Welcome to Enrolling a New Member on the WEBT Online Portal System!

This guide will walk you through the steps necessary to add a new enrollee to your employer group and enter their benefit elections. You may also choose to send an email to your new enrollee and have them enter their own benefit elections for your final review and approval.

To begin, please log into the WEBT Online Portal:

Welcome to Your WEBT
Benefit Plans Portal

Username

cheryl1.hageman1@willistowerswatson.com

Password

••••••••••

Login

Forgot Your Password?

Once you log into the portal, you will be directed to the Employer Group Page, and will utilize the Add New Hire link to begin.

| 🏠 | Add New Hire | Manage Employees | Life Event | Change Requests | Manage Support Cases | Reports | Contact Us | | Login Info | Logout (Cheryl Hageman) |

Test Group

Welcome to the WEBT Online Portal! A place to manage your employees and their eligible dependents, change coverages and review standardized reports pertaining to your membership. Feel free to open a case under the "Manage Support Cases" section to request information on benefits/eligibility, claims and/or enrollment! You may also request a new ID card or any WEBT supplies you may need.

You may also choose to utilize the icons that run down the left-hand side of the page to assist with you with your membership additions and/or changes.

Please enter your new employee demographics into the fields as indicated and note that <u>any input field with a red line indicator will need to be completed prior to submission.</u>

Add Hire
New Hire

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Employee Demographics

First Name

Robyn

Last Name

Anderson

Middle Initial

Enter Middle Initial Name

SSN Number **Please enter numbers only**

666554444

Date Of Birth **(MM/DD/YYYY)**

11/03/1962

Gender

Male

Email

robyn58@yahoodle.com

User Name

robyn58@yahoodle.com

Phone

3074445566

Please Note: An employee's username will auto populate with the email address entered. The employee may change his/her username, however the email address on file will remain and be utilized for all communications.

Address Details

Mailing Street

5139 Jackson Lane

Mailing City

Andersonville

Mailing State

WY

Mailing Zip

84981

Employment Information

Employee Number

Enter Employee Number

Employer Contribution

Yes

Hire Date (MM/DD/YYYY)

12/22/2020

Payroll Frequency

Monthly

FTE   Please enter numeric value of 1 or less

1.0

Benefit Start Date (MM/DD/YYYY)

01/01/2021

Dependent

Add Dependent

Save and Send Enrollment Link   Save and Add Benefits   Return to Home   Clear Form

If you are entering the benefit selection for the employee, please be sure to utilize the "Add Dependent" button to add any eligible dependent regardless of if they are enrolling in coverage or not.

Dependent

Add Dependent

First Name	Last Name	Relationship	Gender	DOB (MM/DD/YYYY)	SSN	Action
Candy	Anderson	Spouse	Female	06/09/1967	555448888	🗑
Streak	Anderson	Child	Male	05/21/1997	111222555	🗑

Save and Send Enrollment Link   Save and Add Benefits   Return to Home   Clear Form

Once you have all the demographic information loaded on your new enrollee, you may click "Save and Add Benefits" to enter their benefit elections.

If you prefer, you may click "Save and Send Enrollment Link" to have an email sent to your new employee to have them enter their own benefit elections for your review and final approval. Note: You do not need to add dependents if you utilize this link, the employee will complete this during their enrollment process.

Once you click "Save and Add Benefits" you will be redirected to the member enrollment screen:

You will utilize this portion of the system to enroll and/or waive coverages for the new enrollee and his/her eligible dependents.

Each tab represents the type of benefit for which the new enrollee is eligible.

Robyn Anderson

• Benefits
When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical   Dental   Life

Selected Benefits	Plan Name	Start Date	End Date	Benefit Description	Employee Contribution would be $0.00 per month
●	$1,000 Deductible - Active	1/1/2021	6/30/2021	⬇	
○	$1,500 Deductible - Active	1/1/2021	6/30/2021	⬇	
○	$2,500 Deductible - Active	1/1/2021	6/30/2021	⬇	
○	Waive Coverage				

Dependents

Add Dependent

	Name	Relationship	Gender	DOB	SSN
☑	Candy Anderson	Spouse	Female	6/9/1967	555-44-8888
☐	Streak Anderson	Child	Male	5/21/1997	111-22-2555

Next

You must confirm enrollment for each eligible dependent and complete each benefit tab separately in order to complete the process. Utilize the "Next" Button to continue to the next benefit election Tab.

👥 New Hire Benefit

Back

• Benefits

When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical   Dental   Life

Selected Benefits	Plan Name	Start Date	End Date	Benefit Description	Employee Contribution would be $70.00 per month
●	WEBT High Option Dental	1/1/2021	6/30/2021	⬇	
○	Waive Coverage				

Dependents

[Add Dependent]

	Name	Relationship	Gender	DOB	SSN
☑	Candy Anderson	Spouse	Female	6/9/1967	555-44-8888
☐	Streak Anderson	Child	Male	5/21/1997	111-22-2555

[Next]

• Benefits

When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical   Dental   Life

Selected Benefits	Plan Name	Start Date	End Date
☑	Life - Active Required	1/1/2021	6/30/2021

All enrollees are **required** to designate a primary beneficiary for life insurance purposes. If an enrollee has more than one primary beneficiary, please utilize the "Action: button to create another record. The designation of a contingent beneficiary is optional.

Beneficiaries

Primary You may add multiple beneficiaries, but please be sure the value in the Percent box totals 100%.

Action	Name	Relationship	Percent
+	Cindy Anderson	Daughter	100

Contingent You may add multiple beneficiaries, but please be sure the value in the Percent box totals 100%.

Action	Name	Relationship	Percent
+	Jackson Anderson	Grandson	100

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

Preview Benefits

Once you have entered all the required information for benefit elections, please click the "Preview Benefits" button to review elections and confirm enrollment.

Please review the "Preview Coverages" page for accuracy of plan elections and dependent enrollment.

Preview Coverages   ✕

Medical

$1,000 Deductible Starts on **01/01/2021** . Total Cost **$0.00** - Employer Contribution **$0.00** = Your monthly cost$0.00

Covered Dependents

Streak Anderson *(Child)*

Dental

WEBT High Option Dental Starts on **01/01/2021** . Total Cost **$90.00** - Employer Contribution **$0.00** = Your monthly cost$90.00

Covered Dependents

Streak Anderson *(Child)*

Life

- **Life** with Cost **$0.25** and Amount **$25,000.00** Starts on **01/01/2021**

Total Cost Per Month $90

Make a Change   Save & Finish

You may click the "Make a Change" button and be redirected to the beginning of the benefit selection site in order to allow you the opportunity to make changes, or you may click the "Save & Finish" button to submit your enrollment for WEBT approval.

Once you click the "Save & Finish" button, you will be redirected to a page that confirms submission. This page will allow you to add any additional information pertaining to proof of coverage (if required), to electronically submit other coverage information, and to print a summary of elected benefits if desired.

Your elections have been submitted for review.

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

Upload Proof of Event

Please upload Proof of Event document here if applicable

Choose Files | No file chosen

Upload

Upload Proof of Dependent

If your proof-of-event document doesn't also serve as a proof-of-dependent document, then please upload the proof-of-dependent document here

Please upload Proof of Dependent(s) for each applicable dependent **(Streak Anderson)**   Choose Files | No file chosen   Upload

Summarize Coverages

Other Insurance Verifications

Please confirm whether you or your dependents have other insurance by clicking here.

Robyn Anderson

📋 Summarize Coverages

Coverage

[Current Coverages (Pending Ap ⌄]   🖨 **Print**

Medical

$1,000 Deductible Starts on **1/1/2021** . Total Cost **$0.00** - Employer Contribution **$0.00** = Your monthly cost **$0.00**

Covered Dependents
Streak Anderson *(Child)*   01/01/2021

Dental

WEBT High Option Dental Starts on **1/1/2021** . Total Cost **$90.00** - Employer Contribution **$0.00** = Your monthly cost **$90.00**

Covered Dependents
Streak Anderson *(Child)*   01/01/2021

Life

- **Life - Active** with Cost **$0.25** and Amount **$25,000.00** Starts on **1/1/2021**

Total Cost Per Month $90.25

Once you have completed the submission process, you may track the status of your enrollment by utilizing the "Change Requests" section of your Employer Group Page.

You may utilize the "Status" drop down to see if there are any outstanding items from the Group Admin side, the WEBT Associate side and/or track any items that may have been approved or rejected.

| Add New Hire | Manage Employees | Life Event | Change Requests | Manage Support Cases | Reports | Contact Us | | Login Info | Logout (Cheryl Hageman) |

📄 Coverage Approvals

CCR Number/Member Nan [Search]

Status:
Awaiting Associate Approval ▾

Member	Due To	Effective Date	Created Date	Status	Action
Robyn Anderson	New Hire	1/1/2021	12/22/2020	Awaiting Associate Approval	View
Mountain Dew	Open Enrollment	1/1/2021	12/18/2020	Awaiting Associate Approval	View
Mary Poppins	New Hire	1/1/2021	12/09/2020	Awaiting Associate Approval	View
Test Tester	New Hire	11/1/2020	11/19/2020	Awaiting Associate Approval	View
Cisco Gomez	Birth	10/3/2020	11/04/2020	Awaiting Associate Approval	View

You may utilize the "View" button to view the Change Request Detail.

Change Request Detail
CCR 3986

Member Name	Robyn Anderson	**Effective Date**	1/1/2021
Status	Awaiting Associate Approval	**Due To**	New Hire
Created Date	12/22/2020 2:29 PM		

Approver Comments

Comment	Status	Date
Submitting request for approval automatically.	Started	12/22/2020 2:29 PM

Affected Dependents

Name	Relationship	Plan	Plan Type	Start Date	Coverage Tier
Robyn Anderson		$1,000 Deductible	Medical	1/1/2021	SPD
Streak Anderson	Child	$1,000 Deductible	Medical	1/1/2021	SPD
Robyn Anderson		WEBT High Option Dental	Dental	1/1/2021	SPD
Streak Anderson	Child	WEBT High Option Dental	Dental	1/1/2021	SPD
Robyn Anderson		Life	Secondary	1/1/2021	Single

Once your request has been submitted, WEBT will review the submission for approval or rejection. You will be notified via email from WEBT Online Portal of the status of your submission.

Approved:

You may open your email for confirmation of the enrollment and/or access as well as a link to the WEBT Online Portal should you wish to review the approval. If you are logged into the portal you will automatically be directed to the "Change Request Detail" page.

Sandbox: CCR 3986 has been Approved

WEBT Online Portal <webtcommunity@gmail.com>
To ● Hageman, Cheryl

Hi ,

CCR 3986 request for Employee **Robyn Anderson** with effective date **1/1/2021** due to reason **New Hire** has been approved by Associate User.

Associate's Approval Comment : Thank you for your enrollment

Please see the link below :
https://full-webt-production.cs124.force.com/webt/CCR_detail?ccrId=a0E3J000000ji2ZUAQ

Thanks
WEBT Online Portal

<u>Rejected:</u>

You may open your email for confirmation of the enrollment and/or access as well as a link to the WEBT Online Portal should you wish to review the rejection. If you are logged into the portal you will automatically be directed to the "Change Request Detail" page.

Sandbox: CCR 4018 has been rejected

WEBT Online Portal <webtcommunity@gmail.com>
To ● Hageman, Cheryl

↩ Reply   ↩ Reply All   → Forward

Wed 12/23/2020 9:1'

Hi ,

CCR 4018 request for Employee **Daffy Duck** with effective date **1/1/2021** due to reason **New Hire** has been rejected by Assoicate User.

<u>Associate's Rejection Comment</u> : We have to reject this enrollment as the dependent child is over age 26 which is the maximum age of dependent coverage. Please update to remove coverage on the dependent and re-submit to continue. Thank you.

Please see the link below :
https://full-webt-production.cs124.force.com/webt/CCR_detail?ccrId=a0E3J000000jiPYUAY

Thanks
WEBT Online Portal

Please review the "Approver Comments" section for the specific reasons of the rejected submission, make any changes necessary, and click the "Re-Submit" button to resubmit for final approval.

Change Request Detail
CCR 4018

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Re-Submit

Member Name	Daffy Duck	Effective Date	1/1/2021
Status	Rejected	Due To	New Hire
Created Date	12/23/2020 8:01 AM		

Approver Comments

Comment	Status	Date
Submitting request for approval automatically.	Started	12/23/2020 8:01 AM
We have to reject this enrollment as the dependent child is over age 26 which is the maximum age of dependent coverage. Please update to remove coverage on the dependent and re-submit to continue. Thank you.	Rejected	12/23/2020 8:16 AM

Affected Dependents

Action	Name	Relationship	Plan	Plan Type	Start Date	Coverage Tier
Edit /Remove	Daffy Duck		$1,500 Deductible	Medical	1/1/2021	2 Adult
Edit /Remove	Daisy Duck	Spouse	$1,500 Deductible	Medical	1/1/2021	2 Adult
Edit /Remove	Dewey Duck	Under care of legal guardian	$1,500 Deductible	Medical	1/1/2021	2 Adult
Edit /Remove	Daffy Duck		WEBT High Option Dental	Dental	1/1/2021	2 Adult
Edit /Remove	Daisy Duck	Spouse	WEBT High Option Dental	Dental	1/1/2021	2 Adult

Change Request Detail
CCR 4018   Back

Member Name	Daffy Duck	Effective Date	1/1/2021
Status	Awaiting Associate Approval	Due To	New Hire
Created Date	12/23/2020 8:01 AM		

Once your request has been re-submitted, WEBT will review the submission for approval or rejection. You will be notified via email from WEBT Online Portal of the status of your re-submission.

At any time during the process, you may view the status of a Change Request by logging into your Employer Group and accessing the "Change Requests" section.

Please feel free to contact your Account Manager via email or contact the WEBT/Willis Towers Watson office at (307) 634-5566 should you need assistance with your employer portal site.