

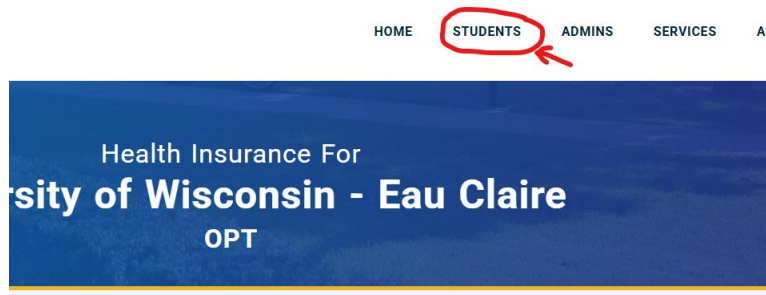


University of Wisconsin System Student Health Insurance Plan: OPT Enrollment

- 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:

A screenshot of the Gallagher Student Portal enrollment form. The form has a blue background. At the top, it says 'Enter School Name Here' with a white input field containing 'University of Wisconsin - Eau Claire'. Below this are two dropdown menus: 'Select Your Plan Year:' with '2025-26' selected, and 'Select plan type:' with 'OPT' selected. At the bottom is a green button labeled 'View my School Portal'. Red arrows point to the school name input field, the '2025-26' dropdown, the 'OPT' dropdown, and 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:

A screenshot of the 'CREATE AN ACCOUNT' form. The form has a blue header with the title 'CREATE AN ACCOUNT'. Below the title is a small text block: 'Create your student health account to gain access to the portal and receive account updates. * All fields are required'. The form contains several input fields: EMAIL, CONFIRM EMAIL, CREATE PASSWORD, CONFIRM PASSWORD, STUDENT ID#, and DATE OF BIRTH. The DATE OF BIRTH field is a date picker with dropdowns for MONTH, DAY, and YEAR. At the bottom is a green button labeled 'Create Account'.



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 01/06/2026 **To** 08/04/2026

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



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

* FIRST NAME MIDDLE INITIAL * LAST NAME

DATE OF BIRTH

MONTH DAY YEAR

* EMAIL ADDRESS ALT. EMAIL * PRIMARY PHONE ALT. PHONE

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

* STATE * ZIP CODE

EMERGENCY CONTACT

FIRST NAME LAST NAME RELATIONSHIP PHONE EMAIL

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

ABOUT YOU

FIRST NAME LAST NAME DOB PHONE EMAIL

[Edit About You](#)

PAYMENT METHOD

HOW DO YOU WANT TO PAY?

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](#)