



## REGISTRATION

Employees will receive a registration link via email from their Employer. Click on the link and fill in the required fields on the registration page. Press “register” and you will receive an email at the email address you provided shortly after with a link to login and create a password.

Create a password, confirm and select change password

**Register**

First Name Enter First Name	Last Name Enter Last Name
SSN Number Enter SSN Number	Email Enter Email Address
Date Of Birth (MM/DD/YYYY)	Gender --None--
Mailing Street Enter Street	City Enter City
State Enter State	Zip Code Enter Zip Code

**Register**

### Change Your Password

Enter a new password for **danitza.gline585@willistowerswatson.com**. Your password must have at least:

- 8 characters
- 1 letter
- 1 number

\* New Password  
..... **Go**

\* Confirm New Password  
..... **Match**

**Change Password**

## VERIFY INFORMATION

Review Profile Details and add in or correct any information. Next, press “Save and Select Benefits”.

## NEED TO ADD A DEPENDENT?

1. Click on “Add New Dependent”
2. Fill in required information
3. Press “Save Dependent”

### Profile Details

Please review/correct your personal information and then click Save to move to the benefit selection

**Save and Select Benefits** **Cancel**

First Name Test	Last Name
SSN Number 111223333	Email

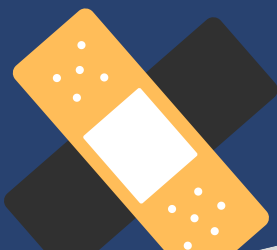
**Add New Dependent**

SSN  
000-00-0000

## BEGIN ENROLLMENT

Select the New Hire Enrollment button in order to choose your benefits.

**New Hire/  
New Group  
Enrollment**



Refer to the benefit descriptions for a comparison of the different plan designs.

### MAKE YOUR ELECTIONS

Review the benefit options available, and choose a plan.

Selected Benefits	Plan Name	Start Date	Benefit Description
<input checked="" type="radio"/>	PPO3	5/1/2019	[Download]
<input type="radio"/>	HRP	5/1/2019	[Download]
<input type="radio"/>	PPO4	5/1/2019	[Download]
<input type="radio"/>	KP-DHMO 1500	5/1/2019	[Download]
<input type="radio"/>	Waive Coverage		

**You can only waive medical under special circumstances, please see your HR for any questions.**

Would you like to contribute to this plan with pre or post tax dollars?

Select Tax Type:  
 Pre-tax    Post-tax

Dependents

Name	Relationship	Gender
<input checked="" type="checkbox"/> Employee Benefits	Child	Female

### ADD A DEPENDENT TO YOUR PLAN

Include dependents on coverage by checking the box next to the dependent you wish to add. You will need to do this as you move through each benefit tab.

### ADD A BENEFICIARY

Add multiple beneficiaries by selecting the + sign, inputting their name, relationship, and percent. The total percentage of all primary or contingent beneficiaries should equal 100%.

Beneficiaries

Primary

Action	Name	Relationship	Percent
<input checked="" type="checkbox"/>			

Contingent

Action	Name	Relationship	Percent
<input checked="" type="checkbox"/>			

To see your selections before saving, hit Preview Benefits. Once you hit Save and finish you will not be able to make changes immediately.

[Preview Benefits](#)   [Save & Finish](#)

### PREVIEW AND SUBMIT ENROLLMENT

Select "Preview Benefits & Complete Enrollment" to review your benefits before submitting.

Select "Save & Finish" to submit enrollment or "Make a Change" to revise your elections.

## Other Insurance Information

If you have added dependents you will see a notification to upload proof of dependent documents. You can skip this step. After your elections have been submitted for review, click on the link under "Other Insurance Verifications." You will be taken to the CEBT Contact Us page. Select the "Other Insurance Information" option. From here answer the question on whether you or your dependents have other coverage. Please fill in the required information. You will input your ssn for your member ID.

Your elections have been submitted for review.

Add Attachment ( Accepted File Types are .pdf,.txt, .ods, .odt, .xlsx, .doc and please no larger than 6 MB )

Upload Proof of Event

Please upload Proof of Event document here if applicable

Choose Files No file chosen

Upload

Summarize Coverages

Other Insurance Verifications

Please confirm whether your dependents have other insurance by clicking [here](#).

Other Insurance Information

Member's Dependent(s) Other Insurance Information:

If you received a request from UMR requesting Dependent(s) Other Insurance Information please complete the form determination can be made as to which coverage is primary for your dependents if they have multiple coverages.

Do any dependents have any other coverage for medical, dental, or vision:

YES, THEY DO NO, THEY DO NOT

## REVIEW AND PRINT ELECTIONS

Select "Summarize Coverages" in order to review your enrollment.

Print your election summary for your records or future reference.

Test Benefits Bran

Summarize Coverages Coverage  
2019-05-01 (Pending Approval) [Print](#)

Medical

PPO3 Starts on 5/1/2019 . Total Cost \$1,269.00 - Employer Contribution \$728.00 = Your monthly cost \$513.00

Covered Dependents

Employee Benefits (Child)