



My Account User Guide



Overview

My Account allows insured members to access insurance information online 24/7/365!

Once an online account is created, the user may log in and view or manage the account at any time.

Our secure site allows access to coverage information, print-friendly replacement ID cards and claims status including associated correspondence. Additionally, users are able to manage and update personal information such as address, email and telephone number to ensure that correspondence is delivered correctly.

This User Guide walks users through each of the features and benefits found in My Account.

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Log in to MyAccount

From the UHCSR.com home page, click the [Log into My Account](#) link found in the Direct Links area on the right side of the screen.

UnitedHealthcare StudentResources

SEARCH GO

Student Health Insurance & Plans | Self Service & Support | Request Information

Direct Links

- COLLEGE STUDENTS
 - [Login To My Account](#)
 - [Create Your Online Account Now](#)
 - [Find My School's Plan](#)
 - [Buy College Student Health Insurance Now](#)
- PARENTS OF COLLEGE STUDENTS
 - [Learn More About Student Health Insurance](#)
- SCHOOL ADMINISTRATORS
 - [Login to Partner Center Now](#)

ID CARD

Download on the App Store | ANDROID APP ON Google play

Mobile | About Us | Contact Us | Feedback | Privacy Policy | Terms Of Use | Site Map

Enter your user name and password to log into [My Account](#).

UnitedHealthcare StudentResources

SEARCH GO

Home > Self Service & Support > College Students > Login to My Account

College Students | Student Health Insurance & Plans | Self Service & Support | Request Information

My Account Login

New to My Account is Message Center; your self-service center for electronic communications. You will receive email notifications with instructions to login to My Account and review any recently added documents, as opposed to receiving paper copies in the mail. Click here to [create My Account now](#) if you do not have a Username and Password. Note that you'll need either your current email address or your 7-digit StudentResources ID number (found on your permanent ID card) to create your online account.

Username:*

Password:* LOGIN

Remember my ID on this computer

[Forgot your ID or password?](#)

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Upon successful login, you will see the Electronic Delivery Consent confirmation. This confirms that you consent to receive future communications from UHCSR electronically. If you choose to continue to receive paper communication you may go to **My Email Preferences** to change your preference.

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.

[CONTINUE](#)

Select Continue to be taken to the **My Account** Home Page. From this page you can access a variety of functions and information available. Use the navigation menu on the left side of the page to quickly access all areas of **My Account**.

The Notification bar appears at the top of each page until the requested information is provided.

UnitedHealthcare StudentResources

Home > Self Service & Support > College Students > MyAccount

My Account

- My Account User Guide
- Purchase Dependent Coverage
- View My Claims
- Locate a Network Provider
- ID Card Information
- Prescription Plan Information
- Current Coverage Information
- Coverage History Information
- View Insurance Applications
- Value Added Benefits
 - Collegiate Assistance Program
 - Global Emergency Services
 - UnitedHealth Allies
- Add Other Insurance
- Personal Representative Appointment
 - Submit New Form
 - View Submitted Forms
- My Personal Information
- My Email Preferences

Message Center

- My Messages
- My Documents
 - Claim Letters
- Logout of My Account

Student Health Insurance & Plans | Self Service & Support | Request Information

Notifications

- We do not have your correct SSN / ITIN. [Please update your information.](#)
- We do not have your other insurance information for the 2014 policy year. [Please update your information.](#)

My Account

Your StudentResources ID Number (SR ID) listed below under Insured Information, is a unique number used to identify each insured when submitting claims or making inquiries regarding eligibility.

If you have any questions with regard to your account, or if the Insured Information below is incorrect, please call 1-800-767-0700 (7:00 AM – 7:00 PM, CST, Monday through Friday) or email us at customerservice@uhcsr.com.

POLICY INFORMATION

- [View My Claims](#)
- [View Claims Address](#)
- [Locate a Network Provider](#)
- [View Prescription Plan Information](#)
- [View Personal Representative Form](#)
- [Current Coverage Information](#)
- [Coverage History Information](#)
- [View Insurance Applications](#)
- [My Personal Information](#)
- [ID Card Information](#)

VALUE ADDED BENEFITS

- [Collegiate Assistance Program](#)
- [Global Emergency Services](#)
- [UnitedHealth Allies Plan](#)

ADDITIONAL COVERAGE INFORMATION

Do you or any of your dependents covered on this StudentResources policy currently have other health insurance? Please provide that information here. This information is required to process any future claims that may be submitted to UnitedHealthcare StudentResources.

[Manage Other Insurance](#)

FORMS AND LETTERS

- [Personal Representative Appointment](#)

INSURED INFORMATION

If your dependent information listed below is incorrect or listed as "Unknown", please call us at 1-800-767-0700 (7:00 AM – 7:00 PM, CST, Monday through Friday).

Wylie Coyote	SR ID:	4057517
	ID:	

[Purchase Dependent Coverage](#)

ID CARD

Purchase Additional Insurance

Whether you need additional insurance for the current school year or for a new school year, online enrollment takes only minutes.

[Enroll Now](#)

Message Center [New Entries](#)


There are no new document(s).

My Personal Information [Edit](#)

Wylie Coyote
 SR ID: 4057517
 SSN / ITIN: Not Specified
 School Assigned ID: c4568709
 Gender: Male
 Date of Birth: 4/15/1993
 Expected Graduation Date: Not Specified
 Phone Number: (469) 228-6700
 Permanent Address:
 2301 W Plano Pkwy
 Plano
 TX 75075
 Mailing Address:
 2301 W Plano Pkwy
 Plano
 TX 75075
 Email Address:
 wbradley@uhcsr.com
 Username:
 wcoyote
[Change Password](#)

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If you have not previously supplied Other Insurance information, you will see a screen asking you to confirm any other insurance policies you may have, or certify that you have no other insurance. You may also click the “Remind Me Later” button to complete the information at a later date. The Other Insurance screen will appear each time you log in until you supply the requested information. You will be asked to provide this information each policy year.


StudentResources

Other Insurance

Please complete the information below for each health insurance policy, other than your current StudentResources policy, carried by you and any dependents you have included on your StudentResources policy. Providing this information will aid with expediting claim processing.


To certify that you have no other insurance, simply check the Insured Name(s) that you want to include and click the Certify No Insurance button.

To confirm other insurance information from another carrier, simply check the Insured Name(s) that you want to include and click the Confirm Other Insurance button.

OTHER INSURANCE - SUMMARY

Select	Insured Name	Relationship	Date of Birth	Last Updated
<input checked="" type="checkbox"/>	Ace Ventura	Self	7/14/1980	2/26/2015
	<div style="display: flex; justify-content: space-between; align-items: center;"> School Year ▼ Other Insurance </div>		Submitted	Action(s) ▼
	2014-2015	Certified No Other Insurance	2/26/2015	N/A
	2013-2014	Certified No Other Insurance	2/26/2015	N/A

CONFIRM OTHER INSURANCE
CERTIFY NO INSURANCE
REMIND ME LATER


StudentResources

Other Insurance

Thank You! Your information has been received. Please allow 3-5 days for this information to be entered in our system.

If you have changes to the Other Insurance Information provided, please edit Other Insurance in MyAccount.

OTHER INSURANCE - SUMMARY

Select	Insured Name	Relationship	Date of Birth	Last Updated
	Ace Ventura	Self	7/14/1980	3/20/2015
	<div style="display: flex; justify-content: space-between; align-items: center;"> School Year ▼ Other Insurance </div>		Submitted	Action(s) ▼
	2015-2016	Certified No Other Insurance	3/20/2015	N/A
	2014-2015	Certified No Other Insurance	2/26/2015	N/A
	2013-2014	Certified No Other Insurance	2/26/2015	N/A

CONTINUE

You may see a gold notification box at the top of your screen. This box appears when we are missing key pieces of information needed to provide you the best service possible. Click the link in the notification to access the page where you can review and submit the requested information. You may also hover your mouse over the request to see a pop up explanation about the request

The screenshot shows a web portal with three main navigation tabs: "Student Health Insurance & Plans", "Self Service & Support", and "Request Information". Below the tabs is a yellow notification box with a red exclamation mark icon. The notification text reads: "Notifications" followed by a bullet point: "We do not have your SSN / ITIN and/or your 1095-B Preferred Delivery Method. [Please update your information.](#)". To the right of the notification box is a blue callout box with white text: "The SSN / ITIN allows the IRS to match the mandated coverage we report to your tax return thus preventing delays/fees in processing your return." Below the notification box is a "My Account" section with the text "Have questions? Click [here](#) to get help." Underneath is a "POLICY INFORMATION" section with four links: "View My Claims", "View Claims Address", "Current Coverage Information", and "Coverage History Information". To the right of the policy information is a circular "ID CARD" icon and a pink button labeled "Purchase Additional Insurance".

If the requested information is the SSN/ITIN and/or your 1095-B Preferred Delivery Method, you will be taken to the **Tax Information** screen. Form 1095-B is used to report certain information to the IRS and to taxpayers about individuals who are covered by minimum essential coverage and therefore are not liable for the individual shared responsibility payment. For more information you may review the UnitedHealthcare Form 1095-B Electronic Delivery Consent Notice linked on this page.

Complete the information in Steps 1 and 2 on the page and click "**Submit**". If you do not have an SSN/ITIN, you may indicate so by clicking the check box under the SSN/ITIN field.

You will see an onscreen Tax Information Confirmation upon submission of the form. An email confirmation is also sent to the email address listed.

Tax Information Confirmation

As of 3/20/2015 at 2:21 PM all future 1095-B notifications will be delivered to the email address listed below.

Email Address: aceventura@email.com

Please go to [My Email Preferences](#) if you need to update your email address.

Thank you for choosing UnitedHealthcare **StudentResources**.

If you have provided the information for all of the alerts indicated in the gold Notifications box, it will disappear from your screen as soon as you leave this page.

Policy Information

The policy information section contains links to the following:

View My Claims – Shows your completed claims, claims in process and claim letters. Click the link or icon in the **Details** column to see the EOB (Explanation of Benefits) for the claim.

The screenshot shows the 'My Claims' page on the UnitedHealthcare StudentResources website. The page is titled 'My Claims' and includes a navigation menu on the left with options like 'My Account', 'Message Center', and 'Logout of My Account'. The main content area is divided into two sections: 'COMPLETED CLAIMS' and 'CLAIMS BEING PROCESSED'. Each section has a search bar and a table of claims. The 'COMPLETED CLAIMS' table shows one claim with a process date of 9/15/2012, patient Casper, Elmo, and a claim amount of \$38.00. The 'CLAIMS BEING PROCESSED' table shows one claim with a date of service of 10/20/2012, patient Casper, Elmo, and a claim amount of \$28.70.

Process Date	Patient	Date Of Service	Provider	Claim Amount	Paid Amount	Details
9/15/2012	Casper, Elmo	9/15/2012	DFW MEDICAL ASSOCIATESP	\$38.00	\$38.00	PDF Pending

Date Of Service	Patient	Provider	Claim Amount	Claim Status
10/20/2012	Casper, Elmo	DFW MEDICAL ASSOCIATESP	\$28.70	Received

View Claims Address – This is the address where you mail your claims for reimbursement. We do not require a claim form.

The screenshot shows the 'Claims Address' page on the UnitedHealthcare StudentResources website. The page is titled 'Claims Address' and includes a navigation menu on the left with options like 'My Account', 'Message Center', and 'Logout of My Account'. The main content area provides the mailing address for claims: UnitedHealthcare StudentResources, P.O. Box 809025, Dallas, TX 75380-9025. It also provides the fax number: (469) 229-5510.

UnitedHealthcare StudentResources
P.O. Box 809025
Dallas, TX 75380-9025

OR

Fax # (469) 229-5510

Locate a Network Provider – If your plan uses a participating provider network, you will be able to look up providers from this page.

UnitedHealthcare StudentResources

SEARCH GO

Home > Self Service & Support > College Students > MyAccount > Locate Network Provider

My Account | Student Health Insurance & Plans | Self Service & Support | Request Information

Locate Network Provider

Select the link(s) below to locate a network provider in your area.

Provider networks change periodically. To ensure that a provider is participating in the network, please use these links before making an appointment.

Healthcare provider or facility
Please use this link to search for participating providers or facilities.

[UHC Options PPO](#)

Mental Health provider or facility
Please use this link to search for a mental or behavioral health provider or facility.

[United Behavioral Health](#)

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Click the Provider Network links to access the Provider Search sites. *Note that the PPO you are participating in may be different than the example shown.*

UnitedHealthcare Help

Find a Physician or Facility

English | Español

Search: Anywhere
[Change address](#)

New Search Name, Facility, Specialty or Condition

Personalized Physician Search

Find a provider who treats other people with your conditions, age, and gender

You will be asked to provide your health conditions, age range and gender.
Information you provide is not saved in our system.

PHYSICIAN SPECIALTIES	FACILITIES	CONDITIONS
Cardiology	Hospital	Arthritis
Chiropractor	Urgent Care/Convenience Care	Asthma
Dermatology	All Ancillary Care	Breast Cancer
Ear, Nose and Throat (ENT)	Ambulance Services	Diabetes

If you are participating in a UnitedHealthcare PPO, the **United Behavioral Health** Link takes you to the Live and Work Well Clinician Search Screen.

Enter your search criteria to locate a provider.



Clinician Search



This general Clinician Web Search provides you with a list of UBH Behavioral Health Clinicians and Clinician Groups.

Important note - It may take up to 10 business days to be seen by a clinician. If you feel you need urgent help, please call the toll free number for Mental Health / Substance Abuse on your Insurance ID card.

United Behavioral Health (UBH) provides this listing of clinicians and clinician groups for informational purposes only. **Many benefit plans require you to call UBH to obtain certification before you obtain services.** Services that have not been certified as required by your benefit plan will not be eligible for reimbursement. UBH will certify services and clinicians that are appropriate given your unique circumstances and your benefits (the clinician may be different from those you've looked up).

Searching for an in-patient facility?

Most Plans support the ability to request a certification online for routine outpatient procedures. From the liveandworkwell home page, go to My Claims & Coverage and select "Certification Request" and follow the easy instructions. If you are looking for an in-patient Mental Health or Substance Abuse facility for partial hospitalization, residential, rehabilitation, detoxification or other inpatient services, please call the toll free number for Mental Health/Substance Abuse on your Insurance ID card and our skilled staff will assist you in finding a facility to meet your needs.

Seeking Employee Assistance Program Services?

The full range of clinicians is listed for persons seeking to use their mental health and substance abuse benefits. Master's level clinicians are the most appropriate resources for EAP services because Employee Assistance services are for assessment and referral. If you need further treatment, these master's level clinicians are also available for mental health and substance abuse services or you may be referred to another clinician.

Please Note:

Facility Search

To find inpatient Mental Health or Substance Abuse facility for partial hospitalization, residential, rehabilitation, detoxification or other inpatient services, please [click here](#).

Clinician Search

1. Search for:

- All Clinicians
- Medicare & Medicaid Clinicians only
- Medicare Clinicians only
- Medicaid Clinicians only

2. You must select a state:

State:

3. Enter only one of the following: City, Zip Code, Clinician First & Last Name, or Clinician Group Name.

Search By City

City:

[Radius:](#) within miles of city

Or Search By Zip Code

Zip Code:

[Radius:](#) within miles of zip

View Personal Representative Form - Shows a list of Personal Representative Appointment forms you have submitted

UnitedHealthcare StudentResources

Home > Self Service & Support > College Students > MyAccount > Personal Representative Appointment > View Submitted Forms

My Account | Student Health Insurance & Plans | Self Service & Support | Request Information

Personal Representative Appointments (Electronic Only)

Please select the Personal Representative Appointment form you want to view by clicking on the appropriate link. If you want to revoke a Personal Representative Appointment, click on the appropriate link to view the form and complete the Revoke Personal Representative Appointment section.

Submission Date	Submission Time	Policy #	School / Association	Status	
11/3/2011	10:23 AM	2011-601843-01	Demonstration University 4		PRA Form
11/3/2011	9:58 AM	2011-601843-01	Demonstration University 4		PRA Form
11/3/2011	9:58 AM	2010-601843-01	Demonstration University 4	Active	PRA Form

Click the **PRA Form** link to review the name and address of your appointed representatives.

UnitedHealthcare StudentResources

Home > Self Service & Support > College Students > MyAccount > Personal Representative Appointment > View PRA

My Account | Student Health Insurance & Plans | Self Service & Support | Request Information

Personal Representative Appointment

Form Submit Date: 1/7/2013

PERSONAL REPRESENTATIVE APPOINTMENT

Insured Information

Name: ELMO CASPER
 SR ID: 2019103
 Address: 123 UNIVERSITY DR.
 PLANO, TX 75075
 Policy: 2012-601840-01 (Demonstration University)

Personal Representative Information

Representative 1

First Name:* Mildred
 Last Name:* Casper
 Address:* 123 University Dr
 Plano, TX 75075

SIGNATURE

I have reviewed the personal representative information and verify that it is accurate and correct. I understand that clicking the "Submit" button documents my intent to submit the personal representative appointment request details I have provided for all policy years selected and for all conditions. I understand that I have the option of limiting the information shared with a third party, or providing more specific details of the information regarding who is authorized on my behalf, by printing and completing the [PRI-SI-FO-09 Authorization From Individual Form](#).

Please enter your full name exactly as it appears below in the textbox that follows

Member Signature:* Date:*

[PRINT](#) [RETURN TO SUBMITTED PRA FORMS LIST](#)

REVOKE PERSONAL REPRESENTATIVE APPOINTMENT

Please allow up to three business days for processing your request to revoke this Personal Representative Appointment. If you need to revoke this appointment sooner than three days, please call Customer Service at 1-800-767-0700.

By revoking this Personal Representative Appointment, I am confirming removal of the designation of this personal representative to act on my behalf in matters of health insurance with UnitedHealthcare Student Resources.

[REVOKE](#)

If you wish to remove the designation of one of your appointed representatives, click the **"Revoke"** button.

View Prescription Plan Information – If your plan has a Prescription Drug Plan, details about the plan will be found here.

The screenshot shows the UnitedHealthcare StudentResources website. The page title is "Prescription Plan Information". The left sidebar contains a navigation menu with sections: "My Account" (My Account User Guide, View My Claims, Locate a Network Provider, ID Card Information), "Prescription Plan Information" (Current Coverage Information, Coverage History Information, View Insurance Applications, Value Added Benefits: Collegiate Assistance Program, Dental, Global Emergency Services, UnitedHealth Allies, Add Other Insurance, Accident Details Forms, Personal Representative Appointment: View Submitted Forms, My Personal Information, My Email Preferences), "Message Center" (My Messages), and "My Documents" (Claim Letters). The main content area is titled "Prescription Plan Information" and includes a search bar, a breadcrumb trail (Home > Self Service & Support > College Students > MyAccount > Prescription Plan Information), and a sub-header "NATIONAL PRESCRIPTION DRUG PLAN". The text states: "UnitedHealthcare StudentResources' insureds may have access to a comprehensive and quality prescription plan program. Once you've created your prescription plan online account you'll have access to:" followed by a bulleted list: Prescription refills/renewals, New prescription requests, Retail and mail-order prescription history, Over-the-counter product offering, Health and well-being information, and E-mail reminders. Below the list are links for "Pharmacy Locator", "tier status list", and "Login to your online Prescription Plan account" (with phone number 1-855-828-7716). A note for first-time users says: "Please follow the onscreen prompts to create your Prescription Plan account." There is also a "Welcome Brochure" link and a link to submit a "Prescription Reimbursement Request Form" with pharmacy receipts for OptumRx claims.

From this screen, you may click the **Login to your online Prescription Plan** account link to create or log into your Prescription Plan account at OptumRx.

The screenshot shows the OptumRx website. The header includes the OptumRx logo and navigation links for "Clients", "Health Care Professionals", and "Consultants". The main banner features a photograph of a mailbox with the text "Get medications in the mail". On the right side, there is a "Member Log In" section with input fields for "User Name" and "Password", a "LOG IN »" button, and a "Log In Help" link. Below the login section is a "REGISTER NOW »" button with a "Not Sure? Find Out More" link. At the bottom, there is a "Welcome to OPTUMRx" message and a section for "Already a member?" which states: "There's no need to re-register. Simply login with your existing User Name and Password".

Once you have registered for your online Prescription Plan account you may view your prescription history. You may also view the latest Prescription Drug List, locate a participating pharmacy, or get started with mail order (if applicable for your plan) by clicking the appropriate links on the **left side of the page**.

Current Coverage Information – Shows current coverage information and links to coverage history.

UnitedHealthcare StudentResources

SEARCH GO

Home > Self Service & Support > College Students > MyAccount > Current Coverage

My Account Student Health Insurance & Plans Self Service & Support Request Information

Current Coverage Information

Below is a summary of your current coverage information. To access previous coverage information, select the [View Coverage History Information](#) link at the bottom of the page.

Covered Insured:	CASPER, ELMO	Primary Name:	CASPER, ELMO
Date of Birth:	2/12/1981	Policy Number:	2012-601840-01
Social Security Number:	N/A	SR ID:	2019103
Client Name:	Demonstration University		
Product Name:	Student - Basic - Annual		
Coverage Type:	Student		
Coverage Effective Date:	9/10/2012	Coverage Expiration Date:	9/9/2013

[View Coverage History Information](#)

Coverage History Information – Direct link to Coverage History

UnitedHealthcare StudentResources

SEARCH GO

Home > Self Service & Support > College Students > MyAccount > Coverage History

My Account Student Health Insurance & Plans Self Service & Support Request Information

Coverage History Information

Below is the coverage history information.

Covered Insured:	CASPER, ELMO	Primary Name:	CASPER, ELMO
Date of Birth:	2/12/1981	Policy Number:	2012-601840-01
Social Security Number:	N/A	SR ID:	2019103
Client Name:	Demonstration University		
Product Name:	Student - Basic - Annual		
Coverage Type:	Student		
Coverage Effective Date:	9/10/2012	Coverage Expiration Date:	9/9/2013

Covered Insured:	CASPER, ELMO	Primary Name:	CASPER, ELMO
Date of Birth:	2/12/1981	Policy Number:	2011-601840-01
Social Security Number:	N/A	SR ID:	2019103
Client Name:	Demonstration University		
Product Name:	Student - Basic - Annual		
Coverage Type:	Student		
Coverage Effective Date:	9/10/2011	Coverage Expiration Date:	9/9/2012

View Insurance Applications – If you have enrolled by filling out an enrollment form and sending it in to us, or have enrolled online and paid us directly, you will be able to access an electronic image of your application. If you enrolled through your school, there will not be an insurance application to view.

UnitedHealthcare StudentResources

Home > Self Service & Support > College Students > MyAccount > Insurance Applications

Buy College Student Insurance Buy K-12 Insurance

My Account Student Health Insurance & Plans Self Service & Support Request Information

Insurance Applications (Electronic Only)
Please select the application you want to view by clicking on the appropriate link.

INSURANCE APPLICATIONS			
Submission Date	Submission Time	Status	
09/19/2007	10:53:30 AM	Approved	Insurance Application

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Click the **Insurance Application's** link to view the Insurance application on file.

UnitedHealthcare StudentResources

Home > Self Service & Support > College Students > MyAccount > Insurance Applications > Insurance Application Details

Buy College Student Insurance Buy K-12 Insurance

My Account Student Health Insurance & Plans Self Service & Support Request Information

Insurance Application Details

First Name: Mel-basic M.I.: Last Name: Basic

Social Security Number: N/A Gender: Female

Date of Birth: 12/15/1992 Student ID: 987654

Expected Graduation Date: 8/2009 Home Phone Number: 469-555-5555

Email Address: mmina@uhcsr.com

Permanent Address: Address: 2301 W. Plano pkwy City: Plano State: TX Zip Code: 75075

Payment Information: Payment Amount: \$851.00 Payment Type: Credit Card Credit Card Type: MasterCard Expiration Date: 12-2007 Name on Card: John Doe

SPOUSE

Last Name:	First Name:	M.I.:	Social Security Number:	Gender:	Date of Birth:
Basic	Spouse		***-**-6789	Male	1/1/1991

CHILDREN

Last Name:	First Name:	M.I.:	Social Security Number:	Gender:	Date of Birth:
Basic	Child1		***-**-6123	Female	12/15/2000
Basic	Child2		***-**-9874	Male	1/1/2002

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My Personal Information – This screen allows you to update your personal or demographic information for our files. A quick view of your personal information is shown in the box on the right side of the **My Account** home screen.

When you change your personal information, be sure to let your school know of these changes. Otherwise, if we receive updates from your school your changes will be overwritten.

You will make changes to your email address on the My Email Preferences screen

ID Card Information

Use these links to request a replacement ID card or print a .pdf copy. An electronic ID Card is also available on your Smartphone by downloading our UHCSR app from your app store.

Permanent ID Cards are printed and mailed to the address on file the day after your request is made. If your original ID card was mailed to the school for distribution, your replacement ID card may also be mailed to the school. If you don't receive your replacement ID card in 10 days, please call Customer Service at 800-767-0700.

Request Permanent ID Card – Use this link to request a replacement ID card for you or any member of your family.

UnitedHealthcare StudentResources

SEARCH GO

Home > Self Service & Support > College Students > MyAccount > Request Permanent ID Card

My Account Student Health Insurance & Plans Self Service & Support Request Information

Request Permanent ID Card

Select the Name(s) to request a permanent ID Card. You should receive your ID Card within 7 to 10 business days. If you need further assistance, please call 1-800-767-0700 (7:00 AM – 7:00 PM, CST, Monday through Friday).

If your dependents are not listed below, please call Customer Services at 1-800-767-0700.

Please verify your Mailing Address before continuing. If the account does not have a Mailing Address on file, you will not be able to submit the ID Card request.

123 UNIVERSITY DR.
PLANO, TX 75075
[Edit Address](#)

Primary ELMO CASPER

Policy Number	Product Name	Academic Year Coverage Periods
<input type="checkbox"/> 2012-601840-1	Student - Basic - Annual	09/10/2012 - 09/09/2013

[CONTINUE](#) [CANCEL](#)

View or Print ID Card – View your permanent ID card or print a .pdf version from your computer printer.

UnitedHealthcare StudentResources

SEARCH GO

Home > Self Service & Support > College Students > MyAccount > View or Print ID Card

My Account Student Health Insurance & Plans Self Service & Support Request Information

View or Print ID Card

Select the View/Print link next to the coverage record you wish to view and print the ID card for.

If your dependents are not listed below, please call Customer Service at 1-800-767-0700 (7:00 AM – 7:00 PM, CST, Monday through Friday).

Primary ELMO CASPER

Policy Number	Product Name	Academic Year Coverage Periods	
2012-601840-1	Student - Basic - Annual	09/10/2012 - 09/09/2013	View/Print

Additional Coverage Information

If you or any of your dependents covered on the **StudentResources** policy currently have other health insurance, you may provide that information here.

Click the **Manage Other Insurance** link to tell us about any other insurance policies you may have.

UnitedHealthcare StudentResources

Home > Self Service & Support > College Students > MyAccount > Confirm Other Insurance

SEARCH GO

My Account Student Health Insurance & Plans Self Service & Support Request Information

Other Insurance

Please complete the information below for each health insurance policy, other than your current StudentResources policy, carried by you and any dependents you have included on your StudentResources policy. Providing this information will aid with expediting claim processing.

To certify that you have no other insurance, simply check the Insured Name(s) that you want to include and click the Certify No Insurance button.

To confirm other insurance information from another carrier, simply check the Insured Name(s) that you want to include and click the Confirm Other Insurance button.

OTHER INSURANCE - SUMMARY

Select	Insured Name	Relationship	Date of Birth	Last Updated
<input checked="" type="checkbox"/>	Ace Ventura	Self	7/14/1980	3/20/2015
	School Year <input type="text"/> Other Insurance		Submitted	Action(s)
	2015-2016 Blue Cross Blue Shield (1/1/2015-Current)		3/20/2015	Edit
	2015-2016 Certified No Other Insurance		3/20/2015	N/A
	2014-2015 Blue Cross Blue Shield (1/1/2015-Current)		3/20/2015	Edit
	2014-2015 Certified No Other Insurance		2/26/2015	N/A
	2013-2014 Certified No Other Insurance		2/26/2015	N/A

CONFIRM OTHER INSURANCE **CERTIFY NO INSURANCE** **CANCEL**

Select the appropriate button at the bottom of the screen to either submit your other insurance information or certify that you have no other insurance. Complete the information as required.

CERTIFY NO INSURANCE

This information applies to the insured(s) below.

Insured Name
Wylie Coyote

Please indicate the school year(s) to which this certification applies.
 2014-2015

*I hereby certify that the family members listed above do not have any other type of medical insurance.

Date: Signature:*

SUBMIT **CANCEL**

Complete the requested information and click the “Submit” button. Click the “Confirm Other Insurance” button again and complete the information requested for each family member.

CONFIRM OTHER INSURANCE

This insurance information applies to the insured(s) below.

Is this Other Insurance Medicaid and/or Military?*
 YES NO

Insured Name
SUE COLLEGE

Effective Date*

(ex. mm/dd/yyyy)

Date:

SUBMIT **CANCEL**

ADD OTHER INSURANCE

This insurance information applies to the insured(s) below. Check all that apply. *Note: Do not include your current UnitedHealthcare StudentResources policy.

Insured Name **Relationship to Other Insurance Policyholder**
Wylie Coyote

Is this Other Insurance Medicaid and/or Military?*
 YES NO

Name of other insurance carrier* <input type="text"/>	Phone Number of other insurance carrier* <input type="text"/> <i>(ex. 999-999-9999 or 9999999999)</i>
Policy Number* <input type="text"/>	Group Number* <input type="text"/>
Effective Date* <input type="text"/> <i>(ex. mm/dd/yyyy)</i>	<input checked="" type="radio"/> Termination Date <input type="radio"/> Current <input type="text"/> <i>(ex. mm/dd/yyyy)</i>

Please select all school year(s) this Other Insurance covers.
 2014-2015

Policyholder Name*

Policyholder Address*

(ex. Street Address, City, State, Zip)

Policyholder Date of Birth*


(ex. mm/dd/yyyy)

Date: **Signature:***

SUBMIT **CANCEL**

Forms and Letters

Accident Details Form- This section contains a link to the Accident/Injury form that must be filled out to provide details of any accident or injury that occurs

StudentResources
SEARCH
Home > Self Service & Support > College Students > MyAccount > Accident Details Form

- My Account
 - My Account User Guide
 - View My Claims
 - Locate a Network Provider
 - Request Permanent ID Card
 - View or Print ID Card
 - Prescription Plan Information
 - Current Coverage Information
 - Coverage History Information
 - View Insurance Applications
 - Value Added Benefits
 - Collegiate Assistance Program
 - Scholastic Emergency Services
 - UnitedHealth Allies
 - > Accident Details Form**
 - Personal Representative Appointment
 - Submit New Form
 - View Submitted Forms
 - My Personal Information
 - My Email Preferences
- Message Center
 - My Messages
 - My Documents
 - Claim Letters
- Logout of My Account

Student Health Insurance & Plans

Self Service & Support

Request Information

Accident Details Form

You may use this form to submit your accident information. Complete the details and click the submit button below. Once the information is received the processing of your claim will continue.

***Required Fields**

ACCIDENT DETAILS

Patient:

Accident Date: * (eg. mm/dd/yyyy)

Accident Details: *

Was your injury due to an intramural (injury involving members of your current institute instead of members of or teams from various institutes, excluding athletics) or club sports?
 YES NO If yes, which sport?

Was your injury due to an intercollegiate (injury involving of occurring between members of tow or more colleges or universities) sports?
 YES NO If yes, which sport?

Was your injury related to an on the job injury? If yes, we need the company name, address and phone number. Also, include the policy number and the name of the policy holder.
 YES NO

Company Name: Company Phone:

Company Address:

Policy Number: Policy Holder Name:

Was your injury involving a third-party? If yes, we will need the company name, address, phone number, and police report.
 YES NO

Third-Party Name: Third Party Phone:

Third Party Address:

Do you have a copy of the police report which you intend to submit for consideration of your claim or claims?
 YES NO

NOTE: In order for us to expedite the processing of your claims, please include your member id number 2019103 on all correspondence. Please mail a copy of the police report to

UnitedHealthcare StudentResources/First Student
P.O. Box 809025
Dallas, Texas 75380

Personal Representative Appointment - Use this link to complete a Personal Representative Appointment (PRA) form. This form authorizes us to disclose information to your representative as if we were giving it to you.

UnitedHealthcare StudentResources

SEARCH **GO**

Home > Self Service & Support > College Students > MyAccount > Personal Representative Appointment > Submit New Form

My Account | **Student Health Insurance & Plans** | **Self Service & Support** | **Request Information**

Personal Representative Appointment (PRA) Form

To authorize another individual to act on behalf of the Primary Insured for health insurance matters with UnitedHealthcare StudentResources, submit the online form below. This authorizes us to disclose information to your Representative as if we were giving it to you.

If you would like to limit the information shared with a third party, or provide more specific details of the information regarding who is authorized to act on your behalf, please print and complete the [PRI-SI-FQ-09 Authorization From Individual Form](#) and fax or mail it to the address on the form.

To designate a personal representative for a dependent, please print either the [Personal Representative Appointment Form](#) or the [PRI-SI-FQ-09 Authorization From an Individual Form](#) and fax it or mail it as instructed on the form.

***Required Fields**

PERSONAL REPRESENTATIVE APPOINTMENT

By submitting this form, I do hereby appoint the designated individual as my personal representative to act on my behalf in the matters of health insurance with UnitedHealthcare StudentResources.

I understand this is a voluntary designation and that this designation gives the personal representative the same rights to my health insurance information as myself. This appointment will apply to the designated policies until revoked.

Insured Information

Name: ELMO CASPER
SRID: 2019103
Permanent Address: 123 UNIVERSITY DR. [Edit Address](#)
 PLANO, TX 75075
Mailing Address: 123 UNIVERSITY DR.
 PLANO, TX 75075

Select all policies that you wish to appoint this Personal Representative for:*

2012-601840-01 (Demonstration University)
 2011-601840-01 (Demonstration University)

PERSONAL REPRESENTATIVE INFORMATION

You may list up to five personal representatives on this form. To include more than one representative on this form, please use the button below. If you need to appoint more than five personal representatives, you may submit additional forms for the same policy.

ADD REPRESENTATIVE

Representative 1

Organization or Entity:

Insured Information

This section lists each insured member of the family along with the **StudentResources** ID number.

INSURED INFORMATION

If your dependent information listed below is incorrect or listed as "Unknown", please call us at 1-800-505-5450 (7:00 AM – 7:00 PM, CST, Monday through Friday).

JOHN DOE	SR ID: 2475289
SCOTT DOE	SR ID: 2764524
JANE DOE	SR ID: 2475290
AARON DOE	SR ID: 2475291

My Email Preferences

Use this section to indicate your Message Center Notice Options. The preferred email address is shown—this is the email address at which you will receive all electronic communication from us. If the email address is incorrect, please update it here. You may opt-out of email communications by checking the designated check box.

The screenshot displays the UnitedHealthcare 'My Email Preferences' page. At the top left is the UnitedHealthcare logo, and at the top right is the 'StudentResources' header. A search bar is located in the top right corner. Below the header is a breadcrumb trail: Home > Self Service & Support > College Students > MyAccount > Email Preferences. The main content area is divided into three tabs: 'Student Health Insurance & Plans', 'Self Service & Support', and 'Request Information'. The 'My Email Preferences' section is active. It contains two main sections: 'MESSAGE CENTER EMAIL' and 'MESSAGE CENTER NOTICE OPTIONS'. The 'MESSAGE CENTER EMAIL' section includes fields for 'Preferred Email Address*', 'Confirm Preferred Email Address*', and 'School-Provided Email Address'. The 'MESSAGE CENTER NOTICE OPTIONS' section includes a checkbox for 'Opt-Out of Email' and a note about paper notices. A red arrow points to the 'My Email Preferences' link in the left navigation menu. At the bottom right of the main content area are 'CONTINUE' and 'CANCEL' buttons. The footer contains links for 'About Us', 'Contact Us', 'Feedback', 'Privacy Policy', 'Terms Of Use', and 'Site Map'.

UnitedHealthcare StudentResources

SEARCH GO

Home > Self Service & Support > College Students > MyAccount > Email Preferences

My Account Student Health Insurance & Plans Self Service & Support Request Information

My Email Preferences

MESSAGE CENTER EMAIL

Please verify your preferred email address below to be used for all Message Center electronic communications.

Preferred Email Address:*

Confirm Preferred Email Address:*

School-Provided Email Address: N/A

MESSAGE CENTER NOTICE OPTIONS

Please select Opt-Out, if you would like to receive paper notices as your preferred form of communication for the following types: EOBs and Claim Letters.

Electronic Notice Opt-Out:

Opt-Out of Email (select this to no longer receive Notices via email)

Please Note: By selecting Opt-Out, Paper only notices will be sent to a valid mailing address.

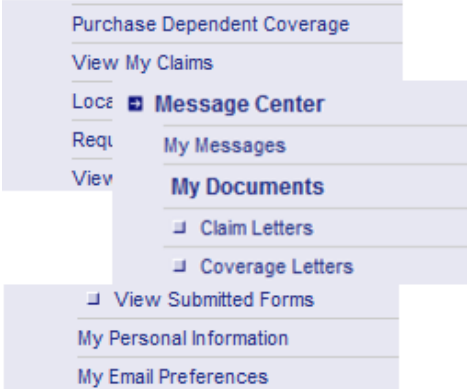
CONTINUE CANCEL

My Account User Guide
View My Claims
Locate a Network Provider
Request Permanent ID Card
View or Print ID Card
Prescription Plan Information
Current Coverage Information
Coverage History Information
View Insurance Applications
Value Added Benefits
Collegiate Assistance Program
Scholastic Emergency Services
UnitedHealthcare Alliance
Accident Details
Personal Representative Appointment
Submit New Form
View Submitted Forms
My Personal Information
My Email Preferences
Message Center
My Messages
My Documents
Claim Letters
Logout of My Account

About Us | Contact Us | Feedback | Privacy Policy | Terms Of Use | Site Map

Message Center

UnitedHealthcare **StudentResources** is committed to doing our part to reduce waste and its impact on the environment whenever possible. Part of this commitment includes reducing our use of paper during claims processing. The Message Center box at the top right side of your MyAccount Home page links to any email messages we may have sent to you. Use the navigation bar on the left side of your screen to access documents such as Claim Letters or Coverage Letters. Your Claim EOB's are accessed on the View My Claims page by selecting the icon in the Details column of the page.



Message Center New Features

[You have 10 new message\(s\).](#)
[You have 3 new Claim Letter\(s\).](#)
[You have 3 new Coverage Letter\(s\).](#)
[You have 6 new Completed Claim\(s\).](#)

My Documents—Claim Letters

Claim letters are shown in one of three separate tabs—Action Required (Open); Action Required (Completed) and Informational Only. Once we receive the items requested in any letters found in the Action Required (Open) tab, we will move the letter to the Action Required (Completed) tab. Click on the icon in the Details section to view the email that was sent.

The screenshot shows the UnitedHealthcare StudentResources interface. The breadcrumb trail is: Home > Self Service & Support > College Students > Message Center > My Documents > Claim Letters. The page title is 'My Documents - Claim Letters'. A note states: 'Claim Letters will be retained for two (2) calendar years.' Below this, a legend explains the tabs: 'Action Required - Open' (indicates letters requiring action), 'Action Required - Completed' (indicates letters where requested information has been received), and 'Informational Only' (indicates letters available for review). A note specifies: '*Note: Claim Letters sent out prior to January 1, 2013 do not have PDF detail available and will be displayed as N/A.' The 'Action Required (Completed)' tab is selected. A 'Show 10 entries' dropdown is visible. A table displays one entry:

Date Sent	Patient	Recipient	Description	Details
8/1/2012	Casper, Elmo	PROVIDER	Please call customer service at 800-767-0700 for further details.	

Below the table, it says 'Showing 1 to 1 of 1 entries' and includes navigation buttons: First, Previous, 1, Next, Last.

My Documents—Coverage Letters

If your state requires us to send out Certificates of Creditable Coverage you will find them in the My Documents—Coverage Letters section. Click on the icon in the Details column to view the letter.

UnitedHealthcare StudentResources

SEARCH GO

Home > Self Service & Support > College Students > Message Center > My Documents > Coverage Letters

My Account

- My Account User Guide
- View My Claims
- Locate a Network Provider
- Request Permanent ID Card
- View or Print ID Card
- Current Coverage Information
- Coverage History Information
- View Insurance Applications
- Accident Details Form
- Personal Representative Appointment**
 - Submit New Form
 - View Submitted Forms
- My Personal Information
- My Email Preferences

Message Center

- My Messages
- My Documents**
 - Claim Letters
 - Coverage Letters
- Logout of My Account

Student Health Insurance & Plans | **Self Service & Support** | **Request Information**

My Documents - Coverage Letters

Coverage Letters will be retained for two (2) calendar years.

Show 10 entries

Date Sent	Health Plan Name	Participants	Coverage Begin Date	Coverage End Date	Details
1/16/2013	Demonstration University	Elmo Casper	11/20/2012	12/1/2012	
Notified On: 1/17/2013					
1/15/2013	Demonstration University	Elmo Casper	11/20/2012	12/1/2012	
Notified On: 1/15/2013					
1/15/2013	Demonstration University	Elmo Casper	11/20/2012	12/1/2012	
Notified On: 1/17/2013					

Showing 1 to 3 of 3 entries

First Previous 1 Next Last

[About Us](#) | [Contact Us](#) | [Feedback](#) | [Privacy Policy](#) | [Terms Of Use](#) | [Site Map](#)

Navigation Tabs

Use the tabs across the top of the page to access additional information and tools.



Student Health Insurance and Plans

On this page you may find your school's plan materials, as well as links to information about additional products and services offered.

The screenshot shows the UnitedHealthcare website interface. At the top left is the UnitedHealthcare logo. To the right is a search bar with the text "SEARCH" and a "GO" button. Below the logo is a breadcrumb trail: "Home > Student Health Insurance & Plans". A navigation menu on the left lists various services: Collegiate Assistance Program, Dental, Intercollegiate Sports, Prep Schools, Prescription Drug Plan, Scholastic Emergency Services, Short Term Medical Insurance, Student Health, UnitedHealth Allies, and Vision. The main content area features a large image of a yellow diamond-shaped road sign with three black arrows pointing up, left, and right. Below the image, there are two paragraphs of text. The first paragraph states: "Your needs are unique. So are our student health insurance plans and ancillary products like dental and vision coverage. To learn more about our products, use the links at the left." The second paragraph states: "If you want to Find your School's Plan, login to My Account or Create an account, just use the direct links at the right." To the right of the text are two yellow-bordered boxes. The first is titled "College Students" and contains a link: "Login or create your account". The second is titled "Find Your School's Plan" and contains the text: "Easily locate your school's plan materials, including enrollment forms." Below this text are two input fields: "School/Association Name:" followed by a text box and the word "OR", and "Policy Number:" followed by a text box and a "SEARCH" button. At the bottom of the page, there is a footer with links: "About Us | Contact Us | Feedback | Privacy Policy | Site Map".

Self Service and Support

Access various tools for students, clients, providers or parents.

The screenshot shows the UnitedHealthcare StudentResources website. The header includes the UnitedHealthcare logo and the text 'StudentResources'. A search bar is located in the top right corner. The main navigation bar has three tabs: 'Student Health Insurance & Plans', 'Self Service & Support' (which is active), and 'Request Information'. On the left, a sidebar menu lists 'College Students', 'College Parents', 'Clients', 'Providers', and 'K-12 Parents'. The main content area features a large graphic of a sign that says 'NOW SERVING YOU' on a wooden background. Below the graphic, text states: 'Online, 24 hours a day, 7 days a week, 365 days a year. Managing and administering health care benefits is easier than ever before. See how UnitedHealthcare StudentResources saves you time with our Web-based tools and resources.' On the right side, there are three sections: 'College Students' with a link 'Login or create your account', 'Clients' with a link 'Login to Partner Center', and 'K12 Parents' with a link 'Learn about our insurance plans for K12 students'. At the bottom, there are links for 'About Us', 'Contact Us', 'Feedback', 'Privacy Policy', and 'Site Map'.

Request Information

Contact us for more information about various topics

The screenshot shows the UnitedHealthcare StudentResources website. The header includes the UnitedHealthcare logo and the text 'StudentResources'. A search bar is located in the top right corner. The main navigation bar has three tabs: 'Student Health Insurance & Plans', 'Self Service & Support', and 'Request Information' (which is active). On the left, a sidebar menu lists 'College Students', 'School Administrators', 'Brokers', and 'K-12 Parents'. The main content area features a large graphic of a neon sign that says 'OPEN 24 HOURS'. Below the graphic, text asks: 'Do you need a quote for your school? Have a Request for Proposal that you would like us to bid on? Looking for health insurance coverage for your college or K12 student? Perhaps you're a broker with an opportunity to assist a client by providing student health insurance? Simply select the appropriate link at the left to request information from UnitedHealthcare StudentResources.' At the bottom, there are links for 'About Us', 'Contact Us', 'Feedback', 'Privacy Policy', and 'Site Map'.