

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



6/27/2007



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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Select the Enrollment option		Log Out
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To begin, select the Enrollment menu option.





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Click the Employee menu option.





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The Select Group screen displays.





Click the Select Group drop-down menu.





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

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



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Now that you've selected a group, the Add Employee screen displays. Notice that the group number automatically appears.



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Next, enter the employee's Social Security Number. Please note that the Alternate ID will be generated upon submission of enrollment. It will then be visible in the Inquiry mode.



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Policy Status:	А		Policy Anniv	ersary	04/01		
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Step 4		Enter Produc	t Information a	nd sel	ect Continue.		
						* R	equired Field
Coverage Line	e Covera	are Description Reald	Coverage Select	- Cove	rage Period Begin D	ate. Coverage Period	End Date
MEDICAL	СНОТСІ	E SELECT N		06/01	/2007		
	Status	ACTIVE	Re	elations	hip* EMPLOYEE		
Dependent (	Coverage		Media	care Eli	gible		
Does the membe	er you an	e enrolling, have curr	ent health covera	ge or h	ad previous health	coverage within the la:	st 24 months
with a break in c	with a break in coverage greater than 63 days? - Can only be entered on initial enrollment.						
Pre-Existing* O Yes O No							
1. Intro	4. Dem	ographics 🛛 7. Try	It!	Now	that you have er	ntered enrollee dat	a, the Product
2. Group	) 5. P	roduct –		Infor	mation tab displ	ays.	
3. Employee	6. Other	Insurance					

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



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Doe with	es the membro a break in c	er you ar coverage	e enrolling, have cur greater than 63 day	rent health covera s? - Can only be e	ige or h otered i	ad previous health c on initial enrollment.	overage within the	last 24 m	onths
	1 Intro	4 Dem	ouraphics 7 T	viti	All re	equired fields are	marked with ar	n asteris	k
2	2. Group 5. Product								
3.1	Employee	6. Other	Insurance						

All required fields are marked with an asterisk.



**					
<ul> <li>Employer eServic</li> </ul>	es®				
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Employee Dependent	$\sim$			Scroll Up-U Sci	roll Down-D
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					^
Employee	Demographic Information	Product	Other Insurance	Cobra (Optional)	
Information			Instrance	(optional)	
Step 4	Enter Product	t Information a	nd select Continue.		
		ł		* Required	l Field
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MEDICAL CHOICE	SELECT N		06/01/2007	-	
Status	ACTIVE		alationship* EMDLOYEE		
Dependent Coverage	MCTIVE	Click the	• Coverage Select b		
	L				
Does the member you are with a break in coverage of	enrolling, have curre ireater than 63 davs?	nt health covera - Can only be er	ge or had previous health itered on initial enrollmen	coverage within the last 24 m t.	onths
Pre-Existing* O Yes O No					
					_
1. Intro 4. Demo	graphics 7. Try	k!	To begin, click the C	Coverage Select box next	to the
2. Group 5. Pr	oduct –	- querre .	desired products.	-	
3. Employee 6. Other I	nsurance				

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



Employer eServ	vices®				
Enrollment ID Cards				Help Train	ing Tutorials
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61 1	Ester Durdurd		last Castland		
Step 4	Enter Product	t Information and se	elect Continue.		
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State		Relation	ship* EMPLOYEE		
Dependent Coverag	ge	Medicare E	ligible		
Does the member you a	are enrolling, have curre	ent health coverage or	had previous health cov	erage within the last 24	4 months
with a break in coverage	e greater thán 63 days?	- Can only be entered	on initial enrollment.	2	
Pre-Existing up h (b) x es O No					
ů					
1. Intro 4. Der	nographics 7. Try	nt Ifyo	our policy has a pre-	existing clause, sel	ect the
2. Group 5.	Product -	emp	ployee's Pre-Existin	g radio button. In th	nis example,
3. Employee 6. Othe	er Insurance	wei	li select the Yes radi	o button.	

If your policy has a pre-existing clause, select the employee's Pre-Existing radio button. In this example, we'll select the Yes radio button.



Employer eServices <sup>®</sup>						
Enrollment ID Cards		Help Training Tutorials				
Add Terminate Reinstate Change Inqui Employee Dependent		Log Out Scroll Up-U Scroll Down-D				
Enrollee: Policy Status: A	Policy: <b>00R1333</b> Policy Anniversary: <b>04/01</b>	Insured ID:				
Status ACTIVE Dependent Coverage Does the member you are enrolling, have with a break in coverage greater than 63 <b>Pre-Existing*</b> ⊙ Yes ◯ No	Relationship* EMPLOYEE Medicare Eligible current health coverage or had previous health days? - Can only be entered on initial enrollmer	h coverage within the last 24 months				
Help Helpedie Box Click the Continue button						
By using this web site <del>you agree to our <u>Thte</u></del>	rnet Service Agreement Contact Us					
This is a private web site containing confider 1. Intro 4. Demographics 2. Group 5. Product 3. Employee 6. Other Insurance ItedH Employer eServices@ is a registered tradem	ntial information. Autho <u>Try it</u> / or the Verify the informatic click the Continue b lealth Group Inc. All Ri nark and is used by pe	on you have entered is correct, then outton.				

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



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Enrollment ID Cards				Help	Training	Tutorials	
Add Terminate Reinstate						Log Out	
Employee Dependent				Scro	ll Up-U Scr	oll Down-D	
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			_	_		^	
Employee Information	Demographic Information	Product Information	Other Insuighlight Box	Cobra (Optional)			
Step 5         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						1	
Any changes or updates employee through myuh	or can be submitted by to the member's Medic c.com.	the employee throu are information, can	gn myunc.com. i be made on-line or cai	n be submitted by	the		
On the day this cover including another Uni	age begins, will the e tedHealthcare plan?	enrollee be cover	ed under any other n	nedical plan or p	olicy,		
Other Insurance Unknown							
Other Health (Non-Medicare) Information:							
Effective Date / / 1. Intro 4. Den 2. Group 5. 1 3. Employee 6. Othe Type A: When this (married)	nographics 7. Try Product r Insurance ase select dependent is covered	t one of the cu: tunder both empl	low that you have er ne Other Insurance t ne top of this tab are rhen enrolling an err	ntered product in ab displays. No greyed out and ployee.	nformatio bte that the d inacces	n data, e fields at sible	

Now that you have entered product information data, the Other Insurance tab displays. Note that the fields at the top of this tab are greyed out and inaccessible when enrolling an employee.





Select the radio button that best describes the employee's Medicare status. This is the only required entry on this page.





If you answer yes to this question, you will need to provide appropriate supporting information.



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Enrollment ID Cards	Help Training Tutorials				
<u>Add</u> Terminate Reinstate Change Inquire Employee Dependent	Log Out Scroll Up-U Scroll Down-D				
Enrollee: Policy Status: <b>A</b> Policy Annive	Policy: 00R1333 Insured ID: rsary: 04/01				
<ul> <li>Mengulate for medicare Part B</li> <li>Not Enrolled in Medicare Part B</li> </ul>					
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       Ineligible for Medicare Part D       Ineligible for Medicare Part D       Ineligible for Medicare Part D					
Medicare Eligibility	Click the <b>Submit</b> button				
Help Continue By using this web site you agree to our Internet Service Agreement Contact Us					
1. Intro         4. Demographics         7. Try It         Ized site use           2. Group         5. Product         serve investigation of penalt           3. Employee         6. Other Insurance         th Group Inc. All Rights Reserved           Employee         6. Other Insurance         th Group Inc. All Rights Reserved	When you have finished entering this information, click the Submit button to finalize the employee's enrollment.				

When you have finished entering this information, click the Submit button to finalize the employee's enrollment.



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Enrollment ID Cards				Help Training Tutorials		
Add Terminate Reinstate	e Change Inquire			Log Out Scroll Up-U Scroll Down-D		
Enrollee: JON SM Policy Status: A	ІТН	Policy Policy Anniversary	: 00R1333 : 04/01	Insured ID: 365365365-00		
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)		
Employee Information Transaltightg&Boessful. * Required Field						
Date of Hire *         05/20/2007         Employee ID (SSN) *         365365365           Date of Retirement         Alternate ID         986748812						
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By using this web site you agree to our Internet Service Agreement Contact Us						
1. Intro       4. Demographics       7. Try II       Ized site use         2. Group       5. Product       An inquiry-only screen will display a "Transaction Successful" message.         3. Employee       6. Other Insurance       Ith Group Inc. All Rights Reserved						
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An inquiry-only screen will display a "Transaction Successful" message.

