Step By Step Enrollment Instructions:

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

1. To begin, please visit https://georgiacare.intlinsure.com/School/2113-Georgia%20State%20University and follow the on-screen instructions throughout the Registration Wizard, Steps 1-5:

   ![New Student Registration Wizard]

   **INSURED**
   Please enter the following information to get started on your student health insurance enrollment.
   Are you a returning student looking to renew? Click here to continue.

   **YOUR EMAIL ADDRESS**
   
   **CONFIRM EMAIL ADDRESS**
   
   **DATE OF BIRTH (MM/DD/YYYY)**
   
   **ACADEMIC YEAR**
   2018-2019
   
   **SELECT YOUR SCHOOL OR ORGANIZATION**
   Georgia State University
   
   **STUDENT CATEGORY**
   Summer Institute Students
   
   **COVERAGE IS FOR**
   Student Only
   
   **PICK A COVERAGE RANGE**
   Summer Institute (6/30/19-8/1/19)

   On this page, complete all required fields designated by an asterisk *. Enter your email address. Confirm your email address. Enter your Date of Birth in MM/DD/YYYY Format. Select 2018-2019 Academic Year. Select your Student Category: Summer Institute Students. If you want to enroll your dependents, select “Student and Children”, “Student and Spouse”, or “Student and Spouse, W/ Children”. Select the coverage range for which you wish to enroll: Summer Institute (6/30/19-8/1/19). Once complete, click the Policy button at bottom right to continue to next step in the Registration Wizard.
2. Policy

On this page, you receive a quote of the cost to enroll.

You can view benefit information and additional policy details by downloading your school’s Flyer and Brochure by selecting the designated links. You can also review the policy’s coverage features by selecting “View More Information”.

To continue to the next step in the Registration Wizard, click “SELECT THIS PLAN”
3. Enrollment

On this page, complete all required fields designated by an asterisk *. Enter your First Name, Middle Initial, and Last Name. Enter your Date of Birth. Select your Gender. Enter your U.S. based address or, if you do not yet have one, select “I do not have a US based address.” Enter your phone number. Select your Country of Origin. If you have a Student ID Number, select “Yes, I have a student ID” and enter it to the right under STUDENT ID #. Check off the CONSENT AGREEMENT box: “I hereby authorize PGHStudent to share my insurance with my school. I understand that sharing my insurance information is NOT a condition of purchase.” Once complete, click the Review button at bottom right to continue to next step in the Registration Wizard.
4. Review

Please review your information and make sure it is accurate before completing your enrollment and submitting payment. To make any necessary changes, click the Enrollment button on the left. To continue to payment, click the Payment button on the right.
5. Payment

To complete your enrollment, please enter your credit card information. We accept the following cards: Visa, MasterCard, Discover, and American Express. For your security, Visa and Mastercard will be verified through the Verified by Visa or Mastercard SecureCode platforms.

[Payment Method Selection]

**PAYMENT OF $85.80 USD**

To complete your enrollment, please enter your credit card information. We accept the following cards: Visa, MasterCard, Discover, and American Express. For your security, Visa and Mastercard will be verified through the Verified by Visa or Mastercard SecureCode platforms.

**Coverage**
2018-2019 GBOR GEORGIA STATE UNIVERSITY $85.80 USD

**Billing Address**

- **Billing First Name**: [ ]
- **Billing Last Name**: [ ]
- **Billing Address Line 1**: [ ]
- **Billing Address Line 2**: [ ]
- **Country**: [ ]
- **City**: [ ]
- **ZIP Code/Postal Code**: [ ]

**Card Details**

- **Card Number**: [ ]
- **Card Expire**: [ ]
- **CVV**: [ ]

Is your billing information the same as your enrollment information? Click here to populate these fields.

Unless otherwise stated in the Master Policy, coverage will begin 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/Policy holder is responsible for the timely renewal payments. By submitting this application, the student/Policy 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 that he/she meets the eligibility requirements for the plan selected. 3. That if it is later determined that the student is not eligible, or upon entry into the armed forces, the premium will be refunded. Premium will not be refunded except for the eligibility 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 choices I have made.

[Review] [Submit Online Enrollment]

To complete your enrollment, please enter your credit card information. We accept the following cards: Visa and MasterCard. For your security, we require credit cards to be verified through the Verified by Visa or Mastercard SecureCode platforms. Select "I have read and agree to the terms stated above, and I elect to purchase insurance coverage under this insurance plan. Above are choices I have made." To complete your enrollment, select the Submit Online Enrollment button on the bottom right.