Step By Step Enrollment Instructions:

Below please find step by step instructions which you will follow in order to complete the enrollment process.

1. You will visit [www.intlinsure.com/georgiacare/gsu-summer](http://www.intlinsure.com/georgiacare/gsu-summer) and will be taken to the following page. To begin the enrollment process, you will just need to hit Select Plan.
2. Once you hit select plan, you will be prompted to enter your Email Address and Date of Birth and select Coverage Period and Academic Year. Please make sure you are selecting 2016-2017 for Academic Year. Once all information has been inputted, you will need to click on Proceed to Product.
3. Once you click on Proceed to Product, you will then be taken to the following screen. On this page, you can review the plan, coverage start date, coverage end date, and total cost of the plan you selected. You also have the opportunity to add a dependent to coverage at this time.
4. If you wish to add a dependent to coverage, you will need to select: Add Spouse And/or Child. If you do not need to Add a dependent to coverage, you will click on “Proceed to Enrollment”
5. If you chose to add a dependent to coverage, you will be taken to the following page. On this page, you will need to Select Yes or No to add a spouse and select the number of children you would like to add to coverage. Once you have completed this information, you will click “Proceed To Next Step”. You will then be taken back to page mentioned in step #5 and total cost will be updated to include dependent Cost. From there you will just need to click on “Proceed to Enrollment” to move to the next step.
6. Once you click on “Proceed to Enrollment” as explained in Steps #5 and #6, you will be taken to the following page. On this Page, you will be required to input all your Information we need in order to process coverage such as Name, Student ID#, Gender, Mailing Address, ETC. Date of Birth will already be pre-populated since you have already provided this earlier in the enrollment process. After you have inputted all the Correct information, you will need to Click on Proceed to Share Information:

**Student Contact Information**

First Name: *


Middle Initial:


Last Name: *


DOB: *

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Gender: *

Please Select ▼

US Phone Number:


International Phone Number:


[] No USA Address


No USA Address

Address:* 

City:* 

State:* 

Please Select

Zipcode:* 

Country:* 

United States

Your Country of Origin:* 

Please select

Student ID#: * 

No Student ID

A Student ID number is the identification number assigned to you upon first entering or registering with your educational institution.

How did you hear about PGH Global?:

- Select - Details: 

PROCEED TO SHARE INFORMATION
7. Once you click on Proceed to Share Information, you will be taken to the following page. On this page, you will need to select either “I Agree” or “I Decline” to share your insurance information with your school. Please make sure you are selecting “I Agree” to this question so that the school can verify that you are in compliance with their insurance requirements. After you have made your selection, you will need to click on “Proceed to Payment”.
8. After you click on “Proceed to Payment”, you will be taken to the following page. On this page you will need to input your credit card information and then click on “Pay Now”
Country:  

United States  

State:  

Select state or province...  

OR Native State/Province:  

Zipcode:  

Unless otherwise stated in the Master Policy, coverage will be effective (if submitting via Online Services) the day the correct premium is submitted to the Company or the effective date of the coverage period, whichever is later. The student/visa holder is responsible for timely renewal payments. By submitting this application, the student/visa holder acknowledges the following: 1). He/she has carefully read the brochure and elects to enroll as indicated on the application; 2). He/she declares they meet the eligibility requirements for the plan selected; 3). That if it is later determined that the student is not eligible, or upon entrance into the armed forces, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

☐ I have read and agree to the terms stated above, and I elect to purchase insurance coverage under this insurance plan. Above are the choices I have made.

PAY NOW
9. Once payment goes through, you will be taken to a confirmation page which shows plan name, coverage dates, total charged, etc. which you may print for your Records.