Pacific Lutheran University International Student Insurance Enrollment Process
PGH Global   Preferred Provider: UnitedHealthcare Options PPO

太平洋路的大学国际学生保险登记程序
首选公司: **UnitedHealthcare Options PPO**

INSTRUCTIONS FOR SIGNING UP | 签署说明

1. 打开此链接: https://www.pgh-global.com/Browse/
   Open this link: https://www.pgh-global.com/Browse/

2. 输入您的出生日期
   Enter your **Birthdate** using the calendar or as MM/DD/YYYY

3. 选择太平洋路德大学和学年 2019-20
   Choose **Pacific Lutheran University** and **Academic Year 2019-2020**

在此窗口中，您可以下载保险传单和政策手册
From this window you can download the insurance flyer and brochure (policy).

4. 单击位于页面顶部的"注册"选项卡，然后选择"新建注册"
   Click on the *Enrollments* tab located at the top of the page and select *New Enrollments*

5. 输入您的出生日期和学校 – Pacific Lutheran University
Enter your **Date of Birth** (MM/DD/YYYY) and **School** – Pacific Lutheran University

6. 根据您的签证类型选择您的学生类别: **J1 International**
Choose your **Student Category** based on your visa type: **J1 International**

7. 选择覆盖期 - **年度**
   Select the Coverage Period – **Annual**

8. Select Plan 选择方案
   a. 选择您的医疗保险免赔额. 选择$500. 计划成本将是$968. 该金额从 ABC 计划成本中扣除因为您直接向公司支付金额.
      Select your **Deductible** amount. Select $500. The cost will be $968. This amount is deducted from the ABC Program tuition because you pay the amount directly to the insurance company.

b. 选中 Select Plan 框，然后单击 Next
Check the *Select Plan* box and click on *Next*

9. 在此屏幕上填写所有必需的注册信息，然后单击"Next."
   Complete all required **Enrollment Information** on this screen, then click ***Next***.

STEP 3: ENROLL IN PLAN: PERSONAL INFORMATION

CREATE ACCOUNT   **Already have an account? Login.**

Email Address:

Enter Email Address

Confirm Email Address:

Confirm Email Address

Password: (i)

Enter Password

Confirm Password:

Confirm Password

STUDENT'S PERSONAL INFORMATION

First Name*:	Last Name*:	MI:	Gender*:	Date of Birth:
Enter First Name	Enter Last Name	Enter MI	Choose option ▾	**07/25/2001**

Student ID:

○ No ⦿ Yes Enter Student ID

Mobile Number*:

Enter Mobile Number

Country of Origin*:

▾

☐ I don't have a US-based address.

US Address Line 1:

Enter US Address Line 1

US Address Line 2:

Enter US Address Line 2

City:

Enter City

State:

Choose option ▾

ZIP:

Enter ZIP

DEPENDENT COVERAGE   Spouse (○)   Children ⊖ 0 ⊕ $968.00

CONSENT AGREEMENT

☑ I hereby authorize PGH Global to share my insurance with my school. I understand that sharing my insurance information is NOT a condition of purchase.

Cancel   **Next**

10. 查看注册信息，然后单击继续确认

Review Enrollment Information and confirm by clicking *Continue*.

11. 完成付款信息，查看"同意协议"并单击"提交付款"

Complete payment information, check the **Consent Agreement** and click *Submit Payment*

注册完成后，学生可以从主页登录其帐户以管理保险，下载身份证和请求帮助。
Once enrollment is complete, students can log in to their account from the home page to manage coverage, download an ID card, and request help.

需要协助参与计划或对计划有疑问的学生可以联系 PGH Global at 1-888-251-6253. 网站为学生提供了大量资源，可以从学生的帐户或主页访问。

Students who need assistance enrolling in the plan or have questions regarding the plan can contact PGH Global at 1-888-251-6253. The PGH website has a lot of resources for students that can be accessed from the student's account or the home page. PGH