

- 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. For example, if you PID is a1234567, you would enter 001234567.

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

Returning User Login

User Name:

Password:

[Forgot Password or User Name?](#)

Having difficulty logging in? Please click the live chat icon to the right or dial 877-535-3127 to speak to a customer service representative.

[LOGIN](#)

Create Account

User Name:
6-15 characters

Password:
6-15 characters - alphanumeric only

Confirm Password:

PID #: 00
Please do not use dashes

Confirm PID #: 00

Student's Full First Name:

Student's Full Last Name:

Insurance:

Considering purchasing a high-deductible insurance plan instead of your school's sponsored plan?

[LEARN MORE](#)

Voluntary Dental :D

Going to the dentist may not be your idea of fun. We just make it easier.

[LEARN MORE](#)

- 3. After you are logged in, click the "Student Waive/Enroll" link. To complete the waiver, you must answer the questions as shown below:

- 4. Click the appropriate red button to proceed to the waiver for the current term. If you are not directed to a screen with a red button, please re-submit your answers to the 3 questions on the previous screen.

- 5. You will be directed to the waiver, which includes a series of 15 questions. If your plan has been approved by the UCF International Insurance Office, you may answer “yes” to all 15 questions. If you cannot answer “yes” to all 15 questions, you must choose another insurance plan.

Student Access

- Return Home
- Student Waive/Enroll
- CMMS/Intensive English Program Waiver Form
- CMMS/Intensive English Program Enrollment Form
- Dependent Enroll
- Forms and Applications PDF
- Customer Service

My Account

- Account Home
- View Purchased Products



Live Chat

We're online! Chat with us for live help.

Student Waive/Enroll Forms

Before You Begin **Fill Out Form** Confirm Answers Finished!

2014-2015 University of Central Florida Annual/Fall Waiver Form

Personal Property

Protect what's yours.

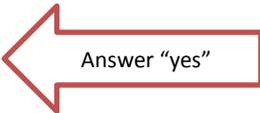
[LEARN MORE](#)

Please answer (yes or no) to each statement/question listed below in determine whether or not your waiver request can be accepted.

My plan must provide, at a minimum, continuous coverage for the entire period the insured is enrolled as an eligible student, including annual breaks during that period. Payment of benefits must be renewable.

1.*

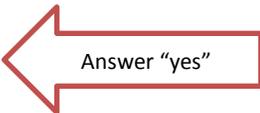
- yes
- no



My plan provides the following basic benefits: Room and board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees which must be paid at 80% or more of usual, customary, reasonable charge per accident or illness, after the deductible is met for In-Network Providers and at 70% or more of usual, customary and reasonable charge for Out-of-Network providers per accident or illness.

2.*

- yes
- no



6. Fill out the “Student Information” section with YOUR information.

Student Information

First Name:*

John

Middle Initial:

Q

Last Name:*

Doe

Student ID:*

001234567

Date of Birth*

January 1 1975

Gender:*

Male



Street Address 1*

4000 Central Florida Blvd

Street Address 2

City:*

Orlando

State*

FLORIDA

Zip Code*

32816

Telephone Number (xxx-xxx-xxxx)*

407-123-4567

Email:*

johndoe@ucf.edu

Person Completing Form:*

Self

7. Select the waiver option in the “Waiver Information” section as shown below.

Waiver Information

If you elect to waive the Student Health Insurance Plan, please click on the appropriate Waiver Option below and also complete the following section, "Insurance Company Information".

When completed, click on the "Click to Continue" button at the bottom of the page. You will be asked to review and confirm your information. Click "Submit" again to complete the process and receive a reference number. Print and retain this reference number as it is your only documentation that this Online Form was successfully submitted. If you do not receive a reference number, this Online Form was not successfully submitted and you will need to correct any errors and resubmit the form.

If upon submitting this form, you do not immediately receive a reference number, you will need to correct any errors and resubmit the form.

Waive Annual Coverage
 I wish to waive participation in the Student Health Insurance Plan for the **Policy year, August 15, 2014 to August 14, 2015.**

Please complete the 'Insurance Company Information' section then go to the bottom of this page to submit this form. You will need to review your information and click "Submit" again in order to receive your reference number.

8. Complete the "Insurance Company Information" section with YOUR insurance plan information.

Insurance Company Information

Name of Insurance Company* ?
(as listed on your ID card)

ISO Med 1 ✓

[Search Again](#)

US Based Insurance Company? ?

Yes
 No

Select your plan from drop-down menu.
If not listed, type in plan name.

Type of Insurance* ?

PPO

Policyholder/Member ID #* ?

22000000

Student Relationship to Policyholder* ?

Self

Effective Date of Policy (mm/dd/yyyy)*

08/15/2014

Expiration Date of Policy (mm/dd/yyyy)*

08/14/2015

Policyholder First Name*

John

Policyholder Last Name*

Doe

Insurance Company Street Address/PO Box:

150 W 30th St

Insurance Company City

New York

Insurance Company State*

NEW YORK

Insurance Company Zip Code

10001

Insurance Company Telephone Number (800 Preferred):*

800-244-1180

If sponsoring government has not provided any of this information, type in "000000" in the fields you are unable to complete.

9. Select "Click to Continue" and review your waiver entries. If correct, submit the form.

Insurance Company Telephone Number (800 Preferred):*

800-244-1180

I acknowledge by waiving the Student Health Insurance Plan, I confirm I am currently enrolled in a health insurance plan of comparable coverage and that meets the requirements set forth by the Florida Board of Governors and that I will be continuously insured for the entire coverage period. I further acknowledge by waiving the Student Health Insurance Plan, I will be solely responsible for any medical expenses I may incur and neither the University of Central Florida nor UnitedHealthcare StudentResources will be held responsible for any medical or prescription expenses I may incur.

I further understand by submitting this form, I am granting permission for Gallagher Student/University of Central Florida to audit this information for documentation purposes. If the information provided on this form is falsified, your registration will be cancelled.

Insurance Company State	NY
Insurance Company Zip Code	10001
Insurance Company Telephone Number (800 Preferred):	800-244-1180

Clicking on 'Submit Form' means you have carefully reviewed the information provided and agree that it is complete and accurate. If you need to alter one of your answers, please click the 'Go Back' button.

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.

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

Thank you [redacted] for using GallagherStudent.com. This page confirms that you have successfully submitted the **2014-2015 University of Central Florida Annual/Fall Waiver Form**. A reference number has also been sent to you via the email address associated with your online account (). If you do not receive an email with your reference number in your "inbox," please check your "spam" or "junk mail" folder. Please note, the email acts as a second notification of your on-line transaction. It is not a requirement that you receive an email.

Please also note: All charges and credits to your student account will be applied by your school.

PLEASE PRINT THIS PAGE WITH YOUR REFERENCE NUMBER FOR YOUR RECORDS.

Your reference number is: 062714INYC

You may also view and print your 2014-2015 University of Central Florida Annual/Fall Waiver Form by clicking on 'View My Submitted Forms' on the left under 'MY ACCOUNT'.

Choosing Insurance?

Considering purchasing a high-deductible insurance plan instead of your school's sponsored plan?

[LEARN MORE](#)

Voluntary