



Enroll your dependents online today

Dependent enrollment becomes available once the primary enrollment information has been submitted and successfully processed in the UnitedHealthcare Student Resources system. Dependent enrollment remains available throughout the designated open enrollment period, providing you with an opportunity to add your dependents to coverage during this time.

Here's how to enroll your dependents online:

1

Visit uhcsr.com/myaccountlanding to sign in using your HealthSafe ID.

2

During the open enrollment period, you will see the **Enroll Dependent** option on your desktop or mobile device.

HealthSafe ID®

Sign in

Use your [HealthSafe ID](#) to sign in.

Username

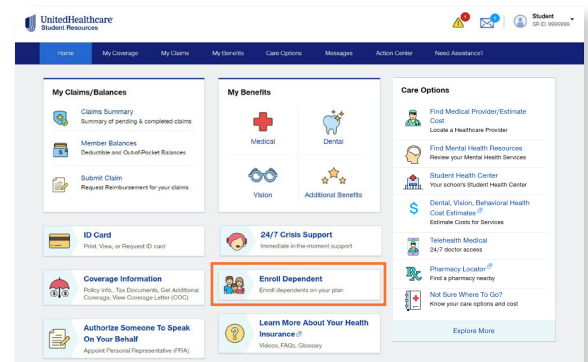
Password

☐ Remember my username (Optional)

Sign in

Register now

Forgot [username](#) or [password](#)?



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After reviewing the policy materials, click **Enroll Now**.

Medical - Student Plan
2025-9999-1

Policy Documents

- Brochures - Certificates
- Summary Documents

Value Added Benefits/Services

- Telehealth Medical
- Telehealth Behavioral
- StudentAssist
- Additional Assistance Services

Brochures - Certificates

- Certificate [@](#)

Summary Documents

- Summary Flyer [@](#)
- Summary of Benefits and Coverage (SBC)

Enroll Now

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Enter your spouse's or dependent's basic information and click **Next**.

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Step 2 - Basic Info

Hi there! Tell us a little bit about yourself.

* Indicates required field

What insurance category best describes you? *

Domestic Graduate

Zip Code *

75094

Spouse * ☐ Yes ☐ No

Number of Children *

0

☐ I have read all applicable plan documents. *

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Policy underwritten by UnitedHealthcare Insurance Company

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Select the policy period that you wish to enroll in and click **Next**.

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Step 3 - Select a Policy Term

Nice! We made these just for you.
Choose a policy term from below.

* Indicates required field

Term	Term Dates	Spouse	Total Cost	Select *
Fall	Aug 01, 2025 - Dec 31, 2025 (Last day to purchase 09/15/2025)	\$1,847.00	\$1,847.00	<input type="radio"/>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees may, for example, cover your school's administrative costs associated with offering this health plan.

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Provide your spouse's or dependent's information (if applicable) and click **Next**.

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Step 4 - Tell Us About Yourself

You selected the **Fall Term** for the **Student Plan**

* Indicates required field

Personal Information

First Name * Student Last Name * Name Middle Initial Gender * Female

Permanent Address * City * PLANO State * TX Zip Code * 75094 5 digits

Phone Number * 999-999-9999 Email Address * email@email.com

☐ Mailing Address is same as above

Mailing Address * City * PLANO State * TX Zip Code * 75094 5 digits

Verify Information Provide your SSN/ITIN OR School Assigned ID. (only one of the two is required.)

US SSN/ITIN * School Assigned ID * Date of Birth * 1/1/1990

[Privacy Policy @](#)

Spouse Information Provide your spouse's SSN/ITIN OR Passport Number. (only one of the two is required.)

First Name * Spouse Last Name * Name Middle Initial Gender * Male

US SSN/ITIN * 999-99-9999 Passport Number Date of Birth * 1/2/1990

[Privacy Policy @](#)

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Select payment information, confirm purchase, electronically sign and click **Next**.

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Step 5 - Complete Purchase

You selected the **Fall Term** for the **Medical - Student Plan**
Good through: Aug 01, 2025 - Dec 31, 2025
Insurance can be confusing. Please review your coverage to make sure everything looks correct.

* Indicates required field

Selected Coverage

Policy Number: 2025-9999-1
School/Association Name: Demo University
Product Name: Student Plan
Coverage Type: Spouse
Effective Date: Aug 01, 2025
Expiration Date: Dec 31, 2025

Payment Information

Please select a payment type. * ☐ Pay By Credit Card ☐ Electronic Check

2024 Student Plan (Domestic Graduate) \$1,847.00
Total Cost: \$1,847.00

Acknowledgment

☐ I elect to purchase insurance coverage under this student insurance plan. Above are the choices I have made. *

Payer Signature

Signature*

I have reviewed the application data and verify that is accurate and correct. I understand that clicking the 'Next' button documents (1) my intent to purchase the insurance coverage requested and (2) authorizes the automatic debit of my account for the required premium. I understand that my premium may be deducted prior to the effective date of coverage and that my coverage will be in force on the effective date of the coverage period.

Verify Signature*

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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NOTICE TO STUDENTS:

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following:
1) The student has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) The student meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

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Print and/or **save** your purchase confirmation for your records.

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Congratulations! Please print this page for your records. Your enrollment and payment information has been received and will be processed within two business days.
Please note, if you are enrolling in a policy that includes pharmacy benefits, your benefits will be available 1-2 business days after your enrollment confirmation.
You will receive an email message confirming your policy purchase details. Once your coverage has been processed, you may access your account online by logging in to MyAccount at [www.uhcsr.com](#).
In order to further protect your privacy, we are updating our password security requirements. You may be asked to change your password the next time you login.
(d4618d78-0113-4812-9eef-e2b841333b24) - 03/11/2025 11:11:38 AM

Insured Information	Payment Information
Primary Insured: Student Name	Payment Amount: \$1,847.00
SSN/ITIN:	Payment Date: Mar 11, 2025
School Id: 99999999	Payment Type: Electronic Check
Date of Birth: Jan 1, 1990	Account Type: Savings
Phone Number: 999-999-9999	Name on Account: Student Name
Email Address: email@email.com	Bank Routing #: 999999999
Permanent Address: 123 Test Lane PLANO, TX 75094	Account #: 999999
Mailing Address: 123 Test Lane PLANO, TX 75094	
School/Association: Demo University Plan: (2025-9999-1) Medical - Student Plan (Domestic Graduate) - Fall	
Effective Date: Aug 01, 2025	
Expiration Date: Dec 31, 2025	
Total: \$1,847.00	

Coverage Purchased For:

Spouse Information

Spouse: Spouse Name
SSN/ITIN:
Passport Number: 99999999
Date of Birth: Jan 2, 1990

Communication from UHCSR

You are now enrolled to receive any explanation of benefits or claims letters from UHCSR electronically, as well as any other important communications. When a new document is ready for you to view, we'll send you an email message at the address you entered above. If you prefer to receive paper documents by mail, then you can change your selection under Email Preferences within MyAccount.

[Go to My Account](#) [Print Confirmation](#)

Questions?

Contact Customer Service at customerservice@uhcsr.com or call **1-800-767-7000**.

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