



Ease allows you to view your benefit options and make benefit elections for you and your family. You can view plan details, coverage amounts and costs. Your family's information only needs to be entered once, in one place and all carrier application forms will automatically be completed.

1. You will receive an email with a link that you will use to register and access Ease. Click the Sign Up button within the email message.

Welcome Alicia,

Your Manager just added you to Ease.

Ease helps you manage your benefits and other important HR activities.

Please log in now and complete your profile here:

Important: This email is intended only for Alicia Cornwell and should not be forwarded to anyone else.

[Sign Up](#)

2. Once you click the link, you will need to choose a password. Please be sure the password has at least one uppercase letter, one lowercase letter, one special character or number and is at least 8 characters long. Click the Sign Up button to continue.

You have been invited to Ease. Please choose a password and click 'Sign Up' to continue.

Password *
Password

Confirm *
Confirm

☐ I agree to the [Terms of Service](#)

Your password must contain a minimum of 8 characters, with at least 1 lowercase, 1 uppercase, and 1 numeric or special character.

[Sign Up](#)

[Sign In](#)



3. If you have logged in before, you will need to enter your email address or username and your password. If you are logging in with your mobile phone, select Log in with mobile phone. If you are having trouble logging in, select Forgot? If you need further assistance, select I need additional help to log in.

Two side-by-side login interface panels. The left panel is the main login screen, featuring a text input for 'Email or Username' with the placeholder 'example@email.com', a password input with a 'Forgot?' link, a blue 'Login' button, and a link for 'Log in with mobile phone'. The right panel is titled 'Forgot your Password?' and 'Request login assistance', featuring an input for 'Enter your email address' with the placeholder 'example@email.com', a blue 'Submit' button, and a link for 'I need additional help to log in'.

4. After you have logged in, you will click on the green Get Started button. You will also see links to Profile, Benefits, and Documents.

A user dashboard for 'Alicia Cornwell'. On the left is a sidebar with links to 'Dashboard' (with a house icon), 'Profile' (with a person icon), 'Benefits' (with a heart icon), and 'Documents' (with a folder icon). The main content area features a green banner for 'New Hire Onboarding' with the text 'Welcome to the team! Let's begin the onboarding process.' and a 'Get Started' button.

5. Ease will walk you through the process of onboarding and enrolling in your benefits. After completing the optional onboarding module, you will be taken to enroll in benefits.



Benefits Enrollment

You're about to begin enrollment. Please note the following:

 Takes 10-15 mins ... or a cup of coffee	 Good to have ready Information about your dependents, Medicare, and previous coverage (if applicable)	 Your progress will be saved Exit and finish later if you need to
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[Start](#)

6. Review your personal information and provide any missing information, if needed. All fields marked with an * are required.

The Sample Company > Benefits Enrollment 0% Complete [Exit](#)

- Profile
- Dependents
- Documents
- Medicare
- Benefits
- Coverage
- Summary
- Sign Forms
- Finish

Personal Information

First Name * Middle Name

Last Name *

Sex * Birth Date (30) *

SSN *

Marital Status *

Tobacco User (Last 12 Months) *

Disabled? *

[Need Help?](#) [Get support](#)

7. Add any dependents that you will be enrolling in coverage by clicking Add.



Dependents

If you have any dependents (e.g. spouse, domestic partner, children) please add them here. If you do not have any dependents please click 'Continue'.

Add a Dependent

Add

Continue

8. Provide information for each dependent as prompted. Click Add Dependent.

Add Dependent

Close

First Name *

First Name

Last Name *

Last Name

Middle Name

Middle Name

Sex

Select

Birth Date

mm/dd/yyyy

SSN

XXX-XX-XXXX

Relationship *

Select

Employer

☐ Different address than employee?

Add Dependent

10. If documents are required to review click **Review** and acknowledge receipt for each document.

The Sample Company > Benefits Enrollment 25% Complete [Exit](#)

- Profile
- Dependents
- Documents**
- Medicare
- Benefits
- Coverage
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- Finish

Documents

Please review and sign the following documents if applicable. Once you've reviewed each document please click 'Continue'.

Handbook Acceptance

170 B

[Review](#)

SPD

29.6 KB

[Review](#)

[Continue](#)

[Need Help?](#) [Get support](#)

11. If you or any of your dependents have Medicare Coverage, click Add and complete Medicare information.

The Sample Company > Benefits Enrollment 38% Complete [Exit](#)

- Profile
- Dependents
- Documents
- Medicare**
- Benefits
- Coverage
- Summary
- Sign Forms
- Finish

Medicare

If you or any of your dependents applying for coverage have Medicare Coverage please add that information here. Otherwise please click 'Continue'.

Add Medicare Coverage

[Add](#)

[Continue](#)

[Need Help?](#) [Get support](#)

12. You will be guided through your benefit options. To enroll, click the checkmark , to waive click the X. Choose the plan you would like by clicking Select.

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 **Benefits**
- 6 Medical
- 7 Coverage
- 8 Summary
- 9 Sign Forms
- 10 Finish

Medical Plan

Specify your coverage

Select Enrolled or Waived for each eligible member below

Alicia Cornwell
Employee

Enrolled ☒ ☐

Are you waiving dependents?

You have not entered any children. If you have dependent children and are waiving coverage for them, check the box below. Otherwise keep the box unchecked.

Children

☐ Waived

Benefits Summary

Employee Cost Per Pay Period (Semi-Monthly)

Medical \$47.88

Total \$47.88
Per Pay Period (Semi-Monthly)

[Need Help?](#) [Get support](#)

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 **Benefits**
- 6 Medical
- 7 Coverage
- 8 Summary
- 9 Sign Forms
- 10 Finish

Select your plan

See breakdown of plans and costs [Compare Plans >](#)

The cost below is the employee cost deducted on a Per Pay Period (Semi-Monthly) basis.

Anthem BCBS

Blue Shield Silver 70 PPO 2000/45 + Child Dental

Documents

[SBC](#)

\$47.88

Per Pay Period

This election will be effective starting 2/1/2019.

Benefits Summary

Employee Cost Per Pay Period (Semi-Monthly)

Medical \$47.88

Total \$47.88
Per Pay Period (Semi-Monthly)

[Need Help?](#) [Get support](#)

[Continue](#)

13. You may be prompted to provide your previous or current coverage, Click Add and enter all information as required.

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 Benefits
- 6 **Coverage**
- 7 Summary
- 8 Sign Forms
- 9 Finish

Previous & Current Coverage

If you have more than one insurance policy at the same time, your carrier will want to know about it. If you are going to maintain a second policy, please add the details here.

Also, The Affordable Care Act requires that we all maintain continuous coverage. Please provide details of the coverage you have had over the last 12 months here.

Add Coverage

Add

Continue

You must sign your forms in order to submit your elections.

[Need Help?](#) [Get support](#)

14. You may see a series of health questions based on the coverage you are applying for. Answer each question with a checkmark for yes or X for no. If prompted, please provide any additional details.

- 6 Benefits
- 7 Coverage
- 8 **Health**
- 9 Conditions
- 10 Questions
- 11 Height & Weight
- 12 Details
- 13 Summary
- 14 Sign Forms
- 15 Finish

Heart/Circulatory

Please Select ☒ ☐

Such as: Abnormal heart catheterization, Aneurysm, Angina, Angioplasty, Angioplasty/Stent, Arrhythmia / Irregular heartbeat, Arteriosclerosis, Artery or blood vessel disease, Atherosclerosis, Atrial Fibrillation, Blood clots, Blood vessels, Bypass, Cardiomyopathy, Cardiovascular, Carotid Artery disease / Stenosis, Cerebrovascular, Chest pain, Circulatory disorder, Congestive heart failure, Coronary artery disease, Defibrillator use, Edema, Elevated cholesterol levels, Elevated triglycerides, Endocarditis, Heart attack, Heart disease or disorder, Heart Failure, Heart murmur, Heart regurgitation, Heart surgery, Hemorrhage, High blood pressure, Hyperlipemia, Hypertension, Irregular heartbeat, Low blood pressure, Mitral valve prolapse, Pacemaker, Peripheral artery disease, Phlebitis, Shortness of breath, Skin ulcerations, Stent, Stress test (electrodiagram or echocardiogram), Stroke, Tachycardia, Temporal arteritis, Thrombophlebitis, Transient ischemic attack, Valvular heart disease, Varicose veins, Vascular disorder, Other heart/circulatory disorder

Blood

Please Select ☒ ☐

Such as: Albumin, Anemia, Bleeding disorder, Blood disorder, Bubonic plague, Hemophilia, Malaria, Polycythemia, Sickle Cell, Thalassemia, Thrombocytopenia, Other blood disorder

15. You can review your Benefit Summary under the Summary tab. Make any updates by selecting the Edit button.

- Profile
- Dependents
- Documents
- Medicare
- Benefits
- Coverage
- Summary**
- Sign Forms
- Finish

Benefit Summary

Review your benefit elections. If you need to make changes, click [Edit](#). Otherwise, click [Continue](#) and sign your forms.

Medical

Anthem BCBS

Blue Shield Silver 70 PPO 2000/45 + Child Dental

Employee

Effective: 2/1/2019

\$47.88

Per Pay Period (Semi-Monthly)

[Edit](#)

[Continue](#)

You must sign your forms in order to submit your elections.

[Need Help?](#) [Get support](#)

16. If you are missing required information or need to review certain documents you can select the blue highlighted text to be brought back to the page or document. After completing the required information, you can proceed to review and sign your forms.

- Profile
- Dependents
- Documents
- Medicare
- Benefits
- Coverage
- Summary
- Sign Forms**
- Finish

Missing Information

You must provide the following information before you can review your forms and finish.

[\(Medical\) Blue Shield Silver 70 PPO 2000/45 + Child Dental requires that you first review SDC.](#)

[Continue](#)

You must sign your forms in order to submit your elections.

[Need Help?](#) [Get support](#)

17. After clicking Sign Forms, you will be prompted to type your signature as well as electronically sign with your mouse.

- Profile
- Dependents
- Documents
- Medicare
- Benefits
- Coverage
- Summary
- Sign Forms**
- Finish

Sign Forms

You are required to review and sign your forms before your information can be submitted. Click [Sign Forms](#) below.



[Sign Forms](#)

You must sign your forms in order to submit your elections.

[Need Help?](#) [Get support](#)

Evaluating unlicensed DynamicPDF.com features

IMPORTANT:

The purpose of several different these forms to

Please review the questions as asked on each form and make sure that the correct answer has been provided. While we make every effort to ensure this is done for you, we want to take the extra step to make sure that your carriers are getting the most accurate information possible.

If you find any errors, you can use the navigation at the top of

Create your signature
Start by typing your full name as it appears below.

Alicia Cornwell

 **SHA-256 with RSA Encryption**
I understand this is a legal representation of my signature.

Next

FORMS

by complete
review each of
accurately.

Create your signature
Start by typing your full name as it appears below.

Alicia Cornwell

 **SHA-256 with RSA Encryption**
I understand this is a legal representation of my signature.

Next

Signature DynamicPDF.com [4:0:s1]

Create your signature

Some carriers require a hand-drawn signature. Please draw your signature in the box below.

clear

x

 **SHA-256 with RSA Encryption**

I understand this is a legal representation of my signature.

Next

Review and sign your forms by tapping each green signature prompt as they appear.

Next

1 signatures remaining (14 pages)

**All pages of this form are necessary to process your enrollment.
Missing information may delay processing.**



18. Once you have finished signing, you will be able to rate your enrollment experience as well as provide any additional comments. This is optional and you may click on Finish to return to your dashboard.

 100% Complete [Finish](#)

Congratulations! Your enrollment elections have been submitted for review.

How was your enrollment experience?



Tell us about your experience

 Need Help? [Get Support](#)

Submit Feedback