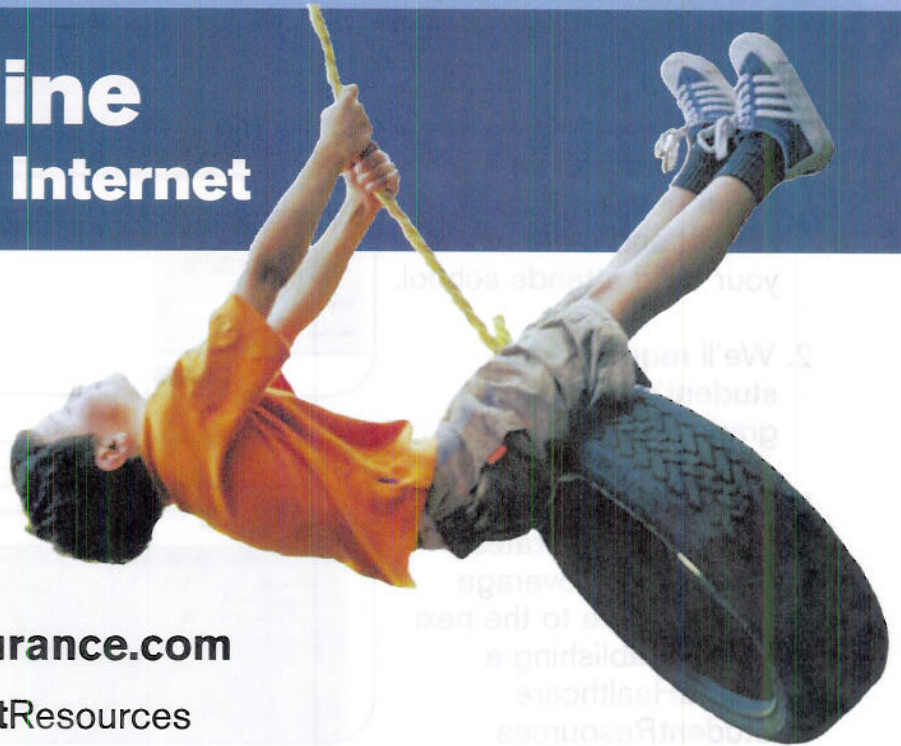


Our Student Insurance products protect thousands of kids from the bumps and bruises of growing up.

Nuestros productos de seguro para estudiantes protegen a millares de niños contra los golpes y caídas comunes a los niños.

Enroll Online
Regístrese por Internet



www.K12StudentInsurance.com

UnitedHealthcare StudentResources

K12 Accident and Health Plans available through your school:

- Injury and Sickness
- At-School Accident Only
- 24-Hour Accident Only
- Extended Dental
- Football

Seguro Escolar de Accidentes para Estudiantes (K-12) y Seguro Médico disponible a través de su escuela:

- Lesión y enfermedad
- Accidentes en la escuela
- Accidentes las 24 horas al día
- Dental extendido
- Fútbol Americano inter escolásticos

For questions please call 1-866-409-5733

Para preguntas por favor llame al 1-866-409-5733



Underwritten by UnitedHealthcare Insurance Company. For further details of the coverage including costs, benefits, exclusions, any reductions or limitations and the terms under which the policy may be continued in force, please refer to www.K12StudentInsurance.com. Student is able to purchase the coverage only if his/her school district is a policyholder with the insurance company.

Endorsado por UnitedHealthcare Insurance Company. Para mas detalles de la cobertura incluyendo costos, beneficio, excepciones, reducciones ó limitaciones y los términos bajo los que la póliza puede continuar en vigor, por favor referir al www.K12StudentInsurance.com. El estudiante puede comprar la cobertura solamente si su distrito escolar está asegurado con la compañía de seguros.

How to Enroll

Enrolling online is easy and should take only a few minutes.

Go to www.K12StudentInsurance.com and click the **“Enroll Now”** button.

Cómo matricularse

Matricularse en el internet es fácil y toma unos minutos.

Vaya al www.K12StudentInsurance.com haga clic en el botón **“Enroll Now”**.

1. Start by telling us the name of the school district and state where your child attends school.

2. We'll request each student's name and grade level.

3. You'll see the available plans and their rates. Select your coverage and continue to the next step, establishing a UnitedHealthcare StudentResources account.

4. We'll request information about you, like your name and email address.

5. Next, you'll enter information about the child or children to be covered.

6. Enter your credit card or eCheck payment information.

7. Finally, print out a copy of the confirmation for your records.

Search for Student's School System

First, let's determine if your student's school is one of our clients. If your student's school is not, you will be given the opportunity to edit this selection by student later in the enrollment process.

Enter the first few letters of the school system name (not the full address) and choose the state.

School System:

School State:

SEARCH

1. Empiece diciéndonos el nombre del distrito escolar y estado en donde su hijo atiende.

2. Necesitamos el nombre de cada estudiante y el grado.

3. Usted verá los planes disponibles y sus tarifas. Seleccione su cobertura y continúe al próximo paso estableciendo una cuenta en UnitedHealthcare StudentResources.

4. Requerimos información acerca de usted, como su nombre y correo electrónico.

5. Después, usted necesita poner la información de su hijo(s) que estarán cubiertos.

6. Ponga la información de su tarjeta de crédito ó pago por medio de eCheck.

7. Finalmente imprima una copia de la confirmación para que la guarde en su archivo.

Select Coverage

Here are the plans available at your school and the cost to cover your student. If you would like to proceed with the enrollment process, please select a desired optional coverage.

Student 1 - John Smith (High)			
1 Select a Plan	Triple Benefits	Do	
View plan materials			
View Health Plan Brochure			
24 Hour	\$135	<input checked="" type="radio"/>	
At School	\$24	<input type="radio"/>	

Provide Student Information

Please enter your student(s) information for each student to be enrolled.

Student 1 - John Smith (High School)

Name: John Smith

Student Social Security Number (optional): [Privacy Policy](#)
eg. 123-45-6789

Date of Birth:
eg. mm/dd/yyyy

Confirmation

Thank you for choosing Student Resources for your student insurance needs. Your eCheck payment information has been received and will be processed within two days. You will receive a confirmation email containing your User ID and Password shortly. If you have not received this email, you may access your account online at [www.k12studentinsurance.com](#) under the My Account link.

Grand Total	\$135.00
(This will be a one-time charge)	

Payment Information:

Payment Amount:	\$135.00
Payment Type:	Credit Card
Credit Card Type:	MasterCard
Credit Card Number:	*****5100
Expiration Date:	12/2014

John Smith
High School
Student: 123 Main St,
Address: Tampa, FL 33611
DOB: 2/2/1988