

Aither Health's Online Employer Portal Enrollment Guide

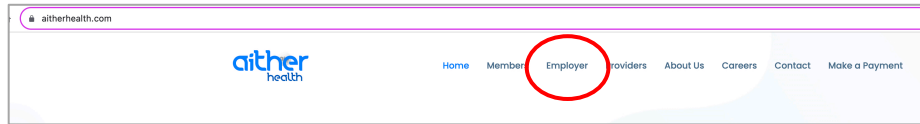


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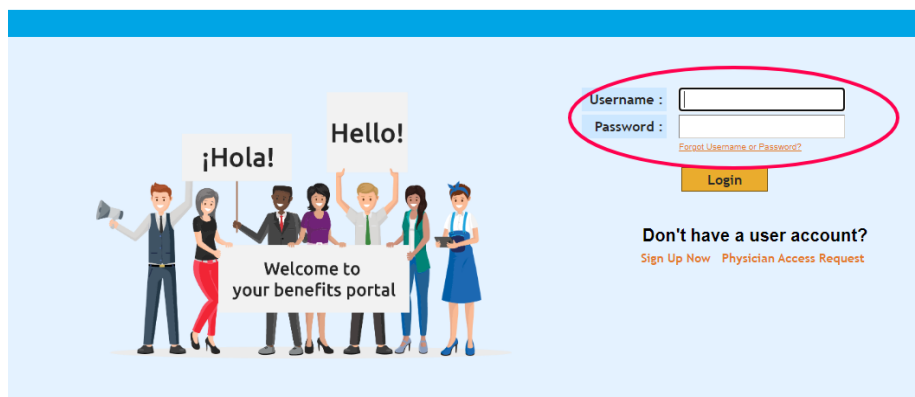
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Accessing the Portal

- Go to <http://aitherhealth.com>
- Select 'Employer' from the Menu Bar

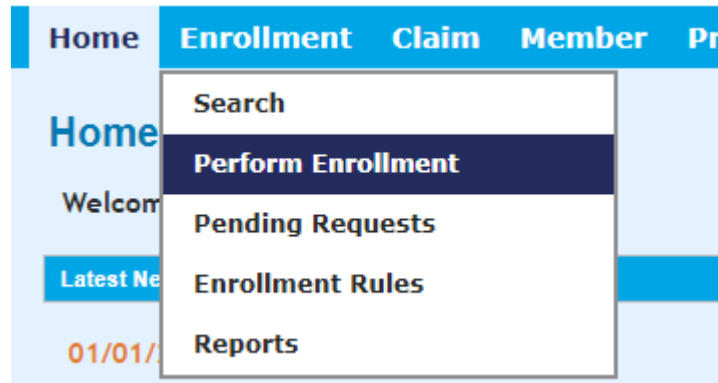


- For 1st time users:
 - You will be assigned a Username and temporary password by Aither that allows access to perform enrollment. **Do not use the 'Sign Up Now' option as that is for members only.**
 - Enter your assigned Username and temporary password provided. You will be prompted to change your password on login.
 - The next time you login you will use your assigned username and the new password you created.



Enrollment – Adding New Employees

- On the Home Screen, click on Enrollment. Then select Perform Enrollments from the drop-down menu.



- **New Hire** – Use the New Hire section on the left side of the screen to enter new employees. **Mandatory fields are noted with a red ***
 - **Employee ID** – Select Social Security Number from the drop-down
 - **Date of Birth** – Type in the date - format must be MM/DD/YYYY or use the calendar function to select the date
 - **Employment Begin Date** – Enter date of hire
 - **Effective Date** – Enter date coverage is effective

A screenshot of the 'Enrollment' form. At the top left, there is a 'New Hire' section with a person icon and a green plus sign. Below it, the text reads 'New employee enrollment in health care benefits program.' The form includes four fields: 'Employee ID Type' (a dropdown menu with '--Select--'), 'Date of Birth*' (a date input field with a calendar icon), 'Employment Begin Date*' (a date input field with a calendar icon), and 'Effective Date*' (a date input field with a calendar icon). A 'GO' button is located below these fields. To the right is a 'Changes' section with a circular arrow icon. The text reads 'Make and submit changes related to existing employees and dependents.' It includes two fields: 'Change Type*' (a dropdown menu with '- Select -') and 'Effective Date*' (a date input field with a calendar icon). A 'GO' button is located below these fields. A legend at the top left of the form states '* Indicates required field.'

- **Employee Information**

- Enter the employee’s information. Please enter an email address if available.

* Indicates Mandatory Fields / Sections

Employee Information for Plan Period : 11/01/2023

First Name * : Dorothy

Middle Name :

Last Name * : Gale

Suffix :

Email : homeiswherethe@heartis.com

Gender * : Female

Employee Social Security Number : 123456789

Date of Birth * : 01/01/2000

Employee Status * : Active

Effective Date * : 11/01/2023

Do Not use dashes when entering the Social Security number.

- **Mailing Address**

- Mailing address is needed for ID cards and explanation of benefits.
- After entering the zip code, the city, state and county will auto-populate.

Mailing Address

Mailing Address1 : 567 East Cedar Street

Mailing Address2 :

Mailing Address3 :

Postal Code : 67901

City : Liberal

State : KANSAS

County : Seward

Country : UNITED STATES (Mandatory if Address is entered)

- **Residence Address**

- Enter a Residence address if different than the Mailing address or select the ***'Same as above'*** option.

Residence Address Same as above

Residence Address1 : 567 East Cedar Street

Residence Address2 :

Residence Address3 :

Postal Code : 67901

City : Liberal

State : KANSAS

County : Seward

Country : UNITED STATES (Mandatory if Address is entered)

- **Phone Numbers**

- Phone numbers should be entered **without** any special characters (i.e. parenthesis, dashes or periods).

Home Phone 1 :	<input type="text" value="6206247624"/>	Ext :	<input type="text"/>
Home Phone 2 :	<input type="text"/>	Home Ext 2 :	<input type="text"/>
Work Phone 1 :	<input type="text"/>	Work Ext 1 :	<input type="text"/>
Work Phone 2 :	<input type="text"/>	Work Ext 2 :	<input type="text"/>
Mobile Phone 1 :	<input type="text"/>		
Mobile Phone 2 :	<input type="text"/>		
Fax 1 :	<input type="text"/>		
Fax 2 :	<input type="text"/>		

- **Employment Information**

- **Employment Status** – Select appropriate status. In most cases it will be **'Active'**
- **Location (* Mandatory)** – Select from drop-down menu (refer to the definition of Locations provided in the separate enrollment document specific to your Plan)
- **Department** – If applicable, choose from the drop-down menu
- **Medicare Coverage Type** – Choose from the drop-down menu. In most cases, select **'No Medicare'**
- **Bracket Code** – Select the appropriate bracket code from the drop-down menu (refer to the definition of Bracket Codes provided in the separate enrollment document specific to your plan)

Employment Begin Date :	<input type="text" value="08/01/2023"/>
Employment :	<input type="text" value="Active"/>
Location * :	<input type="text" value="--Select--"/>
Department :	<input type="text" value="--Select--"/>
Medicare Coverage Type * :	<input type="text" value="-- Select --"/>
Bracket Code * :	<input type="text" value="Select"/>

- **Other Insurance**

- If the Employee has other 'primary' coverage, select '**Yes**', otherwise select '**No**'
- Hit '**Save & Continue**'

- **Dependents**

- Employee has covered Dependents:
 - Complete the Dependent information for each Dependent.
- No Dependents:
 - check the box '**I do not have any dependents**'.

- **Plan Elections**

- Medical & Pharmacy Plan
 - Select the Plan chosen by the Employee.
 - Coverage Option – Choose from the following List:
 - Employee Only
 - Employee plus Spouse
 - Employee plus Children
 - Family
 - Individuals to be Covered.
 - Select Employee and applicable Dependents.

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Status	Relationship
Med Plan Option 1		Employee Only	<input checked="" type="checkbox"/> Dorothy Gale	Active	self
Med Plan Option 2		-- Select --	<input type="checkbox"/> Dorothy Gale	Active	self

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Status	Relationship
RX Plan		Employee Only	<input checked="" type="checkbox"/> Dorothy Gale	Active	self

- **Supplemental**

- Primary Care & Urgent Care

- Product

- Resilient

- Select RZNTVIRTUA – if Employee lives outside the Resilient service area.
 - Select RZNTONSITE – if Employee lives within the Resilient Service area.

- Volume – Always enter '1'

Supplemental

You are continuing an incomplete Life Event enrollment. If you wish to cancel it, you can cancel the enrollment and start over.

Employee Information
 Dependent Information
 Plan Elections
 Supplemental
 Review
 Complete

* Indicates Mandatory Fields / Sections

Supplemental Products for Plan Period : 01/01/2024

Product Name	Volume
<input checked="" type="checkbox"/> RZNTVIRTUA	<input type="text" value="1"/>

- **Review Information**

- Review all information for accuracy. Click on **'Edit'** if changes need to be made.

Employee Information Edit

Client Name : Oz American, LLC Client ID : OZ001

First Name : Dorothy Employee Social Security Number : 123456789

Middle Name :

Last Name : Gale Date of Birth : 01/01/2000

Suffix :

Gender : Female

Age : 23 Employee Status : Active

Effective Date : 11/01/2023

Employment Begin Date : 10/01/2023

Employment : Active

Location : 138408 Medicare Coverage Type : No Medicare

Department : 101 Admin

Enrollment Bracket Code : 138408

Residence Address	Mailing Address
Residence Address1 : 567 East Cedar Street	Mailing Address1 : 567 East Cedar Street
Residence Address2 :	Mailing Address2 :
Residence Address3 :	Mailing Address3 :
City : Liberal	City : Liberal
State : KS	State : KS
Postal Code : 67901	Postal Code : 67901
County : Seward	County : Seward
Country : USA	Country : USA
Home Phone 1 : 6206247624	Ext :
Home Phone 2 :	Home Ext 2 :
Work Phone 1 :	Work Ext 1 :
Work Phone 2 :	Work Ext 2 :
Mobile Phone 1 :	
Mobile Phone 2 :	
Fax 1 :	
Fax 2 :	
Email : homeiswherethe@heartis.com	

Do You Have Other Insurance? : No

- **Submit Enrollment**

- Once Information is reviewed and accurate, enter your first & last name and click on **'Submit Request'**. (Comments **do not** show up in the Employees eligibility record or transfer to Aither. **Please do not use.**)

- Once submitted the eligibility request will be processed within 24-48 hours.
- You may be contacted by Aither’s enrollment team if additional information is required.

- **Existing Requests**

- A listing of all enrollments entered for your Plan will be listed on the Perform Enrollment home screen.
- Each enrollment will display a Status:
 - **Incomplete** – Entry has not been completed or submitted to Aither.
 - Resume – continue entering the enrollment and submit to Aither
 - Delete – allows deletion of an enrollment that has not been submitted
 - **Submitted** – Enrollment completed and submitted to Aither.
 - **Completed** – Enrollment record has been accepted by Aither’s claim platform and Employee/Dependents are accessible in the Member look-up section on the portal.

	Name	Modified Date	Type	Submitted By	Status	Action
<input type="checkbox"/>	Gale, Dorothy	10/13/2023	New Hire		Incomplete	Resume Delete

Enrollment – Changes

- The following changes can be made via the portal.
 - Address
 - Add new Dependent
 - Employee/Dependent(s) termination

The screenshot shows the 'Enrollment' portal with two main sections: 'New Hire' and 'Changes'. The 'Changes' section is circled in red. It includes a 'Change Type' dropdown menu and an 'Effective Date' field, both of which are required fields. A 'GO' button is located below these fields. The 'New Hire' section also has a 'GO' button and is partially visible on the left.

Enrollment Changes – Address

- **Change Type** – Select '**Address Change**' from the drop-down menu.
- **Effective Date** – Enter date the address change is effective.

This screenshot shows the 'Enrollment' portal with the 'Changes' section. The 'Change Type' dropdown menu is set to 'Address Change' and the 'Effective Date' field is populated with '11/01/2023'. A 'GO' button is visible below the fields. The 'New Hire' section is also visible on the left.

- **Member Search**
 - Enter the Employee's First and Last Name to search for the Employee who's address needs to be changed.

The screenshot shows the 'Member Search' page. It features a search form with the following fields: 'Search Options' (dropdown menu set to 'Employees Only'), 'First Name' (text box with 'Josh'), 'Middle Name' (text box), 'Last Name' (text box with 'Allen'), 'Date of Birth' (calendar icon), and 'Patient ID' (text box with '99999917'). There are 'Search', 'Clear', and 'Cancel' buttons at the bottom.

- Select the Employee by clicking on the Employee's name (highlighted in red)

Member Search Results

Search

Search Results

Show records per page << First > | < Previous | Next > | Last >>

Member Name	Status	Effective Date	Date of Birth	Street	City	State	Zip Code	Location
Josh Allen	Active	10/01/2023	05/01/1990	17 Buffalo Blvd	Buffalo	NY	14221	WISCONSIN

Show records per page << First > | < Previous | Next > | Last >>

- **Mailing/Residence Address**

- Enter the new/corrected address(es) (**Important Note:** If the Employee's mailing address should be updated, make sure to enter it in the Mailing Address section)

- **Dependent Address Information**

- Address change applies to all Dependents:
 - Select the Quick Update checkbox
- Address change applies to specific Dependents:
 - Click on the check boxes that apply (Mailing address/Residential Address)
- Dependent has different address:
 - Click on Dependent's name (highlighted in red) and update the address accordingly.

- **Submit**

- Click **'Submit'** when change(s) are completed.

* Indicates Mandatory Fields / Sections

Address Change for: Josh Allen (Employee)

Mailing Address

Mailing Address1:

Mailing Address2:

Mailing Address3:

Postal Code:

City:

State:

Country:

Country: (Mandatory if Address is entered)

Residence Address Same as above

Residence Address1:

Residence Address2:

Residence Address3:

Postal Code:

City:

State:

Country:

Country: (Mandatory if Address is entered)

Dependent Address Information

Click on a Dependent name to edit individual Dependent address information or use the "Same as Employee above" option to set an individual Dependent address to what is shown for the Employee

Quick Update - Check to set ALL Dependent addresses to what is shown for the employee above.

Dependent Name	Relationship	Date of Birth	Mailing Address	Residence Address
Ann Allen	Spouse	01/01/1980	<input type="checkbox"/> Same as employee above	17 Buffalo Blvd, Buffalo, NY - 14221, ERIE, USA <input type="checkbox"/> Same as employee above

Comments:

Enrollment Changes – Add New Dependent

- **Change Type** – Select **'Add a Dependent'** from the drop-down menu.
- **Effective Date** – Enter date the address change is effective.

Enrollment

* Indicates required field.

New Hire

New employee enrollment in health care benefits program.

Employee ID Type : --Select--

Date of Birth * : []

Employment Begin Date * : []

Effective Date * : []

Changes

Make and submit changes related to existing employees and dependents.

Change Type * : Add a Dependent

Effective Date * : 12/15/2023

GO

- **Member Search**
 - Enter the Employee's First and Last Name to search for the Employee that has new dependents. (**Note: Patient ID indicates 'Required *' but it is NOT a required field**).

Home Enrollment Claim Member Provider Resources Maintenance

Home > Member Search

Member Search

* Indicates Mandatory Fields / Sections

Search

Search Options * : Employees Only

First Name : Josh

Middle Name : []

Last Name * : Allen

Date of Birth : []

Patient ID * : 999999917

Search Clear Cancel

- Select the Employee by clicking on the Employee's name (highlighted in **red**)

Member Search Results

Search

Search Results

Show 10 records per page << First > | < Previous | Next > | Last >>

Member Name	Status	Effective Date	Date of Birth	Street	City	State	Zip Code	Location
Josh Allen	Active	12/01/2023	01/01/1995	1 Bills Drive	Orchard Park	NY	14127	N/A

Show 10 records per page << First > | < Previous | Next > | Last >>

- **Review Employee Information**

- Review Employee information and click **'Save & Continue'**.

Employee Information

You are continuing an incomplete Life Event enrollment. If you wish to cancel it, you can cancel the enrollment and start over.

Employee Information > Dependent Information > Plan Elections > Supplemental > Review > Complete

* Indicates Mandatory Fields / Sections

Employee Information for Plan Period : 12/15/2023

First Name * : Josh
 Middle Name :
 Last Name * : Allen
 Suffix :
 Email :
 Gender : Male
 Employee Social Security Number : 123123456
 Date of Birth * : 01/01/1995
 Age : 28
 Employee Status * : Active
 Effective Date * : 12/15/2023

Mailing Address

Mailing Address1 :
 Mailing Address2 :
 Mailing Address3 :
 Postal Code :
 City :
 State :
 County :
 Country : --Select-- (Mandatory if Address is entered)

Residence Address Same as above

Residence Address1 : 1 Bills Drive
 Residence Address2 :
 Residence Address3 :
 Postal Code : 14127
 City : Orchard Park
 State : NEW YORK
 County : Erie
 Country : UNITED STATES (Mandatory if Address is entered)

Home Phone 1 : Ext :
 Home Phone 2 : Home Ext 2 :
 Work Phone 1 : Work Ext 1 :
 Work Phone 2 : Work Ext 2 :
 Mobile Phone 1 :
 Mobile Phone 2 :
 Fax 1 :
 Fax 2 :

Employment Begin Date :
 Employment : Active
 Department : --Select--
 Medicare Coverage Type * : No Medicare
 Bracket Code * : SOMA

Other Insurance

Do You Have Other Insurance? : Yes No

Save & Continue Save & Exit Reset Back

- **Add Dependent Information**

- Enter Dependent Information & click 'Save & Continue'.

* Indicates Mandatory Fields / Sections

New Dependent Information for Plan Period: 12/15/2023

I do not have any dependents ¹

First Name * : Wife
 Middle Name * :
 Last Name * : Allen
 Suffix :
 Email :
 Gender * : Female
 Relationship Code * : Spouse
 Dependent Social Security Number :
 Date of Birth * : 03/03/1995
 Dependent Status * : Active

Mailing Address

Mailing Address 1 : 1 Bills Drive
 Mailing Address 2 :
 Mailing Address 3 :
 Postal Code : 14127
 City : Orchard Park
 State : NEW YORK
 County : Erie
 Country : UNITED STATES (Mandatory if Address is entered)

Residence Address Same as above

Residence Address 1 : 1 Bills Drive
 Residence Address 2 :
 Residence Address 3 :
 Postal Code : 14127
 City : Orchard Park
 State : NEW YORK
 County : Erie
 Country : UNITED STATES (Mandatory if Address is entered)

Home Phone 1 : Ext :
 Home Phone 2 : Home Ext 2 :
 Work Phone 1 : Work Ext 1 :
 Work Phone 2 : Work Ext 2 :
 Mobile Phone 1 :
 Mobile Phone 2 :
 Fax 1 :
 Fax 2 :

Medicare Coverage Type * : No Medicare
 Full Time Student : Yes No

Other Insurance

Do You Have Other Insurance? : Yes No

I do not have any dependents ¹

Save & Continue Save & Exit Reset Cancel

- Click 'Add Dependent' for additional Dependents. Once all Dependents are added, click 'Save & Continue'.

Confirmation!
Record saved successfully

Dependent(s) Information

<input type="checkbox"/>	Dependent Name	Relationship	Dependent Status	Date of Birth
<input type="checkbox"/>	Wife Allen	Spouse	Active	03/03/1995

Add Dependent Delete Dependent

Save & Continue Save & Exit Reset Back

- **Plan Elections**

- Medical & Pharmacy Plan
 - Select the Plan chosen by the Employee.
 - Update Coverage Option – Choose from the following List:
 - Employee Only
 - Employee plus Spouse
 - Employee plus Children
 - Family
 - Individuals to be Covered.
 - Select Employee and applicable Dependents.
- Once complete – Click **'Save & Continue'**.

Elections

Employee Information
 Dependent Information
 Plan Elections
 Supplemental
 Review
 Complete

Plan Elections for Plan Period : 12/15/2023

Medical Plans I do not wish to elect any of the plans offered in the below section (Waive Coverage)

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Status	Relationship
EHP 01 Gold 1000 FH		Employee and Spouse	<input checked="" type="checkbox"/> Wife Allen	Active	Spouse
			<input checked="" type="checkbox"/> Josh Allen	Active	self

Prescription Plans I do not wish to elect any of the plans offered in the below section (Waive Coverage)

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Status	Relationship
EHP 01 Pharmacy Plan VC		Employee and Spouse	<input checked="" type="checkbox"/> Wife Allen	Active	Spouse
			<input checked="" type="checkbox"/> Josh Allen	Active	self

- **Supplemental**

- Primary Care & Urgent Care
 - Product
 - Rezilient
 - Select RZNTVIRTUA – if Employee lives outside the Rezilient service area.
 - Select RZNTONSITE – if Employee lives within the Rezilient Service area.
 - Volume – Always enter '1'

Supplemental

You are continuing an incomplete Life Event enrollment. If you wish to cancel it, you can cancel the enrollment and start over.

Employee Information
 Dependent Information
 Plan Elections
 Supplemental
 Review
 Complete

* Indicates Mandatory Fields / Sections

Supplemental Products for Plan Period : 01/01/2024

Product Name	Volume
<input checked="" type="checkbox"/> RZNTVIRTUA	<input type="text" value="1"/>

- **Review Information**

- Review all information for accuracy. Click on **'Edit'** if changes need to be made.

Summary

Employee Information
 Dependent Information
 Plan Elections
 Supplemental
 Review
 Complete

This is your benefit elections or changes summary statement for Plan Period: 01/01/2024. Please review this information carefully and make sure it is accurate. If you provided an email address during the enrollment process, you will receive an email confirmation of your transaction.

[Edit](#)

Employee Information

Client Name :	Client ID :
First Name : Josh	Employee Social Security Number : 123123456
Middle Name :	
Last Name : Allen	Date of Birth : 01/01/1995
Suffix :	
Gender : Male	Employee Status : Active
Age : 28	Effective Date : 01/01/2024
	Employment Begin Date :
Employment : Active	
	Medicare Coverage Type : No Medicare
Department :	
Enrollment Bracket Code : SOMA	

Residence Address	Mailing Address
Residence Address1 : 1 Bills Drive	Mailing Address1 :
Residence Address2 :	Mailing Address2 :
Residence Address3 :	Mailing Address3 :
City : Orchard Park	City :
State : NY	State :
Postal Code : 14127	Postal Code :
County : Erie	County :
Country : USA	Country :
Home Phone 1 :	Ext :
Home Phone 2 :	Home Ext 2 :
Work Phone 1 :	Work Ext 1 :
Work Phone 2 :	Work Ext 2 :
Mobile Phone 1 :	
Mobile Phone 2 :	
Fax 1 :	
Fax 2 :	
Email :	

Do You Have Other Insurance? : No

[Edit](#)

Dependent(s) Information

Dependent Name	Relationship	Dependent Status	Date of Birth
Wife Allen	Spouse	Active	03/03/1995

[Edit](#)

Plan Elections

Medical Plans

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Relationship	Status	Employee Cost
<input type="checkbox"/> EHP 01 Gold 1000 FH		Employee and Spouse	Wife Allen	Spouse	Active	
			Josh Allen	Self	Active	

Prescription Plans

Plan Name	Network Choice	Coverage Options	Individuals To Be Covered	Relationship	Status	Employee Cost
<input type="checkbox"/> EHP 01 Pharmacy Plan VC		Employee and Spouse	Wife Allen	Spouse	Active	
			Josh Allen	Self	Active	

Total : \$ 0.00

[Edit](#)

Supplemental Products

Product Name	Volume
RZNTVIRTUA	1

- **Submit Enrollment**

- Once Information is reviewed and accurate, enter your first & last name and click on **'Submit Request'**. (Comments **do not** show up in the Employees eligibility record or transfer to Aither. **Please do not use.**)

- Once submitted the eligibility request will be processed within 24-48 hours.
- You may be contacted by Aither's enrollment team if additional information is required.

Enrollment Changes – Terminations

- **Change Type** – Select **'Termination'** from the drop-down menu.
- **Effective Date** – Enter the first date the Employee/Dependent should not have coverage. (example – if employee's last day of coverage is 12/31/2023, enter 01/01/2024 as the effective date)

- **Member Search**

- Enter the Employee's First and Last Name to search for the Employee that has new dependents. (**Note: Patient ID indicates 'Required *' but it is NOT a required field**).

- Select the Employee by clicking on the Employee's name (highlighted in red)

Member Search Results

Search

Search Results

Show 10 records per page << First > | < Previous | Next > | Last >>

Member Name	Status	Effective Date	Date of Birth	Street	City	State	Zip Code	Location
Josh Allen	Active	12/01/2023	01/01/1995	1 Bills Drive	Orchard Park	NY	14127	N/A

Show 10 records per page << First > | < Previous | Next > | Last >>

- **Termination**

- Employee Status
 - Select 'Terminated' from the drop-down menu

Employee Information

You are continuing an incomplete Life Event enrollment. If you wish to cancel it, you can cancel the enrollment and start over.

Employee Information > Dependent Information > Plan Elections > Supplemental > Review > Complete

* Indicates Mandatory Fields / Sections

Employee Information for Plan Period : 01/01/2024

First Name * : Josh

Middle Name :

Last Name * : Allen

Suffix :

Email :

Gender : Male

Employee Social Security Number : 123123456

Date of Birth * : 01/01/1995

Age : 28

Employee Status * : **Terminated**

Effective Date * : 01/01/2024

Mailing Address

Mailing Address1 :

Mailing Address2 :

Mailing Address3 :

Postal Code :

City :

State :

County :

Country : --Select-- (Mandatory if Address is entered)

Residence Address Same as above

- **Review Information**

- Review all information for accuracy. Click on **'Edit'** if changes need to be made.

Employee Information

Client Name : SOMA Global, Inc.	Client ID : X0001
First Name : Josh	Employee Social Security Number : 123456789
Last Name : Allen	Date of Birth :
Suffix :	Employee Status : Terminated
Gender : Male	Effective Date : 01/01/2024
Age : 28	Employment Begin Date :
Employment : Terminated	Medicare Coverage Type : No Medicare
Department :	
Enrollment Bracket Code : SOMA	

Residence Address	Mailing Address
Residence Address1 : 1 Bills Drive	Mailing Address1 :
Residence Address2 :	Mailing Address2 :
Residence Address3 :	Mailing Address3 :
City : Orchard Park	City :
State : NY	State :
Postal Code : 14127	Postal Code :
County : Erie	County :
Country : USA	Country :
Home Phone 1 :	Ext :
Home Phone 2 :	Home Ext 2 :
Work Phone 1 :	Work Ext 1 :
Work Phone 2 :	Work Ext 2 :
Mobile Phone 1 :	
Mobile Phone 2 :	
Fax 1 :	
Fax 2 :	
Email :	

Do You Have Other Insurance? : No

Dependent(s) Information

Dependent Name	Relationship	Dependent Status	Date of Birth
Wife Allen	Spouse		03/03/1995

Plan Elections

No plans chosen
Total : \$ 0.00

Supplemental Products

No products chosen

- **Submit Enrollment**

- Once Information is reviewed and accurate, enter your first & last name and click on **'Submit Request'**. (Comments **do not** show up in the Employees eligibility record or transfer to Aither. **Please do not use.**)

Acceptance

First and Last Name * : Date : 08/11/2023

Comments :

Submit Request
Reset
Back

- Once submitted the eligibility request will be processed within 24-48 hours.