



# **SR International Online Enrollment Site Process**

UnitedHealthcare Student Resources

24COL4981



United  
Healthcare

# Step 1:

In order to obtain your school specific enrollment link please refer to your plan's summary flyer.



© 2024 United HealthCare Services, Inc. All Rights Reserved. Confidential property of UnitedHealth Group. Do not distribute or reproduce any slides without the express written consent of UnitedHealth Group.

# Step 2:

For the best experience we strongly suggest using Microsoft Chrome.

To start your enrollment:

Enter the following information on the Home page:

- Date of Birth (DOB)
- School Name
- Student Category
- Click on "Next"

The screenshot shows a laptop displaying a web form titled "Get Student Health Insurance in Minutes". The form is divided into four steps, with the first step, "STEP 1: PURCHASE INSURANCE", currently active and highlighted with a blue circle and number "1". Below the step indicator, the form contains several input fields: "Student Date of Birth (MM/DD/YYYY) \*" with the value "09/20/2006", "School/Organization \*" with a dropdown menu showing "Webb Institute", and "Student Category \*" with a dropdown menu showing "F1 International Student". There is also an "Add Coverage (Spouse / Child)" button. Below these, there are "Choose Start Date \*" and "Choose End Date \*" fields with values "09/18/2024" and "12/16/2024" respectively. A "Coverage Period:" section shows "90 days". At the bottom right of the form, there are "Cancel" and "Next" buttons. Below the main form, there are four additional steps listed in a vertical column, each with a number in a circle and a title: "STEP 2: SELECT A PLAN: PRODUCT LISTINGS", "STEP 3: ENROLL IN PLAN: PERSONAL INFORMATION", and "STEP 4: SUBMIT PAYMENT". A small note at the bottom of the first step reads: "If you are arriving on campus prior to the dates listed, please contact customerservice@uhcsinternational.com for assistance."



# Step 3:

- You will receive a personalized quote based on the information you have entered into the system
- Click **"Select Plan,"** then **"Next"**
- The plans listed are examples only. Available plans and rates may change depending on your school selection

The screenshot shows a web application for selecting a health insurance plan. At the top, a blue bar displays the coverage period: "Coverage Period: 09/18/2024 - 12/16/2024 / Duration: 90 days". Below this, the "DEPENDENT COVERAGE" section shows "Spouse" as an active dependent and "Children" as 0. The main area lists four plan options: "Essential", "Basic", "Plus", and "Elite". Each plan has a "Preferred Provider" section with two radio button options: "\$500" and "\$100". To the right of these options, the "Maximum Benefit" is listed (e.g., "\$100,000 / person" for Essential), and the "Minimum Coverage" is listed as "90 days". The total cost for each plan is displayed in red: "\$58.50" for Essential, "\$270.90" for Basic, "\$390.60" for Plus, and "\$506.70" for Elite. Each plan has a "Select Plan" checkbox. Below the plan details, there are buttons for "Compare", "Certificate", "Flyer", and "View More Details". At the bottom of the screen, there are buttons for "Compare", "Save Order", "Email Order Details", "Download Order for Review", "Cancel", and "Next". The "Next" button is highlighted with a red border.

Plan Name	Preferred Provider \$500	Preferred Provider \$100	Maximum Benefit	Minimum Coverage	Cost	Select Plan
PLAN: Essential	<input checked="" type="radio"/>	<input type="radio"/>	\$100,000 / person	90 days	\$58.50	<input type="checkbox"/>
PLAN: Basic	<input checked="" type="radio"/>	<input type="radio"/>	\$500,000 / person	90 days	\$270.90	<input type="checkbox"/>
PLAN: Plus	<input checked="" type="radio"/>	<input type="radio"/>	No Maximum / person	90 days	\$390.60	<input type="checkbox"/>
PLAN: Elite	<input checked="" type="radio"/>	<input type="radio"/>	No Maximum / person	90 days	\$506.70	<input type="checkbox"/>



# Step 4:

To enroll, you must provide the following information, then click "Next".

STEP 3: ENROLL IN PLAN: PERSONAL INFORMATION

CREATE ACCOUNT

Already have an account? Login.

Email Address:

Enter Email Address

Confirm Email Address:

Confirm Email Address

Password: ⓘ

Enter Password

Confirm Password:

Confirm Password

STUDENT'S PERSONAL INFORMATION

First Name\*:

Enter First Name

Last Name\*:

Enter Last Name

MI:

Enter MI

Gender\*:

Choose option

Date of Birth:

09/05/2006

Student ID:

No

Yes

Enter Student ID

Mobile Number\*:

Enter Mobile Number

Country of Origin\*:

Choose option

I don't have a US-based address.

US Address Line 1:

Enter US Address Line 1

US Address Line 2:

Enter US Address Line 2

City:

Enter City

State:

Choose option

ZIP:

Enter ZIP

DEPENDENT COVERAGE

Spouse

Children

0

\$262.80

CONSENT AGREEMENT

☒

I consent to Student Resources International sharing confirmation of my coverage with my school.

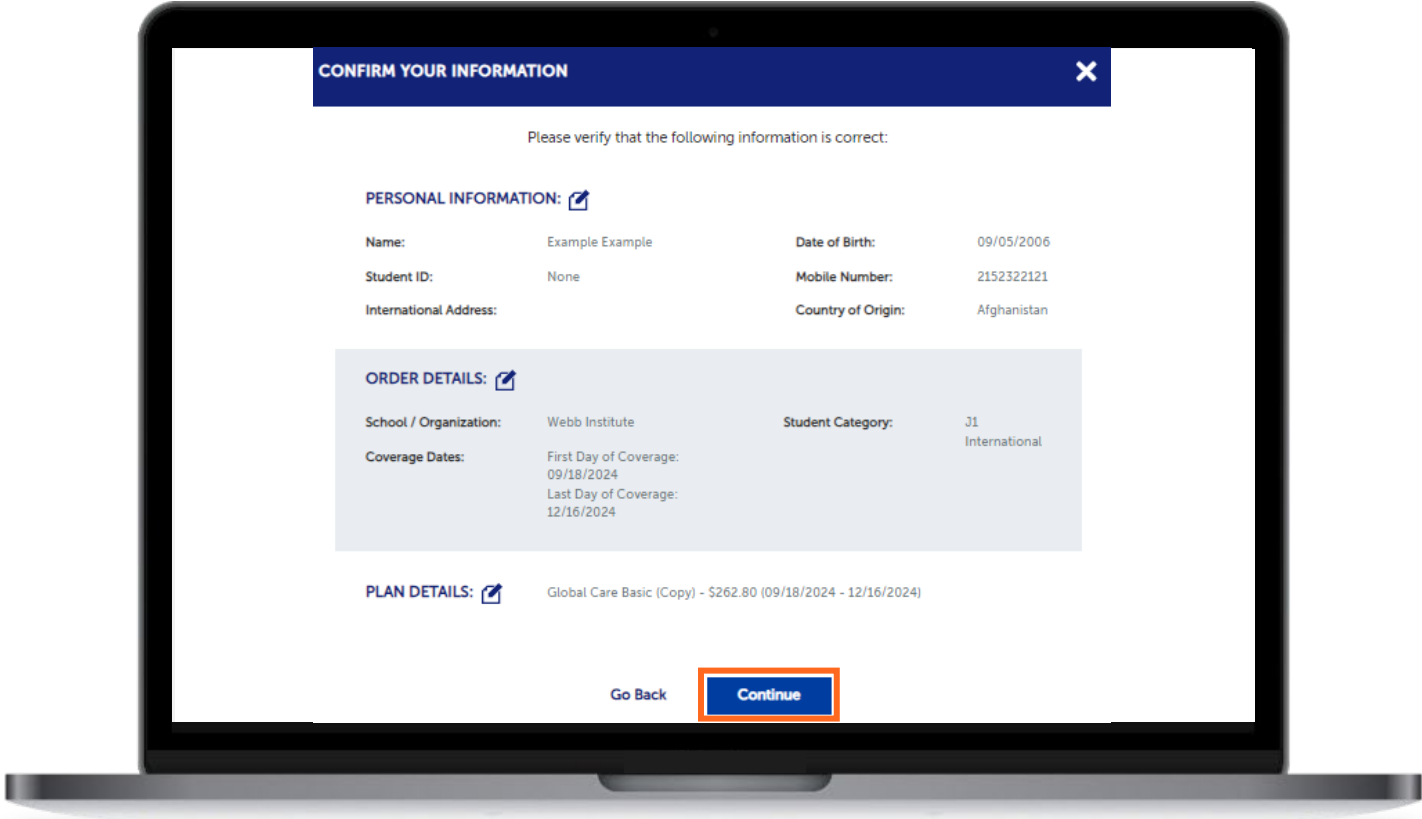
Cancel

Next



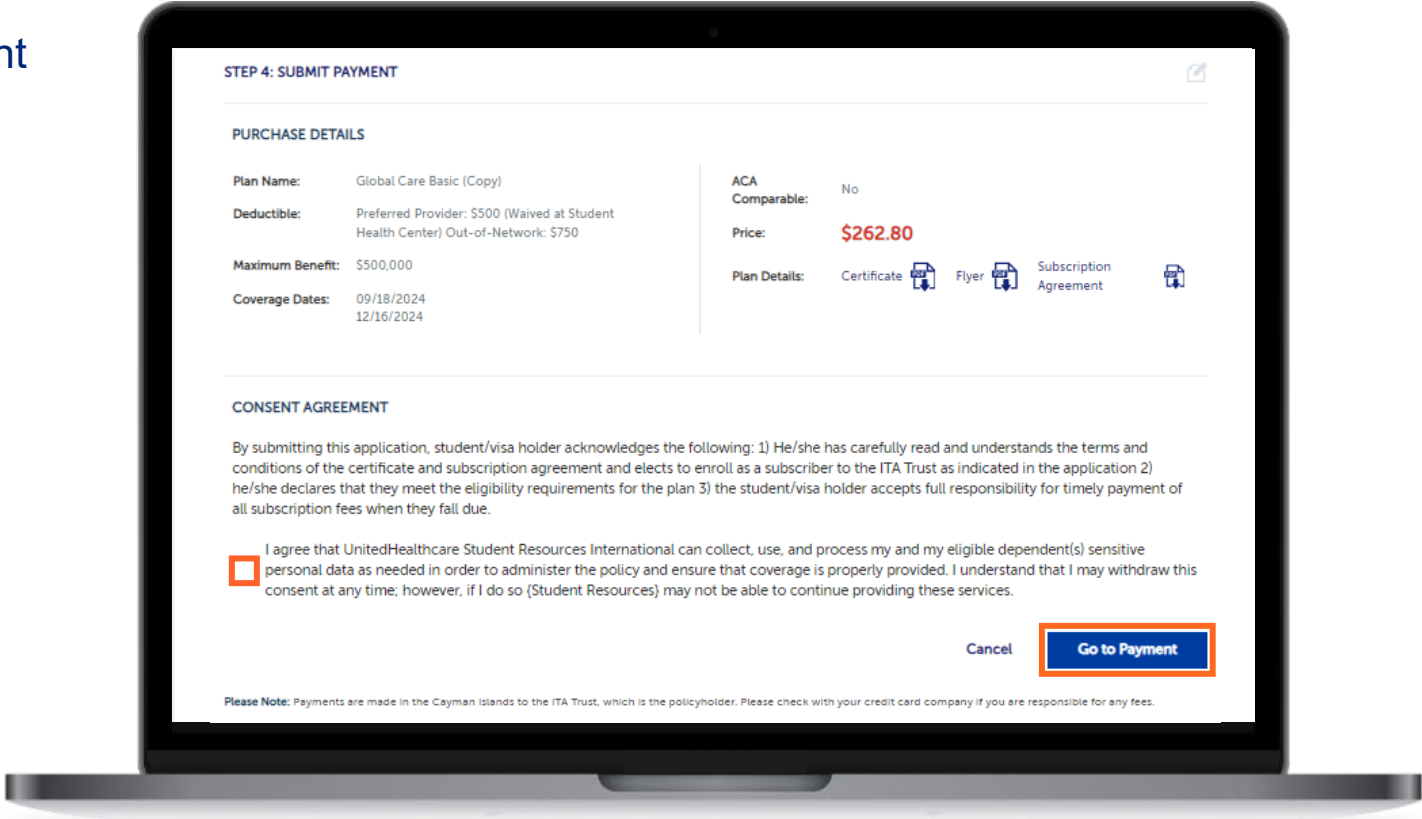
# Step 5:

Please review the information for accuracy. If everything is correct, click "Continue".



# Step 6:

Please review and check the consent agreement box. After that, click "Go to payment".



# Step 7:

To complete your payment please enter in the required information.

- The credit card expiration date must be in the correct format: MMY (e.g., 0123 for Jan 2023)
- Please review the information you entered is correct. If you continue to receive an "invalid transaction" or "do not honor" error, please contact your bank and ask about a 3DS2 security decline
- Click **"Confirm Payment"**
- If you have any questions or issues enrolling, you may contact us at [customerservice@uhcsrinternational.com](mailto:customerservice@uhcsrinternational.com)

Once your enrollment has been confirmed you will receive a Welcome E-mail within 24-48 hours with instructions to register your UHCSR My Account and download your ID Card.

STEP 4: SUBMIT PAYMENT

BILLING INFORMATION

Please fill out the form below to complete your purchase.

Name on card \* Amount to Pay (Dollars)  
262.80

Card Number \* Expiry Date(MMY) \* Security Code (CVV2) \*

Billing Details

First name \* Last name \*

Email address Phone (Must include country code)

Country State ZIP / Postal code

Address Line 1

Address Line 2

Confirm Payment





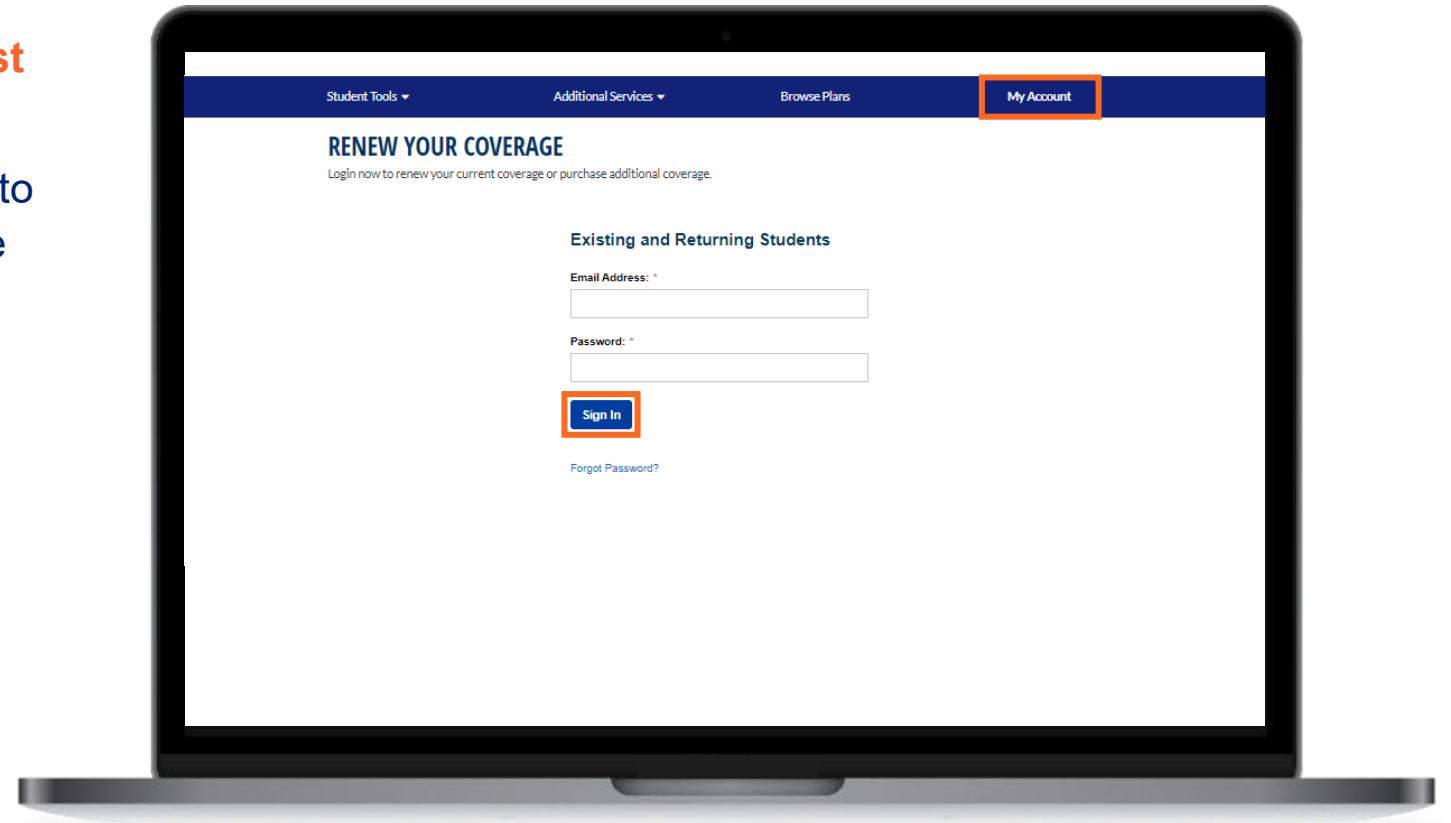


# Renewals

# Step 1:

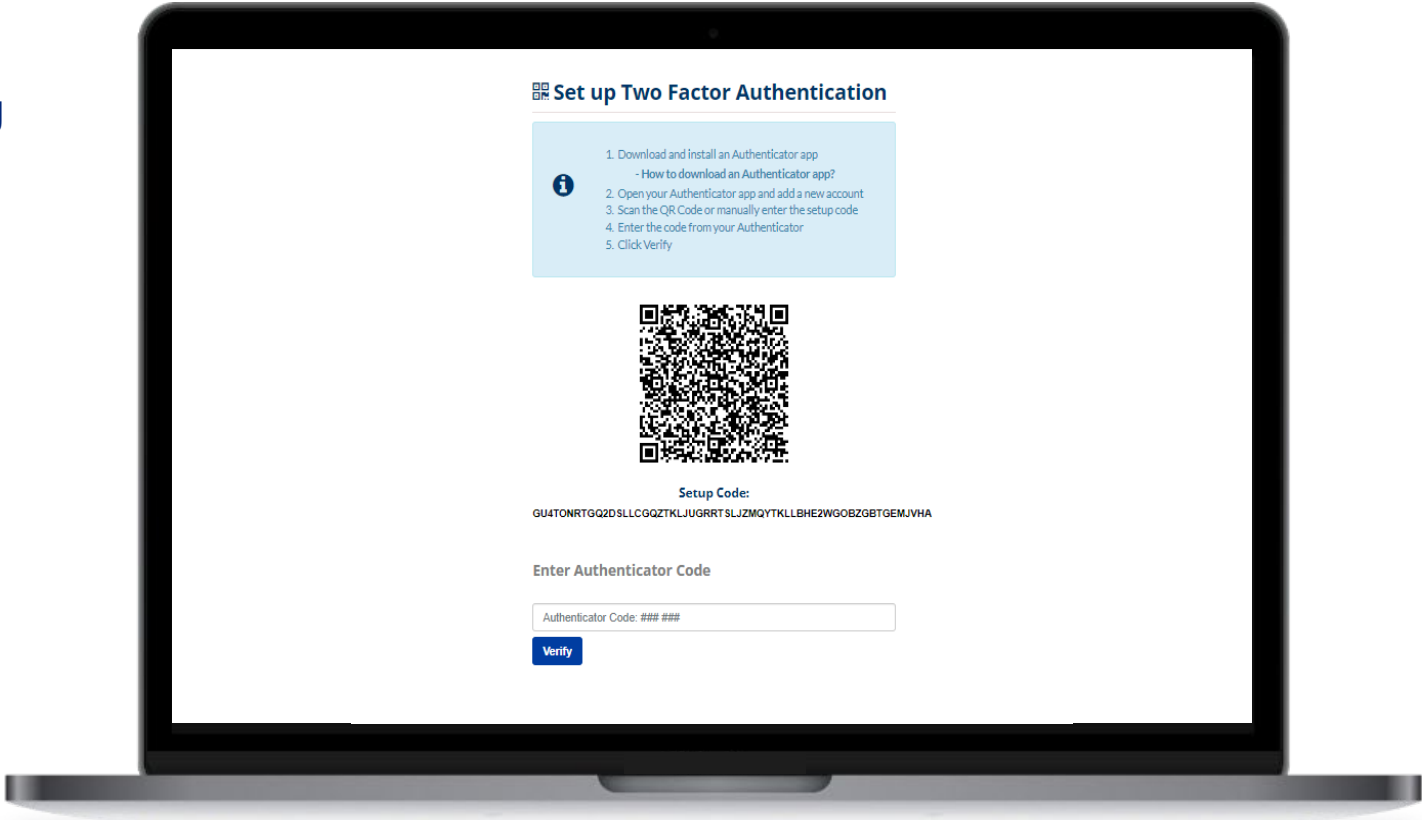
For the best experience we strongly suggest using Microsoft Chrome.

To access your enrollment account, please go to your **school's specific enrollment site**. At the top right corner of the page, click on **"My Account"**. Then, enter the email address and password that you used to create your original enrollment account.



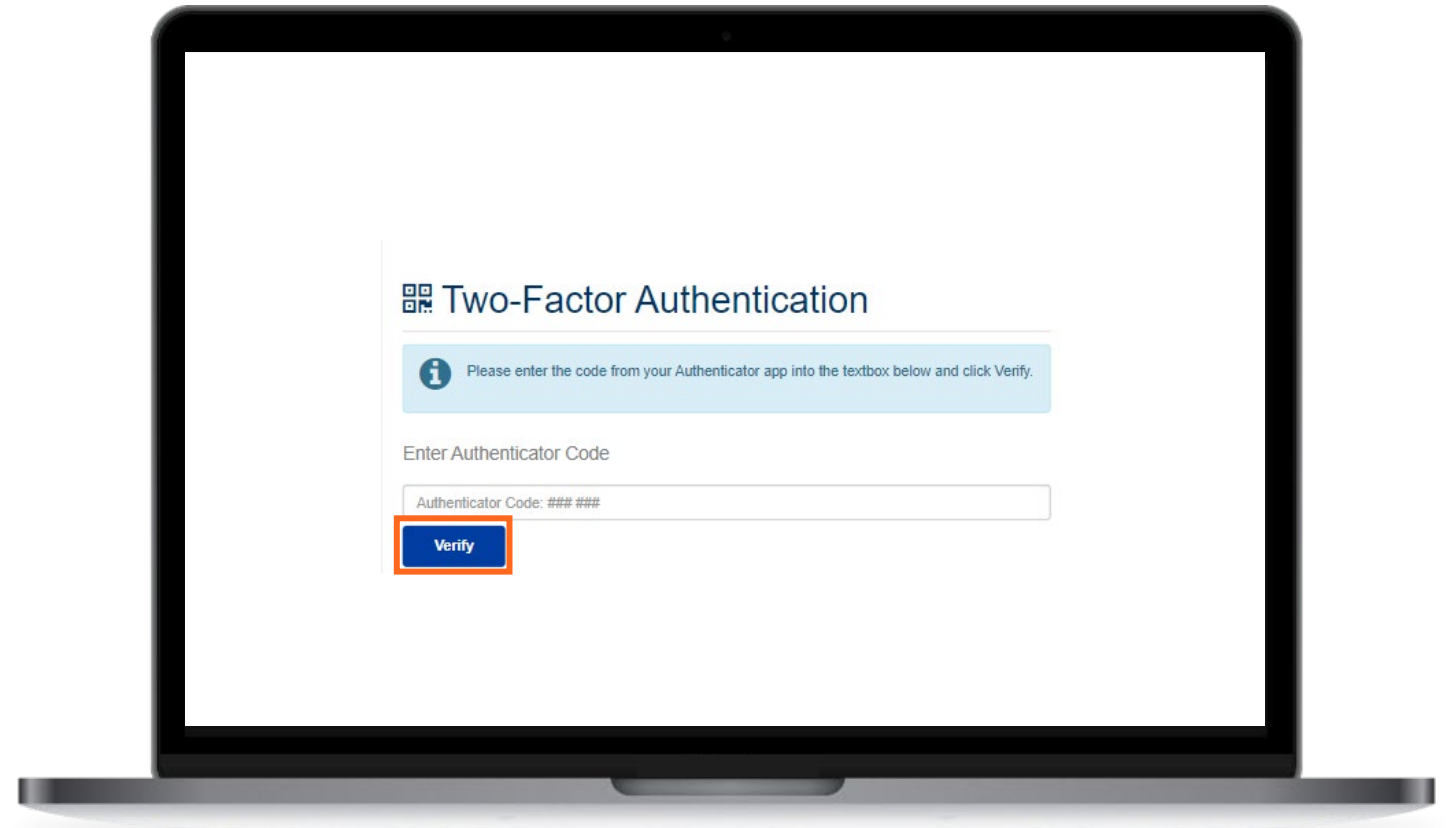
# Step 2:

If you haven't set up two-factor authentication (2FA) yet, you'll be guided through the following instructions to create it.



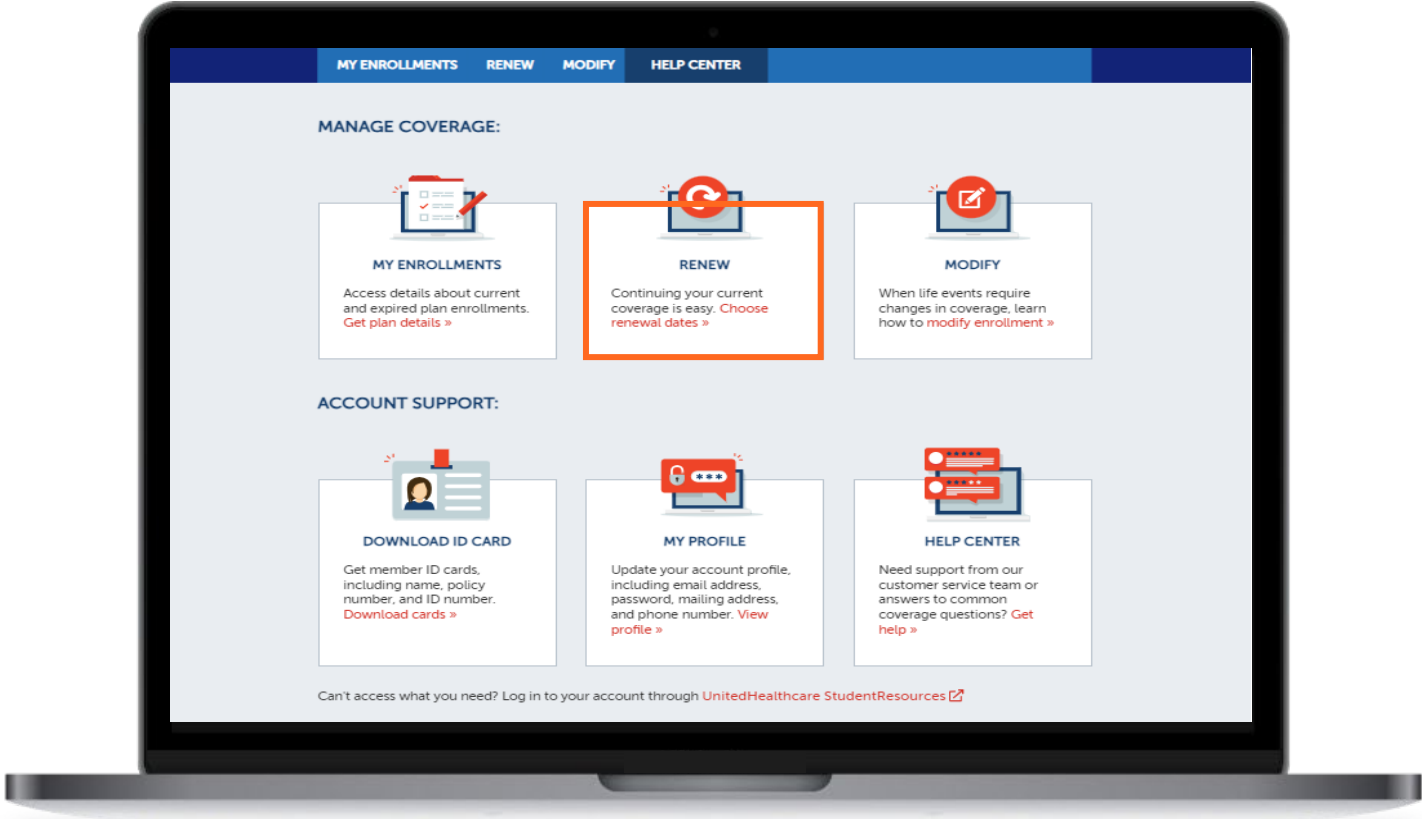
# Step 3:

If you've already set up your two-factor authentication (2FA), please open the Authenticator App on your phone to verify the login code.



# Step 4:

After logging in, you can click on "Renew".



# Step 5:

Please select the coverage period you need and click "Renew".

### Renew Coverage

Continuing your current coverage is easy. Start by choosing your start and end dates below.

CURRENT PLAN NAME: Global Care Plus

Policy #:	2024-203723-93	ACA Comparable:	Yes
Deductible:	Preferred Provider \$500 ⓘ	Additional Coverage:	None
Maximum Benefit:	No Maximum	Price:	\$769.76
Coverage Dates:	08/18/2024 12/31/2024	Plan Details:	Flyer ⓘ Certificate ⓘ

PLAN EXPIRED ON:

12/31/2024

RENEW FOR THIS PERIOD:

Coverage Start Date: \*

01/01/2025 ⓘ

Coverage End Date: \*

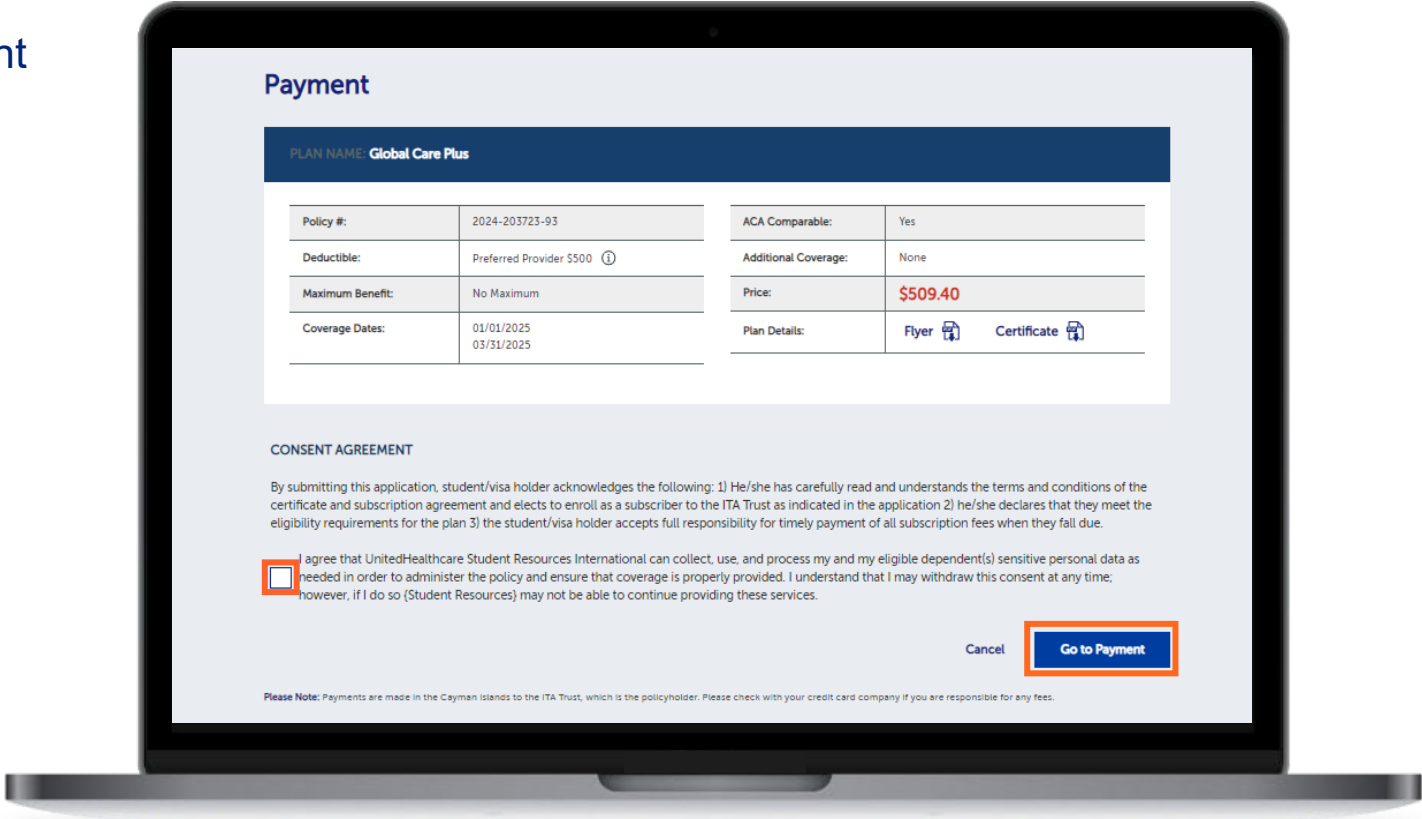
03/31/2025 ⓘ

RENEW ➤



# Step 6:

Please review and check the consent agreement box. After that, click "Go To Payment".



# Step 7:

To complete your payment:

- Enter the expiration code as MMY (e.g., 0123 for Jan 2023)
- If you see an invalid transaction error, contact your bank and ask about a 3DS2 security decline
- Click **"Confirm Payment"**
- If you have any questions or issues enrolling, you may contact us at [customerservice@uhcsrinternational.com](mailto:customerservice@uhcsrinternational.com)

Please fill out the form below to complete your purchase.

Name on card *	Amount to Pay (Dollars)	
<input type="text"/>	<input type="text" value="509.40"/>	
Card Number *	Expiry Date(MMY) *	Security Code (CVV2) *
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Billing Details**

First name *	Last name *	
<input type="text"/>	<input type="text"/>	
Email address	Phone (Must include country code)	
<input type="text"/>	<input type="text"/>	
Country	State	ZIP / Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Line 1		
<input type="text"/>		
Address Line 2		
<input type="text"/>		

**Confirm Payment**







# Thank You

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免费提供语言协助服务。請致電 1-866-260-2723。

**United  
Healthcare**