

1. Go to JCB Gallagher at <https://jcbins.com/>

Redefining Student Insurance

Students, Find Your School

Use the search and we'll direct you to your student portal.

Enter School Name Here

Q Search by school name...

Select Your Plan Year:

Select school year ▼

Select plan type:

Select a plan ▼

[View My School Portal](#)

2. Fill in Fresno State information

Redefining Student Insurance

Students, Find Your School

Use the search and we'll direct you to your student portal.

Enter School Name Here

Fresno State

Select Your Plan Year:

2025-2026

Select plan type:

International Students (F

[View my School Portal](#)

3. Click on “Enroll”



Health Insurance For
Fresno State
International Students

INTERNATIONAL STUDENTS:

All F-1 students are required to purchase the Fresno State University Student Health Insurance Plan before class registration.

Create a Gallagher Student Account and log in to access important plan information and enroll in the plan.

YOUR ANTHEM MEDICAL ID CARD WILL NOT BE AVAILABLE UNTIL THE INSURANCE START DATE, OR 3 WEEKS AFTER ENROLLMENT, WHICHEVER IS LATER.

Enroll
View benefits, cost and available options and buy insurance here.
Enroll

Plan Information +

Get your ID Card +

4. Click on “Select This Term”

« Cancel,
Go Back

Complete the online enrollment form to purchase the student plan.

✓ 1 Choose the term you're enrolling for.

📄 View Benefits

Term: Spring/Summer

COVERAGE DATES

01/09/2026 to 08/08/2026

DEADLINE

03/01/2026

Term Rates Summary

Student	\$888.08
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Total	\$888.08
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Select This Term

5. Put a check mark on the agreement and Continue

2 Important Enrollment Information

You must meet eligibility and attendance requirements set by your school to purchase or waive this insurance coverage. The insurance company and/or Gallagher Insurance, Risk Management and Consulting (the "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 JCB, 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



6. Fill in (Fresno State email) and password

Student Login & Registration

Returning Students

Already have an account? Sign in to view and manage your existing account.

EMAIL

PASSWORD

[Forgot your password?](#)

Login

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

Month Day Year

Create Account

COMPLETE ALL THESE FIELDS

7. Put your student (Fresno State) email address

EMAIL

CONFIRM EMAIL

5. Create your password

CREATE PASSWORD

CONFIRM PASSWORD

8. Put your Student ID# & Date of Birth

STUDENT ID#

DATE OF BIRTH

MONTH

DAY

YEAR

7. Create your Account

MONTH

DAY

YEAR

Create Account

9. Make sure you chose CORRECT school name



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YOUR GEO BLUE MEDICAL ID CARD WILL NOT BE AVAILABLE UNTIL THE INSURANCE START DATE, OR 3 WEEKS AFTER ENROLLMENT, WHICHEVER IS LATER.

10. Fill out all of the fields

ABOUT YOU

SSN / TIN (OPTIONAL) ⓘ

* 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

TEXT NOTIFICATIONS

* WHICH PHONE CAN WE USE TO SEND
YOU TEXT NOTIFICATIONS REGARDING
YOUR ACCOUNT?

-- Please Select --

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

11. Fill in your payment details

PAYMENT METHOD

HOW DO YOU WANT TO PAY?

Credit Card



Account Number



Exp Date

/

BILLING INFO

☐ Same as my Mailing Address

BILLING STREET ADDRESS

BILLING ZIP/POSTAL CODE

Your payment method above will be charged:


\$888.08

Rate includes Student for the Spring/Summer Term, coverage 01/9/2026 to 08/8/2026 .

12. Agree to terms and conditions

Payment Terms and Conditions

I have reviewed the application data and verify that it is accurate and correct. I understand that clicking "Finish & Pay" documents (1) my intent to purchase the insurance coverage requested and (2) authorizes the automatic debit of my account for the required premium payment. I understand that my premium may be deducted prior to the effective date of coverage and that my coverage will be in force on the effective date of the coverage period. I understand by clicking the submit button below, this purchase is non-refundable. Once purchased, enrolled individuals are covered for the duration of the plan dates as requested. Refunds are only available if you are ineligible for the plan or upon entry into the armed services. Refunds may be pro-rated and our only obligation is to refund premium payment, minus any claims paid. When you provide a check as payment, you authorize Gallagher Insurance, Risk Management and Consulting either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. *All refund requests must be sent to the University who will confirm nonstudent status with JCB, 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 be processed back to the original form of payment only, no exceptions. All refunds will be assessed a \$35 processing fee. Please allow 30 business days for us to receive and process the refund request, then an additional 3-5 business days to receive your refund from your financial institution. Pro-rated/partial refunds are not allowed. **NOTE:** You can check to see if your refund has been processed by [logging in to your JCB account](#). *Does not apply to University of Michigan.

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

« Go Back

Finish & Pay

*All refunds will incur a \$35 processing fee.

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13. Review & Submit

- After you finish your payment, International Office will receive an email confirmation from JCB Gallagher.
- Your Health Insurance Verification (VIN) hold will be removed within two (2) business days.
- Please do not email then International Office if it's been less than two days since your purchase.