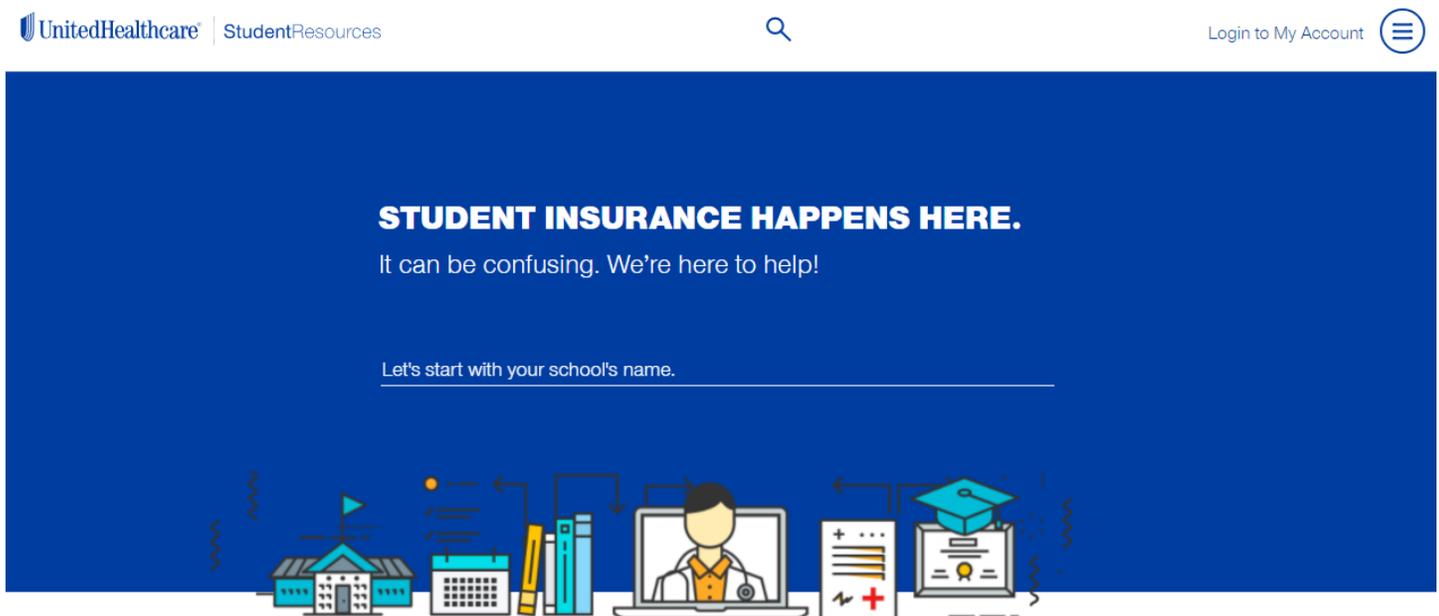
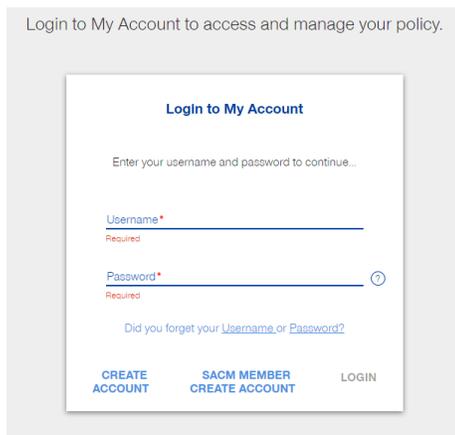


**All students are required** to update their information on their UHCSR account. It is very important that your account has your current address for when the insurance company sends mail to you. Additionally, you will have to make sure that you have access to your account and your most current insurance card. Follow the steps we have included and let us know if you have any questions.

Step 1: Go to [www.uhcsr.com](http://www.uhcsr.com), click on **Login to My Account**



Step 2: **Log on** to your account. If you don't remember your username or password, click on **Did you forget your Username or Password** and follow the steps.



Step 3: at the beginning of each semester, you will have to update some information. UHCSR requires to know if you have any other primary insurance policy. Since you do not, you have to click on 'Certify No Insurance'. Please sign as your name appears under **Insured Name**. Follow any prompts and hit **Continue**.

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"/>		Self		N/A

School Year ▼ Other Insurance Submitted ▼ Action(s)

There are no submissions to display.

**CONFIRM OTHER INSURANCE** **CERTIFY NO INSURANCE** **REMIND ME LATER**

### CERTIFY NO INSURANCE

This information applies to the insured(s) below.

**Insured Name**

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

Date:  Signature:\*

**SUBMIT** **CANCEL**

Step 4: Since it is a new Academic year, you may have to update your account information. You will see the next notification in the main page of your account. Click on: **Please update your information**. If you don't see it, please go to Step 6:

 **Notifications**

- We do not have your SSN / ITIN and/or your 1095-B Preferred Delivery Method. [Please update your information](#).

Step 5: UHCSR is required to provide you information about your account. Please select like follows: you are International, so you don't have a SSN, just hit No **SSN/ITIN**, you also want to select **Electronic Delivery** for how you want things sent to you.

**Notifications**

- We do not have your SSN / ITIN and/or your 1095-B Preferred Delivery Method. [Please update your information.](#)

### Tax Information

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.

Review the [UnitedHealthcare Form 1095-B Electronic Delivery Consent Notice](#) for more information.

**STEP 1. PROVIDE YOUR SSN / ITIN**

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

SSN / ITIN:

No SSN/ITIN

**STEP 2. SELECT YOUR 1095-B PREFERRED DELIVERY METHOD**

Please select how you would like to receive your 1095-B tax form:

**Electronic Delivery** By choosing electronic delivery of Form 1095-B, you will get an email notification that the 1095-B form is available, instead of being mailed a paper copy.

**Paper Delivery** By choosing paper delivery of Form 1095-B, you will get the form mailed to you instead of receiving the electronic notification.

Step 6: You will need to update your address, so please click on **My Personal Information** or click on **My Account**. In the right hand side, go to **My personal information** and click on **Edit**.

### Tax Information Confirmation

As of 8/18/2017 at 5:12 PM all future 1095-B Forms will be delivered to the address listed below.

Address: [1971 University Blvd Liberty University  
Lynchburg, VA 24515](#)

Please go to [My Personal Information](#) if you need to update your address.

Thank you for choosing UnitedHealthcare StudentResources.

<b>My Account</b>
Need Assistance?
My Account User Guide
Purchase Dependent Coverage
View My Claims
Locate a Network Provider
ID Card Information
▾ Request Permanent ID Card
▾ View or Print ID Card
Prescription Plan Information
Current Coverage Information
Coverage History Information
View Insurance Applications
Benefits Information

Identify your MSC Box Number and put it in the appropriate field on [uhcsr.com](http://uhcsr.com)

**Student Mailing Address**

Liberty University  
1971 University Blvd  
MSC Box   
Lynchburg, VA 24515

Step 8: Make sure you complete all the information below. Mark your **My Mailing Address** is the same as my Permanent Address. Update your **Phone #** too. Include your correct **MSC BOX** if any, and hit

### My Personal Information

You may update your SSN / ITIN, expected Graduation Date, Home Phone, and Mailing Address below.

**IMPORTANT:** Please also inform your school if any of your personal information changes (e.g., new address).

To change the name on your account, please forward your request including official name change documentation, such as a marriage or divorce certificate or other official court document to:

UnitedHealthcare StudentResources  
P.O. Box 809026  
Dallas, TX 75380-9026

To change your Permanent Address, Date of Birth or Gender, please contact Customer Service at 1-800-767-0700 (7:00 AM – 7:00 PM, CST, Monday through Friday).

\*Required Fields

**INSURED INFORMATION**

Last Name:	First Name:	Middle Initial:	Gender:	Date Of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address: Not Specified			School Assigned ID:	Username: <input type="text"/>

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Expected Graduation Date: <input type="text"/> <small>(eg. mm/yyyy)</small>	SSN / ITIN: <input type="text"/> <input checked="" type="checkbox"/> No SSN/ITIN <a href="#">Why provide this?</a>	Phone Number:* <input type="text"/> <small>(eg. xxx-xxx-xxxx or xxxxxxxxxx)</small>
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US Mailing Address:\*

My Mailing Address is the same as my Permanent Address.

<input type="text" value="1971 University Blvd&lt;br/&gt;Liberty University&lt;br/&gt;MSC BOX HERE"/> <small>(Mailing Address cannot exceed 60 characters)</small>	City:* <input type="text" value="Lynchburg"/>
	State:* <input type="text" value="VA"/>
	Zip Code:* <input type="text" value="24515"/>

Click on **Return to My Account**. You are now ready to print your ID Card. Click on the blue button.



Step 9: You may now request your **Permanent ID Card** by following the instructions or you can just print it. Click on **View or Print ID Card**.

## ID Card Information

Please use the links below to View/Print a copy of your ID Card, or to request a card to be mailed out to you.

[Request Permanent ID Card](#)

[View or Print ID Card](#)

You may also access your ID Card on your smartphone by downloading our new Mobile App from your App Store.

*\*Tools and information available via your smartphone may vary based on your benefit plan.*



This will take you to the next screen. Click on **View/Print**

## 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).

Policy Number	Product Name	Academic Year Coverage Periods	<a href="#">View/Print</a>
Notified Date	Request Date	Request Type	Email Address

We understand that information about you and your health is personal and we are committed to protecting that information. Please click on the link below to view our privacy policies.

[Privacy Notice](#)

Keep your card with you, at all times.

*Attached is your new UnitedHealthcare ID card. The ID card contains important phone numbers and claim filing instructions.*

