

Employer eServices®

Welcome to the Add Dependent tutorial

Audience: Employers
Module Length: approx 10 minutes
Last Updated: 06/27/2007

1. Intro	4. Product
2. Enrollment	5. Other Insurance
3. Demographics	6. Try It!

Welcome to the Add Dependent tutorial. In this tutorial, you'll learn how to add coverage for a new dependent using Employer eServices.

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Employer eServices®

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Also, please note that your screens may be a bit different from the ones you'll see in this tutorial. The difference depends on your contractual agreement.

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Employer eServices®

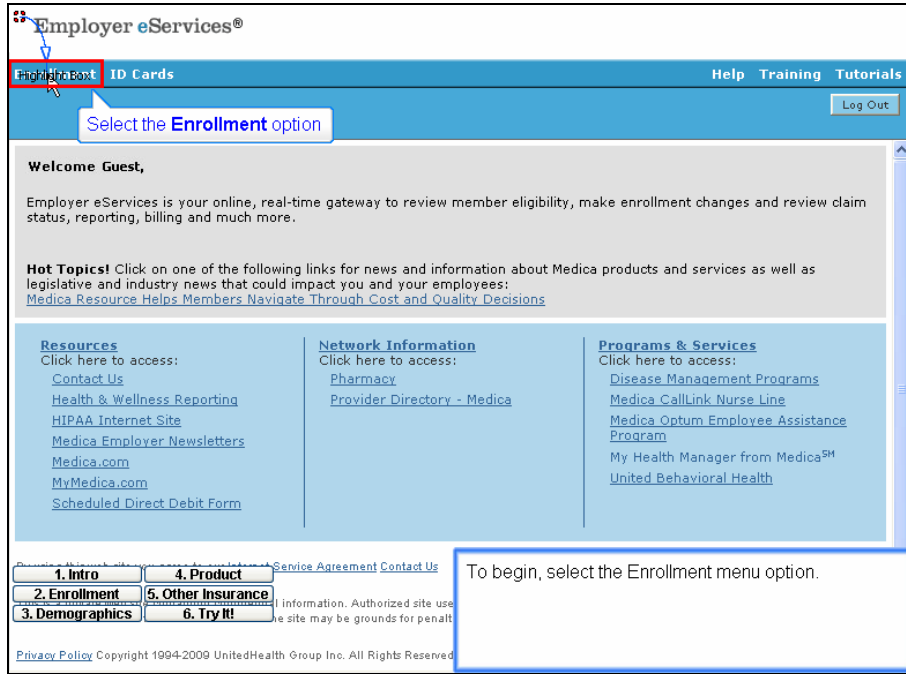
Welcome to the Add Dependent tutorial

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Finally, remember that all sample information you'll see in this tutorial is fictitious. Any resemblance to existing individuals or companies is purely coincidental.

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To begin, select the Enrollment menu option.

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Enrollment ID Cards Help Training Tutorials

Add Terminate Reinstate Change Inquire Log Out

Select the Add option

Welcome Guest,

Employer eServices is your online, real-time gateway to review member eligibility, make enrollment changes and review claim status, reporting, billing and much more.

Hot Topics! Click on one of the following links for news and information about Medica products and services as well as legislative and industry news that could impact you and your employees:
[Medica Resource Helps Members Navigate Through Cost and Quality Decisions](#)

Resources
Click here to access:
[Contact Us](#)
[Health & Wellness Reporting](#)
[HIPAA Internet Site](#)
[Medica Employer Newsletters](#)
[Medica.com](#)
[MyMedica.com](#)
[Scheduled Direct Debit Form](#)

Network Information
Click here to access:
[Pharmacy](#)
[Provider Directory - Medica](#)

Programs & Services
Click here to access:
[Disease Management Programs](#)
[Medica CallLink Nurse Line](#)
[Medica Optum Employee Assistance Program](#)
[My Health Manager from MedicaSM](#)
[United Behavioral Health](#)

1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

A second menu bar appears. Select the Add menu option.

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A second menu bar appears. Select the Add menu option.

The screenshot shows the Employer eServices website interface. At the top, there is a navigation bar with 'Enrollment' and 'ID Cards' tabs, and 'Help Training Tutorials' links. Below this is a secondary navigation bar with 'Add', 'Terminate', 'Reinstate', 'Change', and 'Inquire' options, along with a 'Log Out' button. The 'Add' option is highlighted with a red box, and a callout box points to it with the text 'Click the Dependent option'. The main content area includes a 'Welcome Guest' message, a 'Hot Topics' section with links to 'Medica Resource Helps Members Navigate Through Cost and Quality Decisions', and three columns of links under 'Resources', 'Network Information', and 'Programs & Services'. At the bottom, there is a footer with a table of navigation options: 1. Intro, 2. Enrollment, 3. Demographics, 4. Product, 5. Other Insurance, and 6. Try It!. A callout box points to the '2. Enrollment' option with the text 'Click the Dependent menu option.'.

Click the Dependent menu option.

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Enrollment ID Cards Help Training Tutorials

Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Select Group from list, enter Employee Search criteria and select Search.

Select Group (Select Group)

Employee Search By Employee ID (SSN or Alternate ID)

By Last Name First Initial Search

Select Enrollee

Help Continue

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

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The Select Group screen displays.

The Select Group screen displays.

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Enrollment ID Cards Help Training Tutorials

Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up - U Scroll Down - D

Select Group from list, enter Employee Search criteria and select Search.

Select Group (Select Group)

Employee Search ABC Company (123456789) ACME (USA) U.S. 3456 Alternate ID)

By Last Name First Initial Search

Select Enrollee

Help Continue

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

The Select Group drop-down menu appears. Select the group name with which the dependent will be associated.

The Select Group drop-down menu appears. Select the group name with which the dependent will be associated.

After you select the group, you will need to identify the employee associated with the dependent. You may search for an employee by employee ID (SSN or alternate ID) or by last name.

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Enrollment ID Cards Help Training Tutorials

Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Select Group from list, enter Employee Search criteria and select Search.

Select Group: ABC Company 1234567

Employee Search: By Employee ID (SSN or Alternate ID)

By Last Name

First Initial: [] Search

Select Enrollee: []

Help Continue

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

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Enter the employee's last name. Note that you may do a wild card search by entering the first three characters of the last name, followed by an asterisk.

Enter the employee's last name. Note that you may do a wild card search by entering the first three characters of the last name, followed by an asterisk.

Add Dependent

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Enrollment ID Cards Help Training Tutorials

Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Select Group from list, enter Employee Search criteria and select Search.

Select Group: ABC Company 1234567

Employee Search: By Employee ID (SSN or Alternate ID)

By Last Name: SMITH First Initial: []

Select Enrollee: []

Buttons: Help Continue Search

Click the Search button.

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

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Click the Search button.

Add Dependent

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Select Group from list, enter Employee Search criteria and select Search.

Select Group: ABC Company 1234567

Employee Search: By Employee ID (SSN or Alternate ID) or By Last Name: SMITH First Initial: Search

Select Enrollee: (Select Enrollee)

Help Continue

Click the **Select Enrollee** menu

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

Click the Select Enrollee drop-down menu to select the employee's name from a list of matching search results.

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Click the Select Enrollee drop-down menu to select the employee's name from a list of matching search results.

Add Dependent

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up - U Scroll Down - D

Select Group from list, enter Employee Search criteria and select Search.

Select Group: ABC Company 1234567

Employee Search: By Employee ID (SSN or Alternate ID) []

By Last Name: SMITH First Initial: [] Search

Select Enrollee: (Select Enrollee)

- (Select Enrollee)
- SMITH, JOHN (Employee: 365203145, Alternate ID: 986748812)
- SMITH, MARY (Employee: 987987967, Alternate ID: 838189198)

Select the Employee

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

The Select Enrollee menu displays. Select the correct employee from the list.

The Select Enrollee menu displays. Select the correct employee from the list.

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Select Group from list, enter Employee Search criteria and select Search.

Select Group: ABC Company 1234567

Employee Search: By Employee ID (SSN or Alternate ID) | By Last Name: SMITH | First Initial: | Search

Select Enrollee: SMITH, JON (Employee: 365365365 - Alternate ID: 986748812)

Help Continue

Click the Continue button

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

The employee name you selected now appears in the Select Enrollee field. Click the Continue button.

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The employee name you selected now appears in the Select Enrollee field. Click the Continue button.

Add Dependent

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Add Terminate Reinstate Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee ID: SMITH Policy ID: 333 Insured ID: 5365-00

Policy Status: Policy Anniversary:

Add Dependent

Step 1 Enter Information and select Continue.

*Required fields

Original Effective Date* MM / DD / CCY

COBRA

Relationship*

Help Continue

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1. Intro	4. Product
2. Enrollment	5. Other Insurance
3. Demographics	6. Try It!

The Add Dependent screen displays. Notice that the Enrollee, Group, and Insured ID appear at the top of the screen.

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The Add Dependent screen displays. Notice that the Enrollee, Group, and Insured ID appear at the top of the screen.

Add Dependent

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: Policy Anniversary:

Add Dependent

Step 1 Enter Information and select Continue.

* Relationship / COBRA / Original Effective Date

Original Effective Date* MM / DD / CCYY
COBRA
Relationship*

Help Continue

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1. Intro 4. Product
2. Enrollment 5. Other Insurance
3. Demographics 6. Try It!

Required fields are marked with an asterisk.

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Required fields are marked with an asterisk.

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: Policy Anniversary:

Add Dependent
Step 1 Enter Information and select Continue.
*Required fields

Original Effective Date MM / DD / CCYY

COBRA

Relationship* Enter Original Effective Date

Help Continue

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1. Intro 4. Product
2. Enrollment 5. Other Insurance
3. Demographics 6. Try It!

Enter the month, day, and year in the Original Effective Date fields. Note that you can press the Tab key to move to the next field.

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Enter the month, day, and year in the Original Effective Date fields. Note that you can press the Tab key to move to the next field.

Add Dependent

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Add Terminate Reinstater Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: Policy Anniversary:

Add Dependent

Step 1 Enter Information and select Continue.
**Required fields*

Original Effective Date* 06 / 01 / 2007

COBRA

Relationship*

Leave COBRA box unchecked

Help Continue

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

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In this example, the dependent will not be enrolling in COBRA.

In this example, the dependent will not be enrolling in COBRA.

Add Dependent

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: Policy Anniversary:

Add Dependent

Step 1 Enter Information and select Continue.
**Required fields*

Original Effective Date* 06 / 01 / 2007
COBRA
Relationship*

Help Continue

Click the Relationship menu

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Click the Relationship drop-down menu.

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Click the Relationship drop-down menu.

Add Dependent

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: Policy Anniversary:

Add Dependent

Step 1 Enter Information and select Continue.
**Required fields*

Original Effective Date* 06 / 01 / 2007

COBRA

Relationship*

Help Continue

CHILD
SPOUSE
STEPCHILD
STUDENT
OTHER

Select Relationship

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

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Select the entry that best describes the dependent's relationship to the employee.

Select the entry that best describes the dependent's relationship to the employee.

Add Dependent

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: Policy Anniversary:

Add Dependent

Step 1 Enter Information and select Continue.
**Required fields*

Original Effective Date* 06 / 01 / 2007
COBRA
Relationship* SPOUSE

Help Highlight Continue

Click the Continue button

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

Click the Continue button.

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Click the Continue button.

Add Dependent

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[Add](#) [Terminate](#) [Reinstate](#) [Change](#) [Inquire](#) [Log Out](#)

Employee **Dependent** Scroll Up-U Scroll Down-D

Enrollee: **JON SMITH** Policy: **00R1333** Insured ID: **365365365-00**
Policy Status: **A** Policy Anniversary: **04/01**

Demographic Information	Product Information	Other Insurance	Cobra (Optional)
--------------------------------	---------------------	-----------------	------------------

Step 2 Enter Demographic Information and select Continue. * Required Field

Original Effective

SSN - -

Date of Birth * / /

Last Name *

First Name * MI

Attention Last Name

1. Intro **4. Product**
2. Enrollment **5. Other Insurance**
3. Demographics **6. Try It!**

Address 2

City *

Now that you have entered information on the employee associated with a dependent, the Demographic Information tab displays.

Now that you have entered information on the employee associated with a dependent, the Demographic Information tab displays.

Add Dependent

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Demographic Information Product Information Other Insurance Cobra (Optional)

Step 2 Enter Demographic Information and select Continue.

* Required Field

Original Effective 06/01/2007

SSN - -

Date of Birth * MM / DD / CCYY

Last Name * SMITH

First Name * MI

Attention Last Name

1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

STREET

Address 2

City * NOWHERE

All required fields are marked with an asterisk.

All required fields are marked with an asterisk.

Add Dependent

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Add Terminate Reinstatement Change Inquire Log Out

Employee **Dependent** Scroll Up-U Scroll Down-D

Enrollee: **JON SMITH** Policy: **00R1333** Insured ID: **365365365-00**
Policy Status: **A** Policy Anniversary: **04/01**

Demographic Information Product Information Other Insurance Cobra (Optional)

Step 2 Enter Demographic Information and select Continue. * Required Field

Original Effective 06/01/2007

SSN - -

Date of Birth * MM/DD / CCYY

Last Name * SMITH MI

First Name * Attention Last Name

1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

STREET Address 2 City * NOWHERE

Begin by entering the dependent's date of birth. Note that you can press the Tab key to move to the next field.

Begin by entering the dependent's date of birth. Note that you can press the Tab key to move to the next field.

Add Dependent

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Demographic Information Product Information Other Insurance Cobra (Optional)

Step 2 Enter Demographic Information and select Continue. * Required Field

Original Effective 06/01/2007

SSN - -

Date of Birth * 12 / 10 / 1973

Last Name * SMITH

First Name * Highlight Box MI

Attention Last Name

1. Intro 4. Product
2. Enrollment 5. Other Insurance
3. Demographics 6. Try It!

STREET
Address 2
City * NOWHERE

Next, enter the dependent's first name.

Next, enter the dependent's first name.

Add Dependent

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Attention First Name

Address 1 * 12 MAIN STREET

Address 2

City * NOWHERE

State * MISSOURI

Zip * 63146 -

Home Phone 314 - 111 -

Gender *

Enrollment Reason * TIMELY

Help Continue

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Click the Gender menu

Click the Gender drop-down menu.

Click the Gender drop-down menu.

Add Dependent

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Attention First Name

Address 1 * 12 MAIN STREET

Address 2

City * NOWHERE

State * MISSOURI

Zip * 63146 -

Home Phone 314 - 111 - 2222

Gender *

Enrollment Reason *

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

Select the dependent's gender.

Select the dependent's gender.

Add Dependent

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Attention First Name

Address 1 * 12 MAIN STREET

Address 2

City * NOWHERE

State * MISSOURI Zip * 63146 -

Home Phone 314 - 111 - 2222

Gender * FEMALE

Enrollment Reason * TIMELY

Click the drop-down menu

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

Click the Enrollment Reason drop-down menu.

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Click the Enrollment Reason drop-down menu.

Add Dependent

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Attention First Name:

Address 1 *: 12 MAIN STREET

Address 2:

City *: NOWHERE

State *: MISSOURI Zip *: 63146 -

Home Phone: 314 - 111 - 2222

Gender *: FEMALE

Enrollment Reason *: TIMELY

Select the Enrollment Reason

TIMELY
LATE
Open Enrollment Box
SPECIAL

Help Continue

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1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

Select the dependent's enrollment reason. In this example, we'll select "Open".

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Select the dependent's enrollment reason. In this example, we'll select "Open".

Add Dependent

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Attention First Name:

Address 1 *: 12 MAIN STREET

Address 2:

City *: NOWHERE

State *: MISSOURI

Zip *: 63146 -

Home Phone: 314 - 111 - 2222

Gender *: FEMALE

Enrollment Reason *: OPEN

Help Continue

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Click the **Continue** button

Verify the information you have entered is correct, then click the Continue button.

Verify the information you have entered is correct, then click the Continue button.

Add Dependent

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Add Terminate Reinstate Change Inquire Log Out

Employee **Dependent** Scroll Up-U Scroll Down-D

Enrollee: **JON SMITH** Policy: **00R1333** Insured ID: **365365365-00**
Policy Status: **A** Policy Anniversary: **04/01**

Demographic Information **Product Information** Other Insurance Cobra (Optional)

Step 3 Enter Product Information and select Continue. * Required Field

Coverage Line	Coverage Description	Req'd	Coverage Select	Coverage Period Begin Date	Coverage Period End Date
MEDICAL	CHOICE SELECT	N	<input type="checkbox"/>	06/01/2007	

Status: COVERED Relationship*: SPOUSE
Dependent Coverage: Medicare Eligible:

Does the member you are enrolling, have current health coverage or had previous health coverage within the last 24 months with a break in coverage greater than 63 days? - Can only be entered on initial enrollment.
Pre-Existing* Yes No

1. Intro 4. Product
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Now that you have entered dependent data, the Product Information tab displays.

Now that you have entered dependent data, the Product Information tab displays.

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Add Terminate Reinstater Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Demographic Information Product Information Other Insurance Cobra (Optional)

Step 3 Enter Product Information and select Continue.

Coverage Line	Coverage Description	Req'd	Coverage Highlight Box	Coverage Period Begin Date	Coverage Period End Date
MEDICAL	CHOICE SELECT	N	<input type="checkbox"/> (732 x 52) <input type="checkbox"/> (X:15; Y:24)	01/2007	

Status: COVERED Relationship*: SPOUSE

Dependent Coverage Medicare Eligible

Does the member you are enrolling, have current health coverage or had previous health coverage within the last 24 months with a break in coverage greater than 63 days? - Can only be entered on initial enrollment.

Pre-Existing* Yes No

1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It! Help

The employee's product information appears in the Product field.

The employee's product information appears in the Product field.

Add Dependent

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Demographic Information Product Information Other Insurance Cobra (Optional)

Step 3 Enter Product Information

Click the Coverage Select box

Coverage Line	Coverage Description	Req'd	Coverage Select	Coverage Period Begin Date	Coverage Period End Date
MEDICAL	CHOICE SELECT	N	<input type="text"/>	06/01/2007	

* Required Field

Status: COVERED Relationship*: SPOUSE

Dependent Coverage: Medicare Eligible:

Does the member you are enrolling, have current health coverage or had previous health coverage within the last 24 months with a break in coverage greater than 63 days? - Can only be entered on initial enrollment.

Pre-Existing* Yes No

1. Intro 4. Product Help
2. Enrollment 5. Other Insurance
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To begin, click the Coverage Select box next to the desired products.

To begin, click the Coverage Select box next to the desired products.

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Step 3 Enter Product Information and select Continue.

Coverage Line	Coverage Description	Req'd	Coverage Select	Coverage Period Begin Date	Coverage Period End Date
MEDICAL	CHOICE SELECT	N	<input checked="" type="checkbox"/>	06/01/2007	

Status: COVERED Relationship*: SPOUSE
Dependent Coverage: Medicare Eligible:

Does the member you are enrolling have current health coverage or had previous health coverage within the last 24 months with a break in coverage greater than 63 days? - Can only be entered on initial enrollment.

Pre-Existing* Yes No

Select the No radio button

Continue

1. Intro 4. Product
2. Enrollment 5. Other Insurance
3. Demographics 6. Try It! Internet Service Agreement

If your policy has a pre-existing clause, select the dependent's Pre-Existing radio button. In this example, we'll select the No radio button.

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If your policy has a pre-existing clause, select the dependent's Pre-Existing radio button. In this example, we'll select the No radio button.

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Step 3 Enter Product Information and select Continue.

Coverage Line	Coverage Description	Req'd	Coverage Select	Coverage Period Begin Date	Coverage Period End Date
MEDICAL	CHOICE SELECT	N	<input checked="" type="checkbox"/>	06/01/2007	

Status: COVERED Relationship*: SPOUSE
Dependent Coverage: Medicare Eligible:

Does the member you are enrolling, have current health coverage or had previous health coverage within the last 24 months with a break in coverage greater than 63 days? - Can only be entered on initial enrollment.
Pre-Existing* Yes No

Click the Continue button

Help Highlighted

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Verify the information you have entered is correct, then click the Continue button.

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Verify the information you have entered is correct, then click the Continue button.

Add Dependent

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Demographic Information	Product Information	Other Insurance	Cobra (Optional)
-------------------------	---------------------	-----------------	------------------

Step 4 Enter other insurance information and select Continue or Submit.

Any changes or updates to the member's Other Medical Health Insurance (Non-Medicare) information cannot be completed on-line. Other Medical Health Insurance information changes or updates can be sent directly to your eligibility remit address or can be submitted by the employee through the member portal.

Any changes or updates to the member's Medicare information, can be made on-line or can be submitted by the employee through the member portal.

On the day this coverage begins, will the enrollee be covered under any other medical plan or policy, including another plan through this carrier?

Unknown No Yes If yes, provide the other medical plan or policy information:

Other Health (Non-Medicare) Information:
Effective Date [] / [] / [] Expiration Date [] / [] / []

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Now that you have entered product information, the Other Insurance tab displays.

Type B: If the employee is awarded custody of this dependent's medical expenses.

Now that you have entered product information, the Other Insurance tab displays.

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Demographic Information Product Information **Other Insurance** Cobra (Optional)

Step 4 Enter other insurance information and select Continue or Submit.

Any changes or updates to the member's Other Medical Health Insurance (Non-Medicare) information cannot be completed on-line. Other Medical Health Insurance information changes or updates can be sent directly to your eligibility remit address or can be submitted by the employee through the member portal.
Any changes or updates to the member's Medicare information, can be made on-line or can be submitted by the employee through the member portal.

On the day this coverage begins, will the enrollee be covered under any other medical plan or policy, including another plan through this carrier?

Unknown No Yes If yes, provide the other medical plan or policy information:

Other Health (Non-Medicare) Effective Date [] / [] / [] Expiration Date [] / [] / []

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Select the radio button that best describes the dependent's status with regard to other insurance coverage.

Select the radio button that best describes the dependent's status with regard to other insurance coverage.

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Add Terminate Reinstatement Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Step 4 Enter other insurance information and select Continue or Submit.

Any changes or updates to the member's Other Medical Health Insurance (Non-Medicare) information cannot be completed on-line. Other Medical Health Insurance information changes or updates can be sent directly to your eligibility remit address or can be submitted by the employee through the member portal.
Any changes or updates to the member's Medicare information, can be made on-line or can be submitted by the employee through the member portal.

On the day this coverage begins, will the enrollee be covered under any other medical plan or policy, including another plan through this carrier?

Unknown No Yes If yes, provide the other medical plan or policy information:

Other Health (Non-Medicare) Information:
Effective Date [] / [] / [] Expiration Date [] / [] / []

If the dependent is covered, please select one of the custody types:
 Type A: When this dependent is covered under both employee and employee's spouse's insurance plan (married).

1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

If you answer "Yes" to this question, you will need to provide supporting information.

If you answer "Yes" to this question, you will need to provide supporting information.

Add Dependent

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

On the day this coverage begins, will the enrollee be covered under Medicare?

Unknown No Yes If yes, indicate current Medicare Status: (complete all that applies)

Medicare Part A: Select Medicare status

Enrolled in Medicare Part A: Effective Date [] / [] / [] Expiration Date [] / [] / []

Ineligible for Medicare Part A

Not Enrolled in Medicare Part A

Medicare Part B:

Enrolled in Medicare Part B: Effective Date [] / [] / [] Expiration Date [] / [] / []

Ineligible for Medicare Part B

Not Enrolled in Medicare Part B

Medicare Part D: Can only be enrolled in Part D, if enrolled in [] Effective Date [] / [] / []

Not Enrolled in Medicare Part D

1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

Next, scroll down and select the radio button that best describes the dependent's Medicare status.

Next, scroll down and select the radio button that best describes the dependent's Medicare status.

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

On the day this coverage begins, will the enrollee be covered under Medicare?
 Unknown No Yes If yes, indicate current Medicare Status: (complete all that applies)

Medicare Part A:
 Enrolled in Medicare Part A: Effective Date [] / [] / [] Expiration Date [] / [] / []
 Ineligible for Medicare Part A
 Not Enrolled in Medicare Part A

Medicare Part B:
 Enrolled in Medicare Part B: Effective Date [] / [] / [] Expiration Date [] / [] / []
 Ineligible for Medicare Part B
 Not Enrolled in Medicare Part B

Medicare Part D: Can only be enrolled in Part D, if enrolled in [] Effective Date [] / [] / []
 Not Enrolled in Medicare Part D

1. Intro 2. Enrollment 3. Demographics 4. Product 5. Other Insurance 6. Try It!

Once again, you will need to provide supporting information if you answer "Yes" to this question.

Once again, you will need to provide supporting information if you answer "Yes" to this question.

Add Dependent

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JON SMITH Policy: 00R1333 Insured ID: 365365365-00
Policy Status: A Policy Anniversary: 04/01

Ineligible for Medicare Part D
 Not Enrolled in Medicare Part B

Medicare Part D: Can only be enrolled in Part D, if enrolled in part A and/or Part B

Enrolled in Medicare Part D: Effective Date [] / [] / [] Expiration Date [] / [] / []
 Ineligible for Medicare Part D
 Not Enrolled in Medicare Part D

Medicare Eligibility []

Help Continue Submit

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Click the **Submit** button

Scroll down and click the Submit button to finalize the dependent's enrollment.

Scroll down and click the Submit button to finalize the dependent's enrollment.

Add Dependent

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Add Terminate Reinstatement Change **Inquire** Log Out

Scroll Up-U Scroll Down-D

Enrollee: **JOHNNA SMITH** Policy: **00R1333** Insured ID: **365365365-02**
Policy Status: **A** Policy Anniversary: **04/01**

Demographic Information Product Information Other Insurance Cobra (Optional)

Demographic Information

Transaction Successful.

* Required Field

Original Effective 06/01/2007

SSN 147147147

Date of Birth* 08/20/1998

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Attention Last Name
Attention First Name
Address 1* 12 MAIN STREET

An inquiry-only screen will display a "Transaction Successful" message.

An inquiry-only screen will display a "Transaction Successful" message.