Slide 1 - Slide 1

Employer eServices®	
Welcome to the	e Add Employee tutorial
Audience: Employers Module Length: approx 10 minutes Last Updated: 04/04/2007	
	Welcome to the Add Employee tutorial. In this tutorial,
Slide notes	you'll learn how to add coverage for a new employee using Employer eServices.

Text Captions

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

Welcome to the Add Employee tutorial

Employer eServices®	
Welcome to th	ne Add Employee tutorial
Audience: Employers Module Length: approx 10 minutes Last Updated: 04/04/2007	

Text Captions

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

Welcome to the Add Employee tutorial

ide 3 - Slide 3	
Employer eServices®	
W	elcome to the Add Employee tutorial
Audience: Employers	
Module Length: approx Last Updated: 04/04/2	10 minutes 07
	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	

Text Captions

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.

Welcome to the Add Employee tutorial

lide 4 - Slide 4	
Employer eServices®	
Welcome	to the Add Employee tutorial
Audience: Employers Module Length: approx 10 minu Last Updated: 04/04/2007	tes
	Finally, remember that all sample information you'll see in this tutorial is fictitious. Any resemblance to existing individuals or companies is purely coincidental.
ide notes	

Text Captions

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

Welcome to the Add Employee tutorial

Slide 5 - Slide 5

Employer eServices®				
Enrollment ID Cards Claims Billing	Reports Banking ManageAccess	Help Training Tutorials		
Select the Enrollment option		Log Out		
Welcome B,		<u>^</u>		
Hot Topics! Click on one of the following links for up to the minute news and information: EMPLOYEE COMMUNICATION: Create your own employee health and wellness newsletter! Employer eServices will be unavailable from 6pm est on Nov. 18, until 8am est on Nov. 21. Important Hurricane Claims Policy Update for the Gulf Coast Region 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 Brochures & Forms Communication Resource Center Contact Information Help myuhc.com Other Resources Oxford Health Web Site	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> To begin, select the	Programs & Services Click here to access: <u>Behavioral Health</u> <u>Care24</u> <u>Complementary Medicine</u> <u>Definity HRA</u> <u>Healthy Pregnancy Program</u> iPlan® Health Savinos Account Enrollment menu option.		
SAS 70 C Done				

Slide notes

Text Captions

To begin, select the Enrollment menu option.

Select the Enrollment option

Slide 6 - Slide 6

Employer eServices®					
Enrollment ID Cards Claims Billing	Reports Banki	ing ManageAccess	Help	Training	Tutorials
Add Terminate Reinstate Change Inqui	re Electronic File				Log Out
Select the Add option					<u>^</u>
Employer eServices is your online, real-tim much more.	ne gateway to eliç	gibility and enrollment cha	nges, claim status, repor	ting, billing	and
Hot Topics! Click on one of the following I	inks for up to the	minute news and informa	ation:		
EMPLOYEE COMMUNICATION: Create your	own employee h	ealth and wellness newsle	tter!		
Important Hurricane Claims Policy Update	for the Gulf Coas	<u>t Region</u>	<u>v. 21.</u>		
<u>Personal Health Manager on myuhc.com</u> Plan Cost Estimator - click here to see how it can help you and your employees					
Resources	Network Info	<u>rmation</u>	Programs & Service	<u>s</u>	
Administrative Guides	Network Char	ccess: naes	Behavioral Health		
Brochures & Forms	Network Fact	<u>Sheets</u>	Care24		_
Communication Resource Center	Network Maps	5	<u>Complementary Medi</u>	<u>icine</u>	
Contact Information	Physician Dire	ectory - UHC	Definity HRA		
<u>Help</u>	UnitedHealth I	Premium Designation	<u>Healthy Pregnancy Pr</u>	<u>rogram</u>	
<u>myuhc.com</u>	Program _		iPlan® Health Saving	s Account	
Other Resources		A second menu bar	annears. Select the	Add meni	Loption
Oxford Health Web Site		A socona mona bar	appourd. Obioet the	naamon	a option.
SAS 70					
<u></u> 图					

Slide notes

Text Captions

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

Select the Add option

Slide 7 - Slide 7

Employer eServices®		
Enrollment ID Cards Claims Billing	Reports Banking ManageAccess	Help Training Tutorials
Add Terminate Reinstate Change Inqui	re Electronic File	Log Out
Employee Dependent		Scroll Up-U Scroll Down-D
We Click the Employee option Employer eServices is your online, real-tim much more. Hot Topics! Click on one of the following I EMPLOYEE COMMUNICATION: Create your Employer eServices will be unavailable fro Important Hurricane Claims Policy Update Personal Health Manager on myuhc.com	ne gateway to eligibility and enrollment ch inks for up to the minute news and inform own employee health and wellness newslo m 6pm est on Nov. 18, until 8am est on No for the Gulf Coast Region	anges, claim status, reporting, billing and ation: atter! av. 21.
<u>Plan Cost Estimator - click here to see how</u> <u>Resources</u> Click here to access: Administrative Guides	<u>Network Information</u> Click here to access:	Programs & Services Click here to access: Behavioral Health
Brochures & Forms	Network Fact Sheets	Care24
Communication Resource Center	Network Maps	<u>Complementary Medicine</u>
Contact Information	<u> Physician Directory - UHC</u>	Definity HRA
Help	UnitedHealth Premium Designation Program	Healthy Pregnancy Program
<u>myuhc.com</u> Other Resources	<u>rrogram</u>	I iPlan® Health Savings Account
Oxford Health Web Site	Click the Employee	menu option.
SAS 70		
<		
Opening page https://custtest.employereservices	.com/eCommand?	
Slide notes		

Text Captions

Click the Employee menu option.

Click the Employee option

Slide 8 - Slide 8

Employer eServices®				
Enrollment ID Cards Claims Billing Reports Bank	ing ManageAccess	Help	Training	Tutorials
Add Terminate Reinstate Change Inquire Electronic Fil Employee Dependent	e	Scrol	ll Up-U Sci	Log Out roll Down-D
Select Group Select a Group and Continue.				
Select Group LINK TEST CUSTOMER 1 1131313	×			
Help	Continue			
By using this web site you agree to our <u>Internet Service Agreement</u>	intact Us			
This is a private web site containing confidential information. Authorized s the web site and / or the data contained on the site may be grounds for pe	ite users should use this information for business purpo: nalties, fines or criminal conviction.	ses only.	Any unautho	rized use of
Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth Grou Employer eServices® is a registered trademark and is used by permission	The Select Group screen displays.			
E Done				

Slide notes

Text Captions

The Select Group screen displays.

Slide 9 - Slide 9

Employer eServices®		
Enrollment ID Cards Claims Billing Reports Banking ManageAccess	Help Traini	ng Tutorials
Add Terminate Reinstate Change Inquire Electronic File		Log Out
Employee Dependent	Scroll Up-U	Scroll Down-D
Select Group Select a Group and Continue.		
Select Group LINK TEST CUSTOMER 1 1131313		
Help Continue Click the Select Gro	up menu	
By using this web site you agree to our <u>Internet Service Agreement</u> <u>Contact Us</u>		
This is a private web site containing confidential information. Authorized site users should use this information for business purporties the web site and / or the data contained on the site may be grounds for penalties, fines or criminal conviction.	ses only. Any una	uthorized use of
Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth Grou Click the Select Group drop-down r	menu.	
Employer eServices [®] is a registered trademark and is used by permission		
E Done		

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 Claims Billing Reports Ban	king ManageAccess Help Training Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic F Employee Dependent	ile Log Out Scroll Up-U Scroll Down-D
Select Group Select a Group and Continue. Select Group LINK TEST CUSTOMER 1 1131313 ABC COMPANY 1 1234567 LINK TEST CUSTOMER 1 1131313 MANUFACTURING INC 1 769 321 ZZZ MATRESS CO 1 34567 Select G	Froup Name
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. Authorized the web site and / or the data contained on the site may be grounds for p	l site users should use this information for business purposes only. Any unauthorized use of penalties, fines or criminal conviction.
<u>Privacy Policy</u> <u>SAS 70 Report</u> Copyright 1994-2009 UnitedHealth Grou Employer eServices [®] is a registered trademark and is used by permission	The Select Group drop-drown menu appears. Select the group name with which the new employee will be associated.
E Done	

Slide notes

Text Captions

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

Select Group Name

Slide 11 - Slide 11

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Employer eServices®				
Enrollment ID Cards Claims Billing Reports Ban	king ManageAccess	Help	Training	Tutorials
Add Terminate Reinstate Change Inquire Electronic Fi	le			Log Out
Employee Dependent		Scro	ll Up-U Scr	oll Down-D
Select Group Select a Group and Continue.				
Select Group LINK TEST CUSTOMER 1 1131313				
Help	Continue Click the Continue button			
By using this web site you agree to our <u>Internet Service Agreement</u> <u>C</u> 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	ontact Us site users should use this information for business purpo enalties, fines or criminal conviction.	oses only.	Any unautho	rized use of
Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth Grou Employer eServices [®] is a registered trademark and is used by permission	The group name you selected now Group field. Click the Continue but	appea ton.	ars in the S	Select
😂 Done				

Slide notes

Text Captions

The group name you selected now appears in the Select Group field. Click the Continue button.

Click the **Continue** button

Slide 12 - Slide 12

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Employer eServices®				
Enrollment ID Cards Claims Billing Reports Ban	king ManageAccess	Help Training Tutorials		
<u>Add</u> Terminate Reinstate Change Inquire Electronic Fi Employee Dependent	ile	Log Out Scroll Up-U Scroll Down-D		
Enrollee: Group: 1131313		Insured ID: -		
Add Employee Step 1 Enter information and select Contine *Required fields Original Effective Date* MM / [Original Effective Date* MM / [Enrolling in COBRA?* Yes () COBRA Admin Type (Only needed) Help	nue. DD / CCYY No O eded if enrolling in COBRA)			
By using this web site you agree to our <u>Internet Service Agreement</u> 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	Now that you've selected a group, the screen displays. Notice that the group automatically appears.	ne Add Employee up number		

Slide notes

Text Captions

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

Slide 13 - Slide 13

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Employer eServices®		
<u>Enrollment</u> ID Cards Claims Billing Reports Banking ManageAccess	Help Training	Tutorials
Add Terminate Reinstate Change Inquire Electronic File		Log Out
Employee Dependent	Scroll Up-U Scr	oll Down-D
Enrollee: Group: 1131313	Insured	ID: -
		^
Stop 1 Enter information and select Continue. *Required fields Original Effective Date* MM / DD / CCYY Enrolling in COBRA?* Yes O No O COBRA Admin Type COBRA Admin Type (Only needed if enrolling in COBRA) 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. Authorized the web site and / or the data contained on the site may be grounds for p	asterisk.	

Slide notes

Text Captions

Enter the Original Effective date. Note that you can press the Tab key to move to the next field.

Required fields are marked with an asterisk.

Slide 14 - Slide 14

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Employer eServices®	
<mark>Enrollment</mark> ID Cards Claims Billing Reports Ban king Namæ ge &ustse ner Reporting Channe	l Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic File Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313	Insured ID: -
Add Employee Step 1 Enter information and select Continue. *Required fields Original Effective Date* 03 / 01 / 2006 Enrolling in COBRA?* Yes No Select the No button COBRA Admin Type (Only needed if enrolling in COBRA) Help Continue	
By using this web site you agree to our <u>Internet Service Agreement</u> 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 <u>Privacy Policy</u> <u>SAS 70 Report</u> Copyright 1994-2009 UnitedHealth Group Contact Us	enrolling in COBRA.

Slide notes

Text Captions

In this example, the employee is not enrolling in COBRA.

Select the **No** button

Slide 15 - Slide 15

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Employer eServices®	
Enrollment ID Cards Claims Billing Reports Banking Namege&c	staner Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic File Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313	Insured ID: -
Add Employee Step 1 Enter information and select Continue. *Required fields Original Effective Date* Original Effective Date* Enrolling in COBRA?* COBRA Admin Type Enter Original Effective Help Continue	ve Date
By using this web site you agree to our Internet Service Agreement Contact Us 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 Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth Group	iginal Effective date. Note that you can press the nove to the next field.

Slide notes

Text Captions

Enter the Original Effective date. Note that you can press the Tab key to move to the next field.

Enter Original Effective Date

Slide 16 - Slide 16

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Employer eServices®	
<u>Enrollment</u> ID Cards Claims Billing Reports Ban king Namæ ge &ustsener Reporting Channe	l Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic File Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313	Insured ID: -
Add Employee Step 1 Enter information and select Continue. *Required fields Original Effective Date* 03 / 01 / 2006 Enrolling in COBRA?* Yes COBRA Admin Type (Only needed if enrolling in COBRA) Help Continue	
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Slide notes

Text Captions

Click the **Continue** button

Click the Continue button.

Slide 17 - Slide 17

Employer eServ	ices®			
Enrollment ID Cards (Claims Billing Rep	orts BanNielg Ma	mæge Austsener Reportin	g Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	e Change Inquire E	lectronic File		Log Out Scroll Up-U Scroll Down-D
Enrollee:	Group: 11	31313		Insured ID: -
Employee Information	Demographic Information	Product Information	Other Insurance	[^]
Step 2 *Required fields	Enter emple	oyee information a	ind Continue.	
Original Date	of Hire* MM / DD	/ ccm D / c x Enter Origin	ate of Retirement MM /	DD / CCYY
Complete Alternate	Payee information	only when the pay	ee is not the employee.	
Alternate Payee I Alternate P	ayee ID	• •		
Alt Payee La	st Name	The F	Employee Information t	ab displays. Entor the month
Alt Payee Fin	st Name	day, a	and year of the employ	ee's original date of hire.
<	Hel			

Slide notes

Text Captions

The Employee Information tab displays. Enter the month, day, and year of the employee's original date of hire.

Enter Original Date of Hire

Slide 18 - Slide 18

Employer eServices®	
Enrollment ID Cards Claims Billing Reports Ban	Ning Nominge Bostesiner Reporting Channel Instructions Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic Fi Employee Dependent	le Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313	Insured ID: -
Date of Death MM / DD / CCYY	
Complete Alternate Payee information only when	the payee is not the employee.
Alternate Payee Indicator 🛛 Yes 🔿 🛛 No 📀	
Alternate Payee ID	
Alt Payee Last Name	
Alt Payee First Name	
Help	Continue
By using this web site you agree to our <u>Internet Service Agreement</u> <u>C</u>	ontact Us
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	site users should use this information for business purposes only. Any unauthorized use of
Privacy Policy SAS 70 Report Copyright 1994-2009 UnitedHealth Group	If you change the Alternate Payee Indicator to Yes, then the Alternate Payee ID and Name fields become required
Employer eServices [®] is a registered trademark and is used by permission	Alternate Flayee ib and Name helds become required.
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Slide notes

Text Captions

If you change the Alternate Payee Indicator to Yes, then the Alternate Payee ID and Name fields become required.

Slide 19 - Slide 19

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Employer eServices®
<u>Enrollment</u> ID Cards Claims Billing Reports Ban <mark>Nirlg Mamæ</mark> ge &ustse ner Reporting Channel Instructions Tutorials
Add Terminate Reinstate Change Log Out Employee Dependent Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313 Insured ID: -
Complete Alternate Payee information only when the payee is not the employee. Alternate Payee Indicator Yes No • Alternate Payee ID
Alt Payee First Name Help Continue
This is a private web site containing confidential information. Authorized site asers shound use this many hereit as a private web site containing confidential information. Authorized site asers shound use this many hereit as a private web site and / or the data contained on the site may be grounds for particular to the web site and / or the data contained on the site may be grounds for particular to the data contained on the site may be grou
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Slide notes

Text Captions

Click the Continue button.

Click the **Continue** button

Slide 20 - Slide 20

Employer <mark>eS</mark> er	vices®						
Enrollment ID Cards	Claims Billing Repo	rts Banking	ManageAccess		Help	Training	Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	ite Change Inquire El	ectronic File			Scro	ll Up-U Scr	Log Out oll Down-D
Enrollee:	Group: 113	1313				Insured	ID: -
Employee Information	Demographic Information	Product Information	Other Insurance	e			^
Step 3	Enter demographic inf	ormation and	Continue.				
*Required fields							=
Original Effective	03/01/2006		Termination				=
Last Updated Employee ID*			SSN	-	-		
Date of Birth *	MM / DD / CCYY		Relationship*	EE EMPLO	YEE	*	
Last Name*							
First Name*			Middle Initial				
Address 1*							
Address 2							_
City*		N	low that you have	e entered	employee info	ormation,	the
State*	Select One	×	pernographic inic	ormation ta	ab displays.		
<							

Slide notes

Text Captions

Now that you have entered employee information, the Demographic Information tab displays.

Slide 21 - Slide 21

Employer <mark>e</mark> Ser	vices®						
Enrollment ID Cards	Claims Billing Repo	orts Banking	ManageAccess		Help	Training	Tutorials
Add Terminate Reinsta	ate Change Inquire El	ectronic File					Log Out
Employee Dependent					Scro	oll Up-U Scr	oll Down-D
Enrollee:	Group: 113	1313				Insured	ID: -
							^
Employee Information	Demographic Information	Product Information	Other Insuranc	e			
Step 3 *Required fields Original Effective Last Updated Employee ID* Date of Birth * Last Name* First Name*	Enter demographic inf 03/01/2006 MM / DD / CCYY	ormation and	I Continue. Termination SSN Relationship* eferred Language* Middle Initial	EE EMPLO ENGLISH	DYEE	~	
Address 1* Address 2 1. Intro 4. D 2. Group 3 3. Employee 6. Ot State	emographics 7. Try 5. Product her Insurance		Now that you hav Demographic Infi	e entered ormation t	l employee inf tab displays.	ormation,	the

Slide notes

Text Captions

Now that you have entered employee information, the Demographic Information tab displays.

Slide 22 - Slide 22

Employer eServices®					
<u>Enrollment</u> ID Cards Claims Billing Repo	rts Banking Man	ageAccess	He	lp Training	Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Ele Employee Dependent	ectronic File		s	Scroll Up-U Scr	Log Out oll Down-D
Enrollee: Group: 113	1313			Insured	ID: -
Employee Demographic Information Information	Product Information	Other Insurance			^
Step 3 Enter demographic inference *Required fields	ormation and Conti	nue.			
Original Effective 03/01/2006 Last Updated	ï	ermination (
Employee ID*		SSN	· · · ·]	
Date of Birth * MM / DD / CCYY	Re	lationship*	EE EMPLOYEE	~	
Last Name*	Preferred	Language*	ENGLISH 💌		
First Name*	Mic	ldle Initial			
Address 1*					
1. Intro 4. Demographics 7. Try I 2. Group 5. Product 3. Employee 6. Other Insurance	ti All req	uired fields :	are marked with an	asterisk.	

Slide notes

Text Captions

All required fields are marked with an asterisk.

Slide 23 - Slide 23

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Employer eServices®						
Enrollment ID Cards Claims Billing Rep	orts Banking Ma	nageAccess		Help	Training	Tutorials
<u>Add</u> Terminate Reinstate Change Inquire E Employee Dependent	lectronic File			Scroll	lUp-U Scm	Log Out oll Down-D
Enrollee: Group: 113	31313				Insured	ID: -
Employee Demographic Information Information	Product Information	Other Insurance				
Step 3 Enter demographic int	formation and Con	tinue.				
Original Effective 03/01/2006 Last Updated		Termination				
Employee ID*		SSN				
Date of Birth * MM DD / CCYY	F	elationship*	EE EMPLOYEE		*	
Last Name* Enter Employe	e ID Preferre	d Language*	ENGLISH	~		
First Name*	Μ	iddle Initial				
Address 1*						
1. Intro 4. Demographics 7. Try 2. Group 5. Product 3. Employee 6. Other Insurance	Enter	the Employe ab key to mo	ee ID number ve to the next	. Note that t field.	t you can	press

Slide notes

Text Captions

Enter the Employee ID number. Note that you can press the Tab key to move to the next field.

Enter Employee ID

Slide 24 - Slide 24

Employer eServices®					
Enrollment ID Cards Claims Billing Repo	rts Banking Man	ageAccess	H	telp Training	Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Ele Employee Dependent	ectronic File			Scroll Up-U Scr	Log Out oll Down-D
Enrollee: Group: 113	1313			Insured	ID: -
Employee Demographic Information Information	Product Information	Other Insurance			
Step 3 Enter demographic info	ormation and Cont	inue.			
Original Effective 03/01/2006	·	Termination	[
Employee ID* 123456789		SSN			
Date of Birth * 🕅 / DD / CCYY	R	elationship*	EE EMPLOYEE	~	
Last Name*	Preferred	Language*	ENGLISH 💌		_
First Name* Enter Date of Bi	irth Mi	ddle Initial			
Address 1*					
Address 2 1. Intro 4. Demographics 7. Try I 2. Group 5. Product 3. Employee 6. Other Insurance State	t Enter t	he employe	ee's Date of Birth.		

Slide notes

Text Captions

Enter the employee's Date of Birth.

Enter Date of Birth

Slide 25 - Slide 25

Employer eServices®						
<u>Enrollment</u> ID Cards Claims Bil	ling Reports Ba	nking Mana	geAccess	Help Tra	ining Tutoria	ls
<u>Add</u> Terminate Reinstate Change Employee Dependent	Inquire Electronic	File		Scroll Up	Log Out -U Scroll Down-	D
Enrollee: (Group: 1131313			I	nsured ID: -	
Employee Demogra Information Information	ion Production	t ation	Other Insurance			^
Step 3 Enter demo	raphic informatio	n and Contin	ue.			
* <i>Required fields</i> Original Effective 03/01/2006 Last Updated		Те	rmination			
Employee ID* 123456789	/ 1967	Rela	SSN -			
Last Name*		Preferred L Midd	anguage* ENGLIS	н 💌 Relationship menu		
Address 1*]				
1. Intro 4. Demographics 2. Group 5. Product 3. Employee 6. Other Insurance	7. Try k!	Click the	e Relationship dro	op-down menu.		

Slide notes

Text Captions

Click the Relationship drop-down menu.

Click the Relationship menu

Slide 26 - Slide 26

Employer eServices®					1
<u>Enrollment</u> ID Cards Claims	nrollment ID Cards Claims				ng Tutorials
Add Terminate Reinstate Change Inquire El	ectronic Fil	e		EE EMPLOYEE HC HANDICAP HILD	Log Out
		Sele	ct EE EM	PLOYEE	
Enrollee: Group: 113	1313			SC STEPCHILD SD SPONSORED DEPENDENT SP SPOUSE	ired ID: -
Employee Demographic Information Information	Product Informati	ion	Other Insurance	SS SURVIVING SPOUSE ST STUDENT 06 RETIREE	Ī
Step 3 Enter demographic inf *Required fields 03/01/2006 Original Effective 03/01/2006 Last Updated 123456789 Date of Birth * 04 / 21 / 1967 Last Name* 123456789	ormation	and Contin Te Rela Preferred L	ue. rmination SSN ationship* anguage*	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 EE EMPLOYEE	
First Name*		Midd	lle Initial		
1. Intro 4. Demographics 7. Try 2. Group 5. Product 3. Employee 6. Other Insurance State Select One	<u>n</u> :	Select ti	ne Employ	/ee option.	

Slide notes

Text Captions

Select the Employee option.

Select **EE EMPLOYEE**

Slide 27 - Slide 27

Employer <mark>eS</mark> er	vices®						
Enrollment ID Cards	Claims Billing Repo	rts Banking	ManageAccess		Help	Training	Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	te Change Inquire El	ectronic File			Scrol	lUp-U Scr	Log Out oll Down-D
Enrollee:	Group: 113	1313				Insured	ID: -
Employee Information	Demographic Information	Product Information	Other Insurance				
Step 3	Enter demographic inf	ormation and	Continue.				
* <i>Required fields</i> Original Effective Last Updated	03/01/2006		Termination				
Employee ID*	123456789		SSN	-	-		
Date of Birth * Last Name*	04 / 21 / 1967	Pre	Relationship* ferred Language*	EE EMPLOY	ΈΕ Μ	~	
First Name* Address 1*			Middle Initial				
1. Intro 4. Do 2. Group 5 3. Employee 6. Other state	emographics 7. Try 5. Product her Insurance		Click the Preferred election is other t	Language han the defa	drop-down me ault of English	enu when	the

Slide notes

Text Captions

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

Slide 28 - Slide 28

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Employer eServices®		
<u>Enrollment</u> ID Cards Claims Billing Repo	rts Banking ManageAccess	Help Training Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Ele Employee Dependent	ectronic File	Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 113	1313	Insured ID: -
Employee Demographic Information Information	Product Other Information Insurance	
Step 3 Enter demographic info	ormation and Continue.	
*Required fields		
Original Effective 03/01/2006	Termination	
Last Updated Employee ID* 123456789	ter Employee Name ssn	
Date of Birth * 04 / 21 / 1967	Relationship* EE EMPLOYEE	v
Last Name*	Preferred Language* ENGLISH	✓
First Name*	Middle Initial	
Address 1*		
1. Intro 4. Demographics 7. Try I 2. Group 5. Product 3. Employee 6. Other Insurance State Select One	Enter the employee's name.	

Slide notes

Text Captions

Enter the employee's name.

Enter Employee Name

Slide 29 - Slide 29

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Emp	loyer <mark>e</mark> Ser	vices®						
Enrollme	<u>nt</u> ID Cards	Claims Billing	Reports Bar	king ManageAccess		Help	Training	Tutorials
<u>Add</u> Tern Employee	ninate Reinsta Dependent	te Change Inqu	ire Electronic F	ile		Scro	ll Up-U Scr	Log Out oll Down-D
Enrollee		Group	: 1131313				Insured	ID: -
	Last Name*	DOE		Preferred Language*	ENGLISH 💌			^
	First Name*	ЈОНИ		Middle Initial				
	Address 1*]				
	Address 2]				
	City*			Foreign Address	Yes 🔿 No 💿			
	State*	Select One	~	Zip*	-			
	Home Phone			Work Phone				
	Gender*	~	Enter Ac	ddress tart Date	MM / DD / CO	YY		
Enro	illment Type*	TIMELY ENROLLM	ENT 🔽					
			Help	Continue				
By using this 1. In 2. Gr 3. Emp Privacy Poli	s web site you agre tro 4. Do oup 5 loyee 6. Otl cy SAS 70 Report	e to our <u>Internet Servic</u> emographics . Product ber Insurance Copyright 1994-2009	<u>e Agreement</u> 7. Try It! mation. Authorized ay be grounds for p UnitedHealth Grou	Enter the employ	ee's address.			

Slide notes

Text Captions

Enter the employee's address.

Enter Address

Slide 30 - Slide 30

Employer eSer	vices®				
Enrollment ID Cards	Claims Billing Reports Bar	nking ManageAccess		Help Training	Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	ate Change Inquire Electronic f	File		Scroll Up-U Scro	Log Out Il Down-D
Enrollee:	Group: 1131313			Insured I	D: -
Last Name*	DOE	Preferred Language*	ENGLISH 💌		^
First Name*	JOHN	Middle Initial			
Address 1*	123 MAIN ST]			
Address 2]			
City*	ANYTOWN	Foreign Address	Yes 🔿 No 📀		
State*	MASSACHUSETTS 💌	Zip*	12345 -		
Home Phone		Work Phone			
Gender*		Address Start Date	MM / DD / CC	m.	
Enrollment Type*	Click the Gender m	Continue			
By using this web site you agree 1. Intro 4. Du 2. Group 5. Employee 6. Otto Privacy Policy SAS 70 Report	ee to our <u>Internet Service Agreement</u> emographics 7. Try It! 5. Product bit information. Authorized site may be grounds for p her Insurance Copyright 1994-2009 UnitedHealth Grou	Click the Gender	drop-down menu	I.	

Slide notes

Text Captions

Click the Gender drop-down menu.

Slide 31 - Slide 31

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Employer eSer	vices®				
Enrollment ID Cards	Claims Billing Reports Ban	king ManageAccess		Help Training	Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	te Change Inquire Electronic F	ile		Scroll Up-U Scr	Log Out oll Down-D
Enrollee:	Group: 1131313			Insured	ID: -
Last Name*	DOE	Preferred Language*	ENGLISH 💌		^
First Name*	JOHN	Middle Initial			
Address 1*	123 MAIN ST				
Address 2					
City*	ANYTOWN	Foreign Address	Yes 🔿 No 💿		
State*	MASSACHUSETTS	Zip*	12345 -		
Home Phone		Work Phone			
Gender*	~	Address Start Date	MM / DD / CC	m.	
Late Enrollee*	MALE COLLMENT V FEMALE Select Gender	Continue			
By using this web site you agree 1. Intro 2. Group 3. Employee 6. Other Privacy Policy SAS 70 Report	e to our <u>Internet Service Agreement</u> emographics 7. Try It information. Authorized her Insurance Copyright 1994-2009 UnitedHealth Group	Select the employ	yee's gender.		

Slide notes

Text Captions

Select the employee's gender.

Select Gender

Slide 32 - Slide 32

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Employer eSer	vices®				
Enrollment ID Cards	Claims Billing Reports Ba	nking ManageAccess		Help Trai	ning Tutorials
Add Terminate Reinsta Employee Dependent	ate Change Inquire Electronic	File		Scroll Up-	Log Out U Scroll Down-D
Enrollee:	Group: 1131313			In	isured ID: -
Last Name*	DOE	Preferred Language*	ENGLISH 💌		<u>^</u>
First Name*	JOHN	Middle Initial			
Address 1*	123 MAIN ST				
Address 2					
City*	ANYTOWN	Foreign Address	Yes 🔿 No 💿		
State*	MASSACHUSETTS 💌	Zip*	12345 -		
Home Phone	· · · · · · · · · · · · · · · · · · ·	Work Phone			
Gender*	MALE	Address Start Date	MM / DD / CO	err (
Enrollment Type*	TIMELY ENROLLMENT				
	Help Clic	k the Enrollment Ty	pe		
By using this web site you agree 1. Intro 4. Do 2. Group 3. Employee 6. Otto Privacy Policy SAS 70 Report	ee to our <u>Internet Service Agreement</u> emographics 7. Try It! 5. Product I information. Authorize Site may be grounds for her Insurance Copyright 1994-2009 UnitedHealth Grou	Contact Us Click the Enrollm	ent Type drop-do	wn menu.	

Slide notes

Text Captions

Click the Enrollment Type drop-down menu.

Click the Enrollment Type menu

Slide 33 - Slide 33

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Employer eSer	vices®				
Enrollment ID Cards	Claims Billing Reports Ba	anking ManageAccess		Help Training	Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	ite Change Inquire Electronic	: File		Scroll Up-U Sc	Log Out roll Down-D
Enrollee:	Group: 1131313			Insure	d ID: -
Last Name*	DOE	Preferred Language*	ENGLISH 💽		^
First Name*	JOHN	Middle Initial			
Address 1*	123 MAIN ST				
Address 2					
City*	ANYTOWN	Foreign Address	Yes 🔿 No 💿		
State*	MASSACHUSETTS	Zip*	12345 -		
Home Phone		elect the Open Enroll	ment Option		
Gender*	MALE V	Address Start Date	MM / DD / CC	TY .	
Enrollment Type*	OPEN ENROLLMENT	Continue			
By using this web site you agre	e to our <u>Internet Service Agreement</u>	Contact Un			
2. Group 5 3. Employee 6. Ott	5. Product her Insurance her Insurance	Select the option enrollment.	that best describ	bes the employe	∍e's
Privacy Policy SAS 70 Report	Copyright 1994-2009 UnitedHealth Gro	pul			

Slide notes

Text Captions

Select the option that best describes the employee's enrollment.

Select the **Open Enrollment** Option

Slide 34 - Slide 34

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Employer eSer	vices®						
Enrollment ID Cards	Claims Billing Reports Ba	nking ManageAccess		Help	Training	Tutoria	ls
Add Terminate Reinsta	te Change Inquire Electronic	File				Log Out	
Employee Dependent				Scrol	lUp-U Scr	oll Down-	D
Enrollee:	Group: 1131313				Insured	ID: -	
Last Name*	DOE	Preferred Language*	ENGLISH 💌				^
First Name*	JOHN	Middle Initial					
Address 1*	123 MAIN ST						
Address 2							
City*	ANYTOWN	Foreign Address	Yes 🔿 No 💿				
State*	MASSACHUSETTS 💌	Zip*	12345 -				
Home Phone	· · · · · · · · · · · · · · · · · · ·	Work Phone					
Gender*	MALE 💌	Addres Click the	Continue buttor	<u> </u>			
Enrollment Type*	OPEN ENROLLMENT						
	Help	Continue					
By using this web site you agree 1. Intro 4. D 2. Group 5 3. Employee 6. Other Privacy Policy SAS 70 Report	ee to our <u>Internet Service Agreement</u> emographics 7. Try It I information. Authorize S. Product I information. Authorize Site may be grounds for her Insurance Copyright 1994-2009 UnitedHealth Grou	Contact Us Verify the informa Click the Continue	ation you have en e button.	tered is	correct,	then	

Slide notes

Text Captions

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

Click the **Continue** button

Slide 35 - Slide 35

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Employer <mark>eS</mark> er	vices®						
Enrollment ID Cards	Claims Billing Repo	orts Banking M	anageAccess		Help	Training	Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	te Change Inquire El	ectronic File			Sci	roll Up-U Sci	Log Out roll Down-D
Enrollee:	Group: 113	1313				Insured	ID: -
Employee Information	Demographic Information	Product Information	Other Insurance	9			^
Step 3	Enter demographic inf	ormation and Co	ntinue.				
Original Effective	03/01/2006		Termination				
Last Updated Employee ID*			SSN	-	-		
Date of Birth *	MM / DD / CCYY		Relationship*	EE EMPLO	OYEE	~	
Last Name*							
First Name*			Middle Initial				
Address 1*							
Address 2							
City*		All re	equired fields	are marl	ked with an a	sterisk.	
State*	Select One	~					
:							

Slide notes

Text Captions

All required fields are marked with an asterisk.

Slide 36 - Slide 36

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Employer <mark>e</mark> Ser	vices®						
Enrollment ID Cards	Claims Billing Repo	rts Banking	ManageAccess		Help	Training	Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	ite Change Inquire El	ectronic File			Scrol	ll Up-U Scr	Log Out oll Down-D
Enrollee:	Group: 113	1313				Insured	ID: -
Employee Information	Demographic Information	Product Information	Other Insurance	9]		
Step 3 *Required fields	Enter demographic inf	ormation and	Continue.				
Original Effective Last Updated	03/01/2006		Termination				
Employee ID*			SSN				
Last Name*	Enter Employee	ID	Relationship*	EE EMPLO		v	
First Name*			Middle Initial				
Address 2							_
City*		E th	nter the Employ e Tab key to mo	ee ID num ove to the	nber. Note tha next field.	t you can	press
State*	Select One						

Slide notes

Text Captions

Enter the Employee ID number. Note that you can press the Tab key to move to the next field.

Enter Employee ID
Slide 37 - Slide 37

Employer <mark>e</mark> Ser	vices®						
Enrollment ID Cards	Claims Billing Repo	rts Banking	ManageAccess		Help Tr	aining	Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	ate Change Inquire El	ectronic File			Scroll U	p-U Scr	Log Out oll Down-D
Enrollee:	Group: 113	1313				Insured	ID: -
Employee Information	Demographic Information	Product Information	Other Insurance	3			^
Step 3	Enter demographic inf	ormation and	Continue.				
*Required fields							
Original Effective	03/01/2006		Termination				
Last Updated							
Employee ID*	123456789		SSN				
Date of Birth *			Relationship*	EE EMPLOYEE		~	
Last Name*							_
First Name*	Enter Date of B	irth	Middle Initial				
Address 1*							
Address 2							_
City*		E	nter the employ	ee's Date of Bir	th.		
State*	Select One	~					
 N 		1					

Slide notes

Text Captions

Enter the employee's Date of Birth.

Enter Date of Birth

Slide 38 - Slide 38

Employer <mark>e</mark> Ser	vices®						
Enrollment ID Cards	Claims Billing Repo	orts Bankii	ng Manage	Access	Help	Training	Tutorials
Add Terminate Reinsta	te Change Inquire El	ectronic File					Log Out
Employee Dependent					Scrol	lUp-U Scr	oll Down-D
Enrollee:	Group: 113	1313				Insured	ID: -
							~
Employee Information	Demographic Information	Product Informatio	n	Other Insurance			
Step 3	Enter demographic inf	ormation a	nd Continu	e.			
*Required fields							
Original Effective	03/01/2006		Terr	nination			
Last Updated							
Employee ID*	123456789			SSN -	-	_	
Date of Birth *	04 / 21 / 1967		Relati	onship* EE EMPL	OYEE	~	
Last Name*						$\overline{\mathcal{A}}$	
First Name*			Middle	In Click the R	elationship me	enu	
Address 1*							
Address 2							_
City*			Click the	Relationship dro	p-down menu.		
State*	Select One	~					
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Slide notes

Text Captions

Click the Relationship drop-down menu.

Click the Relationship menu

Slide 39 - Slide 39

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Employer eSer	vices®					7
Enrollment ID Cards	Claims				CD COLLATERAL DEPENDENT	ng Tutorials
<u>Add</u> Terminate Reinsta	ite Change Inquire El	ectronic Fil	le		EE EMPLOYEE HC HANDICAP HILD	Log Out
Employee Dependent			Sel	ect EE EM		Scroll Down D
Enrollee:	Group: 113	1313			SC STEPCHILD	red ID: -
Employee Information	Demographic Information	Product Informat	ion	Other Insurance	SS SURVIVING SPOUSE ST STUDENT 06 RETIREE	
Step 3 *Required fields Original Effective Last Updated Employee ID* Date of Birth *	Enter demographic inf 03/01/2006 123456789 04 / 21 / 1967	ormation	and Conti	nue. Termination SSN slationship*	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 EE EMPLOYEE	
First Name* Address 1*]	Mic	ldle Initial		
Address 2 City* State*	Select One	·	Select	the Employ	vee option.	

Slide notes

Text Captions

Select the Employee option.

Select **EE EMPLOYEE**

Slide 40 - Slide 40

Employer eSer	vices®						
Enrollment ID Cards	Claims Billing Repo	orts Banking	ManageAccess		Help	Training	Tutorials
Add Terminate Reinsta Employee Dependent	ate Change Inquire El	ectronic File			Sci	rollUp-U Scr	Log Out oll Down-D
Enrollee:	Group: 113	1313				Insured	ID: -
Employee Information	Demographic Information	Product Information	Other Insurance	e]		
Step 3	Enter demographic inf	ormation and	Continue.				
*Required fields Original Effective	03/01/2006		Termination				
Employee ID*	123456789		SSN		-		
Date of Birth * Last Name*	04 / 21 / 1967		Relationship*	EE EMPLO	DYEE	~	
First Name*	Enter Employee Nan		Middle Initial				
Address City*		E	nter the employ	ee's name	е.		
State*	Select One						

Slide notes

Text Captions

Enter the employee's name.

Enter Employee Name

Slide 41 - Slide 41

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Empl	loyer <mark>e</mark> Ser	vices®		
Enrollme	nt ID Cards	Claims Billing Reports Ba	nking ManageAccess	Help Training Tutorials
<u>Add</u> Tern Employee	ninate Reinsta Dependent	te Change Inquire Electronic I	File	Log Out Scroll Up-U Scroll Down-D
Enrollee	:	Group: 1131313		Insured ID: -
	Last Name*	DOE		<u>^</u>
	First Name*	JOHN	Middle Initial	
	Address 1*]	
	Address 2]	
	City*		- Foreign Address 🛛 Yes 🔘 M	• • •
	State*	Select One	Zip* -	
	Home Phone		Work Phone -	-
	Gender*	Enter A	ddresstart DateMM / DI	
L	ate Enrollee*	NEW HIRE	✓	
		Help	Continue	
By using this	sweb site you agre	e to our Internet Service Agreement	Contact Un	
This is a priv the web site	vate web site conta and / or the data o	ining confidential information. Authorize contained on the site may be grounds for	Enter the employee's addre	ess.
Privacy Polis	cy <u>SAS 70 Report</u>	Copyright 1994-2009 UnitedHealth Grou	1	
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Slide notes

Text Captions

Enter the employee's address.

Enter Address

Slide 42 - Slide 42

Employer eSer	vices®			
Enrollment ID Cards	Claims Billing Reports Ba	nking ManageAccess	Help	Training Tutorials
Add Terminate Reinsta	ate Change Inquire Electronic	File		Log Out
Employee Dependent			SCHO	ll Up-U Scroll Down-D
Enrollee:	Group: 1131313			Insured ID: -
Last Name*	DOE			<u>^</u>
First Name*	JOHN	Middle Initial		
Address 1*	123 MAIN ST			
Address 2				
City*	ANYTOWN	Foreign Address	Yes 🔿 No 💿	
State*	MASSACHUSETTS 💌	Zip*	12345 -	
Home Phone		Work Phone		
Gender*		Address Start Date	MM / DD / CCYY	
Late Enrollee*	NEW HIP	nenu		
		Continue		
By using this web site you agr	ee to our <u>Internet Service Agreement</u>	Contact lie		
This is a private web site conta the web site and / or the data	aining confidential information. Authorize contained on the site may be grounds for	Click the Gender	drop-down menu.	
Privacy Policy SAS 70 Report	t Copyright 1994-2009 UnitedHealth Gro	u		
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Slide notes

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Click the Gender drop-down menu.

Click the Gender menu

Slide 43 - Slide 43

Employer eSer	vices®			
Enrollment ID Cards	Claims Billing Reports	Banking ManageAccess	Help	Training Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	te Change Inquire Electroi	nic File	Scr	Log Out oll Up-U Scroll Down-D
Enrollee:	Group: 1131313	I		Insured ID: -
Last Name*	DOE			<u>^</u>
First Name*	JOHN	Middle Initial		
Address 1*	123 MAIN ST			
Address 2				
City*	ANYTOWN	Foreign Address	Yes 🔿 No 💿	
State*	MASSACHUSETTS	✓ Zip*	12345 -	
Home Phone	· · · ·	Work Phone	· · · ·	
Gender*	v	Address Start Date	MM / DD / CCYY	
Late Enrollee*	MALE	~		
	Select Gender	Continue		
By using this web site you agre	ee to our <u>Internet Service Agreement</u>	<u>Contact Uc</u>		
This is a private web site conta the web site and / or the data	sining confidential information. Autho contained on the site may be grounds	rized Select the employ	vee's gender.	
Privacy Policy SAS 70 Report	Copyright 1994-2009 UnitedHealth (Groul		
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Slide notes

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Select the employee's gender.

Select Gender

Slide 44 - Slide 44

Employer eSer	vices®			
Enrollment ID Cards	Claims Billing Reports B	anking ManageAccess	Help	o Training Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	ite Change Inquire Electroni	ic File	Sci	Log Out roll Up-U Scroll Down-D
Enrollee:	Group: 1131313			Insured ID: -
Last Name*	DOE			<u>^</u>
First Name*	JOHN	Middle Initial		
Address 1*	123 MAIN ST			
Address 2				
City*	ANYTOWN	Foreign Address	Yes 🔿 No 💿	
State*	MASSACHUSETTS	Zip*	12345 -	
Home Phone		Work Phone		
Gender*	MALE	Address Start Date	MM / DD / CCYY	
Late Enrollee*	NEW HIRE	V		
	Help	Click the Late Enroll	ee menu	
By using this web site you agre	e to our <u>Internet Service Agreement</u>	Contact Un		
This is a private web site conta the web site and / or the data	ining confidential information. Author: contained on the site may be grounds fo	zed Click the Late En	rollee drop-down men	u.
Privacy Policy SAS 70 Report	Copyright 1994-2009 UnitedHealth G	roul		
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Slide notes

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Click the Late Enrollee drop-down menu.

Click the Late Enrollee menu

Slide 45 - Slide 45

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Employer <mark>eS</mark> er	vices®				
Enrollment ID Cards	Claims Billing Reports Ban	king ManageAccess		Help Training	Tutorials
Add Terminate Reinsta	te Change Inquire Electronic Fi	ile			Log Out
Employee Dependent				Scroll Up-U Scr	oll Down-D
Enrollee:	Group: 1131313			Insured	ID: -
Last Name*	DOE				^
First Name*	JOHN	Middle Initial			
Address 1*	123 MAIN ST				
Address 2					
City*	ANYTOWN	Foreign Address	Yes 🔿 No 💿		
State*	MASSACHUSETTS	Zip*	12345 -		
Home Phone		Work Phone			
Gender*	MALE	Address Start Date	MM / DD / CCY	Y	
Late Enrollee*	NEW HIRE	·			
	NEW HIRE EMPLOYED-QUALIFYING EVENT LATE ENROLLEE	Continue			
By using	Agreement C	optact Uc			
This is a Select Enrol the web site and / or the data of	Ilment Option ation. Authorized	Select the option enrollment.	that best describe	es the employee	ə's
Privacy Policy SAS 70 Report	Copyright 1994-2009 UnitedHealth Grou				
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Select the option that best describes the employee's enrollment.

Select Enrollment Option

Slide 46 - Slide 46

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Employer eSer	vices®		
Enrollment ID Cards	Claims Billing Reports Bar	nking ManageAccess	Help Training Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	ate Change Inquire Electronic F	File	Log Out Scroll Up-U Scroll Down-D
Enrollee:	Group: 1131313		Insured ID: -
Last Name*	DOE		<u>^</u>
First Name*	JOHN	Middle Initial	
Address 1*	123 MAIN ST]	
Address 2]	
City*	ANYTOWN	Foreign Address Yes 🔿 No 📀	
State*	MASSACHUSETTS 💌	Zip* 12345 -	
Home Phone	· · · · · · · · · · · · · · · · · · ·	Work Phone	
Gender*	MALE 💌	Addres - Click the Continue but	
Late Enrollee*	NEW HIRE		
	Help	Continue	
By using this web site you agre	ee to our <u>Internet Service Agreement</u>	Constant Un	
This is a private web site conta the web site and / or the data	aining confidential information. Authorized contained on the site may be grounds for p	Verify the information you have a click the Continue button.	entered is correct, then
Privacy Policy SAS 70 Report	Copyright 1994-2009 UnitedHealth Grou	1	
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Slide notes

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

Click the **Continue** button

Slide 47 - Slide 47

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Employer eServices®	
Enrollment ID Cards Claims Billing Reports Banking ManageAccess	Help Training Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic File Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313	Insured ID: -
Rec Policy Number 3131313 Coverage Type* MEDICAL Effective Date* 03/01 Coverage* Group Name Plan Name 0025 0025 PDS 01/01/05 50 CHARACTER 23 CHAR MEDIC RIAL	quired fields /2006
Marilat Name 24 CHARACTER MEDICA NAME	
Termination date	
New Coinsurance COBRA Paid-Date / / Click the Me	mbers Covered menu
Salary Deductible Salary Year	
COBRA Admin Type	
1. Intro 4. Demographics 7. Try It! 1th 2. Group 5. Product Pater than 63 days? Click the Members Covered drop 3. Employee 6. Other Insurance es No Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image:	o-down menu.

Slide notes

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Click the Members Covered drop-down menu.

Click the Members Covered menu

Slide 48 - Slide 48

Employer eServices®					
Enrollment ID Cards Claims Billing Reports Ban	king Mana	geAccess	Help	Training	Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic Fi Employee Dependent	le		Scrol	lUp-U Scm	Log Out oll Down-D
Enrollee: Group: 1131313				Insured	ID: -
Enroll New Product Other Data and Continue Policy Number* 3131313 Coverage Type*	MEDICAL	* Effective Date* 03	Required field)/01/2006	ls	
0026 0026 P0% 01/01/96 59 CHAF	RACTER	23 CHAR MEDIC I	PLAN NAME		
Market Name 24 CHARACTER MEDICA NAME Termination date Positively Enrolled* YES Mbrs Eligibility Status* ACTIVE Mark New Coinsurance COBRA Salary Deductible S COBRA Admin Type	Covered* et Number Paid-Date alary Year	Employee Only Employee Only Employee and Spouse (C Employee and Children Family Spouse and Children Employee and Spous Employee and One Child	Domestic Partn Select Mer Cover	v ner mber(s) red	
1. Intro 4. Demographics 7. Try It! Jth 2. Group 5. Product Pater than 63 days? 3. Employee 6. Other Insurance Paser No Done	Select th your agr impact c	he member or membe reement with UnitedHe on the options you may	rs to be cov ealth Group i / select.	′ered. No may have	te that an

Slide notes

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Select the member or members to be covered. Note that your agreement with UnitedHealth Group may have an impact on the options you may select.

Select Member(s) Covered

Slide 49 - Slide 49

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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: Group: 1131313	Insured ID: -
	<u>^</u>
Policy Number* 3131313 Coverage Type* MEDICAL Effective Coverage* Group Name Plan 0026 0026 P03 01/01/96 59 CHARACTER 23 CH Market Name 24 CHARACTER MEDICA NAME	*Required fields re Date* 03/01/2006 Name IAR MEDIC PLAN NAME
Termination date Positively Enrolled* YES Mbrs Covered* Employee Onl Eligibility Status* ACTIVE Market Number New Coinsurance	
Salary Deductible Click the Eligibility Status menu	<u>'</u>
COBRA Admin Type	
1. Intro 4. Demographics 7. Iry It pith 2. Group 5. Product pater than 63 days? Click the Eligibility S 3. Employee 6. Other Insurance es No Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source Image: Source	∂tatus drop-down menu.

Slide notes

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Click the Eligibility Status drop-down menu.

Click the Eligibility Status menu

Slide 50 - Slide 50

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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: Group: 1131313	Insured ID: -
Enroll New Product Other Data and Continue	-
Require Policy Number 3131313 Coverage Type* MEDICAL Effective Date* 03/01/20	ired fields 006
Coverage* Group Name Plan Name	
0026 0026 POS 01/01/96 59 CHARACTER 23 CHAR MEDIC PLAN N	NAME
Market Name 24 CHARACTER MEDICA NAME	
Termination date	
Positively Enrolled* YES Mbrs Covered* Employee Only	<u>~</u>
Eligibility Status* ACTIVE 🛛 Market Number	
New Coinsurance RETIRED COBRA Paid-Date / / /	
Salary Deductible	
COBRA Admin Type	
1. Intro 4. Demographics 7. Try It alth 2. Group 5. Product Pater than 63 days? Select the appropriate Eligibility St 3. Employee 6. Other Insurance Pater than 63 days? Menu. Note that the default status i Image: Cone Image: Cone Image: Cone Image: Cone Image: Cone	atus from the drop-down is active.

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Text Captions

Select the appropriate Eligibility Status from the drop-down menu. Note that the default status is active.

Select ACTIVE

Slide 51 - Slide 51

Employer eServices®					
Enrollment ID Cards Claims Billing Reports Bankir	ng Mana	ageAccess	Help	Training	Tutorials
Add Terminate Reinstate Change Inquire Electronic File					Log Out
Employee Dependent			Scro	ll Up-U Scr	oll Down-D
Enrollee: Group: 1131313				Insured	ID: -
Courses #		Dian Marca			^
0026 0026 P0S 01/01/96 59 CHARAC	TER	23 CHAR MEDIC PLAN N	AME		
Market Name 24 CHARACTER MEDICA NAME				1	
Termination date					
Positively Enrolled* YES Mbrs Co	overed*	Employee Only		~	
Eligibility Status* ACTIVE 🗸 Market	Number				
New Coinsurance COBRA Pa	aid-Date				
Salary Deductible Sala	ary Year				
COBRA Admin Type		✓			
Does the member you are enrolling, have current health cov months with a break in coverage greater than 63 days? - Ca Pre-Existing Condition* O Yes O No	verage or an only be	had previous health coverage wit e entered on initial enrollment.	hin the	last 24	
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product 3. Employee 6. Other Insurance Image: Complex Struct Image: Complex Struct Image: Complex Struct Image: Complex Struct <td< th=""><th>lf your p depend we'll sel</th><th>oolicy has a pre-existing claus lent's Pre-Existing radio butto lect the No radio button.</th><th>se, se on. In</th><th>lect the this exan</th><th>nple,</th></td<>	lf your p depend we'll sel	oolicy has a pre-existing claus lent's Pre-Existing radio butto lect the No radio button.	se, se on. In	lect the this exan	nple,

Slide notes

Text Captions

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

Slide 52 - Slide 52

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Employer eSer	vices®					
Enrollment ID Cards	Claims Billing Repor	ts Banking Man	ageAccess	Help	Training	Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	ate Change Inquire Ele	ctronic File		Scrol	ll Up-U Scr	Log Out oll Down-D
Enrollee:	Group: 1131	313			Insured	ID: -
Coverage* 0026 0026 POS	01/01/96	Group Name 59 CHARACTER	Plan Name 23 CHAR MEDIC PLAN	NAME		^
Market Name Termination date Positively Enrolled* Eligibility Status* New Coinsurance Salary Deductible COBRA Admin Type Does the member you months with a break in Pre-Existing Con	24 CHARACTER MEDICA N YES ACTIVE are enrolling, have curren n coverage greater than 63 dition* O Yes O No	MAME Mbrs Covered* Market Number COBRA Paid-Date Salary Year Salary Year t health coverage o days? - Can only b	Employee Only	vithin the	Iast 24	() () () () () () () () () () () () () () (
1. Intro 4. Do 2. Group 5 3. Employee 6. Oth 6. Done	emographics 7. Try It 5. Product her Insurance	We have screen	ve now completed all of the i . Click the Accept button to	require) contin	d fields o ue.	n this

Slide notes

Text Captions

We have now completed all of the required fields on this screen. Click the Accept button to continue.

Slide 53 - Slide 53

Employer eSer	vices®					
Enrollment ID Cards	Claims Billing Report	ts Banking Man	ageAccess	Help	Training	Tutorials
<u>Add</u> Terminate Reinsta Employee Dependent	ate Change Inquire Elec	stronic File		Scrol	lUp-U Scr	Log Out oll Down-D
Enrollee:	Group: 1131	313			Insured	ID: -
Coverage*		Group Name	Plan Name			^
0026 0026 POS	01/01/96	59 CHARACTER	23 CHAR MEDIC PLAN	NAME		
Market Name	24 CHARACTER MEDICA N	AME				
Termination date						100
Positively Enrolled*	YES	Mbrs Covered*	Employee Only		~	
Eligibility Status*	ACTIVE	Market Number				
New Coinsurance		COBRA Paid-Date				
Salary Deductible		Salary Year				=
COBRA Admin Type			×			
Does the member you months with a break in	are enrolling, have curren n coverage greater than 63	t health coverage or days? - Can only ا	had previous health coverage w	ithin the	last 24	
Pre-Existing Con	dition* 🔾 Yes 💿 No	L.				
1. Intro (4. De	emographics 7. Try It!	Accept				
2. Group 5	5. Product					
3. Employee 6. Otl	herInsurance					×
E Done				8	Internet	

Slide notes

Text Captions

Click ACCEPT

Slide 54 - Slide 54

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Emplo	yer <mark>e</mark> Serv	vices®										
<u>Enrollment</u>	ID Cards	Claims Billin	g Reports	5 Banking	Mana	geAccess			Help	Training	Tutori	als
<u>Add</u> Termir Employee I	iate Reinstat Dependent	te Change Ind	quire Elect	ronic File					Scro	ll Up-U Scr	Log Ou oll Down	ut n-D
Enrollee:		Gro	up: 11313	13						Insured	ID: -	
Emplo Inform Step 4	ree ation Ento	Demographic Information er product info	prmation a	roduct nformation nd Continu	e.	Other Insurance						< []
Product					Effe	ctive Date	Termina	ation Date				
Enroll Remove Copy Policy Number Coverage Click the Enroll button Group Name												
1. Intro 2. Grou 3. Employ Cone	9 4. De p 5. vee (6. Oth	mographics (Product) er Insurance)	7. Try It!		ow tha ormat	t you have er ion tab displi	ntered (ays. To	enrollee begin, (data, click tł	the Prod ne Enroll	uct button.	

Slide notes

Text Captions

Now that you have entered enrollee data, the Product Information tab displays. To begin, click the Enroll button.

Click the Enroll button

Slide 55 - Slide 55

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Employer eServices®			
Enrollment ID Cards Claims Billing Reports Ban	king ManageAccess	Help T	raining Tutorials
Add Terminate Reinstate Change Inquire Electronic Fi	le		Log Out
Employee Dependent		Scroll (Up-U Scroll Down-D
Enrollee: Group: 1131313			Insured ID: -
			^
Policy Number* Coverage Coverage Click Policy Number menu Market Name Termination date Positively Enrolled* NO Eligibility Status* New Coinsurance	Effectiv	*Required fields re Date* 03/01/2006	
Salary Deductible	Salary Year		_
COBRA Admin Type	1 1		
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product 3. Employee 6. Other Insurance Service Agreement Employee	Next, click the Policy	/ Number drop-down m	ienu.

Slide notes

Text Captions

Next, click the Policy Number drop-down menu.

Click Policy Number menu

Slide 56 - Slide 56

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Employer eServices®			
Enrollment ID Cards Claims Billing Reports Ban	king ManageAccess	Help T	raining Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic Fi Employee Dependent	le	Scroll	Log Out Up-U Scroll Down-D
Enrollee: Group: 1131313			Insured ID: -
Enroll New Product Enter Policy and Continue		*Deening fields	
Policy Number* 3131313 👻 Coverage Type* [2111456	Effective	e Date* 03/01/2006	
Coverage* 3131313 Group	Name Plan	Name	
Market Name Select Policy Number	er		≣
Termination date			
Positively Enrolled* NO	Mbrs Covered*]
Eligibility Status*	Market Number]
New Coinsurance	COBRA Paid-Date]
Salary Deductible	Salary Year]
COBRA Admin Type			
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product 3. Employee 6. Other Insurance Service Agreement Image: Service Agreement 1	If there are multiple p correct one.	olicy numbers, be sure	e to select the

Slide notes

Text Captions

If there are multiple policy numbers, be sure to select the correct one.

Select Policy Number

Slide 57 - Slide 57

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Employer eServices®			
Enrollment ID Cards Claims Billing Reports Ba	nking ManageAccess	Help Ti	raining Tutorials
Add Terminate Reinstate Change Inquire Electronic	File		Log Out
Employee Dependent		Scroll U	p-U Scroll Down-D
Enrollee: Group: 1131313			Insured ID: -
			<u>^</u>
Policy Number*	Effectiv p Name Plar	* <i>Required fields</i> re Date* 03/01/2006	
Market Name			
Termination date			
Positively Enrolled* NO	Mbrs Covered*		
Eligibility Status*	Market Number		
New Coinsurance	COBRA Paid-Date		
Salary Deductible	Salary Year		_
COBRA Admin Type			
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product 3. Employee 6. Other Insurance Service Agreement	Click the Continue b	utton.	

Slide notes

Text Captions

Click the Continue button.

Slide 58 - Slide 58

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Employer eServices®	
Enrollment ID Cards Claims Billing Reports Banking Manag	geAccess Help Training Tutorials
Add Terminate Reinstate Change Inquire Electronic File	Log Out
Employee Dependent	Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313	Insured ID: -
	·
Policy Number*	* <i>Required fields</i> Effective Date* 03/01/2006 Plan Name
Market Name	
Termination date	
Positively Enrolled* NO Mbr	rs Covered*
Eligibility Status* Mar	rket Number
New Coinsurance COBR	A Paid-Date
Salary Deductible Click the Continue button	Salary Year
COBRA Admin Type	
1. Intro 4. Demographics 7. Try It!	ntinue
2. Group 5. Product	
3. Employee 6. Other Insurance Service Agreement Contact Us	
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Slide notes

Text Captions

Click the **Continue** button

Slide 59 - Slide 59

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Employer eServices®		
Enrollment ID Cards Claims Billing Reports Bar	nking ManageAccess	Help Training Tutorials
Add Terminate Reinstate Change Inquire Electronic F	File	Log Out
Employee Dependent		Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313		Insured ID: -
Enroll New Product Enter Coverage Type, Effe	ctive Date and Continue	<u>^</u>
		*Required fields
Policy Number* 3131313 Coverage Type*	Eff	ective Date* 03 / 01 / 2006
Coverage* Group	<u>p Name Plan I</u> Click t	he Coverage Type menu
Market Name		
Positively Enrolled* NO	Mbrs Covered*	
Eligibility Status*	Market Number	
New Coinsurance	COBRA Paid-Date	
Salary Deductible	Salary Year	
COBRA Admin Type		
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product 3. Employee 6. Other Insurance Service Agreement	Now you're ready to select th medical, dental or pharmacy. Coverage Type drop-down m	e Coverage Type, such as . To do this, click the nenu.

Slide notes

Text Captions

Click the **Coverage Type** menu

Now you're ready to select the Coverage Type, such as medical, dental or pharmacy. To do this, click the Coverage Type drop-down menu.

Slide 60 - Slide 60

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Employer eServices®		
Enrollment ID Cards Claims Billing Repor	rts Banking ManageAccess	Help Training Tutorials
Add Terminate Reinstate Change Inquire Ele	ectronic File	Log Out
Employee Dependent		Scroll Up-U Scroll Down-D
Enrollee: Group: 1131	1313	Insured ID: -
· · · · · · · · · · · · · · · · · · ·		<u>^</u>
Enroll New Product Enter Coverage Type* Policy Number* 3131313 Coverage*	DENTAL MEDICAL MEDICAL SUPPLEMENTAL PLAN (MC) MEDICAL SUPPLEMENTAL PLAN (MC) MEDIC MEDIC Select Coverage Type MEDCO VISION Market Number COBRA Paid-Date	*Required fields Effective Date* 03 / 01 / 2006 e
Salary Deductible	Salary Year	
COBRA Admin Type		
1. Intro 4. Demographics 7. Try It 2. Group 5. Product 3. Employee 6. Other Insurance <	The Coverage Type drop desired Coverage Type.	o-down menu appears. Select the

Slide notes

Text Captions

The Coverage Type drop-down menu appears. Select the desired Coverage Type.

Select Coverage Type

Slide 61 - Slide 61

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Employer eServices®		
Enrollment ID Cards Claims Billing Reports Bai	nking ManageAccess	Help Training Tutorials
Add Terminate Reinstate Change Inquire Electronic I	File	Log Out
Employee Dependent		Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313		Insured ID: -
		<u>^</u>
Enroll New Product Enter Coverage Type, Effe	ective Date and Continue	
		*Required fields
Policy Number* 3131313 Coverage Type* MEDIC	AL	Effective Date* 03 / 01 / 2006
Coverage* Grou	p Name Plan Na	ime
Market Name		
Termination date		
Positively Enrolled* NO	Mbrs Covered*	
Eligibility Status*	Market Number	
New Coinsurance	COBRA Paid-Date	
Salary Deductible	Salary Year	
COBRA Admin Type		
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product 3. Employee 6. Other Insurance Service Agreement	Verify the Effective Dat	e, then click the Continue button.

Slide notes

Text Captions

Verify the Effective Date, then click the Continue button.

Slide 62 - Slide 62

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Employer eServices®		
Enrollment ID Cards Claims Billing Reports	Banking ManageAccess	Help Training Tutorials
Add Terminate Reinstate Change Inquire Elect	ronic File	Log Out
Employee Dependent		Scroll Up-U Scroll Down-D
Enrollee: Group: 11313	13	Insured ID: -
Fauell Man Durchart Fater Comment	The stine Data and Continue	<u>^</u>
Policy Number* 3131313 Coverage Type*	EDICAL	* <i>Required fields</i> Effective Date* 03 / 01 / 2006
Coverage*	Group Name Plan Name	e
Market Name		=
Termination date		
Positively Enrolled* NO	Mbrs Covered*	
Eligibility Status*	Market Number	
New Coinsurance	COBRA Paid-Date	
Salary Deductible Click	the Continue button rear	
COBRA Admin Type		
1. Intro 4. Demographics 7. Try It!	Cancel Continue	
2. Group 5. Product	_	
3. Employee 6. Other Insurance Service Agreeme	nt Contact Us	×
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Slide notes

Text Captions

Click the **Continue** button

Slide 63 - Slide 63

Employer eService	es®			
Enrollment ID Cards Cla	ims Billing Reports Ba	nking ManageAccess	Help T	raining Tutorials
<u>Add</u> Terminate Reinstate (Employee Dependent	Change Inquire Electronic	File	Scroll (Log Out Up-U Scroll Down-D
Enrollee:	Group: 1131313			Insured ID: -
Enroll New Product E	Enter Coverage Type, Effo	ective Date and Continue	**********	
Policy Number* 3131313	Coverage Type* MEDIC	CAL	Effective Date* 03	/ 01 / 2006
Coverage*	Grou	ıp Name Plar	n Name	
Market Name				
Positively Eprolled*	NO	Mbrs Covered*		age menu
Eligibility Status*		Market Number		
New Coinsurance		COBRA Paid-Date		
Salary Deductible		Salary Year		í
COBRA Admin Type				
1. Intro 4. Demog 2. Group 5. Pro 3. Employee 6. Other In Image: Construction of the second s	raphics 7. Try It! duct surance Service Agreement	Click the Coverage	drop-down menu.	

Slide notes

Text Captions

Click the Coverage drop-down menu.

Click the Coverage menu

Slide 64 - Slide 64

	0001	0004	EPl	01/01/99	23	CHAI	RACTER GROUP NAME	23	CHAR	MEDIC	PLAN	NAME			
	0001	0005	PPOZN	02/01/96	23	CHAI	RACTER GROUP NAME	23	CHAR	MEDIC	PLAN	NAME			
F	0002	0003	HMO	01/01/96	24	CHAI	RACTERS GROUP	23	CHAR	MEDIC	PLAN	NAME			
-	0002	0004	EPO	01/01/96	24	CHAI	RACTERS GROUP	23	CHAR	MEDIC	PLAN	NAME			
	0002	0005	HM1	01/01/00	24	CHAI	RACTERS GROUP	23	CHAR	MEDIC	PLAN	NAME			
Enro	0002	0006	POS	01/01/96	24	CHAI	RACTERS GROUP	23	CHAR	MEDIC	PLAN	NAME	T	aining	Tutorials
	0002	0002	HMO	01/01/96	24	CHAI	RACTERS GROUP	24	CHAR	MEDICI	L PLAN	r			_
<u>Haa</u>	0003	0001	HM6	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME	-		Log Out
Emp	0003	0002	NPP	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME	li u	p-U Sci	roll Down-D
	0003	0003	HM3	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME			
En	0003	0004	POS	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME		Insured	
	0003	0006	IND	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME		mourco	110.
	0003	0007	MIN	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME			
_	0003	0008	TSP	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME			
E	0003	0009	PPO	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME			
	0003	0010	MHS	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME	He		
	0003	0011	MHC	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME	- F		
	0003	0012	PPl	01/01/98	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME			
	0003	0013	TC1	01/01/98	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME			
	0003	0014	TCP	01/01/98	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME			
	0003	0015	HMAN	01/01/98	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME			
	0004	0003	EPl	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME			
	0022	0022	POS	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME	_		
	0026	0026	POS	01/01/96	59	CHAI	RACTER	23	CHAR	MEDIC	PLAN	NAME	 		
		Term	nination	date										_	
	Ρ	ositive	ely Enro	lled* YES 🔽		Se	elect Plan Variat	ion	& Re	eporti	ng Co	ode			
		Eligit	oility Sta	atus*			Market Nu	mbei	r [
		New	Coinsur	ance			COBRA Paid-	Date	•						
		Salar	y Dedu	ctible			Salary	Year	r_[
	С	OBRA	Admin	Туре											
	1. Int	го	4. [)emographics	7. Try It!		The Only								
	2. Gro	oup		5. Product			I ne Coverage	e ar	op-de	own m	enu a	ppea	rs. S	selecti	tne
3	3. Employee 6. Other Insurance appropriate Plan Variation and Reporting Code.														
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C Do	ne														

Slide notes

Text Captions

The Coverage drop-down menu appears. Select the appropriate Plan Variation and Reporting Code.

Select Plan Variation & Reporting Code

Slide 65 - Slide 65

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Employer eServices®				
Enrollment ID Cards Claims Billing Reports Ba	nking ManageAccess	Help	Training Tute	orials
Add Terminate Reinstate Change Inquire Electronic	File		Log	Out
Employee Dependent		Scroll	Up-U Scroll Do	wn-D
Enrollee: Group: 1131313			Insured ID:	-
				^
Enroll New Product Enter Coverage, Positivel	y Enrolled and Continue			
		*Required field:	5	
Policy Number* 3131313 Coverage Type*	MEDICAL Effect	ive Date* 03/01/2006		
Coverage* Grou	p Name – Pl.	an Name		
0026 0026 POS 01/01/96 59 CHA	RACTER 23 0	HAR MEDIC PLAN NAME 🗸		
Market Name 24 CHARACTER MEDICA NA	ME	Coverage Lookup		
Toursisation data		Corciage Lookap		
	Mhua Causua d¥		_	
	Mors Coverea*		_	
Eligibility Status*	Market Number		_	
New Coinsurance	COBRA Paid-Date		_	_
Salary Deductible	Salary Year			
COBRA Admin Type				_
1. Intro 4. Demographics 7. Iry It:	Click the Continue	button.		
3. Employee 6. Other Insurance				
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Done	1			
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Slide notes

Text Captions

Click the Continue button.

Slide 66 - Slide 66

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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: Group: 1131313	Insured ID: -
	<u>^</u>
Policy Number* 3131313 Coverage Type* MEDICAL Effecti	* <i>Required fields</i> ve Date* 03/01/2006
Coverage* Pla	n Name
0026 0026 POS 01/01/96 59 CHARACTER 23 CI	HAR MEDIC PLAN NAME
	Coverage Lookup
Termination date	
Positively Enrolled* YES 🗙 Mbrs Covered*	
Eligibility Status* Market Number	
New Coinsurance COBRA Paid-Date	
Salary Deductible Salary Year	
1. Intro 4. Demographics 7. Try It: Cancel Conti	inue
3. Employee [6. Other Insurance]	
Done	🔒 🎯 Internet

Slide notes

Text Captions

Click Continue

Slide 67 - Slide 67

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Employer eServices®	
Enrollment ID Cards Claims Billing Reports Banking ManageAccess	Help Training Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic File Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313	Insured ID: -
	<u>^</u>
Requi Policy Number 3131313 Coverage Type* MEDICAL Effective Date* 03/01/2 Coverage* Group Name Plan Name	red fields
0026 0026 PDS 01/01/96 S9 CHARACTER 23 CHAR MEDIC PLAN I	NAME
Termination date Positively Enrolled* YES Mbrs Covered* Employee Only	
Eligibility Status* ACTIVE Market Number	
New Coinsurance COBRA Paid-Date / / Click the Mem	bers Covered menu
Salary Deductible Salary Year	
COBRA Admin Type	
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product Click the Members Covered drop-or 3. Employee 6. Other Insurance	down menu.

Slide notes

Text Captions

Click the Members Covered drop-down menu.

Click the Members Covered menu

Slide 68 - Slide 68

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Employer eServices®		
Enrollment ID Cards Claims Billing Reports Ban	nking ManageAccess Help	Training Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic F Employee Dependent	File Scro	Log Out Il Up-U Scroll Down-D
Enrollee: Group: 1131313		Insured ID: -
Family New Decident — Other Data and Castlena		^
Policy Number* 3131313 Coverage Type* Coverage* Group 0026 0026 01/01/96 59 CHA	*Required fiel MEDICAL Effective Date* 03/01/2006 p Name Plan Name RACTER	
Market Name 24 CHARACTER MEDICA NAME]
Termination date		
Positively Enrolled* YES Mbrs	s Covered* Employee Only	*
Eligibility Status* ACTIVE Mark New Coinsurance COBRA Salary Deductible COBRA Admin Type	ket Number A Paid-Date Salary Year Employee and Spouse in Domestic Part Employee and Children Spouse and Children Employee and Spous Employee and One Child	ner mber(s) red
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product 3. Employee 6. Other Insurance Employee 6. Other Insurance	Select the member or members to be co your agreement with UnitedHealth Group impact on the options you may select.	vered. Note that may have an

Slide notes

Text Captions

Select the member or members to be covered. Note that your agreement with UnitedHealth Group may have an impact on the options you may select.

Select Member(s) Covered

Slide 69 - Slide 69

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Employer eServices®	
Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutor	ials
Add Terminate Reinstate Change Inquire Electronic File Log C Employee Dependent Scroll Up-U Scroll Dow	ut n-D
Enrollee: Group: 1131313 Insured ID: -	
Enroll New Product Other Data and Continue *Required fields Policy Number* 3131313 Coverage Type* MEDICAL Effective Date* 03/01/2006	
Coverage* Group Name Plan Name 0026 0026 POS 01/01/96 59 CHARACTER 23 CHAR MEDIC PLAN NAME Market Name 24 CHARACTER MEDICA NAME 24 CHARACTER MEDICA NAME Termination date	Ξ
Salary Deductible COBRA Admin Type 1. Intro 4. Demographics 2. Group 5. Product 3. Employee 6. Other Insurance	٦

Slide notes

Text Captions

Click the Eligibility Status drop-down menu.

Click the Eligibility Status menu

Slide 70 - Slide 70

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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: Group: 1131313	Insured ID: -
	^
Require Policy Number 3131313 Coverage Type* MEDICAL Effective Date* 03/01/20 Coverage* Group Name Plan Name 0026 0026 POS 01/01/96 59 CHARACTER 23 CHAR MEDIC PLAN M Market Name 24 CHARACTER MEDICA NAME Termination date Positively Enrolled* YES Mbrs Covered* Employee Only	red fields 006 NAME
Eligibility Status* ACTIVE Market Number	
New Coinsurance RETIRED COBRA Paid-Date / / /	
Salary Deductible SURVIVIN Select ACTIVE r	
COBRA Admin Type	
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product Select the appropriate Eligibility Status i menu. Note that the default status i 3. Employee 6. Other Insurance menu. Note that the default status i Image: Open eligibility Done Image: Open eligibility Status i	atus from the drop-down s active.

Slide notes

Text Captions

Select the appropriate Eligibility Status from the drop-down menu. Note that the default status is active.

Select **ACTIVE**

Slide 71 - Slide 71

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Employer eServices®		
Enrollment ID Cards Claims Billing Reports Ban	king ManageAccess H	elp Training Tutorials
Add Terminate Reinstate Change Inquire Electronic F	ile	Log Out
Employee Dependent		Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313		Insured ID: -
		^
Policy Number* 3131313 Coverage Type* (*Required MEDICAL Effective Date* 03/01/2006	l fields 6
0026 0026 P05 01/01/96 59 CHAI	NAME PIAN NAME RACTER	
Market Name 24 CHARACTER MEDICA NAME		
Positively Enrolled* YES Mbrs	Covered* Employee Only	×
Eligibility Status*	et Number	
New Coinsurance COBRA	Paid-Date / /	
Salary Deductible	Salary Year	
COBRA Admin Type		
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product 3. Employee 6. Other Insurance Done	We have now completed all of the rec screen. Click the Accept button to co	quired fields on this ontinue.

Slide notes

Text Captions

We have now completed all of the required fields on this screen. Click the Accept button to continue.

Slide 72 - Slide 72

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Employer eServices®	
Enrollment ID Cards Claims Billing Reports Banking ManageAccess	Help Training Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic File Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313	Insured ID: -
	^
* <i>Requir</i> Policy Number* 3131313 Coverage Type* MEDICAL Effective Date* 03/01/20 Coverage* Croup Name Plap Name	red fields 006
0026 0026 POS 01/01/96 59 CHARACTER 23 CHAR MEDIC PLAN N	IAME
Market Name 24 CHARACTER MEDICA NAME Termination date Positively Enrolled* YES Mbrs Covered* Employee Only Eligibility Status* ACTIVE Market Number New Coinsurance COBRA Paid-Date / / /	
Salary Deductible Salary Year	-
COBRA Admin Type	
Click the Acce	pt button
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Slide notes

Text Captions

Click the Accept button
Slide 73 - Slide 73

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Employer eServices®	
Enrollment ID Cards Claims Billing Reports Banking ManageAccess	Help Training Tutorials
<u>Add</u> Terminate Reinstate Change Inquire Electronic File Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313	Insured ID: -
	^
Employee Demographic Product Other Information Information Insurance	
Step 4 Enter product information and Continue. Product Effective Date Termination Date	e
*MEDICAL 03/01/2006	
Enroll Copy Remove Modify Coverage Line Assign Primary Provid	der
Policy Number 3131313	
Coverage 0026 0026 POS 01/01/1996 -	
Group Name 59 CHARACTER GROUP NAME	
1. Intro 4. Demographics 7. Try It! 2. Group 5. Product Click the Enroll button to add addition of the enroll button to addition of the enr	onal products, such as

Slide notes

Text Captions

Click the Enroll button to add additional products, such as dental or vision.

Slide 74 - Slide 74

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Employer eServ	ices®						
Enrollment ID Cards (laims Billing Repo	rts Banking	ManageAc	tess	Help	Training	Tutorials
Add Terminate Reinstate	Change Inquire Ele	ctronic File					Log Out
Employee Dependent					Scrol	lUp-U Scr	oll Down-D
Enrollee:	Group: 113	1313				Insured	ID: -
					-		^
Employee Information	Demographic Information	Product Information	Othe Insu	er Irance			
Sten 4 Enter	r product information	and Continue					
		und continue					
Product			Effective D)ate Termir	nation Date		
*MEDICAL			03/01/20	106			
							_
Enroll	py Remove	Modify Coverage	e Line	Assign Prir	mary Provider	1	
Policy Number	3131313					-	
Coverage 0	1026 0026 POS 01/01/11	996 -		_			
<u></u>							
Group Name [5	59 CHARACTER		. GROUP NAI	ME			
2. Group 5. F	Product	Yor	u may also	use the Copy	y button to add	products	. This
3. Employee 6. Other	r Insurance ER MEDICA	NAME me	ethod lets y	ou copy infor	mation from on	e product	t into
<		the	e pages for	another prod	luct, saving dat	a entry tir	ne.
ど Done							

Slide notes

Text Captions

You may also use the Copy button to add products. This method lets you copy information from one product into the pages for another product, saving data entry time.

Slide 75 - Slide 75

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Employer eServices®						
Enrollment ID Cards Claims	Billing Reports Ba	nking Manag	eAccess	Help	Training	Tutorials
<u>Add</u> Terminate Reinstate Chang Employee Dependent	e Inquire Electronic	File		Scrol	lUp-U Scm	Log Out oll Down-D
Enrollee:	Group: 1131313				Insured	ID: -
Employee Demog Information Inform Step 4 Enter produ	raphic ation Inform	ct mation ontinue.	Other Insurance			
Product *MEDICAL		Effect 03/0	ive Date Terr 1/2006	nination Date		
Enroll Copy F Policy Number 3131313 Coverage 0026 002 Group Name 59 CHAR	emove Modify 6 POS 01/01/1996 - ACTER	Coverage Line	Assign P P NAME	rimary Provider		
1. Intro 4. Demographi 2. Group 5. Product 3. Employee 6. Other Insuran 6. Done	CE ER MEDICA NAME	To delete click the l	e a product, high Remove button.	light the appropri	ate item	and

Slide notes

Text Captions

To delete a product, highlight the appropriate item and click the Remove button.

Slide 76 - Slide 76

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Employer eServic	es®						
<u>Enrollment</u> ID Cards Cla	ims Billing Repo	orts Banking	ManageAccess		Help Tr	aining	Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	Change Inquire El	ectronic File			Scroll Up	p-U Scm	Log Out oll Down-D
Enrollee:	Group: 113	31313			1	Insured	ID: -
Employee I Information I Step 4 Enter p	Demographic nformation I roduct informatio	Product Information n and Continu	Other Insuranc e.	e			
Product *MEDICAL			Effective Date 03/01/2006	Termination Da	te		
Enroll Copy Policy Number 313 Coverage 002 Group Name 59	Remove	Modify Coverad	ge Line	Assign Primary Prov	ider		
1. Intro 4. Demog 2. Group 5. Pro 3. Employee 6. Other In 6. Done	raphics 7. Try I duct Isurance ER MEDIC/	ttime Si A NAME Pi SC	ome products r P). In these ca rovider button, s reen before yo	equire you to ass ises, you must cli search for a provi u submit the enro	ign a Prim ck the Ass der, and ro Ilment.	nary Pri sign Pri eturn to	ovider mary his

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 77 - Slide 77

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Employer <mark>e</mark> Servi	ces®						
Enrollment ID Cards C	laims Billing Repo	orts Banking	ManageAccess	;	Help	Training	Tutorials
<u>Add</u> Terminate Reinstate Employee Dependent	Change Inquire El	ectronic File			Scrol	lUp-U Scr	Log Out oll Down-D
Enrollee:	Group: 113	1313				Insured	ID: -
Employee Information Step 4 Enter	Demographic Information	Product Information n and Continue	Other Insuranc	ce			
Product			Effective Date	Terminatio	n Date		
*MEDICAL			03/01/2006				
Enroll Co Policy Number 3 <u>Coverage</u> 0 Group Name 2	Py Remove 131313 1002 0001 EPO 01/01/1 24 EXEC MEDICAL GRP	Modify Coverag 996 - NAME	e Line	Assign Primary	Provider		
1. Intro 4. Dem 2. Group 5. P 3. Employee 6. Other Employee 6. Done	ographics 7. Try I roduct Ensurance EDICAL	ttVe clio	rify the inform: ck the Continu	ation you have e button.	e entered is	correct, t	then

Slide notes

Text Captions

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

Slide 78 - Slide 78

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Employer eServices®			
Enrollment ID Cards Claims Billing Reports Banking ManageAccess	Help	Training	Tutorials
Add Terminate Reinstate Change Inquire Electronic File			Log Out
Employee Dependent	Scro	oll Up-U Sci	oll Down-D
Enrollee: Group: 1131313		Insured	ID: -
FIGH MOTHE HU CHARACTER PLAN NAME			~
Market Name MS - EXEC MEDICAL			
Positively Enrolled YES Members Covered Employee Only			
Eligibility Status ACTIVE Market Number			
New Coinsurance			
Salary Deductible Salary Year			
COBRA Admin Type			
Physician Effective Date / / /			
Help			
By using this web site you agree to our <u>Internet Service Agreement</u> Click the Continue button			
1. Intro 4. Demographics 7. Try It: ized site asers should use this monimation for basiness purp	oses only.	. Any unautho	rized use of
3. Employee 6. Other Insurance 2009 United Health Group Inc. All Rights Reserved			~
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Slide notes

Text Captions

Click the **Continue** button

Slide 79 - Slide 79

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Employer eServ	ices®					
Enrollment ID Cards	Claims Billing Rep	orts Banking M	anageAccess	Help Training Tutorials		
Add Terminate Reinstati	e Change Inquire E	lectronic File		Log Out		
Employee Dependent				Scroll Up-U Scroll Down-D		
Enrollee:	Group: 11	31313		Insured ID: -		
Employee Information	Demographic Information	Product Information	Other Insurance			
Information Information Insurance Step 5 Enter other insurance information and Submit. Insurance On the day this coverage begins, will the enrollee be covered under any other medical plan or policy, including another UnitedHealthcare plan? Other Insurance UNKNOWN Other Health (Non-Medicare) Information: Effective Date Expiration Date If the dependent is covered, please select one of the following custody types: Type A: Dependent is covered under both employee's insurance plan and employee's spouse's insurance plan (married)						
dependent's medi Type C: Depende insurance plan, w	cal expenses nt is covered by anothe ho is required to pay fo	er individu Now r this dep Othe of thi emp	that you have entere r Insurance tab disp is tab are greyed out loyee.	ed product information data, the lays. Note that the fields at the top t and inaccessible when enrolling an		

Slide notes

Text Captions

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

Slide 80 - Slide 80

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Employer eServices®		
Enrollment ID Cards Claims Billing Reports Ban	king ManageAccess	Help Training Tutorials
Add Terminate Reinstate Change Inquire Electronic F	ile	Log Out
Employee Dependent		Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313		Insured ID: -
on the day this coverage begins, will the enrollee including another UnitedHealthcare plan? Other Insurance UNKNOWN	ve covereu unuer any ocher menica	r pran or poncy,
Other Health (Non-Medicare) Information: Effective Date Expiration Date		
If the dependent is covered, please select one of t Type A: Dependent is covered under both employe plan (married)	he following custody types: e's insurance plan and employee's spou:	se's insurance
Type B: Employee is awarded custody of this dependent's medical expenses	ndent, and no other individual is required	d to pay for this
Type C: Dependent is covered by another individua insurance plan, who is required to pay for this depe	al's (not a member of the employee's ho endent's medical expenses	usehold)
On the day this coverage begins, will the enrollee	be covered under Medicare?	
O Unknown O No O Yes		
Medicare Part A: Select the No button	Select the radio button that bes Medicare Status. This is the o	st describes the employee's only required entry on this
<	page.	
🛃 Done		
Slide notes		

Text Captions

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

Select the No button

Slide 81 - Slide 81

Employer eServices®	
Enrollment ID Cards Claims Billing Reports Banking ManageAccess	Help Training Tutorials
Add Terminate Reinstate Change Inquire Electronic File Employee Dependent	Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313	Insured ID: -
On the day this coverage begins, will the enrollee be covered under Medicare? O Unknown O No O Yes	<u> </u>
O Enrolled in Medicare Part A Effective Date / / Expiration Date Ineligible for Medicare Part A Not Enrolled in Medicare Part A Medicare Part B:	
O Enrolled in Medicare Part B Effective Date / / / Expiration Date / O Ineligible for Medicare Part B O Not Enrolled in Medicare Part B	
Medicare Part D: Effective Date Construction Date O Enrolled in Medicare Part D If you answer yes to this question appropriate supporting Medicare	, you will need to provide information.
Cone	

Slide notes

Text Captions

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

Slide 82 - Slide 82

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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	Log Out Scroll Up-U Scroll Down-D
Enrollee: Group: 1131313		Insured ID: -
Inelicate Part D. Enrolled in Medicare Part B Ineligible for Medicare Part B Not Enrolled in Medicare Part B Medicare Part D: Enrolled in Medicare Part D Effective Date Ineligible for Medicare Part D Enrolled in Medicare Part D Enrolled in Medicare Part D Ineligible for Medicare Part D Ineligible for Medicare Part D Not Enrolled in Medicare Part D	/ / Expiration Date /	
Medicare Eligibility	×	
HIC Number		
Carrier 1 Carrier 2 Carrier 3		
Help	Click the Submit button to finalize th enrollment.	ie employee's

Slide notes

Text Captions

Click the Submit button to finalize the employee's enrollment.

Slide 83 - Slide 83

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Employer eServices®			
Enrollment ID Cards Claims Billing Reports Banking ManageAccess	Help	Training	Tutorials
Add Terminate Reinstate Change Inquire Electronic File Employee Dependent	Scro	ll Up-U Scr	Log Out oll Down-D
Enrollee: Group: 1131313		Insured	ID: -
Inclusion Part D. Enrolled in Medicare Part B Ineligible for Medicare Part B Not Enrolled in Medicare Part B Medicare Part D: Enrolled in Medicare Part D Effective Date Ineligible for Medicare Part D Enrolled in Medicare Part D			
O Not Enrolled in Medicare Part D			
Medicare Eligibility HIC Number Carrier 1 Carrier 2 Click the Submit button			
Help Submit			~
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Slide notes

Text Captions

Click the Submit button

Slide 84 - Slide 84

Employer eServ	vices®					
Enrollment ID Cards	Claims Billing Re	ports Banking Man	ageAccess	Help	Training	Tutorials
Add Terminate Reinstat	e Change Inquire	Electronic File		Scro	ll Up-U Scr	Log Out oll Down-D
Enrollee: JOHN DOE		Group: 1131313	I	Insured ID: 12345678	981-00	
	1	-	7			^
Demographic Information	Product Information	Other Insurance				
Transaction Success Origin	ful. al Effective 03/01/2	006	Termination	[
L	asc opdated 103/27/2	000	SSN	1		
Dat I	e of Birth * 04/21/19 Last Name* DOE First Name* JOHN Address 1* 123 MAIN Address 2	An inq	Relationship uiry-only scree ssful" messagi	EMPLOYEE n will display a "Trar e.	nsaction	
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Slide notes

Text Captions

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

Slide 85 - Slide 85



Text Captions

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

Congratulations!

You have completed the Add Employee tutorial.

Slide 86 - Slide 86



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 Employee tutorial.

Slide 87 - Slide 87



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 Employee tutorial.