

## Visiting Scholars Online Payment Instructions


1. On the Insurance Payments home screen, select “Visiting Scholar”.

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Hello John. ([Not John?](#))

**Insurance Payments**

Home

 **SMU**

**Important:** This website is for individuals who are unable to pay their medical and dental premiums via payroll deduction, including:

- SMU employees on unpaid Leave of Absence
- Former SMU employees receiving Long-Term Disability (LTD) benefits
- Retired SMU employees enrolled in the Early Retiree medical/dental plans administered by BCBSTX
- SMU employees on a J-1 Visa enrolled in the SMU Visiting Scholar Health Plan

[Early Retiree](#)

[Long-Term Disability](#)

[Leave of Absence](#)

[Visiting Scholar](#)

2. Enter the payment amount for Medical in the box below (ONLY enter the amount for one month and make sure the amount is entered correctly). If you choose to pay for more than one month, update "Quantity" to the number of months you are paying for (do not do so if you wish to set up automatic withdrawal).


**If you would like to opt in for automatic withdrawal, check "Yes" under "Medical Insurance" and click "Continue" to proceed. Make sure the quantity is 1 if you wish to set up automatic withdrawal. If you DO NOT wish to set up automatic payment, select "NO" and skip step 3. Proceed to step 4.**

Click "Continue" to proceed.

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**Visiting Scholar**  
[Home](#) | [Visiting Scholar](#)

**Medical Insurance - Visiting Scholars**  
If you are a Visiting Scholar, you will pay your Medical Insurance Premiums here. Enter payment amount and click "Continue". After you click "Continue", the next page will ask for your name and phone number. It is important to note that you may pay for multiple months. Please choose which months you are paying for on the next page.

Payment Amount: \$

Quantity:

Would you like automatic withdrawal each month?:  
☐ Yes  
☒ No

[Continue](#)

3. You will be redirected to the screen below to set up automatic withdrawal. Check for the amount for accuracy. Select "Monthly" as the frequency of payments. Select the date you wish your payments to start (payments are due on the 10<sup>th</sup> of each month). Please be sure to set your end of payment schedule day **NO LATER THAN August of the current year**, as the insurance rates increases in September each year and this will need to be set up again then with the new rate. Click "Continue" to proceed.

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**Medical Insurance - Visiting Scholars - Recurring Setup**  
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The amount that you enter below will take place on each scheduled payment date.

Payment Amount: \$1.00

If the selected "End of payment schedule" date does not coincide with a scheduled payment date (as determined by the selected frequency and start date), the final payment will be the last regularly scheduled payment date before the "End of payment schedule" date.

How often will your payment recur?\*:

Date of first payment (m/d/yyyy)\*:

End of payment schedule (m/d/yyyy)\*:

[Continue](#)

4. Enter first name, last name, phone number, and check the boxes for the months you are paying for. If you selected automatic withdraw, check all months apply based on your ending payment date. Click “Continue” to proceed.

## Medical Insurance - Visiting Scholars

[Home](#) | [Visiting Scholar](#) | [Medical Insurance - Visiting Scholars - Options](#)

Payment Amount: \$10.00

Quantity: 1

\*Indicates required information

### \* First Name

(1–1,000 character[s])

### \* Last Name

(1–1,000 character[s])

### \* Phone Number

(10–14 character[s])

(555) 555-5555

### \* Which Months Are You Paying? - You can pay for multiple months

☐ January

☐ February

☐ March

☐ April

☐ May

☐ June

☐ July

☐ August

☐ September

☐ October

☐ November

☐ December

[Continue](#)

5. Make sure the information entered is accurate and click "Continue".

The screenshot shows the 'Insurance Payment' page. At the top, there is a navigation bar with links: Home, Register, Log In, and Insurance Payment(1). A search bar is on the right. Below the navigation bar, the page title 'Insurance Payment' is displayed, followed by a breadcrumb trail: Home | Visiting Scholar | Insurance Payment. The main content area is titled 'Items in your Insurance Payment'. It contains a table with columns: Item Name, Remove, and Amount. The table has one row for 'Medical Insurance - Visiting Scholars' with a total amount of \$10.00. Below the table, there are two buttons: 'Make Additional Payments' and 'Continue'.

Item Name	Remove	Amount
Medical Insurance - Visiting Scholars First Name: John Last Name: Smith Phone Number: (000) 000-0000 Which Months Are You Paying? - You can pay for multiple months: September		\$10.00
Total:		\$10.00

[Make Additional Payments](#) [Continue](#)

6. If this is your first time making an online payment, we STRONGLY RECOMMEND you to create a user profile by clicking on "Register Now" as shown below. If you choose to register, your payment method will be saved for future payments. Once you are registered following step 6, you can login under "Registered Users" for future payments. If you choose to pay WITHOUT a user profile, you will enter your email address in the screen below and click "Continue Unregistered", which will take you directly to the payment page. If you choose to pay without a user profile, you will need to enter your credit card/electronic check information every time when you make a payment.

The screenshot shows the 'Delivery Address' page. At the top, there is a navigation bar with links: Home, Register, Log In, and Insurance Payment(1). A search bar is on the right. Below the navigation bar, the page title 'Delivery Address' is displayed, followed by a breadcrumb trail: Home | Insurance Payment | Address | Payment Methods | Review | Receipt. The main content area is divided into three sections. The first section, 'Contact Information', has a yellow background and contains a text input field for 'Email Address:'. The second section, 'Insurance Payment Summary', shows a table with 'Item Total' and 'Total' both at \$10.00. The third section, 'Registered Users', contains fields for 'Username' and 'Password', a 'Login' button, and a 'New Users' section with a 'Register Now' button. The 'Register Now' button is circled in red. At the bottom, there is a link to 'Items in your Insurance Payment'.

**Contact Information**

Please enter the email address for this Insurance Payment.

Email Address:

[Continue Unregistered](#)

**Insurance Payment Summary**

Item Total:	\$10.00
Total:	\$10.00

**Registered Users**

Username:

Password:

[Login](#)

**New Users**

[Register Now](#)

[Items in your Insurance Payment](#)

7. If you choose to create a user profile: Create a user name and password as required by the page below. If you enter your billing address here, it will be saved and you will not have to enter it again in the future. Click “Create Account” to proceed.

**Create an Account**

**Create User Name and Password**

Username:\* (must be at least 4 characters)

Password:\* (7 to 20 characters with at least one number)

Confirm password:\*

**Name and Email Address**

Prefix:

First Name:\*

Middle Name:

Last Name:\*

Suffix:

Email address:\*

**Billing Address (Optional)**

Address Line 1:

Address Line 2:

City:

State/Province:

Postal Code:

Country:

**Create Account**

8. You will be taken back to the page below. Click “Continue to Payment” to proceed to payment page.

**Delivery Address**

Home | Insurance Payment | Address | Payment Methods | Review | Receipt

**Contact Information**

Please enter the email address for this Insurance Payment.

Email Address:\*

**Insurance Payment Summary**

Item Total:	\$10.00
Total:	\$10.00


**Continue to Payment**

**Items in your Insurance Payment**

Item Name	Amount
Medical Insurance - Early Retiree	\$10.00
First Name:	John
Last Name:	Smith
Phone Number:	(000) 000-0000
Which Months Are You Paying? - You can pay for multiple months:	August
Total:	\$10.00

**To make a payment with a credit card:**

- On the “Payment Method” drop down menu, select “Credit Card”.

 **SMU** *World Changers Shaped Here*

Home | Insurance Payment(1)

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**Payment Methods**

Home | Insurance Payment | Address | Payment Methods | **Review** | Receipt

**Payment Method**

Please select your payment method.

Payment Method:\*

Credit Card ▼

Select a Payment Method

Credit Card

Electronic Check (ACH)

Select a Card Type ▼

**Credit Card**

Card Type:\*

Credit Card Number:\*







Expiration Date:\*

07 ▼ 2017 ▼

Security Code:\*

☐ [View example](#)

Credit Card - Available credit card issuers.

**Billing Information**

Name:\*

Address Line 1:\*

Address Line 2:

City:\*

State:\*

Texas ▼

ZIP Code:\*

Country:\*

United States ▼

**Insurance Payment Summary**

Item Total:	\$10.00
Tax:	\$0.00
Total:	\$10.00

- Select the type of credit card you would like to use (AMEX, Discover, Visa, MasterCard, etc.). If you wish to save this payment method for future payment, name the payment method and check the box for "Save the selected payment method to your customer profile". Click "Continue" to proceed.

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## Payment Methods

[Home](#) | [Insurance Payment](#) | [Address](#) | [Payment Methods](#) | [Review](#) | [Receipt](#)

### Payment Method

Please select your payment method.

**\*Indicates required information**

Payment Method:\* Credit Card ▼

#### Credit Card







Card Type:\* Discover ▼

Credit Card Number:\*

Expiration Date:\* 07 ▼ 2017 ▼

Security Code:\*  [View example](#)

Credit Card - Available credit card issuers.

#### Payment Profile

Payment Profile Name:

☐ Save the selected payment method to your customer profile

#### Billing Information

Name:\*

Address Line 1:\*

Address Line 2:

City:\*

State:\* Texas ▼

ZIP Code:\*

Country:\* United States ▼

[Continue](#) [Different Payment Method](#)

### Insurance Payment Summary

Item Total:	\$10.00
Tax:	\$0.00
Total:	\$10.00



- Home | Insurance Payment(1)

Search

## Review Insurance Payment

[Home](#) | [Insurance Payment](#) | [Address](#) | [Payment Methods](#) | [Review](#) | [Receipt](#)

### Insurance Payment Summary

Item Total:	\$10.00
Tax:	\$0.00
Total:	\$10.00

### Contact Information

johnsmith@smu.edu

[Edit](#)

### Cancellation Policy Agreement

#### Insurance Payments

#### Cancellation of Coverage

**Important:** Coverage will be cancelled in the event that payments due are not received by the due date. If coverage is cancelled due to nonpayment, there will be no opportunity to re-enroll.

**If you have any questions, please email Wen Qin at [wqin@smu.edu](mailto:wqin@smu.edu). Please provide the amount of your payment, the**

By clicking Submit Insurance Payment, I agree to the above Cancellation Policy

[Submit Insurance Payment](#)
[Print Agreement](#)

### Payment Information

Payment	Details	Billing Information		
Discover	xxxxxxxxxxxx7159	John Smith 123 SMU Blvd Dallas, TX 75206 United States	Medical Insurance - Early Retiree Tax: Total:	\$10.00 \$0.00 \$10.00

[Change Payment Information](#)

### Items in your Insurance Payment

Item Name	Amount
<a href="#">Medical Insurance - Early Retiree</a>	\$10.00
First Name:	John
Last Name:	Smith
Phone Number:	(000) 000-0000
Which Months Are You Paying? - You can pay for multiple months:	December
Which Months Are You Paying? - You can pay for multiple months:	November
Total:	\$10.00



**To make a payment with an electronic check:**

- On the “Payment Method” drop down menu, select “Electronic Check (ACH)”. Select bank account type (Checking or Savings) and enter the routing number and account number as indicated on your check. “View Example” will help you locate where these number are located on your check. Enter the “Billing Information” requested. If you wish to save this payment method for future payment, name the payment method and check the box for “Save the selected payment method to your customer profile”. Click “Continue” to proceed to the next step.

## Payment Methods

[Home](#) | [Insurance Payment](#) | [Address](#) | [Payment Methods](#) | [Review](#) | [Receipt](#)

### Payment Method

Please select your payment method.

\*Indicates required information

Payment Method:\* **Electronic Check (ACH)**

#### Electronic Check (ACH)

Bank Account Type:\* **Checking**

ABA Routing number:\*  [View example](#)

Account Number:\*

Confirm Account Number:\*

Electronic payments require a bank routing number and account number. Payments can be made from a personal checking or savings account. No corporate checks allowed, i.e. credit cards, home equity, traveler's checks, etc.

#### Payment Profile

**Payment Profile Name:**

☐ Save the selected payment method to your customer profile

#### Billing Information

Name:\*

Address Line 1:\*

Address Line 2:

City:\*

State:\*

ZIP Code:\*

Country:\*

[Continue](#)

[Different Payment Method](#)

### Insurance Payment Summary

Item Total: \$10.00

Tax: \$0.00

Total: \$10.00

Items in your Insurance Payment

- Review the information entered to be sure it is correct. To submit the payment, click the red “Submit Insurance Payment” button in the middle section of the page. An email receipt will be sent to the email address provided previously. If you selected automatic payments, you will see the email receipt with automatic withdraw information you selected. **Please note, your account will be not charged until payment date occurs.**

[Home](#) | [Insurance Payment\(1\)](#)

## Review Insurance Payment

[Home](#) | [Insurance Payment](#) | [Address](#) | [Payment Methods](#) | [Review](#) | [Receipt](#)

### Insurance Payment Summary

Item Total:	\$10.00
Tax:	\$0.00
Total:	\$10.00

### Contact Information

johnsmith@smu.edu

### Cancellation Policy Agreement

#### Insurance Payments

#### Cancellation of Coverage

**Important:** Coverage will be cancelled in the event that payments due are not received by the due date. If coverage is cancelled due to nonpayment, there will be no opportunity to re-enroll.

If you have any questions, please email Wen Qin at [wqin@smu.edu](mailto:wqin@smu.edu). Please provide the amount of your payment, the

#### Authorization Agreement for Electronic Payment (ACH DEBIT)

Authorization Agreement for Electronic Payment (ACH DEBIT) I understand that payment(s) will be initiated once the order(s) has/have been submitted. I will be electronically notified when my order(s) has/have been fulfilled. I authorize the following debit transaction(s) to my account(s) based on the terms and conditions listed below:

Name: John Smith  
 Depository:  
 JPMORGAN CHASE  
 2ND FLOOR  
 TAMPA, FL 33610  
 Bank Account Type: Checking  
 Routing Number: 111000614  
 Account Number: xxxxx7286  
 Total Debit Amount: \$10.00

Please type the word YES in the box below to signify your acceptance of this agreement and then click "Submit Insurance Payment" to continue.

By clicking Submit Insurance Payment, I agree to the above Cancellation Policy