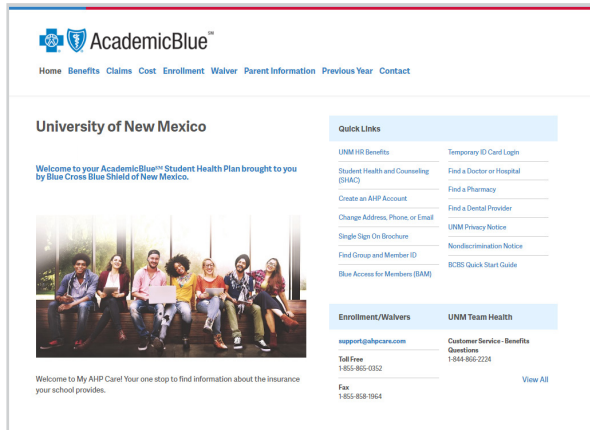
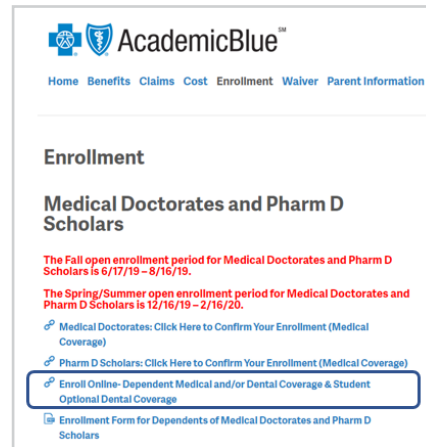


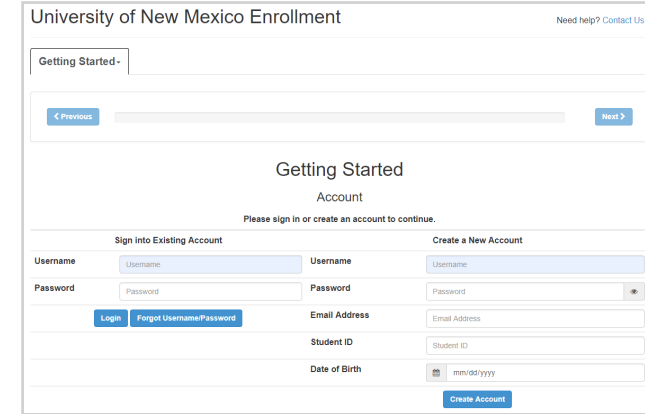
# University of New Mexico Dental Enrollment User Guide



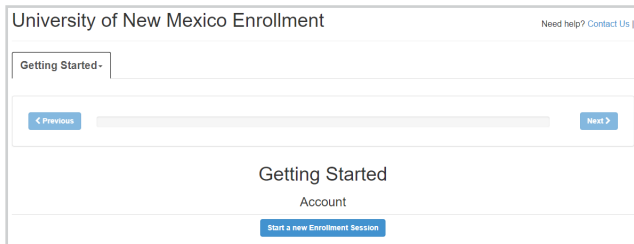
1 Go to [unm.myahpcare.com](http://unm.myahpcare.com) and click on the **Enrollment** tab.



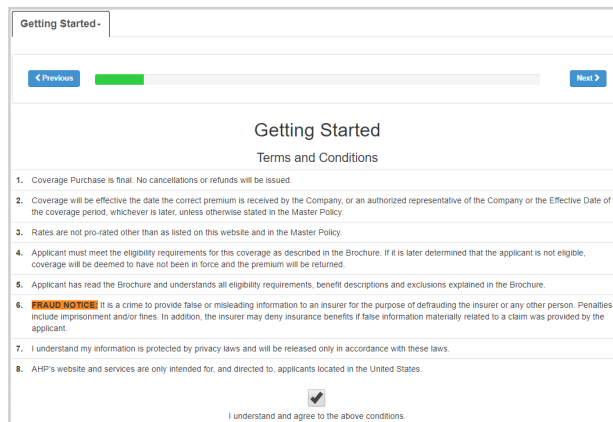
2 Click on the **Enroll Online-Dependent Medical and/or Dental Coverage & Student Optional Dental Coverage** button to begin enrollment.



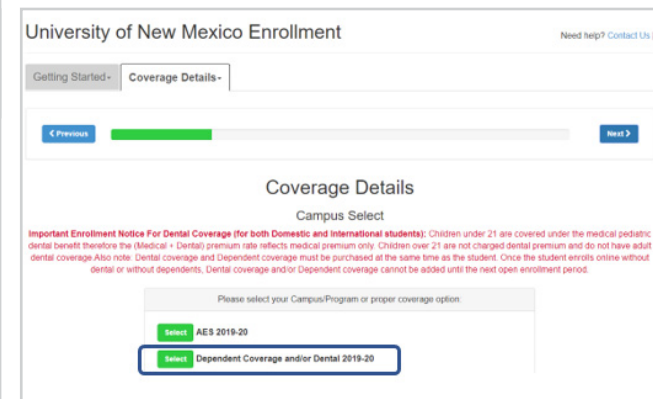
3 From the Getting Started page, you will need to **Create a New Account** or **Sign into Existing Account**.



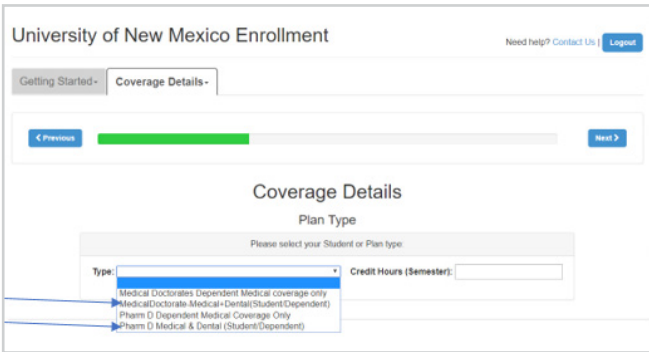
4 Once your account is created or you've logged in, click **Start a new Enrollment Session** to begin enrollment.



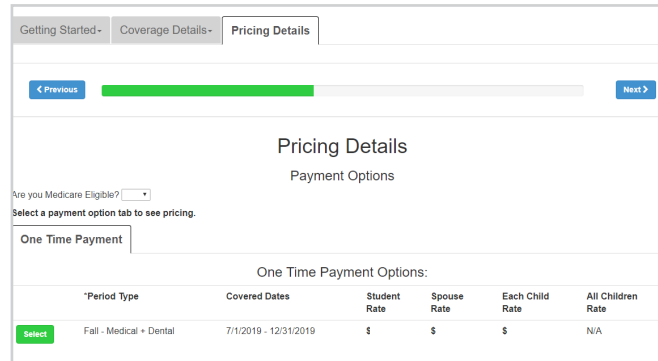
5 Review the Terms and Conditions, click the box to check **I understand and agree to the above conditions**, then click **Next** at the top of the page.



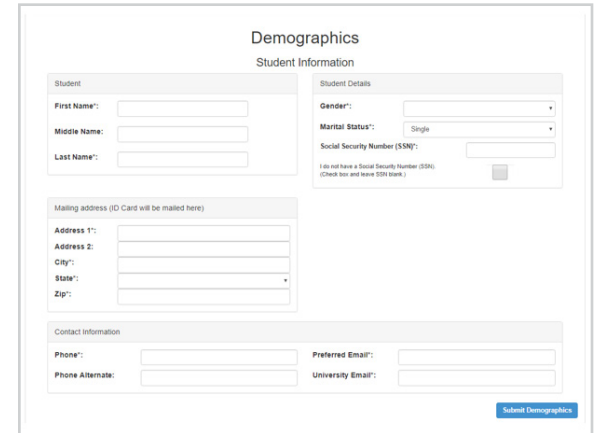
6 Click **Dependent Coverage and/or Dental**. AES coverage is only for International students who may need it after submitting a waiver.



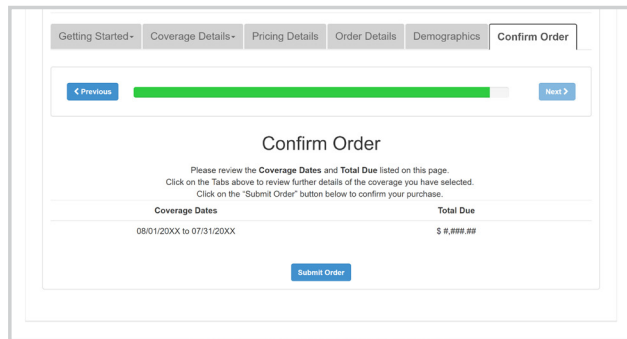
**7** Select your **Student or Plan Type** and enter your **Credit Hours**. Click **Next**.



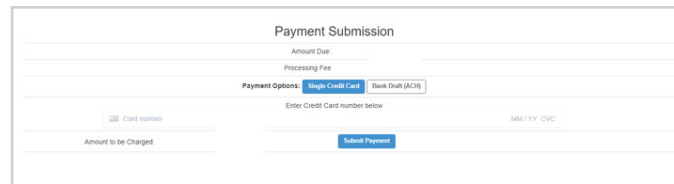
**8** Answer the **Are You Medicare Eligible?** and select your **Payment Option**.



**9** Enter Demographics and Student Information. Click **Submit Demographics** at the bottom of the page. If you do not have an UNM email address, you may use any email address you check regularly.

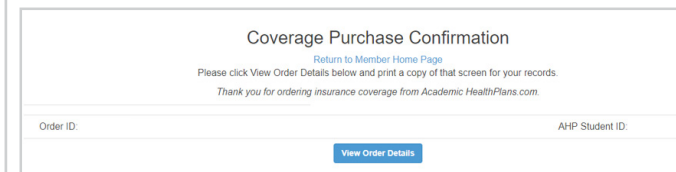


**10** Review the Coverage Dates and Total Due listed on this page. If all appears correct, click **Submit Order**. Otherwise, use the tabs at the top to go back and change your selection.



**11** Enter your payment with a credit card, bank draft or Web Pay. Click **Submit Payment**.

NOTE: It is common for banks to limit the amount of money you can charge in one transaction for one day. If your payment does not go through, call your bank to see if there is a transaction or daily limit causing your payment to fail. You can request that the bank allow your limit to be raised in order to complete this purchase.



**12** Upon successful payment, you will be provided a Coverage Purchase Confirmation with your Order ID and AHP Student ID. Click **View Order Details** to view a detailed summary and confirmation of coverage.

<b>Coverage Information</b> School: Campus: Group Type: Covered Period: Carrier:		<b>Status:</b> <span style="background-color: green; color: white; padding: 2px;">Paid</span> Insured ID: AHP ID: Member ID: Order #:																																																						
<b>Student Information</b> Student Name: Doe, John Date of Birth: 01/01/1990 Gender: M SSN: 111111111 Student ID: a		Coverage Dates: Marital Status: Single Email: Phone: 111-111-1111																																																						
Coverage for this member has not yet started																																																								
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<b>Spouse Information</b>		No spouse enrolled on this order																																																						
<b>Child Information</b>		No children enrolled on this order																																																						

**13** This screen is a confirmation of your benefit choices and proof of your enrollment. **Print a copy** for your records. You can Access this page at any time by logging into your AHP Account.

Questions? Please contact Academic HealthPlans at  
 1-855-862-0352 or support@ahpcare.com