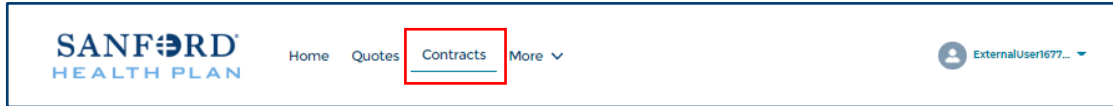


# Employee Enrollment

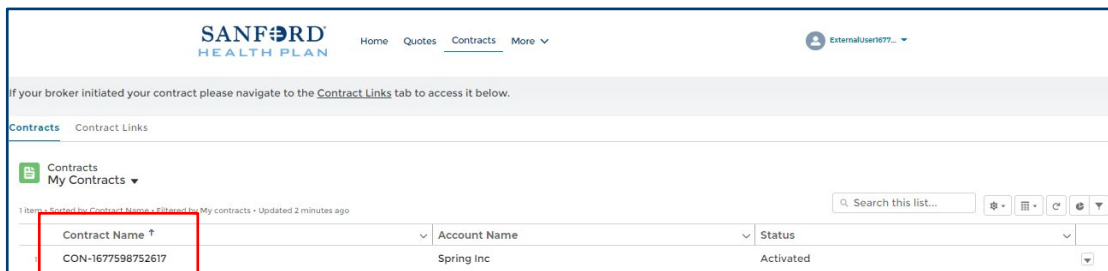
## Add a New Employee

Description: This job aid provides steps to add a new employee.

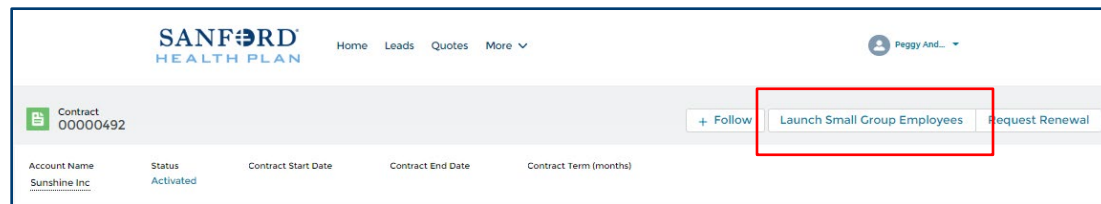
1 From the “Home” screen, click the “Contracts” button.



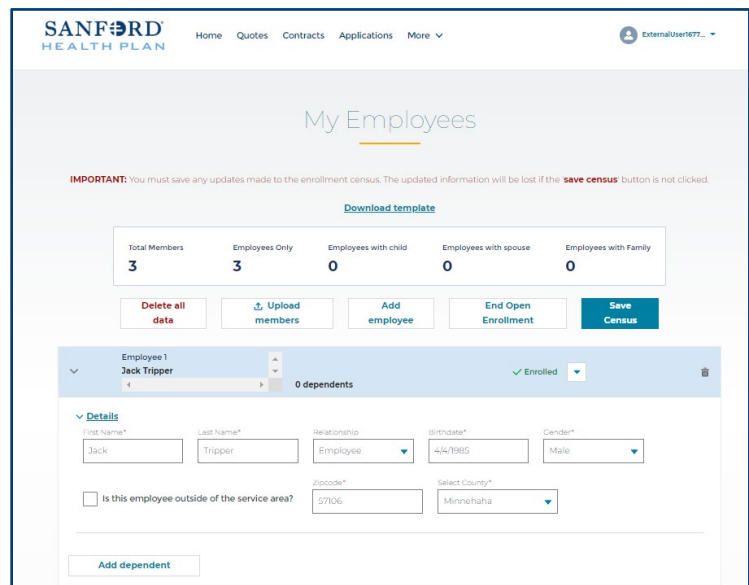
2 Locate the Employer Contract under “My Contracts” where the member is employed and click the contract name.



3 You will now see the Employer Contract. In the upper right corner, click on the “Launch Small Group Employees” button.



4 From the My Employees screen, select “Add employee”.



5

The new employee details are added to the bottom of the employees list. Update the information as requested. You can also add a dependent for that employee at this time by selecting the “Add dependent” button.

The screenshot shows the 'Employee 5' details form. At the top, there is a header with 'Employee 5', a dropdown arrow, '0 dependents', a 'Missing Information' warning icon, and a trash icon. Below the header is a 'Details' section with the following fields: 'First Name\*' (empty), 'Last Name\*' (empty), 'Relationship' (dropdown menu showing 'Employee'), 'Birthdate\*' (empty), and 'Gender\*' (dropdown menu). Below these are a checkbox for 'Is this employee outside of the service area?', 'Zipcode\*' (empty), and 'Select County\*' (dropdown menu). A red error bar at the bottom of the form contains the text: 'Invalid zip code Invalid First Name, Invalid Last Name, Invalid Birthdate, Invalid Gender'. At the bottom of the form, there are two buttons: 'Add dependent' and 'Save Census', both highlighted with red boxes.

Once you have entered the new employee information, select the “Save Census” button in the at the top or bottom of the page. Your addition(s) are now saved.

6

On the new employee, select the down arrow on the right side. “Make elections / New hire / Returning” will be the option shown. Select this from the drop-down.

The screenshot shows the 'Employee 5' details form with data entered. The header now shows 'Employee 5' and 'Larry Dallas' with a dropdown arrow highlighted by a red box. The 'Details' section contains the following fields: 'First Name\*' (Larry), 'Last Name\*' (Dallas), 'Relationship' (Employee), 'Birthdate\*' (1/1/1984), and 'Gender\*' (Male). Below these are a checkbox for 'Is this employee outside of the service area?', 'Zipcode\*' (57103), and 'Select County\*' (Minnehaha). At the bottom of the form, there is an 'Add dependent' button.

7

The next screen will be “Employee Information”. Complete the information required and select “Next” at the bottom of the screen.

### Employee Information

---

**Name**

First\*  Middle Initial  Last\*

**Birth Date**

Month\*  Day\*  Year\*  Gender \*  Male  Female

Social Security Number (SSN) or citizen ID\*  Marital Status\*

Error: Social Security Number (SSN) Or Citizen ID is Required. Error: Marital Status is required.

Do you use tobacco? \*  Yes  No Primary Spoken Language

Are you an affiliate of the business \*

**Home Address**

Street Address\*  Apt. / Ste. (optional)

Error: Street Address Is Required.

City\*  Zipcode\*  Select County\*

Error: City Is Required.

Home Phone  Work Phone

E-mail Address

By providing your email, you agree to be contacted by Sanford Health Plan or its representatives.

**Next**

8

The next screen will offer the option to add Spouse & Dependent information at this time.

Here you will enter information for the spouse or dependent. You can add additional members by selecting “Add” on the top right of the member form.

If there are none, select “No” to the first question on the screen.

When complete, select “Next” on the bottom of the screen.

Spouse & Dependent Information

Do you have a spouse or dependent to add to your coverage? \*

Yes  No

▼ Member Add

**Name**

First\* Middle Initial (o... Last\*

**Birth Date**

Month\* Day\* Year\* Gender \* Male Female

Social Security Number (SSN) or citizen ID\* Relationship to primary applicant\*

Does this person live with the primary applicant? \*

Yes  No

▼ Home Address

Street Address\* Apt. / Ste. (optional)

City\* State\* Zip Code\*

Does this person use tobacco? \*  Yes  No

Is this person eligible for Medicare Disability? \*  Yes  No

Previous Next

9

Select one plan on the “Plan Selection” page. Select “Next” on the bottom of the screen.

SANFORD HEALTH PLAN

Home Quotes Contracts Applications More ▼

ExternalUser1677...

Plan Selection

Plan Selection

\* Plans

Sanford SIMPLICITY \$1,500

Sanford TRUE \$1,500

Please select a plan to continue.

Previous Next

10 You will be asked two questions on the next screen for “Other Insurance”. Select the appropriate answers and select “Next” on the bottom of the screen.

If either answer is yes, additional fields will display for you to specify which member and complete required information.

SANFORD HEALTH PLAN

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Other Insurance

Other Insurance

Have you or any members of your household ever been enrolled with Sanford Health Plan? \*

Yes No

Will you or any of your family members be covered by another health policy after the effective date of enrollment with Sanford Health Plan? \*

Yes No

Previous Next

11 The next and final page is Legal information. These disclosures must be provided to the employee for review before attesting to them. These are the same disclosures found on the paper employee application that can be provided to the employee. Check the box to attest and select “Finish” in the lower right corner.

SANFORD HEALTH PLAN

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Legal

Legal

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including you spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependent's lose eligibility for that coverage (or if the employer stops contributing towards you or your dependent's other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement of adoption.

To request special enrollment or obtain more information, contact our Customer Services Department at (605) 328-6800 or toll free at (800) 752-5863.

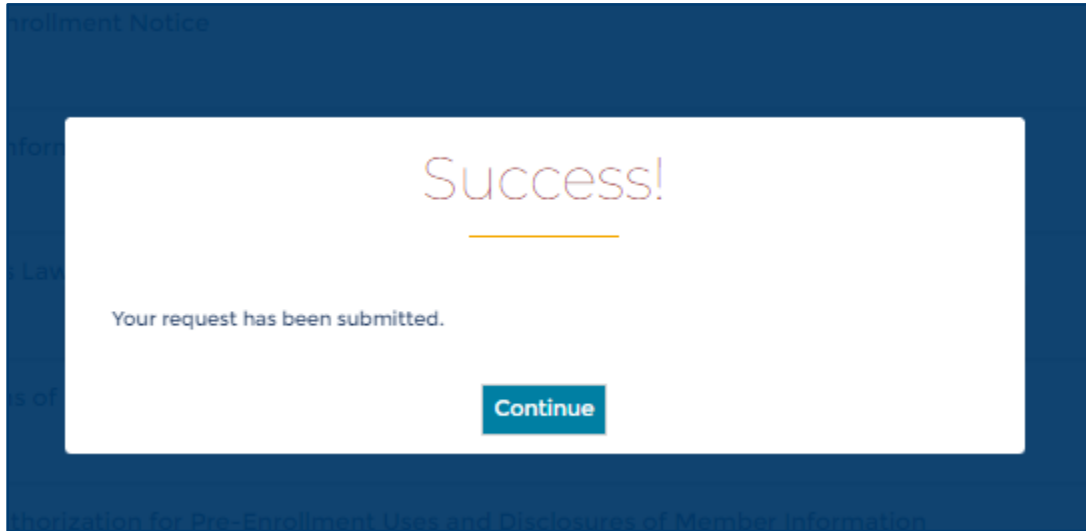
Plan to determine my eligibility for coverage under the health benefits plan and that Sanford Health Plan will condition enrollment in the health benefits plan/policy on my providing this authorization, and my application may be denied if I refuse to provide this authorization. I understand that if the person or entity that receives my personal health information is a not a health care provider or health plan covered by the federal privacy regulations, the information may be redisclosed by such person or entity and will likely no longer be protected by the federal privacy regulations. In the case of this authorization, however, the information described above will be received by a health plan which is covered by the federal privacy regulations, and will not be used or redisclosed except as described above, and the informative will continue to be protected under the federal privacy regulations.

I attest that I, Jack Tripper, have provided the above legal notices to Larry Dallas.

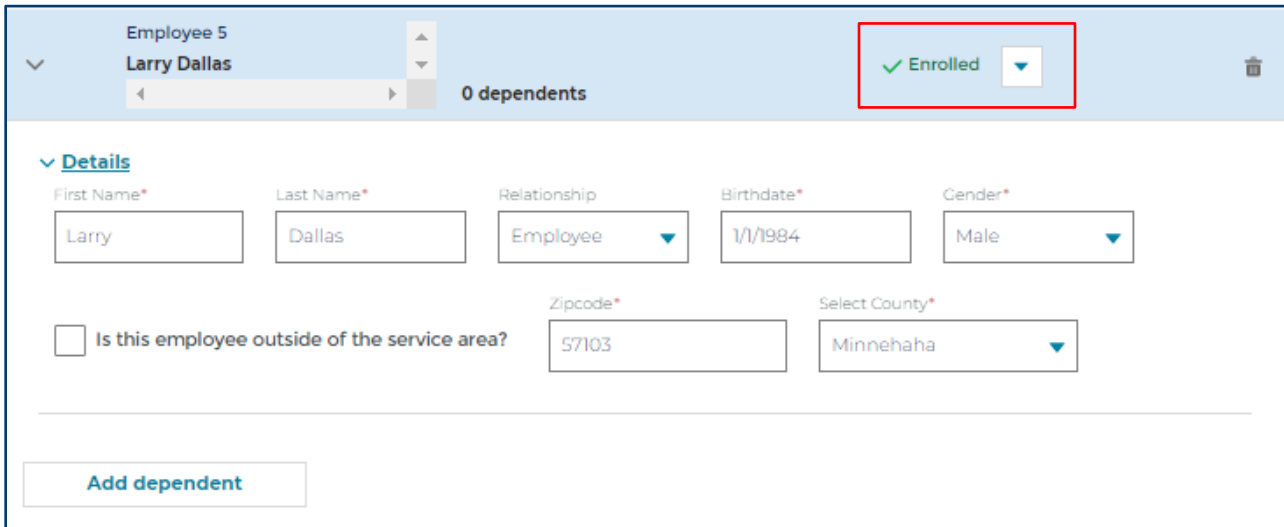
Previous Finish

Tip: if you click on the title of each notice, it will collapse each section, reducing the need to scroll down to complete the page.

- 12 The new employee has been enrolled. Select “Continue” to return to the “My Employees” page.



- 13 The employee will now show enrolled on the “My Employees” page.

A screenshot of an employee details form. At the top, the employee is identified as "Employee 5" and "Larry Dallas". To the right, a status indicator shows "Enrolled" with a green checkmark and a dropdown arrow, highlighted by a red box. Below this, the "Details" section contains several input fields: "First Name" (Larry), "Last Name" (Dallas), "Relationship" (Employee), "Birthdate" (1/1/1984), and "Gender" (Male). There is also a checkbox for "Is this employee outside of the service area?", a "Zipcode" field (57103), and a "Select County" dropdown (Minnehaha). At the bottom left, there is an "Add dependent" button.