#### Slide 1 - Slide 1

Employer eServices <sup>®</sup>			
Welcome to the Add Dependent tutorial			
<b>Audience:</b> Employers <b>Module Length:</b> approx 10 minւ <b>Last Updated:</b> 04/04/2007	utes		
	Welcome to the Add Dependent tutorial. In this tutorial, you'll learn how to add coverage for a new dependent using Employer eServices.		

#### **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

Employer eServices®	
Welcome to t	he Add Dependent tutorial
<b>Audience:</b> Employers <b>Module Length:</b> approx 10 minutes <b>Last Updated:</b> 04/04/2007	

# 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.

ide 3 - Slide 3	
Employer eServices®	
Welcome to t	he Add Dependent tutorial
<b>Audience:</b> Employers <b>Module Length:</b> approx 10 minutes <b>Last Updated:</b> 04/04/2007	
	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.
ide notes	

# 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.

de 4 - Slide 4	
Employer eServices®	
welcome to th	ie 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.
de notes	

# 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.

### Slide 5 - Slide 5

Employer eServices®		
Enrollment ID Cards Billing	Help Home - Customer	Reporting Channel Instructions Tutorials
Select the Enrollment option		Log Out
Websers Cost		<u>^</u>
weicome Guesc,		
Employer eServices is your online, real-tin	ne gateway to eligibility and enrollment ch	anges, claim status, reporting, billing and
much more.		
Hot Topics! Click on one of the following	links for up to the minute news information	
Hot Topic Link - Frontier	<u>own employee nealth and wellness newsl</u>	etter!
Personal Health Manager on myuhc.com		
Plan Cost Estimator - click here to see how	<u>v it can help you and your employees</u>	
Click here to access:	Click here to access:	Click here to access:
Administrative Guides	Network Changes	<u>Behavioral Health</u>
Benefit Plan Coverage Documents	Network Fact Sheets	Care24
Brochures & Forms	<u>Network Maps</u>	Care Coordination
Communication Resource Center	<u>Physician Directory - UHC</u>	Complementary Medicine
Contact Information	UnitedHealth Premium Designation	Healthy Pregnancy Program
Help	riogram	iPlan® Health Savings Account Demo
<u>myuhc.com</u>	-	
Other Resources	I o begin, select the	Enrollment menu option.
Oxford Health website		
<		

### Slide notes

# **Text Captions**

To begin, select the Enrollment menu option.

# Select the Enrollment option

## Slide 6 - Slide 6

Employer eServices®		
Enrollment ID Cards Billing	Help Home - Customer	Reporting Channel Instructions Tutorials
Add Terminate Reinstate Change Inqui	re	Log Out
Select the Add option		<u>^</u>
weicome duest,		
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 <u>EMPLOYEE COMMUNICATION: Create your own employee health and wellness newsletter!</u> <u>Hot Topic Link - Frontier</u> <u>Personal Health Manager on myuhc.com</u> <u>Plan Cost Estimator - click here to see how it can help you and your employees</u>		
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 A second menu bar	Programs & Services Click here to access: Behavioral Health Care24 Care Coordination Complementary Medicine Healthy Pregnancy Program iPlan® Health Savings Account Demo for Employers
<		

#### Slide notes

### **Text Captions**

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

# Select the Add option

## Slide 7 - Slide 7

Employer eServices®			
<u>Enrollment</u> ID Cards Billing	Help Home - Customer	Reporting Channel Instructions Tutorials	
Add Terminate Reinstate Change Inqu	ire	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			
ResourcesClick here to access:Administrative GuidesBenefit Plan Coverage DocumentsBrochures & FormsCommunication Resource CenterContact InformationHelpmyuhc.comOther ResourcesOxford Health website	Network Information Click here to access: <u>Network Changes</u> <u>Network Fact Sheets</u> <u>Network Maps</u> <u>Physician Directory - UHC</u> <u>UnitedHealth Premium Designation</u> <u>Program</u> Click the Depender	Programs & Services Click here to access: Behavioral Health Care24 Care Coordination Complementary Medicine Healthy Pregnancy Program iPlan® Health Savings Account Demo for Employers	

#### Slide notes

# **Text Captions**

Click the Dependent menu option.

# Click the **Dependent** option

# Slide 8 - Slide 8

Employer eServices®		
Enrollment ID Cards Billing He	lp Home - Customer Reporting Channel Instructions Tutorials	
<u>Add</u> Terminate Reinstate Change Inquire	Log Out	
	Scroll op o Scroll Down D	
Select Group from list, enter Employee Search crite	ria and select Search.	
Select Group (Select Group)		
Employee Search 💿 By Employee ID	(SSN or Alternate ID)	
O By Last Name	First Initial Search	
Select Enrollee		
Help	Continue	
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. Authorize the web site and / or the data contained on the site may be grounds for	The Select Group screen displays.	
Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth Grou		
Employer eServices <sup>®</sup> is a registered trademark and is used by permissio		

### Slide notes

# **Text Captions**

The Select Group screen displays.

### Slide 9 - Slide 9

r

Employer eServices®	
Enrollment ID Cards Billing	Help Home - Customer Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Select Group from list, enter Employee Search c	riteria and select Search.
Select Group (Select Group)	
Employee Search 💿 By Employee ID	(ss Click the Select Group menu
O By Last Name	First Initial Search
Select Enrollee	
Help	Continue
By using this web site you agree to our <u>Internet Service Agreement</u>	Contact Us
This is a private web site containing confidential information. Authoriz the web site and / or the data contained on the site may be grounds for	Click the Select Group drop-down menu.
Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth Gr Employer eServices <sup>®</sup> is a registered trademark and is used by permissi	o 0

#### Slide notes

# **Text Captions**

Click the Select Group drop-down menu.

# Click the Select Group menu

### Slide 10 - Slide 10

Employer eServices®		
Enrollment ID Cards Billing I	Help Home - Customer Reporting Channel Instructions Tutorials	
<u>Add</u> Terminate Reinstate Change Inquire Employee Dependent	Log Out Scroll Up-U Scroll Down-D	
Select Group from list, enter Employee Search crit Select Group (Select Group) Employee Search ABC Company 1234567 ACME (USA) 0123456 By Last Name Select Select Enrollee Help	Alternate ID)	
By using this web site you agree to our Internet Service Agreement Contact Us		
This is a private web site containing confidential information. Authorize the web site and / or the data contained on the site may be grounds for <u>Privacy Policy</u> <u>SAS 70 Report</u> Copyright 1994-2009 UnitedHealth Grou Employer eServices <sup>®</sup> is a registered trademark and is used by permissio	The Select Group drop-drown menu appears. Select the group name with which the dependent will be associated.	

## Slide notes

#### **Text Captions**

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

## Select the Group Name

-

### Slide 11 - Slide 11

Employer eServices®			
<u>Enrollment</u> ID Cards Billing	Hel	lp Home - Customer Reporting Channel Instru	ictions Tutorials
<u>Add</u> Terminate Reinstate Change Employee Dependent	Inquire	Scroll U	Log Out p-U Scroll Down-D
Select Group from list, enter Er	nployee Search criter	ia and select Search.	
Select Group ABC Compar	ıy 1234567		
Employee Search 💿 By Em	iployee ID	(SSN or Alternate ID)	
О Ву	Last Name	First Initial Search	
Select Enrollee 🛛 👻			
	Help	Continue	
By using this web site you agree to our Internet Service Agreement Contact Us			
This is a private web site containing confidential information. Authorize the web site and / or the data contained on the site may be grounds for After you select the group, you will need to identify the			
Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth Grou			You may by last name
Employer eServices <sup>®</sup> is a registered trademar	and is used by permissio	scarch for an employee by employee ID of	ey last hame.

### 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.

### Slide 12 - Slide 12

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
Select Group from list, enter Employee Search cr	iteria and select Search.
Select Group ABC Company 1234567	~
Employee Search 💿 By Employee ID	(SSN or Alternate ID)
O By Last Name	First Initial Search
Select Enrollee Select the Last Name radi	o button
Help	Continue
By using this web site you agree to our Internet Service Agreement	Contact Us
This is a private web site containing confidential information. Authorize the web site and / or the data contained on the site may be grounds for	In this example, we will search by employee last name.
Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth Gro	
Employer eServices $^{ar{W}}$ is a registered trademark and is used by permissio	

### Slide notes

### **Text Captions**

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

Select the Last Name radio button

### Slide 13 - Slide 13

Employer eServices®	
Enrollment ID Cards Billing H	lelp Home - Customer Reporting Channel Instructions Tutorials
Add Terminate Reinstate Change Inquire	Log Out
Employee Dependent	Scroll Up-U Scroll Down-D
Select Group from list, enter Employee Search crit Select Group ABC Company 0123456 Employee Search O By Employee ID O By Last Name	eria and select Search.
Select Enroll Help	Continue
By using this web site you agree to our <u>Internet Service Agreement</u>	Contact Us
This is a private web site containing confidential information. Authorize the web site and / or the data contained on the site may be grounds for <u>Privacy Policy</u> <u>SAS 70 Report</u> Copyright 1994-2009 UnitedHealth Grou Employer eServices <sup>®</sup> is a registered trademark and is used by permissior	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

### Slide 14 - Slide 14

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Employer eServices®	
Enrollment ID Cards Billing H	Help Home - Customer Reporting Channel Instructions Tutorials
Add Terminate Reinstate Change Inquire	Log Out
Employee Dependent	Scroll Up-U Scroll Down-D
Select Group from list, enter Employee Search crit	eria and select Search.
Select Group ABC Company 0123456	
Employee Search 🔿 By Employee ID	(SSN or Alternate ID)
<ul> <li>By Last Name DOE</li> </ul>	First Initial Search
Select Enrollee 💌 Help	Click the Search button
By using this web site you agree to our <u>Internet Service Agreement</u>	Contact Us
This is a private web site containing confidential information. Authorize the web site and / or the data contained on the site may be grounds for	Click the Search button.
Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth Grou	
Employer eServices <sup>®</sup> is a registered trademark and is used by permissior	

#### Slide notes

# **Text Captions**

Click the Search button.

# Click the Search button

### Slide 15 - Slide 15

Employer <mark>eS</mark> er	vices®	
Enrollment ID Cards	Billing	Help Home - Customer Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinst Employee Dependent	ate Change Inquire	Log Out Scroll Up-U Scroll Down-D
Select Group from l	ist, enter Employee Search cri	teria and select Search.
Select Group	ABC Company 1234567	✓
Employee Search	O By Employee ID	(SSN or Alternate ID)
	• By Last Name DOE	First Initial Search
Select Enrollee	(Select Enrollee)	
	Help	Continue Click the Select Enrollee menu
By using this web site you agr	ee to our <u>Internet Service Agreement</u>	Contact Us
This is a private web site cont the web site and / or the data	aining confidential information. Authorize contained on the site may be grounds for	Click the Select Enrollee drop, down menu to select the
Privacy Policy SAS 70 Repor	t Copyright 1994-2009 UnitedHealth Grou	employee's name from a list of matching search results.
Employer eServices <sup>00</sup> is a regi	stered trademark and is used by permissio	

### 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

### Slide 16 - Slide 16

Employer eSer	rvices®	
Enrollment ID Cards	Billing I	lelp Home - Customer Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinst Employee Dependent	ate Change Inquire	Log Out Scroll Up-U Scroll Down-D
Select Group from I	ist, enter Employee Search crit	teria and select Search.
Select Group	ABC Company 1234567	✓
Employee Search	O By Employee ID	(SSN or Alternate ID)
	• By Last Name DOE	First Initial Search
Select Enrollee	(Select Enrollee) (Select Enrollee) DOE, JOHN (Employee) 111222333 DOE, HOMER J (Employee) 777889 Select	the Employee
By using this web site you agr	ree to our <u>Internet Service Agreement</u>	Contact Us
This is a private web site cont the web site and / or the data <u>Privacy Policy</u> <u>SAS 70 Repo</u>	aining confidential information. Authorize contained on the site may be grounds for nt Copyright 1994-2009 UnitedHealth Grou	The Select Enrollee menu displays. Select the correct employee from the list.
Employer eServices <sup>®</sup> is a regi	istered trademark and is used by permissio	

## Slide notes

### **Text Captions**

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

# Select the Employee

### Slide 17 - Slide 17

Employer eServ	vices®	
Enrollment ID Cards	Billing H	lelp Home - Customer Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstat Employee Dependent	te Change Inquire	Log Out Scroll Up-U Scroll Down-D
Select Group from lis	st, enter Employee Search crit	eria and select Search.
Select Group	ABC Company 1234567	▼
Employee Search	O By Employee ID	(SSN or Alternate ID)
	<ul> <li>By Last Name DOE</li> </ul>	First Initial Search
Select Enrollee	DOE, JOHN (Employee) 111222333	
	Help	Continue Click the Continue button
By using this web site you agree	e to our <u>Internet Service Agreement</u>	Contact Us
This is a private web site contain the web site and / or the data c	ining confidential information. Authorize ontained on the site may be grounds for	The employee name you selected now appears in the
Privacy Policy SAS 70 Report	Copyright 1994-2009 UnitedHealth Grou	Select Enrollee field. Click the Continue button.
Employer eServices <sup>®</sup> is a regist	tered trademark and is used by permissio	

### Slide notes

#### **Text Captions**

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

# Click the **Continue** button

### Slide 18 - Slide 18

Employer eServices®	
Enrollment ID Cards Billing H	elp Home - Customer Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Employee <mark>Dependent</mark>	Log Out Scroll Up-U Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status: Policy	Policy: 0011223 Insured ID: 111222333-01
Add Dependent Step 1 Enter Information and select Continue.	
*Required fields	
Original Effective Date* COBRA Relationship*	
Help	Continue
By using this web site you agree to our <u>Internet Service Agreement</u>	contact Us
This is a private web site containing confidential information. Authorize the web site and / or the data contained on the site may be grounds for <u>Privacy Policy</u> <u>SAS 70 Report</u> Copyright 1994-2009 UnitedHealth Grov Employer eServices <sup>®</sup> is a registered trademark and is used by permissio	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.

### Slide 19 - Slide 19

Employer eServices®			
<u>Enrollment</u> ID Cards Billing	Help Home - Cu	ustomer Reporting Channe	l Instructions Tutorials
<u>Add</u> Terminate Reinstate Change In Employee <mark>Dependent</mark>	quire		Log Out Scroll Up-U Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status:	Policy: <b>O</b> Policy Anniversary:	011223 Insured	ID: 111222333-01
Add Dependent Step 1 Enter Information and sele *Required fields Origina	ct Continue. I Effective Date* MM / DD / COBRA Relationship* Help Continue	ccm v	
By using this web site you agree to our <u>Internet Se</u> This is a private web site containing confidential i the web site and / or the data contained on the sit <u>Privacy Policy</u> <u>SAS 70 Report</u> Copyright 1994-20 Employer eServices <sup>®</sup> is a registered trademark and	vice Agreement <u>Contact Us</u> formation. Authorize may be grounds for Required fice 39 UnitedHealth Grou is used by permissio	elds are marked with an a	asterisk.

### Slide notes

# **Text Captions**

Required fields are marked with an asterisk.

#### Slide 20 - Slide 20

Employer eServices	;®				
Enrollment ID Cards Billing	g Help	o Home -	Customer Rep	orting Channel Instru	ctions Tutorials
<u>Add</u> Terminate Reinstate Ch Employee Dependent	ange Inquire			Scroll U	Log Out p-U Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status:	Policy Ar	Policy: nniversary:	0011223	Insured ID: 111	222333-01
Add Dependent Step 1 Enter Information *Required fields	and select Continue. Original Effective Date* [] COBRA [ Relationship* ] Help C	DD . Ent	/ ccm ter Original E	ffective Date	
By using this web site you agree to our This is a private web site containing co the web site and / or the data container <u>Privacy Policy</u> <u>SAS 70 Report</u> Copyrig Employer eServices <sup>®</sup> is a registered tra	Internet Service Agreement Cont. nfidential information. Authorize d on the site may be grounds for ht 1994-2009 UnitedHealth Grou demark and is used by permissio	act Us Enter the r Date fields to the next	month, day, ar s. Note that yo t field.	nd year in the Origina ou can press the Tab	al Effective key to move

### 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

### Slide 21 - Slide 21

Employer eServices®	
<u>Enrollment</u> ID Cards Billing	Help Home - Customer Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status:	Policy: 0011223 Insured ID: 111222333-01 Policy Anniversary:
Add Dependent Step 1 Enter Information and select Continu *Required fields Original Effective D CC Relation:	e. pate* 03 / 01 / 2006 DBRA
Help	Leave COBRA box unchecked.
By using this web site you agree to our Internet Service Agreeme	nt <u>Contact Us</u>
This is a private web site containing confidential information. Au the web site and / or the data contained on the site may be grou <u>Privacy Policy</u> <u>SAS 70 Report</u> Copyright 1994-2009 UnitedHeal Employer eServices <sup>®</sup> is a registered trademark and is used by per	thorize <sup>nds for</sup> In this example, the dependent will not be enrolling in <sub>th Grou</sub> COBRA. <sup>missio</sup>

### Slide notes

### **Text Captions**

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

Leave **COBRA** box unchecked.

### Slide 22 - Slide 22

Employer eServices®				
<u>Enrollment</u> ID Cards Billing	Help Hor	ne - Customer Rep	orting Channel Instructions	Tutorials
<u>Add</u> Terminate Reinstate Change Inq Employee Dependent	uire		Scroll Up-U Scro	Log Out oll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status:	Pc Policy Annivers	licy: <b>0011223</b> ary:	Insured ID: 111222333-0	01
Add Dependent	t Castinus			
*Required fields	continue.			
Original	Effective Date* 03 /	01 / 2006		
	COBRA			
	Relationship*			
L	Help Continue	Rela	Click the ationship menu	
By using this web site you agree to our <u>Internet Serv</u>	ice Agreement <u>Contact Us</u>			
This is a private web site containing confidential inf the web site and / or the data contained on the site i	ormation. Authorize <sup>may be</sup> grounds for Click	the Relationship o	drop-down menu.	
Privacy Policy SAS 70 Report Copyright 1994-2008	9 UnitedHealth Grou			
Employer eServices <sup>®</sup> is a registered trademark and is	s used by permissio			

### Slide notes

### **Text Captions**

Click the Relationship drop-down menu.

# Click the Relationship menu

### Slide 23 - Slide 23

Employer eServices®	
Enrollment ID Cards Billing	Help Home - Customer Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Employee <mark>Dependent</mark>	Log Out Scroll Up-U Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status:	Policy: 0011223 Insured ID: 111222333-01 Policy Anniversary:
Add Dependent Step 1 Enter Information and select Continue	
*Required fields	
Original Effective Da	ate* 03 / 01 / 2006
COE	BRA
Relationsh	hip*
Help	CHILD SPOUSE STEPCHILF STUDENT Select Relationship
By using this web site you agree to our <u>Internet Service Agreement</u>	
This is a private web site containing confidential information. Auth the web site and / or the data contained on the site may be ground <u>Privacy Policy</u> <u>SAS 70 Report</u> Copyright 1994-2009 UnitedHealth	<sup>horize</sup> <sup>ds for</sup> Select the entry that best describes the dependent's <sub>h Grou</sub> relationship to the employee.
Employer eServices <sup>®</sup> is a registered trademark and is used by perm	nissio

### Slide notes

### **Text Captions**

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

# Select Relationship

### Slide 24 - Slide 24

Employer eServices®	
<u>Enrollment</u> ID Cards Billing	Help Home - Customer Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status: P	Policy: 0011223 Insured ID: 111222333-01 Policy Anniversary:
Add Dependent	
Step 1 Enter Information and select Continue. *Required fields	
Original Effective Dat	ite* 03 / 01 / 2006
СОВІ	BRA
Relationshi	
Help	
By using this web site you agree to our Internet Service Agreement	<sub>conta</sub> Click the <b>Continue</b> button
This is a private web site containing confidential information. Autho the web site and / or the data contained on the site may be grounds	<sup>ls for</sup> Click the Continue button.
Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth	Grou
Employer eServices <sup>®</sup> is a registered trademark and is used by permi:	issio

### Slide notes

# **Text Captions**

Click the Continue button.

# Click the **Continue** button



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

# **Demographic Information**

#### Slide 26 - Slide 26

Employer eServic	es®			
Enrollment ID Cards Bill	ing	Help Hon	ne - Customer Repo	rting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	Change Inquire			Log Out Scroll Up-U Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status: <b>A</b>		Po Policy Annivers	licy: 0011223 ary: 08/01	Insured ID: 111222333-01
Demographic F Information I	Product Information	Other Insurance	Cobra (Optional)	
Step 2 *Required fields	Enter Demogra	phic Information a	and select Continue	•
Original Effective SS Date of Birth	03/01/2006			
Last Name First Name	* DOE			MI
Address 1 Address City State	* 123 MAIN ST 2 * ANYTOWN * MASSACHUSETT	s Now the second	nat you have enter iated with a deper ation tab displays.	ed information on the employee ident, the Demographic

Slide notes

### **Text Captions**

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

### Slide 27 - Slide 27

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Employer eServ	ices®		
Enrollment ID Cards I	Billing		Help Training Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	e Change Inquire Electr	ronic File	Log Out Scroll Up-U Scroll Down-D
Enrollee: PERSON	Group: 11:	31313	Insured ID: 00789789789-
Demographic Information	Product Ot Information In	ther Isurance	<sup>^</sup>
*Required fields	2/01/2006	Termination	
Last Updated	5/01/2006	SSN	
Date of Birth *		Relationship*	
Last Name* F	PERSON	Preferred Language* Middle Initial	ENGLISH 💌
Address 1* 5	54321 1ST AVENUE		
1. Intro 4. 1 2. Enrollment 5. Othe 3. Demographics 6 Home Phone	Product Frinsurance Try It: 555 - 999 - 1234	Now that you hav associated with a Information tab di	e entered information on the employee a dependent, the Demographic isplays.

### Slide notes

### **Text Captions**

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

# Slide 28 - Slide 28

Γ

Employer eServ	ices®					
Enrollment ID Cards	Billing				Help Traini	ng Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	e Change Inquire El	ectronic File			Scroll Up-U	Log Out Scroll Down-D
Enrollee: PERSON	Group:	1131313		Insured ID: 0078	9789789-	
			1			^
Demographic Information	Product Information	Other Insurance				
Step 2 En *Required fields Original Effective ( Last Updated Date of Birth * Last Name* First Name* Address 1*	nter demographic info	ormation and Contin	iue. ermination SSN ationship* .anguage* dle Initial	ENGLISH		
1. Intro 4. 2. Enrollment 5. Other 3. Demographics 6 Home Phone	Product er Insurance Try It! 555 - 999 - 1234	All requ	ired fields	are marked with a	an asterisk.	

### Slide notes

## **Text Captions**

All required fields are marked with an asterisk.

### Slide 29 - Slide 29

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Employer eServ	ices®					
Enrollment ID Cards	Billing				Help Trainin	g Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	e Change Inquire El	ectronic File			Scroll Up-U S	Log Out croll Down-D
Enrollee: PERSON	Group:	1131313		Insured ID: 0078	9789789-	
Demographic Information	Product Information	Other Insurance	]			
Step 2 Er	nter demographic info	ormation and Conti	nue.			
Original Effective C	13/01/2006	Т	ermination			
Date of Birth *		Re	SSN ationship*		<u> </u>	
Last Name*   First Name*		Enter Date of B	i <b>rth</b>			
Address 1* 9	54321 1ST AVENUE					
Address 2 1. Intro 4. 2. Enrollment 5. Other 3. Demographics 6 Home Phone	Product er Insurance S Try It: 555 - 999 - 1234	Begin b you car	y entering press the	the dependent's Tab key to move	date of birth. to the next fie	Note that Id.

#### 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.

# Slide 30 - Slide 30

Г

Employer eServ	ices®					
Enrollment ID Cards	Billing			Help	Training	Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	e Change Inquire Ele	ctronic File		Scro	ll Up-U Sci	Log Out oll Down-D
Enrollee: PERSON	Group: 1	1131313		Insured ID: 007897897	89-	
Demographic Information	Product Information	Other Insurance				
Step 2 Er	nter demographic info	rmation and Conti	nue.			
* <i>Required fields</i> Original Effective C Last Updated	03/01/2006	Т	ermination			
Date of Birth *	01 / 08 / 2003	Re	SSN ationship*			
Last Name* F First Name* Address 1*	54321 1ST AVENUE	Preferred I Mid	.anguage* dle Initial	Click the Relationship m	enu	
Address 2 1. Intro 4. 2. Enrollment 5. Othe 3. Demographics 6 Home Phone	Product er Insurance B Try It: 555 - 999 - 1234	Click th	e Relation	ship drop-down menu.		

### Slide notes

# **Text Captions**

Click the Relationship drop-down menu.

# Click the Relationship menu

# Slide 31 - Slide 31

Г

Employer eServ	rices®							
Enrollment ID Cards	Claims				CD COLLATERAL D	DEPENDENT	ing	Tutorials
Add Terminate Reinstati	e Change Inquire El	lectronic Fi	ile		EE EMPLOYEE	HILD		Los Out
Freelawer Deserved	e enange Inquire E		Colort D		him	ILD	<b>.</b>	
Employee Dependent			Select	elations	nip	JDENT	SCH	bii Down-D
Enrollee: PERSON	Group:	1131313	I		RR RETIREE SC STEPCHILD SD SPONSORED E ISP SPOUSE	PEPENDENT		~
Demographic Information	Product Information	Other	re		SS SURVIVING SF	OUSE		
Step 2 E * <i>Required fields</i> Original Effective ( Last Updated Date of Birth * Last Name* First Name*	nter demographic inf 03/01/2006 01 / 08 / 2003 PERSON	formation	and Continu Ter Rela Preferred La Middl	JE. mination SSN tionship* inguage* e Initial	IN ENFLIREE 1M EMPLOYEE MED CC DEPENDENT C SR SPONSORED D SU STUDENT HD HANDICAPPED RE RETIREE SO SPOUSE SV SURVIVING SF NB NEWBORN DP DOMESTIC PAI ENGLISH	DICARE HILD DEPENDENT D CHILD POUSE RTNER		
Address 1* Address 2 1. Intro 4. 2. Enrollment 5. Other 3. Demographics 6 Home Phone	54321 1ST AVENUE         Product         er Insurance B         Try IC         555         999         1234	<b>·</b>	Select th relationsl	e entry th hip to the	at best describe employee.	es the depend	lent'	s

#### Slide notes

### **Text Captions**

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

# Select Relationship

### Slide 32 - Slide 32

Г

Employer eServ	ices®					
Enrollment ID Cards I	Billing			Help	Training	Tutorials
Add Terminate Reinstate	e Change Inquire Elec	tronic File				Log Out
Employee Dependent				Scro	oll Up-U Scr	oll Down-D
Enrollee: PERSON	Group: 1	131313		Insured ID: 007897897	89-	
						^
Demographic Information	Product Information	Other Insurance				
Step 2 Er *Required fields	nter demographic infor	mation and Contin	ue.			
Original Effective	3/01/2006	Те	rmination			
Last Updated						
			SSN			
Date of Birth * 0	01 / 08 / 2003	Rela	ationship*	CH DEPENDENT CHILD	*	
Last Name* 🛛 F	PERSON	Preferred L	anguage*	ENGLISH 💌		_
First Name*		Midd	le Initial			
Address 1* 5	54321 1ST AVENUE					
Address 2 1. Intro 4. 1 2. Enrollment 5. Othe 3. Demographics 6 State Home Phone 5 4	Product r Insurance B Try It: 555 - 999 - 1234	Click the selection	Preferre	d Language drop-dowr than the default of Engli	ı menu wh sh.	nen the

### 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

Γ

Employer eServ	ices®					
Enrollment ID Cards	Billing			Hel	p Training	Tutorials
Add Terminate Reinstate	e Change Inquire Ele	ctronic File				Log Out
Employee Dependent				S	croll Up-U Sci	roll Down-D
Enrollee: PERSON	Group: 1	131313		Insured ID: 0078978	9789-	
						^
Demographic Information	Product Information	Other Insurance				
Step 2 Er *Required fields	nter demographic info	rmation and (	Continue.			
Uniginal Effective U	13/01/2006		Termination	L		
Last optiated			SSN			
Date of Birth * 0	D1 / 08 Enter Fi	rst Name	Relationship*	CH DEPENDENT CHILD	~	
Last Name* F	PERSON	Prefe	rred Language*	ENGLISH 💌		_
First Name*			Middle Initial			
Address 1* 5	54321 1ST AVENUE					
Address 2 1. Intro 4, 1 2. Enrollment 5. Othe 3. Demographics 6 Home Phone 5 4	Product r Insurance Trykt: 555 - 999 - 1234	Ne	xt, enter the de	pendent's first name.		

### Slide notes

# **Text Captions**

Next, enter the dependent's first name.

# Enter First Name

# Slide 34 - Slide 34

Г

Employer eSer	vices®			
Enrollment ID Cards	Billing		Help Train	ing Tutorials
Add Terminate Reinsta	ate Change Inquire Electronic F	ile		Log Out
Employee Dependent			Scroll Up-U	Scroll Down-D
Enrollee: PERSON	Group: <b>113131</b> 3	1	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 / CCYY	
Late Enrollee*	NEW HIDE	Student Start Date	MM / DD / CCYY	
		ontinue		
1. Intro     2. Enrollment     5. Oti     3. Demographics     This is a private web site conta the web site and / or the data	4. Product her Insurance Bervice Agreement 6. Try It: anning contraentral information. Authorized contained on the site may be grounds for p	Click the Gender	drop-down menu	

### Slide notes

# **Text Captions**

Click the Gender drop-down menu..

Click the Gender menu

# Slide 35 - Slide 35

Γ

Employer eSer	vices®			
Enrollment ID Cards	Billing		Help	Training Tutorials
Add Terminate Reinsta	ate Change Inquire Electronic Fi	le		Log Out
Employee Dependent			scro	bii up-u - scroii Down-D
Enrollee: PERSON	Group: 1131313		Insured ID: 007897897	789-
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 Select G	ender		
Gender*		Date	MM / DD / CCYY	
Late Enrollee*	MALE	Student Start Date	MM / DD / CCYY	
	FEMALE Help	Continue		
1. Intro 2. Enrollment 5. Ot 3. Demographics This is a private web site conta the web site and / or the data	4. Product her Insurance Bervice Agreement ( 6. Try It: anning connoential information. Authorized contained on the site may be grounds for p	Select the depend	dent's gender.	

### Slide notes

# **Text Captions**

Select the dependent's gender.

Select Gender

## Slide 36 - Slide 36

Г

Employer eSer	vices®				
Enrollment ID Cards	Billing		н	elp Training	Tutorials
Add Terminate Reinsta	te Change Inquire Electronic Fi	le			Log Out
Employee Dependent				Scroll Up-U Scr	oll Down-D
Enrollee: PERSON	Group: 1131313		Insured ID: 007897	789789-	
Date of Birth *	01 / 08 / 2003	Relationship*	CH DEPENDENT CHILI	_ D 🔽	^
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 🕶	Add	MM COD CTT		
Late Enrollee*	NEW HIRE	stul Click the Co	ntinue button		
	Help	Continue			
1. Intro     2. Enrollment     5. Ot     3. Demographics     1 nis is a private web site conta the web site and / or the data	for the state of the state	Verify the informa click the Continue	tion you have entere button.	ed is correct, f	then

### 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	S®							
<u>Enrollment</u> ID Cards Billin	g	Help	Home -	Customer R	leporting C	hannel Instruc	tions	Tutorials
<u>Add</u> Terminate Reinstate Ch Employee Dependent	nange Inquire					Scroll Up	-U Scro	Log Out Il Down-D
Enrollee: <b>JOHN DOE</b> Policy Status: <b>A</b>		Policy Ann	Policy: niversary:	<b>0011223</b> 08/01	I	nsured ID: 1112	222333-0	)1
Demographic Pro Information Inf	oduct formation	Other Insurance		Cobra (Optional)				^
<b>Step 2</b> * <i>Required fields</i> Original Effective	Enter Demograg	phic Informa	tion and	select Conti	inue.			
SSN Date of Birth *								
Last Name * First Name *	DOE				MI			
Address 1 * Address 2	123 MAIN ST	A	ll require	ed fields are	e marked	with an asteris	sk.	
City * State *	MASSACHUSETT	S						

Slide notes

# **Text Captions**

All required fields are marked with an asterisk.

### Slide 38 - Slide 38

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Employer <mark>eS</mark> ervi	ces®			
Enrollment ID Cards Bi	lling	Help H	ome - Customer Rep	oorting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	Change Inquire			Log Out Scroll Up-U Scroll Down-D
Enrollee: <b>JOHN DOI</b> Policy Status: <b>A</b>	1	Policy Annive	Policy: <b>0011223</b> ersary: <b>08/01</b>	Insured ID: 111222333-01
Demographic Information	Product Information	Other Insurance	Cobra (Optional)	
<b>Step 2</b> * <i>Required fields</i> Original Effectiv	Enter Demogra	phic Informatio	n and select Continu	Ie. ≣
S Date of Birt	sn			
Last Nam	e * DOE			
First Nam	e *	Enter Date	of Birth	MI
Address	1 * 123 MAIN ST			
Addres	s 2	Beg	in by entering the d	lependent's date of birth. Note that
Cit	Y * ANYTOWN	you	can press the Tab	key to move to the next field.
<		<u> </u>		

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

Г

Employer eServic	es®					
<u>Enrollment</u> ID Cards Bil	ling	Help	Home - Cust	tomer Reporting	g Channel Instructions	Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	Change Inquire				Scroll Up-U Scr	Log Out oll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status: <b>A</b>		Policy Ann	Policy: 001: iversary: 08/	1223 '01	Insured ID: 111222333-	01
Demographic Information	Product Information	Other Insurance	Cob (Opt	ra ional)		
Step 2 *Required fields	Enter Demogra	phic Informat	ion and sele	ct Continue.		
Original Effective	03/01/2006					
SS Date of Birth	N	2003				
Last Name	* DOE					
First Name	*			Ν	11	
Address 1 Address City State	* 123 MAIN ST Enter <b>First Nai</b> * ANYTOWN * MASSACHUSETT	me Ne	ext, enter the	e dependent's f	ïrst name.	

#### Slide notes

# **Text Captions**

Next, enter the dependent's first name.

# Enter First Name

### Slide 40 - Slide 40

Г

Employer eServices	3®	
<u>Enrollment</u> ID Cards Billin	g Help Home - Customer Reporting Channel Instructions	Tutorials
<u>Add</u> Terminate Reinstate Ch Employee Dependent	ange Inquire Scroll Up-U Scr	Log Out roll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status: <b>A</b>	Policy: 0011223 Insured ID: 111222333- Policy Anniversary: 08/01	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 *	MASSACHUE Click the Gender menu zip * 12345	
Home Phone		
Gender *		
	Help	
By using this web site you agree to our	Internet Service Agreement Click the Gender drop-down menu.	
This is a private web site containing co the web site and / or the data containe	nfidential information. Authorize d on the site may be grounds for	
<		

#### Slide notes

## **Text Captions**

Click the Gender drop-down menu.

Click the Gender menu

### Slide 41 - Slide 41

Г

Employer eServices	0	
Enrollment ID Cards Billin	g Help Home - Customer Reporting Channel Instruction	ons Tutorials
<u>Add</u> Terminate Reinstate Ch Employee <mark>Dependent</mark>	ange Inquire Scroll Up-U	Log Out Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status: <b>A</b>	Policy: 0011223 Insured ID: 111222 Policy Anniversary: 08/01	333-01
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 Continue	
By using this web site	ender Select the dependent's gender.	
This is a private web site containing co the web site and / or the data containe	nfidential information. Authorize d on the site may be grounds for	
<		

### Slide notes

# **Text Captions**

Select the dependent's gender.

Select Gender

### Slide 42 - Slide 42

Г

Employer eServices	5®					
Enrollment ID Cards Billin	g H	Help Home -	Customer Rep	orting Channel Inst	ructions	Tutorials
<u>Add</u> Terminate Reinstate Ch Employee Dependent	ange Inquire			Scroll	Up-U Scr	Log Out oll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status: <b>A</b>	Policy	Policy: y Anniversary:	0011223 08/01	Insured ID: 1	11222333-	01
SSN Date of Birth * Last Name * First Name * Address 1 * Address 2 City * State * Home Phone Gender *	O1 / 08 / 2003 DOE JANE 123 MAIN ST ANYTOWN MASSACHUSETTS FEMALE	Click the	e <b>Continue</b> bi	MI Zin * 12345 utton		
By using this web site you agree to our This is a private web site containing co the web site and / or the data containe	Internet Service Agreement Infidential information. Authorize d on the site may be grounds for	Verify the click the (	information yo Continue butto	ou have entered is n.	correct,	then

### 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®	
Enrollment ID Cards Claims Billing Reports Banking Mar	ageAccess Help Training Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic File Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: PERSON Group: 1131313	Insured ID: 00789789789-
Product Eff	ective Date Termination Date
VISION 03	/01/2006
MEDICAL US	/01/2006
Enroll Copy Remove Modify Coverage Line	e Assign Primary Provider
Policy Number 3131313	
Group Name (59 CHARACTER GRO	
Plan Name 23 CHAR MEDIC PLAN NAME	
Market Name 24 CHARACTER MEDICA NAME	
Positively Enrolled YES Member	rs Covered Employee and Spouse or Do
Eligibility Status ACTIVEMar	ket Number 10022502
1. Intro       4. Product         2. Enrollment       5. Other Insurance         3. Demographics       6. Try It!         COBRA Admin Type       COBRA - UHC ADMINISTERED	nat you have entered dependent data, the Product ation tab displays.

#### Slide notes

## **Text Captions**

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

# Slide 44 - Slide 44

Employer eServices <sup>®</sup>				
Enrollment ID Cards Claims Billing Reports Ban	king ManageAc	cess	Help Training	Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic F Employee Dependent	ile		Scroll Up-U Sc	Log Out roll Down-D
Enrollee: PERSON Group: 1131313	ł	Insured ID:	00789789789-	
Product	Effective	Date Terminatio	n Date	^
VISION	03/01/20	006		
MEDICAL	03/01/200	b		
Enroll Copy Remove Modify Co	overage Line	Assign Primary	Provider	
Policy Number 3131313				
		-		
	GROUP NA	ME		
Market Name  24 CHARACTER MEDICA NAME				
Positively Enrolled YES	Members Cov	ered Employee and	Spouse or Dc	
Eligibility Status ACTIVE	Market Nur	mber 0022502		
1. Intro 4. Product 2. Enrollment 5. Other Insurance 3. Demographics 6. Try It COBRA Admin Type COBRA - UHC ADMINISTERED	The employe Product field	əe's product inforr 1.	nation appears in th	le

### Slide notes

### **Text Captions**

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

### Slide 45 - Slide 45

Employer eServices®			
Enrollment ID Cards Claims Billing Reports Ban	king ManageAccess	Help	Training Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic F Employee Dependent	ile	Scrol	Log Out I Up-U Scroll Down-D
Enrollee: <b>PERSON</b> Group: <b>113131</b> 3	3	Insured ID: 007897897	89-
Product	Effective Date	Termination Date	<u>^</u>
VISION	03/01/2006		
MEDICAL	03/01/2006		_
Enroll Copy Remove Modify C	overage Line	Assign Primary Provider	-
Policy Number 3131313			
Coverage 0026 0026 POS			
	GROUP NAME		
Market Name  24 CHARACTER MEDICA NAME			
Positively Enrolled YES	<u>Members Covered</u>	Employee and Spouse or Do	
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	If the dependent I you can move to button at the bott	has the same coverage a the next step by clicking om of the screen.	as the employee, the Continue

#### 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

Employer eServices®				
Enrollment ID Cards Claims Billing Reports Ban	king ManageAccess	Help	Training T	utorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic Fi Employee Dependent	le	Scrol	l Up-U Scroll	Log Out Down-D
Enrollee: PERSON Group: 1131313		Insured ID: 007897897	89-	
Product	Effective Date	Termination Date		^
VISION	03/01/2006			
	00/01/2000			
Enroll Copy Remove Modify Co	verage Line As	ssign Primary Provider	_	
Policy Number 3131313 Coverage 0026 0026 POS Click the R	emove button			
Group Name 59 CHARACTER	GROUP NAME			
Plan Name 23 CHAR MEDIC PLAN NAME				
Market Name 24 CHARACTER MEDICA NAME				
Positively Enrolled YES	Members Covered E	mployee and Spouse or Do		
Eligibility Status ACTIVE	Market Number 🛛	022502		
1. Intro     4. Product       2. Enrollment     5. Other Insurance       3. Demographics     6. Try It!       COBRA Admin Type     COBRA - UHC ADMINISTERED	If the dependent do types as the emplo click the Remove b	pes not require all of the byee, highlight the appro button.	e same pro- opriate item	duct n and

### 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

Employer eServices®			
Enrollment ID Cards Claims Billing Reports Ban	king ManageAccess	Help	Training Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic F Employee Dependent	ile	Scrol	Log Out I Up-U Scroll Down-D
Enrollee: PERSON Group: 1131313	:	Insured ID: 007897897	89-
Product	Effective Date	Termination Date	-
*MEDICAL	03/01/2006		
Enroll Copy Remove Modify Co	overage Line 🛛 🖉 A	Assign Primary Provider	2
Policy Number 3131313			
Coverage 0026 0026 POS			
Group Name 59 CHARACTER	GROUP NAME		
Plan Name 23 CHAR MEDIC PLAN NAME			
	Marahara Couarad I		
Posidvery Enrolled (TES	Members Covered	Employee and Spouse or Dq	
Eligibility Status ACTIVE	Market Number Ir	0022502	
2. Enrollment 5. Other Insurance	Note that the only	product type now showi	ng for the
3. Demographics 6. Try It!	dependent is Med	dical.	
COBRA Admin Type COBRA - UHC ADMINISTERED			

#### Slide notes

## **Text Captions**

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

### Slide 48 - Slide 48

Employer eServices®				
Enrollment ID Cards Claims Billing Reports Bank	king ManageAc	cess	Help Train	ing Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic Fil Employee Dependent	le		Scroll Up-U	Log Out Scroll Down-D
Enrollee: PERSON Group: 1131313		Insured ID:	00789789789-	
Product	Effective D	)ate Termination	Date	^
*MEDICAL	03/01/20	106		
Enroll Copy Remove Modify Co	verage Line	Assign Primary P	rovider	
Policy Number 3131313				
Coverage 0026 0026 POS				
Group Name 59 CHARACTER	GROUP NAM	ME		
Plan Name 23 CHAR MEDIC PLAN NAME				
Market Name 24 CHARACTER MEDICA NAME				
Positively Enrolled YES	Members Cove	ered Employee and S	pouse or Dc	_
Eligibility Status ACTIVE	Market Num	nber 0022502		
1. Intro       4. Product         2. Enrollment       5. Other Insurance         3. Demographics       6. Try It!         COBRA Admin Type       COBRA - UHC ADMINISTERED	Some product (PP). In these Provider butto screen before	cts require you to a e cases, you must on, search for a pr e you submit the er	ssign a Primary click the Assign ovider, and retur prollment.	r Provider Primary m to this

### 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 eServio	ces®			
Enrollment ID Cards Cl	aims Billing Reports Banking ManageAccess	Help	Training	Tutorials
Add Terminate Reinstate	Change Inquire Electronic File			Log Out
Employee Dependent		SCPO	niup-u scr	oli Down-D
Enrollee: PERSON	Group: 1131313 Insured ID: 0078	97897	89-	
Enroll Copy	Remove Modify Coverage Line Assign Primary Provider	r		
Policy Number 31	31313			
<u>Coverage</u> 00	26 0026 POS			
Group Name 59	CHARACTER GROUP NAME			
Plan Name 23	CHAR MEDIC PLAN NAME			
Market Name 24	CHARACTER MEDICA NAME			
Positively Enrolled YE	S Members Covered Employee and Spouse	e or Do	]	
Eligibility Status	TIVE Market Number 0022502			
New Coinsurance	COBRA Paid-Date			
Salary Deductible	Salary Year			
COBRA Admin Type CO	DBRA - UHC ADMINISTERED			
1. Intro 4. P	Click the Continue button.			
3. Demographics 6.				
	Help			
<				

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	l Up-U Scroll Down-D
Enrollee: PERSON Group: 1131313 Insured ID: 0078978978	89-
Enroll Copy Remove Modify Coverage Line Assign Primary Provider	<u>^</u>
Policy Number 3131313	
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 Do	
Eligibility Status ACTIVE Market Number 0022502	∃
New Coinsurance	
Salary Deductible Salary Year	
Click the Continue button	
2. Enrollment 5. Other Insurance	
Help Continue	
	>

Slide notes

**Text Captions** 

# Click the **Continue** button

### Slide 51 - Slide 51

Employer eServices <sup>®</sup>	)					
Enrollment ID Cards Billing		Help	Home -	Customer Rep	orting Channel Instruction	s Tutorials
<u>Add</u> Terminate Reinstate Char Employee Dependent	nge Inquire				Scroll Up-U -S	Log Out Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status:		Policy Ann	Policy: niversary:	0011223	Insured ID: 11122233	33-01
Demographic Produ Information Infor	uct mation	Other Insurance		Cobra (Optional)		<u>^</u>
Step 4	Enter other i	nsurance in	formatio	n and select C	ontinue or Submit.	
Any changes or updates to the i completed on-line. Other Medica eligibility remit address or can b	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 employee through myuhc.com.	member's Medicar	re information	n, can be i	made on-line or	can be submitted by the	
On the day this coverage be including another UnitedHea	egins, will the er althcare plan?	nrollee be co	overed u	nder any othei	r medical plan or policy,	
🔿 Unknown 🔿 No 🔇	🔵 Yes 🛛 Ifyes, p	provide the ot	ther medi	cal plan or policy	information:	
Other Health (Non-Medicare) Information:						
Effective Date 📃 / 📃 /	Expira	ition Da	ow that y	/ou have enter	red product information, t	the Other
If the dependent is covered	, please select (	one of	surance	tap displays.		
O Type A: When this dependent is covered under b						

#### Slide notes

### **Text Captions**

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

### Slide 52 - Slide 52

Employer <mark>e</mark> Servi	ces®					
Enrollment ID Cards B	illing	Help	Home -	Customer Report	ting Channel Instructions	Tutorials
<u>Add</u> Terminate Reinstate Employee <mark>Dependent</mark>	Change Inquire				Scroll Up-U Scr	Log Out roll Down-D
Enrollee: <b>JOHN DO</b> Policy Status:	E	Policy Ann	Policy: iversary:	0011223	Insured ID: 111222333	-01
Demographic Information	Product Information	Other Insurance		Cobra (Optional)		
Step 4 Any changes or updates to completed on-line. Other eligibility remit address of Any changes or updates to employee through m On the day this co including another Un O Unknown No Other Health (Non-Medica	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.         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 collocate Other Insurance Status overed under any other medical plan or policy, including another Under epian?         O Unknown       No         O Yes       If yes, provide the other medical plan or policy information:					
Effective Date / / Expiration Date Expiration Date Expiration Date / Select the radio button that best describes the dependent's status with regard to other insurance coverage.					oendent's	

#### 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®				
<u>Enrollment</u> ID Cards Billing	Help H	lome - Customer Repo	orting Channel Instructions Tu	torials
Add Terminate Reinstate Change Inquire			L	og Out
Employee Dependent			Scroll Up-U Scroll [	Down-D
Enrollee: <b>JOHN DOE</b> Policy Status:	Policy Anniv	Policy: <b>0011223</b> ersary:	Insured ID: 111222333-01	
				~
Demographic Product Information 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,				
O Unknown  No O Yes If yes, provide the other medical plan or policy information:				
Effective Date       /       /       Expiration Date         If you answer yes to this question, you will need to provide supporting information.			vide	
Type A: When this dependent is covered under b				

### Slide notes

### **Text Captions**

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

#### Slide 54 - Slide 54

Employer eServices®			
Enrollment ID Cards Billing	ŀ	Help Home - Customer Repo	rting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Employee Dependent	Inquire		Log Out Scroll Up-U Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status:	Polic	Policy: <b>0011223</b> y Anniversary:	Insured ID: 111222333-01
On the day this coverage begin O Unknown No Y Medicare Part A: Select Medicare Part A: Enrolled in Medicare Part A: Not Enrolled in Medicare Part A Medicare Part B: Enrolled in Medicare Part B:	s, will the enrollee es If yes, indicate licare status Enrecuve Date	be covered under Medicare? current Medicare Status: (comp / / / Expiratio	n Date / / /
<ul> <li>Ineligible for Medicare Part B</li> <li>Not Enrolled in Medicare Part</li> <li><u>Medicare Part D:</u> Can only be enrolled in Medicare Part D:</li> </ul>	B olled in Part D, if enr Effective Date	Next, scroll down and se describes the depender	elect the radio button that best
Ineligible for Medicare Part D	, ,		

#### 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®					
E	nrollment ID Cards Billing	н	elp Home -	Customer Repor	ting Channel Instructions	Tutorials
A Ei	<u>id</u> Terminate Reinstate Change In mployee <mark>Dependent</mark>	nquire			Scroll Up-U Scr	Log Out roll Down-D
	Enrollee: <b>JOHN DOE</b> Policy Status:	Policy	Policy: Anniversary:	0011223	Insured ID: 111222333	-01
	On the day this coverage begins, O Unknown ③ No O Yes	will the enrollee b If yes, indicate o	be covered u current Medica	inder Medicare? ire Status: (comple	te all that applies)	^
	Medicare Part A: Enrolled in Medicare Part A: Ineligible for Medicare Part A Not Enrolled in Medicare Part A	Effective Date		Expiration	Date / / /	
	<u>Medicare Part B:</u> Enrolled in Medicare Part B: Ineligible for Medicare Part B Not Enrolled in Medicare Part B	Effective Date		Expiration	Date 🚺 / 🚺 / 🚺	
<	<u>Medicare Part D:</u> Can only be enrollo C Enrolled in Medicare Part D: Ineligible for Medicare Part D	ed in Part D, if enr Effective Date [	Once aga informatio	ain, you will need on if you answer	to provide supporting 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 H	Iome - Customer Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: <b>JOHN DOE</b> Policy Status: Policy Anniv	Policy: 0011223 Insured ID: 111222333-01 ersary:
○ Enrolled in Medicare Part B: Effective Date [] / []	/ Expiration Date / / / / /
Ineligible for Medicare Part B	
O 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
O Enrolled in Medicare Part D: Effective Date 📃 / [	/ Expiration Date / / /
<ul> <li>Ineligible for Medicare Part D</li> </ul>	
O Not Enrolled in Medicare Part D	
Medicare Eligibility Click the Submit to Help Continue	Submit
By using this web site you agree to our <u>Internet Service Agreement</u> This is a private web site containing confidential information. Authorize the web site and / or the data contained on the site may be grounds for	oll down and click the Submit button to finalize the bendent'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

Employer <mark>eS</mark> er	vices®				
Enrollment ID Cards	Billing	Help Hom	e - Customer Repo	rting Channel Instructions Tutori	ials
Add Terminate Reinsta	ate Change Inquire			Log Or Scroll Up-U Scroll Dowr	ut n-D
Enrollee: <b>JANE</b> Policy Status: <b>A</b>	DOE	Poli Policy Anniversa	cy: <b>0011223</b> ry: <b>08/01</b>	Insured ID: 111222333-02	
					^
Demographic Information	Product Information	Other Insurance	Cobra (Optional)		
<b>Demographic Inform</b> * <i>Required fields</i> Original Effective	nation Transaction Successful. 03/01/2006				
SSN Date of Birth* Last Name* First Name* Address 1* Address 2	01/08/2003 DOE JANE MI [ 123 MAIN ST	An inqu Succes	uiry-only screen w ssful" message.	ill display a "Transaction	

# Slide notes

## **Text Captions**

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

#### Slide 58 - Slide 58



# **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®		
You h	Cong ave completed	gratulations! 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



### **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.