Employer eServices®		
V Audience: Employers Module Length: appro Last Updated: 08/01//	Velcome to the COI ox 7 minutes 2007	BRA Dependent Only
		Welcome to the COBRA Dependent Only tutorial. In this tutorial, you'll learn how to enroll a dependent of an existing employee in COBRA coverage.

Welcome to the COBRA Dependent Only tutorial. In this tutorial, you'll learn how to enroll a dependent of an existing employee in COBRA coverage.



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.



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

Employer eServices <sup>®</sup>					
Enrollment ID Cards			Help	Training	Tutorials
					Log Out
Welcome Guest, Employer eServices is your online, real-ti	me gateway to review r	nember eligibility, r	nake enrollment changes	and review	claim
status, reporting, billing and much more.					
Hot Topics! Click on one of the following legislative and industry news that could in Alert - New Online Billing Enhancement Medica Resource Helps Members Navigate	links for news and infor npact you and your emp : Through Cost and Qua	rmation about Medi bloyees: lity Decisions	ca products and services	as well as	
Resources Click here to access:	Network Informati Click here to access:	on	Programs & Service Click here to access:	<u>5</u>	3
<u>Contact Us</u> Health & Wellness Reporting	Pnarmacy Provider Directory	- Medica	Medica CallLink Nurse	<u>e Line</u>	
<u>HIPAA Internet Site</u> <u>Medica Employer Newsletters</u>			<u>Medica Optum Emplo</u> <u>Program</u>	<u>yee Assista</u>	nce
<u>Medica.com</u> MyMedica.com			<u>My Health Manager fr</u> United Behavioral He	<u>'om Medica</u> ≦ alth	<u>SM</u>
Scheduled Direct Debit Form					
		In some cases	, there is a need to er	nroll only a	3
By using this web site you agree to our <u>Internet Servi</u> . This is a private web site containing confidential info of the web site and / or the data contained on the site	dependent with must first termi to the Termina	n COBRA coverage. nate coverage for the te tutorials for more ir	To do this depende formatior	s, you ent. Refer 1.	

In some cases, there is a need to enroll only a dependent with COBRA coverage. To do this, you must first terminate coverage for the dependent. Refer to the Terminate tutorials for more information.

Employer eServices®					
Enrollment ID Cards			Help	Training	Tutorials
					Log Out
Welcome Guest,					2
Employer eServices is your online, real-tir status, reporting, billing and much more.	me gateway to review r	nember eligibility, r	nake enrollment changes	; and review	ı claim
Hot Topics! Click on one of the following legislative and industry news that could im Alert - New Online Billing Enhancement Medica Resource Helps Members Navigate	links for news and info npact you and your emp hrough Cost and Qua	rmation about Medi oloyees: lity Decisions	ca products and services	as well as	
Resources Click here to access: <u>Contact Us</u> <u>Health &amp; Wellness Reporting</u> <u>HIPAA Internet Site</u> <u>Medica Employer Newsletters</u> <u>Medica.com</u> <u>MyMedica.com</u> <u>Scheduled Direct Debit Form</u>	Network Informati Click here to access: <u>Pharmacy</u> <u>Provider Directory</u>	<u>on</u> - <u>Medica</u>	Programs & Service Click here to access: Disease Managemen Medica CallLink Nurs Medica Optum Emplo Program My Health Manager fi United Behavioral He	<u>s</u> <u>e Line</u> wee Assista rom Medica <sup>:</sup> alth	nce M
By using this web site you agree to our <u>Internet Servic</u> This is a private web site containing confidential info of the web site and / or the data contained on the site	<u>ce Agreement Contact Us</u> rmation. Authorized site use e may be grounds for penalti	After the depen you then enroll employee, sim the Add Emplo	ndent's regular cover the dependent in CC ilar to adding a new wee tutorial for more	age is ten BRA as a employee informatic	minated, an . Refer to on.

After the dependent's regular coverage is terminated, you then enroll the dependent in COBRA as an employee, similar to adding a new employee. Refer to the Add Employee tutorial for more information.

Employer eServices®					
Enrollment ID Cards			Help	Training	Tutorials
- N					Log Out
Select the Enrollment op	btion				
Welcome Guest,					-
Employer eServices is your online, real-ti status, reporting, billing and much more. Hot Topics! Click on one of the following legislative and industry news that could in Alert - New Online Billing Enhancement Medica Resource Helps Members Navigate	ime gateway to review r g links for news and info mpact you and your emp e Through Cost and Qua	nember eligibility, r rmation about Medi- loyees: lity Decisions	nake enrollment changes ca products and services	and review as well as	v claim
Resources Click here to access: <u>Contact Us</u> Health & Wellness Reporting HIPAA Internet Site Medica Employer Newsletters Medica.com MyMedica.com Scheduled Direct Debit Form	<u>Network Informati</u> Click here to access: <u>Pharmacy</u> <u>Provider Directory</u>	on - Medica	Programs & Service Click here to access: Disease Management Medica CallLink Nurse Medica Optum Emplo Program My Health Manager fr United Behavioral He	<u>s</u> <u>: Programs</u> <u>a Line yee Assista yee Assista alth</u>	n <u>ce</u> ™
By using this web site you agree to our <u>Internet Servi</u> This is a private web site containing confidential info of the web site and / or the data contained on the site	ice Agreement <u>Contact Us</u> ormation. Authorized site use le may be grounds for penalti	To begin, sele	ct the Enrollment men	u option.	

To begin, select the Enrollment menu option.

Employer eServices®					
Enrollment ID Cards			Help	Training	Tutorials
Add Terminate Reinstate Change Inqu	ire				Log Out
Select the Add option					^
Employer eServices is your online, real-tir status, reporting, billing and much more. <b>Hot Topics!</b> Click on one of the following legislative and industry news that could in <u>Alert - New Online Billing Enhancement</u> <u>Medica Resource Helps Members Navigate</u>	me gateway to review r links for news and info apact you and your em through Cost and Qua	member eligibility, r rmation about Medi ployees: ality Decisions	nake enrollment changes ca products and services	and review as well as	ı claim
Resources Click here to access: <u>Contact Us</u> Health & Wellness Reporting HIPAA Internet Site Medica Employer Newsletters Medica.com MyMedica.com Scheduled Direct Debit Form	<u>Network Informat</u> Click here to access: <u>Pharmacy</u> <u>Provider Directory</u>	<u>en</u> - Medica	Programs & Service Click here to access: Disease Management Medica CallLink Nursi Medica Optum Emplo Program My Health Manager fr United Behavioral He	<u>s</u> <u>t Programs</u> <u>e Line</u> <u>yee Assista</u> rom Medica <sup>:</sup> alth	
By using this web site you agree to our <u>Internet Servic</u> This is a private web site containing confidential info of the web site and / or the data contained on the site	ce Agreement Contact Us rmation. Authorized site use e may be grounds for penalti	A second men option.	u bar appears. Sele	ct the Adc	l menu

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

Employer eServices <sup>®</sup>					
Enrollment ID Cards			Help	Training	Tutorials
<u>Add</u> Terminate Reinstate Change Inqu Employee <mark>,</mark> Dependent	ire		Scro	ll Up-U Scr	Log Out oll Down-D
We Select the Employee option Employer eServices is your online, real-til status, reporting, billing and much more. Hot Topics! Click on one of the following legislative and industry news that could in Alert - New Online Billing Enhancement	me gateway to review r links for news and info npact you and your emp	nember eligibility, r rmation about Medi oloyees:	nake enrollment changes ca products and services :	and review as well as	claim
Medica Resource Helps Members Navigate	Through Cost and Qua	lity Decisions			
Resources Click here to access: <u>Contact Us</u> Health & Wellness Reporting HIPAA Internet Site Medica Employer Newsletters Medica.com MyMedica.com Scheduled Direct Debit Form	Network Informati Click here to access: <u>Pharmacy</u> <u>Provider Directory</u>	<u>on</u> - <u>Medica</u>	Programs & Services Click here to access: Disease Management Medica CallLink Nurse Medica Optum Employ Program My Health Manager fr United Behavioral Hea	E Programs Line yee Assista om Medica <sup>2</sup> alth	∃ nce M
By using this web site you agree to our <u>Internet Servio</u> This is a private web site containing confidential info of the web site and / or the data contained on the site	ce Agreement <u>Contact Us</u> rmation. Authorized site use e may be grounds for penalti	A final menu ba option.	ar appears. Click the	Employe	e menu

A final menu bar appears. Click the Employee menu option.

Employer eServices®	
Enrollment ID Cards	Help Training Tutorials
Add Terminate Reinstate Change Inquire Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Select Group Select a Group and Continue. Select Group (Select Group) ABC Company 00R1333, ACME (USA) 0123456 Lt Select G	roup Name
By using this web site you agree to our <u>Internet Service Agreement Contact Us</u>	
This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalti <u>Privacy Policy</u> Copyright 1994-2009 UnitedHealth Group Inc. All Rights Reserved	The Select Group drop-down menu appears. This menu displays the list of groups currently available. Roll your cursor down the list, and highlight the appropriate group.
Employer eServices® is a registered trademark and is used by permission from Un	

The Select Group drop-down menu appears. This menu displays the list of groups currently available. Roll your cursor down the list, and highlight the appropriate group.

Employer eServices®	
Enrollment ID Cards	Help Training Tutorials
Add Terminate Reinstate Change Inquire	Log Out
Employee Dependent	Scroll Up-U Scroll Down-D
Select Group	
Select a Group and Continue.	
Select Group ABC Company 00R1333	
Help	Click the <b>Continue</b> button
By using this web site you agree to our <u>Internet Service Agreement</u> <u>Contact Us</u>	
This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalti	The group you selected now appears in the Select Group field. After selecting the group, click the
Privacy Policy Copyright 1994-2009 UnitedHealth Group Inc. All Rights Reserved Employer eServices® is a registered trademark and is used by permission from Un	Continue button to go to the Add Employee page.

The group you selected now appears in the Select Group field. After selecting the group, click the Continue button to go to the Add Employee page.

Employer eServices®					
Enrollment ID Cards			Help	Training	Tutorials
Add Terminate Reinstate Change	Inquire				Log Out
Employee Dependent			Scro	ll Up-U Sch	oll Down-D
Enrollee: Policy Status:	Policy Annivo	Policy: <b>OOR1333</b> ersary:	Insured ID:		
Add Employee					
Step 1 Enter Information and s *Required fields	select Continue.				
Original Effec	tive Date* 🕅 / DD /	ccrr			
	COBRA				
Continuation En	ollee Type		*		
	Help Contin	ue			
By using this web site you agree to our Interne	at Service Agreement Contact Us				
This is a private web site containing confiden of the web site and / or the data contained on	tial information. Authorized site use the site may be grounds for penalti	The Add Employee	e screen displays.		
Privacy Policy Copyright 1994-2009 UnitedHe	alth Group Inc. All Rights Reserved				
Employer eServices® is a registered trademar	k and is used by permission from Un				

The Add Employee screen displays.

Employer eSe	ervices®						
Enrollment ID Card	5				Help	Training	Tutorials
Add Terminate Reins	state Change Inquire						Log Out
Employee Dependent					Scro	oll Up-U Scr	oll Down-D
Enrollee: Policy Status:		F Policy Annive	Policy: <b>00R1333</b> rsary:	Insur	red ID:		
Add Employee							
Step 1 Enter Infor *Required fields	rmation and select Conti	inue.					
	Original Effective Date*	MM / DD / C	corr				
	COBRA						
C	ontinuation Enrollee Type			*			
	Help	Contin	ue				
By using this web site you a	gree to our <u>Internet Service Agree</u>	ement Contact Us					
This is a private web site cor of the web site and / or the c	ntaining confidential information. data contained on the site may be	. Authorized site use e grounds for penalti	In the appropriate that COBRA cove	e fields, ente erage will be	r the m gin as	ionth, day, the Origin	, and year nal
Privacy Policy Copyright 199	94-2009 UnitedHealth Group Inc.	All Rights Reserved	the next field.	ou can pres	s the ta	ар кеуто г	nove to
Employer eServices® is a re	gistered trademark and is used by	/ permission from Un					

In the appropriate fields, enter the month, day, and year that COBRA coverage will begin as the Original Effective Date. You can press the tab key to move to the next field.

Employer eS	Services®						
Enrollment ID Car	'ds				Help	Training	Tutorials
Add Terminate Rei	nstate Change Inquire						Log Out
Employee Depender	nt				Scro	ll Up-U Scr	oll Down-D
Enrollee: Policy Status:		Policy Annivo	Policy: <b>OOR1333</b> ersary:	Insur	ed ID:		
Add Employee							
Step 1 Enter Info *Required fields	ormation and select Conti	inue.					
	Original Effective Date* COBRA	MM / DD /	ccm				
	Continuation Enrollee Type			~			
	Help	Contir	nue				
By using this web site you	agree to our <u>Internet Service Agree</u>	ement <u>Contact Us</u>					
This is a private web site of the web site and / or the	containing confidential information e data contained on the site may b	. Authorized site use e grounds for penalti	The Original Effect dependent's term	tive Date m ination date	ust be In this	the same s example	as the a, the
Privacy Policy Copyright 1	1994-2009 UnitedHealth Group Inc.	. All Rights Reserved	you will enter 7/1/	07 for the Or	iginal l	Effective	Date.
Employer eServices® is a	registered trademark and is used by	y permission from Un					

The Original Effective Date must be the same as the dependent's termination date. In this example, the dependent's Termination Date is 7/1/07. Therefore you will enter 7/1/07 for the Original Effective Date.

Employer eServices®					
Enrollment ID Cards			Help	Training	Tutorials
Add Terminate Reinstate Change Inqui	re				Log Out
Employee Dependent			Sci	roll Up-U Scro	oll Down-D
Enrollee: Policy Status:	Policy Annive	Policy: <b>OOR1333</b> ersary:	Insured ID:		
Add Employee					
Step 1 Enter Information and select *Required fields Original Effective Da Continuation Enrollee T	Continue. ate* 07 / 01 / BRA ype Help Contin	2007 ue	v		
By using this web site you agree to our <u>Internet Servic</u>	e Agreement <u>Contact Us</u>				
This is a private web site containing confidential infor of the web site and / or the data contained on the site	mation. Authorized site use may be grounds for penalti	Be sure to check dependent in CO	the COBRA box t BRA coverage.	o properly e	enroll the
Privacy Policy Copyright 1994-2009 UnitedHealth Gro Employer eServices® is a registered trademark and is i	up Inc. All Rights Reserved used by permission from Un				

Be sure to check the COBRA box to properly enroll the dependent in COBRA coverage.

Employer eS	ervices®					
Enrollment ID Car	ds			Help	Training	Tutorials
Add Terminate Reir	nstate Change Inquire					Log Out
Employee Dependen	t			Scro	ll Up-U Scr	oll Down-D
Enrollee: Policy Status:		Policy Anniv	Policy: <b>00R1333</b> ersary:	Insured ID:		
Add Employee						
Step 1 Enter Info *Required fields	ormation and select Con	tinue.				
	Original Effective Date*	07 / 01 /	2007			
_	COBRA	<b>V</b>	DD			
	Continuation Enrollee Type			R		
			/	<u> </u>		
	Click the Contin	uation Enroll	ee Type menu arrov	W		
By using this web site you	agree to our <u>Internet Service Agr</u> e	ement Contact Us				
This is a private web site c of the web site and / or the	ontaining confidential informatio : data contained on the site may l	n. Authorized site use De grounds for penalti	Click the Continua	ition Enrollee Type	e drop-do	wn menu.
Privacy Policy Copyright 1	994-2009 UnitedHealth Group In	2. All Rights Reserved				
Employer eServices® is a i	registered trademark and is used t	y permission from Un				

Click the Continuation Enrollee Type drop-down menu.

Employer eSer	rvices®				
Enrollment ID Cards				Help Trainin	g Tutorials
Add Terminate Reinst	ate Change Inquire				Log Out
Employee Dependent				Scroll Up-U S	croll Down-D
Enrollee: Policy Status:		Policy Anniv	Policy: <b>OOR1333</b> ersary:	Insured ID:	
Add Employee					
Step 1 Enter Inform *Required fields	nation and select Conti	nue.			
	Original Effective Date*	07 / 01 /	2007		
	COBRA				
Cor	ntinuation Enrollee Type		*		
	Help	EMPLOYEE CON SPOUSE CONTI CHILD CONTINU	TINUING AS EMPLOYEE NUING AS EMPLOYEE JING AS EMPLOYEE		
By using this web site you agr	ee to our <u>Internet Service Agree</u>	ement Contact Us			
This is a private web site cont of the web site and / or the da	aining confidential information. Ita contained on the site may be	. Authorized site use e grounds for penalti	The Continuation Enrol appears. The second a	lee Type drop-down i and third options are	menu the ones
Privacy Policy Copyright 1994	42009 UnitedHealth Group Inc.	All Rights Reserved	these two options.	IS. LEUSIOOK MOLE C	iosely at
Employer eServices® is a regi	istered trademark and is used by	/ permission from Un			

The Continuation Enrollee Type drop-down menu appears. The second and third options are the ones that apply to dependents. Let's look more closely at these two options.

Employer eServices®									
Enrollment ID Cards			Help	Training	Tutorials				
<u>Add</u> Terminate Reinstate Change Inquire Employee Dependent			Scro	ll Up-U Scr	Log Out roll Down-D				
Enrollee: Policy Status:	Policy Anniv	Policy: <b>OOR1333</b> ersary:	Insured ID:						
Add Employee									
Step 1 Enter Information and select Con *Required fields	tinue.								
Original Effective Date*	07 / 01 /	2007							
COBRA									
Continuation Enrollee Type	Continuation Enrollee Type								
By using this web site you agree to our <u>Internet Service Agr</u>	reement <u>Contact Us</u>								
This is a private web site containing confidential informatic of the web site and / or the data contained on the site may <u>Privacy Policy</u> Copyright 1994-2009 UnitedHealth Group In	on. Authorized site use be grounds for penalti ic. All Rights Reserved	Use the highlighted opti enrolls in COBRA witho dependent children, enr the Add Dependent tuto	on if the dep ut the employ oll the spous	endent sp yee. To a e first, the	oouse add en refer to dents				
Employer eServices® is a registered trademark and is used	by permission from Un		arior addir	.g dopoli	u o n to .				

Use the highlighted option if the dependent spouse enrolls in COBRA without the employee. To add dependent children, enroll the spouse first, then refer to the Add Dependent tutorial for adding dependents.

Employer eServices	S®		
Enrollment ID Cards			Help Training Tutorials
<u>Add</u> Terminate Reinstate Cl Employee Dependent	nange Inquire		Log Out Scroll Up-U Scroll Down-D
Enrollee: Policy Status:	Policy Anniv	Policy: <b>00R1333</b> ersary:	Insured ID:
Add Employee			
Step 1 Enter Information *Required fields	and select Continue.		
Origina	I Effective Date* 07 / 01 /	2007	
	COBRA 🔽		
Continuati	on Enrollee Type	×	
	EMPLOYEE CON Help SPOUSE CONT CHILD CONTIN	ITINUING AS EMPLOYEE INUING AS EMPLOYEE UING AS EMPLOYEE	
By using this web site you agree to ou	r <u>Internet Service Agreement Contact Us</u>		
This is a private web site containing co of the web site and / or the data conta	onfidential information. Authorized site use ined on the site may be grounds for penalti	Use the highlighted o enrolling in COBRA v	ption for a child or children vithout the employee, parent or
Privacy Policy Copyright 1994-2009 U	nitedHealth Group Inc. All Rights Reserved	yuardiari.	
Employer eServices® is a registered tr	ademark and is used by permission from Un		

Use the highlighted option for a child or children enrolling in COBRA without the employee, parent or guardian.

Employer eServices®					
Enrollment ID Cards			Help	Training	Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Employee Dependent			Scro	oll Up-U Scr	Log Out oll Down-D
Enrollee: Policy Status:	Policy Anniv	Policy: <b>00R1333</b> ersary:	Insured ID:		
Add Employee					
Step 1 Enter Information and select Conti *Required fields	nue.				
Original Effective Date*	07 / 01 /	2007			
COBRA					
Continuation Enrollee Type		*			
Help	EMPLOYEE CON SPOUSE CONTI CHILD CONTIN	TINUING AS EMPLOYEE NUING AS EMPLOYEE JING AS EMPLOYEE			
By using this web site you agree to our <u>Internet Service Agree</u>	ement Contact Us				
This is a private web site containing confidential information. of the web site and / or the data contained on the site may be Privacy Policy Copyright 1994-2009 UnitedHealth Group Inc.	. Authorized site use e grounds for penalti All Rights Reserved	If there is a need to enro COBRA, enroll the older Then enroll the other chi	bll more than st child first u Idren as dep	one child using this pendents.	with option. Refer to
Employer eServices® is a registered trademark and is used by	, permission from Un	the Add Dependent tuto	rial.		

If there is a need to enroll more than one child with COBRA, enroll the oldest child first using this option. Then enroll the other children as dependents. Refer to the Add Dependent tutorial.

Employer es	Services®					
Enrollment ID Car	rds			Help	Training	Tutorials
<u>Add</u> Terminate Rei Employee Depender	nstate Change Inquire nt			Scm	oll Up-U Scr	Log Out oll Down-D
Enrollee: Policy Status:		Policy Anniv	Policy: <b>OOR1333</b> ersary:	Insured ID:		
Add Employee						
Step 1 Enter Inf *Required fields	ormation and select Cont	inue.				
	Original Effective Date*	07 / 01 /	2007			
	COBRA					
	Continuation Enrollee Type	SPOUSE CONTI	NUING AS EMPLOYEE			
	Help	Contir				
			Click the Continue but	ton		
By using this web site you	agree to our Internet Service Agre	<u>ement Contact Us</u>				
This is a private web site of the web site and / or th	containing confidential information e data contained on the site may b	i. Authorized site use le grounds for penalti	In this example, we will the employee. Upon se	enroll the sp electing that o	ouse cont option, cli	inuing as ck on the
Privacy Policy Copyright *	1994-2009 UnitedHealth Group Inc	. All Rights Reserved	Continue putton.			
Employer eServices⊛ is a	registered trademark and is used by	y permission from Un				

In this example, we will enroll the spouse continuing as the employee. Upon selecting that option, click on the Continue button.

Employer eServices®							
Enrollment ID Cards				Help Traini	ng Tutorials		
<u>Add</u> Terminate Reinstate Employee Dependent	: Change Inquire			Scroll Up-U	Log Out Scroll Down-D		
Enrollee: Policy Status: <b>A</b>		Policy Policy Anniversary	: 00R1333 : 04/01	Insured ID:			
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)			
Employee     Definition     Product     Other     Cours       Information     Information     Insurance     (Optional)       Step 2     Employee Information     * Required Field       Employee ID (SSN) *							
This is a private web site contain of the web site and / or the data of <u>Privacy Policy</u> Copyright 1994-20 Employer eServices® is a registe	ing confidential information contained on the site may b 109 UnitedHealth Group Inc. red trademark and is used by	. Authorized site use the grounds for penalti dep All Rights Reserved	Employee Informat endent's Social Se	ion tab displays. E curity Number in the	nter the ∢SSN field.		

The Employee Information tab displays. Enter the dependent's Social Security Number in the SSN field.

Employer eServ	ices®					
Enrollment ID Cards				Help Train	ing Tutorials	
<u>Add</u> Terminate Reinstate Employee Dependent	Change Inquire			Scroll Up-U	Log Out Scroll Down-D	
Enrollee: Policy Status: A		Policy: Policy Anniversary:	00R1333 04/01	Insured ID:		
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)		
Information       Information       Insurance       (Optional)         Step 2       Employee Information       * Required Field         Employee ID (SSN) * 951951951       Click the Continue button         Alternate ID       Help						
This is a private web site contain of the web site and / or the data <u>Privacy Policy</u> Copyright 1994-20	This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalti Privacy Policy Copyright 1994-2009 UnitedHealth Group Inc. All Rights Reserved					
Employer eServices® is a registe	red trademark and is used by	r permission from Un				

Click the Continue button.

Employer eServi	ces®					
Enrollment ID Cards				Help	Training	Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	Change Inquire			Scro	oll Up-U Scr	Log Out oll Down-D
Enrollee: Policy Status: <b>A</b>		P Policy Anniver	olicy: 00R1333 sary: 04/01	Insured ID:		
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)		<u></u>
Step 3 E	nter Demographic I	nformation and	select Continue.	* Required	Field	
Employee ID (SSN) 9 Alternate ID Date of Birth *	51951951	·	Date o	f Hire *		
Last Name * First Name *			Preferred Lang	guage * ENGLISH	¥	
Address 1 * Address 2 City * State *			The Demograph fields are marked display all fields.	ic Information tab di d with an asterisk.	isplays. R Scroll dov	≀equired √n to

The Demographic Information tab displays. Required fields are marked with an asterisk. Scroll down to display all fields.

Employer eServ	7ices®						
Enrollment ID Cards			Help Train	ing Tutorials			
<u>Add</u> Terminate Reinstat Employee Dependent	e Change Inquire		Scroll Up-U	Log Out Scroll Down-D			
Enrollee: Policy Status: A	Policy Anniv	Policy: 00R1333 Insu ersary: 04/01	red ID:				
First Name *	JOSEPH	MI					
Address 1 *	55 HOME STREET						
Address 2							
City *	ANYTOWN						
State *	MISSOURI	Zip *	-				
Home Phone							
Gender *	MALE						
Enrollment Reason *	TIMELY 🖌						
By using this web site you agree							
This is a private mah site contai	ning confidential information. Authorized site was	Salast "Spasial" on the Enro	Ilmont Doggo	n whon			
of the web site and / or the data	ning confidential information. Authorized site use I contained on the site may be grounds for penalti	enrolling a member in COBR	Ilmeni Reasoi (A coverage:	n when			
Privacy Policy Copyright 1994-2	2009 UnitedHealth Group Inc. All Rights Reserved						
Employer eServices® is a regist	ered trademark and is used by permission from Un						

Select "Special" as the Enrollment Reason when enrolling a member in COBRA coverage.

Employer eServ	vices®			
Enrollment ID Cards			Help Traini	ng Tutorials
Add Terminate Reinstat	te Change Inquire			Log Out
Employee Dependent			Scroll Up-U	Scroll Down-D
Enrollee: Policy Status: <b>A</b>	Policy Anniv	Policy: 00R1333 Insur ersary: 04/01	ed ID:	
First Name *	JOSEPH	MI		^
Address 1 *	55 HOME STREET			
Address 2				
City *	ANYTOWN			
State *	MISSOURI	Zip * 63146	-	
Home Phone	· · · · · · · · · · · · · · · · · · ·			
Gender *	MALE		_	
Enrollment Reason *	SPECIAL 💌	Click the <b>Continue</b> buttor	n	
		inue		
By using this web site you agree	e to our <u>Internet Service Agreement</u> <u>Contact Us</u>			=
This is a private web site contai of the web site and / or the data	ining confidential information. Authorized site use a contained on the site may be grounds for penalti	Once all of the required fields Continue button.	are entered,	click on the
Privacy Policy Copyright 1994-2	2009 UnitedHealth Group Inc. All Rights Reserved			
Employer eServices® is a regist	tered trademark and is used by permission from Un			

Once all of the required fields are entered, click on the Continue button.

Employer eServ	ices®						
Enrollment ID Cards				Help T	raining	Tutorials	5
<u>Add</u> Terminate Reinstate Employee Dependent	e Change Inquire			Scroll L	Jp-U Scro	Log Out all Down-D	
Enrollee: Policy Status: A		Policy Policy Anniversary	: 00R1333 : 04/01	Insured ID:			
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)			^
Information       Information       Insurance       (Optional)         Step 4       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       N       07/01/2007         Status       Select the check box       Relationship*       EMPLOYEE         Dependent Coverage       Help       Continue							
		The prod Sele	Product Informatio ducts and related ir ect check box to se	n tab displays a formation. Use lect the desired	a list of a the Cov I product	vailable verage ts.	

The Product Information tab displays a list of available products and related information. Use the Coverage Select check box to select the desired products.

Employer eServices®							
Enrollment ID Cards				Help T	raining	Tutorials	5
<u>Add</u> Terminate Reinstate ( Employee Dependent	Change Inquire			Scroll (	Up-U Scro	Log Out oll Down-D	
Enrollee: Policy Status: <b>A</b>		Policy Policy Anniversary	: 00R1333 : 04/01	Insured ID:			
Employee D Information I	)emographic nformation	Product Information	Other Insurance	Cobra (Optional)			^
Step 4       Enter Product Information and select Continue.       * Required Field         Coverage Line       Coverage Description       Req'd       Coverage Period Begin Date       Coverage Period End Date         MEDICAL       Choice       N       V       07/01/2007       E							
Status ACTIVE Relationship* EMPLOYEE Dependent Coverage Click the Continue button Help Continue							
Also, if the Assign Physician button displays, you must assign a primary physician. Refer to the Add Employee tutorial for more information. Click the Continue button after you have verified the products.							

Also, if the Assign Physician button displays, you must assign a primary physician. Refer to the Add Employee tutorial for more information. Click the Continue button after you have verified the products.

Employer eServices®						
Enrollment ID Cards		Help	Training	Tutorials		
Add Terminate Reinstate Change Inquire				Log Out		
Employee Dependent		Scro	ll Up-U Scr	oll Down-D		
Enrollee: Policy Status: A Policy Anniv	Policy: 00R1333 In: ersary: 04/01	sured ID:				
Meligible for Medicare Part B     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       Image: Click the Constitute butter						
Help Continue Submit						
By using this web site you agree to our Internet Service Agreement Contact Us						
This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalt <u>Privacy Policy</u> Copyright 1994-2009 UnitedHealth Group Inc. All Rights Reserved	The Other Insurance tab dis complete all required fields button.	plays. S and click	croll down (the Cont	n to tinue		
Employer eServices® is a registered trademark and is used by permission from Un						

The Other Insurance tab displays. Scroll down to complete all required fields and click the Continue button.

Employer eServices®						
Enrollment ID Cards				Help Tr	aining Tutorials	
<u>Add</u> Terminate Reinstate Employee Dependent	e Change Inquire			Scroll U	Log Out p-U Scroll Down-D	
Enrollee: Policy Status: <b>A</b>		P Policy Anniver	olicy: 00R1333 sary: 04/01	Insured ID:		
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)		
COBRA/State Continuance Information Benefit Continuation Effective Date 07/01/2007 Benefit Continuation End Date Benefit Continuation Enrollee Type SPOUSE CONTINUING AS EMPLOYEE Click the Submit button By using this web site you agree to our Internet Service Agreement Contact Us						
This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalti <u>Privacy Policy</u> Copyright 1994-2009 UnitedHealth Group Inc. All Rights Reserved Employer eServices® is a registered trademark and is used by permission from Un						

The optional COBRA Information tab displays. This page is view-only and displays so that you can verify the COBRA Effective Date and Enrollee Type. Click the Submit button to save the data.

Employer eServices®							
Enrollment ID Cards				Help Training Tutorials			
Add Terminate Reinstate	: Change Inquire			Log Out Scroll Up-U Scroll Down-D			
Enrollee: <b>JO SMITH</b> Policy Status: <b>A</b> Polic		Policy Anniversa	oy: 00R1333 ry: 04/01	Insured ID: 951951951-00			
Employee Information	Demographic Information	Product Information	Other Insurance	Cobra (Optional)			
Employee Information							
				* Required Field			
Date of Hire *     Employee ID (SSN) *     951951951       Date of Retirement     Alternate ID     987042753							
Print Help Continue							
By using this web site you agree to our <u>Internet Service Agreement Contact Us</u>							
This is a private web site containing confidential information. Authorized site use of the web site and / or the data contained on the site may be grounds for penalting message like this one. It confirms the transa				bmit button you should see a e. It confirms the transaction was			
Privacy Policy Copyright 1994-20 Employer eServices® is a registe	)09 UnitedHealth Group Inc. ered trademark and is used by	All Rights Reserved foll y permission from Un	follow the instructions to correct the error.				

After you click the Submit button you should see a message like this one. It confirms the transaction was successful. However, if you receive an error message, follow the instructions to correct the error.



Congratulations! You've completed the COBRA Dependent Only tutorial. In this tutorial, you learned how to enroll the dependent of an existing employee in COBRA using Employer eServices.