Details

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### Coverage Details

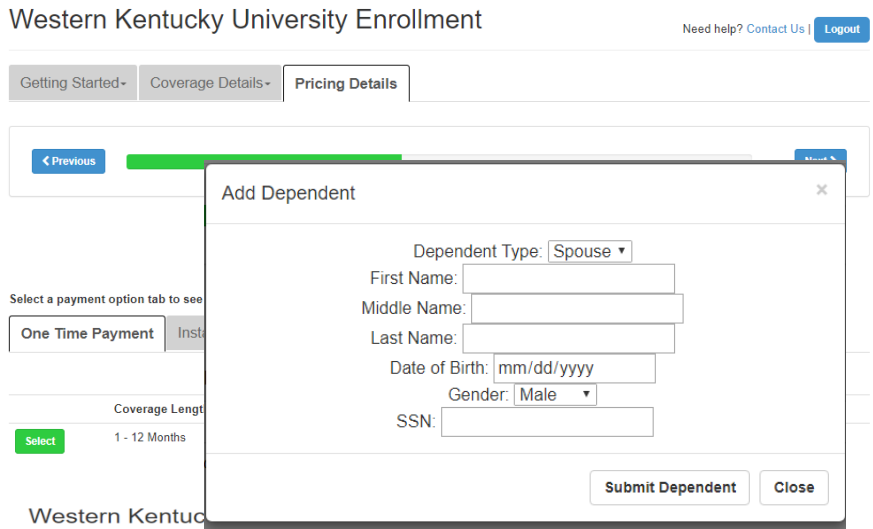
#### Plan Type

Please select your Student or Plan type:

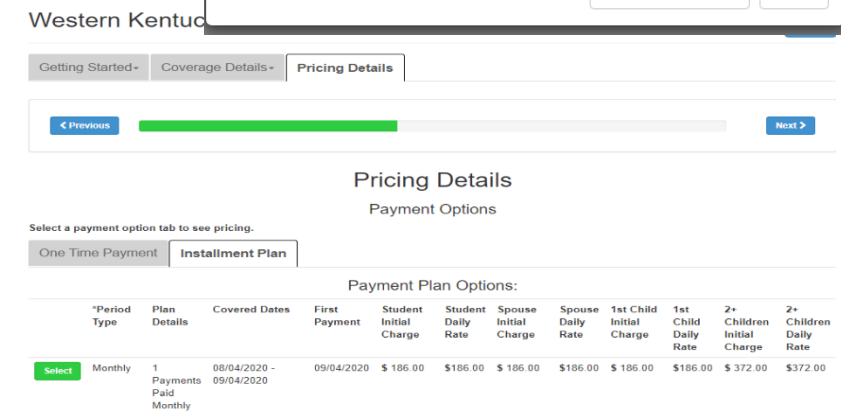
Classification:	<input type="text" value="Visiting Scholar"/>	▼
Effective Date:	<input type="text" value="08/04/2020"/>	📅
Termination Date:	<input type="text" value="09/04/2020"/>	📅

- 8. Click on either 'One Time Payment' or 'Installment Plan' to see pricing.

Example of One Time Payment



Example of Installment Payment

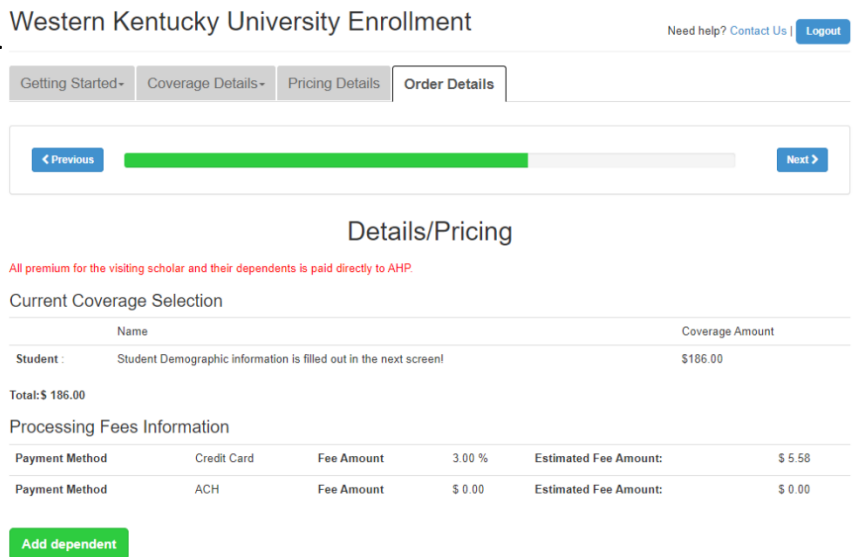


After you select either 'One Time Payment' or 'Installment Plan', click 'Next'.

9. Read and review the Details/Pricing page.

If you wish to add your dependent, click the 'Add dependent' tab and enter their information and click 'Submit Dependent'.

Click 'Next'.



10. Enter your local contact information.  
 If you need to update this information later, call AHP at 1-855-871-9860.

If you do not have a WKU email address, you may use any email address you check regularly.

If you do not have Social Security Number click in the box that says you do not have one. If you receive one at a later time, you may call AHP at 1-855-871-9860 and have it updated.

Click 'Submit Demographics'.

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Getting Started - Coverage Details - Pricing Details - Order Details - **Demographics**

Demographics

Student Information

**Student**

First Name\*:

Middle Name:

Last Name\*:

**Student Details**

Gender\*:

Marital Status\*:

Social Security Number (SSN)\*:

I do not have a Social Security Number (SSN). (Check box and leave SSN blank.)

**Mailing address (ID Card will be mailed here)**

Address 1\*:

Address 2:

City\*:

State\*:

Zip\*:

**Contact Information**

Phone\*:

Phone Alternate:

Preferred Email\*:

University Email\*:

\$ 5.58  
\$ 0.00

[Submit Demographics](#)

11. Read, review, and confirm your order. Click 'Submit Order'.

Getting Started - Coverage Details - Pricing Details - Order Details - Demographics - **Confirm Order**

Confirm Order

Please review the **Coverage Dates** and **Total Due** listed on this page.  
 Click on the Tabs above to review further details of the coverage you have selected.  
 Click on the "Submit Order" button below to continue.

Coverage Dates	Total Due
09/04/2020 to 09/04/2020	\$ 188.00

[Submit Order](#)

12. Select your payment method by clicking on either 'Single Credit Card' or 'Bank Draft (ACH)'.

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Getting Started - Coverage Details - Pricing Details - Order Details - Demographics - **Confirm Order**

Confirm Order

Please review the **Coverage Dates** and **Total Due** listed on this page.  
 Click on the Tabs above to review further details of the coverage you have selected.  
 Click on the "Submit Order" button below to continue.

Coverage Dates	Total Due
09/04/2020 to 09/04/2020	\$ 188.00

[Submit Order](#)

Processing Fees Information

Payment Method	Credit Card	Fee Amount	3.00 %	Estimated Fee Amount:	\$ 5.58
Payment Method	ACH	Fee Amount	\$ 0.00	Estimated Fee Amount:	\$ 0.00

NOTE: It is common for banks to limit the amount of money you can charge in one transaction for one day. If your payment does not go through, call your bank to see if there is a transaction or daily limit causing your payment to fail. You can request that the bank allow your limit to be raised in order to complete this purchase.

*When the payment is received by the company, you are finished!*

**Forward the email confirmation from AHP to your advisor as proof of your purchase, if necessary.**