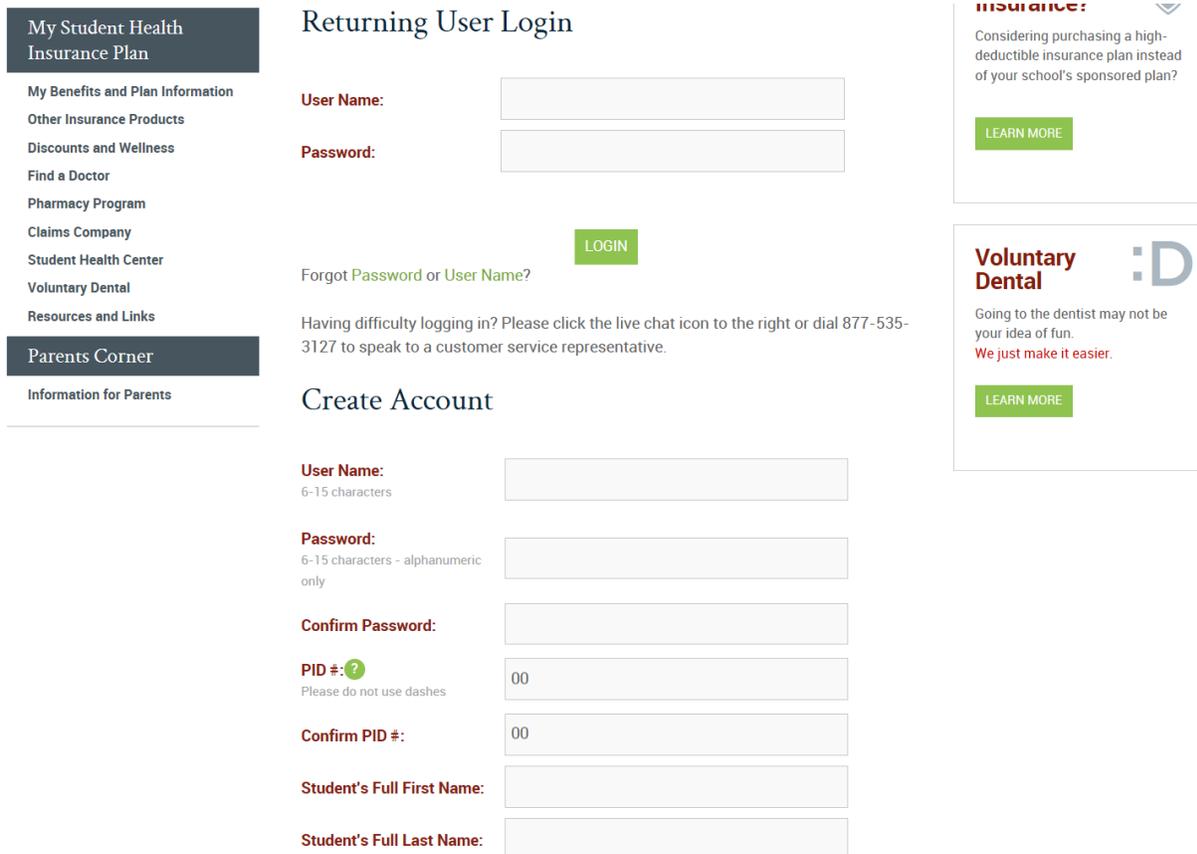


- Go to <https://www.gallagherstudent.com/ucf> . Click “Student Login”. Enter your user name and password if you are a returning user. Click “Need Help Logging In?” if you are a new user or a returning user and cannot remember your login information.



- If you are a returning user and cannot remember your password or user name, click the “Forgot Password or User Name?” links below the login fields to have this information emailed to you.

If this is your first time logging in, you must create a user account. Use “00” and only the numbers from your PID (UCFID). For example, if your PID is a1234567, you would enter 001234567.

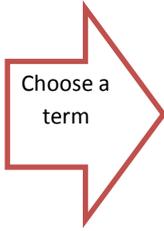


3. After you are logged in, click the “Student Enroll” link. To be directed to the correct enrollment form, you must answer the questions as shown below:

4. Fill out the form with your information.

5. Select your desired term of enrollment and click "Continue".

**Please select the coverage you wish to purchase\***



COVERAGE OPTION	START DATE	END DATE	ENROLLMENT DEADLINE	RATE	INSURED AGE
<input type="radio"/> 2014-2015 - Summer 1	06/13/2015	08/14/2015	07/14/2015	\$244.00	all
<input type="radio"/> 2015-2016 - Fall	08/15/2015	12/31/2015	09/30/2015	\$616.00	all
<input type="radio"/> 2015-2016 - Spring	01/1/2016	04/30/2016	02/15/2016	\$535.00	all

**Attention Students: Coverage will be effective the first date of the Coverage Period when the correct premium is received by Gallagher Student within the Enrollment Deadline; Enrollment Forms will not be accepted after the Enrollment Deadline has passed. It is the student's responsibility for timely renewal payment.**

By submitting this form, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form. 2) Rates are not prorated other than as listed on this enrollment form. 3) He/She meets the eligibility requirements for this coverage as described in the University of Central Florida brochure. 4) If it is later determined that the student is not eligible, the premium will be refunded. 5) Other than for eligibility reasons, the premium is non-refundable.



6. Click "Continue To Payment" to submit your payment.

- Enrollment Form
- Dependent Enroll
- Forms and Applications PDF
- Customer Service
- My Account**
- Account Home
- View Purchased Products

## Student Direct Pay Enrollment Form

Thank you, your Student Information and Coverage Option have been received and you are ready to continue.

Proceed to Section II - Payment Information



**Personal Property**

Protect what's yours.

[LEARN MORE](#)

7. Check the box on the right side of the page and select one of the payment options.

**My Account**

- Account Home
- View Purchased Products
- Authorize Account

**My Student Health Insurance Plan**

- My Benefits and Plan Information
- Other Insurance Products
- Discounts and Wellness
- Find a Doctor
- Pharmacy Program
- Claims Company
- Student Health Center
- Voluntary Dental
- Resources and Links

**Parents Corner**

- Information for Parents

## Payment Information

Fill Out Form
Confirm Answers
Payment

COVERAGE TYPE**	TOTAL PRICE
PrimEnr - 2015 of Central Florida	\$616.00

**1 Pay using Credit Card**

Please note, there is a \$10.00 processing fee included for all credit card transactions. All processing fees are **non-refundable**.

\$616.00  
+ \$10.00

PAY \$626.00 BY CREDIT CARD

\$626.00

By checking this box, I am indicating that I agree to the [One-Time Payment Terms and Conditions](#).

**2 Pay using Check**

Please note, there is a \$3.00 processing fee included for all e-check transactions. All processing fees are **non-refundable**.

\$616.00  
+ \$3.00

PAY \$619.00 BY CHECK

\$619.00

LEARN MORE

**The Value We Offer**

Our plans are customized specifically for students, to ensure your experience on campus is a healthy, happy one.

LEARN MORE

The Application Period for the 2015 Health Careers Scholarship Program is now CLOSED (as of 5/9/15).

**Notify Me When the 2016 Scholarship Application is Released:**

SUBMIT

**Voluntary Dental Live Chat**

Going to your id We're online! Chat with

8. A new page will pop up and ask you to review Gallagher’s terms and conditions. When finished, click the “Accept” button at the bottom of the page.

**Gallagher** | STUDENT HEALTH & SPECIAL RISK

Back to Gallagher Student Health & Special Risk
Make A Payment
Fee Calculator
Payment Verification
Help
En Español

### Make A Payment

**Gallagher Student Health & Special Risk, MA**

**Payment\***

This payment service is offered by Official Payments Corporation as authorized by the entity to which you are making a payment. Please confirm your payment amount, convenience fee and total (if applicable). Review the Terms and Conditions below and click "Accept" to proceed with your payment. Click "Decline" button to return to the beginning of the payment process.

- Do not use your browser's "Back" button. Instead, navigate using the buttons below.

<b>Payment Type:</b>	Payment*
<b>Payment Amount:</b>	\$626.00

**Official Payments Terms and Conditions:**  
Completion of a payment transaction is contingent upon both the authorization of payment by your card company and acceptance of your payment by the entity you are paying. In the event that your payment is unable to be processed, Official Payments will attempt to notify you at least once using the contact information you have provided. In the event your payment is not processed or authorized by your card company or the applicable entity you are seeking to pay fails to accept your payment your payment liability shall remain outstanding and unpaid and you will be subject to all applicable penalties, late fees and interest charges assessed by the relevant entity thereon, all of which obligations remain your sole responsibility.

Decline
Accept

Click here

- 9. You will be directed to a page that asks you to input your payment information. After you are finished, click the "Continue" button at the bottom.

**Payer Information**

(Information for the person making the payment.)

\*Country: United States

\*First Name:

Middle Name:

\*Last Name:

Suffix: (Jr., Sr. etc.)

\*Street Address:

\*Town/City:

\*State: --

\*Zip Code:

(Use this field for APO, FPO, AA, AE or AP codes.)

\*Daytime Phone: (  )  -

\*E-mail Address:

(Required for an e-mail confirmation and online verification.)

\*Re-enter E-mail Address:

**Insured Information**

First Name: [REDACTED]

Last Name: [REDACTED]

Street Address: [REDACTED]

Town/City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Daytime Phone Number: [REDACTED]

E-mail Address: [REDACTED]

Student ID: [REDACTED]

Product Information: PrimEnr - 2015-2016 - Fall, University of Central Florida

School Name: University of Central Florida

Insurance Coverage Dates: 08/15/2015 - 12/31/2015

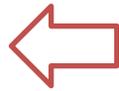
**Payment Option**

(May differ from the person owing the tax, bill, or fee.)

\*Card Type: - Select -   

\*Card Number:

\*Expiration Date: -- / -- (mm/yy)



**Payment Information**

Payment Type: Payment\*

Payment Amount: \$626.00



10. Print the confirmation page, and submit it in one of the following ways:

- a. Fax to 407-823-3359.
- b. Drop off at the Health Information Management Department located in Room 302 of the Health Center.

9/13/13 Official Payments - Pay Taxes, Utility Bills, Tuition & More Online

**Gallagher Koster**  
A Division of Gallagher Risk Management Services, Inc.

Powered by **OFFICIAL PAYMENTS**

[Back to Gallagher Koster](#) | [Make A Payment](#) | [Fee Calculator](#) | [Payment Verification](#) | [Help](#) | [En Español](#)

### Make A Payment

**Gallagher Koster, MA Payment**

**Your payment has been completed successfully.**

**Confirmation Number:** [REDACTED]  
**Payment Date:** **Friday, September 13, 2013**  
**Payment Time:** **09:49AM PT**

 **Print Confirmation**

- Please print or write down your payment confirmation number for your records.
- Do not use your browser's "Back" button. Instead, navigate using the buttons below.

**Payer Information**

Name: [REDACTED]  
Street Address: [REDACTED]  
Daytime Phone Number: [REDACTED]  
E-mail Address: [REDACTED]  
Student ID: [REDACTED]  
Product Information: UCF Enrollment - fall - Student  
School Name: University of Central Florida

**Payment Option**

Card Type: Visa  
Card Number: [REDACTED]

**Payment Information**

Payment Type: Payment  
Payment Amount: [REDACTED]

[Continue](#)

[Share](#) | Before you continue, be sure to tell your friends how easy it is to make payments with Official Payments!  
(Clicking an icon will open a new window for you to tell your friends.)

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For customer service, please call toll-free 1-800-487-4567. Representatives are available Monday - Friday, 7:00am - 7:00pm CT.

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