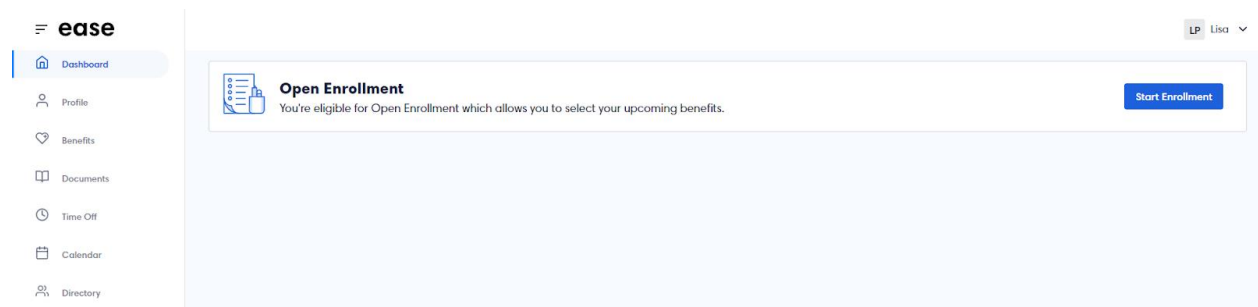


Employee Enrollment Experience

The enrollment experience is the same for New Hire Employees and Employees enrolling during Open Enrollment or based on a Qualifying Life Event.

To view a video presentation of this solution from YouTube: <https://youtu.be/OozXCYSZArw>

From your Dashboard



The screenshot shows the 'ease' employee dashboard. On the left is a sidebar with navigation links: Dashboard, Profile, Benefits, Documents, Time Off, Calendar, and Directory. The main content area is titled 'Open Enrollment' and includes a message: 'You're eligible for Open Enrollment which allows you to select your upcoming benefits.' A blue 'Start Enrollment' button is visible in the top right corner of this section. Below the main content area, there is a breadcrumb trail: 'Centre City Urgent Care > Benefits Enrollment' and an 'Exit' link.

1. Click **Start Enrollment**.

2. Click **Start**.

- 1 Profile
- 2 Dependents
- 3 Medicare
- 4 Benefits
- 5 Coverage
- 6 Health
- 7 Summary
- 8 Sign Forms
- 9 Marketplace
- 10 Finish

Personal Information

First Name *	Middle Name
<input type="text" value="Lisa"/>	<input type="text" value="Middle Name"/>
Last Name *	
<input type="text" value="Parker"/>	
Sex *	Birth Date (53) *
<input type="text" value="Female"/>	<input type="text" value="1/1/1968"/>
SSN *	
<input type="text" value="Show"/>	
Marital Status *	
<input type="text" value="Select"/>	
Tobacco User (Last 12 Months) *	
<input type="text" value="Select"/>	
Disabled? *	
<input type="text" value="Select"/>	

[Need Help?](#) [Get Support](#)

3. Enter/Update **Personal Information**.
 - Those marked with an * are required.
4. Click **Continue**.

- 1 Profile
- 2 Dependents
- 3 Medicare
- 4 Benefits
- 5 Coverage
- 6 Health
- 7 Summary
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Contact Information

Address 1 *	Address 2
<input type="text" value="123 Main Street"/>	<input type="text" value="Apartment #"/>
City *	State *
<input type="text" value="Peoria"/>	<input type="text" value="Arizona"/>
Zip *	County *
<input type="text" value="85380"/>	<input type="text" value="Maricopa"/>
Country *	
<input type="text" value="United States"/>	
Personal Phone *	Work Phone *
<input type="text" value="(978) 555-3476"/>	<input type="text" value="(623) 555-1234"/>
Personal Email	
<input type="text" value="example@email.com"/>	

[Need Help?](#) [Get Support](#)[Continue](#)

5. If dependents to be enrolled in benefits are not listed, click **Add**.
6. Complete **Add Dependent** information.
7. Click **Add Dependent**.
8. Click **Continue**.

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Coverage
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- 8 Summary
- 9 Sign Forms
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- 11 Finish

Documents

Please review and sign the following documents if applicable. Once you've reviewed each document please click 'Continue'.

[Sample EE Handbook for demonstration only](#)
37.8 KB

[Review](#)[Continue](#)[Need Help?](#) [Get Support](#)

9. Click **Review** and acknowledge receipt for each document.
10. Click **Continue**.

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
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- 7 Health
- 8 Summary
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Medicare

If you or any of your dependents applying for coverage have Medicare Coverage please add that information here. Otherwise please click 'Continue'.

[Add Medicare Coverage](#)[Add](#)[Continue](#)[Need Help?](#) [Get Support](#)

11. If Medicare Coverage is enabled, click **Add**.
12. Complete Add Medicare Coverage information.
13. Click **Add Medicare Coverage**.
14. Click **Continue**.

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 Medical
- 7 Long Term Disability
- 8 Coverage
- 9 Health
- 10 Summary
- 11 Sign Forms
- 12 Marketplace
- 13 Finish

Medical Plan

Specify your coverage

Select Enrolled ✓ or Waived X for each eligible member below.

Lisa Parker
Employee Enrolled ✓ X

Henry Jacobs
Spouse Please Select ✓ X

Louisa Jacobs
Child-Adopted Enrolled ✓ X

Benefits Summary

Employee Cost Per Pay Period
(Monthly)

Medical	\$0.00
---------	--------

Total	\$0.00
Per Pay Period (Monthly)	

[Need Help?](#) [Get Support](#)

15. To enroll, click checkmark in **Specify your coverage**.

16. To enroll a spouse or domestic partner when a medical plan surcharge applies, click checkmark next to name and answer "Yes" if they have been offered coverage by their employer or "No" if they have not; then continue to step 19.
- The surcharge is added to the employee contribution amount.
 - Answering "No" when they have been offered coverage by their employer may result in loss of coverage or legal action for insurance fraud.

Centre City Urgent Care > Benefits Enrollment 40% Complete [Exit](#)

1 Profile

2 Dependents

3 Documents

4 Medicare

5 **Benefits**

Medical

Long Term Disability

6 Coverage

7 Health

8 Summary

9 Sign Forms

10 Marketplace

11 Finish

Specify your coverage

Select Enrolled ✓ or Waived ✗ for each eligible member below.

Lisa Parker

Employee

Enrolled

✓

✗

Henry Jacobs

Spouse

Waived

✓

✗

Waive Reason *

Spouse's group plan

▼

Louisa Jacobs

Child-Adopted

Enrolled

✓

✗

Benefits Summary

Employee Cost Per Pay Period (Monthly)

Medical

\$0.00

Total

\$0.00

Per Pay Period (Monthly)

Need Help?

Get Support

17. To waive coverage, click x in **Specify your coverage**.
18. Choose **Waive Reason** and continue to step 22.
19. If you have not added dependents but are waiving coverage for them, place check for **Waived** in **Are you waiving dependents?**
20. To compare/review plans, click **Compare Plans**.
- Note effective date and deduction cycle.

Centre City Urgent Care > Benefits Enrollment 40% Complete [Exit](#)

1 Profile

2 Dependents

3 Documents

4 Medicare

5 **Benefits**

Medical

Long Term Disability

6 Coverage

7 Health

8 Summary

9 Sign Forms

10 Marketplace

11 Finish

Waive Reason *

Spouse's group plan

▼

Louisa Jacobs

Child-Adopted

Enrolled

✓

✗

Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Monthly) basis.

2021Junem PPO

\$0.00

Per Pay Period

Selected

Benefits Summary

Employee Cost Per Pay Period (Monthly)

Medical

\$0.00

Total

\$0.00

Per Pay Period (Monthly)

Need Help?

Get Support

This election will be effective starting 3/1/2021

The current election activity date is 3/1/2021

Continue

21. Select Plan.

Primary Care Provider (PCP) Information

Member	PCP Id	PCP Name
Melissa Jackson Employee	<input type="text" value="Id"/>	<input type="text" value="Name"/>
<input type="checkbox"/> Auto Assign ? <input type="checkbox"/> Current Provider		

22. Enter **PCP Name** and **PCP Id** or mark **Auto Assign** to allow the carrier to assign one for you.

- If renewing and have already provided details to the carrier, you may mark **Current Provider**.

23. Click **Continue**.

24. Repeat for all plan types.

Centre City Urgent Care > Benefits Enrollment

50% Complete [Exit](#)

- 1 Profile
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Previous & Current Coverage

Please provide details of the coverage you have had over the last 12 months.

If you have more than one insurance policy at the same time, your carrier will want to know about it. If you are going to maintain a second policy, please add the details here.

Add Coverage

Add

Continue

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

25. If Previous & Current Coverage is enabled, click **Add**.

26. Complete **Add Previous & Current Coverage** information.

27. Click **Add Previous & Current Coverage**.

28. Click **Continue**.

- 1 Profile
- 2 Dependents
- 3 Documents
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- 5 Benefits
- 6 Coverage
- 7 Health
- 8 **Summary**
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Benefit Summary

Review your benefit elections. If you need to make changes, click 'Edit'. Otherwise, click 'Continue' and sign your forms. You may also [print your summary](#).

The cost below is the employee cost deducted on a [Per Pay Period \(Monthly\)](#) basis.

✓ Medical

2021 Junem PPO

Employee, 1 Child

Effective: 3/1/2021

\$0.00

Per Pay Period (Monthly)

Edit

✓ Long Term Disability

2021 LTD

Employee: \$0.00 per month

Effective: 3/1/2021

Edit

Continue

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

29. Review **Benefit Summary**.

30. Click **Continue**.

- 1 Profile
- 2 Dependents
- 3 Documents
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Missing Information

You must provide the following information before you can review your forms and finish.

[Henry Jacobs](#) is missing required information: Tobacco, Disabled

[Louisa Jacobs](#) is missing required information: Tobacco, Disabled

Continue

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

31. If missing information is noted, click to review as needed.

32. Click **Continue**.

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
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- 9 **Sign Forms**
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Sign Forms

You are required to review and sign your forms before your information can be submitted. Click 'Sign Forms' below.



Sign Forms

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

33. Click **Sign Forms**.

[< Back](#)

0 signatures remaining (1 pages)

The screenshot shows a web interface for an enrollment process. At the top, there is a navigation bar with a back button and a status indicator. The main content area is divided into two columns. The left column contains the heading 'Enrollment C' and a paragraph stating 'You have comp to electronic and elections.' followed by a paragraph about providing feedback and a 'Thank you.' message. The right column contains a paragraph stating 'You're required sonal details'. In the center, there is a white modal box titled 'Create your signature' with the instruction 'Start typing your full name as it appears below.' Below this is a text input field containing the signature 'Lisa Parker'. At the bottom of the modal, there is a green lock icon, the text 'SHA-256 with RSA Encryption', a statement 'I understand this is a legal representation of my signature.', and a grey 'Next' button.

34. Once forms are generated, type your full name as it appears in **Create your signature**.

[< Back](#)

0 signatures remaining (1 pages)

This screenshot is similar to the previous one, showing the 'Create your signature' modal. However, the 'Next' button is now blue, indicating it is clickable. The signature in the input field is 'lisa parker' in lowercase. The rest of the page content remains the same as in the previous screenshot.

35. Click **Next**.

[< Back](#)

0 signatures remaining (1 pages)

Enrollment C

You have comp
to electronicall
and elections.


You're required
sonal details

If you have any comments about this process, please leave
feedback on the Finish section. Your input will be used to
improve the enrollment process.

Thank you.

Create your signature

Some carriers require a hand-drawn signature. Please draw
your signature in the box below.

clear

SHA-256 with RSA Encryption
I understand this is a legal representation of my
signature.

Next

36. Using mouse or touch screen, add a hand-drawn signature.

37. Click **Next**.

[< Back](#)

0 signatures remaining (1 pages)

Enrollment C

You have comp
to electronicall
and elections.

You're required
sonal details

If you have any
feedback on the Finish section. Your input will be used to
improve the enrollment process.

Thank you.

Review & Sign Forms

Please review all of the information presented for
completeness and accuracy.

When you are ready, sign each section by tapping on
the green signature prompts. If at any time you feel like
you need to make changes, you can return by clicking
'Back' above. For additional help, please reach out to
your HR administrator.

SHA-256 with RSA Encryption
I understand this is a legal representation of my
signature.

Next

38. Review forms for completeness and accuracy.

39. Click **Next**.

Certificate or Group Agreement, and 3) any written amendments to the Certificate or Group Agreement. My contract with you is made up of these three items and this and any later application by me to you. My coverage will be through this contract. I name my Group as my Group agent or Remitting Agent. I ask my Group to pay you directly and I give my Group the right to deduct my part of your fees from my pay (if applicable). Everything I say in this application is true. I give up all rights to service if I have not told the complete truth everywhere in this application.

You may take back any monies paid for me or my family and pay no more if you find I did not tell the complete truth. I understand that any misrepresentation is fraud and will be pursued to the fullest extent allowed by law including all compensatory and punitive damages as well as costs and attorney's fees. Coverage will not begin until you accept this application in writing. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

If you do not accept my application, the only thing you have to do is return any fees I paid. You may pay providers directly for services to me. I ask that my doctor, hospital or anyone else gives my or my family's medical records to you. You may release those records to anyone necessary in order to administer the contract. This applies to anyone I have listed or added. This begins now and continues as long as you need to decide about this application and process any of our claims.

I will cooperate with you. If you need information about other health and/or dental policies I have, including payments by them, I will give it to you. If you need information to help you subrogate (substitute for me or a family member) or be reimbursed, I will give it to you.

I acknowledge by my signature that I have read and understand the important information printed on the back of this application.

SIGN HERE

SIGNATURE OF EMPLOYEE

X

DATE SIGNED
(MM/DD/YYYY) / / FULL-TIME EMPLOYMENT DATE
(MM/DD/YYYY) / / **TO BE COMPLETED BY EMPLOYER**

*EMPLOYER'S NAME

*GROUP NUMBER

EMPLOYER ADDRESS

EMPLOYER PHONE NUMBER

40. Tap each green signature prompt as they appear.

IMPORTANT: CAREFULLY REVIEW YOUR FORMS

The purpose of this online system is to help you easily complete several different forms. It is important that you review each form to make sure that they are completed accurately.

Please review the questions as asked on each form and make sure that the correct answer has been provided. While we make every effort to ensure this is done for you, we want to take the extra step to make sure that your carriers are getting the most accurate information possible.

41. Once complete, click **Finish Signing**.


Congratulations! Your enrollment elections have been submitted for review.

How was your enrollment experience?



Tell us about your experience

Submit Feedback

 Need Help? [Get Support](#)

42. Note **100% Complete**.


Congratulations! Your enrollment elections have been submitted for review.

How was your enrollment experience?



What a great experience! I love Ease.

Submit Feedback

 Need Help? [Get Support](#)

43. Optional: add star rating and comments, then click **Submit Feedback**.

- 1 Profile
- 2 Dependents
- 3 Documents
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- 8 Summary
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- 10 Marketplace
- 11 **Finish**

Congratulations! Your enrollment elections have been submitted for review.

How was your enrollment experience?



Tell us about your experience

Submit Feedback

[Need Help?](#) [Get Support](#)

44. Otherwise, click **Finish**.

ease

Dashboard

- Profile
- Benefits
- Documents
- Time Off
- Calendar
- Directory

Open Enrollment
You can continue to make upcoming benefit changes during Open Enrollment.

Compensation Statement
[View](#)

ETHOS
Insure your life. It's never been easier.
[View Ethos](#)

LP Lisa Parker
[Add photo](#)
[Manage Company](#)
[Settings](#)
[Help](#)
[Logout](#)

45. Click drop arrow next to name in upper right corner.

46. Click **Logout**.

End of Procedure