

All Savers Guide to:

Setup and Administer Online Employee Application Submission

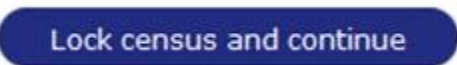
Contents

Contents	1
Setting up a group for Online Employee Application	2
Choosing your Application Submission Approach.....	2
Creating Registration Codes for Employees	3
Export Registration Codes:	10
Adding an Additional Employee	11
Enrolling Employee vs. a Waiving Employee	11
Paper Application	12
Employee Experience: Registering and Completing the Online Application	13
Account Registration	13
Personal Information	15
Dependents.....	16
Medical History	17
Prior Coverage.....	18
Signature	20
Modifications	21
Managing Online Employee Application Submissions	21
Completed Employee Applications	22
Resetting IDs and Passwords.....	23
Password Reset Email.....	24
Email Reminder.....	27
Waiving Medical History Requirement for Employees.....	29
Removing Employees from the census.....	30
Broker Status Reports	31
Viewing Employee Applications after Policy Issued	36
Generate a Temporary ID Card after the Policy is issued.	37

Setting up a group for Online Employee Application

Creating a New Case

There is no change to the process to create a street quote. The opportunity to setup online employee enrollment occurs after you click the button to “Lock Census and Continue”.



Lock census and continue

Choosing your Application Submission Approach

Below the “Plan Rates” section and above the “Application Documents” section of the group record is the “Employee Enrollment Application Form Options” section that allows you submit the employee application via the online portal or by completing the paper form.

- Paper & Online Applications: Employees can complete their application via the online portal or scanned copies of their employee application can be uploaded in the “Application Documents” section of the group record. This is the default election.

*note: this section is only available if your broker profile has been granted access to this functionality

• Employee Enrollment Application Form Options

The Employee Enrollment Application Forms can now be completed online or paper form.

- ☒ Paper and Online Enrollment Application Forms. Enrolling and Waiving Employees will complete an online application via the myallsavers.com website or PDF Applications will be uploaded to the Application Documents section.

Click the “Submit for Preliminary Underwriting” button to begin the enrollment review process.



Submit For Preliminary Underwriting

Creating Registration Codes for Employees

You will be taken to the “Group Enrollment” page to create Registration Codes for the enrolling and waiving employees. Employers with 25 or more enrolling employees will complete the employee enrollment form with the five medical questionnaires whereas Employers with less than 25 employees will complete the employee enrollment form with the 15 medical questionnaires.

The information noted in red will only be shown to the broker when the system presents the 5 question application, otherwise it is hidden.

Group Enrollment

Share employee IDs or select plans

Broker: DEMO1 AGENT | Employer: OEE DEMO CASE

Employers enrolling 25 or more employees will complete the Online Enrollment Application for All Savers Alternate Funding (For Groups enrolling 25 Or more Employees)

This group has elected to allow employees to choose their own plan options. To do so on myallsavers.com, employees will need a user ID. User IDs have been automatically assigned, and you can email or print and deliver them to employees as outlined below.

To **email** the user IDs:

- Enter the email addresses below.
- Click the check box next to each name.
- Click “Email Account Information” button.

To **Print** the user IDs:

- Click the check box next to each name
- Click “Print Account Information”

The “Group Enrollment” page is prepopulated with the Employee information that was provided during the street quoting process.

The search section of the page will allow you to search for a specific employee or filter the list based on the employee’s application status.

• Search

First Name: Last Name: Online Enrollment Application Status:

Reset

Search

• Account Information


	Paper Application	First Name	Middle Initial	Last Name	Email Address	ZipCode	Registration Code	Status	Download PDF	Email or Print	Reminder	Remove Employee
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


The “Paper & Online Applications” enrollment approach will initially be setup for paper application submission for all employees. If the employee is going to complete an online application then you can change the employee’s submission approach to online application by unchecking the checkbox under the “Paper Application” column and click the “Save” button.


Once a registration code has been generated for an employee then they will need to complete the application online.


• **Account Information**


	Paper Application	First Name	Middle Initial	Last Name	Email Address	ZipCode	Registration Code	Status	Download PDF	Email or Print	Reminder	Remove Employee
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE						N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE						N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE						N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Save



Email
user ID information


Reminder
user ID information


Print
user ID information


Export
Registration codes


PDF's
Completed OnlineEmployees


Remove
Remove Employees


[Return to Dashboard](#)


The first step in the employee account setup process is to generate a registration code for each employee. There are two methods available to share Registration Codes, email and PDF.


Email: To provide a registration code to an employee or employees via email enter the email address of the employee in the text box provided, click the checkbox under the “Email or Print” column, and click the “Email User ID Information” button. An email is sent to each employee with their personal registration code. If the broker wishes to send an email to all employees they can click the “Check All” box below “Email or Print”


• Account Information


	Paper Application Uncheck All	First Name	Last Name	Email Address	Registration Code	Status	Download PDF	Email or Print Check All	Reminder
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	ONE	EMPLOYEEON		No Registration Code		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	TWO	EMPLOYEEON		No Registration Code		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE	THREE			N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE	FOUR			N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE	FIVE			N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>



 Save



 Email user ID information


 Reminder user ID information


 Print user ID information


 Export Registration codes


 PDF's Completed OnlineEmployees


 Remove Remove Employees

[Return to Dashboard](#)



Re: All Savers Online Application
Dear EMPLOYEE ONE,

Your employer, TEST COMPANY, is considering All Savers as its health plan of choice. As part of the application process, we need you to complete an application via a secure online portal. Here's how:

1. [Click here to go to the registration page.](#)
2. Enter this personal registration code: EMPO000006
3. Create a username and password, and follow the rest of the instructions.

The portal should guide you through the process and any required information will be noted on the online application form with an asterisk*.

Be sure to register using the link and code above and complete the online application form.

Sincerely,
The UnitedHealthcare Team

Note: If the link to the registration page is not working, cut and paste this URL into your browser's navigation bar:

<https://APSES2129.dmzmgmt.uhc.com/MyAllSavers/Member/ChooseOnlinePlanRegistration>

You received this email because your employer selected All Savers as its health plan of choice and you are listed as a plan participant. Please do not reply to this email address; this mailbox is used for outbound email only. Do not include any personal health information as part of any email communication.

This email was sent by:
UnitedHealthcare, 9700 Health Care Lane, Minnetonka, MN 55343 USA.

Administrative services are provided by United HealthCare Services, Inc. and its affiliates. Stop loss insurance is underwritten by All Savers Insurance Company, 3100 AMS Blvd., Green Bay, WI 54307 (800) 291-2634

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UHCEW704141-000

Once the email is sent to the employee(s) the status of the employee will switch to "Not Registered" and a registration code will be populated for each employee.

• Account Information

	Paper Application Uncheck	First Name	Last Name	Email Address	Registration Code	Status	Download PDF	Email or Print Check All	Reminder
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	ONE	EMPLOYEEON	EMPO000007	Not Registered		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	TWO	EMPLOYEEON	EMPT000015	Not Registered		<input type="checkbox"/>	<input type="checkbox"/>

Print PDF: To provide a registration code to an employee or employees via a PDF click the checkbox under the “Email or Print” column and click the “Print User ID Information” button. A PDF document is opened in a separate window. The PDF contains a cover letter directed at the employer followed by letters for each employee with their personal registration code and directions to register. If the broker wishes to obtain a print PDF for all employees they can click the “Check All” box below “Email or Print”

Account Information

	Paper Application	First Name	Last Name	Email Address	Registration Code	Status	Download PDF	Email or Print	Reminder
	Uncheck All							Check All	
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	ONE	EMPLOYEEON	EMPO000007	Not Registered		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	TWO	EMPLOYEEON	EMPT000015	Not Registered		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	THREE			No Registration Code		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	FOUR			No Registration Code		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	FIVE			No Registration Code		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	SIX			No Registration Code		<input type="checkbox"/>	<input type="checkbox"/>

Save

Email user ID information

Reminder user ID information

Print user ID information

Export Registration codes

PDF's Completed Online Employees

Remove Remove Employees

Return to Dashboard



9/21/2015
Re: All Savers Online Application

Dear EMPLOYEE,

Your employer OEE TRAINING CASE is considering All Savers as its health plan of choice. As part of the application process we need you to complete an application via a secure online portal.

To get started, open the member log-in screen by clicking on the "Customize your plan" link under the Members section on www.myallsavers.com. Once on the "Welcome to All Savers" page click on the "click here to register" link to enter the registration code below and create your username and password. Personal registration code: EMPT000016

The portal should guide you through the application process and any required information will be noted on the online application form with an asterisk *.

Be sure to register using the code above and complete the online application form.

If you are not able to complete the online application please reach out to your employer's broker for a paper version of the application

Sincerely,
The UnitedHealthcare Team

Note: If the link to the registration page is not working, cut and paste this URL into your browser's navigation bar:


Once the PDF is generated the status of the employee will switch to “Not Registered” and a registration code will be populated for each employee.


• **Account Information**


	Paper Application	First Name	Last Name	Email Address	Registration Code	Status	Download PDF	Email or Print	Reminder
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	ONE	EMPLOYEEON	EMPO000007	Not Registered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	TWO	EMPLOYEEON	EMPT000015	Not Registered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	THREE		EMPT000016	Not Registered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	FOUR		EMPF000009	Not Registered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	FIVE		EMPF000010	Not Registered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE	SIX			No Registration Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


Export Registration Codes:


The broker will also have the option to export the registration codes for the all employees to an excel sheet by clicking on the “Export Registration codes” button on the Group Enrollment page.



Save



Email
user ID
information


Reminder
user ID
information


Print
user ID
information


Export
Registration
codes


PDF's
Completed
OnlineEmployees



Remove
Remove
Employees

Return to Dashboard

	A	B	C	D	E
1	#	First Name	Last Name	Email Address	Registration Code
2	1	EMPLOYEE	ONE	EMPLOYEEONE@COMPANY.COM	EMPO000007
3	2	EMPLOYEE	TWO	EMPLOYEEONE@COMPANY.COM	EMPT000015
4	3	EMPLOYEE	THREE		EMPT000016
5	4	EMPLOYEE	FOUR		EMPF000009
6	5	EMPLOYEE	FIVE		EMPF000010
7	6	EMPLOYEE	SIX		
8	7	EMPLOYEE	SEVEN		
9	8	EMPLOYEE	EIGHT		
10	9	EMPLOYEE	NINE		
11	10	EMPLOYEE	TEN		
12					

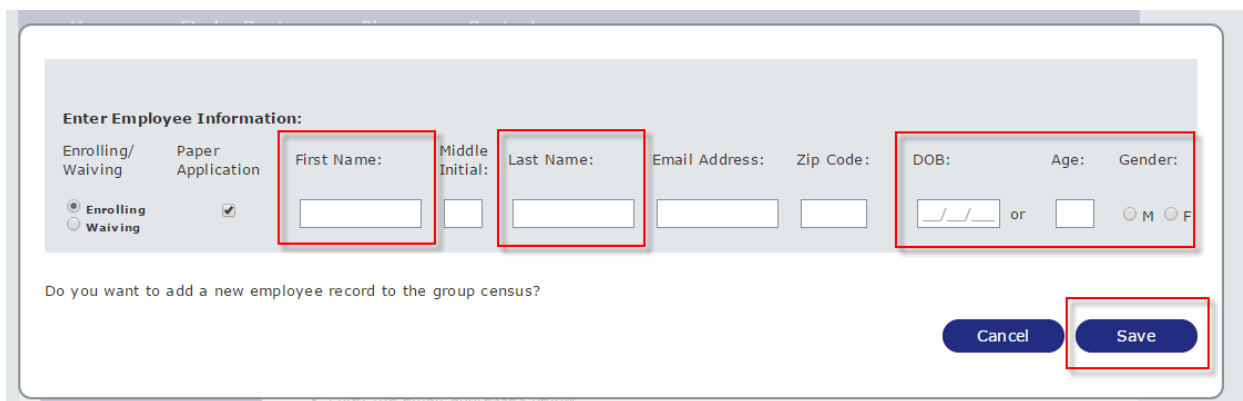
Adding an Additional Employee

If there are additional employees that need to submit an application that were not present on the street quote, you will have the ability to create a new employee record and generate a registration code. Start by clicking on the “Add Additional Employee” link.



The screenshot shows a navigation bar with several icons and text. The 'Add Additional Employee' link is highlighted with a red box. Other visible elements include 'Enrolling', 'Waiving', 'Jccx000001', and 'Not Registered'.

In the “Enter Employee Information” Popup enter the First Name, Last Name, Date of Birth or Age, and the Gender and click the “Save” button.



The screenshot shows a popup form titled 'Enter Employee Information:'. It contains several input fields: 'First Name:', 'Middle Initial:', 'Last Name:', 'Email Address:', 'Zip Code:', 'DOB:', 'Age:', and 'Gender:'. The 'DOB' field has a format of '___/___/___' or '___'. The 'Gender' field has radio buttons for 'M' and 'F'. The 'Enrolling/Waiving' section has radio buttons for 'Enrolling' (selected) and 'Waiving'. A 'Save' button is highlighted with a red box. Below the form, there is a question: 'Do you want to add a new employee record to the group census?'.

The new employee will be added to the Account Information list and allow you to generate and distribute a registration code:



The screenshot shows a table with two rows. The first row is for a 'Waiving' employee. The second row is for an 'Enrolling' employee, with the status 'Registered' and a 'No Registration Code'.

Enrolling Employee vs. a Waiving Employee

Each employee will be denoted as “Enrolling” or “Waiving” depending on how their record was setup during the street quoting process. You will have the ability to change their enrollment status from “Waiving” to “Enrolling” or vice versa up until the point that you generate a registration code. Once a registration code has been generated the Enrolling/Waiving function will be read only; however, the employee will have the ability to change their coverage type during the online enrollment process.

In order to track the individuals that are waiving coverage, it is best to enter their last and first name into the text boxes versus keeping ‘Waiving’ as the default.



The screenshot shows a table with two rows. The first row is for a 'Waiving' employee. The second row is for an 'Enrolling' employee, with the status 'Registered' and a 'No Registration Code'. The 'Enrolling' status is highlighted with a red box.

Paper Application

If the “Paper & Online Applications” enrollment approach is elected every employee record will initially be setup for paper application submission. If the employee is going to complete a paper application then you will upload a scanned PDF copy of the employee application in the applications documents section of the group record.

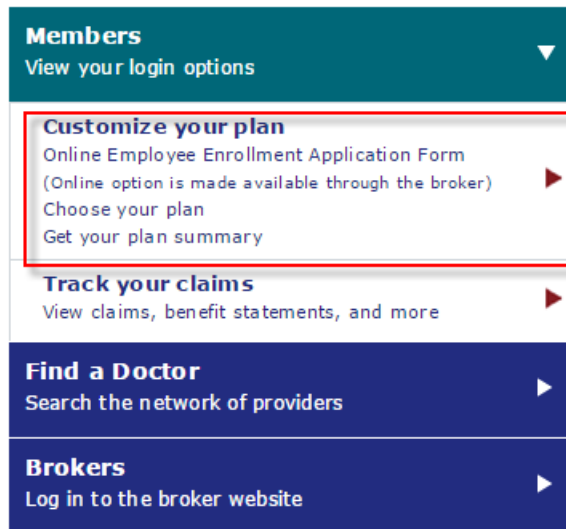
• Account Information

	<div>Paper Application</div> <div><div>Uncheck All</div></div>	Require Medical History	First Name	Last Name	Email Address	Registration Code	Status	Download PDF	Email or Print	Reminder
<div><div><div></div><div>Enrolling</div></div><div><div></div><div>Waiving</div></div></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE	TEST			N/A	N/A	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div><div></div><div>Enrolling</div></div><div><div></div><div>Waiving</div></div></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE	TEST			N/A	N/A	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div><div></div><div>Enrolling</div></div><div><div></div><div>Waiving</div></div></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE	TEST			N/A	N/A	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div><div></div><div>Enrolling</div></div><div><div></div><div>Waiving</div></div></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE	TEST			N/A	N/A	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div><div></div><div>Enrolling</div></div><div><div></div><div>Waiving</div></div></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE	TEST			N/A	N/A	<div><div></div><div></div></div>	<div><div></div><div></div></div>
<div><div><div></div><div>Enrolling</div></div><div><div></div><div>Waiving</div></div></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE	TEST			N/A	N/A	<div><div></div><div></div></div>	<div><div></div><div></div></div>

Employee Experience: Registering and Completing the Online Application

Account Registration

Once the employee has received their registration code they can open the www.myallsavers.com portal and navigate to the registration page by clicking on the “Customize your plan” under the “Members” section.



Then click on the “click here to register” link.

A screenshot of the MyAllSavers login and registration page. At the top right is a 'Close' link. The main heading is 'Welcome to All Savers'. Below this, it says 'If you already have a username and password, use it to log in below.' followed by 'If you received a registration code from your broker or employer, click here to register.' The 'click here to register.' link is highlighted with a red box. Below this is a 'Questions? Contact Us.' link. A checkbox is present with the text 'By logging in to this Website, I agree to all terms set forth in the Important Consumer Information, and to any other terms and conditions that may be set forth on the individual pages of this website.' Below the checkbox are two input fields: 'Username' and 'Password'. Below the 'Password' field are two links: 'Forgot your password?' and 'Forgot your Username?'. At the bottom right is a blue 'Log in' button.

After reviewing the “Terms of Use” and “Privacy” notice the employee can check the confirmation checkbox and enter the registration code from the email or PDF letter they received.

Choose your plan

Welcome to All Savers! This site is designed to help you select a health plan that’s best for you.

- **Enter your registration code:**

☒ I have read and agree to the [Terms Of Use](#) and [Privacy](#) notice.

*Registration code:

The employee then creates a user name, provides their email address, and creates a password.

Passwords must be 8–15 characters and include at least one:

- Number
- Special character (for example: !, #, \$, %, ^, &, *)

Passwords are case-sensitive.

Register and complete your application

Passwords must be 8–15 characters and include at least one number and one special character (for example: !#\$%^&*). Passwords are case-sensitive. All items marked with an asterisk (*) are required.

- **Create a user name and password:**

*Create user name:

*Your email address:

*Create Password:

*Verify Password:

The online application process is divided into 5 sections (Personal Information, Dependent Information, Medical History, Prior Coverage, and Signature). Each section needs to be completed in order.

Personal Information

The Personal Information section requires the employee to select their preferred coverage, waiving or enrolling. If the employee is enrolling they will also elect their coverage tier (Employee, Employee/Spouse, Employee/Dependent, or Family). In addition to coverage type each employee will provide their demographic information (name, address, employment detail, etc.). All required fields will be denoted with a red asterisk and the employee will not be able to advance to the next section until all of the required fields are completed. Once the user has entered all of the required information they can click the "Continue" button to move to the next section.

Account Information	Personal Information																																
<ul style="list-style-type: none">Personal InformationDependentsMedical HistoryPrior CoverageSignature	<p>Personal Information</p> <p>Complete this online employee enrollment application form to apply for health care coverage provided by your employer, or select "Waiving" if you are not applying. All items marked with an asterisk (*) are required.</p> <p><input checked="" type="radio"/> Enrolling <input type="radio"/> Waived</p> <p>*Qualifying Coverage: <input type="text" value="Employee"/></p> <hr/> <p>Name and Address</p> <table><tbody><tr><td>*First Name:</td><td><input type="text" value="TEST"/></td><td>*Street Address:</td><td><input type="text" value="Street Address"/></td></tr><tr><td>*Last Name:</td><td><input type="text" value="DEMO"/></td><td>*City:</td><td><input type="text" value="City"/></td></tr><tr><td>Middle Initial:</td><td><input type="text" value="M.I."/></td><td>*State:</td><td><input type="text"/></td></tr><tr><td>*Social Security:</td><td><input type="text" value="###-##-####"/></td><td>*ZIP:</td><td><input type="text" value="ZIP"/></td></tr><tr><td>*Date of Birth:</td><td><input type="text" value="MM/DD/YYYY"/></td><td>County:</td><td><input type="text"/></td></tr><tr><td>*Gender:</td><td><input type="text" value="Male"/></td><td>*Contact Number:</td><td><input type="text" value="###-###-####"/></td></tr><tr><td>*Height:</td><td><input type="text" value="Feet"/> <input type="text" value="Inches"/></td><td>Email Address:</td><td><input type="text" value="LCARLSON@UNITEDHEALTHOP"/></td></tr><tr><td>*Weight:</td><td><input type="text" value="0.0"/></td><td>*Marital Status:</td><td><input type="text"/></td></tr></tbody></table> <hr/> <p>Employment</p> <p>*Date of Hire: <input type="text" value="MM/DD/YYYY"/></p> <p>Occupation: <input type="text" value="Occupation"/></p> <p>*Average hours worked per week: <input type="text" value="0"/></p> <hr/> <p>Medicare/Medicaid</p> <p>*Covered by Medicare/Medicaid? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Click "Continue" when you are satisfied with your selection.</p> <p><input type="button" value="Save and exit"/> <input type="button" value="Continue"/></p>	*First Name:	<input type="text" value="TEST"/>	*Street Address:	<input type="text" value="Street Address"/>	*Last Name:	<input type="text" value="DEMO"/>	*City:	<input type="text" value="City"/>	Middle Initial:	<input type="text" value="M.I."/>	*State:	<input type="text"/>	*Social Security:	<input type="text" value="###-##-####"/>	*ZIP:	<input type="text" value="ZIP"/>	*Date of Birth:	<input type="text" value="MM/DD/YYYY"/>	County:	<input type="text"/>	*Gender:	<input type="text" value="Male"/>	*Contact Number:	<input type="text" value="###-###-####"/>	*Height:	<input type="text" value="Feet"/> <input type="text" value="Inches"/>	Email Address:	<input type="text" value="LCARLSON@UNITEDHEALTHOP"/>	*Weight:	<input type="text" value="0.0"/>	*Marital Status:	<input type="text"/>
*First Name:	<input type="text" value="TEST"/>	*Street Address:	<input type="text" value="Street Address"/>																														
*Last Name:	<input type="text" value="DEMO"/>	*City:	<input type="text" value="City"/>																														
Middle Initial:	<input type="text" value="M.I."/>	*State:	<input type="text"/>																														
*Social Security:	<input type="text" value="###-##-####"/>	*ZIP:	<input type="text" value="ZIP"/>																														
*Date of Birth:	<input type="text" value="MM/DD/YYYY"/>	County:	<input type="text"/>																														
*Gender:	<input type="text" value="Male"/>	*Contact Number:	<input type="text" value="###-###-####"/>																														
*Height:	<input type="text" value="Feet"/> <input type="text" value="Inches"/>	Email Address:	<input type="text" value="LCARLSON@UNITEDHEALTHOP"/>																														
*Weight:	<input type="text" value="0.0"/>	*Marital Status:	<input type="text"/>																														

Dependents

If the employee chose “Employee” coverage then they will skip the Dependents section and move to the Medical History section. For all other coverage tiers the employee will provide details about their spouse and/or child(ren) depending on the coverage tier elected.

Spouse: All fields required to be completed for a spouse are denoted with a red asterisk. If the employee decides they want to remove the spouse from coverage he/she will need to go back to the Personal Information section and update her coverage tier election.

Dependents

Please provide information on your enrolling family members. All items marked with an asterisk (*) are required.

• **Spouse**

*First Name:	<input type="text" value="First Name"/>	*Date of Birth:	<input type="text" value="MM/DD/YYYY"/>
*Last Name:	<input type="text" value="Last Name"/>	*Gender:	<input type="text"/>
Middle Initial:	<input type="text" value="M.I."/>	*Height:	<input type="text" value="Feet"/> <input type="text" value="Inches"/>
*Social Security #:	<input type="text" value="###-##-####"/>	*Weight:	<input type="text" value="lbs"/>
*Covered by Medicare/Medicaid? <input type="radio"/> Yes <input type="radio"/> No			

Dependents: All fields required to be completed for a dependent are denoted with a red asterisk. If additional dependents need to be added to the employee’s application the employee can click on the “Add Dependent” link. If the employee needs to remove a dependent from coverage he/she will be able to remove individual dependents using the “Remove Dependent” hyperlink. But, if the employee decides they want to remove all dependents from coverage she will need to go back to the Personal Information section and update her coverage tier election.

• **Dependent 1**

*First Name:	<input type="text" value="First Name"/>	*Date of Birth:	<input type="text" value="MM/DD/YYYY"/>
*Last Name:	<input type="text" value="Last Name"/>	*Gender:	<input type="text"/>
Middle Initial:	<input type="text" value="M.I."/>	*Height:	<input type="text" value="Feet"/> <input type="text" value="Inches"/>
*Social Security #:	<input type="text" value="###-##-####"/>	*Weight:	<input type="text" value="lbs"/>
*Covered by Medicare/Medicaid? <input type="radio"/> Yes <input type="radio"/> No			

• **Dependent 2**

*First Name:	<input type="text" value="First Name"/>	*Date of Birth:	<input type="text" value="MM/DD/YYYY"/>
*Last Name:	<input type="text" value="Last Name"/>	*Gender:	<input type="text"/>
Middle Initial:	<input type="text" value="M.I."/>	*Height:	<input type="text" value="Feet"/> <input type="text" value="Inches"/>
*Social Security #:	<input type="text" value="###-##-####"/>	*Weight:	<input type="text" value="lbs"/>
*Covered by Medicare/Medicaid? <input type="radio"/> Yes <input type="radio"/> No			

[Remove Dependent](#)

[Add Dependent](#)

Once the user has entered all of the required information they can click the “Continue” button to move to the next section.

Back

Save and exit

Continue

Medical History

The Medical History section contains fifteen questions broken into two pages for groups that are enrolling less than 25 employees. The employee is required to answer “Yes” or “No” to each question.

- If the employee answers “No” then no additional information is required and the employee can click the “Next Question” button to move to the next question.
- If the employee answers “Yes” then additional information will be required about the family member afflicted, including; condition, treatment, prognosis, physician, and dates treated.
- If the employee needs to add multiple conditions under one Medical History question they can add additional conditions by clicking on the “Add Additional Condition” link.

Once all conditions have been entered, the employee can click the “Continue” button to move to the next set of questions or the next section.

☒ *Immune ☐ Yes ☒ No

☒ *Lung/Respiratory ☒ Yes ☐ No

*Type:

Asthma

Other (Description):

*Person:

EMPLOYEE THREE

*Physicians Name:

Dr. Smith

*Treatment Start Date:

01/01/2013

*Condition/Diagnosis:

Asthma

*Treatment:

Medication

*Prognosis:

Good

*Is Treatment Ongoing: ☒ Yes ☐ No

[Add Additional Condition](#)

☒ *Eyes/Ears/Nose/Throat ☐ Yes ☒ No

Back

Save

Save and exit

Continue

17

5/14/2015

The Medical History section contains five questions for groups that are enrolling 25 or more employees. The employee is required to answer “Yes” or “No” to each question.

1 *Is anyone on this application currently pregnant? If “yes” please provide detailed information including Anticipated delivery date, any pregnancy complications, anticipation of multiple births, and/or Cesarean Section. ☐ Yes ☐ No

2 *Has anyone on this application visited any health care professional during the last 5 years for any illness, injury, or health condition? If your answer is “yes” please provide detailed information below for each person involved. ☐ Yes ☐ No

3 *Has anyone on this application been hospitalized (inpatient or outpatient) or had surgery in the past 12 months? If your answer is “yes” please provide detailed information below for each person involved. ☐ Yes ☐ No

4 *Has anyone on this application been prescribed or taken any prescription medications in the past 12 months? If your answer is “yes” please provide detailed information below for each person involved. ☐ Yes ☐ No

5 *Does anyone on the application have a health condition, illness, or injury that may require treatment or surgery, or has any health care professional recommended treatment or surgery for any of you that has not been performed? If your answer to either question is “yes” please provide detailed information below for each person involved. ☐ Yes ☐ No

Prior Coverage

The Prior Coverage section consists of two questions:

1. Has the employee or his dependents been previously covered by the current employer’s plan?
2. Has the employee or his dependents been previously covered by any medical plan other than this employer’s? If the employee answers “Yes” to this question he/she will also need to provide the name of the prior coverage carrier.

Once both questions are answered the employee can click on the “Continue” button.

Prior Coverage

Please provide information on your prior health care coverage.

• Prior medical plan coverage - This Employer

Have you or your dependents previously been covered by this employer's group medical plan?

☐ Yes ☒ No

• Prior medical plan coverage - Other Employer

Have you or your dependents previously been covered by any medical plan other than this employer's prior group medical plan?

☒ Yes ☐ No

*Insurance Company Name:	<input type="text" value="Acme Insurance"/>	Termination Date:	<input type="text"/>
Phone:	<input type="text"/>	Effective Date:	<input type="text"/>
Policy/Group#:	<input type="text"/>	Reason for Termination:	<input type="text"/>
Who was covered?:	<input type="text" value="All Covered Individuals"/>		
Type of plan:	<input type="text" value="Prior Employer Group Plan"/>	Other:	<input type="text"/>

[Add Additional Coverage](#)

Click "Continue" when you are satisfied with your selection.

Back

Save and exit

Continue

Signature

The final section of the application is the signature section and allows the employee to supply an eSignature. To do so, the employee should review the signature statements, click the checkbox confirming their review, enter their first and last name twice in the text boxes provided, and click the “I agree” button.

eSignature

☐ ***I have reviewed, understand, and agree to the statements above**

Primary Applicant's Electronic Signature

***Please type your name in the spaces below to electronically sign.**

First Name : TEST

Last Name : DEMO

***Please re-type to verify:**

First Name : TEST

Last Name : DEMO

Back

Save and exit

I agree

After successfully supplying their eSignature, the employee will be presented with a confirmation page that allows them to open and save or print a completed version of their employee application. At this point, the completed online application will be available to the employee when they login to the online employee application portal.

Online Enrollment

Thank you. Your application is complete. You will be notified if any more information is required. To download a copy of your application for your records, click on the link below.


 [Completed Online Employee Application](#)


Modifications

If, after completing the online application the employee needs to make changes to the completed application they can log back into the online employee application portal and click on the “Resubmit Online Application” hyperlink to reopen the application and make the necessary changes. The information that they previously provided will be prepopulated in the application and once the employee’s modifications are complete they will need to provide an updated eSignature.

Thank you

You can access the Member Enrollment using the below links.

 [Completed Online Application](#)

 [Resubmit Online Application](#)

The ability to Resubmit Online Application will only be available while the group is in an encoding status. If the group is currently going through underwriting or enrollment then the employee will not have the ability to update their application.

Managing Online Employee Application Submissions

While the employees are working through the online employee enrollment process you will be able to monitor their progress, reset passwords, and send email reminders. To begin, search for the group in myallsavers.com.

• Search

Broker Name:

Company Name:

Policy Number: -

Case Type:

Search

Open the group record, scroll to the bottom, and click on the button labeled “Group Enrollment”

Back

Group Enrollment

This will open the Group Enrollment page where you will see the list of employees enrolling or waiving in coverage. The search section of the page will allow you to search for a specific employee or filter the list based on the employee’s application status.

• Search

First Name: Last Name: Online Enrollment Application Status:






Reset

Search

In the Account Information section below the Search section you can view the status of each employee application. The following statuses are available:

1. No Registration Code: You have not generated a registration code for the employee.
2. Not Registered: The employee has a registration code but has not created an account on myallsavers.com.
3. Not Started: The employee has completed the registration but has not completed the Personal Information section of the application


• Account Information												
	Paper Application	First Name	Middle Initial	Last Name	Email Address	ZipCode	Registration Code	Status	Download PDF	Email or Print	Reminder	Remove Employee
	Uncheck All								Check All	Check All		
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	TEST		DEMO	LCARLSO	54313	TDEMO	<div><div></div><div></div><div></div><div></div><div></div></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	TEST		DEMO2	LCARLSO			No Registration Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE						N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.  : Personal Information section is complete but the remaining sections are not.
5.  : Personal Information and the Dependent sections are complete but the remaining sections are not.
6.  : Personal Information, Dependent, and the Medical History sections are complete but the remaining sections are not.
7.  : Personal Information, Dependent, Medical History, and the Prior Coverage sections are complete but an eSignature has not been submitted for the application.
8.  : All sections of the application are complete.


Once the last Online Employee Application is completed the group's status will be updated to show that the group is ready for underwriting.

Completed Employee Applications


If the employee application is complete you will have the opportunity to open and view the employee's completed application by clicking the checkbox underneath the "Download PDF" column and click the PDF's button.

Account Information												
	Paper Application	First Name	Middle Initial	Last Name	Email Address	ZipCode	Registration Code	Status	Download PDF	Email or Print	Reminder	Remove Employee
	Uncheck All								Check All	Check All		
<input type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	TEST		DEMO	LCARLSO	54313	TDEMO		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	TEST		DEMO2	LCARLSO		No Registration Code			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE					N/A	N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


[Add Additional Employee](#)




Save




Email
user ID
information




Reminder
user ID
information




Print
user ID
information



Export
Registration
codes



PDF's
Completed
OnlineEmployees



Remove
Remove
Employees

1 2


Resetting IDs and Passwords

If the employee has successfully registered but forgotten their username or password you can reset the password by clicking the checkbox under the “Email or Print” column and clicking the “Email user ID information” button or the “Print user ID information” button.


Only one system generated registration code will be created and can be provided to the employee at any time. If the employee has registered, but forgotten their username, it will be shown underneath the Registration Code column. Once an employee has registered, their user name will be shown underneath the Registration Code.

Account Information


	Paper Application	First Name	Middle Initial	Last Name	Email Address	ZipCode	Registration Code	Status	Download PDF	Email or Print	Reminder	Remove Employee
	Uncheck	Name	Initial	Name	Address				Check All	Check All		
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	TEST		DEMO	LCARLSO	54313	TDEMO	● ● ● ● ● ● ● ●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	TEST		DEMO2	LCARLSO			No Registration Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE		DEMO3	LCARLSO		EMPD000289	Not Registered		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE						N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




Save




Email user ID information




Reminder user ID information




Print user ID information



Export Registration codes

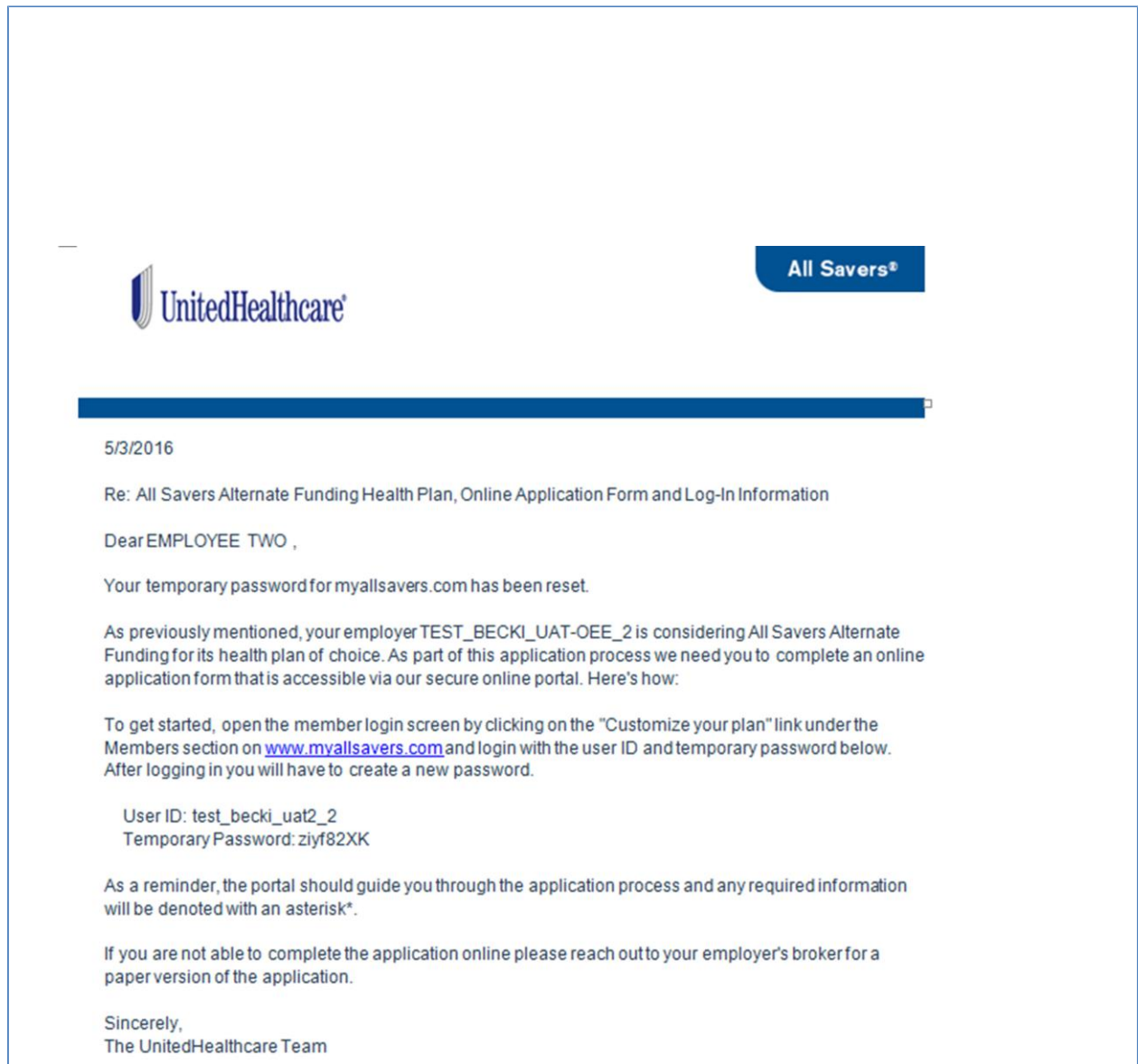


PDF's Completed Online Employees



Remove Remove Employees

Password Reset Email





5/3/2016

Re: All Savers Alternate Funding Health Plan, Online Application Form and Log-In Information

Dear EMPLOYEE TWO ,

Your temporary password for myallsavers.com has been reset.

As previously mentioned, your employer TEST_BECKI_UAT-OEE_2 is considering All Savers Alternate Funding for its health plan of choice. As part of this application process we need you to complete an online application form that is accessible via our secure online portal. Here's how:

To get started, open the member login screen by clicking on the "Customize your plan" link under the Members section on www.myallsavers.com and login with the user ID and temporary password below. After logging in you will have to create a new password.

User ID: test_becki_uat2_2
Temporary Password: ziyf82XK

As a reminder, the portal should guide you through the application process and any required information will be denoted with an asterisk*.

If you are not able to complete the application online please reach out to your employer's broker for a paper version of the application.

Sincerely,
The UnitedHealthcare Team

Upon logging in with the temporary password the employee will be required to submit a new password.

Forgot your password?

[Close](#)

Enter your information and a new temporary password will be emailed to you.

User ID

Last Name

Birth Date

Email Address

Submit

Email Reminder

For employees who have registered but have not yet completed the application process you can send them an email reminder by clicking the checkbox under the “Reminder” column and clicking the “Reminder user ID information” button.

Account Information

	Paper Application	First Name	Middle Initial	Last Name	Email Address	ZipCode	Registration Code	Status	Download PDF	Email or Print	Reminder	Remove Employee
	Uncheck All								Check All	Check All		
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	TEST		DEMO	LCARLSOI	54313	TDEMO	●●●●●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	TEST		DEMO2	LCARLSOI			No Registration Code		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE		DEMO3	LCARLSOI		EMPD000289	Not Registered		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input checked="" type="checkbox"/>	EMPLOYEE						N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Save

Email user ID information

Reminder user ID information

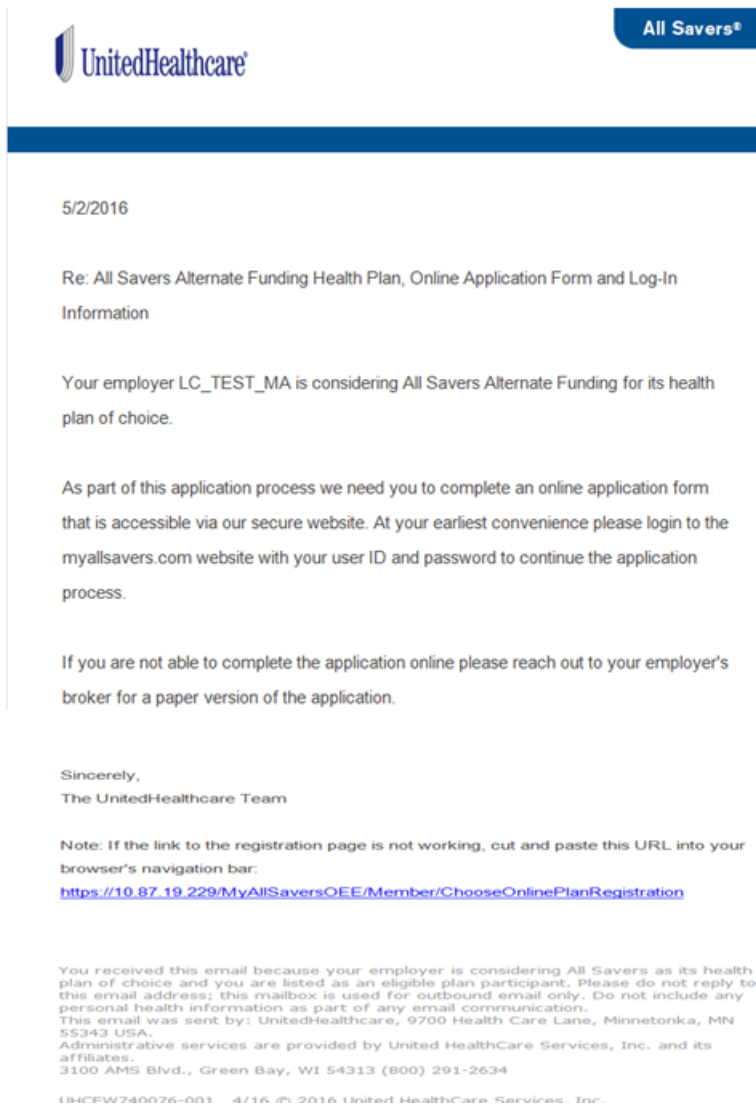
Print user ID information

Export Registration codes

PDF's Completed OnlineEmployees

Remove Remove Employees

An unencrypted reminder email (see example below) will be sent to the employee.



Once all of the online employee applications are complete and the all of the information has been supplied for the paper applications then the group will move to the underwriting process.

Waiving Medical History Requirement for Employees

For groups that will be underwritten using claims experience you can waive the medical history section of the employee application. The use of claims experience is based on the state of the group and the group size (contact your Account Executive for the specific requirements for your state). If the group meets the requirements to use claims experience then you will be presented with the option to waive the medical history section when submitting a group for underwriting.

• Employee Enrollment Application Form Options

The Employee Enrollment Application Forms can now be completed online or paper form.

- ☒ Paper and Online Enrollment Application Forms. Enrolling and Waiving Employees will complete an online application via the myallsavers.com website or PDF Applications will be uploaded to the Application Documents section.
- ☐ Waive the requirement for employees to complete the Medical History Section. Claims experience will be submitted for the purpose of underwriting. You must have underwriting approval to use claims experience.

If you elect to waive the medical history section of the employees within a group because claims experience is available and accepted then you will have the ability to require the medical history sections for some employees if they are not on the group's current coverage and therefore not a part of the available claims experience. On the group enrollment screen under the "Require Medical History" column check the checkbox of any employee that you want to enter medical history when they complete their application.

• Account Information

	Paper Application Check All	Require Medical History	First Name	Last Name	Email Address	Registration Code	Status	Download PDF	Email or Print Check All	Reminder
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EMPLOYEE	ONE			No Registration Code		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EMPLOYEE	TWO			No Registration Code		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE	THREE			No Registration Code		<input type="checkbox"/>	<input type="checkbox"/>

Removing Employees from the census

Employees can be removed from the census by checking the checkbox below the “Remove Employee” column and selecting the “Remove Employees” button. Employee Termination Details window is rendered and a reason for removal and termination date must be entered and the ‘Save’ button selected. This process will remove the employee from the group’s eligible employee count. This process can only be performed during encoding of the group.

• **Account Information**

	Paper Application Uncheck All	First Name	Middle Initial	Last Name	Email Address	ZipCode	Registration Code	Status	Download PDF Check All	Email or Print Check All	Reminder	Remove Employee
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	TEST		DEMO	LCARLSO	54313	TDEMO	●●●●●	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	TEST		DEMO2	LCARLSO		No Registration Code			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="radio"/> Enrolling <input type="radio"/> Waiving	<input type="checkbox"/>	EMPLOYEE		DEMO3	LCARLSO		EMPD000289	Not Registered		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Save

Email user ID information

Reminder user ID information

Print user ID information

Export Registration codes

PDF's Completed Online Employees

Remove Remove Employees

[Return to Dashboard](#)

Employee Termination Details:

FIRST NAME	LAST NAME	REASON FOR REMOVAL	TERMINATION DATE
EE25	EMPLOYEE25	<div style="border: 1px solid #ccc; padding: 2px;"> <div style="background-color: #f0f0f0; padding: 2px;">▼</div> <div style="padding: 2px;"> Terminated Employment Added in Error Duplicate Entry Other </div> </div>	

[Cancel](#)
[Save](#)

Broker Status Reports

Group Enrollment Status Report section provides you with the ability to generate three email reports; status of the group, employee's enrolling using the online employee enrollment application and email reminders sent to employees encouraging them to complete the enrollment application.

Select 'Yes' radio button to next to the report(s) you want to generate or the 'Edit' button for reports already requested and you would like to change the frequency or email distribution list.

• Status Reports

Receive Online Group Detailed Report ☐ Yes ☒ No

EDIT

Receive Online Group Status Report ☐ Yes ☒ No

EDIT

Send Email Reminders to Employees ☐ Yes ☒ No

EDIT

[Return to Dashboard](#)

The "Group Detailed Report" provides the detail current status of each group and employees enrolling using the online employee enrollment application process. You will have the option to select the report's frequency; daily, day of the week, or for a set number of days. An email distribution list must be created for those that should receive the status report. Select the 'Save Status Report Changes' button to save your request and to begin to receive the report. Select 'Cancel' to abandon the request.

Receive Online Group Detailed Report ☒ Yes ☐ No

*An email will be sent to you and any addresses entered on the email distribution below that includes the current status of a group that includes employees setup to complete an online application. This report can be sent daily or on a specific day (or days) of the week, based on the schedule you request.

Report Frequency:

☐ Daily

☐ Specific Day(s) of the week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
☐ Friday ☐ Saturday ☐ Sunday

☐ Every Days

Email Distribution:

[Add Additional Email Addresses](#)

[Save Status Report Changes](#) [Cancel](#)

Each report requested is sent overnight on the schedule the broker selects. The email is sent by group and contains the information shown below and is sent encrypted.



All Savers®

All Savers Online Enrollment Status

As of 5/17/2016 6:01:43 AM

TEST_RT_PROD(DON'TDELETE)

DEMO1 AGENT

Number of enrolling or waiving employees:	12
Number of employees enrolling or waiving online:	5
Completed Online employee enrollments:	0

Online Employee Application Status:

Status	Employee Name	Date and Time of Last Login
No Registration Code:		
	CARLA J EE1	The employee has not yet logged in
	KARLA Y EE2	The employee has not yet logged in
	MICHAEL Z EE3	The employee has not yet logged in





Not Registered:

Not Started:

Enrollment Completed As Follows:

RAVITEJA 1 WAV		5/13/2016 2:24:43 AM
RAVITEJA 1 MONANGI		5/13/2016 2:44:40 AM

Status Key:

-  :Personal information section is complete but the remaining sections are not.
-  :Personal information and Dependent sections are complete but the remaining sections are not.
-  :Personal information, Dependent and the Medical History sections are complete but the remaining sections are not.
-  :Personal information, Dependent, Medical History and the Prior Coverage sections are complete but an eSignature has not been submitted for the application.

The “Group Status Report” provides a total count of employees in each status and a count of the enrollment page progress. You will have the option to select the report’s frequency; daily, day of the week, or for a set number of days. An email distribution list must be created for those that should receive the status report. Select the ‘Save Status Report Changes’ button to save your request and to begin to receive the report. Select ‘Cancel’ to abandon the request.

Receive Online Group Status Report ☒ Yes ☐ No

* An unencrypted email will be sent that provides a summary of the groups progress with their online employee applications giving the number of employees who have not completed the online enrollment process by status.

Report Frequency:

☐ Daily

☐ Specific Day(s) of the week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
☐ Friday ☐ Saturday ☐ Sunday

☐ Every Days

Email Distribution:


[Add Additional Email Addresses](#)

Save Status Report Changes

Cancel

Each report requested is sent overnight on the schedule the broker selects. The email is sent by

group and contains the information shown below.



All Savers®

AllSavers Online Enrollment Status Summary

TEST_DK_0301

DEMO1 AGENT

Status	Count of Employees
No Registration Code	0
Not Registered	1
Not Started	0
Enrollment started but not completed:	
Complete thru Personal Information	0
Complete thru Dependent Information	0
Complete thru Medical History	0
Complete thru Prior Coverage Section	0

Report is accurate as of 3/15/2016 6:07:41 PM

Email Reminders to Employees will be sent to remind them their online employee enrollment application has been completed. You will have the option to select the report's frequency; daily, day of the week, or for a set number of days. Select the 'Save Status Report Changes' button to save your request and to begin to receive the report. Select 'Cancel' to abandon the request. This email is sent unencrypted.

Send Email Reminders to Employees: ☒ Yes ☐ No

* An email will be sent to any employee that has provided an email address and has not completed their online applications.

Reminder Frequency:

☐ Daily

☐ Specific Day(s) of the week:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
☐ Friday ☐ Saturday ☐ Sunday

☐ Every Days

Save Reminder Email Changes

Cancel



4/21/2016

Re: All Savers Alternate Funding Health Plan, Online Application Form and Log-In Information

Your employer DEMO_SS_REGCODE is considering All Savers Alternate Funding for its health plan of choice.

As part of this application process we need you to complete an online application form that is accessible via our secure website. At your earliest convenience please login to the myallsavers.com website with your user ID and password to continue the application process.

If you are not able to complete the application online please reach out to your employer's broker for a paper version of the application.

Sincerely,
The UnitedHealthcare Team

Note: If the link to the registration page is not working, cut and paste this URL into your browser's navigation bar: <http://pc2ua41012qk/AllSaversDev/Member/ChooseOnlinePlanRegistration>

You received this email because your employer is considering All Savers as its health plan of choice and you are listed as an eligible plan participant. Please do not reply to this email address; this mailbox is used for outbound email only. Do not include any personal health information as part of any email communication. This email was sent by: UnitedHealthcare, 9700 Health Care Lane, Minnetonka, MN 55343 USA. Administrative services are provided by United HealthCare Services, Inc. and its affiliates. 3100 AMS Blvd., Green Bay, WI 54313 (800) 291-2634

After saving your report, the frequency and the email recipient list will be shown below each status report.

• Status Reports

Receive Online Group Detailed Report ☒ Yes ☐ No

EDIT

Report Frequency: Daily

Email Distribution: lcarlson@unitedhealthone.com;

Receive Online Group Status Report ☐ Yes ☒ No

EDIT











Send Email Reminders to Employees ☐ Yes ☒ No


EDIT


Return to Dashboard


Viewing Employee Applications after Policy Issued

Access to view an online employee's enrollment application PDF after the Policy is issued is available from the Group Enrollment Account information section. A PDF icon will be shown underneath the Employee Application heading. It will be shown as 'blank' for employees that have completed the paper application. Click on the PDF icon to launch the application.

• Account information					
Full Name	Email Address	Registration Code	User ID	Email or For Printing	Employee Application
A CARLSON	LCARLSON@UNITEDHE	EMPx000486	acarlson	<input type="checkbox"/>	
B CARLSON	LCARLSON@UNITEDHE	EMPx000533	bcarlson	<input type="checkbox"/>	
C CARLSON	LCARLSON@UNITEDHE	EMPx000595	ccarlson	<input type="checkbox"/>	
D CARLSON	LCARLSON@UNITEDHE	EMPx000642	dcarlson	<input type="checkbox"/>	
E CARLSON	LCARLSON@UNITEDHE	EMPx000689	ecarlson	<input type="checkbox"/>	
F CARLSON	LCARLSON@UNITEDHE	EMPx000751	fcarlson	<input type="checkbox"/>	
G CARLSON	LCARLSON@UNITEDHE	EMPx000798	gcarlson	<input type="checkbox"/>	
H CARLSON	LCARLSON@UNITEDHE	EMPx000861	hcarlson	<input type="checkbox"/>	
I CARLSON	LCARLSON@UNITEDHE	EMPx000908	icarlson	<input type="checkbox"/>	
J CARLSON	LCARLSON@UNITEDHE	EMPx000970	jcarlson	<input type="checkbox"/>	


Email
user ID
information












Print
user ID
information



Temporary Card
user ID
information


Generate a Temporary ID Card after the Policy is issued.


You can generate a Temporary ID Card for each employee after the Policy is issued by checking the checkbox beneath the Email or for Print Column and selecting the 'Temporary Card' button. The Temporary Card can be generated regardless of whether the employee completed a paper or online application.

Account information

Full Name	Email Address	Registration Code	User ID	Email or For Printing	Employee Application
A CARLSON	LCARLSON@UNITEDHE	EMPx000486	acarlson	<input checked="" type="checkbox"/>	
B CARLSON	LCARLSON@UNITEDHE	EMPx000533	bcarlson	<input type="checkbox"/>	
C CARLSON	LCARLSON@UNITEDHE	EMPx000595	ccarlson	<input type="checkbox"/>	
D CARLSON	LCARLSON@UNITEDHE	EMPx000642	dcarlson	<input type="checkbox"/>	
E CARLSON	LCARLSON@UNITEDHE	EMPx000689	ecarlson	<input type="checkbox"/>	
F CARLSON	LCARLSON@UNITEDHE	EMPx000751	fcarlson	<input type="checkbox"/>	
G CARLSON	LCARLSON@UNITEDHE	EMPx000798	gcarlson	<input type="checkbox"/>	
H CARLSON	LCARLSON@UNITEDHE	EMPx000861	hcarlson	<input type="checkbox"/>	
I CARLSON	LCARLSON@UNITEDHE	EMPx000908	icarlson	<input type="checkbox"/>	
J CARLSON	LCARLSON@UNITEDHE	EMPx000970	jcarlson	<input type="checkbox"/>	


Email
user ID
information


Print
user ID
information


Temporary Card
user ID
information

An introductory letter will be generated and can be forward to the employee via email or mail.

LC_TEST_30369A
3368 PINE FOREST
AUSTIN, TX 77001

5/20/2016

Re: Temporary ID Information

Dear LC_TEST_30369A,

Your plan's effective date is 4/1/2016.

Your employee's ID cards will be mailed to their home addresses. In the meantime, they can use the temporary information on the following pages. Please print these pages and give them to your employees.

If you have any questions, contact member services at 1-800-291-2634.

Sincerely,
DEMO1 AGENT
(800) 232-5432

5/20/2016

Re: Temporary Information

Dear A CARLSON,

In a week or so, you will receive your ID cards in the mail. In the meantime, you can use the information provided below when you go to the doctor or pharmacy.

All Savers

Temporary Information

Member Name: A CARLSON
Member ID: 900086828
Group Number: 5400-006598
RXBIN: 610279 **RXGRP:** UGRI **Payer ID:** 81400
Effective Date: 4/1/2016
Company Name: LC_TEST_30369A

Customer Service number for members and providers: **1-800-291-2634**

UnitedHealthcare Choice Plus

For questions about claims, you can instruct your provider to call customer service at 1-800-291-2634. Claims can be submitted to P.O. Box 31375, Salt Lake City, UT 84131-0375.

If Specialty Dental or Vision coverage was elected a subscriber ID is required for self-registration. You can use the Medical ID number on your permanent ID card, but you will need to replace the first letter of the ID with a "0" when completing the self-registration process. For example, if your Medical ID number is C01234567 your Dental and Vision Subscriber ID number will be 001234567. If you need the member ID number prior to receiving your permanent ID card, please contact customer service at 1-800-291-2634.

Thank you.