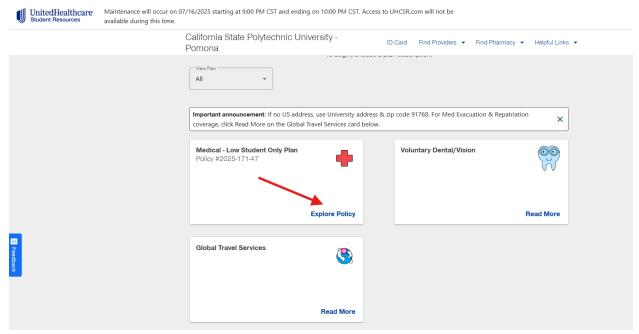
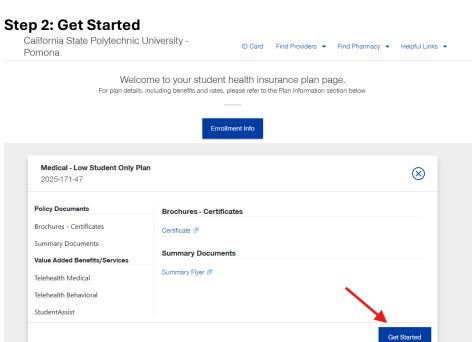
CPELI student health insurance purchase instructions

Website: https://www.uhcsr.com/school-page

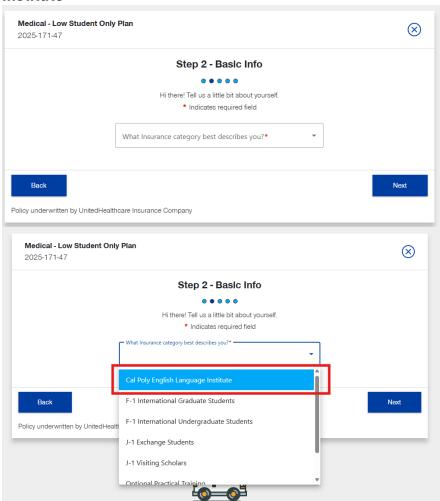
Step 1: Explore Policy



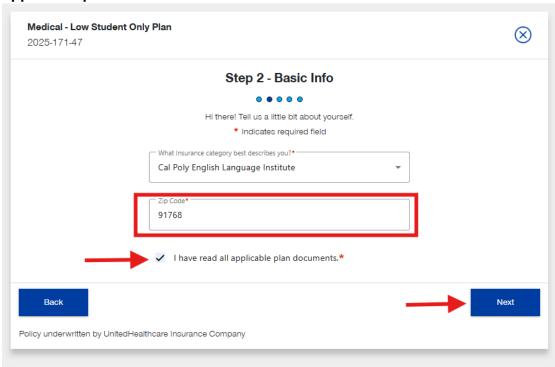


Step 3: Continue as a Guest

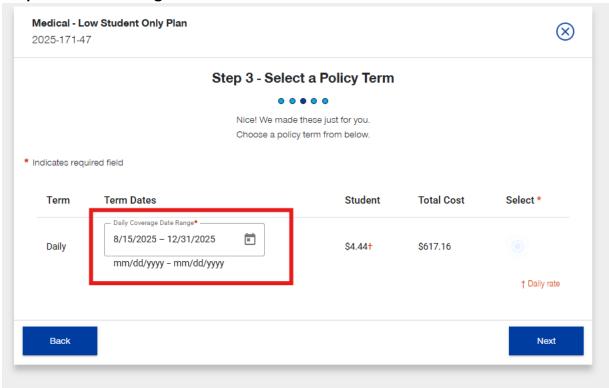
Step 4: What Insurance category best describes you? – Cal Poly English Language Institute



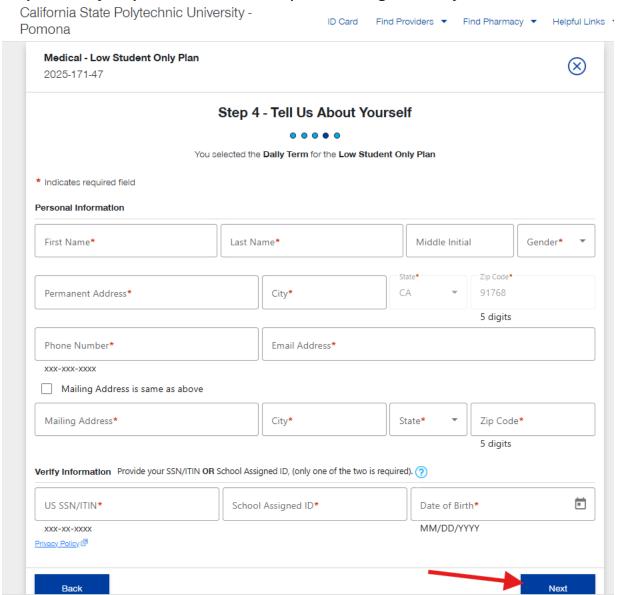
Step 5: Enter your zip code (91768 is CPP's zip code) and check "I have read all applicable plan document."



Step 6: Select coverage dates



Step 7: Enter your personal information (School Assigned ID is your Bronco ID number)



Step 8: Complete purchase

Medical - Low Student Only Plan (X)2025-171-47 Step 5 - Complete Purchase 0 0 0 0 You selected the Dally Term for the Medical - Low Student Only Plan Good through: Aug 15, 2025 - Dec 31, 2025 Insurance can be confusing. Please review your coverage to make sure everything looks correct. * Indicates required field Selected Coverage Policy Number: 2025-171-47 School/Association Name: California State Polytechnic University - Pomona Product Name: Low Student Only Plan Coverage Type: Student Effective Date: Aug 15, 2025 Expiration Date: Dec 31, 2025 Payment Summary \$617.16 2025 Low Student Only Plan (Cal Poly English Language Institute) Total Cost: \$617.16 Acknowledgment 🗸 I elect to purchase insurance coverage under this student insurance plan. Above are the choices I have made. * Paver Signature Signature* I have reviewed the application data and verify that is accurate and correct. I understand that clicking the 'Next' button documents (1) my intent to purchase the insurance coverage requested and (2) authorizes the automatic debit of my account for the required premium. I understand that my premium may deducted prior to the effective date of coverage and that my coverage will be in force on the effective date of the coverage period. Verify Signature* Payment To complete your enrollment, please review and sign the Acknowledgment section above. Back NOTICE TO STUDENTS:

Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following:

1) The student has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) The student meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.