



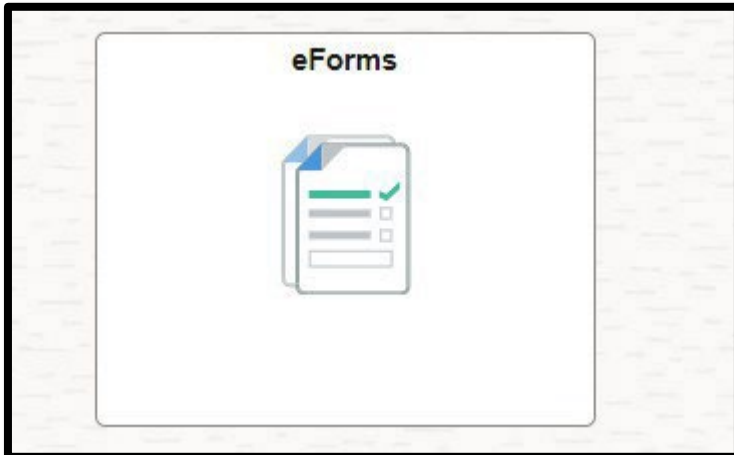
## Student Business Services

### How to Purchase Health Insurance

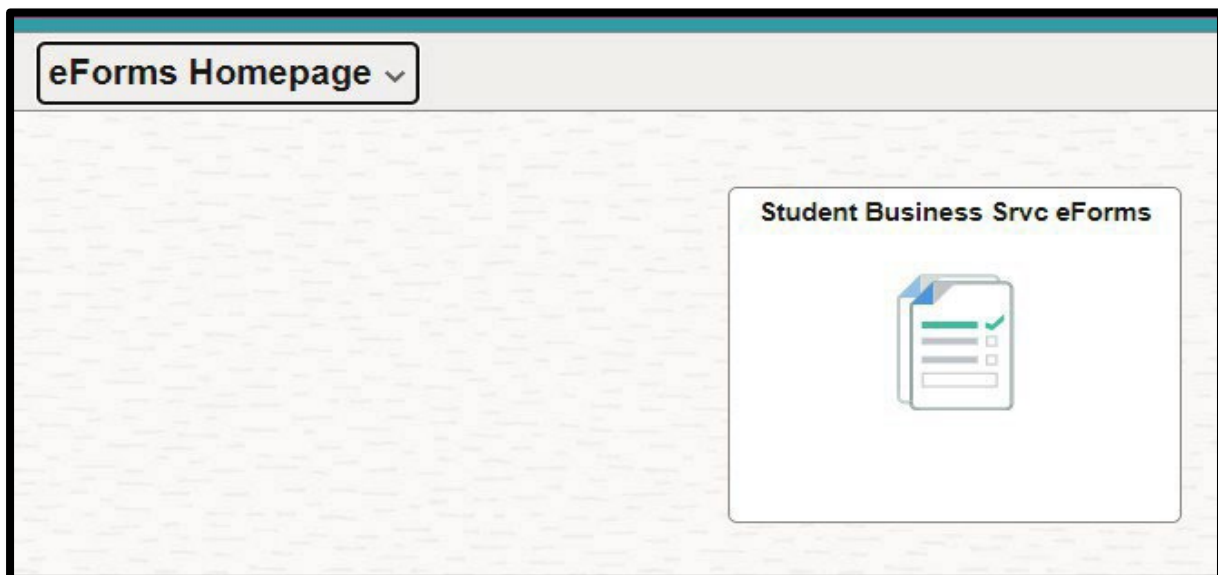
*This tutorial covers how to purchase Health Insurance*

*Please note, if your student account is charged for student health insurance, your information will be submitted one week prior to the start of the term. Please allow 24-48 hours processing time, before receiving the email from United Health Care.*

1. Please login to the [Chapman University Student center](#) and complete the following steps below.
2. On the Student Center homepage, select the "**eForms**" tile.



3. Click on "Student Business Srvc eForms".





## Student Business Services

### How to Purchase Health Insurance

*This tutorial covers how to purchase of Health Insurance*

4. Select "Purchase Health Ins. (optional)"

**Student Business Svc (SBS)**

Student Business Service eForms  
Please contact Student Business Services if you should have any questions regarding the forms under SBS.  
Email: [ocbusn@chapman.edu](mailto:ocbusn@chapman.edu)  
Phone: 714-997-6617  
[www.chapman.edu/sbs](http://www.chapman.edu/sbs)

- Landing Page
- Master Payment Cntr(required)
- Proof of Health Ins.(required)
- Purchase Health Ins.(optional)**
- Purchase Health Ctr (optional)
- Substitute W-9S (optional)
- View a Submitted SBS eForm

5. Select "Yes" for the term(s) you want to purchase.

Term	Description	Select Term
1 2248	Fall 2024	Yes <input type="checkbox"/>
2 2254	Spring 2025	Yes <input type="checkbox"/>

6. Select "Yes" for the Acknowledgement and then "Submit". Your account will be charged, and you will be enrolled in United Healthcare (UHC) Insurance. An email will be sent to your Chapman email from UHC to create an account and download your medical insurance ID card.

**Acknowledge and sign**

**Important Information**

I acknowledge that my student account has a domestic (non P.O. Box) address on file. Please note, if we are missing this information, coverage cannot be reported.

I acknowledge that my student account has a valid Social Security Number and/or ITIN, if I am a non-international student.

I understand that coverage will be provided for the academic year and a new request form will be required for any subsequent years.

Date: 07/17/2024

**Form Action Items**

**Acknowledgement**

1  Yes By checking the box, I understand and agree to the terms and conditions outlined. I understand charge is due and payable to my student account.

**Submit**