

User Guide

Employees

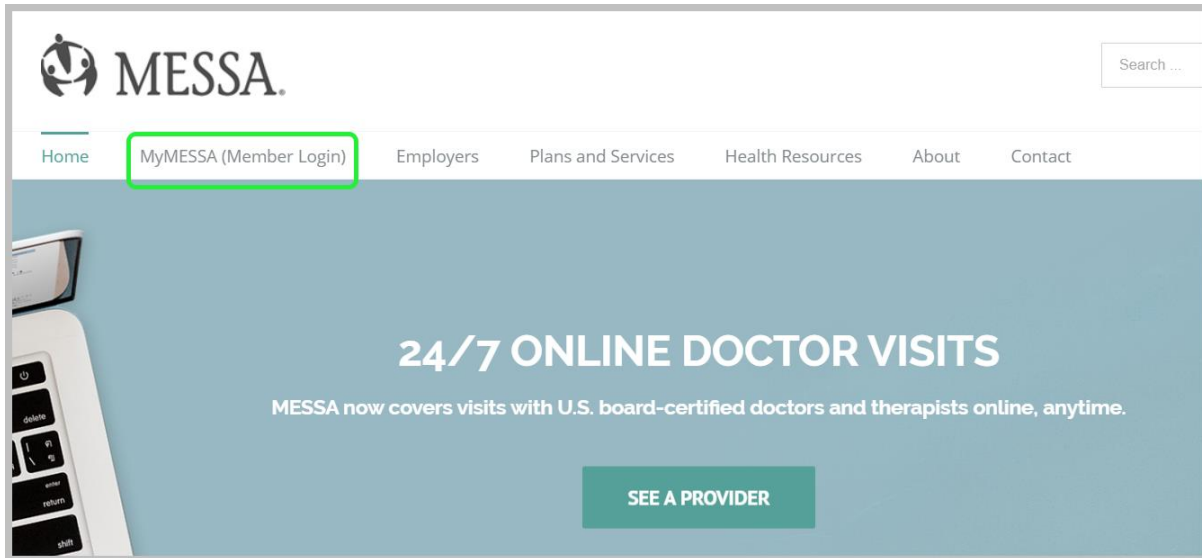


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Creating a MyMESSA Member Account on messa.org

- Go to www.messa.org.
- Click on “Create One Now”.

The screenshot shows the MESSA login page. At the top, the text "Log in to your account" is displayed in blue. Below this is a white login form with a blue border. The form contains two input fields: "Username" and "Password". The "Password" field has a small eye icon to its right, indicating a toggle for password visibility. Below the input fields is a checkbox labeled "Remember me". At the bottom of the form, there is a link "Forgot your username or password?" followed by a vertical bar and the text "Don't have an account?". To the right of this text is a link "Create one now.", which is highlighted with a green rectangular box. At the bottom left of the form is a link "MESSA home". At the bottom right is a blue button with the white text "Log in".

Step 1 - User Information

- Enter the following information to create a messa.org account:
 - Last four digits of your Social Security Number
 - Date of birth
 - Employer
 - Home zip code
- Click **“Next”**.

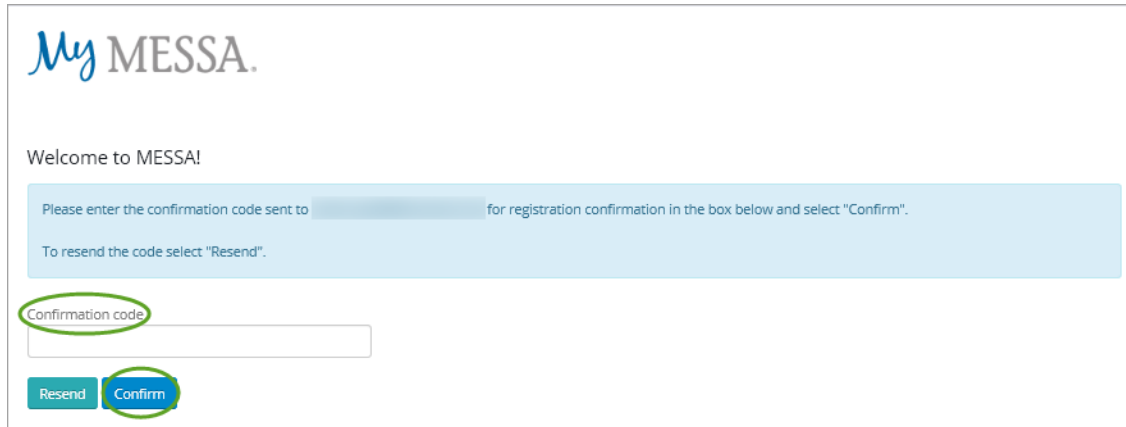
The screenshot shows the 'My MESSA' logo at the top left. Below it is the word 'Registration'. Underneath is the heading 'Step 1: User information'. The form contains four input fields: 'Enrollee ID/SSN (last 4 digits)' with an information icon, 'Employer' with a dropdown menu showing 'A01-Unknown Or Unassigned', 'Date of birth', and 'Home zip code'. Each of these four fields is circled in green. A blue 'Next' button is located at the bottom right of the form.

Step 2 – Security Questions

- Select your security questions and enter your answers.
- Click **“Next”**.

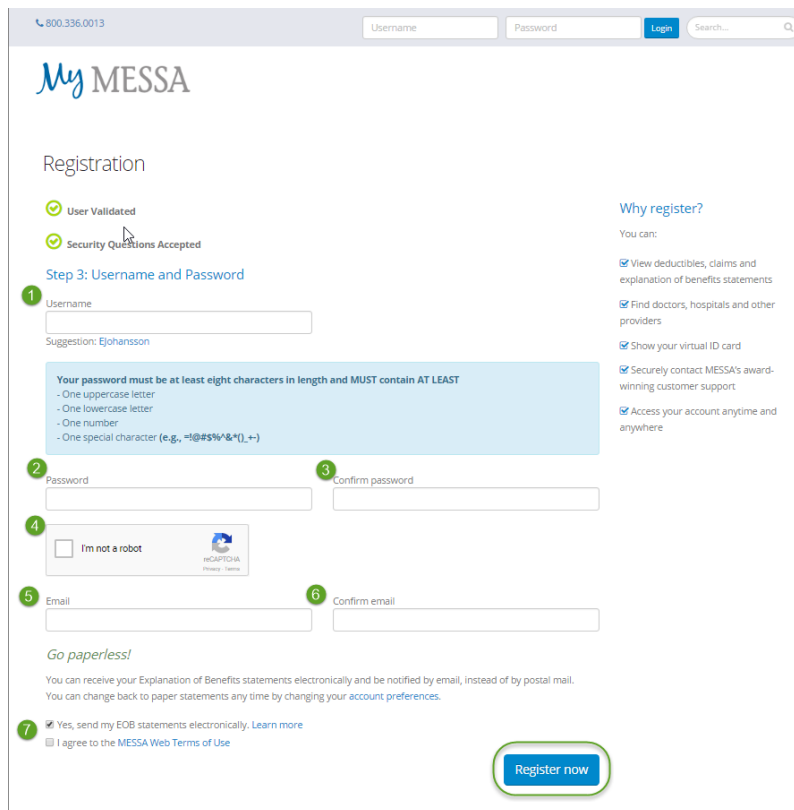
The screenshot shows the 'My MESSA' logo at the top left. Below it is the word 'Registration'. Underneath is a green checkmark icon and the text 'User Validated'. Below that is the heading 'Step 2: Security Questions', which is circled in green. The form contains five question pairs, each with a dropdown menu for the question and a text input field for the answer. The questions are labeled 'Question 1' through 'Question 5', and the answers are labeled 'Answer 1' through 'Answer 5'. A blue 'Next' button is located at the bottom right of the form. On the right side of the form, there is a section titled 'Why register?' with the text 'You can:' followed by four checked checkboxes: 'View deductibles, claims and explanation of benefits statements', 'Find doctors, hospitals and other providers', 'Show your virtual ID card', and 'Securely contact MESSA's award-winning customer support'. At the bottom of this section is another checked checkbox: 'Access your account anytime and anywhere'.

- A confirmation code will be sent to the email address you used when creating your account.
- Enter the Confirmation code.
- Click **“Confirm”**.



Step 3 – Username and Password

1. Create a username.
 2. Create a password.
 3. Confirm your password.
 4. Click the “I’m not a robot” box.
 5. Enter your email address.
 6. Confirm your email address
 7. Check the “I agree to the MESSA Web Terms of Use” box and check the “Yes, send my EOB statements electronically” box if you’d like your Explanation of Benefits emailed to you.
- Click **“Register now”**.



- You are now registered and can log in to your account.

Accessing MESSA's Online Benefits Website

- Once logged in to your account, click on the **"Online benefits website"** link in the box on the left side of the screen. (If you do not see this link, logout and log back in and it will appear.)

The screenshot shows the 'My MESSA' website interface. On the left sidebar, there are links for 'Online benefits website' and 'Employee user guide', both of which are circled in green. The main content area displays account information for 'messa ABC Plan 2', including a family deductible progress gauge showing \$321.48 met of a \$4,000 total, and an HSA balance. A 'SUMMARY' table is also present, detailing claim totals and member responsibilities.

Claim totals	Amount billed	MESSA coverage		Member responsibility	
		Provider savings	MESSA payment	Deductible	Copayment/ coinsurance
Total Medical	\$630.11	\$339.48	\$0.00	\$290.63	\$0.00
Total Pharmacy	\$74.91	\$44.06	\$0.00	\$30.85	\$0.00
Totals	\$705.02	\$383.54	\$0.00	\$321.48	\$0.00

You will receive a pop-up letting you know that you are going to another website.

- Click **"Continue"**.
- This will take you directly to MESSA's Online Benefits Website.

You Are Going to Another Website

You are going to a website that is not affiliated with MESSA and may offer a different privacy policy and level of security. MESSA is not responsible for and does not endorse, guarantee or monitor content, availability, viewpoints, products or services that are offered or expressed on other websites.

If you are logged in to our secure areas, your secure session may time out while you are visiting another website.

Cancel
Continue

Home Page

This website has been created to provide you with information about your benefits. You will have the ability to enroll online and update your personal and dependent information. The tabs at the top of the page have the following information:



My Benefits

- Current Benefits – shows the details of all current benefits.
- Life Events – used to create an enrollment window if you have a qualifying event (within MESSA’s eligibility guidelines of 30 days) that allows benefit changes.

My Profile

- Personal Information – View/edit address information
- Family Information – View/edit dependent information
- Beneficiaries – View/edit beneficiary information
- Security Question – do not use this section
- Life Event – Create a “Life Event” (see page 26 for instructions).
- Employee File – Upload documents to your Employee File
- Personalized Forms – View a confirmation statement for any effective date

Library

- Content – Access/view documents your employer has placed in the Library

User Guide

- The “Online Benefits Website User Guide for Employees” will open in another web window. This provides instructions on how to use MESSA’s Online Benefits Website.

Creating a Life Event

- When you have a qualifying event ***within 31 days****, a “Life Event” will need to be created to be able to make benefit and/or dependent changes to your policy.
- Directions on how to create a Life Event for each qualifying event are below.
- **After creating the Life Event, enrollment MUST be completed in order to make the benefit/dependent changes.**

****If the Life Event is outside of MESSA’s eligibility guidelines of 31 days, you will need to contact your Benefits Administrator for further assistance.***

Step 1 – Select Your Life Event

- In the blue bar at the top, hover over “My Benefits” and click on Life Events.
- Choose one of the following Life Events
 - Birth
 - Marriage
 - Divorce
 - Legal Guardianship
 - Child Becomes Eligible
 - Child No Longer Eligible
 - Family Status Change

Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... ▼

Other life events...

Divorce

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Family Status Change-Other

Birth

1 – From the left hand menu click Birth

Life Events

Birth

Marriage

Divorce

All other Life Events

2 – Enter the date of your life event, add dependent, and click continue

Birth

Change life event

When did your life event take place?

Enter a date: 02/28/2020

Enter your new dependent's information:

Name	Relationship	Date of Birth	Age	Gender
Add at least one dependent to continue				

Add Dependent

Continue Cancel

3 – Confirm your information, select “I verify that all the above Life Event information is correct”, select “Save and Start Life Event Enrollment. Continue to Step 2 to finish enrollment.

STEP 3 Confirm your information

Birth

Change life event

Life Event: Birth

Date of Event: 02/28/2020

Added to Family: Herman Tests

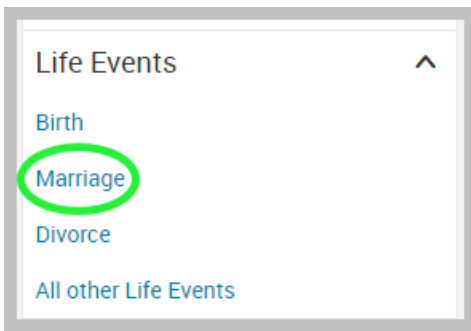
☒ I verify that all of the above Life Event information is correct.

Save and Start Life Event Enrollment Cancel

You may be required to provide documentation in order for the Life Event elections to be approved.

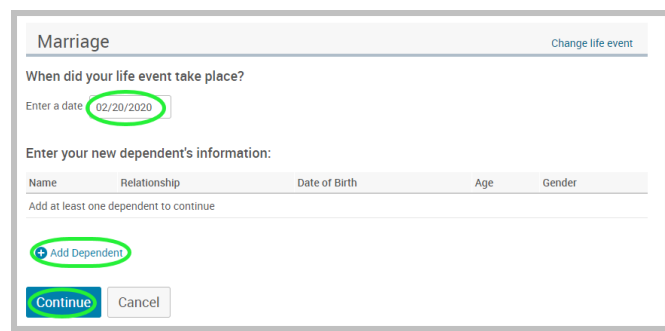
Marriage

1 – From the left hand menu click Marriage



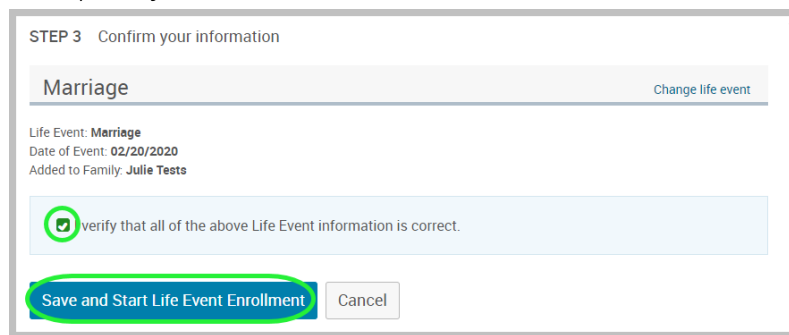
The screenshot shows a sidebar menu titled "Life Events" with an upward arrow. The menu items are "Birth", "Marriage", "Divorce", and "All other Life Events". The "Marriage" item is circled in green.

2 – Enter the date of your life event, add dependent and click continue



The screenshot shows the "Marriage" form. It has a "Change life event" link at the top right. The form asks "When did your life event take place?" with a date input field containing "02/20/2020", which is circled in green. Below this, it says "Enter your new dependent's information:" followed by a table with headers: Name, Relationship, Date of Birth, Age, and Gender. Below the table is the text "Add at least one dependent to continue". At the bottom, there is a green "Add Dependent" button with a plus icon, circled in green, and a "Continue" button, also circled in green. A "Cancel" button is also present.

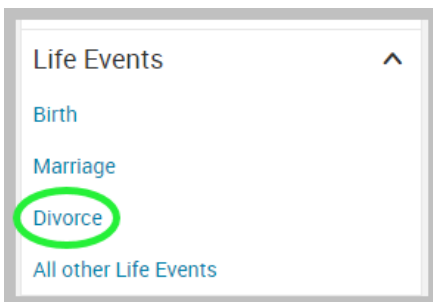
3 – Confirm your information, select "I verify that all the above Life Event information is correct", select "Save and Start Life Event Enrollment. Continue to Step 2 to finish enrollment.



The screenshot shows "STEP 3 Confirm your information" for the "Marriage" event. It has a "Change life event" link at the top right. The form displays: "Life Event: Marriage", "Date of Event: 02/20/2020", and "Added to Family: Julie Tests". Below this is a light blue box containing a green checkmark icon and the text "verify that all of the above Life Event information is correct.", where the checkmark is circled in green. At the bottom, there is a green "Save and Start Life Event Enrollment" button, circled in green, and a "Cancel" button.

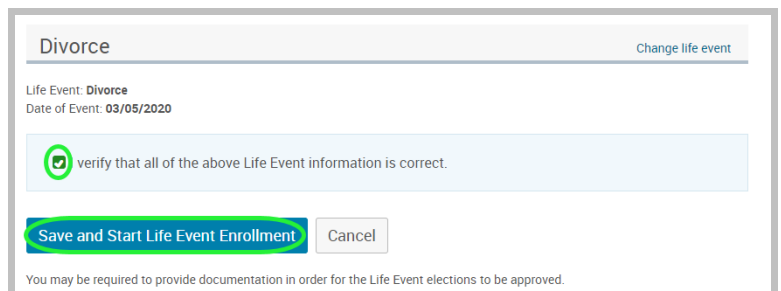
Divorce

1 – From the left hand menu click Divorce



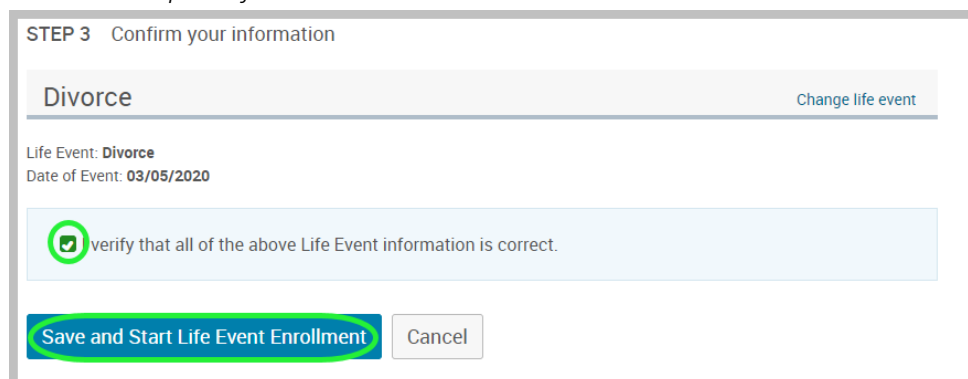
The screenshot shows a sidebar menu titled "Life Events" with an upward arrow. The menu items are "Birth", "Marriage", "Divorce", and "All other Life Events". The "Divorce" item is circled in green.

2 – Enter the date of your life event, add dependent, and click continue



The screenshot shows the "Divorce" form. It has a "Change life event" link at the top right. The form displays: "Life Event: Divorce" and "Date of Event: 03/05/2020". Below this is a light blue box containing a green checkmark icon and the text "verify that all of the above Life Event information is correct.", where the checkmark is circled in green. At the bottom, there is a green "Save and Start Life Event Enrollment" button, circled in green, and a "Cancel" button. A note at the bottom states: "You may be required to provide documentation in order for the Life Event elections to be approved."

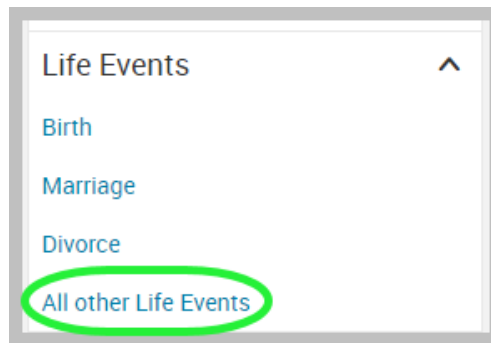
3 - Confirm your information, select "I verify that all the above Life Event information is correct", select "Save and Start Life Event Enrollment. Continue to Step 3 to finish enrollment.



The screenshot shows "STEP 3 Confirm your information" for the "Divorce" event. It has a "Change life event" link at the top right. The form displays: "Life Event: Divorce" and "Date of Event: 03/05/2020". Below this is a light blue box containing a green checkmark icon and the text "verify that all of the above Life Event information is correct.", where the checkmark is circled in green. At the bottom, there is a green "Save and Start Life Event Enrollment" button, circled in green, and a "Cancel" button.

All other Life Events

1 – From the left hand menu click All other Life Events




2 – Select Other life events, chose your life event, and follow the prompts. After following prompts, continue to step 2 to finish enrollment.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... 

Other life events...

Divorce

Legal Guardianship

Child Becomes Eligible

Child No Longer Eligible

Family Status Change-Other

Step 2 – Demographics

- Review your Demographic Information and make any necessary updates.
- When finished, click the **“I agree”** box and click **“Continue”**.

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

If you are using Google Chrome, please do not use the auto-fill feature.

Demographics

* Fields are required

* First Name

Middle Initial

* Last Name

Suffix

Social Security Number

* Date of Birth

* Gender ☒ Male ☐ Female

Address

* Fields are required

* Address 1

Address 2

* City

* State

* Zip

Home Phone

Cell Phone

Block SMS/Text Messages ☐

Home Email

WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

* Work Email

Preferred Email ☐ Home Email ☒ Work Email ☐ None

By checking the box “I Agree” below, you agree that the information above is accurate to the best of your knowledge.

☒ I agree

1 Your Info

Employee Information

Family Info

2 Your Benefits

3 Enroll

4 Complete

Continue

Step 3 – Family Information

- Review/add/edit your Family Information.
- When finished, click the “I agree” box and click “Continue”.

Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.

Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.

If you are using Google Chrome, please do not use the auto-fill feature.

Adam Tests

Male Employee
35 years old (1/1/1985)
SSN: 000-87-1111

[Edit >](#)

Sally Tests


Female Spouse
35 years old (1/1/1985)
SSN: 888-77-6765

[Edit >](#)

Chloe Tests

Female Daughter
4 years old (1/1/2016)
SSN: 444-65-3333

[Edit >](#)



Add Dependents

1

Your Info

2

Employee Information

3

Family Info

4

Your Benefits

5

Enroll

6

Complete

Continue

Dependent Information Notice

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)


☒ I agree

Step 4 – Electing Benefits

- To elect benefits, click on “**View Plan Options**” to the right of each plan name.

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

MESSA is not responsible for the costs shown.



Medical

***Selection Required**

NO PLAN SELECTED

I don't want this benefit (waive)

View Plan Options

- To cover a dependent, check the box next to their name and click continue.
- To remove a dependent, uncheck the box next to their name.
- Click “**Continue**”.

Who will be covered by this plan?

☒ Adam Tests
Employee

☒ Sally Tests
Spouse

☐ Chloe Tests
Daughter

[+ Add Dependents](#)

Not Covered

[Back to Benefits](#)

Continue

- Select the benefit plan by clicking “**Select**”. When finished electing all benefits, click “**Continue**” on the right-hand side.

Who will be covered by this plan?

☒ Adam Tests (Employee)

☒ Sally Tests (Spouse)

☒ Chloe Tests (Daughter)

[+ Add Dependents](#)

Not Covered

[View All Plans Side-by-Side](#)

MESSA ABC Plan 1
Blue Cross Blue Shield of Michigan

[View plan details](#)


[Plan Brochure](#)

Your Cost per month:
\$0.00

Tier: Employee + Dependent

Select

MESSA Choices \$2,000/\$4,000 deductible w/20% coinsurance, Saver Rx

Blue Cross Blue Shield of Michigan 

[View plan details](#)

[Plan Brochure](#)

Your Cost per month:
\$0.00

Tier: Employee + Dependent

Select

1 Your Info

2 **Your Benefits**

3 Enroll

4 Complete

Your Cost per month \$0.00

Finished selecting benefits? Click the button below to continue.

Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

Step 5 - Beneficiaries

- It's recommended that you designate at least one primary beneficiary.
 - Dependents will automatically appear, however, you may **"Add New Beneficiary"** if you'd like to designate someone other than a dependent.
 - Percentage total must equal 100%.
 - When finished click **"Continue"**.

Basic Term Life

Please choose your beneficiaries

Primary Beneficiaries

If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

Name	Percentage
My Estate (Employee)	%
Sally Tests (Spouse)	100 %
Chloe Tests (Daughter)	%
Total: 100.0000%	

[Add New Beneficiary](#)

Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

Name	Percentage
My Estate (Employee)	%
Sally Tests (Spouse)	%
Chloe Tests (Daughter)	100 %
Total: 100.0000%	

Your Cost per month \$0.00

Continue

Step 6 – Other Medical Insurance

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click **"Yes"** next to "Current or Prior Coverages" and enter the following information.
- Once you have entered the information, click **"Save"**.
- If you do not have other medical coverage, keep "Current or Prior Coverages" as **"No"** and click **"Continue"**.

Medical

Adam Tests (Employee)

Other Medical Insurance Coverage:

Current or Prior Coverages ☒ Yes ☐ No

Other Insurance **New**

Policyholder Name

Policy Number

Policyholder's Employer

Policyholder's Employer Address

Policyholder's Employer Phone 555-555-5555

Insurance Carrier's Name

Insurance Carrier's Phone 555-555-5555

Coverage Start Date mm/dd/yyyy

Coverage End Date mm/dd/yyyy

State/Country of Coverage

Coverage Level

Additional Info

Save

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm

4 Complete

Your Cost per month \$0.00

Continue

Step 7 – Review and Confirm

- Now that you have elected all of your benefits, review your selections and scroll to the bottom of the page to view the “Participation” statement. Check the “I agree, and I’m finished with my enrollment” box.

Review and Confirm

Please Review All of Your Selections

Once you have completed your review, click the “Complete Enrollment” button at the right side of the page.

CHANGED BENEFITS: [Medical](#) [Dental](#) [Vision](#) [Basic Term Life](#) [Optional Supplemental Term Life](#) [Optional Basic Term Life](#)
[Optional Survivor Income Insurance](#) [Optional Dependent Life](#)

*INDICATES CHANGED BENEFITS

Your Total Cost **\$0.00**
Per Month

Medical* Your cost per month **\$0.00**

⚠ This benefit election is pending until approved by your Benefits Administrator

MESSA ABC Plan 1 Blue Cross Blue Shield of Michigan
Coverage: **Employee + Dependent**

Cost Details Per Month

Your Cost **\$0.00**

Who will be covered on this plan:

Name	Relationship	Coverage
Adam Tests	Employee	✓ Cover
Sally Tests	Spouse	✓ Cover
Chloe Tests	Daughter	✗ No Coverage

[Edit Selection](#)

Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

☒ **I agree, and I'm finished with my enrollment**

- On the right side of the screen click “Complete Enrollment”.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Other Coverages

Review and Confirm


4 Complete

Complete Enrollment

Step 9 – Confirmation Statement

- You may view, email, or print your confirmation statement.

✓ Your enrollment is complete!

 You may make changes to your elections until: **March 21, 2020**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the “Print” button to print a copy of your enrollment confirmation statement for your records, click “Email” to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the “Edit Selection” button located under each plan.

MESSA is not responsible for the costs shown.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

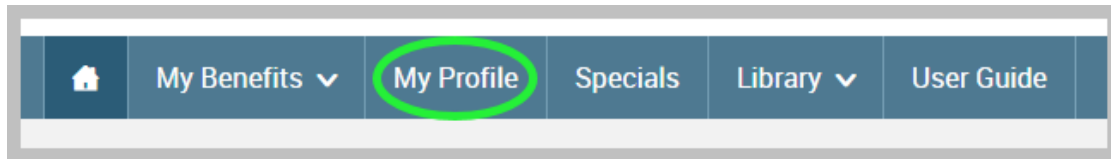
[VIEW](#) [EMAIL](#) [PRINT](#)

REMINDER: All benefit elections must be accepted by your Benefits Administrator.

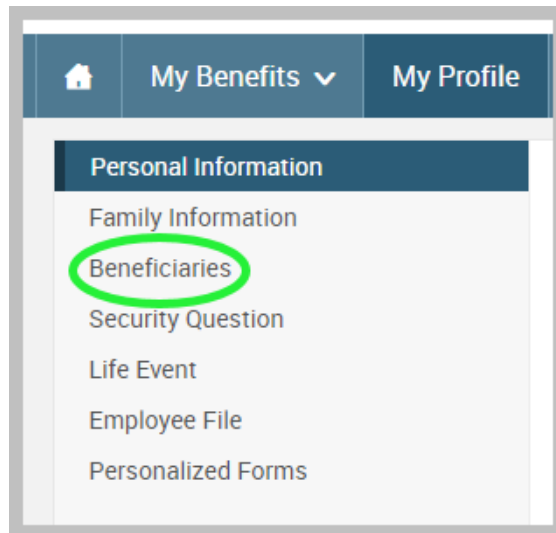
Beneficiaries

When you have life insurance with MESSA, whether it be Negotiated, Non-Negotiated or Optional, a Beneficiary Designation is recommended. You are able to update beneficiary information without having to make changes to your benefits.

Step 1 – Click on “My Profile”



Step 2 – Click on “Beneficiaries”



Step 3 – Choose Beneficiaries

- It's recommended that you designate at least one primary beneficiary.
 - Dependents will automatically appear, however, you may **“Add New Beneficiary”** if you'd like to designate someone other than a dependent.
 - Percentage total must equal 100%.
 - Make the necessary changes
 - When finished click **“Save”**.

A screenshot of the 'Beneficiaries' page for a user named Adam Tests. The page title is 'Beneficiaries'. Below the title, it says 'Adam Tests' with a person icon. A note explains that a beneficiary is a person or entity designated as the recipient of funds under eligible insurance policies. There is a 'PRINT' button. A table lists the designated beneficiaries with columns for 'Relationship' and 'Name'.

Relationship	Name
(Employee)	My Estate
(Spouse)	Sally Tests
(Daughter)	Chloe Tests
(Son)	Joey Tests

At the bottom of the table is a link to '+ Add Beneficiary'.

Beneficiary Designation

Basic Term Life

Beneficiaries

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Tests (Spouse)	<input type="text" value="100.0"/> %
Chloe Tests (Child)	<input type="text"/> %
Joey Tests (Child)	<input type="text"/> %

Total: 100.0000%

[^ Add Secondary Beneficiaries](#) (optional)

Negotiated Life

Beneficiaries


Name	Percentage
My Estate (Employee)	<input type="text"/> %
Sally Tests (Spouse)	<input type="text" value="100.0"/> %
Chloe Tests (Child)	<input type="text"/> %
Joey Tests (Child)	<input type="text"/> %

Total: 100.0000%

[^ Add Secondary Beneficiaries](#) (optional)

- You will receive the following message:

Beneficiaries

 Beneficiary Designation information was saved successfully.

Confirmation Statements

Step 1 – My Forms

- From the left hand menu, under “My Forms”, click “Enrollment Confirmation Form”
- Your confirmation statement will be displayed as a PDF document

MESSA

New Elections, Confirmation Statement for Adam Tests

We are pleased to provide you with this personalized summary of your benefit enrollment elections and payroll deductions. For more information about your benefits, please log into www.messa.org and click on My Benefits. If you have any questions, call MESSA at 800.336.0013.

Your Benefits as of 3/6/2020

TOTAL COSTS PER MONTH	
Your Cost	\$0.00

Medical Waived

No Coverage

Dental Your cost per month \$0.00

Dent80/80/80/80:1300/1500:2
Coverage: Employee + Dependent
Effective Date : 2/19/2020

Cost Details Per Month

Your Cost	\$0.00
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Who will be covered on this plan

Name	Relationship	Coverage	Effective Date
Adam Tests	Employee	Covered	2/19/2020 - 4/30/2020
Sally Tests	Spouse	Covered	2/19/2020 - 4/30/2020
Chloe Tests	Daughter	No Coverage	2/19/2020 - 4/30/2020
Joey Tests	Son	NOT COVERED	

Uploading Documents

Step 1 – Click on “My Profile”

Home My Benefits ▾ **My Profile** Specials Library ▾ User Guide

Step 2 – Click on “Employee File”

Personal Information

- Family Information
- Beneficiaries
- Security Question
- Life Event
- Employee File**
- Personalized Forms

Step 3 – To upload a file for yourself or a dependent, click on “View and Upload Documents” next to their name

Employee File

Adam Tests Employee

Name	Relationship	Date of Birth	View and Upload
Adam Tests	Employee	01/01/1985	View and Upload Documents
Sally Tests	Spouse	01/01/1985	View and Upload Documents
Chloe Tests	Daughter	01/01/2016	View and Upload Documents
Joey Tests	Son	02/27/2020	View and Upload Documents

Step 4 – File Upload

- Title – Name your document
- Description – Describe your document (i.e. marriage certificate, birth certificate, etc.)
- Document Type
- Choose File
- Once file is uploaded, click Save.

Once your file is uploaded, the following will appear.

File Upload

Employee File information was saved successfully.

Sally Tests Spouse

* Fields are required

* Title

Description

* Document Type

* File No file chosen

10 items per page 1 to 1 of 1 rows

	Title	Description	Document Type	Saved On	Saved By	View
<input type="checkbox"/>	Test	Test Certificate	Unspecified	3/6/2020 11:04:01 AM	Eric Larsen MESSA	View