



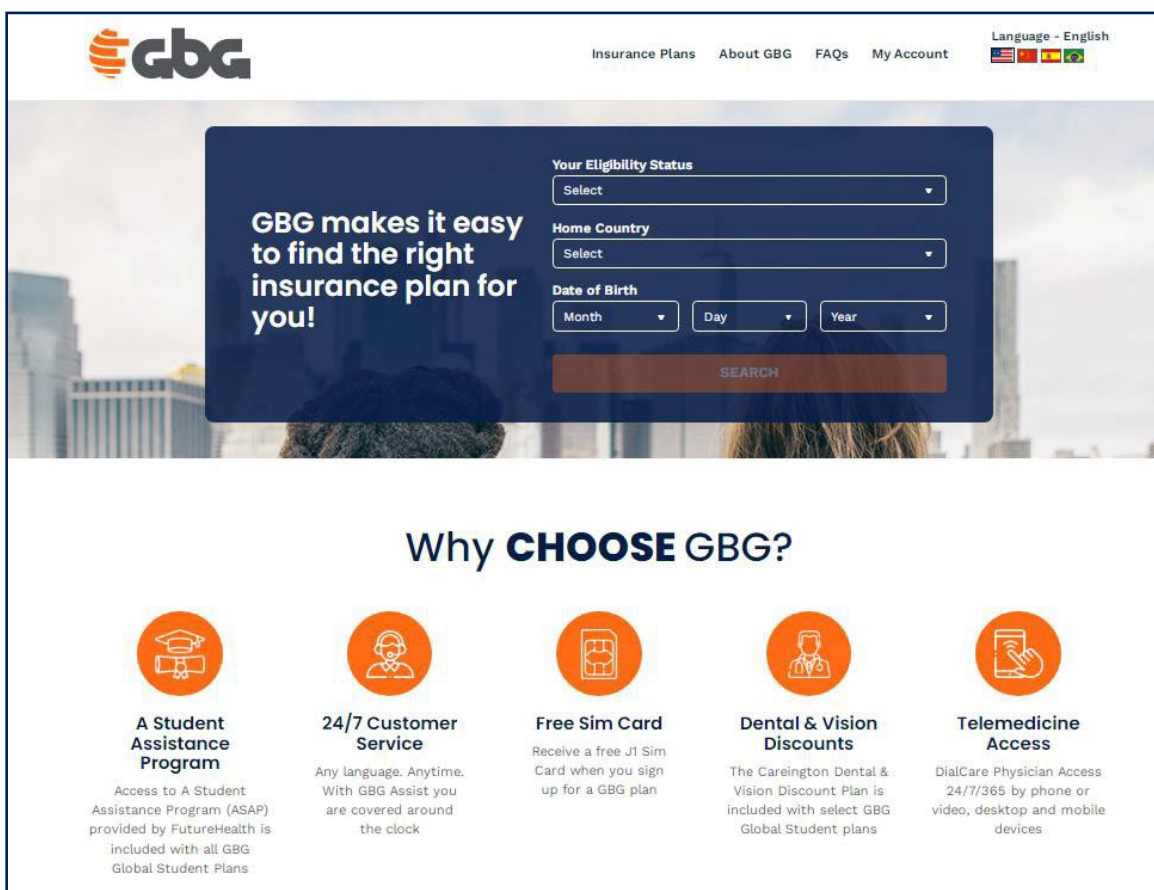
GBG Portal – Petrina Group

User Guide

<https://students.gbg.com/GG6680>

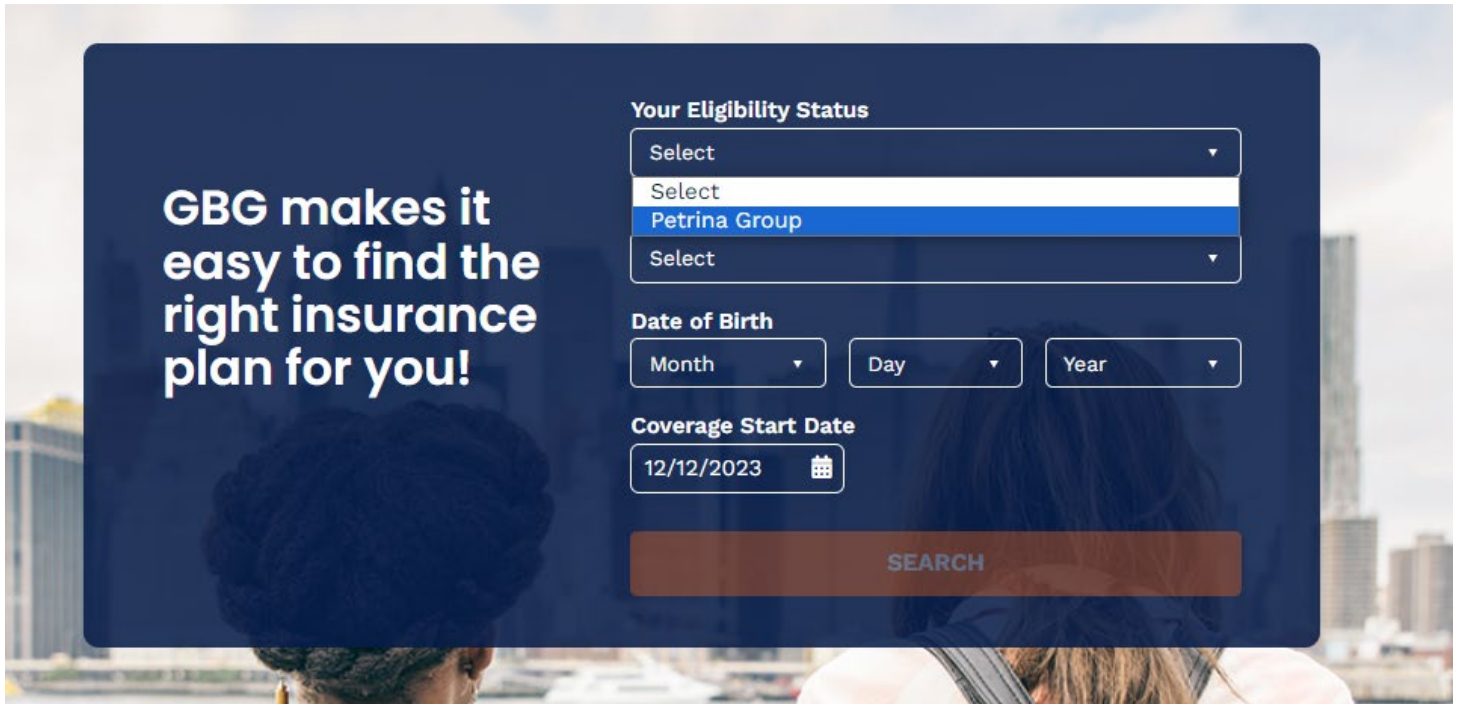
GBG Portal - Petrina Group: Overview

Homepage: You can see the new branding changes made to the website. It is accessible in four languages – English, Mandarin Chinese, Spanish, and Portuguese. Choose the flag in the top right corner to change the language



Global Benefits Group Portal: Enrollment

1. Access the Global Benefits Group Portal at <https://students.gbg.com/GG6680> and enter your eligibility details. Enter your information to see plan options and click “Search.”

A screenshot of the GBG enrollment form. On the left, a dark blue box contains the text 'GBG makes it easy to find the right insurance plan for you!' in white. The form itself is on a dark blue background and includes the following fields: 'Your Eligibility Status' with a dropdown menu showing 'Select', 'Petrina Group', and 'Select'; 'Date of Birth' with three dropdown menus for 'Month', 'Day', and 'Year'; and 'Coverage Start Date' with a text input showing '12/12/2023' and a calendar icon. A large orange 'SEARCH' button is at the bottom.

2. Click “Enroll Now” to enroll in a plan. Click on “View Schedule of Benefits” to download a brochure of the plan.

Insurance Plans that Match Your School's Requirements

Information regarding the premium for the school provided program is obtained from publicly available information about the health insurance program offered by the school to international students. The benefits under these programs may vary from this plan. Please contact your school regarding premiums and benefits under the school provided program.

Petrina Group - Comfort Plus - 50

STARTING AT
\$0.00 Annually

Your GBG Plan for **Petrina Group - Comfort Plus - 50** provides **comprehensive** health insurance coverage for international students studying outside of their home country who are enrolled and actively attending a college or university. The plan offers medical coverage which includes

[Enroll Now](#)

[More Information](#)

[View Schedule of Benefits](#)

3. The member is prompted to fill out their personal information.

Personal Information

Basic Information

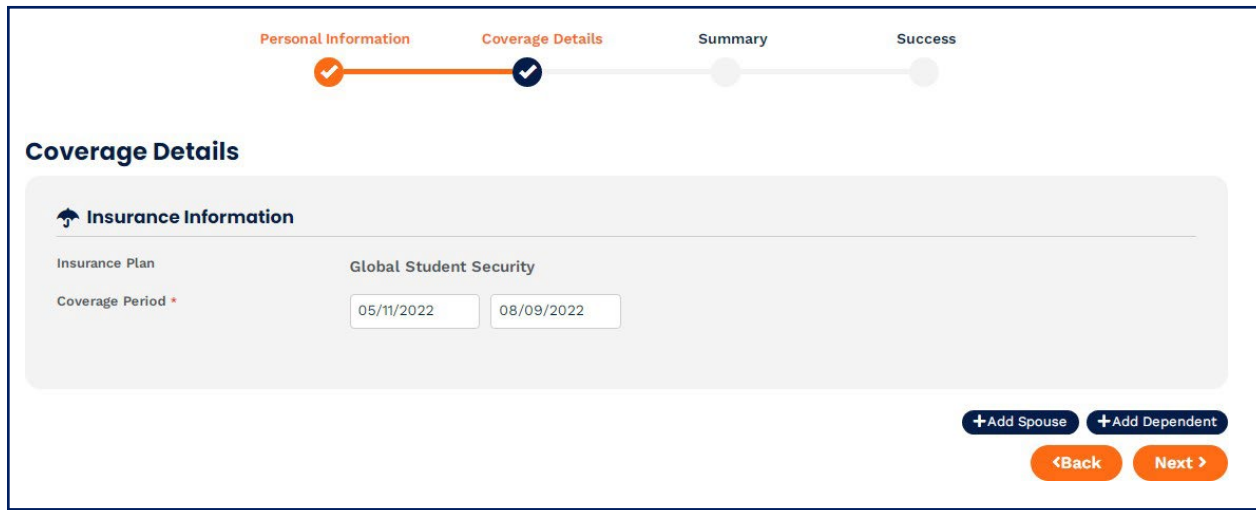
Title*	First Name *	Middle Name	Last Name *	Suffix
<input type="text" value="Title"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Date Of Birth*	Home Country*	Destination Country*	
<input checked="" type="radio"/> Male <input type="radio"/> Female	<input type="text" value="01/01/2001"/>	<input type="text" value="Afghanistan"/>	<input type="text" value="United States"/>	
School State *	School Name*	Contact Number*	Email *	
<input type="text" value="California"/>	<input type="text" value="Advanced College"/>	<input type="text"/>	<input type="text"/>	
Confirm Email *	<input type="text"/>			

Mailing Address while in the United States

Address Line 1*	Address Line 2	City*	Country*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>
State*	Zip Code*		
<input type="text"/>	<input type="text"/>		

[Next >](#)

4. In this part of the enrollment, the member will be able to choose the coverage period of their plan. They may also add a Spouse or Dependent, or both, for certain plans. The earliest start date of the plan is the following day and maximum coverage is 365 days.



Personal Information Coverage Details Summary Success

Coverage Details

Insurance Information

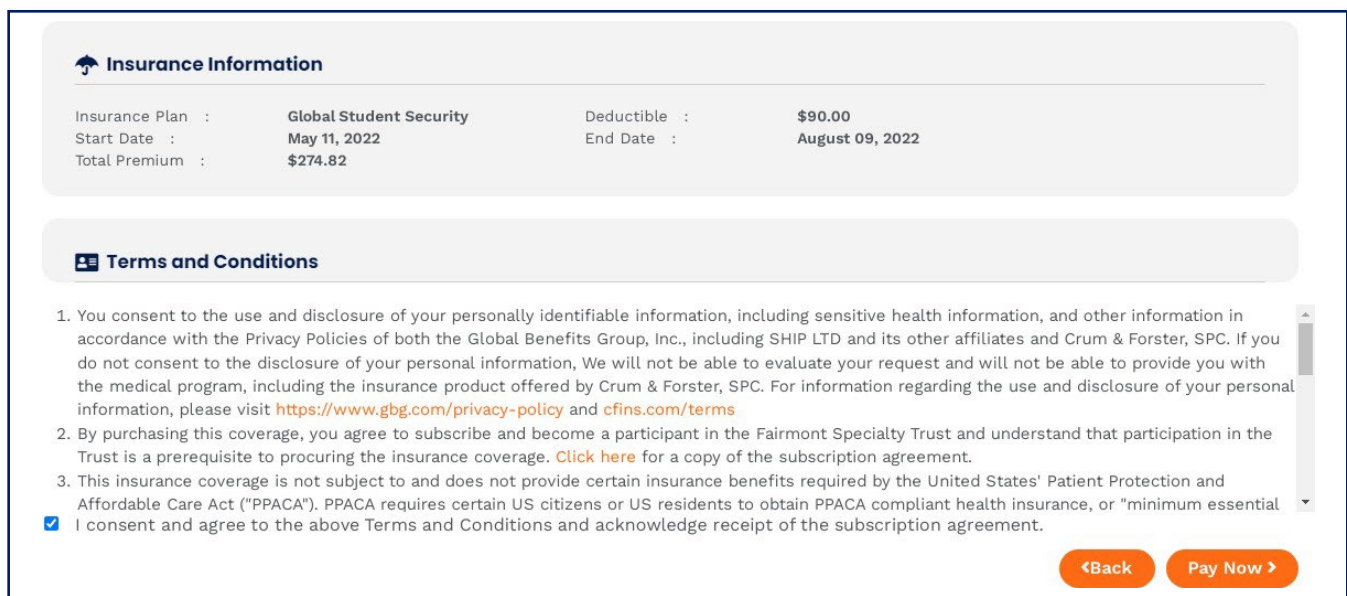
Insurance Plan : Global Student Security

Coverage Period : 05/11/2022 08/09/2022

+Add Spouse +Add Dependent

<Back Next >

5. The member must accept the terms and conditions to proceed to the payment screen.



Insurance Information

Insurance Plan :	Global Student Security	Deductible :	\$90.00
Start Date :	May 11, 2022	End Date :	August 09, 2022
Total Premium :	\$274.82		

Terms and Conditions

1. You consent to the use and disclosure of your personally identifiable information, including sensitive health information, and other information in accordance with the Privacy Policies of both the Global Benefits Group, Inc., including SHIP LTD and its other affiliates and Crum & Forster, SPC. If you do not consent to the disclosure of your personal information, We will not be able to evaluate your request and will not be able to provide you with the medical program, including the insurance product offered by Crum & Forster, SPC. For information regarding the use and disclosure of your personal information, please visit <https://www.gbg.com/privacy-policy> and [cfins.com/terms](https://www.cfins.com/terms)
2. By purchasing this coverage, you agree to subscribe and become a participant in the Fairmont Specialty Trust and understand that participation in the Trust is a prerequisite to procuring the insurance coverage. [Click here](#) for a copy of the subscription agreement.
3. This insurance coverage is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential


I consent and agree to the above Terms and Conditions and acknowledge receipt of the subscription agreement.

<Back Pay Now >

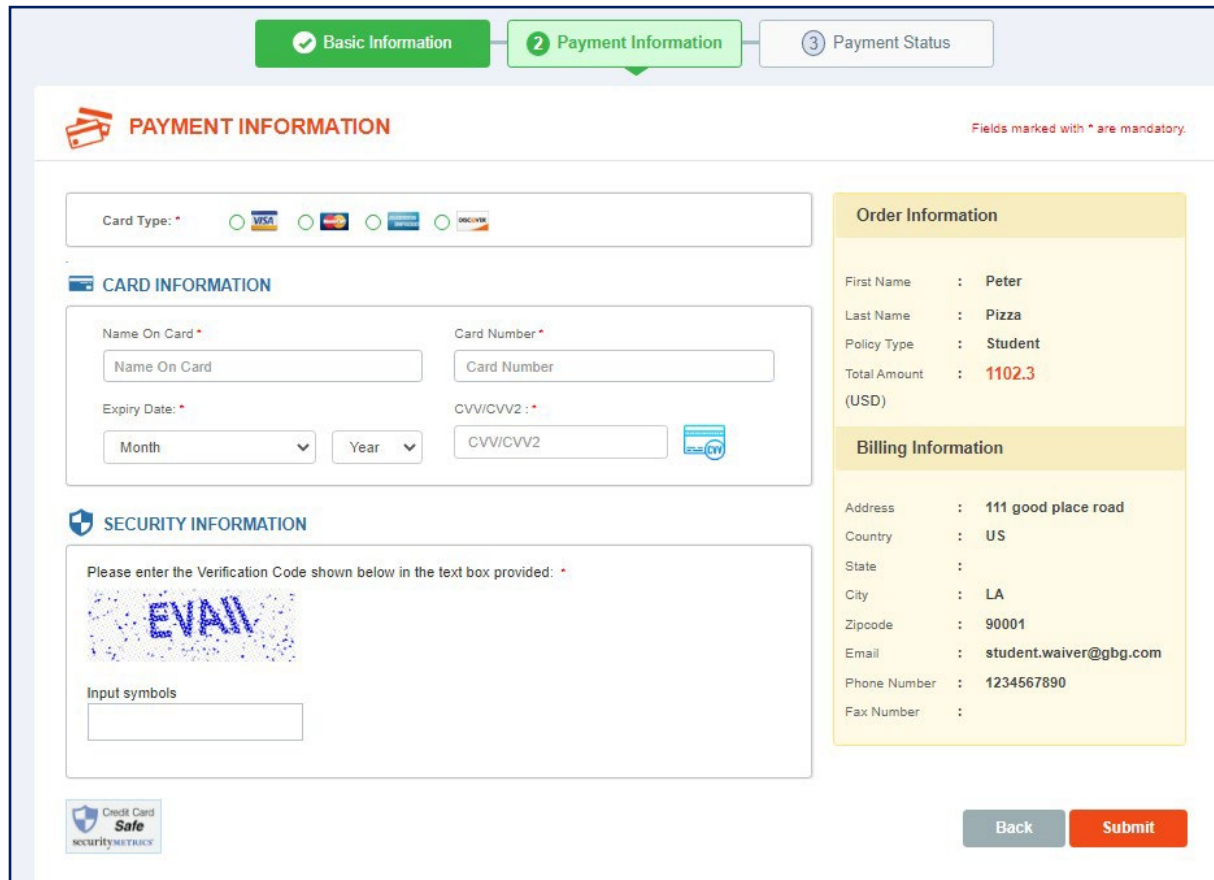
- The member must enter their billing information and click "Next." This information is auto-filled from the previous screen.

BILLING INFORMATION

Address *	City *	Phone Number
<input type="text" value="111 good place road"/>	<input type="text" value="LA"/>	<input type="text" value="1234567890"/>
Country *	Zipcode *	Fax Number
<input data-bbox="154 716 553 751" type="text" value="United States of America"/>	<input type="text" value="90001"/>	<input type="text" value="Fax Number"/>
State *	Email *	
<input data-bbox="154 814 553 850" type="text" value="California"/>	<input type="text" value="student.waiver@gbg.com"/>	

 [Click here to cancel Payment](#) **Next**

- The member may choose the Card Type from the below options and enter their Card Information and security symbols shown. All fields are required.

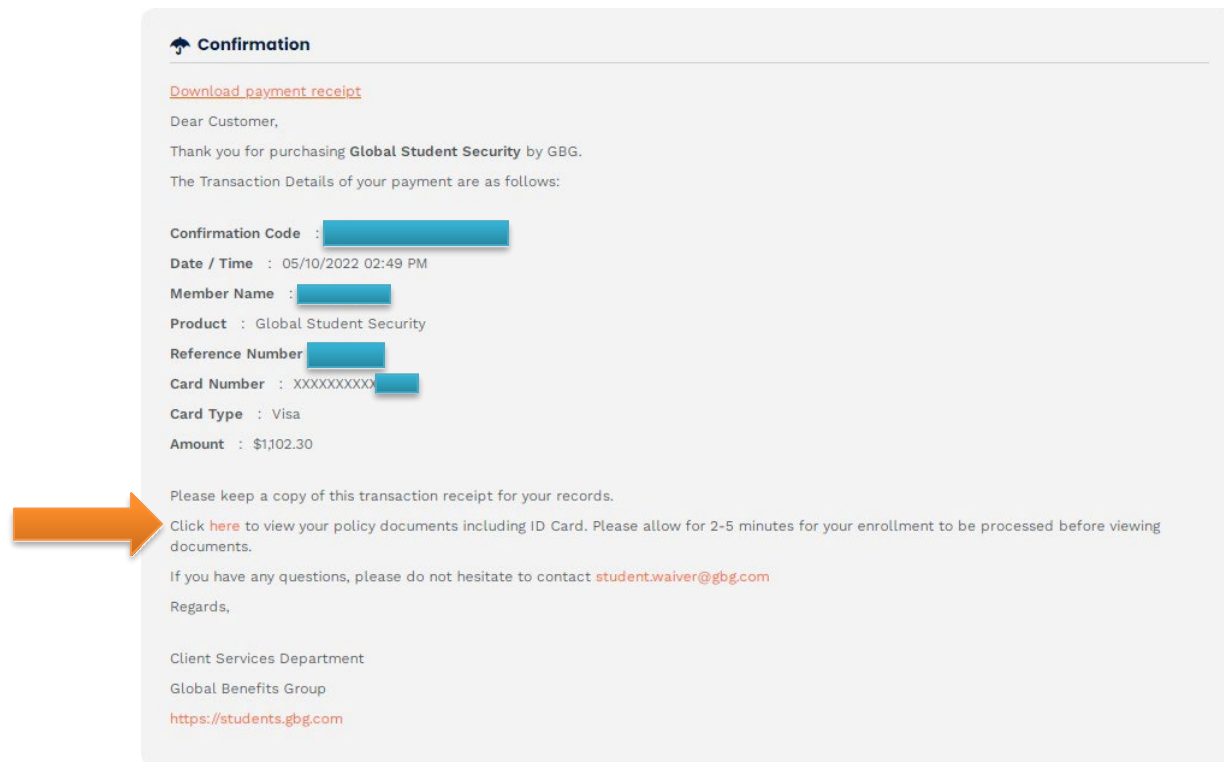


The screenshot displays the 'PAYMENT INFORMATION' step of a registration process. At the top, there are three progress indicators: 'Basic Information' (checked), '2 Payment Information' (active), and '3 Payment Status'. The form is divided into several sections:

- Card Type:** A dropdown menu with radio buttons for VISA, MasterCard, American Express, and Discover.
- CARD INFORMATION:** Fields for Name On Card, Card Number, Expiry Date (Month and Year), and CVV/CVV2.
- SECURITY INFORMATION:** A section for a Verification Code, showing a CAPTCHA image with the text 'EVAII' and an input field labeled 'Input symbols'.
- Order Information:** A summary box containing: First Name: Peter, Last Name: Pizza, Policy Type: Student, Total Amount (USD): 1102.3.
- Billing Information:** A summary box containing: Address: 111 good place road, Country: US, State: , City: LA, Zipcode: 90001, Email: student.waiver@gbg.com, Phone Number: 1234567890, Fax Number: .

At the bottom right, there are 'Back' and 'Submit' buttons. A 'Credit Card Safe' logo is visible in the bottom left corner.

8. Once clicking “submit” the member will be shown a confirmation page if the purchase is successful.



Confirmation

[Download payment receipt](#)

Dear Customer,

Thank you for purchasing **Global Student Security** by GBG.

The Transaction Details of your payment are as follows:

Confirmation Code : [REDACTED]

Date / Time : 05/10/2022 02:49 PM

Member Name : [REDACTED]

Product : Global Student Security

Reference Number : [REDACTED]

Card Number : XXXXXXXX [REDACTED]

Card Type : Visa

Amount : \$1,102.30

Please keep a copy of this transaction receipt for your records.

Click [here](#) to view your policy documents including ID Card. Please allow for 2-5 minutes for your enrollment to be processed before viewing documents.

If you have any questions, please do not hesitate to contact student.waiver@gbg.com

Regards,

Client Services Department
Global Benefits Group
<https://students.gbg.com>

9. Click on the “Click here” on the Confirmation Page (above) or the email received (below) to access policy documents and ID Card.

Dear GBG Member,

Welcome and thank you for choosing Global Benefits Group (GBG).

How to access your member documents



Use this link to access your policy documents and download a copy of your Member ID card. Your Member ID card contains your Member ID#, which you will need when utilizing your insurance benefits.

You can also use the **MyGBG** app to access your electronic Member ID card.


Download MyGBG now from the [App Store](#) or [Google Play](#).

The payment transaction details for your purchase of **Global Student Security** policy are below. Please make sure to keep a copy for your records.

10. Through this link, the member may enter their Last Name and Date of Birth and click “Log in.” Here you can view and download your ID card and policy document.

LOGIN

Policy Holder : [REDACTED]

Document Name	Document Type	Action
StudentGBGCaringtonIDCard_DiscountNetwork_CF_UHC_IndPoL_08Mar2022.xml	Member ID Card	
Security_StudentHealthSummaryofBenefits_Final_23FEB2022_DC_DV_FH.pdf	Policy Document	