

Employer eServices®

Welcome to the COBRA Dependent Only Tutorial

Audience: Employers

Module Length: Approx. 10 min.

Last Updated: 11/13/07

| | |
|-----------------|---------------|
| 1. Introduction | 3. Add'l Info |
| 2. Enrollment | 4. Try It! |

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

Welcome to the COBRA Dependent Only Tutorial

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

The screenshot shows a web interface for a tutorial. At the top left is the logo 'Employer eServices®'. The main heading is 'Welcome to the COBRA Dependent Only Tutorial'. Below this, it lists 'Audience: Employers', 'Module Length: Approx. 10 min.', and 'Last Updated: 11/13/07'. At the bottom left, there are four buttons: '1. Introduction', '2. Enrollment', '3. Add'l Info', and '4. Try It!'. On the right side, there is a text box with a blue border containing the instruction: 'As you proceed, you may use the controls at the bottom of this window to rewind, pause, or skip ahead during playback.'

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

The screenshot shows a web interface for a tutorial. At the top left, there is a logo for "Employer eServices®" on a blue background. The main content area is white and contains the following text:

Welcome to the COBRA Dependent Only Tutorial

Audience: Employers

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Last Updated: 11/13/07

At the bottom left, there are four buttons arranged in a 2x2 grid:

| | |
|-----------------|---------------|
| 1. Introduction | 3. Add'l Info |
| 2. Enrollment | 4. Try It! |

At the bottom right, there is a blue-bordered box containing the text: "To move from one section to another, click the menu buttons found above the playback controls."

Welcome to the COBRA Dependent Only Tutorial

Audience: Employers

Module Length: Approx. 10 min.

Last Updated: 11/13/07

To move from one section to another, click the menu buttons found above the playback controls.

The screenshot shows the Employer eServices® logo in the top left corner. The main heading is "Welcome to the COBRA Dependent Only Tutorial". Below this, the audience is identified as "Employers", the module length is "Approx. 10 min.", and it was last updated on "11/13/07". At the bottom left, there are four buttons: "1. Introduction", "2. Enrollment", "3. Add'l Info", and "4. Try It!". A blue-bordered box on the right contains a note: "Also, please note that your screens may be a bit different from the ones you'll see in this tutorial. The difference depends on your contractual agreement."

Welcome to the COBRA Dependent Only Tutorial

Audience: Employers

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

The screenshot shows a web page for 'Employer eServices®'. The main heading is 'Welcome to the COBRA Dependent Only Tutorial'. Below this, it lists 'Audience: Employers', 'Module Length: Approx. 10 min.', and 'Last Updated: 11/13/07'. At the bottom left, there are four buttons: '1. Introduction', '2. Enrollment', '3. Add'l Info', and '4. Try It!'. At the bottom right, a blue-bordered box contains 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.'

Welcome to the COBRA Dependent Only Tutorial

Audience: Employers

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

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Log Out

Welcome Employer,

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

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

| | | |
|---|---|--|
| Resources Click here to access: Administrative Guides Benefit Plan Coverage Documents Brochures & Forms Communication Resource Center Contact Information Help myuhc.com | Network Information Click here to access: Bridges to Excellence My Sample File Network Changes Network Fact Sheets Network Maps Physician Directory UnitedHealth Premier | Programs & Services Click here to access: Behavioral Health Care24 Care Coordination Complementary Medicine Healthy Pregnancy Program |
|---|---|--|

1. Introduction **3. Add'l Info**
2. Enrollment **4. Try It!**

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

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Log Out

Welcome Employer,

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

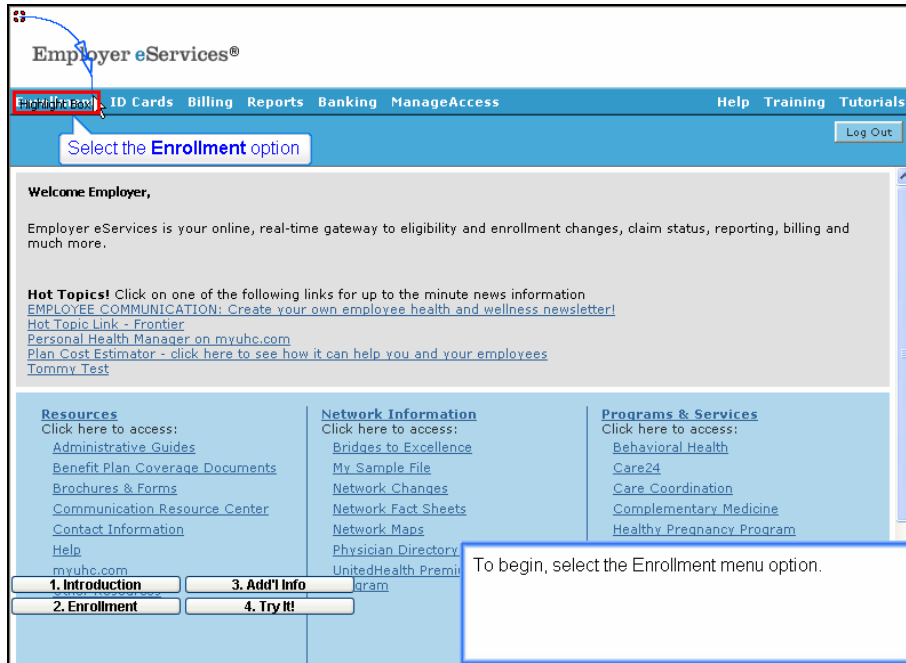
Hot Topics! Click on one of the following links for up to the minute news information
[EMPLOYEE COMMUNICATION: Create your own employee health and wellness newsletter!](#)
[Hot Topic Link - Frontier](#)
[Personal Health Manager on myuhc.com](#)
[Plan Cost Estimator - click here to see how it can help you and your employees](#)
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| | | |
|---|---|--|
| Resources Click here to access: Administrative Guides Benefit Plan Coverage Documents Brochures & Forms Communication Resource Center Contact Information Help myuhc.com | Network Information Click here to access: Bridges to Excellence My Sample File Network Changes Network Fact Sheets Network Maps Physician Directory UnitedHealth Premium | Programs & Services Click here to access: Behavioral Health Care24 Care Coordination Complementary Medicine Healthy Pregnancy Program |
|---|---|--|

1. Introduction 2. Enrollment 3. Add'l Info 4. Try It!

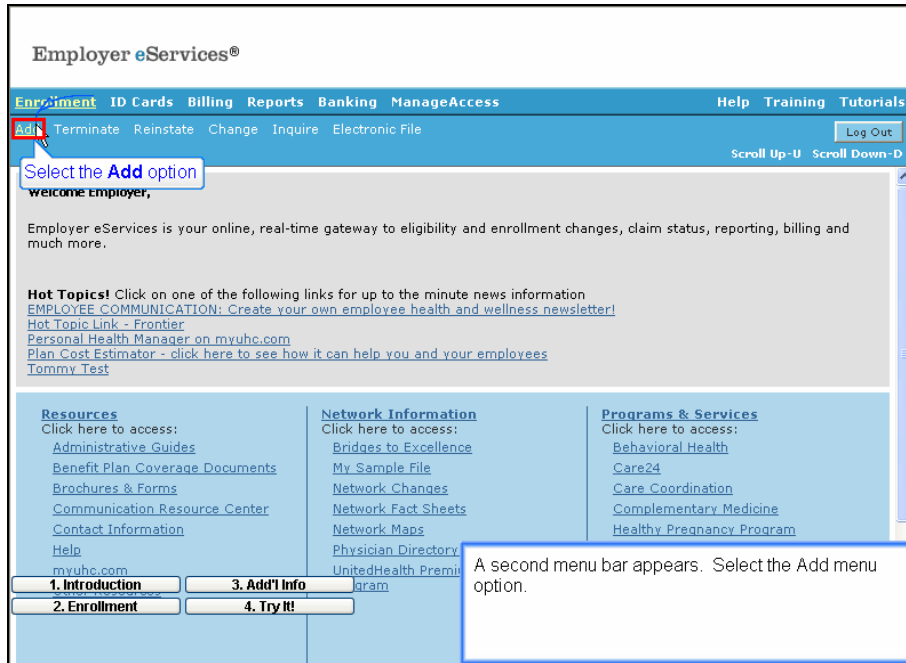
After the dependent's regular coverage is terminated, you then enroll the dependent in COBRA as an employee, similar to adding a new employee. Refer to the Add Employee tutorial for more information.

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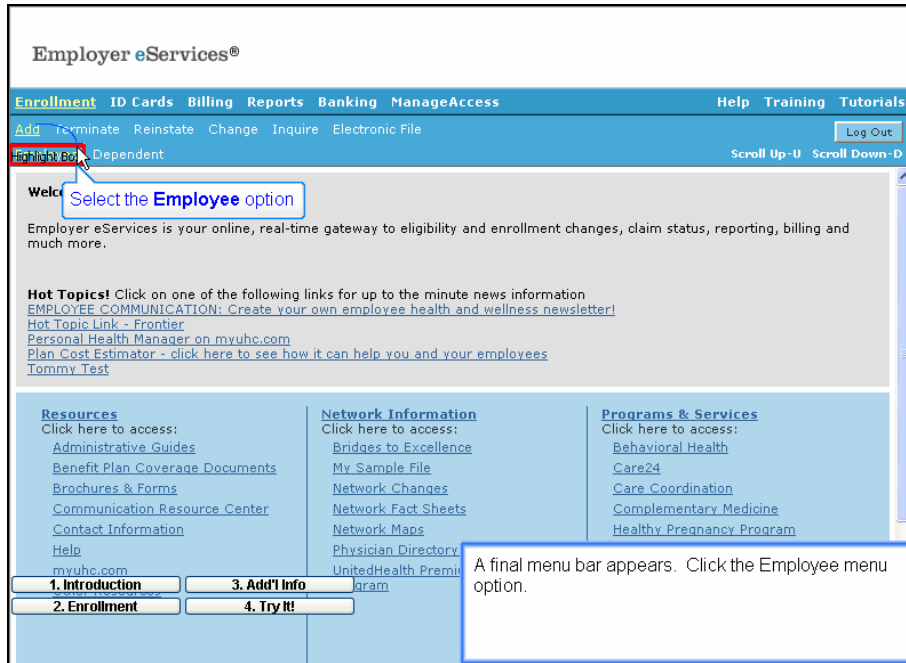
To begin, select the Enrollment menu option.

Select the Enrollment option



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

Select the Add option



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

Select the Employee option

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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 (Select Group) (Select Group) GENEVA PHARMACEUTICALS, INC. 0700051 LYNN'S BAKERY, INC. 0402836 ZOMBA RECORDING CORP. 0701699

Select the Group Name

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1. Introduction 2. Enrollment 3. Add'l info 4. Try It!

Select the appropriate Group and click the Continue button.

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Select the appropriate Group and click the Continue button.

Select the Group Name

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 0700051 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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1. Introduction 3. Add'l Info authorized site uses
the member's data for the purpose of providing services and for penalties, f

2. Enrollment 4. Try it!

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The Add Employee screen displays.

The Add Employee screen displays.

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 0700051 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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1. Introduction 3. Add'l Info
2. Enrollment 4. Try It!

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

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

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 0700051 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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1. Introduction 2. Enrollment 3. Add'l Info 4. Try It!

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The Original Effective Date must be the day after the dependent's termination date. In this example, the dependent's Termination Date is 9/30/06. Therefore you will enter 10/1/06 for the Original Effective Date.

The Original Effective Date must be the day after the dependent's termination date. In this example, the dependent's Termination Date is 9/30/06. Therefore you will enter 10/1/06 for the Original Effective Date.

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 0700051 Insured ID: -

Add Employee

Step 1 Enter information and select Continue.
*Required fields

Original Effective Date* 10 / 01 / 2006

Enrolling in COBRA?* Yes No

COBRA Admin Type (0) Select the Yes radio button

Help Continue

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1. Introduction 3. Add'l Info authorized site users
2. Enrollment 4. Try It! the amount of the debt. Continued on page 20. See also
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After entering the Original Effective Date, be sure to click the "Yes" radio button for "Enrolling in COBRA?" to properly enroll the employee in COBRA coverage.

After entering the Original Effective Date, be sure to click the "Yes" radio button for "Enrolling in COBRA?" to properly enroll the employee in COBRA coverage.

Select the Yes radio button

Click the COBRA Admin Type drop-down menu to select the appropriate option.

Click the COBRA Admin Type menu arrow

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 0700051 Insured ID: -

Add Employee

Step 1 Enter information and select Continue.
*Required fields

Original Effective Date* 10 / 01 / 2006

Enrolling in COBRA?* Yes No

COBRA Admin Type

- COBRA - CUSTOMER OR NON ABC ADMINISTERED
- COBRA - ABC ADMINISTERED

Select the appropriate item

In this example, we'll select the "COBRA - ABC ADMINISTERED" option.

1. Introduction 2. Enrollment 3. Add'l Info 4. Try It!

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In this example, we'll select the "COBRA - ABC ADMINISTERED" option.

Select the appropriate item

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 0700051 Insured ID: -

Add Employee

Step 1 Enter information and select Continue.
*Required fields

Original Effective Date* 10 / 01 / 2006

Enrolling in COBRA?* Yes No

COBRA Admin Type COBRA - ABC ADMINISTERED (Selected if enrolling in COBRA)

Help Highlight box

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1. Introduction 3. Add'l Info
2. Enrollment 4. Try It!

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Click the Continue button.

Click the Continue button.

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: 0700051 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

Complete Alternate Payee information only when the payee is not the employee.

Alternate Payee Indicator Yes No

Alternate Payee ID - -

Alt Payee Last Name

1. Introduction 3. Add'l Info

2. Enrollment 4. Try It!

Help Continue

The Employee Information tab displays. Enter the date COBRA coverage will begin as the Original Date of Hire.

The Employee Information tab displays. Enter the date COBRA coverage will begin as the Original Date of Hire.

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-D Scroll Down-D

Enrollee: Group: 0700051 Insured ID: -

Employee Information Demographic Information Product Information Other Insurance

Step 2 Enter employee information and Continue.

*Required fields

Original Date of Hire* 10 / 01 / 2006 Date of Retirement MM / DD / CCYY

Date of Death MM / DD / CCYY

Complete Alternate Payee information on [] employee.

Alternate Payee Indicator Yes No

Help Highlight Box

Click the Continue button

Click the Continue button.

1. Introduction 2. Enrollment 3. Add'l Info 4. Try It!

Click the Continue button.

Click the Continue button

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-D Scroll Down-D

Enrollee: Group: 0700051 Insured ID: -

Employee Information Demographic Information Product Information Other Insurance

Step 3 Enter demographic information and Continue.

*Required fields

Original Effective 10/01/2006 Termination

Last Updated

Employee ID Highlight Box SSN - -

Date of Birth * 09 / 20 / 1973 Relationship* EE EMPLOYEE

Last Name*

First Name*

Address 1*

1. Introduction 3. Add'l Info

2. Enrollment 4. Try It!

City*

State* Select One

Middle Initial

The Demographic Information tab displays. Required fields are marked with an asterisk. First, enter the dependent's social security number in the Employee ID field.

The Demographic Information tab displays. Required fields are marked with an asterisk. First, enter the dependent's social security number in the Employee ID field.

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 0700051 Insured ID: -

Employee Information Demographic Information Product Information Other Insurance

Step 3 Enter demographic information and Continue.

*Required fields

Original Effective 10/01/2006 Termination

Last Updated

Employee ID* 555555555 SSN - -

Date of Birth* 09 / 20 / 1973 Relationship* EE EMPLOYEE

Last Name*

First Name*

Address 1*

1. Introduction 3. Add'l Info

2. Enrollment 4. Try It!

City*

State* Select One

If enrolling a dependent child, oldest child or dependent spouse, ensure the relationship is EE EMPLOYEE. If enrolling a surviving spouse, select the relationship code that matches the employee, either EE EMPLOYEE or RR RETIREE.

If enrolling a dependent child, oldest child or dependent spouse, ensure the relationship is EE EMPLOYEE. If enrolling a surviving spouse, select the relationship code that matches the employee, either EE EMPLOYEE or RR RETIREE.

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Add Terminate Reinststate Change Inquire Electronic File Log Out

Employee Dependent Scroll Down-D

Enrollee: Group: **0700051** Insurance ID: -

Employee Information Demographic Information

Step 3 Enter demographic information and Continue.

**Required fields*

Original Effective 10/01/2006 Termination

Last Updated

Employee ID* 555555555 SSN

Date of Birth * 09 / 20 / 1973 Relationship* EE EMPLOYEE

Last Name*

First Name*

Address 1*

1. Introduction 3. Add'l Info

2. Enrollment 4. Try It!

City*

Foreign Address Yes No

State* Select One Zip* - -

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

Select the appropriate item

Select the appropriate item

Employer eServices®

Enrollment ID Cards Billing Reports Banking ManageAccess Help Training Tutorials

Add Terminate Reinstated Change Inquire Electronic File Log Out

Scroll Up-U Scroll Down-D

Enrollee: Group: 0700051 Insured ID: -

First Name* JAN Middle Initial

Address 1* 123 MAIN

Address 2

City* ANYTOWN Foreign Address Yes No

State* MISSOURI Zip* 63301 -

Home Phone - - Work Phone - -

Gender* FEMALE Address

Late Enrollee* NEW HIRE

Help **Highlight Box**

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1. Introduction 3. Add'l info

2. Enrollment 4. Try It!

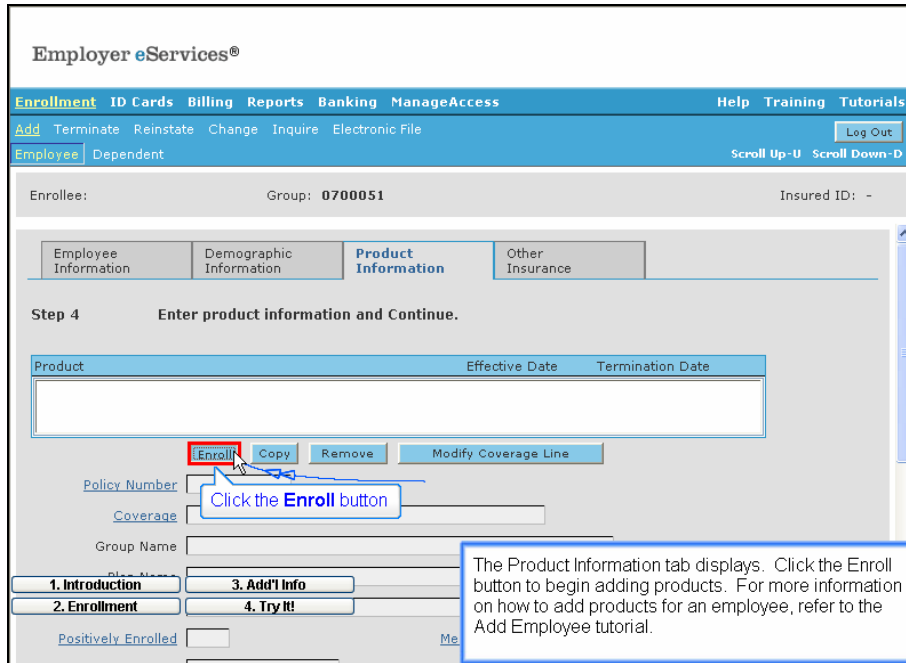
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Click the Continue button

Scroll down to complete all required fields and then click the Continue button.

Scroll down to complete all required fields and then click the Continue button.

Click the Continue button



The Product Information tab displays. Click the Enroll button to begin adding products. For more information on how to add products for an employee, refer to the Add Employee tutorial.

Click the Enroll button

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 0700051 Insured ID: -

Enroll New Product Other Data and Continue

* Required Field

Policy * 0700051 Coverage Type * MEDICAL Effective Date * 10/01/2006

| Coverage* | Group Name | Plan Name |
|----------------------------|---------------------|-------------|
| 0002 0002 PPO2N 01/01... - | GP ACTIVE EMPLOYEES | OPTIONS PPO |

Market Name PCP/WIDE ACCESS PARALLEL

Termination Date

Positively Enrolled * Yes

Eligibility Status * ACTIVE

New Coinsurance

Salary Deductible

COBRA Admin Type COBRA - ABC ADMINISTERED

Members Covered * Employee Only

1. Introduction 2. Enrollment 3. Add'l Info 4. Try It!

Click the Members Covered menu arrow

Once you've completed adding a product you'll need to review the Enroll New Product screen and change the Members Covered field.

Once you've completed adding a product you'll need to review the Enroll New Product screen and change the Members Covered field.

Click the Members Covered menu arrow

COBRA Dependent Only

Enrollee: Group: 0700051 Insured ID: -

Enroll New Product **Other Data and Continue** * Required Field

Policy * 0700051 Coverage Type * MEDICAL Effective Date * 10/01/2006

| Coverage* | Group Name | Plan Name |
|--------------------------|---------------------|-------------|
| 0002 0002 PPO2N 01/01... | GP ACTIVE EMPLOYEES | OPTIONS PPO |

Market Name PCP/WIDE ACCESS PARALLEL

Termination Date

Positively Enrolled * Yes Members Covered * Employee Only

Eligibility Status * ACTIVE Market Number

New Coinsurance COBRA Paid-Date

Salary Deductible Salary Year

COBRA Admin Type COBRA - ABC ADMINISTERED

Help Back Cancel Accept

Select the appropriate item

Employee Only
Employee and Spouse or Domestic Partner
Employee and Children
Family
Spouse and
Employee and Spouse and One Child
Employee and One Child
Spouse Only, No Employee
One Child Only
Children Only

1. Introduction 2. Enrollment 3. Add'l Info 4. Try It!

Then select one of the four dependent only coverage options: Spouse and Children; Spouse Only, No Employee; One Child Only; or Children Only. In this example, we'll select Spouse Only, No Employee.

Then select one of the four dependent only coverage options: Spouse and Children; Spouse Only, No Employee; One Child Only; or Children Only. In this example, we'll select Spouse Only, No Employee.

Select the appropriate item

The screenshot shows the 'Enroll New Product' form in the Employer eServices system. The form includes fields for Policy, Coverage Type, Effective Date, Market Name, Termination Date, Positively Enrolled, Eligibility Status, New Coinsurance, Salary Deductible, COBRA Admin Type, and Members Covered. A callout box points to the 'Members Covered' dropdown menu, which is currently set to 'Spous'. Another callout box points to the 'Accept' button, which is highlighted in red. A text box at the bottom right of the form area provides instructions: 'After the information has been reviewed and the Members Covered field has been updated, click the Accept button to continue.' The form also features a navigation menu at the top with options like 'Enrollment', 'ID Cards', 'Billing', 'Reports', 'Banking', 'ManageAccess', 'Help', 'Training', and 'Tutorials'. A 'Log Out' button is also present in the top right corner.

After the information has been reviewed and the Members Covered field has been updated, click the Accept button to continue.

Click the Accept button

If additional products need to be added, click the Enroll button and complete the necessary information. If required, add a physician. Once all COBRA products are entered, click the Continue button.

Click the Continue button

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Add Terminate Reinstatement Change Inquire Electronic File Log Out

Employee Dependent Scroll Up-U Scroll Down-D

Enrollee: Group: 0700051 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?

Unknown No Yes If yes, provide the other medical plan or policy information:

Other Health (Non-Medicare) Information:

Effective Date [] / [] / [] Expiration Date [] / [] / []

If the dependent is covered, please select one of the following 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, a

1. Introduction 2. Enrollment 3. Add'l Info 4. Try It!

The Other Insurance tab displays. Use the scroll bar on the right to Continue.

The Other Insurance tab displays. Use the scroll bar on the right to Continue.

Click the scroll bar

Click the Submit button after you have completed the Other Insurance information.

Click the Submit button

The screenshot displays the Employer eServices® web application. At the top, there is a navigation bar with links for Enrollment, ID Cards, Billing, Reports, Banking, and ManageAccess. Below this, a secondary navigation bar includes options like Add, Terminate, Reinstatement, Change, Inquire, and Electronic File. The main content area shows employee details for JAN SMITH, Group 0700051, and Insured ID 0055555555-00. A tabbed interface is visible with 'Employee Information' selected. A red box highlights a message that says 'Transaction Successful.' Below this, there are several form fields for 'Required fields' including Original Date of Hire (10/01/2006), Date of Retirement, and Date of Death. A section for 'Alternate Payee' information is also present, with a dropdown menu showing options like '1. Introduction', '2. Enrollment', '3. Add'l Info', and '4. Try It!'. A blue box on the right side of the form contains instructional text: 'After you click the Submit button you should see a message like this one. It confirms the transaction was successful. However, if you receive an error message, follow the instructions to correct the error.'

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

Congratulations!
You have completed the COBRA Dependent Only Tutorial

| | |
|------------------------|----------------------|
| 1. Introduction | 3. Add'l Info |
| 2. Enrollment | 4. Try It! |

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

Congratulations!

You have completed the COBRA Dependent Only Tutorial

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