

Slide 1 - Slide 1

Employer eServices®

Welcome to the Add Dependent tutorial

Audience: Employers
Module Length: approx 10 minutes
Last Updated: 04/04/2007

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

Slide notes

Text Captions

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

Welcome to the Add Dependent tutorial

Audience: Employers
Module Length: approx 10 minutes
Last Updated: 04/04/2007

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Welcome to the Add Dependent tutorial

Audience: Employers
Module Length: approx 10 minutes
Last Updated: 04/04/2007

As you proceed, you may use the controls at the bottom of this window to rewind, pause, or skip ahead during playback.

Slide notes

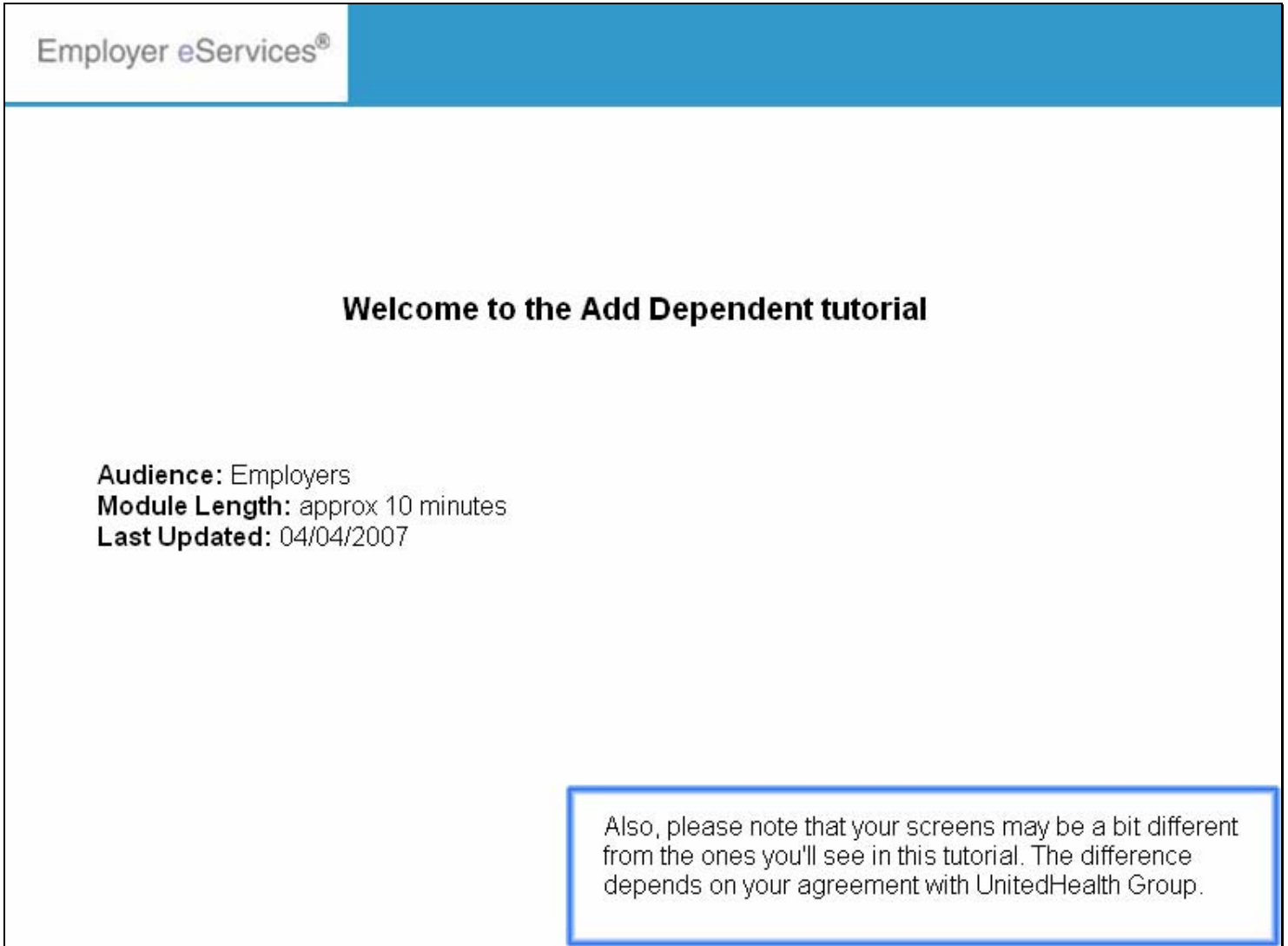
Text Captions

Welcome to the Add Dependent tutorial

As you proceed, you may use the controls at the bottom of this window to rewind, pause, or skip ahead during playback.

Audience: Employers
Module Length: approx 10 minutes
Last Updated: 04/04/2007

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The slide features a blue header bar with the 'Employer eServices®' logo on the left. The main content area is white and contains the title 'Welcome to the Add Dependent tutorial' in bold. Below the title, there are three lines of text: 'Audience: Employers', 'Module Length: approx 10 minutes', and 'Last Updated: 04/04/2007'. A blue-bordered box in the bottom right corner contains a note: '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 agreement with UnitedHealth Group.'

Slide notes

Text Captions

Welcome to the Add Dependent tutorial

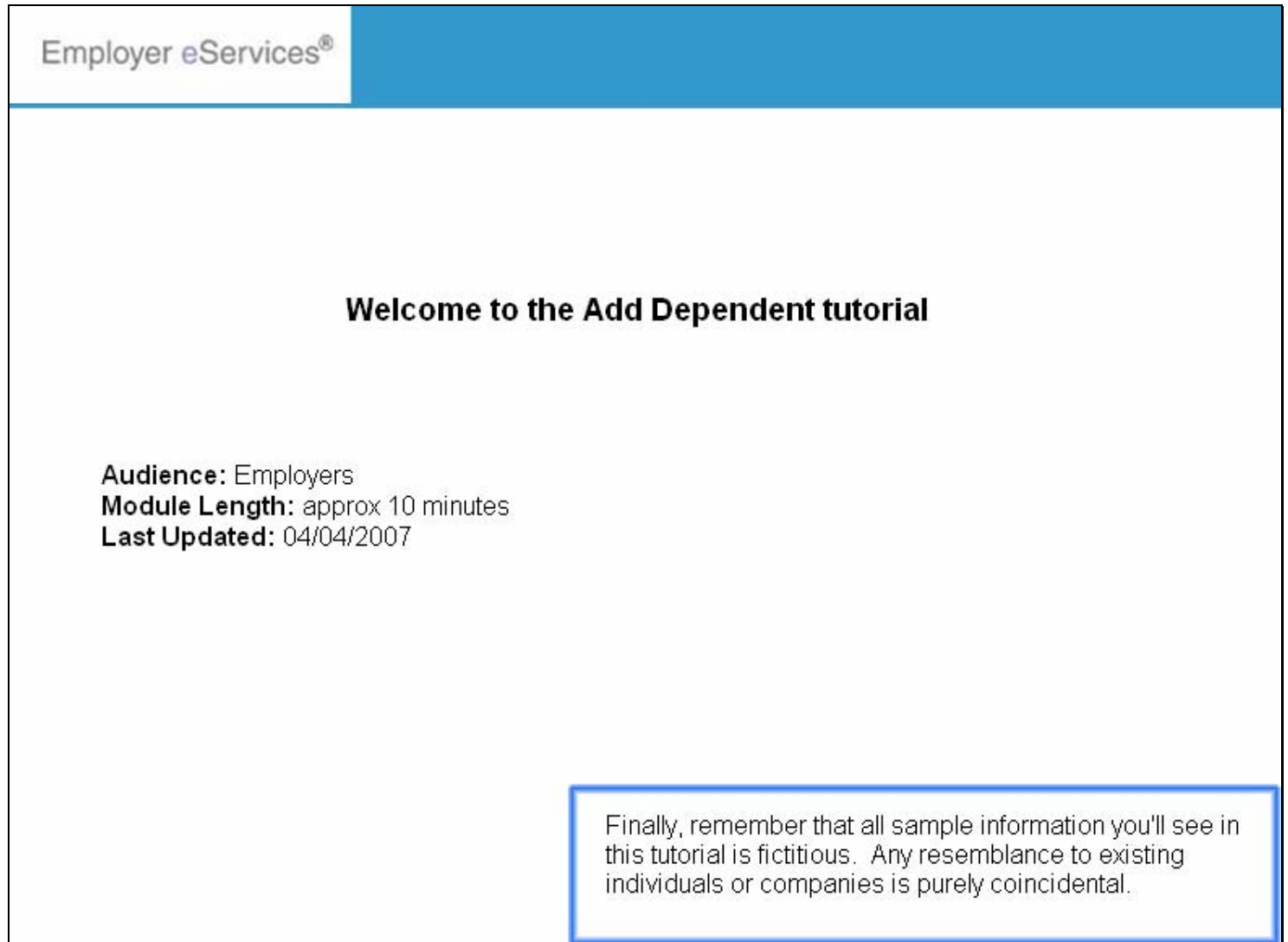
Also, please note that your screens may be a bit different from the ones you'll see in this tutorial. The difference depends on your agreement with UnitedHealth Group.

Audience: Employers

Module Length: approx 10 minutes

Last Updated: 04/04/2007

Slide 4 - Slide 4

The slide features a blue header bar with the 'Employer eServices®' logo on the left. The main content area is white and contains a central heading, three lines of metadata, and a disclaimer box in the bottom right corner.

Employer eServices®

Welcome to the Add Dependent tutorial

Audience: Employers
Module Length: approx 10 minutes
Last Updated: 04/04/2007

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

Slide notes

Text Captions

Welcome to the Add Dependent tutorial

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

Audience: Employers
Module Length: approx 10 minutes
Last Updated: 04/04/2007

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Slide notes

Text Captions

To begin, select the Enrollment menu option.

Select the **Enrollment** option

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Slide notes

Text Captions

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

Select the **Add** option

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

Employee **Dependent**

Welcome Gu Click the **Dependent** option

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

Hot Topics! Click on one of the following links for up to the minute news information
[EMPLOYEE COMMUNICATION: Create your own employee health and wellness newsletter!](#)
[Hot Topic Link - Frontier](#)
[Personal Health Manager on myuhc.com](#)
[Plan Cost Estimator - click here to see how it can help you and your employees](#)

Resources
Click here to access:
[Administrative Guides](#)
[Benefit Plan Coverage Documents](#)
[Brochures & Forms](#)
[Communication Resource Center](#)
[Contact Information](#)
[Help](#)
[myuhc.com](#)
[Other Resources](#)
[Oxford Health website](#)

Network Information
Click here to access:
[Network Changes](#)
[Network Fact Sheets](#)
[Network Maps](#)
[Physician Directory - UHC](#)
[UnitedHealth Premium Designation Program](#)

Programs & Services
Click here to access:
[Behavioral Health](#)
[Care24](#)
[Care Coordination](#)
[Complementary Medicine](#)
[Healthy Pregnancy Program](#)
[iPlan® Health Savings Account Demo for Employers](#)

Click the Dependent menu option.

Slide notes

Text Captions

Click the Dependent menu option.

Click the **Dependent** option

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Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

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

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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The Select Group screen displays.

Slide notes

Text Captions

The Select Group screen displays.

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[Add](#) [Terminate](#) [Reinstate](#) [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) (dropdown menu open showing: (Select Group), ABC Company 1234567, ACME (USA) U123456)

Employee Search: _____ Alternate ID) _____

By Last Name First Initial [Search](#)

Select Enrollee: _____

[Help](#) [Continue](#)

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

Slide notes

Text Captions

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

Select the **Group Name**

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Slide notes

Text Captions

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 or by last name.

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Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

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

Select Group

Employee Search By Employee ID (SSN or Alternate ID)

By Last Name First Initial

Select Enrollee Select the **Last Name** radio button

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In this example, we will search by employee last name.

Slide notes

Text Captions

In this example, we will search by employee last name.

Select the **Last Name** radio button

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[Add](#) [Terminate](#) [Reinstate](#) [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 0123456

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

Select Enrollment: **Enter Last Name**

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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.

Slide notes

Text Captions

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 **Last Name**

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[Add](#) [Terminate](#) [Reinstate](#) [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:

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

By Last Name First Initial **Search**

Select Enrollee:

[Help](#) [Continue](#)

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Click the **Search** button

Click the Search button.

Slide notes

Text Captions

Click the Search button.

Click the **Search** button

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[Add](#) [Terminate](#) [Reinstate](#) [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

Employee Search By Employee ID (SSN or Alternate ID)

By Last Name First Initial

Select Enrollee

Click the **Select Enrollee** menu

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

Slide notes

Text Captions

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

Click the **Select Enrollee** menu

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The screenshot shows the Employer eServices interface. At the top, there is a navigation bar with links for Enrollment, ID Cards, Billing, Help, Home - Customer Reporting Channel Instructions, and Tutorials. Below this is a secondary navigation bar with links for Add, Terminate, Reinstatement, Change, and Inquire, along with a Log Out button. The main content area is titled 'Select Group from list, enter Employee Search criteria and select Search.' It features a 'Select Group' dropdown menu set to 'ABC Company 1234567'. Under 'Employee Search', there are radio buttons for 'By Employee ID' and 'By Last Name'. The 'By Last Name' option is selected, with 'DOE' entered in the search field and 'First Initial' set to an empty field. A 'Search' button is present. Below the search fields is a 'Select Enrollee' dropdown menu. The dropdown is open, showing a list of options: '(Select Enrollee)', '(Select Enrollee)', 'DOE, JOHN (Employee) 111222333', and 'DOE, HOMER J (Employee) 777888999'. The 'DOE, JOHN (Employee) 111222333' option is highlighted with a red border. A blue callout box with the text 'Select the Employee' points to this highlighted option. At the bottom of the page, there is a footer with legal notices and a link to the Privacy Policy.

Slide notes

Text Captions

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

Select the Employee

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[Add](#) [Terminate](#) [Reinstate](#) [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:

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

By Last Name First Initial

Select Enrollee:

Click the **Continue** button

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

Slide notes

Text Captions

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

Click the **Continue** button

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**

Policy Status: Policy Anniversary:

Add Dependent

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

Original Effective Date* / /

COBRA

Relationship*

[Help](#) [Continue](#)

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

Slide notes

Text Captions

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

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: Policy Anniversary:

Add Dependent

Step 1. Enter Information and select Continue.

***Required fields**

Original Effective Date* / /

COBRA

Relationship*

[Help](#) [Continue](#)

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Required fields are marked with an asterisk.

Slide notes

Text Captions

Required fields are marked with an asterisk.

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
 Policy Status: Policy Anniversary:

Add Dependent

Step 1 Enter Information and select Continue.
 *Required fields

Original Effective Date* / /

COBRA

Relationship*

[Help](#) [Continue](#)

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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.

Slide notes

Text Captions

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.

Enter Original Effective Date

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: Policy Anniversary:

Add Dependent

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

Original Effective Date* 03 / 01 / 2006
COBRA
Relationship*

[Help](#) [Continue](#)

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

Slide notes

Text Captions

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

Leave **COBRA** box unchecked.

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: Policy Anniversary:

Add Dependent

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

Original Effective Date* 03 / 01 / 2006
COBRA
Relationship*
[Help](#) [Continue](#)

Click the **Relationship** menu

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Click the Relationship drop-down menu.

Slide notes

Text Captions

Click the Relationship drop-down menu.

Click the **Relationship** menu

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: Policy Anniversary:

Add Dependent

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

Original Effective Date* 03 / 01 / 2006
COBRA
Relationship*
 Select Relationship

CHILD
SPOUSE
STEPCHILD
STUDENT
HANDICAPPED CHILD
OTHER

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

Slide notes

Text Captions

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

Select Relationship

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: Policy Anniversary:

Add Dependent

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

Original Effective Date* 03 / 01 / 2006
COBRA
Relationship* CHILD

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Click the **Continue** button

Click the Continue button.

Slide notes

Text Captions

Click the Continue button.

Click the **Continue** button

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Employer eServices® Add Dependent

Demographic Information

Audience: Employers
Module Length: approx 10 minutes
Last Updated: 08/17/2006

In this section, you'll learn how to enter dependent data.

Slide notes

Text Captions

In this section, you'll learn how to enter dependent data.

Demographic Information

Audience: Employers
Module Length: approx 10 minutes
Last Updated: 08/17/2006

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

Employee [Dependent](#) Scroll Up-U Scroll Down-D

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: **A** Policy Anniversary: **08/01**

Demographic Information Product Information Other Insurance Cobra (Optional)

Step 2 Enter Demographic Information and select Continue.

**Required fields*

Original Effective 03/01/2006

SSN - -

Date of Birth * 01 / DD / CCYY

Last Name * DOE

First Name * MI

Address 1 * 123 MAIN ST

Address 2

City * ANYTOWN

State * MASSACHUSETTS

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

Slide notes

Text Captions

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

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Enrollment ID Cards Billing Help Training Tutorials

Add Terminate Reinstate Change Inquire Electronic File Log Out

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

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

Demographic Information Product Information Other Insurance

Step 2 Enter demographic information and Continue.

**Required fields*

Original Effective: 03/01/2006 Termination:

Last Updated:

Date of Birth *: / / SSN: - -

Last Name*: PERSON Relationship*:

First Name*: Preferred Language*: ENGLISH

Address 1*: 54321 1ST AVENUE Middle Initial:

Address 2:

1. Intro 4. Product

2. Enrollment 5. Other Insurance

3. **Demographics** 6. Try It!

State: MINNESOTA

Home Phone: 555 - 999 - 1234

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

Slide notes

Text Captions

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

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Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: PERSON Group: 1131313 Insured ID: 00789789789-

Demographic Information Product Information Other Insurance

Step 2 Enter demographic information and Continue.

*Required fields

Original Effective 03/01/2006 Termination

Last Updated

Date of Birth * / /

SSN - -

Relationship*

Last Name* PERSON Preferred Language* ENGLISH

First Name*

Middle Initial

Address 1* 54321 1ST AVENUE

Address 2

1. Intro 4. Product

2. Enrollment 5. Other Insurance

3. Demographics 6. Try It!

State MINNESOTA

Home Phone 555 - 999 - 1234

All required fields are marked with an asterisk.

Slide notes

Text Captions

All required fields are marked with an asterisk.

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Employer eServices®

Enrollment ID Cards Billing Help Training Tutorials

Add Terminate Reinstate Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: PERSON Group: 1131313 Insured ID: 00789789789-

Demographic Information Product Information Other Insurance

Step 2 Enter demographic information and Continue.

*Required fields

Original Effective 03/01/2006 Termination

Last Updated

Date of Birth * MM / DD / CCYY

SSN - -

Relationship*

Last Name* PERSON Preferred Language* ENGLISH

First Name*

Address 1* 54321 1ST AVENUE

Address 2

1. Intro 4. Product

2. Enrollment 5. Other Insurance

3. Demographics 6. Try It!

State MINNESOTA

Home Phone 555 - 999 - 1234

Enter Date of Birth

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

Slide notes

Text Captions

Enter Date of Birth

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

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Employer eServices®

Enrollment ID Cards Billing Help Training Tutorials

Add Terminate Reinstate Change Inquire Electronic File Log Out

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

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

Demographic Information Product Information Other Insurance

Step 2 Enter demographic information and Continue.

**Required fields*

Original Effective: 03/01/2006 Termination:

Last Updated:

SSN: - -

Date of Birth *: 01 / 08 / 2003 Relationship*: Click the Relationship menu

Last Name*: PERSON Preferred Language*: ENGLISH

First Name*: Middle Initial:

Address 1*: 54321 1ST AVENUE

Address 2:

1. Intro 4. Product

2. Enrollment 5. Other Insurance

3. Demographics 6. Try It!

State: MINNESOTA

Home Phone: 555 - 999 - 1234

Click the Relationship drop-down menu.

Slide notes

Text Captions

Click the Relationship drop-down menu.

Click the **Relationship** menu

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The screenshot shows the 'Employer eServices' web application interface. At the top, there are navigation tabs for 'Enrollment', 'ID Cards', and 'Claims'. Below these are buttons for 'Add', 'Terminate', 'Reinstate', 'Change', 'Inquire', and 'Electronic File'. The 'Employee' tab is selected, and a 'Dependent' sub-tab is active. A 'Select Relationship' button is highlighted. The main form area is titled 'Step 2 Enter demographic information and Continue.' and contains various input fields for demographic data. A dropdown menu for 'Relationship*' is open, displaying a list of relationship codes and descriptions. The code 'CH DEPENDENT CHILD' is highlighted with a red box. A blue callout box at the bottom right of the form contains the text: 'Select the entry that best describes the dependent's relationship to the employee.'

Employer eServices®

Enrollment ID Cards Claims

Add Terminate Reinstate Change Inquire Electronic File

Employee Dependent

Select Relationship

Enrollee: PERSON Group: 1131313

Demographic Information Product Information Other Insurance

Step 2 Enter demographic information and Continue.

*Required fields

Original Effective 03/01/2006 Termination

Last Updated

Date of Birth * 01 / 08 / 2003

Last Name* PERSON

First Name*

Address 1* 54321 1ST AVENUE

Address 2

1. Intro 4. Product

2. Enrollment 5. Other Insurance

3. Demographics 6. Try It!

Home Phone 555 - 999 - 1234

CD COLLATERAL DEPENDENT

CH DEPENDENT CHILD

EE EMPLOYEE

FD FUTURE DEPENDENT

OT OTHER

RR RETIREE

SC STEPCHILD

SD SPONSORED DEPENDENT

SP SPOUSE

SS SURVIVING SPOUSE

ST STUDENT

06 RETIREE

1M EMPLOYEE MEDICARE

CC DEPENDENT CHILD

SR SPONSORED DEPENDENT

SU STUDENT

HD HANDICAPPED CHILD

RE RETIREE

SO SPOUSE

SV SURVIVING SPOUSE

NB NEWBORN

DP DOMESTIC PARTNER

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

Slide notes

Text Captions

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

Select Relationship

Slide 32 - Slide 32

Employer eServices®

Enrollment ID Cards Billing Help Training Tutorials

Add Terminate Reinstate Change Inquire Electronic File Log Out

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

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

Demographic Information Product Information Other Insurance

Step 2 Enter demographic information and Continue.

**Required fields*

Original Effective: 03/01/2006 Termination:

Last Updated:

SSN: - -

Date of Birth *: 01 / 08 / 2003 Relationship*: CH DEPENDENT CHILD

Last Name*: PERSON Preferred Language*: **ENGLISH**

First Name*: Middle Initial:

Address 1*: 54321 1ST AVENUE

Address 2:

1. Intro 4. Product

2. Enrollment 5. Other Insurance

3. Demographics 6. Try It!

State: MINNESOTA

Home Phone: 555 - 999 - 1234

Click the Preferred Language drop-down menu when the selection is other than the default of English.

Slide notes

Text Captions

Click the Preferred Language drop-down menu when the selection is other than the default of English.

Slide 33 - Slide 33

Employer eServices®

Enrollment ID Cards Billing Help Training Tutorials

Add Terminate Reinstate Change Inquire Electronic File **Log Out**

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

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

Demographic Information Product Information Other Insurance

Step 2 Enter demographic information and Continue.

**Required fields*

Original Effective: 03/01/2006 Termination:

Last Updated:

Date of Birth *: 01 / 08 **Enter First Name** Relationship*: CH DEPENDENT CHILD

Last Name*: PERSON Preferred Language*: ENGLISH

First Name*

Middle Initial:

Address 1*: 54321 1ST AVENUE

Address 2:

Home Phone: 555 - 999 - 1234

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

Next, enter the dependent's first name.

Slide notes

Text Captions

Next, enter the dependent's first name.

Enter First Name

Slide 34 - Slide 34

Employer eServices®

[Enrollment](#) [ID Cards](#) [Billing](#) [Help](#) [Training](#) [Tutorials](#)

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

Employee **Dependent** [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

Date of Birth * 01 / 08 / 2003 Relationship* CH DEPENDENT CHILD

Last Name* PERSON Preferred Language* ENGLISH

First Name* TAYLOR Middle Initial

Address 1* 54321 1ST AVENUE

Address 2

City* MINNEAPOLIS Foreign Address Yes No

State* MINNESOTA Zip* 55436 -

Home Phone 555 - 999 - 1234

Gender* ▼ Address Start Date MM / DD / CCY

Late Enrollee* NEW HI Student Start Date MM / DD / CCY

[Click the Gender menu](#)

[Click the Gender drop-down menu..](#)

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

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Slide notes

Text Captions

Click the Gender drop-down menu..

Click the **Gender** menu

Slide 35 - Slide 35

Employer eServices®

Enrollment ID Cards Billing Help Training Tutorials

Add Terminate Reinstate Change Inquire Electronic File Log Out

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

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

Date of Birth * 01 / 08 / 2003 Relationship* CH DEPENDENT CHILD

Last Name* PERSON Preferred Language* ENGLISH

First Name* TAYLOR Middle Initial

Address 1* 54321 1ST AVENUE

Address 2

City* MINNEAPOLIS Foreign Address Yes No

State* MINNESOTA Zip* 55436 -

Home Phone 555 - 999

Gender* Select Gender

Late Enrollee* MALE FEMALE Address Start Date MM / DD / CCYY

Student Start Date MM / DD / CCYY

1. Intro 4. Product

2. Enrollment 5. Other Insurance Service Agreement

3. Demographics 6. Try It!

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Slide notes

Text Captions

Select the dependent's gender.

Select Gender

Slide 36 - Slide 36

Employer eServices®

Enrollment ID Cards Billing Help Training Tutorials

Add Terminate Reinstate Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: PERSON Group: 1131313 Insured ID: 00789789789-

Date of Birth * 01 / 08 / 2003 Relationship* CH DEPENDENT CHILD

Last Name* PERSON Preferred Language* ENGLISH

First Name* TAYLOR Middle Initial

Address 1* 54321 1ST AVENUE

Address 2

City* MINNEAPOLIS Foreign Address Yes No

State* MINNESOTA Zip* 55436 -

Home Phone 555 - 999 - 1234

Gender* FEMALE

Late Enrollee* NEW HIRE

Address Start Date MM / DD / CCY

Stu CCY

Help Continue

1. Intro 4. Product

2. Enrollment 5. Other Insurance Service Agreement

3. Demographics 6. Try It!

This is a private web site containing confidential information. Authorized...
the web site and / or the data contained on the site may be grounds for p...

Click the Continue button

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

Slide notes

Text Captions

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

Click the Continue button

Slide 37 - Slide 37

Employer eServices®

[Enrollment](#) [ID Cards](#) [Billing](#) [Help](#) [Home - Customer Reporting Channel Instructions](#) [Tutorials](#)

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

Employee [Dependent](#) Scroll Up-U Scroll Down-D

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: **A** Policy Anniversary: **08/01**

Demographic Information Product Information Other Insurance Cobra (Optional)

Step 2 Enter Demographic Information and select Continue.

***Required fields**

Original Effective 03/01/2006

SSN - -

Date of Birth * / /

Last Name *

First Name * MI

Address 1 *

Address 2

City *

State *

All required fields are marked with an asterisk.

Slide notes

Text Captions

All required fields are marked with an asterisk.

Slide 38 - Slide 38

Employer eServices®

Enrollment ID Cards Billing Help Home - Customer Reporting Channel Instructions Tutorials

Add Terminate Reinstatement Change Inquire Log Out

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

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: **A** Policy Anniversary: **08/01**

Demographic Information Product Information Other Insurance Cobra (Optional)

Step 2 Enter Demographic Information and select Continue.

**Required fields*

Original Effective 03/01/2006

SSN - -

Date of Birth * / /

Last Name * MI

First Name *

Address 1 *

Address 2

City *

State *

Enter Date of Birth

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

Slide notes

Text Captions

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

Enter Date of Birth

Slide 39 - Slide 39

Employer eServices®

Enrollment ID Cards Billing Help Home - Customer Reporting Channel Instructions Tutorials

Add Terminate Reinstate Change Inquire Log Out

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

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: **A** Policy Anniversary: **08/01**

Demographic Information Product Information Other Insurance Cobra (Optional)

Step 2 Enter Demographic Information and select Continue.

**Required fields*

Original Effective 03/01/2006

SSN - -

Date of Birth * / / 01 / 08 / 2003

Last Name * DOE

First Name *

MI

Address 1 * 123 MAIN ST

Address

City * ANYTOWN

State * MASSACHUSETTS

Enter First Name

Next, enter the dependent's first name.

Slide notes

Text Captions

Next, enter the dependent's first name.

Enter First Name

Slide 40 - Slide 40

Employer eServices®

Enrollment ID Cards Billing **Help Home - Customer Reporting Channel Instructions Tutorials**

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

Employee **Dependent** [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: **A** Policy Anniversary: **08/01**

SSN - -

Date of Birth * / /

Last Name *

First Name * MI

Address 1 *

Address 2

City *

State * Zip *

Home Phone

Gender *

[Help](#) [Continue](#)

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Click the **Gender** menu

Click the Gender drop-down menu.

Slide notes

Text Captions

Click the Gender drop-down menu.

Click the **Gender** menu

Slide 41 - Slide 41

Employer eServices®

Enrollment ID Cards Billing Help Home - Customer Reporting Channel Instructions Tutorials

Add Terminate Reinstatement Change Inquire Log Out

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

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: **A** Policy Anniversary: **08/01**

SSN [] - [] - []
Date of Birth * 01 / 08 / 2003
Last Name * DOE
First Name * JANE MI []
Address 1 * 123 MAIN ST
Address 2 []
City * ANYTOWN
State * MASSACHUSETTS Zip * 12345
Home Phone []
Gender *
FEMALE
MALE help Continue

Select Gender

Select the dependent's gender.

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Slide notes

Text Captions

Select the dependent's gender.

Select Gender

Slide 42 - Slide 42

Employer eServices®

Enrollment ID Cards Billing Help Home - Customer Reporting Channel Instructions Tutorials

Add Terminate Reinstate Change Inquire Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: JOHN DOE Policy: 0011223 Insured ID: 111222333-01
Policy Status: A Policy Anniversary: 08/01

SSN [] - [] - []
Date of Birth * 01 / 08 / 2003
Last Name * DOE
First Name * JANE MI []
Address 1 * 123 MAIN ST
Address 2 []
City * ANYTOWN
State * MASSACHUSETTS Zip * 12345
Home Phone []
Gender * FEMALE

Click the Continue button

Help Continue

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

Slide notes

Text Captions

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

Click the Continue button

Slide 43 - Slide 43

Employer eServices®

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

| Product | Effective Date | Termination Date |
|---------|----------------|------------------|
| VISION | 03/01/2006 | |
| MEDICAL | 03/01/2006 | |

[Enroll](#) [Copy](#) [Remove](#) [Modify Coverage Line](#) [Assign Primary Provider](#)

[Policy Number](#)

[Coverage](#)

[Group Name](#)

[Plan Name](#)

[Market Name](#)

[Positively Enrolled](#)

[Members Covered](#)

[Eligibility Status](#)

[Market Number](#)

[1. Intro](#) [4. Product](#)
[2. Enrollment](#) [5. Other Insurance](#)
[3. Demographics](#) [6. Try It!](#)

[COBRA Admin Type](#)

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

Slide notes

Text Captions

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

Slide 44 - Slide 44

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[Enrollment](#) [ID Cards](#) [Claims](#) [Billing](#) [Reports](#) [Banking](#) [ManageAccess](#) [Help](#) [Training](#) [Tutorials](#)

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

| Product | Effective Date | Termination Date |
|---------|----------------|------------------|
| VISION | 03/01/2006 | |
| MEDICAL | 03/01/2006 | |

[Enroll](#) [Copy](#) [Remove](#) [Modify Coverage Line](#) [Assign Primary Provider](#)

[Policy Number](#)

[Coverage](#)

[Group Name](#)

[Plan Name](#)

[Market Name](#)

[Positively Enrolled](#)

[Members Covered](#)

[Eligibility Status](#)

[Market Number](#)

[1. Intro](#) [4. Product](#)
[2. Enrollment](#) [5. Other Insurance](#)
[3. Demographics](#) [6. Try It!](#)

[COBRA Admin Type](#)

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

Slide notes

Text Captions

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

Slide 45 - Slide 45

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

| Product | Effective Date | Termination Date |
|---------|----------------|------------------|
| VISION | 03/01/2006 | |
| MEDICAL | 03/01/2006 | |

[Enroll](#) [Copy](#) [Remove](#) [Modify Coverage Line](#) [Assign Primary Provider](#)

[Policy Number](#)

[Coverage](#)

[Group Name](#)

[Plan Name](#)

[Market Name](#)

[Positively Enrolled](#) [Members Covered](#)

[Eligibility Status](#) [Market Number](#)

[1. Intro](#) [4. Product](#)
[2. Enrollment](#) [5. Other Insurance](#)
[3. Demographics](#) [6. Try It!](#)

[COBRA Admin Type](#)

If the dependent has the same coverage as the employee, you can move to the next step by clicking the Continue button at the bottom of the screen.

Slide notes

Text Captions

If the dependent has the same coverage as the employee, you can move to the next step by clicking the Continue button at the bottom of the screen.

Slide 46 - Slide 46

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

| Product | Effective Date | Termination Date |
|---------|----------------|------------------|
| VISION | 03/01/2006 | |
| MEDICAL | 03/01/2006 | |

[Enroll](#) [Copy](#) [Remove](#) [Modify Coverage Line](#) [Assign Primary Provider](#)

Policy Number: 3131313
 Coverage: 0026 0026 POS
 Group Name: 59 CHARACTER GROUP NAME
 Plan Name: 23 CHAR MEDIC PLAN NAME
 Market Name: 24 CHARACTER MEDICA NAME
 Positively Enrolled: YES
 Members Covered: Employee and Spouse or Dc
 Eligibility Status: ACTIVE
 Market Number: 0022502
 COBRA Admin Type: COBRA - UHC ADMINISTERED

[1. Intro](#) [4. Product](#)
[2. Enrollment](#) [5. Other Insurance](#)
[3. Demographics](#) [6. Try It!](#)

Click the **Remove** button

If the dependent does not require all of the same product types as the employee, highlight the appropriate item and click the Remove button.

Slide notes

Text Captions

If the dependent does not require all of the same product types as the employee, highlight the appropriate item and click the Remove button.

Click the **Remove** button

Slide 47 - Slide 47

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

| Product | Effective Date | Termination Date |
|----------|----------------|------------------|
| *MEDICAL | 03/01/2006 | |

[Enroll](#) [Copy](#) [Remove](#) [Modify Coverage Line](#) [Assign Primary Provider](#)

[Policy Number](#) 3131313
[Coverage](#) 0026 0026 POS
[Group Name](#) 59 CHARACTER GROUP NAME
[Plan Name](#) 23 CHAR MEDIC PLAN NAME
[Market Name](#) 24 CHARACTER MEDICA NAME
[Positively Enrolled](#) YES [Members Covered](#) Employee and Spouse or Dc
[Eligibility Status](#) ACTIVE [Market Number](#) 0022502

[1. Intro](#) [4. Product](#)
[2. Enrollment](#) [5. Other Insurance](#)
[3. Demographics](#) [6. Try It!](#)

[COBRA Admin Type](#) COBRA - UHC ADMINISTERED

Note that the only product type now showing for the dependent is Medical.

Slide notes

Text Captions

Note that the only product type now showing for the dependent is Medical.

Slide 48 - Slide 48

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

| Product | Effective Date | Termination Date |
|----------|----------------|------------------|
| *MEDICAL | 03/01/2006 | |

[Enroll](#) [Copy](#) [Remove](#) [Modify Coverage Line](#) [Assign Primary Provider](#)

Policy Number: 3131313
 Coverage: 0026 0026 POS
 Group Name: 59 CHARACTER GROUP NAME
 Plan Name: 23 CHAR MEDIC PLAN NAME
 Market Name: 24 CHARACTER MEDICA NAME
 Positively Enrolled: YES Members Covered: Employee and Spouse or Dc
 Eligibility Status: ACTIVE Market Number: 0022502

[1. Intro](#) [4. Product](#)
[2. Enrollment](#) [5. Other Insurance](#)
[3. Demographics](#) [6. Try It!](#)

COBRA Admin Type: COBRA - UHC ADMINISTERED

Some products require you to assign a Primary Provider (PP). In these cases, you must click the Assign Primary Provider button, search for a provider, and return to this screen before you submit the enrollment.

Slide notes

Text Captions

Some products require you to assign a Primary Provider (PP). In these cases, you must click the Assign Primary Provider button, search for a provider, and return to this screen before you submit the enrollment.

Slide 49 - Slide 49

Employer eServices®

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

[Enroll](#) [Copy](#) [Remove](#) [Modify Coverage Line](#) [Assign Primary Provider](#)

[Policy Number](#) 3131313

[Coverage](#) 0026 0026 POS

[Group Name](#) 59 CHARACTER GROUP NAME

[Plan Name](#) 23 CHAR MEDIC PLAN NAME

[Market Name](#) 24 CHARACTER MEDICA NAME

[Positively Enrolled](#) YES [Members Covered](#) Employee and Spouse or Dc

[Eligibility Status](#) ACTIVE [Market Number](#) 0022502

[New Coinsurance](#) [COBRA Paid-Date](#) [Salary Year](#)

[Salary Deductible](#) [COBRA Admin Type](#) COBRA - UHC ADMINISTERED

[1. Intro](#) [4. Product](#)

[2. Enrollment](#) [5. Other Insurance](#)

[3. Demographics](#) [6. Try It!](#)

[Help](#)

Click the Continue button.

Slide notes

Text Captions

Click the Continue button.

Slide 50 - Slide 50

Employer eServices®

[Enrollment](#) [ID Cards](#) [Claims](#) [Billing](#) [Reports](#) [Banking](#) [ManageAccess](#) [Help](#) [Training](#) [Tutorials](#)

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **PERSON** Group: **1131313** Insured ID: **00789789789-**

[Enroll](#) [Copy](#) [Remove](#) [Modify Coverage Line](#) [Assign Primary Provider](#)

[Policy Number](#)

[Coverage](#)

[Group Name](#)

[Plan Name](#)

[Market Name](#)

[Positively Enrolled](#) [Members Covered](#)

[Eligibility Status](#) [Market Number](#)

[New Coinsurance](#)

[COBRA Paid-Date](#)

[Salary Deductible](#)

[Salary Year](#)

[COBRA Admin Type](#)

[1. Intro](#) [4. Product](#)

[2. Enrollment](#) [5. Other Insurance](#)

[3. Demographics](#) [6. Try It!](#)

[Help](#) [Continue](#)

Click the **Continue** button

Slide notes

Text Captions

Click the **Continue** button

Slide 51 - Slide 51

The screenshot shows the Employer eServices interface. At the top, there is a navigation bar with links for Enrollment, ID Cards, Billing, Help, Home - Customer Reporting Channel Instructions, and Tutorials. Below this is a secondary navigation bar with links for Add, Terminate, Reinstate, Change, and Inquire, along with a Log Out button. The main content area displays the Enrollee's name (JOHN DOE), Policy number (0011223), and Insured ID (111222333-01). A tabbed interface is visible with four tabs: Demographic Information, Product Information, Other Insurance (highlighted with a red border), and Cobra (Optional). The 'Other Insurance' tab is active, showing 'Step 4: Enter other insurance information and select Continue or Submit.' The form includes instructions about updating medical health insurance information and a question: 'On the day this coverage begins, will the enrollee be covered under any other medical plan or policy, including another UnitedHealthcare plan?' with radio button options for Unknown, No, and Yes. Below this, there are fields for 'Other Health (Non-Medicare) Information' including Effective Date and Expiration Date. A blue callout box with a white background and a blue border is overlaid on the bottom right of the form, containing the text: 'Now that you have entered product information, the Other Insurance tab displays.'

Slide notes

Text Captions

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

Slide 52 - Slide 52

The screenshot shows the Employer eServices interface. At the top, there is a navigation bar with links for Enrollment, ID Cards, Billing, Help, Home - Customer Reporting Channel Instructions, and Tutorials. Below this is a secondary navigation bar with links for Add, Terminate, Reinstate, Change, and Inquire, along with a Log Out button. The main content area displays enrollment details for JOHN DOE, including Policy: 0011223 and Insured ID: 111222333-01. A tabbed interface shows 'Other Insurance' as the active tab. The current step is 'Step 4: Enter other insurance information and select Continue or Submit.' The text explains that changes to non-Medicare medical health insurance cannot be completed online. A question asks if the dependent is covered under any other medical plan or policy, with radio buttons for Unknown, No (selected), and Yes. A callout box points to the 'No' radio button with the text 'Select Other Insurance status'. Below this, there are fields for 'Other Health (Non-Medicare) Information' including Effective Date and Expiration Date. Another callout box points to the radio buttons with the text 'Select the radio button that best describes the dependent's status with regard to other insurance coverage.'

Slide notes

Text Captions

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

Select Other Insurance status

Slide 53 - Slide 53

Employer eServices®

[Enrollment](#) [ID Cards](#) [Billing](#) [Help](#) [Home - Customer Reporting Channel Instructions](#) [Tutorials](#)

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

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **1112223333-01**
 Policy Status: Policy Anniversary:

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

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

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 following:

Type A: When this dependent is covered under b

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

Slide notes

Text Captions

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

Slide 54 - Slide 54

The screenshot shows the Employer eServices interface. At the top, there is a navigation bar with links for Enrollment, ID Cards, Billing, Help, Home - Customer Reporting Channel Instructions, and Tutorials. Below this is a secondary navigation bar with links for Add, Terminate, Reinstate, Change, and Inquire, along with a Log Out button. The main content area displays the following information:

- Enrollee: JOHN DOE
- Policy: 0011223
- Insured ID: 111222333-01
- Policy Status:
- Policy Anniversary:

The primary question is: "On the day this coverage begins, will the enrollee be covered under Medicare?" with radio buttons for Unknown, No, and Yes. The "No" option is selected and highlighted with a red box. A blue callout box points to the "No" option with the text "Select Medicare status".

Below this, there are sections for Medicare Part A, Medicare Part B, and Medicare Part D, each with radio buttons for Enrolled, Ineligible, and Not Enrolled, and date fields for Effective and Expiration dates.

A large blue callout box at the bottom right contains the text: "Next, scroll down and select the radio button that best describes the dependent's Medicare status."

Slide notes

Text Captions

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

Select Medicare status

Slide 55 - Slide 55

Employer eServices®

[Enrollment](#) [ID Cards](#) [Billing](#) [Help](#) [Home - Customer Reporting Channel Instructions](#) [Tutorials](#)

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: Policy Anniversary:

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 enr

Enrolled in Medicare Part D: Effective Date []

Ineligible for Medicare Part D

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

Slide notes

Text Captions

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

Slide 56 - Slide 56

Employer eServices®

[Enrollment](#) [ID Cards](#) [Billing](#) [Help](#) [Home - Customer Reporting Channel Instructions](#) [Tutorials](#)

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

Employee [Dependent](#) [Scroll Up-U](#) [Scroll Down-D](#)

Enrollee: **JOHN DOE** Policy: **0011223** Insured ID: **111222333-01**
Policy Status: Policy Anniversary:

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 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.

Slide notes

Text Captions

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

Click the **Submit** button

Slide 57 - Slide 57

The screenshot shows the Employer eServices website interface. At the top, there is a navigation bar with links for Enrollment, ID Cards, Billing, Help, Home - Customer Reporting Channel Instructions, and Tutorials. Below this is a secondary navigation bar with links for Add, Terminate, Reinstatement, Change, and Inquire, along with a Log Out button and scroll controls. The main content area displays enrollment details for JANE DOE, including Policy ID 0011223, Insured ID 111222333-02, and Policy Anniversary 08/01. A tabbed interface is visible, with 'Demographic Information' selected. A red message 'Transaction Successful.' is displayed above the form fields. The form includes fields for Original Effective date (03/01/2006), SSN, Date of Birth (01/08/2003), Last Name (DOE), First Name (JANE), MI, Address 1 (123 MAIN ST), and Address 2. A blue callout box on the right side of the form contains the text: 'An inquiry-only screen will display a "Transaction Successful" message.'

Slide notes

Text Captions

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

Slide 58 - Slide 58

Employer eServices®

Congratulations!

You have completed the Add Dependent tutorial.

Congratulations! You've completed the Add Dependent tutorial. In this tutorial, you learned how to add coverage for a new dependent using Employer eServices.

Slide notes

Text Captions

Congratulations!

You have completed the Add Dependent tutorial.

Congratulations! You've completed the Add Dependent tutorial. In this tutorial, you learned how to add coverage for a new dependent using Employer eServices.

Slide 59 - Slide 59

Employer eServices®

Congratulations!

You have completed the Add Dependent tutorial.

Please take a moment to provide feedback on this tutorial. A link is provided on the tutorial menu page.

Slide notes

Text Captions

Please take a moment to provide feedback on this tutorial. A link is provided on the tutorial menu page.

Congratulations!

You have completed the Add Dependent tutorial.

Slide 60 - Slide 60

Employer eServices®

Congratulations!

You have completed the Add Dependent tutorial.

Click the close button at the upper right-hand corner of this window to return to the tutorial menu.

Slide notes

Text Captions

Click the close button at the upper right-hand corner of this window to return to the tutorial menu.

Congratulations!

You have completed the Add Dependent tutorial.