ahp | Academic HealthPlans℠

UT Special Event

User ID Request Form

University: **The University of Texas at San Antonio**

First Name:* _____
Last Name: _____
Email address: _____
Phone Number: _____

*UTSA employee being authorized to enroll Special Event participants and accept invoice charges.

UTSA Department Organizing Event:

_____

Employee's Department Manager/Supervisor:

Print Name: _____
Signature: _____
Date: _____

Please scan and email the completed form to utsystem@ahpservice.com

After the form is processed, you will be sent a username and password to access the online enrollment system at www.ahpcare.com

Click on **Admins**, in red, top right-hand corner, before entering username and password.