Online Processing: Life Change Event

Health Plans uses a secure online tool, WEBeci™, to enable our clients to process enrollment additions and changes for their employees. To process a Life Change Event for an employee or dependent, first log onto the Health Plans website at **www.healthplansinc.com** and select **Clients**. On the Client page, select **Enrollment/Eligibility (WEBeci)**, then **Log In** to access the WEBeci™ system.

1. **LOG IN**

   On the WEBeci login page, enter your User ID and Password and click **Log In**.
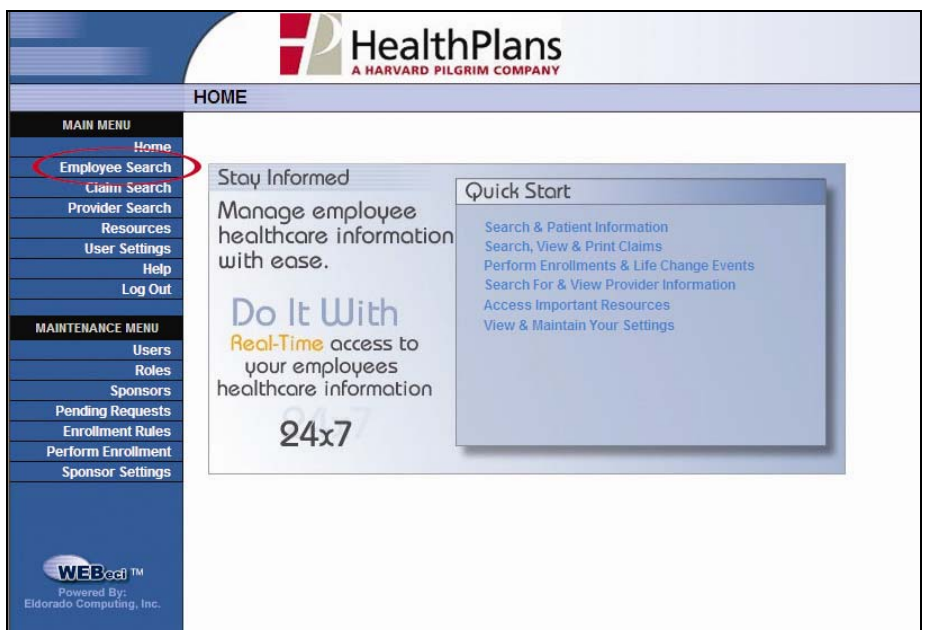
   If you are newly-authorized to access the WEBeci™ system, you will receive a User ID and a password via secure email from Health Plans.

   The first time you log in you will be able to change your temporary password to a personal, unique password.

2. **LOCATE THE EMPLOYEE'S ELIGIBILITY FILE**

   On the WEBeci home page, click on **Employee Search**.

3. ENTER SEARCH PARAMETERS

Search by:

- Employee Name; **or**

- Employee ID (Health Plans member ID); **or**

- Alternate ID (employee Social Security Number)

4. SELECT THE COVERED PERSON AFFECTED BY THE LIFE CHANGE EVENT

Click on the name of the employee or dependent whose information requires updating.

For changes that affect the employee's entire policy (such as adding a dependent), click on the employee's name.

5. MEMBER INFORMATION

Confirm that the correct member has been selected, and click **Change Request**.

6. LIFE CHANGE EVENT

Enter the effective date of the change, and click **Life Change Event**.

7. MEMBER INFORMATION

Make any necessary changes to the member's information, then click **Save & Continue**.

PLEASE USE ALL CAPITAL LETTERS WHEN ENTERING INFORMATION.

8. ADDING A DEPENDENT

To add a dependent, click **Add Dependent** after confirming the employee's information (Step 7 above).

9. ADDING A DEPENDENT – DATA ENTRY

Enter the new dependent's personal and demographic information where indicated, then click *Save & Continue*. Fields marked with a * are required.

- Please enter the new dependent's Social Security Number under "Secondary ID" (if known).

- Name suffixes such as Sr., Jr., etc. must be entered in the "Last Name" field, separated from the last name by a comma with no spaces (*e.g.*, **NEWHIRE,JR.**).

- Please select Relationship Code "Other" for Domestic Partners.

- If the new dependent is a full-time student, please provide the name of the school and semester hours (if known).

- If the new dependent carries other insurance, please check the appropriate box(es) before continuing.

- *PLEASE USE ALL CAPITAL LETTERS WHEN ENTERING INFORMATION.*

10. PLAN ELECTION – MEMBER/DEPENDENT COVERAGE CHANGE

If the Life Change Event which occurred warrants a change in coverage elections, make the appropriate changes and click **Save & Continue**.

Do not de-select coverages to process an eligibility termination. Health Plans must confirm COBRA eligibility before processing coverage terminations. Please use the Comments field on the Enrollment Summary page to indicate a coverage termination (see Step 12 below).

11. PLAN ELECTION – SUPPLEMENTAL PRODUCTS

A Life Change Event may also affect eligibility for Supplemental Products. Click on any available supplemental products listed, confirm or change as necessary, and click **Save & Continue**.

11. PLAN ELECTION – SUPPLEMENTAL PRODUCTS (CONTINUED)

Once all Supplemental Products have been selected, click **Save &Continue**.

12. ENROLLMENT SUMMARY – LIFE CHANGE EVENT

Review the demographic information and coverage selections as entered for accuracy. If all of the information is correct, an authorized Human Resources representative should enter her or his name under "Electronic Signature", followed by the current date. Please use the "Comments" field to summarize the information being submitted, then click **Submit Request**.

To indicate a termination or cancellation of coverage, please provide the information in the Comments box below the Electronic Signature. Please include the appropriate Termination Code.

TERMINATION CODES

QE1 Involuntary Termination of Employment (other than by reason of gross misconduct)

QE2 Voluntary Termination of Employment (employee resignation)

QE3 Reduction in Hours

QE4 Divorce or Legal Separation of Covered Employee

QE5 Dependent Child ceasing to be a Dependent under Plan's terms (*e.g.,* over maximum age)

QE6 Death of Covered Employee

QE7 Covered Employee's Entitlement to Medicare Benefits

QE8 Disabled Individual who has sent notice of his/her Social Security Disability Determination

13. ENROLLMENT CONFIRMATION

When you click **Submit Request**, the information is transmitted to Health Plans. You will receive a Confirmation Page. We encourage you to print the Confirmation Page in case you need to contact us at a later date.

Enrollment/Change Request Form

Insured Employee Information

Name	SALLY NEWHIRE	Employee ID	HHX-00-0000
Address 1	10 SAMPLE STREET	Secondary ID	SSN-##-####
Address 2		Date of Birth	01/01/1970
City	ANYTOWN	Age	40
State	MA	Marital Status	Married
Zip Code	01000	Gender	Female
County		Hired Date	01/04/2010
Home Phone	617 555-9876	Employment	Full-Time
Work Phone	617 555-6789	Annual Earnings	$ 50,000.00
E-mail Address	SNEWHIRE@MYCOMPANY.COM	Department	NONUNION
Beneficiary	GEORGE NEWHIRE, HUSBAND	Medicare Coverage	No Medicare
		Network Choice	
		Status	A

Dependent Information

Name	Relationship	Status	Address Information
George Newhire,Jr.	Son	S	10 SAMPLE STREET, ANYTOWN, MA 01000
George Newhire,Sr.	Spouse	A	10 SAMPLE STREET, ANYTOWN, MA 01000
Mary Newhire	Daughter	A	10 SAMPLE STREET, ANYTOWN, MA 01000

Plan Elections

Select	Plan Name	Coverage Options	Individuals To Be Covered	Employee Cost
✔	DENTAL PLAN View Details	Family	✔ SALLY NEWHIRE ✔ MARY NEWHIRE ✔ GEORGE NEWHIRE,JR. ✔ GEORGE NEWHIRE,SR.	$ 0.00 Per Pay Period
✔	MEDICAL PLAN View Details	Family	✔ SALLY NEWHIRE ✔ GEORGE NEWHIRE,JR. ✔ MARY NEWHIRE ✔ GEORGE NEWHIRE,SR.	$ 0.00 Per Pay Period
✔	RX PLAN View Details	Family	✔ SALLY NEWHIRE ✔ GEORGE NEWHIRE,JR. ✔ MARY NEWHIRE ✔ GEORGE NEWHIRE,SR.	$ 0.00 Per Pay Period

Supplemental Product Options

Select	Product Name
✔	FLEX BEN

Electronic Authorization Signature

First and Last Name	SALLY NEWHIRE	Date	02/02/2010

Change Request Effective Date 02/01/2010

Comments For Health Plan Administrator