

# Mandatory Enrollment Process

## Get Started

Go to [uhcsr.com/gatech](https://uhcsr.com/gatech) to begin the Mandatory enrollment process. You can view the Summary of Benefits by clicking **EXPLORE POLICY** in the boxes below. To WAIVE/ENROLL click **Enrollment Info** button below.

UnitedHealthcare | StudentResources

Georgia Institute of Technology

ID CARD FIND PROVIDERS FIND PHARMACY HELPFUL LINKS

Welcome to your student health insurance plan page.  
For plan details, including benefits and rates, please refer to the Plan Information section below.

Read This First **Enrollment Info** Waiver Info

To begin, choose a plan description.

View Plan: All

- Medical - Mandatory Student Plan  
Policy #2019-203353-1  
EXPLORE POLICY
- Medical - Voluntary Student Plan  
Policy #2019-203353-2  
EXPLORE POLICY
- Medical - Language Institute Program  
Policy #2019-203353-4  
EXPLORE POLICY

**Medical - Mandatory Student Plan**  
Policy #2019-203353-1  
EXPLORE POLICY

After clicking the Enrollment Info button, the following information appears.  
Mandatory students click the **Student Center** link below.

## Enrollment Info

### Mandatory Student Plan 2019-203353-1

To determine if you fall under the mandatory groups required to have student health insurance that meets the minimum standards set by the University System of Georgia, and waive or opt-in to self-enroll, please visit [Student Center](#) to be directed to the appropriate page.

### Voluntary Student Plan 2019-203353-2

J1 International Scholar, Postdoctoral Scholar, Optional Practical Training, Undergraduate and Graduate students. To purchase coverage, please select the Voluntary Student Plan from the View Plan drop down below. Click on EXPLORE POLICY to review your plan documents, and then click on ENROLL NOW and follow the onscreen prompts.

### Language Institute Plan 2019-203353-4

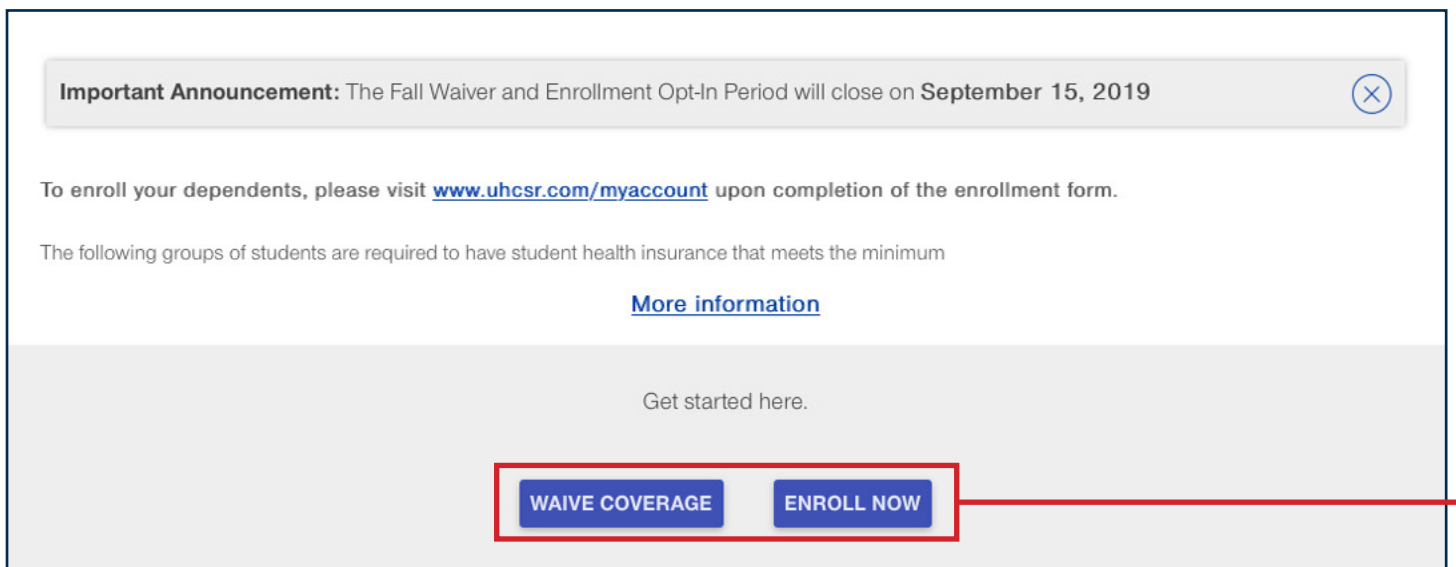
**Non-F1 visa holders:** To purchase coverage, please select the Language Institute Program category from the drop down menu below, click on EXPLORE POLICY to review your plan documents, and then click on ENROLL NOW and follow the onscreen prompts.

For questions please email Linda Dougherty at [linda.dougherty@pe.gatech.edu](mailto:linda.dougherty@pe.gatech.edu).

**F1 visa holders:** You are automatically enrolled in the insurance plan.

Got it. Thanks.

After clicking the Student Center link, the following information appears.  
Select **WAIVE COVERAGE** or **ENROLL NOW**.



The screenshot displays a web interface with a light gray background. At the top, there is a white notification box with a close button (an 'X' in a circle) on the right. The text inside the box reads: "Important Announcement: The Fall Waiver and Enrollment Opt-In Period will close on September 15, 2019". Below this box, the text says: "To enroll your dependents, please visit [www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount) upon completion of the enrollment form." Further down, it states: "The following groups of students are required to have student health insurance that meets the minimum" followed by a blue underlined link: "[More information](#)". At the bottom of the page, there is a light gray section with the text "Get started here." centered above two blue buttons: "WAIVE COVERAGE" and "ENROLL NOW". A red line is drawn across the page, starting from the text "Select WAIVE COVERAGE or ENROLL NOW." and ending at the two buttons.

**Important Announcement:** The Fall Waiver and Enrollment Opt-In Period will close on **September 15, 2019**

To enroll your dependents, please visit [www.uhcsr.com/myaccount](http://www.uhcsr.com/myaccount) upon completion of the enrollment form.

The following groups of students are required to have student health insurance that meets the minimum

[More information](#)

Get started here.

**WAIVE COVERAGE** **ENROLL NOW**

After clicking WAIVE COVERAGE or ENROLL NOW, the following information appears for Step 1. Fill out the required fields and Select **NEXT**.

**Enroll Now** ⓧ

### Step 1 - Student Validation

● ● ● ●

Hi there! Tell us a little bit about yourself.

**\* Required**

**Birthday**

**Month \*** **Day \*** **Year \***

Please Select ▼ Please Select ▼ Please Select ▼

**Student ID \***

\_\_\_\_\_

**NEXT**

After clicking NEXT, continue following the instructions until you complete the WAIVE or ENROLL process.

If you get the message below, this means the system doesn't have your information yet. Don't panic. Try again every few days until you can proceed. **You have until September 15, 2019 to successfully WAIVE or ENROLL.**

We were unable to find a student record for the submitted information. Please check your information and try again, or contact your school administrator. NOTE: You will not be able to complete the waiver or enrollment form until the health Insurance Charge has placed on your student account