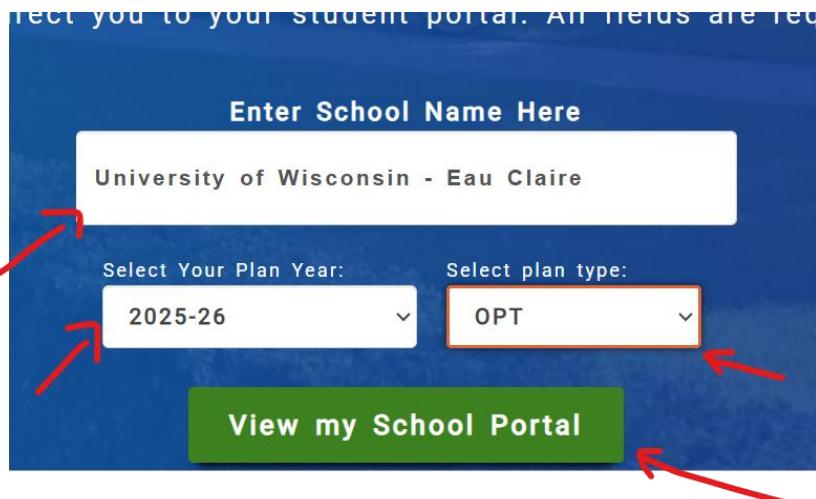




University of Wisconsin System Student Health Insurance Plan: OPT Enrollment

- 1- Go to <https://portal.gallagherstudent.com/>, enter your school name in the search bar, select 2025-26 from the Select your plan Year drop down list and the OPT from the Select Plan Type, then click on the View my School Portal button:



- 2- Click on the Student tab on the upper right hand side



- 3- Create your online account then login by completing the form below:

CREATE AN ACCOUNT

Create your student health account to gain access to the portal and receive account updates.
* All fields are required

EMAIL

CONFIRM EMAIL

CREATE PASSWORD

CONFIRM PASSWORD

STUDENT ID#

DATE OF BIRTH

MONTH DAY YEAR



Gallagher

4- Answer the questions related to dependents enrollment

1 Please answer the following questions.

Do you want to buy coverage for your spouse or domestic partner? Yes No

Do you want to buy coverage for your child(ren)? Yes No

5- Select your coverage period, click on the Select this term button,

Term: UW Eau Claire Direct Pay 25-26

COVERAGE DATES

From To

DEADLINE
08/04/2026

Term Rates Summary

Student	\$5.36
Total	\$5.36 per day

Select This Term

6- Check the Important Enrollment information box, and then click on the Continue to Next Step button.

3 Important Enrollment Information

You must meet eligibility and attendance requirements set by your school to purchase or waive this insurance coverage. The insurance company maintains the right to investigate student (and dependent) status and attendance records to verify that the policy eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, our only obligation is to refund premium payment, minus any claims paid. By enrolling in this plan you are agreeing to your insurance carrier's binding arbitration policies listed in the plan brochure. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. If your University is located in Washington State, the definition of Spouse includes Washington State Registered Domestic Partner.

*All refund requests must be sent to the University who will confirm nonstudent status with Gallagher Student Health, and submit the refund request on behalf of the student. The refund deadline is 45 days after the Insurance term start date. Only refunds submitted by the University before the refund deadline will be considered. Credit card refunds must be requested within 120 days of the date of purchase and before the refund deadline. No refunds will be considered after the refund deadline. All refunds will incur a \$35 processing fee.

Yes, I agree to the above information. (Required)

Continue to Next Step



Gallagher

7- Enter your information then click on the Save & Continue button.

Your information is protected with 256-bit Encryption.

Please fill in your details below.

All fields marked with * are required

ABOUT YOU

* STUDENT ID#	* GENDER	IDENTIFY AS (OPTIONAL)	* ACADEMIC LEVEL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* FIRST NAME	MIDDLE INITIAL	* LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF BIRTH

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

* EMAIL ADDRESS	ALT EMAIL	* PRIMARY PHONE	ALT. PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS

I don't currently have a US address (If selected, the mailing address specified by your university will be used. You must return to this site to update your address once you are in the United States)

* ADDRESS	SUITE/APT#	* CITY
<input type="text"/>	<input type="text"/>	<input type="text"/>

* STATE	* ZIP CODE
<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT

FIRST NAME	LAST NAME	RELATIONSHIP	PHONE	EMAIL
<input type="text"/>				

[« Go Back](#) [Save & Continue](#)

8- Review your information, then enter your payment method.

Your information is protected with 256-bit Encryption.

One final review

Your submission is not complete until you click the Finish button at the bottom of this page.

STATUS enrolling	TERM UW Eau Claire Direct Pay 25-26 Term	COVERAGE 01/6/2026 to 08/4/2026 (211 days)	TERM RATE \$1,130.96 (Student)	Edit
----------------------------	---	--	-----------------------------------	----------------------

ABOUT YOU

FIRST NAME Gallagher	LAST NAME Test	DOB 08/12/2000	PHONE (111) 111-1111	EMAIL GallagherTest@yopmail.com
Edit About You				

PAYMENT METHOD

HOW DO YOU WANT TO PAY?
 Credit Card

Account Number

Exp Date
 /

9- Check the Payment Terms and Conditions box, then click on the Finish & Pay button to submit your enrollment.

Yes, I agree to these terms and conditions. (Required)

[« Go Back](#) [Finish & Pay](#)