

SELF ENROLLMENT - MEMBER

STEP 1

After logging in and selecting your role click on 'Self Enrollment'



Member



Demo Test



Claims Status

Request Replacement Card

Self Enrollment

Voluntary Insurance

eCard

Self Enrollment

#	First Name	Last Name	Gender	Date of Birth	Group	Status	Action
	Demo	Test	Female	Jan/12/1990	0000094001	Initiated	View Certificates

THE GREATEST WEALTH IS GOOD HEALTH

SELF ENROLLMENT - MEMBER

STEP 2

Input all your relevant information to complete each section of your enrollment form.



Member



- Claims Status
- Request Replacement Card
- Self Enrollment
- Voluntary Insurance
- eCard



Employer Information

Group Number *	Account Name : Account Number *	Employer/Company Name *
0000094001	Company One	Company Name
Benefit Classification *	Occupation *	Location
ALL		0
Date Hired *	Coverage Effective Date *	Salary Frequency
Sep/01/2000	Jan/01/2019	Annually
Salary Amount	Termination Effective Date	Termination Reason
7,147,681.00	Select	

Remarks

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STEP 3

Ensure you review your completed form before submitting.



Member



Demo Test



- Claims Status
- Request Replacement Card
- Self Enrollment
- Voluntary Insurance
- eCard



Employer



Employee



Banking



Product



Dependent



Beneficiary



Health



Review

Expand/ Minimize



Transaction History



Employer



Employee



Banking



Product



Dependent



Beneficiary



Group Health Statements

Message Board :

SELF ENROLLMENT - MEMBER

STEP 4

Your Form will then be sent to your Benefit Manager for Approval



Member



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Self Enrollment

#	First Name	Last Name	Gender	Date of Birth	Group	Status	Action
	Demo	Test	Female	Jan/12/1990	0000094001	Pending BM Approval	View Certificates

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