

Slide 1 - Slide 1

Employer eServices®

Welcome to the Add Employee tutorial

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

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

Slide notes

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

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

Slide 2 - Slide 2

Employer eServices®

Welcome to the Add Employee tutorial

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

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

Slide notes

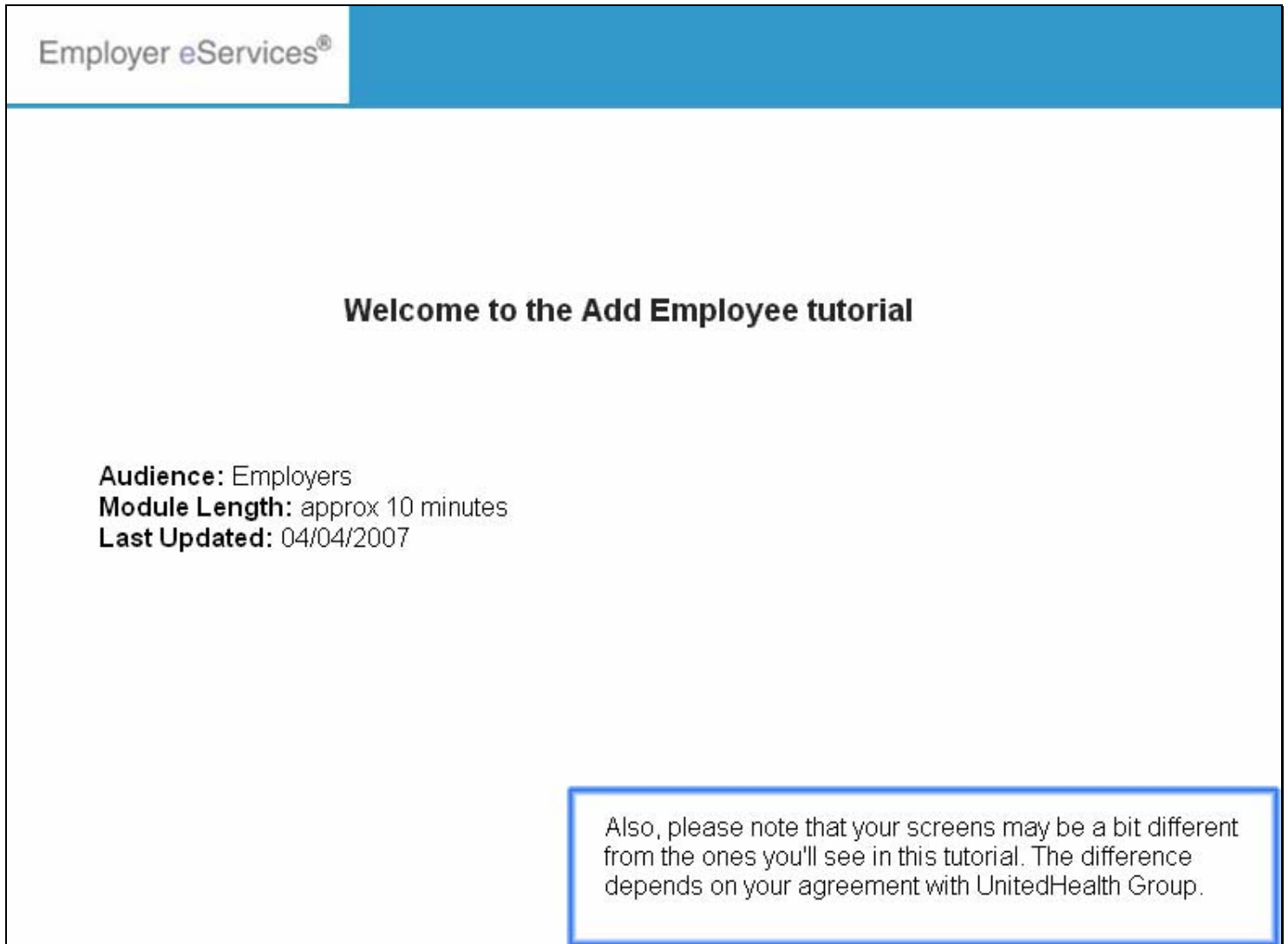
Text Captions

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

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

Slide 3 - Slide 3

The slide features a blue header bar with the text "Employer eServices®" in white. Below the header, the main content area is white. In the center, the text "Welcome to the Add Employee tutorial" is displayed in a bold, black font. To the left, there are three lines of text: "Audience: Employers", "Module Length: approx 10 minutes", and "Last Updated: 04/04/2007". In the bottom right corner, a blue-bordered box contains the text: "Also, please note that your screens may be a bit different from the ones you'll see in this tutorial. The difference depends on your agreement with UnitedHealth Group."

Slide notes

Text Captions

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.

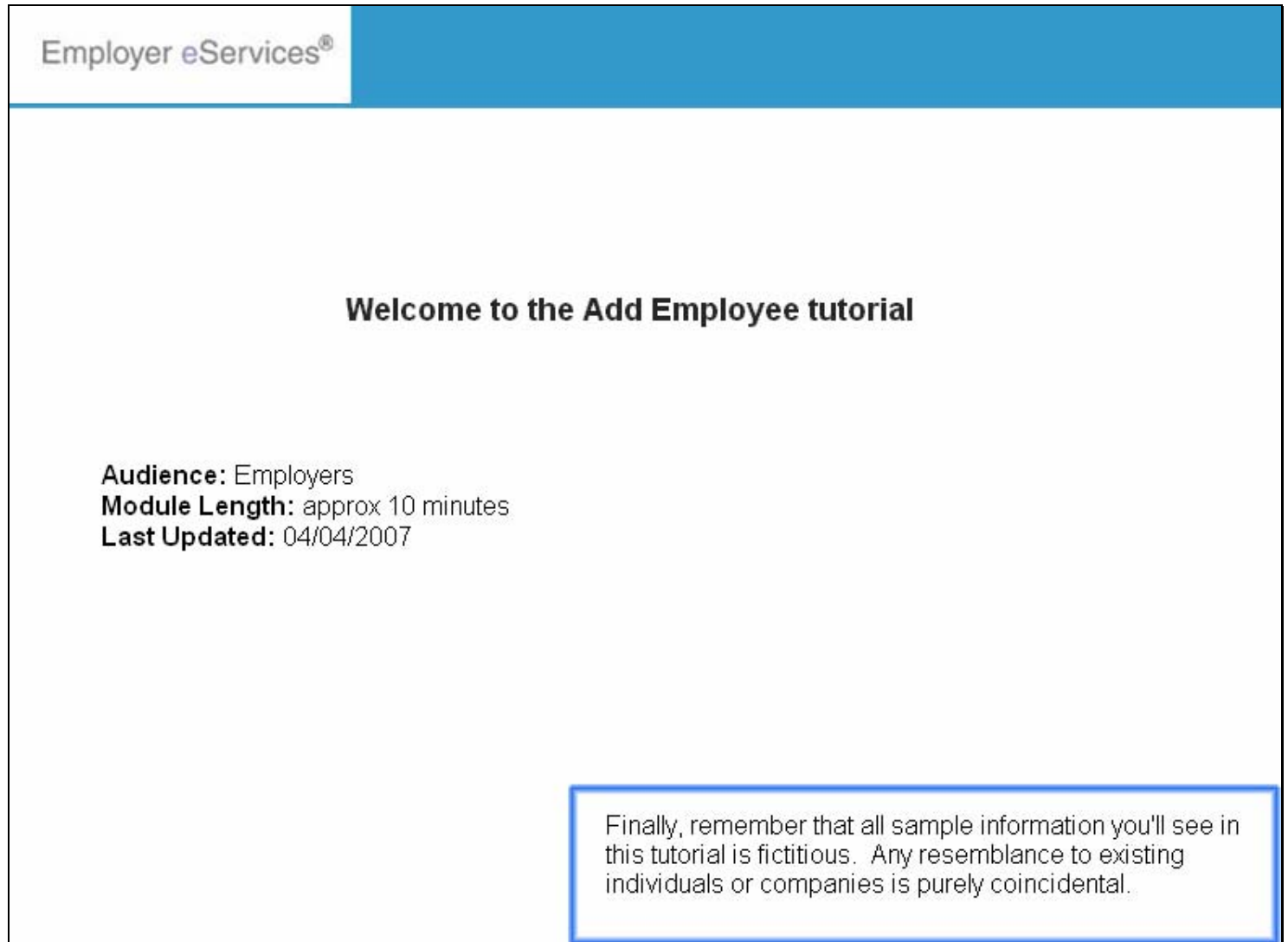
Welcome to the Add Employee tutorial

Audience: Employers

Module Length: approx 10 minutes

Last Updated: 04/04/2007

Slide 4 - Slide 4

The slide features a blue header bar with the text 'Employer eServices®' in white. Below the header, the main content area is white. Centered in this area is the text 'Welcome to the Add Employee tutorial'. To the left, there are three lines of text: 'Audience: Employers', 'Module Length: approx 10 minutes', and 'Last Updated: 04/04/2007'. In the bottom right corner, there is a blue-bordered box containing the text: 'Finally, remember that all sample information you'll see in this tutorial is fictitious. Any resemblance to existing individuals or companies is purely coincidental.'

Slide notes

Text Captions

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

Audience: Employers

Module Length: approx 10 minutes

Last Updated: 04/04/2007

Slide 5 - Slide 5

Employer eServices®

Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials Log Out

Select the **Enrollment** option

Welcome B,

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 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](#)

| | | |
|--|---|--|
| <p>Resources Click here to access: Administrative Guides Brochures & Forms Communication Resource Center Contact Information Help myuhc.com Other Resources Oxford Health Web Site SAS 70</p> | <p>Network Information Click here to access: Network Changes Network Fact Sheets Network Maps Physician Directory - UHC UnitedHealth Premium Designation Program</p> | <p>Programs & Services Click here to access: Behavioral Health Care24 Complementary Medicine Definity HRA Healthy Pregnancy Program iPlan® Health Savings Account</p> |
|--|---|--|

To begin, select the Enrollment menu option.

Slide notes

Text Captions

To begin, select the Enrollment menu option.

Select the **Enrollment** option

Slide 6 - Slide 6

Slide notes

Text Captions

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

Select the **Add** option

Slide 7 - Slide 7

The screenshot shows the Employer eServices website interface. At the top left is the logo "Employer eServices®". Below it is a blue navigation bar with the following menu items: "Enrollment", "ID Cards", "Claims", "Billing", "Reports", "Banking", "ManageAccess", "Help", "Training", and "Tutorials". Underneath this bar is a secondary menu with "Add", "Terminate", "Reinstate", "Change", "Inquire", and "Electronic File". On the right side of this secondary menu is a "Log Out" button. Below the secondary menu, the "Employee" option is highlighted with a red box, and a blue callout box with a pointer says "Click the Employee option". Below the navigation is a main content area with a "Welcome" message, a paragraph of text, and a "Hot Topics!" section with several links. At the bottom of the page, there are three columns of "Resources", "Network Information", and "Programs & Services", each with a list of links. A blue callout box at the bottom right of the screenshot says "Click the Employee menu option." The browser's address bar at the bottom shows "Opening page https://custtest.employereservices.com/eCommand?".

Slide notes

Text Captions

Click the Employee menu option.

Click the **Employee** option

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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](#)

Select Group

Select a Group and Continue.

Select Group

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

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Done

The Select Group screen displays.

Slide notes

Text Captions

The Select Group screen displays.

Slide 9 - Slide 9

The screenshot shows the Employer eServices website interface. At the top, there is a navigation bar with links for Enrollment, ID Cards, Claims, Billing, Reports, Banking, ManageAccess, Help, Training, and Tutorials. Below this is a secondary navigation bar with links for Add, Terminate, Reinstatement, Change, Inquire, and Electronic File, along with a Log Out button. The main content area is titled 'Select Group' and contains the instruction 'Select a Group and Continue.' A dropdown menu is highlighted with a red border, showing the selected option 'LINK TEST CUSTOMER 1 1131313'. A blue callout box points to the dropdown menu with the text 'Click the Select Group menu'. Below the dropdown menu are 'Help' and 'Continue' buttons. At the bottom of the page, there is a footer with a 'Done' button and a blue callout box containing the text 'Click the Select Group drop-down menu.'

Slide notes

Text Captions

Click the Select Group drop-down menu.

Click the **Select Group** menu

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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](#)

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 7654321
- ZZZ MATRESS CO 1 3456789

Select Group Name

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Done

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

Slide notes

Text Captions

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

Select Group Name

Slide 11 - Slide 11

Employer eServices®

Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstatement 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 **Continue** button

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

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

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: -

Add Employee

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

Original Effective Date* MM / DD / CCYY

Enrolling in COBRA?* Yes No

COBRA Admin Type (Only needed if enrolling in COBRA)

Help Continue

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

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

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: -

Add Employee

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

Original Effective Date* / /

Enrolling in COBRA?* Yes No

COBRA Admin Type
(Only needed if enrolling in COBRA)

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

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Required fields are marked with an 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 15 - Slide 15

Employer eServices®

Enrollment ID Cards Claims Billing Reports Banking Management Customer Reporting Channel Instructions Tutorials

Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent 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* MM / DD / CCY

Enrolling in COBRA?* Yes No

COBRA Admin Type Enter Original Effective Date

Help Continue

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

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Employer eServices®

[Enrollment](#) [ID Cards](#) [Claims](#) [Billing](#) [Reports](#) [Ban/Help](#) [Manage & Access](#) [Consumer Reporting](#) [Channel Instructions](#) [Tutorials](#)

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

[Employee](#) [Dependent](#) [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

COBRA Admin Type (Only needed if enrolling in COBRA)

[Help](#) [Continue](#) [Click the Continue button](#)

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Click the Continue button.

Slide notes

Text Captions

Click the **Continue** button

Click the Continue button.

Slide 17 - Slide 17

Employer eServices®

Enrollment ID Cards Claims Billing Reports Banking Management Customer Reporting Channel Instructions Tutorials

Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 1131313 Insured ID: -

Employee Information Demographic Information Product Information Other Insurance

Step 2 Enter employee information and Continue.

*Required fields

Original Date of Hire* MM / DD / CCYY Date of Retirement MM / DD / CCYY

Date of Death MM / DD / CCYY

Enter Original Date of Hire

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

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

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](#) [Banking](#) [Management](#) [Customer Reporting](#) [Channel Instructions](#) [Tutorials](#)

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

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

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

Date of Death / /

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](#)

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

Slide notes

Text Captions

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

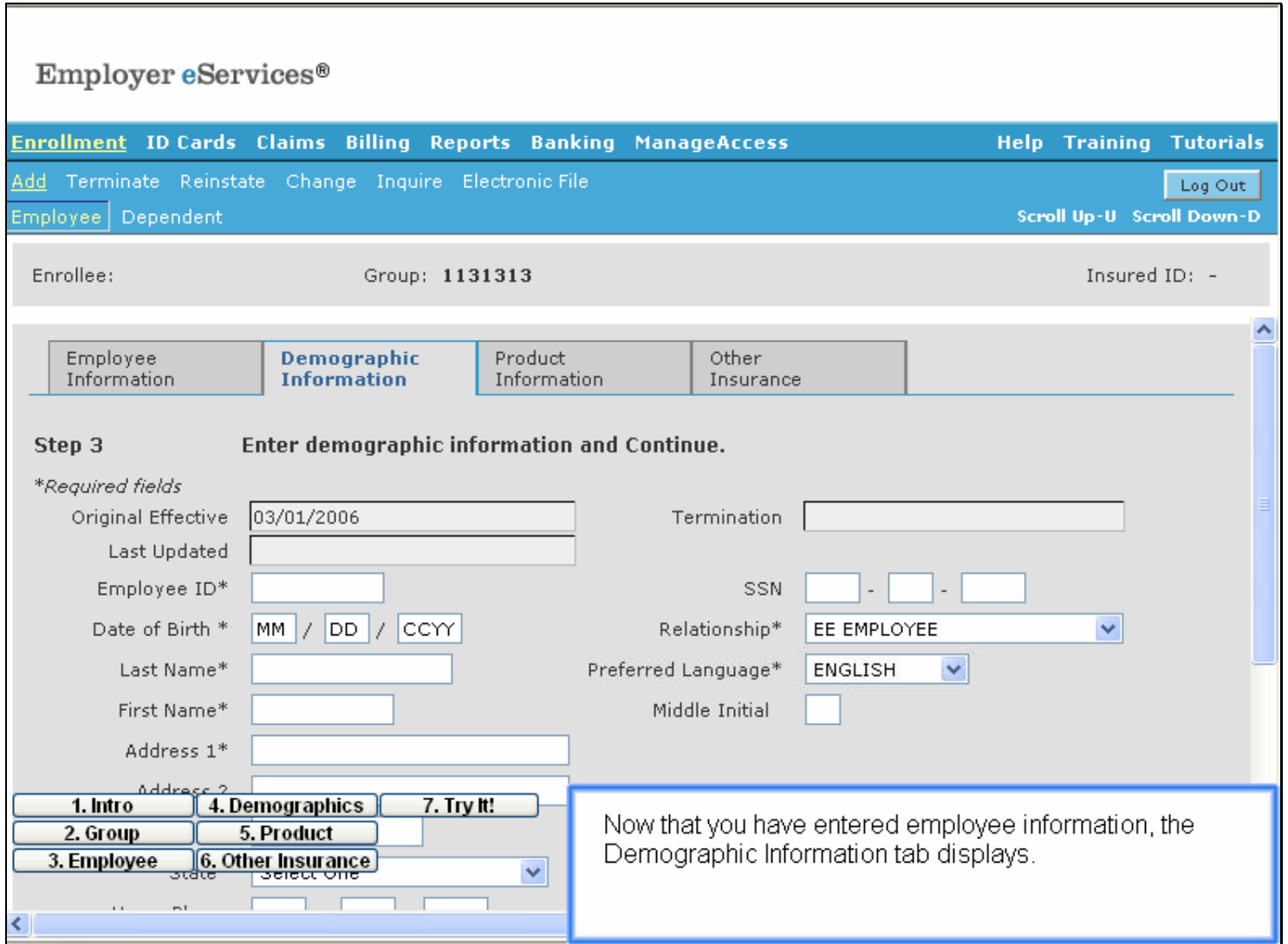
Slide 20 - Slide 20

Slide notes

Text Captions

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

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Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstate Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

Employee Information **Demographic Information** Product Information Other Insurance

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective: 03/01/2006 Termination:

Last Updated:

Employee ID*: SSN: - -

Date of Birth*: MM / DD / CCYY Relationship*: EE EMPLOYEE

Last Name*: Preferred Language*: ENGLISH

First Name*: Middle Initial:

Address 1*:

Address 2:

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

State: Select One

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

Slide notes

Text Captions

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

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

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

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

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

| | | | |
|----------------------|--------------------------------|---------------------|-----------------|
| Employee Information | Demographic Information | Product Information | Other Insurance |
|----------------------|--------------------------------|---------------------|-----------------|

Step 3 **Enter demographic information and Continue.**

***Required fields**

| | | | |
|--------------------|---|---------------------|--|
| Original Effective | <input type="text" value="03/01/2006"/> | Termination | <input type="text"/> |
| Last Updated | <input type="text"/> | SSN | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Employee ID* | <input type="text"/> | Relationship* | <input type="text" value="EE EMPLOYEE"/> |
| Date of Birth * | <input type="text" value="MM"/> / <input type="text" value="DD"/> / <input type="text" value="CCYY"/> | Preferred Language* | <input type="text" value="ENGLISH"/> |
| Last Name* | <input type="text"/> | Middle Initial | <input type="text"/> |
| First Name* | <input type="text"/> | | |
| Address 1* | <input type="text"/> | | |
| Address 2* | <input type="text"/> | | |

| | | |
|-------------|--------------------|------------|
| 1. Intro | 4. Demographics | 7. Try It! |
| 2. Group | 5. Product | |
| 3. Employee | 6. Other Insurance | |

All required fields are marked with an asterisk.

Slide notes

Text Captions

All required fields are marked with an asterisk.

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Employer eServices®

Enrollment ID Cards 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: -

Employee Information **Demographic Information** Product Information Other Insurance

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective 03/01/2006 Termination

Last Updated

Employee ID* SSN - -

Date of Birth * MM DD / CCYY Relationship* EE EMPLOYEE

Last Name* **Enter Employee ID** Preferred Language* ENGLISH

First Name* Middle Initial

Address 1*

Address 2*

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

State Select One

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

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**

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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: -

Employee Information Demographic Information Product Information Other Insurance

Step 3 Enter demographic information and Continue.

*Required fields

Original Effective 03/01/2006 Termination

Last Updated

Employee ID* 123456789 SSN - -

Date of Birth* MM / DD / CCY Relationship* EE EMPLOYEE

Last Name* Preferred Language* ENGLISH

First Name* Middle Initial

Address 1*

Address 2*

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

State Select One

Enter Date of Birth

Enter the employee'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®

Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

Employee Information **Demographic Information** Product Information Other Insurance

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective: 03/01/2006 Termination:

Last Updated:

Employee ID*: 123456789 SSN: - -

Date of Birth*: 04 / 21 / 1967 Relationship*: **EE EMPLOYEE**

Last Name*: Preferred Language*: ENGLISH

First Name*: Middle In:

Address 1*:

Address 2:

State:

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Click the Relationship menu

Click the Relationship drop-down menu.

Slide notes

Text Captions

Click the Relationship drop-down menu.

Click the Relationship menu

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Employer eServices®

Enrollment ID Cards Claims

Add Terminate Reinstate Change Inquire Electronic File

Employee Dependent

Enrollee: Group: **1131313**

Employee Information Demographic Information Product Information Other Insurance

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective: 03/01/2006 Termination

Last Updated

Employee ID*: 123456789 SSN

Date of Birth*: 04 / 21 / 1967 Relationship*: EE EMPLOYEE

Last Name* Preferred Language*: ENGLISH

First Name* Middle Initial

Address 1*

Address 2*

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

State: Select One

Select **EE EMPLOYEE**

Select the Employee option.

Slide notes

Text Captions

Select the Employee option.

Select **EE EMPLOYEE**

Slide 27 - Slide 27

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: -

Employee Information Demographic Information Product Information Other Insurance

Step 3 Enter demographic information and Continue.

*Required fields

Original Effective 03/01/2006 Termination

Last Updated

Employee ID* 123456789 SSN - -

Date of Birth* 04 / 21 / 1967 Relationship* EE EMPLOYEE

Last Name*

First Name*

Address 1*

Address 2*

Preferred Language* ENGLISH

Middle Initial

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

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

Slide notes

Text Captions

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

Slide 28 - Slide 28

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: -

Employee Information **Demographic Information** Product Information Other Insurance

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective 03/01/2006 Termination

Last Updated

Employee ID* 123456789 SSN - -

Date of Birth* 04 / 21 / 1967 Relationship* EE EMPLOYEE

Last Name* First Name*

Address 1* Address 2*

State Select One

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Enter the employee's name.

Slide notes

Text Captions

Enter the employee's name.

Enter Employee Name

Slide 29 - Slide 29

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: -

Last Name* Preferred Language*

First Name* Middle Initial

Address 1*

Address 2

City* Foreign Address Yes No

State* Zip* -

Home Phone - - Work Phone - -

Gender* Start Date MM / DD / CCYY

Enrollment Type*

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Enter the employee's address.

Slide notes

Text Captions

Enter the employee's address.

Enter Address

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Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

Last Name* Preferred Language*
First Name* Middle Initial
Address 1*
Address 2
City* Foreign Address Yes No
State* Zip* -
Home Phone - - Work Phone - -
Gender* Address Start Date / /
Enrollment Type*

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1. Intro **4. Demographics** **7. Try It!**
2. Group **5. Product**
3. Employee **6. Other Insurance**

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Click the Gender drop-down menu.

Slide notes

Text Captions

Click the Gender drop-down menu.

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Employer eServices®

Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstater Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

Last Name* Preferred Language*
 First Name* Middle Initial
 Address 1*
 Address 2
 City* Foreign Address Yes No
 State* Zip* -
 Home Phone - - Work Phone - -
 Gender* Address Start Date / /
 Late Enrollee*
 MALE
 FEMALE

Select Gender

Continue

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1. Intro **4. Demographics** **7. Try It!**
2. Group **5. Product**
3. Employee **6. Other Insurance**

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Select the employee's gender.

Slide notes

Text Captions

Select the employee's gender.

Select Gender

Slide 32 - Slide 32

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

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

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

Last Name* Preferred Language*

First Name* Middle Initial

Address 1*

Address 2

City* Foreign Address Yes No

State* Zip* -

Home Phone - - Work Phone - -

Gender* Address Start Date / /

Enrollment Type*

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[1. Intro](#) [4. Demographics](#) [7. Try It!](#)
[2. Group](#) [5. Product](#) Information. Authorized
[3. Employee](#) [6. Other Insurance](#) site may be grounds for p

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Slide notes

Text Captions

Click the Enrollment Type drop-down menu.

Click the **Enrollment Type** menu

Slide 33 - Slide 33

Slide notes

Text Captions

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

Select the **Open Enrollment** Option

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Employer eServices®

Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

Last Name* Preferred Language*
First Name* Middle Initial
Address 1*
Address 2
City* Foreign Address Yes No
State* Zip* -
Home Phone - - Work Phone - -
Gender* Address
Enrollment Type*

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1. Intro **4. Demographics** **7. Try It!**
2. Group **5. Product**
3. Employee **6. Other Insurance**

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

Slide notes

Text Captions

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

Click the **Continue** button

Slide 35 - Slide 35

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: -

Employee Information Demographic Information Product Information Other Insurance

Step 3 Enter demographic information and Continue.

***Required fields**

Original Effective 03/01/2006 Termination

Last Updated

Employee ID* SSN - -

Date of Birth* MM / DD / CCYY Relationship* EE EMPLOYEE

Last Name*

First Name*

Address 1*

Address 2

City*

State* Select One

Middle Initial

All required fields are marked with an asterisk.

Slide notes

Text Captions

All required fields are marked with an asterisk.

Slide 36 - Slide 36

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: -

Employee Information **Demographic Information** Product Information Other Insurance

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective 03/01/2006 Termination

Last Updated

Employee ID* SSN - -

Date of Birth * MM DD / CCYY Relationship* EE EMPLOYEE

Last Name* **Enter Employee ID** Middle Initial

First Name*

Address 1*

Address 2

City*

State* Select One

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

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 eServices®

Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

Employee Information **Demographic Information** Product Information Other Insurance

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective 03/01/2006 Termination

Last Updated

Employee ID* 123456789 SSN - -

Date of Birth* **MM / DD / CCYY** Relationship* EE EMPLOYEE

Last Name*

First Name* **Enter Date of Birth** Middle Initial

Address 1*

Address 2

City*

State* Select One

Enter the employee's Date of Birth.

Slide notes

Text Captions

Enter the employee's Date of Birth.

Enter **Date of Birth**

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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: -

Employee Information **Demographic Information** Product Information Other Insurance

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective: 03/01/2006 Termination:

Last Updated:

Employee ID*: 123456789 SSN: - -

Date of Birth*: 04 / 21 / 1967 Relationship*: **EE EMPLOYEE**

Last Name*:

First Name*:

Address 1*:

Address 2:

City*:

State*: Select One

Middle In:

Click the **Relationship** menu

Click the Relationship drop-down menu.

Slide notes

Text Captions

Click the Relationship drop-down menu.

Click the **Relationship** menu

Slide 39 - Slide 39

Employer eServices®

Enrollment ID Cards Claims

Add Terminate Reinstate Change Inquire Electronic File

Employee Dependent

Enrollee: Group: **1131313**

Employee Information Demographic Information Product Information Other Insurance

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective: 03/01/2006 Termination:

Last Updated:

Employee ID*: 123456789 SSN:

Date of Birth*: 04 / 21 / 1967 Relationship*: EE EMPLOYEE

Last Name*:

First Name*:

Address 1*:

Address 2:

City*:

State*: Select One

Middle Initial:

CD COLLATERAL DEPENDENT
 CH DEPENDENT CHILD
EE EMPLOYEE
 HC HANDICAPPED CHILD
 ID DEPENDENT
 RR RETIREE
 SC STEPCHILD
 SD SPONSORED DEPENDENT
 SP SPOUSE
 SS SURVIVING SPOUSE
 ST STUDENT
 06 RETIREE
 1M EMPLOYEE MEDICARE
 CC DEPENDENT CHILD
 SR SPONSORED DEPENDENT
 SU STUDENT
 HD HANDICAPPED CHILD
 RE RETIREE
 SO SPOUSE
 SV SURVIVING SPOUSE
 NB NEWBORN
 DP DOMESTIC PARTNER

Select EE EMPLOYEE

Select the Employee option.

Slide notes

Text Captions

Select the Employee option.

Select **EE EMPLOYEE**

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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: -

Employee Information **Demographic Information** Product Information Other Insurance

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective: 03/01/2006 Termination:

Last Updated:

Employee ID*: 123456789 SSN: - -

Date of Birth*: 04 / 21 / 1967 Relationship*: EE EMPLOYEE

Last Name*:

First Name*:

Middle Initial:

Address 1*:

Address:

City*:

State*: Select One

Enter Employee Name

Enter the employee's name.

Slide notes

Text Captions

Enter the employee's name.

Enter Employee Name

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

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

Last Name* Middle Initial

First Name*

Address 1*

Address 2

City* Foreign Address Yes No

State* Zip* -

Home Phone - - Work Phone - -

Gender* Address Start Date / /

Late Enrollee*

[Select Gender](#) [Continue](#)

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Select the employee's gender.

Slide notes

Text Captions

Select the employee's gender.

Select Gender

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

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

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

Last Name* Middle Initial

First Name*

Address 1*

Address 2

City* Foreign Address Yes No

State* Zip* -

Home Phone - - Work Phone - -

Gender* Address Start Date / /

Late Enrollee* Click the **Late Enrollee** menu

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Slide notes

Text Captions

Click the Late Enrollee drop-down menu.

Click the **Late Enrollee** menu

Slide 45 - Slide 45

Slide notes

Text Captions

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

Select Enrollment Option

Slide 46 - Slide 46

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: -

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
Late Enrollee* NEW HIRE

Help Continue

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

Slide notes

Text Captions

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

Click the **Continue** button

Slide 47 - Slide 47

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

Policy Number* 3131313 Coverage Type* MEDICAL Effective Date* 03/01/2006

*Required fields

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

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

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Click the Members Covered menu

Click the Members Covered drop-down menu.

Done

Slide notes

Text Captions

Click the Members Covered drop-down menu.

Click the **Members Covered** menu

Slide 48 - Slide 48

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

Policy Number* 3131313 Coverage Type* MEDICAL Effective Date* 03/01/2006

*Required fields

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

Market Name 24 CHARACTER MEDICA NAME

Termination date

Positively Enrolled* YES Mbrs Covered* Employee Only

Eligibility Status* ACTIVE Market Number Employee and Spouse Domestic Partner

New Coinsurance COBRA Paid-Date Employee and Child Family

Salary Deductible Salary Year Spouse and Children Employee and Spous Employee and One Child

COBRA Admin Type

1. Intro 4. Demographics 7. Try It! alth

2. Group 5. Product ater than 63 days?

3. Employee 6. Other Insurance es No

Done

Select Member(s) Covered

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.

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

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Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstate Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 1131313 Insured ID: -

Enroll New Product Other Data and Continue

Policy Number* 3131313 Coverage Type* MEDICAL Effective Date* 03/01/2006

*Required fields

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

Market Name 24 CHARACTER MEDICA NAME

Termination date

Positively Enrolled* YES Mbrs Covered* Employee Only

Eligibility Status* ACTIVE

New Coinsurance

Salary Deductible

COBRA Admin Type

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Click the Eligibility Status menu

Click the Eligibility Status drop-down menu.

Done

Slide notes

Text Captions

Click the Eligibility Status drop-down menu.

Click the Eligibility Status menu

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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

Policy Number* 3131313 Coverage Type* MEDICAL Effective Date* 03/01/2006

*Required fields

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

Market Name 24 CHARACTER MEDICA NAME

Termination date

Positively Enrolled* YES Mbrs Covered* Employee Only

Eligibility Status* ACTIVE RETIRED SURVIVIN

Market Number

COBRA Paid-Date / /

Salary Deductible

COBRA Admin Type

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Done

Select ACTIVE

Select the appropriate Eligibility Status from the drop-down menu. Note that the default status is 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 51 - Slide 51

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: -

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

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: []

Does the member you are enrolling, have current health coverage or had previous health coverage within the last 24 months with a break in coverage greater than 63 days? - Can only be entered on initial enrollment.

Pre-Existing Condition* Yes No

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Done

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 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 53 - Slide 53

The screenshot displays the 'Employer eServices' web interface. At the top, there is a navigation menu with links for 'Enrollment', 'ID Cards', 'Claims', 'Billing', 'Reports', 'Banking', and 'ManageAccess'. Below this is a secondary menu with 'Add', 'Terminate', 'Reinstate', 'Change', 'Inquire', and 'Electronic File'. The 'Employee' tab is selected, and a 'Log Out' button is visible. The main content area shows enrollment details for an employee with Group ID '1131313'. A table lists coverage information, including '0026 0026 POS' and '59 CHARACTER' plan. Below the table are various form fields for 'Market Name', 'Termination date', 'Positively Enrolled*', 'Eligibility Status*', 'Mbrs Covered*', 'Market Number', 'New Coinsurance', 'COBRA Paid-Date', 'Salary Deductible', 'Salary Year', and 'COBRA Admin Type'. A 'Pre-Existing Condition*' section has 'No' selected. An 'Accept' button is highlighted with a callout box that says 'Click ACCEPT'. At the bottom, there are numbered navigation buttons: '1. Intro', '2. Group', '3. Employee', '4. Demographics', '5. Product', '6. Other Insurance', and '7. Try It!'. The browser's address bar and taskbar are also visible.

Slide notes

Text Captions

Click **ACCEPT**

Slide 54 - Slide 54

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: -

Employee Information Demographic Information **Product Information** Other Insurance

Step 4 Enter product information and Continue.

| Product | Effective Date | Termination Date |
|---------|----------------|------------------|
|---------|----------------|------------------|

Enroll Remove Copy

Policy Number

Coverage

Group Name

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Done

Click the **Enroll** button

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

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 Enter Policy and Continue

*Required fields

Policy Number* 1131313 Coverage Type* Effective Date* 03/01/2006

| Coverage* | Plan Name |
|-----------|-----------|
| | |

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

Done

Click Policy Number menu

Next, click the Policy Number drop-down menu.

Slide notes

Text Captions

Next, click the Policy Number drop-down menu.

Click Policy Number menu

Slide 56 - Slide 56

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 Enter Policy and Continue

*Required fields

Policy Number* 3131313 Coverage Type* Effective Date* 03/01/2006
2111456

| Coverage* | Group Name | Plan Name |
|-----------|------------|-----------|
| 3131313 | | |

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

Done

Select Policy Number

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

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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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 Enter Policy and Continue

**Required fields*

Policy Number* Coverage Type* Effective Date*

| Coverage* | Group Name | Plan Name |
|-----------|------------|-----------|
| | | |

Market Name

Termination date

Positively Enrolled* 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

Done

Click the Continue button.

Slide notes

Text Captions

Click the Continue button.

Slide 58 - Slide 58

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Add Terminate Reinststate Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

Enroll New Product Enter Policy and Continue

**Required fields*

Policy Number* Coverage Type* Effective Date*

| Coverage* | Group Name | Plan Name |
|-----------|------------|-----------|
| | | |

Market Name
Termination date
Positively Enrolled* Mbrs Covered*
Eligibility Status* Market Number
New Coinsurance COBRA Paid-Date
Salary Deductible Salary Year
COBRA Admin Type

Help Cancel Continue

1. Intro **4. Demographics** **7. Try It!**
2. Group **5. Product**
3. Employee **6. Other Insurance** [Service Agreement](#) [Contact Us](#)

Done Internet

Slide notes

Text Captions

Click the **Continue** button

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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 Enter Coverage Type, Effective Date and Continue

**Required fields*

Policy Number* 3131313 Coverage Type* Effective Date* 03 / 01 / 2006

| Coverage* | Group Name | Plan |
|----------------------|------------|-----------------|
| 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

Done

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 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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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 Enter Coverage Type, Effective Date and Continue

*Required fields

Policy Number* 3131313 Coverage Type* Effective Date* 03 / 01 / 2006

Coverage* DENTAL
MEDICAL
MEDICAL SUPPLEMENTAL PLAN (MC)
MEDICAL SUPPLEMENTAL PLAN (ME)
MEDICAL
MEDICAL
MEDICAL
VISION

Select Coverage Type

1. Intro 4. Demographics 7. Try It!
2. Group 5. Product
3. Employee 6. Other Insurance Service Agreement

Done

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

Slide notes

Text Captions

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

Select Coverage Type

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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 Enter Coverage Type, Effective Date and Continue

**Required fields*

Policy Number* 3131313 Coverage Type* **MEDICAL** Effective Date* 03 / 01 / 2006

| Coverage* | Group Name | Plan Name |
|----------------------|------------|-----------------|
| 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

Done

Verify the Effective Date, then click the Continue button.

Slide notes

Text Captions

Verify the Effective Date, then click the Continue button.

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Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstate Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

Enroll New Product Enter Coverage Type, Effective Date and Continue

**Required fields*

Policy Number* Coverage Type* Effective Date* / /

| Coverage* | Group Name | Plan Name |
|-----------|------------|-----------|
| | | |

Market Name

Termination date

Positively Enrolled* Mbrs Covered*

Eligibility Status* Market Number

New Coinsurance COBRA Paid-Date

Salary Deductible Year

COBRA Admin Type

1. Intro **4. Demographics** **7. Try It!** Cancel **Continue**

2. Group **5. Product**

3. Employee **6. Other Insurance** Service Agreement Contact Us

Done Internet

Slide notes

Text Captions

Click the **Continue** button

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Add Terminate Reinststate Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

Enroll New Product Enter Coverage Type, Effective Date and Continue

**Required fields*

Policy Number* Coverage Type* Effective Date* / /

| Coverage* | Group Name | Plan Name |
|-----------------|------------|-----------|
| [Dropdown Menu] | | |

Market Name

Termination date

Positively Enrolled* 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

Done

Click the **Coverage** menu

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 | EP1 | 01/01/99 | 23 | CHARACTER GROUP NAME | 23 | CHAR | MEDIC PLAN NAME |
| 0001 | 0005 | PPOZN | 02/01/96 | 23 | CHARACTER GROUP NAME | 23 | CHAR | MEDIC PLAN NAME |
| 0002 | 0003 | HMO | 01/01/96 | 24 | CHARACTERS GROUP ... | 23 | CHAR | MEDIC PLAN NAME |
| 0002 | 0004 | EPO | 01/01/96 | 24 | CHARACTERS GROUP ... | 23 | CHAR | MEDIC PLAN NAME |
| 0002 | 0005 | HML | 01/01/00 | 24 | CHARACTERS GROUP ... | 23 | CHAR | MEDIC PLAN NAME |
| 0002 | 0006 | POS | 01/01/96 | 24 | CHARACTERS GROUP ... | 23 | CHAR | MEDIC PLAN NAME |
| 0002 | 0002 | HMO | 01/01/96 | 24 | CHARACTERS GROUP ... | 24 | CHAR | MEDIC PLAN NAME |
| 0003 | 0001 | HM6 | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0002 | NPP | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0003 | HM3 | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0004 | POS | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0006 | IND | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0007 | MIN | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0008 | TSP | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0009 | PP0 | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0010 | MHS | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0011 | MHC | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0012 | PP1 | 01/01/98 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0013 | TC1 | 01/01/98 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0014 | TCP | 01/01/98 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0003 | 0015 | HMAN | 01/01/98 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0004 | 0003 | EP1 | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0022 | 0022 | POS | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |
| 0026 | 0026 | POS | 01/01/96 | 59 | CHARACTER | 23 | CHAR | MEDIC PLAN NAME |

Termination date

Positively Enrolled* YES

Eligibility Status*

New Coinsurance

Salary Deductible

COBRA Admin Type

Market Number

COBRA Paid-Date

Salary Year

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Done

Training Tutorials

Log Out

Up-U Scroll Down-D

Insured ID: -

Select Plan Variation & Reporting Code

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

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

Slide notes

Text Captions

Click the Continue button.

Slide 66 - Slide 66

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 Enter Coverage, Positively Enrolled and Continue

**Required fields*

Policy Number* Coverage Type* Effective Date*

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

Market Name Coverage Lookup

Termination date

Positively Enrolled* 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**

Click Continue

Done Internet

Slide notes

Text Captions

Click Continue

Slide 67 - Slide 67

Employer eServices®

Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstatement 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

Policy Number* 3131313 Coverage Type* MEDICAL Effective Date* 03/01/2006

*Required fields

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

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

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Done

Click the Members Covered menu

Click the Members Covered drop-down menu.

Slide notes

Text Captions

Click the Members Covered drop-down menu.

Click the **Members Covered** menu

Slide 68 - Slide 68

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

Policy Number* 3131313 Coverage Type* MEDICAL Effective Date* 03/01/2006

*Required fields

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

Market Name 24 CHARACTER MEDICA NAME

Termination date

Positively Enrolled* YES Mbrs Covered* Employee Only

Eligibility Status* ACTIVE Market Number Employee Only

New Coinsurance COBRA Paid-Date Employee and Spouse Domestic Partner

Salary Deductible Salary Year Employee and Children Family

COBRA Admin Type Employee and Spouse Employee and One Child

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Done

Select Member(s) Covered

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.

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

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

Policy Number* 3131313 Coverage Type* MEDICAL Effective Date* 03/01/2006

**Required fields*

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

Market Name 24 CHARACTER MEDICA NAME

Termination date

Positively Enrolled* YES Mbrs Covered* Employee Only

Eligibility Status* ACTIVE

New Coinsurance

Salary Deductible

COBRA Admin Type

COBRA Paid-Date

Click the Eligibility Status menu

Click the Eligibility Status drop-down menu.

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Done

Slide notes

Text Captions

Click the Eligibility Status drop-down menu.

Click the Eligibility Status menu

Slide 70 - Slide 70

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

Policy Number* 3131313 Coverage Type* MEDICAL Effective Date* 03/01/2006

*Required fields

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

Market Name 24 CHARACTER MEDICA NAME

Termination date

Positively Enrolled* YES Mbrs Covered* Employee Only

Eligibility Status* ACTIVE RETIRED SURVIVIN

Market Number

COBRA Paid-Date / /

Salary Deductible

COBRA Admin Type

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Done

Select ACTIVE

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

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**

**Required fields*

Policy Number* Coverage Type* Effective Date*

| Coverage* | Group Name | Plan Name |
|------------------------|--------------------|-------------------------|
| 0026 0026 POS 01/01/96 | 59 CHARACTER | 23 CHAR MEDIC PLAN NAME |

Market Name

Termination date

Positively Enrolled* Mbrs Covered*

Eligibility Status*

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**

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

Done

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

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

**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

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

1. Intro **4. Demographics** **7. Try It!** Cancel **Accept**

2. Group **5. Product**

3. Employee **6. Other Insurance**

Click the **Accept** button

Done Internet

Slide notes

Text Captions

Click the **Accept** button

Slide 73 - Slide 73

Employer eServices®

Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 1131313 Insured ID: -

Employee Information Demographic Information **Product Information** Other Insurance

Step 4 Enter product information and Continue.

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

Enroll Copy Remove Modify Coverage Line Assign Primary Provider

Policy Number 3131313

Coverage 0026 0026 POS 01/01/1996 -

Group Name 59 CHARACTER GROUP NAME

1. Intro 4. Demographics 7. Try It!

2. Group 5. Product

3. Employee 6. Other Insurance

Done

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

Slide notes

Text Captions

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

Slide 74 - Slide 74

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: -

Employee Information Demographic Information **Product Information** Other Insurance

Step 4 Enter product information and Continue.

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

Enroll **Copy** Remove Modify Coverage Line Assign Primary Provider

Policy Number 3131313

Coverage 0026 0026 POS 01/01/1996 -

Group Name 59 CHARACTER GROUP NAME

1. Intro 4. Demographics 7. Try It!
 2. Group 5. Product
 3. Employee 6. Other Insurance

Done

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 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

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: -

Employee Information Demographic Information **Product Information** Other Insurance

Step 4 Enter product information and Continue.

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

Enroll Copy **Remove** Modify Coverage Line Assign Primary Provider

Policy Number 3131313

Coverage 0026 0026 POS 01/01/1996 -

Group Name 59 CHARACTER GROUP NAME

1. Intro 4. Demographics 7. Try It!
 2. Group 5. Product
 3. Employee 6. Other Insurance

Done

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

Slide notes

Text Captions

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

Slide 77 - Slide 77

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: -

Employee Information Demographic Information **Product Information** Other Insurance

Step 4 Enter product information and Continue.

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

Enroll Copy Remove Modify Coverage Line Assign Primary Provider

Policy Number 3131313

Coverage 0002 0001 EPO 01/01/1996 -

Group Name 24 EXEC MEDICAL GRPNAME

1. Intro 4. Demographics 7. Try It!
 2. Group 5. Product
 3. Employee 6. Other Insurance

Done

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

Slide notes

Text Captions

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

Slide 78 - Slide 78

The screenshot displays the 'Employer eServices' web interface. At the top, there is a navigation menu with links for 'Enrollment', 'ID Cards', 'Claims', 'Billing', 'Reports', 'Banking', 'ManageAccess', 'Help', 'Training', and 'Tutorials'. Below this, a secondary menu includes 'Add', 'Terminate', 'Reinstate', 'Change', 'Inquire', 'Electronic File', and a 'Log Out' button. The main content area shows an enrollment form for an 'Employee' (as opposed to a 'Dependent'). The form includes fields for 'Enrollee', 'Group: 1131313', and 'Insured ID: -'. The 'Market Name' is set to 'MS - EXEC MEDICAL'. Other fields include 'Positively Enrolled' (YES), 'Eligibility Status' (ACTIVE), 'Members Covered' (Employee Only), 'Market Number', 'New Coinsurance', 'COBRA Paid-Date', 'Salary Deductible', 'Salary Year', 'COBRA Admin Type', 'Physician', and 'Effective Date'. A 'Continue' button is highlighted with a red box, and a blue callout bubble points to it with the text 'Click the Continue button'. At the bottom of the form, there are navigation buttons: '1. Intro', '2. Group', '3. Employee', '4. Demographics', '5. Product', '6. Other Insurance', and '7. Try It!'. A footer contains a disclaimer and copyright information for UnitedHealth Group Inc.

Slide notes

Text Captions

Click the **Continue** button

Slide 79 - Slide 79

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: -

Employee Information Demographic Information Product Information **Other Insurance**

Step 5 Enter other insurance information and Submit.

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

Other Insurance

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)
- Type B: Employee is awarded custody of this dependent, and no other individual is required to pay for this dependent's medical expenses
- Type C: Dependent is covered by another individual's insurance plan, who is required to pay for this dependent's medical expenses

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.

Done

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

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: -

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

Other Insurance

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)
- Type B: Employee is awarded custody of this dependent, and no other individual is required to pay for this dependent's medical expenses
- Type C: Dependent is covered by another individual's (not a member of the employee's household) insurance plan, who is required to pay for this dependent's medical expenses

On the day this coverage begins, will the enrollee be covered under Medicare?

Unknown No Yes

Medicare Part A:

Select the radio button that best describes the employee's Medicare Status. This is the 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 Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

On the day this coverage begins, will the enrollee be covered under Medicare?

Unknown No Yes

Medicare Part A:

Enrolled in Medicare Part A Effective Date [] / [] / [] Expiration Date [] / [] / []

Ineligible for Medicare Part A

Not Enrolled in Medicare Part A

Medicare Part B:

Enrolled in Medicare Part B Effective Date [] / [] / [] Expiration Date [] / [] / []

Ineligible for Medicare Part B

Not Enrolled in Medicare Part B

Medicare Part D:

Enrolled in Medicare Part D Effective Date [] / [] / [] Expiration Date [] / [] / []

Ineligible for Medicare Part D

Not Enrolled in Medicare Part D

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

Done

Slide notes

Text Captions

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

Slide 82 - Slide 82

Slide notes

Text Captions

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

Slide 83 - Slide 83

Employer eServices®

Enrollment ID Cards Claims Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstated Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

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

Medicare Part B:

Enrolled in Medicare Part B Effective Date / / Expiration Date / /

Ineligible for Medicare Part B

Not Enrolled in Medicare Part B

Medicare Part D:

Enrolled in Medicare Part D Effective Date / / Expiration Date / /

Ineligible for Medicare Part D

Not Enrolled in Medicare Part D

Medicare Eligibility

HIC Number

Carrier 1 Carrier 2

Click the **Submit** button

Slide notes

Text Captions

Click the **Submit** button

Slide 84 - Slide 84

The screenshot displays the Employer eServices interface. At the top, the logo 'Employer eServices®' is visible. Below it is a navigation menu with links for Enrollment, ID Cards, Claims, Billing, Reports, Banking, and ManageAccess. On the right side of the menu are links for Help, Training, and Tutorials. A secondary navigation bar contains buttons for Add, Terminate, Reinstatement, Change, Inquire (highlighted), and Electronic File. A Log Out button is located on the far right. Below the navigation is a header area showing Enrollee: JOHN DOE, Group: 1131313, and Insured ID: 12345678981-00. The main content area has three tabs: Demographic Information (selected), Product Information, and Other Insurance. Under the Demographic Information tab, a red message reads 'Transaction Successful.' Below this message is a form with various fields: Original Effective (03/01/2006), Last Updated (03/27/2006), Date of Birth * (04/21/1967), Last Name* (DOE), First Name* (JOHN), Address 1* (123 MAIN ST), Address 2, Termination, SSN, and Relationship (EMPLOYEE). A blue-bordered callout box on the right side of the form contains the text: 'An inquiry-only screen will display a "Transaction Successful" message.'

Slide notes

Text Captions

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

Slide 85 - Slide 85

Employer eServices®

Congratulations!

You have completed the Add Employee tutorial.

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

Slide notes

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

Employer eServices®

Congratulations!

You have completed the Add Employee tutorial.

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

Slide notes

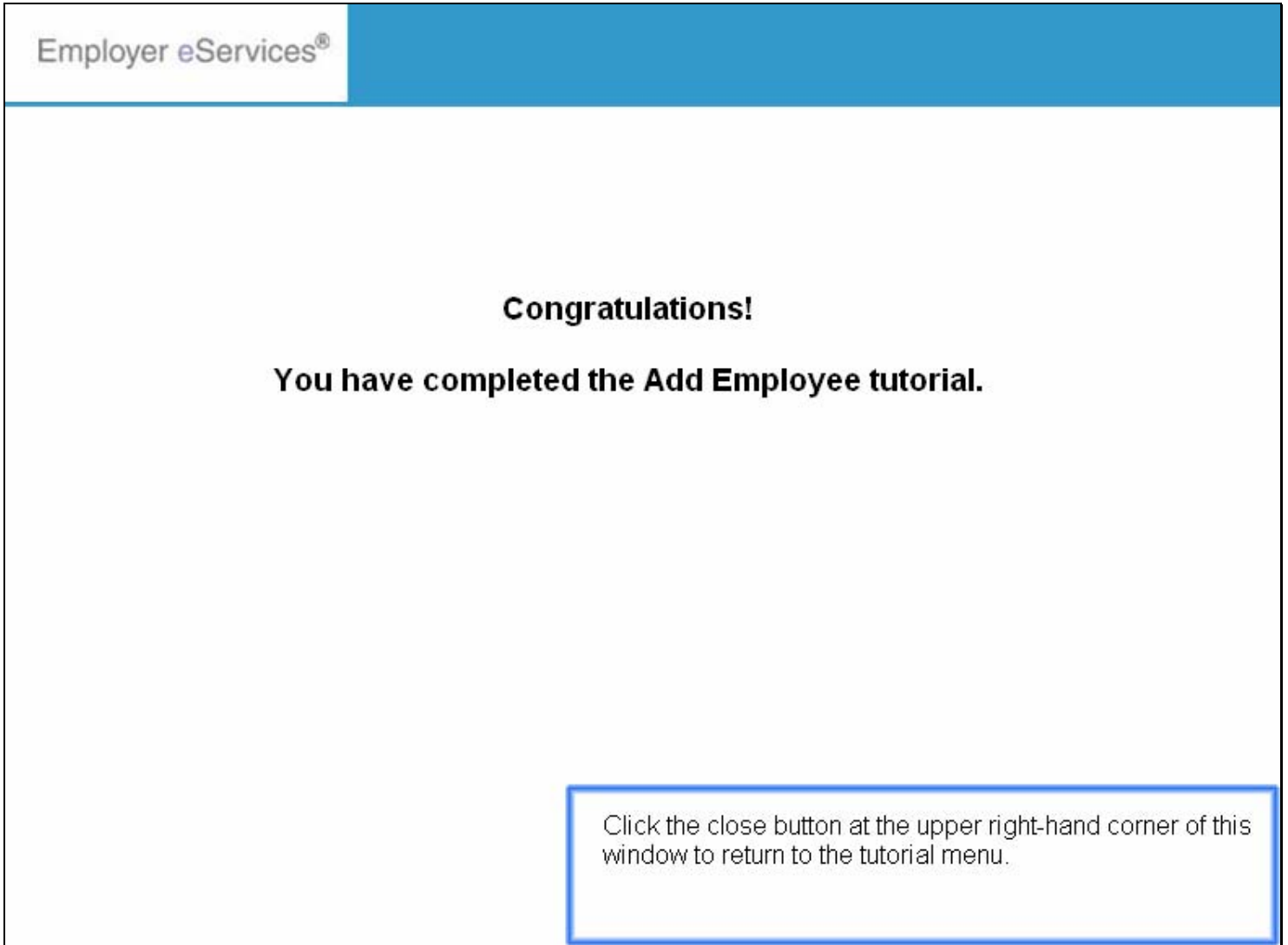
Text Captions

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 Employee tutorial.

Slide 87 - Slide 87



Employer eServices®

Congratulations!

You have completed the Add Employee tutorial.

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

Slide notes

Text Captions

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

Congratulations!

You have completed the Add Employee tutorial.