

## Online Processing: New Enrollment

Health Plans uses a secure online tool, WEBeci™, to enable our clients to process enrollment additions and changes for their employees. To process a New Enrollment for an employee, first log onto the Health Plans website at [www.healthplansinc.com](http://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**.

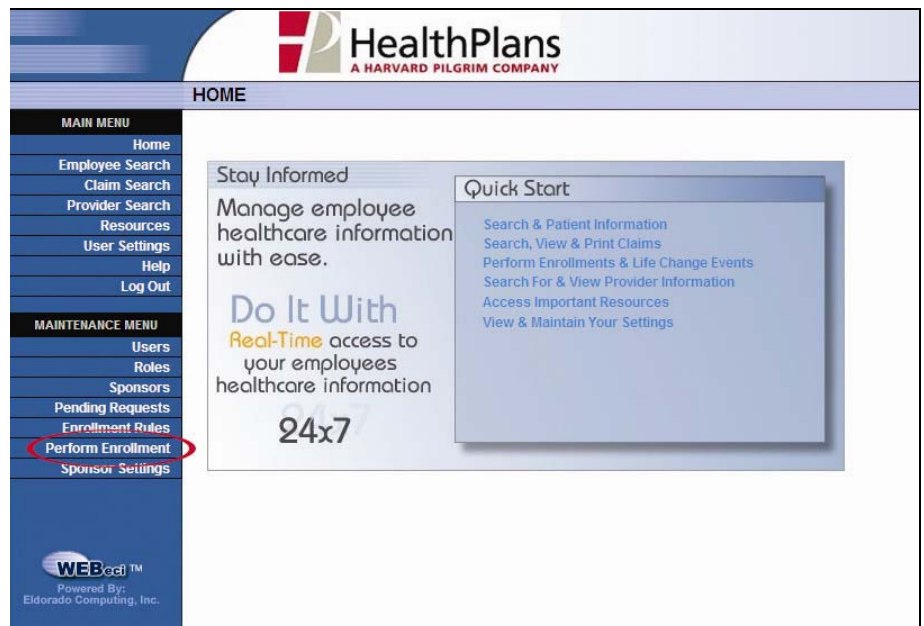
*If you are newly-authorized to access the WEBeci™ system, you will receive a User ID and a password via secure email from Health Plans.*

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



### 2. BEGIN THE ENROLLMENT PROCESS

On the WEBeci home page, click on **Perform Enrollment**.



**3. ENTER DATE OF BIRTH AND DATE OF HIRE**

Enter the employee's Date of Birth and Date of Hire in MM/DD/YYYY format, then click **Continue**.

*(The Employee ID field may be left blank.)*

The screenshot shows the HealthPlans ENROLLMENT page. The left sidebar contains a MAIN MENU with options: Home, Employee Search, Claim Search, Provider Search, Resources, User Settings, Help, and Log Out. Below that is a MAINTENANCE MENU with options: Users, Roles, Sponsors, Pending Requests, Enrollment Rules, Perform Enrollment, and Sponsor Settings. At the bottom of the sidebar is the WEBcdj logo and text: "Powered By: Eldorado Computing, Inc.". The main content area is titled "Employee Information" and contains the instruction: "Please supply the following information to continue or begin the below enrollment or change options." Below this are three input fields: "Employee ID" (with a placeholder "(000000000)"), "Date of Birth" (with the value "01/01/1970" and a format hint "mm/dd/yyyy"), and "Date of Hire" (with the value "01/04/2010" and a format hint "mm/dd/yyyy"). A "Continue" button is located below the input fields.

**4. ACCESS THE DATA ENTRY SECTION**

Click the **New Hire Enrollment** button.

The screenshot shows the HealthPlans ENROLLMENT page. The left sidebar is identical to the previous screenshot. The main content area is titled "Enrollment and Change Options" and contains a button labeled "New Hire Enrollment" which is circled in red. To the right of the button is the text: "Use this option if you have been recently hired and wish to enroll in your employer sponsored health plan." The rest of the page content is the same as in the previous screenshot.

**5. DATA ENTRY – EMPLOYEE**

Enter the employee’s personal and demographic information where indicated, then click **Save & Continue**. Fields marked with a \* are required.

- The “Employee ID” field pre-fills with temporary data for Health Plans (a permanent Member ID will be assigned once the processing is complete).
- Please enter the employee’s Social Security Number under “Secondary ID”.
- 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,SR.**).
- If the employee carries other insurance, please check the appropriate box(es) before continuing.
- **PLEASE USE ALL CAPITAL LETTERS WHEN ENTERING INFORMATION.**

**HealthPlans**  
A HARVARD PILGRIM COMPANY

**ENROLLMENT**

Progress: **Employee** | Dependent | Elections | Supplemental | Summary | Complete

\* = Required

Plan Period: 01/01/2010

**Employee Information**

First Name: SALLY \*

Middle Initial: [ ]

Last Name: NEWHIRE \*

Suffix: [ ]

Employee ID: HHX000000 (9 characters, no spaces or dashes)

Secondary ID: SSN-##-#### (up to 12 characters)

Employee Status: Active \*

Gender: Female \*

Date of Birth: 01/01/1970 (mm/dd/yyyy) \*

Age: 40

Address 1: 10 SAMPLE STREET \*

Address 2: [ ]

City: ANYTOWN \*

State: MA \*

Zip: 01000 \*

County: [ ]

Home Phone: 617-555-9876

Work Phone: 617-555-6789

E-Mail Address: SNEWHIRE@MYCOMPANY.COM (Recommended)

Marital Status: Married

Hired Date: 01/04/2010

Beneficiary: GEROGE NEWHIRE, SR., HUSBAND (Full name, relation)

Employment: Full-Time

Annual Earnings: [ ] (1,000.50)

Department: NONUNION EMPLOYEES \*

Medicare Coverage Type: No Medicare \*

Do You Have Other Health Coverage: NO

If YES, please indicate which types of coverage you have and if they are primary.

Major Medical  Is Primary Coverage

Dental  Is Primary Coverage

Vision  Is Primary Coverage

Prescription Drugs  Is Primary Coverage

<< Back | Save & Continue >> | Cancel Enrollment

**6. DATA ENTRY – DEPENDENT(S)**

If the employee has named any dependents for their plan, enter the first dependent’s personal and demographic information where indicated, then click **Save & Continue**. Fields marked with a \* are required.

- Please enter the dependent’s Social Security Number under “Secondary ID”.
- 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,SR.**).
- Please select Relationship Code “Other” for Domestic Partners.
- If the dependent carries other insurance or is a full-time student, please check the appropriate box(es) and complete the appropriate fields before continuing.
- If the employee does not have any dependents to enroll, check the “Skip this step” box at the bottom of the page.
- **PLEASE USE ALL CAPITAL LETTERS WHEN ENTERING INFORMATION.**

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**ENROLLMENT**

Progress: **Employee** | **Dependent** | Elections | Supplemental | Summary | Complete

\* = Required

Plan Period: 01/01/2010

**Dependent Information**

First Name: GEORGE \*

Middle Initial: [ ]

Last Name: NEWHIRE,SR. \*

Suffix: [ ]

Dependent ID: HHX000000 (9 characters, no spaces or dashes)

Secondary ID: SSN-##-#### (up to 12 characters)

Status: Active

Date of Birth: 12/31/1970 \* (mm/dd/yyyy)

Gender: Male \*

Relationship Code: Spouse \*

Address 1: 10 SAMPLE STREET

Address 2: [ ]

City: ANYTOWN

State: MA

Zip: 01000

County: [ ]

Home Phone: 617-555-9876

Work Phone: [ ]

E-Mail Address: [ ]

Full Time Student: NO \*

School Name: [ ]

Semester Hours: [ ]

Has Other Health Coverage: NO \*

If YES, please indicate which types of coverage.

Major Medical

Dental

Vision

Prescription Drugs

I would like to skip this step, I do not wish to or need to cover any dependents

<< Back | Save & Continue >> | Cancel Enrollment

## 7. DATA ENTRY – ADDITIONAL DEPENDENT(S)

If the employee has named additional dependents for their plan, click “Add Dependent” to enter the next dependent’s personal and demographic information. If all dependents have been added, click “Save & Continue”.

- Please enter the dependent’s Social Security Number under “Secondary ID”.
- 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,SR.**).
- **PLEASE USE ALL CAPITAL LETTERS WHEN ENTERING INFORMATION.**

The screenshot shows the HealthPlans enrollment interface. The top navigation bar includes 'Employee', 'Dependent', 'Elections', 'Supplemental', 'Summary', and 'Complete'. The 'Dependent' tab is active. The main content area displays 'Dependent Information' for a dependent named 'GEORGE NEWHIRE,SR.' with a relationship of 'Spouse' and a date of birth of '12/31/1970'. A checkbox labeled 'Use employee address information when adding a dependent.' is checked. The 'Add Dependent' button is circled in red. Navigation buttons include '<< Back', 'Save & Continue >>', and 'Cancel Enrollment'.

The screenshot shows the 'Dependent Information' form in the HealthPlans enrollment system. The form includes the following fields and options:

- First Name:** GEORGE \*
- Middle Initial:** [Empty]
- Last Name:** NEWHIRE,JR. \*
- Suffix:** [Empty]
- Dependent ID:** HHX000000 (9 characters, no spaces or dashes)
- Secondary ID:** SSN-##-#### (up to 12 characters)
- Status:** Active
- Date of Birth:** 01/31/1992 \* (mm/dd/yyyy)
- Gender:** Male \*
- Relationship Code:** Son \*
- Address 1:** 10 SAMPLE STREET
- Address 2:** [Empty]
- City:** ANYTOWN
- State:** MA
- Zip:** 01000
- County:** [Empty]
- Home Phone:** 517 555-9876
- Work Phone:** [Empty]
- E-Mail Address:** [Empty]
- Full Time Student:** YES \*
- School Name:** UNIV OF ANYWHERE
- Semester Hours:** [Empty]
- Has Other Health Coverage:** NO \*

Below the 'Has Other Health Coverage' field, there are checkboxes for 'Major Medical', 'Dental', 'Vision', and 'Prescription Drugs'. The form includes navigation buttons: '<< Back', 'Save & Continue >>', and 'Cancel Enrollment'.

**8. DATA ENTRY – COMPLETE**

Once all dependents have been added, click **Save & Continue**.

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**ENROLLMENT**

Progress: **Employee** | **Dependent** | Elections | Supplemental | Summary | Complete

Click on the dependent name to view or edit the dependent information.

Plan Period: 01/01/2010

**Dependent Information**

Dependent Name	Relationship	Date of Birth
GEORGE_NEWHIRE_SR.	Spouse	12/31/1970
GEORGE_NEWHIRE_JR.	Son	01/31/1992

Use employee address information when adding a dependent.

Buttons: Add Dependent, << Back, **Save & Continue >>**, Cancel Enrollment

**9. PLAN ELECTIONS**

Indicate the plan(s) and coverage option(s) based on the employee's selections, and click **Save & Continue**.

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**ENROLLMENT**

Progress: **Employee** | **Dependent** | **Elections** | Supplemental | Summary | Complete

Choose the plan(s) that best fit you or your families' needs, by not selecting a plan it will be assumed that you are not electing coverage for that plan or "waiving" coverage. To view the plan details or description, click on the plan name link. The employee cost will be displayed by selecting a coverage option. Any individuals not checked or selected for coverage will be considered as not electing coverage or "waiving" coverage for that plan.

Plan Period: 01/01/2010

**Plan Elections**

Select	Plan Name	Coverage Options	Individuals To Be Covered	Employee Cost
<input checked="" type="checkbox"/>	RX PLAN <a href="#">View Details</a>	Family	<input checked="" type="checkbox"/> SALLY_NEWHIRE <input checked="" type="checkbox"/> GEORGE_NEWHIRE_SR. <input checked="" type="checkbox"/> GEORGE_NEWHIRE_JR.	\$0.00 Per Pay Period
<input checked="" type="checkbox"/>	DENTAL PLAN <a href="#">View Details</a>	Family	<input checked="" type="checkbox"/> SALLY_NEWHIRE <input checked="" type="checkbox"/> GEORGE_NEWHIRE_SR. <input checked="" type="checkbox"/> GEORGE_NEWHIRE_JR.	\$0.00 Per Pay Period
<input checked="" type="checkbox"/>	MEDICAL PLAN <a href="#">View Details</a>	Family - None - Employee only Employee + Child <b>Family</b> Employee + Spouse	<input checked="" type="checkbox"/> SALLY_NEWHIRE <input checked="" type="checkbox"/> GEORGE_NEWHIRE_SR. <input checked="" type="checkbox"/> GEORGE_NEWHIRE_JR.	\$0.00 Per Pay Period

Buttons: << Back, **Save & Continue >>**, Cancel Enrollment

## 10. SUPPLEMENTAL PRODUCTS

If your company offers additional products, such as Flexible Spending Accounts, Short Term Disability Insurance and Life Insurance, these products are shown on the Supplemental Products page. Click on each option that the employee has selected, and complete the necessary information.

If the employee did not select any Supplemental Products, click **Save & Continue**.

The screenshot shows the HealthPlans enrollment interface. At the top, the HealthPlans logo is displayed. Below it, the 'ENROLLMENT' section has a progress bar with tabs for Employee, Dependent, Elections, Supplemental (selected), Summary, and Complete. A message explains that users can click on product names to view details. A legend indicates that a green checkmark means a product is selected. The plan period is 01/01/2010. Under the 'Supplemental Products' heading, there is a list of products: ADBD, EE LIFE, and FLEX BEN. The FLEX BEN option has a green checkmark next to it. At the bottom of the product list, there are three buttons: '<< Back', 'Save & Continue >>' (circled in red), and 'Cancel Enrollment'. The left sidebar contains a 'MAIN MENU' and a 'MAINTENANCE MENU'. The bottom of the page features the WEBcd logo and 'Powered By: Eldorado Computing, Inc.'


## 11. SUPPLEMENTAL PRODUCTS - COMPLETE

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

This screenshot is identical to the previous one, showing the HealthPlans enrollment interface. The 'Supplemental' tab is selected, and the 'FLEX BEN' option is checked. The 'Save & Continue >>' button is circled in red, indicating the next step in the process. The rest of the interface, including the progress bar, product list, and sidebar, remains the same.

## 12. ENROLLMENT SUMMARY

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**.




### ENROLLMENT

**MAIN MENU**

- Home
- Employee Search
- Claim Search
- Provider Search
- Resources
- User Settings
- Help
- Log Out

**MAINTENANCE MENU**

- Users
- Roles
- Sponsors
- Pending Requests
- Enrollment Rules
- Perform Enrollment
- Sponsor Settings

  
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Progress: Employee Dependent Elections Supplemental Summary Complete

This is your benefit elections or changes summary statement, please review this information carefully and make sure all information is correct. Click the Submit Request button at the bottom of this page to submit this enrollment request to your employer for approval and review, once your review is complete and all remaining required fields are filled in. You will be provided with a printable version of your enrollment elections after you have submitted this form.

Plan Period: 01/01/2010

#### 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	617 555-8789	Annual Earnings	\$ 50,000.00
E-mail Address	SNEWHIRE@MYCOMPANY.COM	Department	NONUNION EMPLOYEES
Beneficiary	GEORGE NEWHIRE, HUSBAND	Medicare Coverage	No Medicare
		Employee Effective Date	<input type="text" value="01/04/2010"/> mm/dd/yyyy
		Status	Active

#### Dependent Information

Name	Relationship	Status	Address Information
<a href="#">George Newhire, Sr.</a>	Spouse	Active	10 SAMPLE STREET, ANYTOWN, MA 01000
<a href="#">George Newhire, Jr.</a>	Son	School	10 SAMPLE STREET, ANYTOWN, MA 01000

#### Plan Elections

Select	Plan Name	Coverage Options	Individuals To Be Covered	Employee Cost
✓	<b>RX PLAN</b> <a href="#">View Details</a>	Family	✓ SALLY NEWHIRE ✓ GEORGE NEWHIRE, SR. ✓ GEORGE NEWHIRE, JR.	\$ 0.00 Per Pay Period
✓	<b>MEDICAL PLAN</b> <a href="#">View Details</a>	Family	✓ SALLY NEWHIRE ✓ GEORGE NEWHIRE, SR. ✓ GEORGE NEWHIRE, JR.	\$ 0.00 Per Pay Period
✓	<b>DENTAL PLAN</b> <a href="#">View Details</a>	Family	✓ SALLY NEWHIRE ✓ GEORGE NEWHIRE, SR. ✓ GEORGE NEWHIRE, JR.	\$ 0.00 Per Pay Period

#### Supplemental Product Options

Select	Product Name
✓	<a href="#">FLEX BEN</a>

\* = Required

#### Electronic Authorization Signature

First and Last Name  \* Date  \* mm/dd/yyyy

Comments For Health Plan Administrator

ADDING NEW EMPLOYEE SALLY NEWHIRE, SPOUSE GEORGE NEWHIRE SR & SON GEORGE NEWHIRE JR. EFF 1/4/2010. MED, DENTAL, RX, FLEX PLANS

<< Back
Submit Request
Cancel Enrollment



### 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	01/03/2010	
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,SR.,HUSBAND	Medicare Coverage	No Medicare	
		Employee Effective Date	01/03/2010	
		Network Choice		
		Status	A	
Dependent Information				
Name	Relationship	Status	Address Information	
George Newhire, Sr.	Spouse	A	10 SAMPLE STREET, ANYTOWN, MA 01000	
George Newhire, Jr.	Son	A	10 SAMPLE STREET, ANYTOWN, MA 01000	
Plan Elections				
Select	Plan Name	Coverage Options	Individuals To Be Covered	Employee Cost
<input checked="" type="checkbox"/>	<b>RX PLAN</b> <a href="#">View Details</a>	Family	<input checked="" type="checkbox"/> SALLY NEWHIRE <input checked="" type="checkbox"/> GEORGE NEWHIRE,SR. <input checked="" type="checkbox"/> GEORGE NEWHIRE,JR.	\$ 0.00 Per Pay Period
<input checked="" type="checkbox"/>	<b>MEDICAL PLAN</b> <a href="#">View Details</a>	Family	<input checked="" type="checkbox"/> SALLY NEWHIRE <input checked="" type="checkbox"/> GEORGE NEWHIRE,JR. <input checked="" type="checkbox"/> GEORGE NEWHIRE,SR.	\$ 0.00 Per Pay Period
<input checked="" type="checkbox"/>	<b>DENTAL PLAN</b> <a href="#">View Details</a>	Family	<input checked="" type="checkbox"/> SALLY NEWHIRE <input checked="" type="checkbox"/> GEORGE NEWHIRE,SR. <input checked="" type="checkbox"/> GEORGE NEWHIRE,JR.	\$ 0.00 Per Pay Period
Supplemental Product Options				
Select	Product Name			
<input checked="" type="checkbox"/>	FLEX BEN			
Electronic Authorization Signature				
First and Last Name	H. R. REPRESENTATIVE	Date	01/06/2010	
Comments For Health Plan Administrator				

# Online Processing: New Enrollment (Future Date)

By making some small adjustments to the previous steps, you may also process new enrollments for a future date.

### 3. ENTER DATE OF BIRTH

Enter only the employee's Date of Birth, leaving the "Employee ID" and "Date of Hire" fields empty. Then click **Continue** and **New Hire Enrollment** on the following page.

*When entering the employee's demographic information, leave the "Date of Hire" field blank on that page as well.*

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**ENROLLMENT**

MAIN MENU  
Home  
Employee Search  
Claim Search  
Provider Search  
Resources  
User Settings  
Help  
Log Out

MAINTENANCE MENU  
Users  
Roles  
Sponsors  
Pending Requests  
Enrollment Rules  
Perform Enrollment  
Sponsor Settings

WEBEDI™  
Powered By:  
Eldorado Computing, Inc.

**Employee Information**  
Please supply the following information to continue or begin the below enrollment or change options.

Employee ID: (00000000)  
Date of Birth: 01/01/1970 mm/dd/yyyy  
Date of Hire: mm/dd/yyyy

Continue

### 12. ENROLLMENT SUMMARY

On the Enrollment Summary page, enter the future effective date, and note both the future effective date and the date of hire in the "Comments for Health Plan Administrator" box just above the **Submit Request** button.

**HealthPlans**  
A HARVARD PILGRIM COMPANY

**ENROLLMENT**

Progress: Employee | Dependent | Elections | Supplemental | Summary | Complete

Plan Period: 01/01/2010

**Insured Employee Information**

Name: SALLY NEWHIRE  
Address 1: 10 SAMPLE STREET  
Address 2:  
City: ANYTOWN  
State: IA  
Zip Code: 51000  
County:  
Home Phone: 617 555-8876  
Work Phone: 617 555-8789  
E-mail Address: SNEWHIRE@CORPANY.COM  
Beneficiary: GEORGE NEWHIRE HUSBAND

Employee ID: HNK-05-0005  
Secondary ID: 051-88-8888  
Date of Birth: 01/01/1970  
Age: 40  
Marital Status: Married  
Gender: Female  
Wired Date: 01/01/2010  
Employment: Full-Time  
Annual Earnings: \$ 55,000.00  
Department: NONUNION EMPLOYEES

Healthcare Coverage: NO MEDICARE  
Employee Effective Date: 10/04/2010 mm/dd/yyyy

Healthcare Coverage: NO MEDICARE  
Employee Effective Date: 10/04/2010 mm/dd/yyyy

**Dependent Information**

Name	Relationship	Status	Address Information
George Newhire Jr. Spouse-Insurance-Ex	Spouse Son	Adult Spouse	10 SAMPLE STREET, ANYTOWN, IA 51000 10 SAMPLE STREET, ANYTOWN, IA 51000

**Plan Elections**

Select	Plan Name	Coverage Options	Individuals To Be Covered	Employee Cost
<input checked="" type="checkbox"/>	FXC PLAN <a href="#">View Details</a>	Family	<input checked="" type="checkbox"/> SALLY NEWHIRE <input checked="" type="checkbox"/> GEORGE NEWHIRE SR <input checked="" type="checkbox"/> GEORGE NEWHIRE JR	\$ 0.00 Per Pay Period
<input checked="" type="checkbox"/>	MEDICAL PLAN <a href="#">View Details</a>	Family	<input checked="" type="checkbox"/> SALLY NEWHIRE <input checked="" type="checkbox"/> GEORGE NEWHIRE SR <input checked="" type="checkbox"/> GEORGE NEWHIRE JR	\$ 0.00 Per Pay Period
<input checked="" type="checkbox"/>	DENTAL PLAN <a href="#">View Details</a>	Family	<input checked="" type="checkbox"/> SALLY NEWHIRE <input checked="" type="checkbox"/> GEORGE NEWHIRE SR <input checked="" type="checkbox"/> GEORGE NEWHIRE JR	\$ 0.00 Per Pay Period

**Supplemental Product Options**

Select Product Name  
 FLEX-BEN

\* Required

**Electronic Authorization Signature**  
First and Last Name: H.R. REPRESENTATIVE | Date: 1/5/2010

**Comments For Health Plan Administrator**

ADDING NEW EMPLOYEE SALLY NEWHIRE, SPOUSE GEORGE NEWHIRE SR & SON GEORGE NEWHIRE JR, EFF 10/4/2010. MED, DENTAL, RX, FLEX PLANS PLEASE NOTE: EFFECTIVE DATE IS 10/4/2010. DATE OF HIRE IS 1/4/2010.

Comments For Health Plan Administrator  
ADDING NEW EMPLOYEE SALLY NEWHIRE, SPOUSE GEORGE NEWHIRE SR & SON GEORGE NEWHIRE JR, EFF 10/4/2010. MED, DENTAL, RX, FLEX PLANS PLEASE NOTE: EFFECTIVE DATE IS 10/4/2010. DATE OF HIRE IS 1/4/2010.

<< Back | Submit Request | Cancel Enrollment