Printing Your WSU Student Insurance Card

- 1. Go to <u>www.uhcsr.com</u>.
- 2. Type "Wichita State University" in the search box.

What do you need to get done today?

UnitedHealthcare' StudentResources		۹		Login to My Account
	STUDENT INSURAN	CE HAPPENS HERE.		
	It can be confusing. We're he	ere to help!		
	Let's start with your school's name. Wichita State University	>		
	Wichita State University			
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5				
STUDENT HELP C	NTER		SCHOOL ADMINS	

3. Choose your Policy Year, which will be the same as the current school year (begins in Fall and ends in Spring)



There's a place here for you too!

4. Click "Login to My Account"



5. If this is your first time on the site, click "Create Account" or "SACM Member Create Account"

Login to My Account to access and manage your policy.

	Login to My Account
E	nter your username and password to continue
Us	ername*
Pa	ssword*⑦
	Did you forget your <u>Username</u> or <u>Password?</u>
CR	SACM MEMBER LOGIN

6. Enter your personal information including your WSU ID here. (ex: A123B456) First, Verify Your Credentials First Name * A Last Name* Date of Birth (MM/DD/YYYY)* Email, Student ID, SR ID* (B) Email, Student ID, SR ID BACK TO LOGIN

Create an online account to access the best parts of your plan.

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NEXT

7. Create a username and password.

Create an online account to access the best parts of your plan.

Username* Paseword* Image: Imag	low let's create an account	•••
Username* Password* Confirm Password* Confirm Password* ELECTRONIC DELIVERY CONSENT: UnitedHealtheare StudentResources now provides Electronic Delivery by logging in to your account, you are electing to receive these communications electronically, including Explanation of Benefits, Claim Letters, Goverage Letters, and other important information. We will communicate electronically with you by email or through this webate when applicable. When we post communications to your account, you will be notified by email. Hyou choose to tereive paper formunications by mail at any time. Go to My Email Preferences to change your preference, you must have a valid mailing address on file.		
Dessword*	Username*	
Confirm Password*	Password*	()
ELECTRONIC DELIVERY CONSENT: UnitedHealthcare StudentResources now provides Electronic Delivery. By logging in to your account, you are electing to receive these communications electronically, including Explanation of Benefits, Claim Letters, Coverage Letters, and other important information. We will communicate electronically with you by email or through this website when applicable. When we post communications to your account, you will be notified by email. If you choose not to go Green, you can choose to receive paper communications by mail at any time. Go to My Email Preferences to change your preference, you must have a valid mailing address on file.	Confirm Password*	
UnitedHealthcare StudentResources now provides Electronic Delivery. By logging in to your account, you are electronicating to receive these communications electronically, including Explanation of Benefits, Claim Letters, Coverage Letters, and other important information. We will communicate electronically with you by email or through this website when applicable. When we post communications to your account, you will be notified by email. If you choose not to go Green, you can choose to receive paper communications by mail at any time. Go to My Email Preferences to change your preference, you must have a valid mailing address on file.	ELECTRONIC DELIVERY CONS	ENT:
We will communicate electronically with you by email or through this website when applicable. When we post communications to your account, you will be notified by email. If you choose not to go Green, you can choose to receive paper communications by mail at any time. Go to My Email Preferences to change your preference, you must have a valid mailing address on file.	UnitedHealthcare StudentResou Electronic Delivery. By logging i you are electing to receive thes electronically, including Explan Claim Letters, Coverage Le important information.	rces now provides n to your account, e communications lation of Benefits, tters, and other
	We will communicate electron email or through this website When we post communication; you will be notified by email. If go Green, you can choose communications by mail at an Email Preferences to change yo must have a valid mailing address	ically with you by when applicable. s to your account, you choose not to to receive paper y time. Go to My um preference, you is on file.
NEVT		NEVT

Create an online account to access the best parts of your plan.

 You'll see this screen and you can click "Login."



Login to My Account to access and manage your policy.

I	Login to My Account	
Enter your	username and password to c	ontinue
Username*		
Password*		?
Did you f	orget your <u>Username or Pass</u>	word?
CREATE	SACM MEMBER	LOGIN

9. Type your username and password, then click "Login."

 The system may automatically log you out at this point, but just click the link to go to the home screen and log in once more.

You're Logged Out

You have been successfully logged out. Click Here to go back home.

11. Click "Continue"

ELECT	IRONIC DELIVERY CONSENT:	^
United commu	Healthcare Student Resources now provides Electronic Delivery. By logging in to your account, you are electing to receive these unications electronically, including Explanation of Benefits, Claim Letters, Coverage Letters, and other important information.	
We will will be Prefere	Il communicate electronically with you by email or through this website when applicable. When we post communications to your account, you notified by email. If you choose not to go Green, you can choose to receive paper communications by mail at any time. Go to My Email ences to change your preference, you must have a valid mailing address on file.	
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12. You are FINALLY ready to print your insurance card! Click "ID Card Information."

UnitedHealthcare			Student Resources
Home > Self Service & Support > College Stud	ents > MvAccount		SEARCH GO
My Account	Student Health Insurance & Plans	Self Service & Suppor	t Request Information
Need Assistance? My Account User Guide View My Claims	Notifications We do not have your correct SSN / ITIN. Plea	e update your information.	
ID Card Information Prescription Plan Information Current Coverage Information	My Account Have questions? Click <u>here</u> to get help.		
Coverage History Information View Insurance Applications Value Added Benefits	POLICY INFORMATION View My Claims Current C	overage Information	CARD
 Collegiate Assistance Program Global Emergency Services UnitedHealth Allies 	View Claims Address Coverage Locate a Network Provider View Inst View Prescription Plan Information My Perse	History Information ance Applications val Information	Purchase Additional Insurance Whether you need additional insurance for the current school year or for a new
Confirm Other Insurance Accident Details Forms Personal Representative Appointment	View Personal Representative Form	nformation	school year, online enrollment takes only minutes.

13. You can now request a permanent card be mailed to your home address and/or view or print a temporary ID Card.



14. If you choose to view or print the temporary ID Card, you will see this page. Click "View/Print."

UnitedHealthcare					StudentResour
<i>.</i>				SEARCH [60
> Self Service & Support > College Stu	dents > MyAccount >	ID Card Information > View of	or Print ID Card		
My Account	Student Hea	alth Insurance & Plans	Self Service &	& Support	Request Information
Need Assistance?					
My Account User Guide	Notificatio	ns			
View My Claims	We do no	ot have your correct SSN / IT	IN. Please update your inform	nation.	
Locate a Network Provider					
ID Card Information	-				
⊒ Request Permanent ID Card ⊒ View or Print ID Card	Select the View/	Print ID Card	age record you wish to viev	w and print the ID ca	ard for.
Prescription Plan Information	If your depender	nte are not listed helow ni	esse call Customer Service	at 1.888.344.6104 /7	-00 AM . 7-00 PM C ST Mon
Current Coverage Information	through Friday).	its are not listed below, pr	case can customer service	at 1-000-044-0104 (1	100 Pm - 1100 Pm Cotty mon
Coverage History Information					
View Insurance Applications					
Value Added Benefits	Primary YOUR	NAME	A and amin Mana Causan		
L Collegiate Assistance Program	Number	Product Name	Periods	ille	
J Global Emergency Services	2014-180-4	Student - Basic - Spring	01/01/2015 - 05/31/2015	Wew/Print)
J UnitedHealth Allies	Notified Date	Request Date	Request Type	Email Address	
Confirm Other Insurance			Message Center - Emai	1	
Accident Details Forms	9/8/2014	09/04/2014	Notification		
Personal Representative Appointment	11/5/2013	09/03/2013	Message Center – Emai Notification	1	
a Submit New Form					
1 Mars Schmitted Forms	We understand th	at information about you and	your health is personal and w	ve are committed to pr	
D View Submitted Forms	and the second s	And a second sec	la a		rotecting that information. Plea
My Personal Information	click on the link by	elow to view our privacy polic	ies.		rotecting that information. Plea
My Personal Information My Email Preferences	Privacy Notice	elow to view our privacy polic	ies.		rotecting that information. Plea

15. If you choose to request a permanent ID card, you will see this page.

- a. Make sure your mailing address is correct.
- b. If it's not, click on "My Personal Information."

UnitedHealthcare		StudentResources
W ₀		SEARCH 60
Home > Self Service & Support > College Stud	<u>lents</u> > <u>MyAccount</u> > <u>ID Card Information</u> > Request Pe Student Health Insurance & Plans	ermanent ID Card Self Service & Support Request Information
Need Assistance? My Account User Guide View My Claims Locate a Network Provider ID Card Information Request Permanent ID Card View or Print ID Card Prescription Plan Information Current Coverage Information Coverage History Information View Insurance Applications	Notifications We do not have your correct SSN / ITIN. P Request Permanent ID Card Select the Name(s) to request a permanent ID C need further assistance, please call 1-888-344-69 f your dependents are not listed below, please Please verify your Mailing Address before contil be able to submit the ID Card request. 2020 N Perimeter Rd Apt. A40902 WSbible, V6 67098	lease update your information. ard. You should receive your ID Card within 7 to 10 business days. If you 104 (7:00 AM - 7:00 PM CST, Monday through Friday). call Customer Services at 1-888-344-6104. nuing. If the account does not have a Mailing Address on file, you will not
Collegiate Assistance Program Global Emergency Services UnitedHealth Allies Confirm Other Insurance Accident Details Forms Personal Representative Appointment Submitted Porms My Personal Information My Personal Information My Personal Information	Edit Address Primary Tram Anh Le Policy Number 2014-180-4 Student - Basic - Spring	Academic Year Coverage Periods 01/01/2015 - 05/31/2015 CONTINUE CANCEL

c. Update your address and click "CONTINUE."

		١	\backslash		*Required Fields
	TION		1		
IN SORED INT ORMA	non		1		
Last Name:	First Name:	Middle Initial:	Gender: Female	Date Of	Birth:
Permanent Address: Not Specified			School Ass	igned ID: Usernar	ne:
Expected Graduation (eg. mm/yyyy)	Date: SS	SN / ITIN: Why prov	vide this?	ne Number:*	xxxxx)
USMailingAddress:*	s is the same as my F	^o ermanent Address.	City:	;* e:* Zip Co] ode:*
(Mailing Address canno	t exceed 60 characte	ers)			
Change Password				C	ONTINUE CANCEL

d. Click "Return to My Account" and go to the page where you can request the permanent card.



e. Verify your address information, then check the box for the current semester and click "CONTINUE."

UnitedHealthcare			StudentResource:
Ψ.		SEARCH	60
e > Self Service & Support > College Stu	dents > MyAccount > ID Card Information > Request Pe	ermanent ID Card	
My Account	Student Health Insurance & Plans	Self Service & Support	Request Information
Need Assistance?			
My Account User Guide	Notifications		
View My Claims	 We do not have your correct SSN / ITIN. P 	lease update your information.	
Locate a Network Provider	1		
ID Card Information	Demonstration of ID Court		
Request Permanent ID Card	Select the Name(s) to request a permanent ID Card	ard. You should receive your ID Card with	in 7 to 10 business days. If yo
J View or Print ID Card	need further assistance, please call 1-888-344-6	104 (7:00 AM - 7:00 PM C ST, Monday throu	ugh Friday).
Prescription Plan Information	If your dependents are not listed below, please	call Customer Services at 1.888.344.6104	
Current Coverage Information	in your dependents are not nated before, prease		
Coverage History Information	Please verify your Mailing Address before conti	nuing. If the account does not have a Mail	ling Address on file, you will r
View Insurance Applications	be able to submit the iD card request.		
Value Added Benefits	YOUR ADDRESS		
Collegiate Assistance Program	Edit Address		
Global Emergency Services	Primary YOUR NAME		
UnitedHealth Allies	Policy Product Name	Academic Year Coverage	
Confirm Other Insurance	Number	Periods	
Accident Details Forms	Student - Basic - Spring	01/01/2015 - 05/31/2015	4
Personal Representative Appointment			CONTINUE CAN
J Submit New Form			

16. After you click "CONTINUE," you will see a red message showing that they received your request. You will also receive an email confirmation.

UnitedHealthcare				StudentResources
0.			SEA	RCH GO
Self Service & Support > College St	udents > MyAccount >	ID Card Information > Request	Permanent ID Card	
My Account	Student He	alth Insurance & Plans	Self Service & Support	Request Information
eed Assistance?			7	
/ly Account User Guide	Notificatio	ons	\mathbf{X}	
/iew My Claims	 We do no 	ot have your correct SSN / ITIN	 Please update your information. 	
ocate a Network Provider				
D Card Information	Dogwoot F	ormonant ID Card	\mathbf{X}	
Request Permanent ID Card	Select the Name	ermanent ID Card	D Card. You should receive your ID Card	d within 7 to 10 business days. If you
J View or Print ID Card	need further ass	sistance, please call 1-888-344	4-6104 (7:00 AM - 7:00 PM CST, Monday	through Friday).
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urrent Coverage Information				
overage History Information	Please verify you	ur Mailing Address before con hit the ID Card request	ntinuing. If the account does not have	a Mailing Address on file, you will not
iew Insurance Applications	VOUD ADD	DECC	$\mathbf{\lambda}$	
Value Added Benefits	YOUR ADD	KESS	$\langle \rangle$	
Collegiate Assistance Program	Edit Address			
Global Emergency Services	Primary YOUF	R NAME	\sim	
UnitedHealth Allies	Policy	Product Name	Academic Year Coverage	
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Accident Details Forms	X	Student - Basic - Spring	01/01/2015 - 05/31/2015 Succes	
Personal Representative Appointment				CONTINUE CANCEL
J Submit New Form				