

University of Georgia Step-By-Step Guide: How Travelers can Self-Enroll

Step 1: Visit the enrollment page at www.gallagherstudent.com/uga and click the 'Travel Enroll' button on the top left hand corner

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STUDENT LOGIN | ADMINISTRATOR LOGIN

Student Access

- Return Home
- Travel Enroll
- View my purchased products

My Student Health Insurance Plan

My Benefits and Plan Information


UNIVERSITY OF GEORGIA

Welcome
University of Georgia
Students, Faculty & Staff

This site has been designed especially for you to provide information about your International Travel Insurance Plan.

By clicking the **My Benefits and Plan Information** link you can find a copy of your insurance plan materials including a brochure and ID card. If you have benefit questions or need 24/7 travel assistance before you depart or while on your trip, please contact On Call International for support.

Personal Property 
Protect what's yours.
LEARN MORE

Quality Care Connect 
Helping you find the right specialist, no matter what health insurance plan you carry.
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

Step 2: Create an account by scrolling down and filling out the required fields (NOTE: if you don't have a student ID number, you can input any 9-digit number (999999999, for example)

Create Account

User Name:

6-15 characters

User Name must be available

JohnSmith1

Password:

At least 8 characters

At least one upper-case letter

At least one lower-case letter

At least one numeric digit

Confirm Password:

Passwords must match

Student ID: ?

alphanumeric characters

999999999

Confirm Student ID:

Student IDs must match

999999999

Student's First Name:

John

Student's Last Name:

Smith

Email:

John.Smith@usg.edu


Confirm Email:

John.Smith@usg.edu

CREATE ACCOUNT



Step 3: Once you have successfully create an account, go back to the 'Travel Enroll' page

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✔ Congratulations, your account has been created with Gallagher Student.

To continue, please select the appropriate link on the left navigational bar.

Username: JohnSmith1
Student ID: 999999999
Firstname: John
Lastname: Smith

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Step 4: Fill out your personal information and select your coverage dates. Click 'Continue'

Fill Out Form > Confirm Answers > Payment

Primary Information

Primary Insured

Student ID#* 999999999

Date of Birth* Jan 1 2000

First Name* John

Middle Initial

Last Name* Smith

Gender* Male

Street Address* 270 Washington Street, SW

City* Atlanta

State* GA

Zip* 30334

Email Address* John.Smith@usg.edu

Phone Number

Country of Travel* Italy

Plan Information

Start Date* Oct 1 2024

End Date* Oct 20 2024

CONTINUE

Step 5: Confirm your information and click 'Continue'



Welcome
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Study Abroad Enrollment Form

Fill Out Form > Confirm Answers > Payment

Enrollment Form

PRIMARY INFORMATION	
Student ID	999999999
DOB	2000-01-01
First Name	John
Last Name	Smith
Middle Initial	
Gender	M
Address	270 Washington Street
City	Atlanta
State	GA
Zip	30334
Email Address	John.Smith@usg.edu
Phone Number	
Country of Travel	Italy
Study Abroad Plan Type	Daily Plan
Coverage Start Date	2024-10-01
Coverage End Date	2024-10-20
Coverage Cost	22.80

Thank you. Your Enrollment Information has been received and you are ready to continue to the Payment Information section.

CONTINUE

Step 6: Tick the Terms and Conditions box and select your payment method

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Payment Information

- Fill Out Form
- Confirm Answers
- Payment**

COVERAGE TYPE**	TOTAL PRICE
University of Georgia Travel Enrollment - Daily Plan	\$22.80

Please note: Other than for eligibility reasons, the premium is not refundable.

1 Pay using Credit Card

VISA MasterCard DISCOVER

PAY \$22.80 BY CREDIT CARD

2 Pay using eCheck

PAY \$22.80 BY E-CHECK

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

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Step 7: Click the 'Accept' box on the payment processing page to continue to the Payment Information page and complete your purchase.



[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 ACI Payments, Inc. 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.

Payment Type: Payment*
Payment Amount: \$22.80

ACI Payments, Inc. Terms and Conditions:

THIS PAYMENT SERVICE IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS

Do not use or access this Website or Service if You do not agree to be bound by these Terms and Conditions

These Terms and Conditions ("Terms and Conditions") are in effect for all transactions processed through this payments website ("Website") on or after May 9, 2019, and apply to and govern Your access to and use of this Website, the Service and all Alternative Channels. This payment processing service is offered to You on behalf of your Biller ("Service").

It is important to carefully review all Terms and Conditions below, including the provision concerning REFUNDS. These Terms and Conditions may be amended at any time. All amended terms shall be effective immediately after they are posted to the Website. By using this Website after such modifications are posted, You are agreeing to accept and comply with the Terms and Conditions as

Printer Friendly

Decline

Accept



Step 8: Go back to your website and click the 'My Benefits and Plan Information' tab to access your ID card, plan brochure and claim forms.

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My Benefits and Plan Information

Plan Information

- [PDF University of North Georgia Plan Brochure.pdf](#)
- [PDF University of North Georgia ID Card.pdf](#)
- [PDF Zurich Medical Reimbursement Claim Form.pdf](#)
- [PDF Zurich Trip Cancellation Interruption Delay Claim Form.pdf](#)
- [PDF Zurich Baggage Delay Personal Property Claim Form.pdf](#)

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