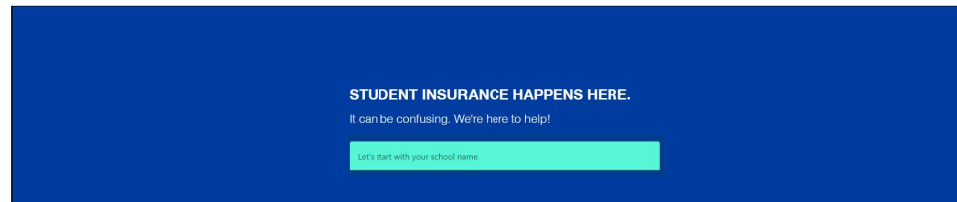


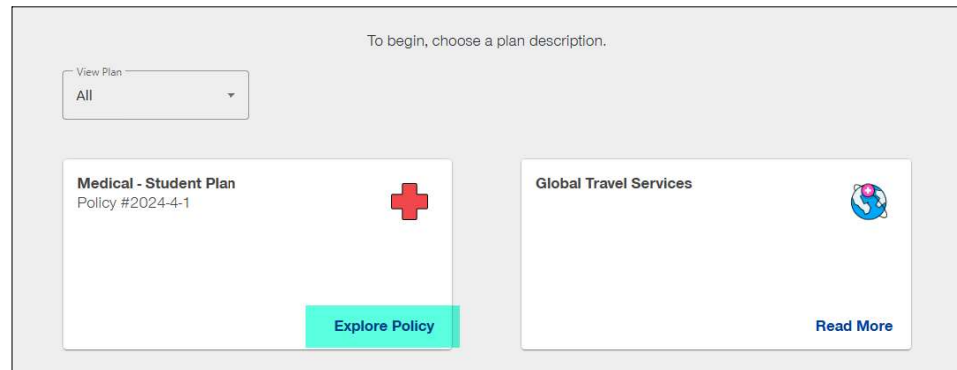


How To Enroll Online

- ▶ To purchase coverage online, visit www.uhcsr.com and search for your school.



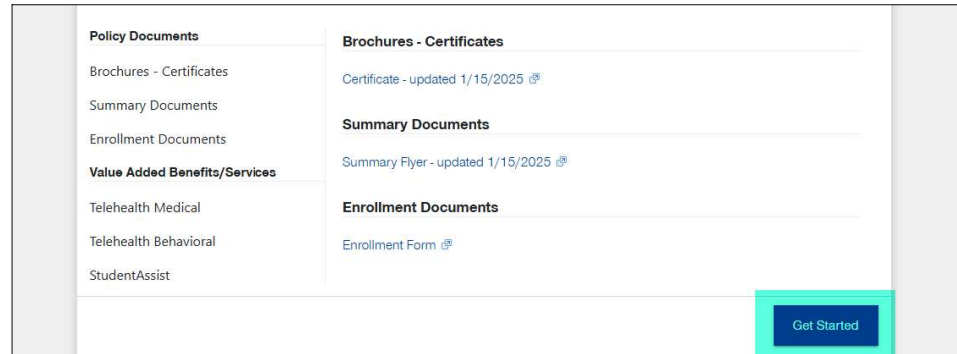
- ▶ Select the *Explore Policy* link under the *Medical - Student Health Plan* module.



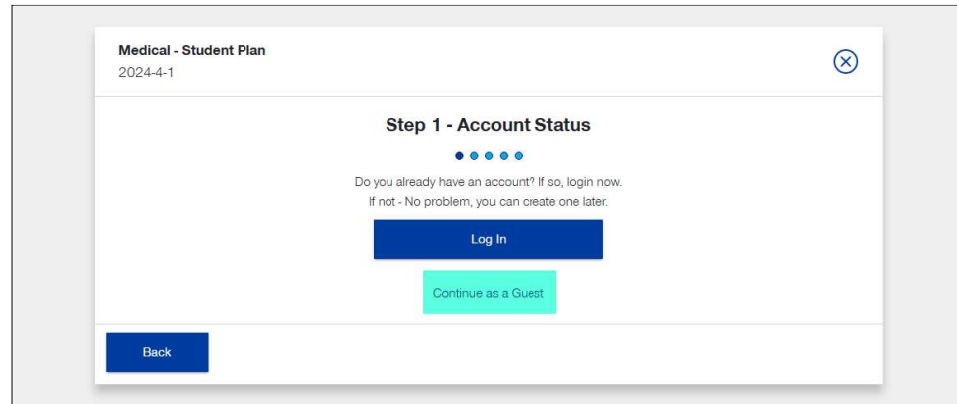


How To Enroll Online

- ▶ Select the *Get Started* link.



- ▶ Select the *Continue as Guest* link.





How To Enroll Online

- ▶ Select the insured category that best describes you from the dropdown menu, enter your U.S. zip code (if you are not in the US, you can enter the Long Beach zip code: “90815”), click the checkbox, and select the *Next* link.

The screenshot shows a web form titled "Step 2 - Basic Info". At the top, there are five blue dots, with the second one filled. Below the title, it says "Hi there! Tell us a little bit about yourself." and a red asterisk indicates "Indicates required field". The form contains three main elements: a dropdown menu labeled "What insurance category best describes you?*", a text input field labeled "Zip Code*", and a checkbox labeled "I have read all applicable plan documents.*". At the bottom, there are two buttons: a blue "Back" button on the left and a blue "Next" button on the right, which is highlighted with a red border.



How To Enroll Online

- ▶ Select your term, then select the *Next* link.

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	Student	Total Cost	Select *
Spring	Feb 25, 2025 - May 31, 2025 (Last day to purchase 02/28/2025)	\$997.00	\$997.00	<input checked="" type="radio"/>
Summer	Jun 1, 2025 - Aug 15, 2025 (Last day to purchase 07/31/2025)	\$503.00	\$503.00	<input type="radio"/>

NOTE: The amounts stated above include certain fees charged by the school you are receiving coverage through. Such fees include amounts which are paid to certain non-insurer vendors or consultants by, or at the direction of, your school.

[Back](#) [Next](#)



How To Enroll Online

- Enter the required information, then select the [Next](#) link. Please note that if you do not have a permanent U.S. address, you may enter your school's address as a placeholder. If you enter your school's address, you will have to update your permanent address at a later date.

Step 4 - Tell Us About Yourself

• • • • •

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

* Indicates required field

Personal Information

First Name*	Last Name*	Middle Initial	Gender*
-------------	------------	----------------	---------

Permanent Address*	City*	State* CA	Zip Code* 90016 5 digits
--------------------	-------	--------------	--------------------------------

Phone Number* xxx-xxx-xxxx	Email Address*
-------------------------------	----------------

Mailing Address is same as above

Mailing Address*	City*	State*	Zip Code* 5 digits
------------------	-------	--------	-----------------------

Verify Information Provide your SSN/TIN OR School Assigned ID (?)

US SSN/TIN* xxx-xx-xxxx Privacy Policy	School Assigned ID*	Date of Birth* MM/DD/YYYY
--	---------------------	------------------------------

[Back](#) [Next](#)



How To Enroll Online

- Enter the required information, then select the *Next* link to enter your payment information.

Step 5 - Complete Purchase

You selected the **Spring Term** for the **Medical - Student Plan**
Good through: Feb 25, 2025 - May 31, 2025
Insurance can be confusing. Please review your coverage to make sure everything looks correct.

* Indicates required field

Selected Coverage

Policy Number: 2024-4-1
School/Association Name: San Francisco State University
Product Name: Student Plan
Coverage Type: Student
Effective Date: Feb 25, 2025
Expiration Date: May 31, 2025

Payment Information

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

2024 Student Plan (F-1 International) \$997.00
Total Cost: \$997.00

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*

[Back](#) [Next](#)



How To Enroll Online

- Enter your payment information, then select the [Process Transaction](#) link to complete your purchase.

Amount : \$997.00

Ticket : trusteemerchanthost

Account Holder Name: *

Billing Address: *

City: *

State: *

Zip Code: *

Credit Card Number: *

Expiration: (mm/yy) *

CVV/CVC: *

I'm not a robot

reCAPTCHA
Privacy - Terms

We Accept

SECURED BY
TRUSTCOMMERCE
COMPREHENSIVE | SECURE | TRUSTED

- Once enrolled, the system will generate a [Welcome Email](#) and send it to the email address provided at the time of enrollment.
- Follow the instructions in the Welcome Email to create your [My Account](#) to access all policy information.