

# PRO Apply

Employer/  
Employee  
User Guide

PRO Apply

Profile

Medical

Dental

Employee Information

Prior / Current Coverage

Provider Information

Waiver

Arbitration / Agreements

Review / Sign

Summary / Print

Whom do you want to cover for Medical Insurance? Effective date 7/1/20

John (Self)  
Jerry (Child / Dependent)

ENROLL

ENROLL

2 Docs

Account Options

Terms and Conditions  
© 2014 - 2019 Warner Pacific

Add to Cart  
Deductible

\$6,000/ \$12,000  
embedded

Office  
Visits

\$65/\$80  
(ded  
waived 3  
visits)

Inpatient  
Hospital  
Services

25%

Out-of-Pocket Max

\$7,550/ \$15,100  
embedded; includes ded

Remove from Cart  
Deductible

\$5,300/ \$10,600  
embedded

Office  
Visits

40%

Inpatient  
Hospital  
Services

40%

Out-of-Pocket Max

\$6,650/ \$13,300  
embedded

Previous

**WARNER** Pacific

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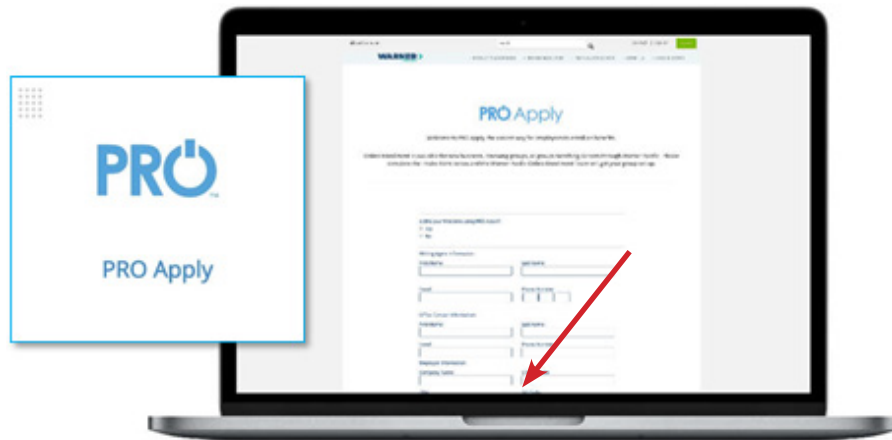
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## About PRO Apply

The PRO Apply online enrollment tool is easy, fast, reliable and most of all secure. Simply forward the PRO Apply link that you received from your broker to your employees to get them started. Then you can use your administrator dashboard to follow your employees' progress.



## Getting Started

The first step is to create you PRO Apply account.

➔ **Click the enrollment link you received from your broker.**

**Your Open Enrollment**

Welcome to the employee enrollment and waiver system. This system will guide you through the process of enrolling or waiving coverage(s) for the upcoming plan year.

**Before you begin, please be sure you have the following:**

- Your date of hire and job title
- SSN, date of birth and addresses of all enrolling
- If applicable, Medicare ID number and effective date, current carrier name, policy number and start date, primary care physician information

Please use the buttons and links on each page to navigate through the site. Using the browser's navigation buttons may end your session.

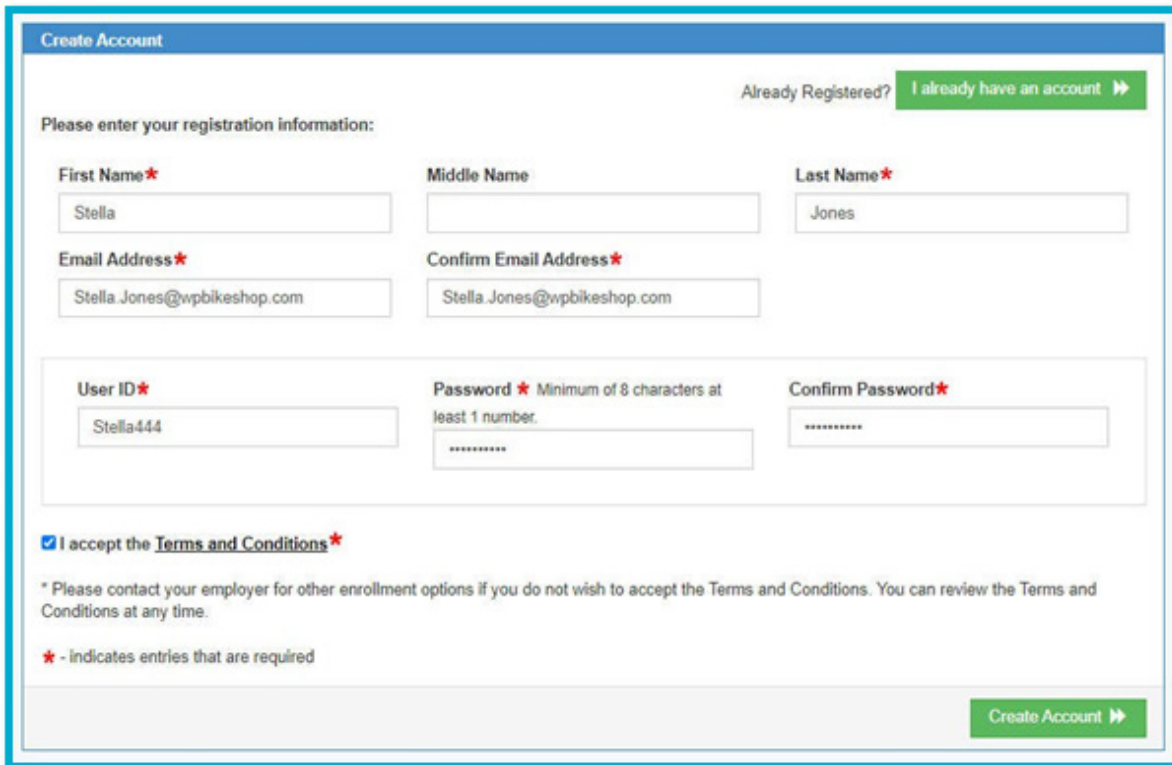
**WARNING:** YOU ARE ATTEMPTING TO ACCESS A PRIVATE COMPUTER SYSTEM. ACCESS TO THIS SYSTEM IS RESTRICTED TO AUTHORIZED PERSONS ONLY. THIS SYSTEM MAY NOT BE USED FOR ANY PURPOSE THAT IS UNLAWFUL OR DEEMED INAPPROPRIATE. WE RESERVE THE RIGHT TO SEEK ALL REMEDIES FOR UNAUTHORIZED USE, INCLUDING PROSECUTION.

You must create an account before using this site.

[Create Account](#) ➔

➔ **Enter your name and email, and create a unique User ID and Password.**

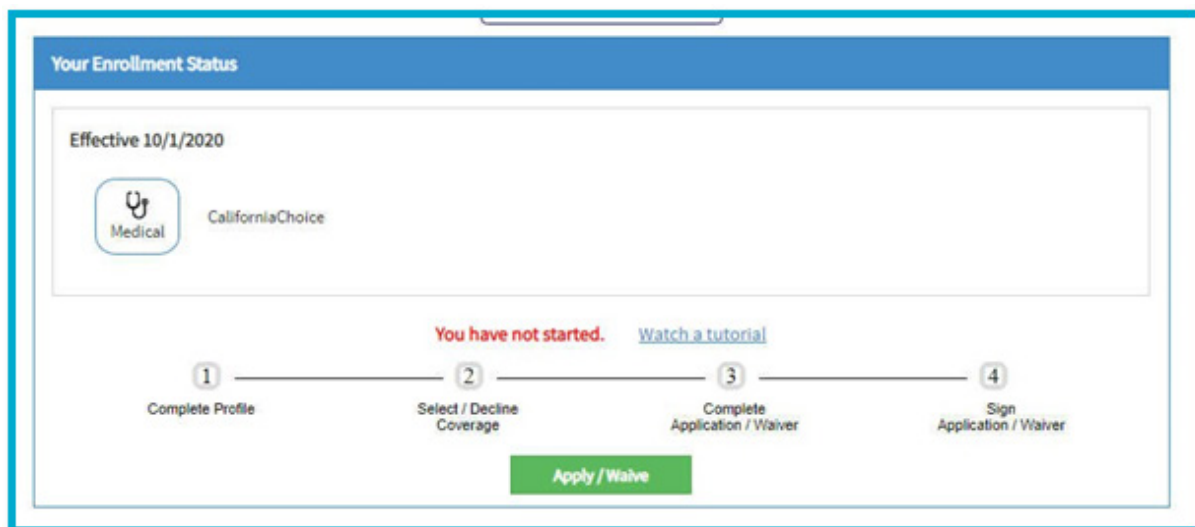
1. Click to accept the Terms and Conditions, then click Create Account.
2. Save your User ID and Password in a secure location for future use.



The 'Create Account' form is titled 'Create Account' in a blue header. It includes a link 'Already Registered? I already have an account' with a right arrow. The main section is titled 'Please enter your registration information:'. It contains several input fields: 'First Name\*' (filled with 'Stella'), 'Middle Name' (empty), 'Last Name\*' (filled with 'Jones'), 'Email Address\*' (filled with 'Stella.Jones@wpbikeshop.com'), 'Confirm Email Address\*' (filled with 'Stella.Jones@wpbikeshop.com'), 'User ID\*' (filled with 'Stella444'), 'Password\*' (with a note 'Minimum of 8 characters at least 1 number.' and masked with dots), and 'Confirm Password\*' (masked with dots). Below the fields is a checkbox 'I accept the Terms and Conditions\*' which is checked. A note below the checkbox states: '\* Please contact your employer for other enrollment options if you do not wish to accept the Terms and Conditions. You can review the Terms and Conditions at any time.' A legend indicates '\* - Indicates entries that are required'. A green 'Create Account' button with a right arrow is at the bottom right.

➔ **Click on Apply/Waive to begin employee benefit enrollment.**

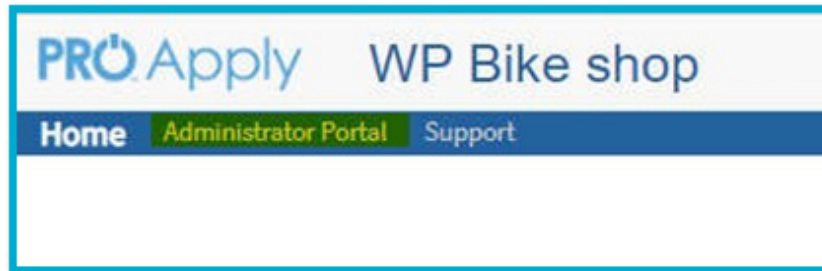
1. This will start your online employee application.



The 'Your Enrollment Status' page has a blue header. It shows 'Effective 10/1/2020' and a 'Medical' icon with the text 'CaliforniaChoice'. Below this is a progress bar with four steps: 1. Complete Profile, 2. Select / Decline Coverage, 3. Complete Application / Waiver, and 4. Sign Application / Waiver. Step 2 is highlighted with a red box and the text 'You have not started.' and a link 'Watch a tutorial'. A green 'Apply / Waive' button is centered below the progress bar.

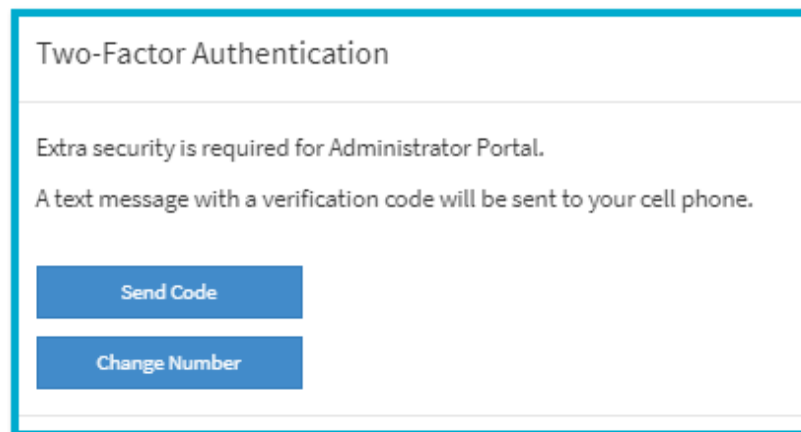
➔ **From your home page, click on Administrator Portal to access your employer dashboard.**

1. If you don't see this option, contact your broker to activate your administrative access.



➔ **Two-Factor Authentication is required to access your Administrative Portal.**

1. When this screen appears, click on Send Code to have a verification code sent to your cell phone.
2. Enter the code you received and click Submit Code.



Employer Applications are available for online completion in Pro Apply for **select** carriers only. If your Administrative Portal indicates the employer application is not available, **skip to View Employee Application Status.**

➔ **Click on the sections below Your To-Do List to complete your Employer Application.**

1. As you complete each section, a green check mark will appear.
2. If a section is missing information, it will be highlighted in yellow.

**Employer Application Status**

**Your To-Do List**

Company Profile	✓
Contact Information	✓
Medical	✓
Eligibility	
COBRA	
Prior Coverage	
Acknowledgement	
Review / Sign	✓

☐ Submit for Review ⓘ

➔ **Click Submit for Review to submit your Employer Application.**

1. You can submit your Employer Application any time.
2. While in review, you won't be able to make changes. If additional information is required, your broker will contact you.


➔ **Click the upward arrow at the top of the screen to submit additional documents.**

1. Upload any additional employer documents required by the carrier.

**Employer Documents**

Name	Upload Date
ACH Form	10/16/2020 12:20 PM

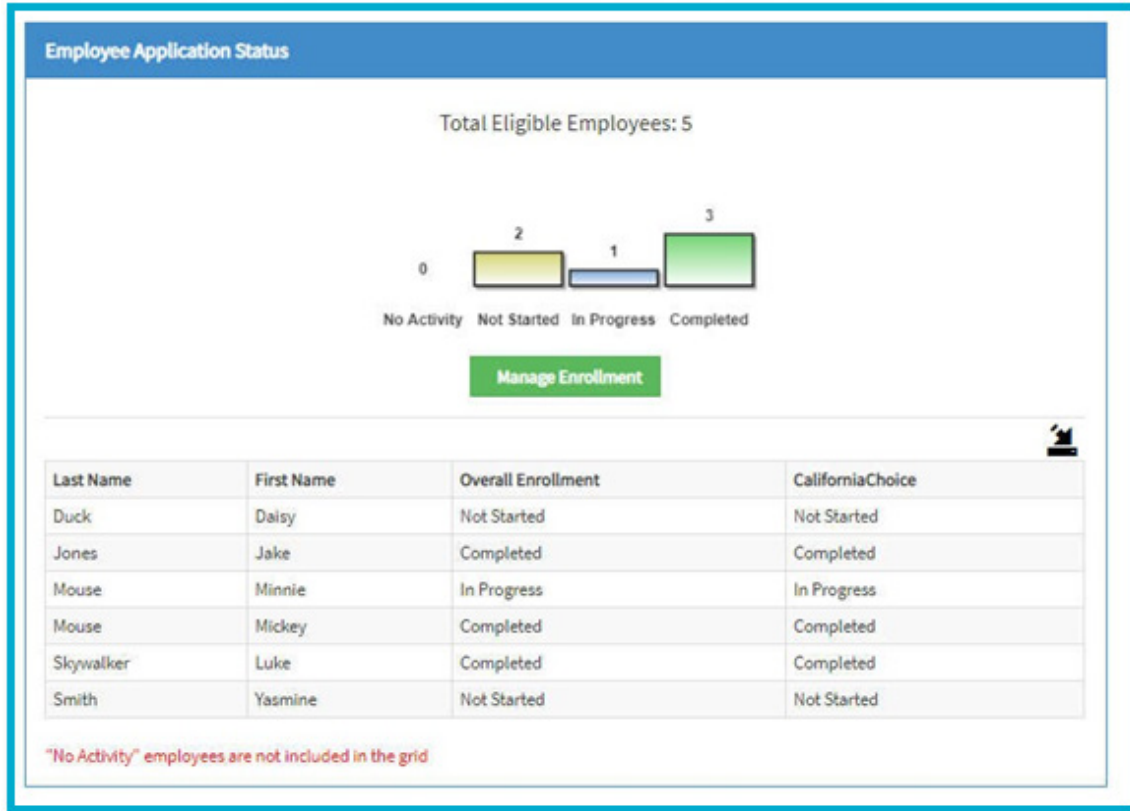
Effective 10/1/2020


CaliforniaChoice
[View Application](#)

## Employee Application Status

➔ Click on **Manage Enrollment** to view more details.

1. View plan elections, print/save PDF applications, or export a census spreadsheet.



➔ Check the box to select an employee

➔ Click on the buttons at the bottom of the page to print applications or export a spreadsheet.

➔ Click on **Administrator Portal** to return to your employer dashboard

CaliforniaChoice - Effective Date: 10/01/2020

<input type="checkbox"/>	Last Name ▲	First Name ▼	App Status ▼ <span>All</span>	Dep. Tier	Plan
<input type="checkbox"/>	Duck	Daisy	Not Started	Medical:EE	Medical:
<input checked="" type="checkbox"/>	Jones	Jake	Completed	Medical:EE	Medical: Silver PPO A Anthem Blue Cross - Advantage PPO (PPO)
<input checked="" type="checkbox"/>	Mouse	Mickey	Completed	Medical:EE	Medical: Silver HMO A Kaiser Permanente - Full (HMO)
<input type="checkbox"/>	Mouse	Minnie	In Progress	Medical:EE	Medical: Silver PPO A Anthem Blue Cross - Advantage PPO (PPO)
<input checked="" type="checkbox"/>	Skywalker	Luke	Completed	Medical:EE	Medical: Silver PPO A Anthem Blue Cross - Advantage PPO (PPO)
<input type="checkbox"/>	Smith	Yasmine	Not Started	Medical:EE	Medical:

[Print Applications](#)
[Export Data](#)
[Remove Enrollee](#)

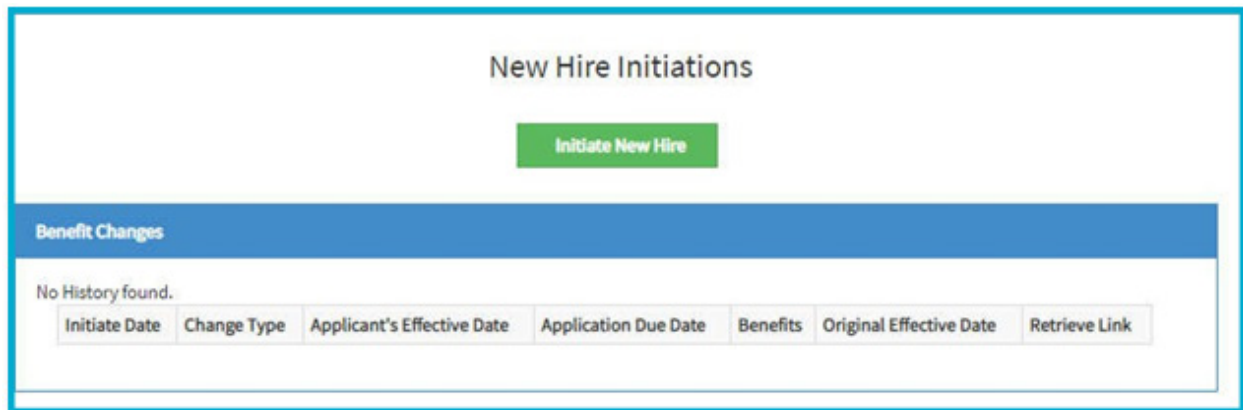


➔ Click on **Retrieve Enrollment Links** to access the employee enrollment link for your open enrollment.

1. This link can't be used for new hires.



➔ Click on the **Initiate New Hire** button in your Administrator Portal to create enrollment links for new hire enrollments throughout the year.



**If you need assistance or would like additional training,  
contact your broker, or email [solutions@warnerpacific.com](mailto:solutions@warnerpacific.com).**



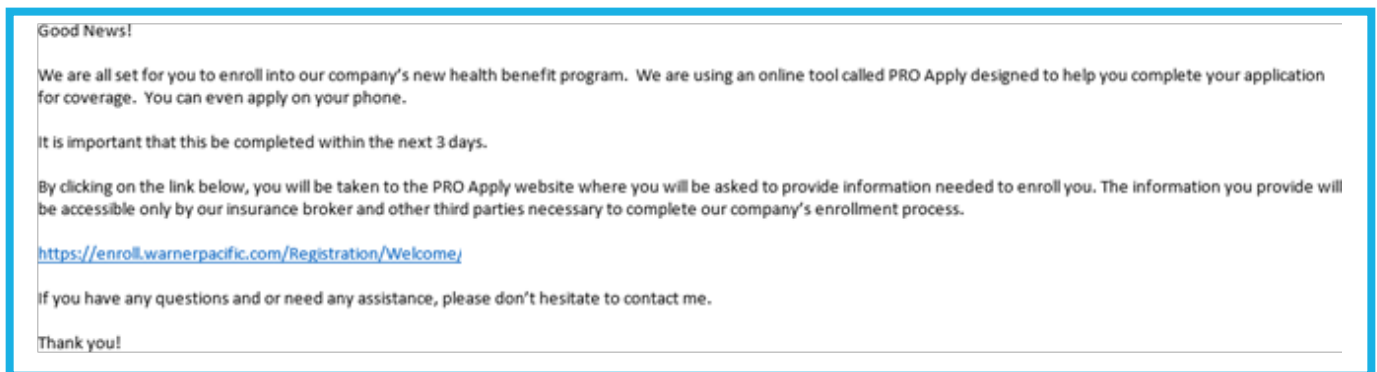
## About PRO Apply

PRO Apply online enrollment is the fast, easy, convenient and secure way to apply for insurance coverage. PRO Apply is an intuitive system that ensures you answer all the necessary questions, while helping you skip the questions that don't apply. After you enter your information, simply sign the application and you're done.

## Getting Started

➔ **Click the enrollment link you received from your Group Administrator.**

1. Here's an example of the email you may receive:

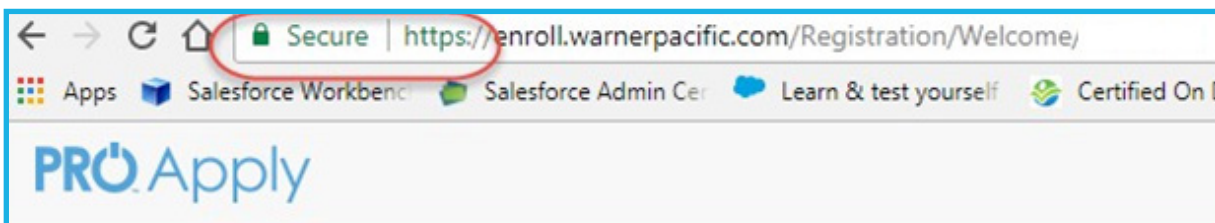


PRO Apply is mobile-friendly! You can enter your information from your smartphone, tablet or any other device with Internet access.


## Secure and Private

➔ **When you click on the PRO Apply link you reach a secure, user-friendly enrollment site.**

1. You can enter your information with peace of mind, knowing your privacy is respected.



1. This is the first message you see when on PRO Apply.
2. Your team of specialists is available to ensure you have a smooth and successful enrollment experience.

**Help is a click away**  
Need help navigating the application? Click  on the top right corner of this page.

---

**What browser should I use?**  
This website is optimized for Chrome, Safari, Firefox and Edge browsers.  
Please enable cookies in your browser for the best experience on our website.

---

Please do not use the browser back button.

[Ok](#)

## Create an Account

➔ If this is the first time you're using PRO Apply, you need to create an account.

**Your Open Enrollment**

Welcome to the employee enrollment and waiver system. This system will guide you through the process of enrolling or waiving coverage(s) for the upcoming plan year.

**Before you begin, please be sure you have the following:**

Your date of hire and job title

SSN, date of birth and addresses of all enrolling

If applicable, Medicare ID number and effective date, current carrier name, policy number and start date, primary care physician information

Please use the buttons and links on each page to navigate through the site. Using the browser's navigation buttons may end your session.

**WARNING:** YOU ARE ATTEMPTING TO ACCESS A PRIVATE COMPUTER SYSTEM. ACCESS TO THIS SYSTEM IS RESTRICTED TO AUTHORIZED PERSONS ONLY. THIS SYSTEM MAY NOT BE USED FOR ANY PURPOSE THAT IS UNLAWFUL OR DEEMED INAPPROPRIATE. WE RESERVE THE RIGHT TO SEEK ALL REMEDIES FOR UNAUTHORIZED USE, INCLUDING PROSECUTION.

You must create an account before using this site.

[Create Account](#) ➔

Already Registered?

User ID  [Forgot User ID?](#)

Password  [Forgot Password?](#)

☐ Remember Me (Not recommended on public / shared devices)

[Login](#) ➔

1. Your account will allow you to log in again later to finish, or review your answers.
2. Save your User ID and Password in a secure location. You'll need it to add your electronic signature to your application.

## Create Your Login

→ Provide your contact information and create your User ID and Password.

→ Click the checkbox to accept Terms and Conditions.

→ Click the Create Account button to begin your secure application.

## Save Your Login

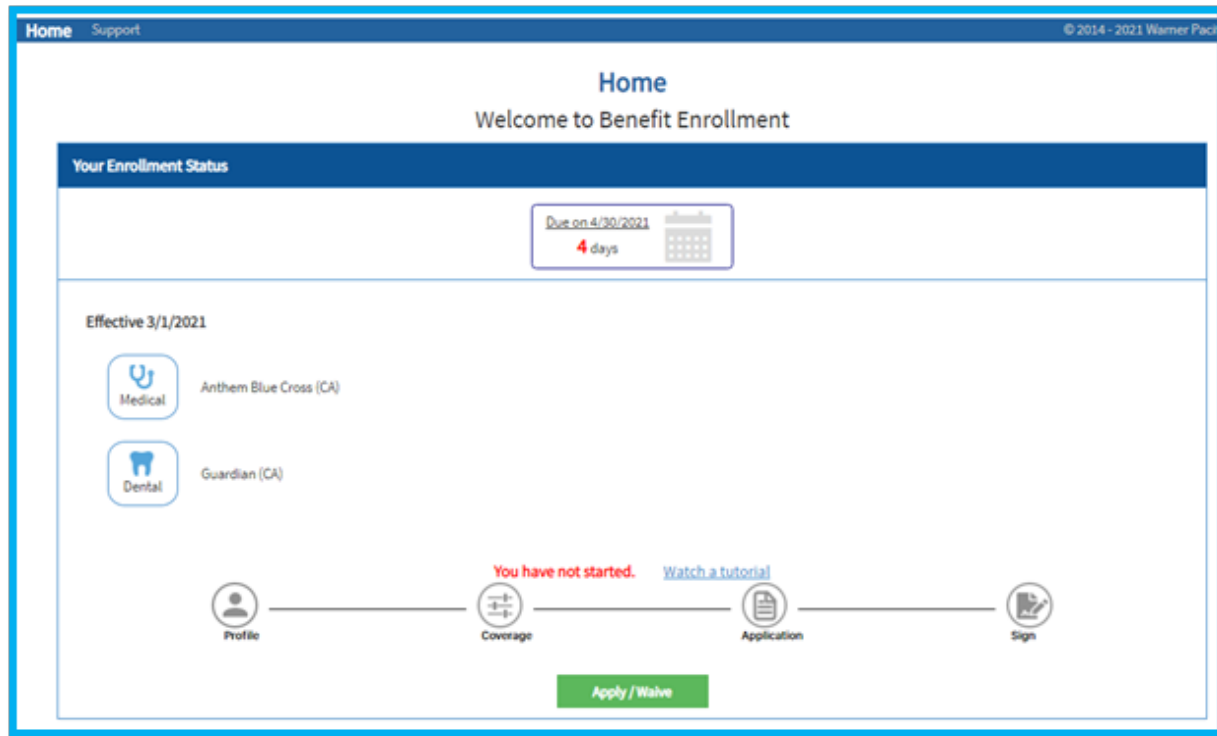
→ Save your User ID and Password in a secure location.

1. You'll need these to electronically sign your application later.

## Home Page

After you create your account you'll be directed to the home page. This is where you can see your benefit offerings, check your application progress and find the support page.

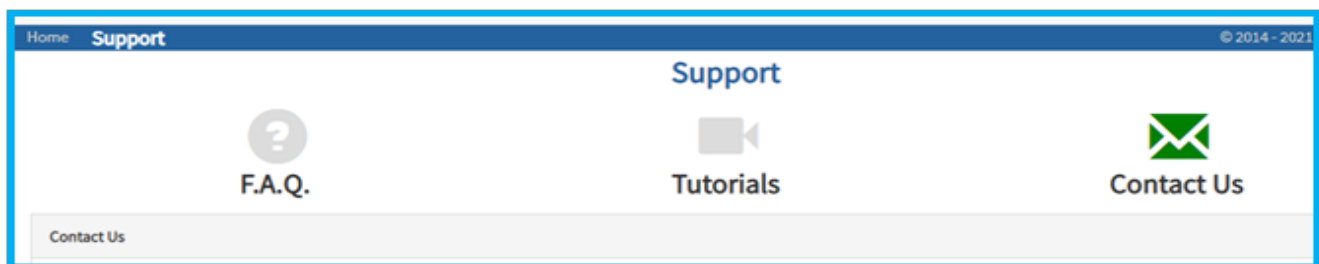
➔ **Click on Apply/Waive to open the online application.**



## Support Page

➔ **Click Support at the top of your Home Page.**

1. From here you can view FAQs, watch a video tutorial, or contact the technical support team.



## Profile Page

→ **Fill in the blanks to complete your profile page.**

1. This is where you enter the basic information for your enrollment application.
2. The fields marked with a red asterisk are required.

→ **When you're finished, click on the Next button to continue.**

<b>FIRST NAME *</b>	<b>MIDDLE NAME</b>	<b>LAST NAME *</b>
<input type="text" value="Test"/>	<input type="text"/>	<input type="text" value="Employee"/>
<b>GENDER *</b>	<b>DATE OF BIRTH *</b>	<b>PHONE NUMBER *</b>
<input type="text" value="Male"/>	<input type="text" value="01/01/1980"/>	<input type="text" value="(805) 555-5555"/>
<b>HOME ADDRESS (NO PO BOX) *</b>	<b>HOME ADDRESS LINE 2</b>	
<input type="text" value="149 Main Street"/>	<input type="text"/>	
<b>HOME ZIP CODE *</b>	<b>HOME CITY, COUNTY</b>	
<input type="text" value="91360"/>	<input type="text" value="Thousand Oaks, Ventura"/>	
<input type="checkbox"/> I have a different mailing address		
<b>MARITAL STATUS *</b>		
<input type="text" value="Single"/>		
<b>ARE YOU A COBRA OR CAL-COBRA APPLICANT? *</b>		
<input type="text" value="No"/>		
Child(ren) / Dependent information is required if you wish to see their rates or enroll them.		<a href="#">Add Dependent</a>

\* - indicates entries that are required



PRO Apply keeps track of your progress as you move from one step the next.

**Note:** You can move on to another step without completing all required fields but you will need to complete them later.

Home	Support
Benefit Enrollment	
My Profile	✓
Medical	✓
Dental	

## Review Benefits and Select Plan

- Click the button to either Enroll or Waive yourself and your dependents.
- Review the benefits being offered by your employer and click Add to Cart to select a plan.
- Click on View Benefits or View Providers to see more information about the plans offered, or find a doctor/provider.
- As you make your plan and dependent selections, your cart will update with your cost per pay period.

1
Benefit Enrollment : Medical
4

Whom do you want to cover for Medical (effective date 3/1/2021)?

Test (Self) ENROLL WAIVE

[View Cart](#)

Summary		
Medical	Test (Self)	\$51.42
Dental	No Plan Selected	\$0.00
Your Semi-monthly Cost		\$51.42
Employer Contribution		\$154.27
Total Premium		\$205.69

2

Remove from Cart

Anthem Bronze PPO 4600/50% (\$SR9) (PPO)

Deductible	Office Visits	Inpatient Hospital Services	Out-of-Pocket Max	Prescription Drugs	Plan Details	Your Semi-monthly Cost	
\$4,600/ \$9,200 embedded	50%	50%	\$8,100/ \$16,200 embedded; includes ded	MedDed (2-4); 40%; 50%	<div style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px; display: inline-block;">3</div> <ul style="list-style-type: none"> <li><a href="#" style="color: #0070C0;">View SBC (Carrier Brochure)</a></li> <li><a href="#" style="color: #0070C0;">View Benefits</a></li> <li><a href="#" style="color: #0070C0;">View Providers</a></li> </ul>	\$51.42 <a href="#" style="color: #0070C0;">Details</a>	<input type="checkbox"/> Compare

Add to Cart

Anthem Gold HMO 30 (\$SVG) (HMO)

Deductible	Office Visits	Inpatient Hospital Services	Out-of-Pocket Max	Prescription Drugs	Plan Details	Your Semi-monthly Cost	
\$0/ \$0	\$30/\$55	\$600/day, 4 days max	\$6,000/ \$12,000 embedded	\$15/40/80/30%; \$25/60/90/40%	<ul style="list-style-type: none"> <li><a href="#" style="color: #0070C0;">View SBC (Carrier Brochure)</a></li> <li><a href="#" style="color: #0070C0;">View Benefits</a></li> <li><a href="#" style="color: #0070C0;">View Providers</a></li> </ul>	\$66.52 <a href="#" style="color: #0070C0;">Details</a>	<input type="checkbox"/> Compare

➔ Click Next to continue making selections for all benefits being offered.

1. In this example medical and dental being offered.

Benefit Enrollment

My Profile ✓

Medical ✓

Dental ✓

Employee Information

Prior / Current Coverage

Provider Information

Arbitration / Agreements

Review / Sign

Summary / Print 2 Docs

Benefit Enrollment : Dental

Whom do you want to cover for Dental (effective date 3/1/2021)?

Test (Self)

ENROLL

WAVE

View Cart

Summary		
Medical	Test (Self)	\$51.42
Dental	Test (Self)	\$6.15
Your Semi-monthly Cost		\$57.57
Employer Contribution		\$172.75
Total Premium		\$230.32

Remove from Cart

GUARDIAN

Guardian Choice J1 1500 80th UCR (PPO)

Deductible	Annual Benefit Max	Preventive Care	Basic/Major Services	Orthodontics	Plan Details	Your Semi-monthly Cost	
\$50 3/fam	\$1,500	100%	Value : 100%/60% NAP : 80%/50%	Not Covered	<ul style="list-style-type: none"> <li>View Benefits</li> <li>View Providers</li> <li>Compliance Documents</li> </ul>	\$6.15	<a href="#">Details</a> <input type="checkbox"/> Compare

Previous

Next



## Applicant Information

### → Complete your enrollment information.

1. PRO Apply will walk you through the steps to finish your enrollment application.
2. The fields marked with a red asterisk are required.

**Benefit Enrollment : Employee Information**

**Employment Information**

EMPLOYER / GROUP NAME \*  JOB TITLE \*

DATE OF HIRE \*  DATE OF FULL-TIME EMPLOYMENT ⓘ

EMPLOYMENT STATUS \*  NUMBER OF HOURS WORKED PER WEEK \*

**Applicant Profile Information**

APPLICANT	RELATIONSHIP	SOCIAL SECURITY NUMBER *
Test Employee	Self	<input type="text" value="000-00-0000"/>

**Employee Contact Information**

YOU HAVE INDICATED THE FOLLOWING AS YOUR PRIMARY PHONE NUMBER

WHAT TYPE OF PHONE NUMBER IS THIS? (FOR ANTHEM BLUE CROSS APPLICATION)  
☐ Cell ☒ Home

WHAT TYPE OF PHONE NUMBER IS THIS? (FOR GENERIC ANCILLARY APPLICATION)  
☐ Cell ☒ Home

## Check for Incomplete Steps

### → Look for any step marked with a red X and go back to finish it.

1. You can move from one step to the next without completing all required fields.
2. Take time now to complete each step before submitting your application.

**Benefit Enrollment**

- My Profile ✓
- Medical ✓
- Dental ✓
- Employee Information ✗
- Prior / Current Coverage ✓
- Provider Information
- Arbitration / Agreements
- Review / Sign
- Summary / Print 2 Docs

Click to complete step

## Review Your Application

➔ Make sure your application is complete and correct.

Benefit Enrollment : Review / Sign

Anthem Blue Cross **Pending Signature**

1 / 10 | - + ↺

**California Employee Enrollment Application For Small Groups**  
**Medical, Dental, Vision, Life and Disability**

Health care plans offered by Anthem Blue Cross (Anthem). Insurance plans offered by Anthem Blue Cross Life and Health Insurance Company. You, the employee, must complete this application. You are solely responsible for its accuracy and completeness. To avoid the possibility of delay, answer all questions and be sure to sign and date your application. **Note:** Anthem is required by the Internal Revenue Service and Centers for Medicare & Medicaid (CMS) regulations to collect Social Security numbers. Submit application to your employer.

Please complete in black ink only.

Group/Case no. (if known)

**Section A: Application Type** -- select one

☒ New enrollment ☐ Open enrollment (not applicable for Life and Disability) ☐ Qualifying event (not applicable for Life and Disability)

☐ COBRA/Cal-COBRA ☐ Rethere date (MM/DD/YYYY): / /

If you select **Qualifying event** or **COBRA/Cal-COBRA**, please select one event reason.

☐ Marriage ☐ Birth of child ☐ Adoption of child ☐ Divorce or legal separation ☐ Death

☐ COBRA ☐ Cal-COBRA -- Cal-COBRA applicants must submit first month's premium.

☐ Involuntary loss of coverage -- please explain (required):

☐ Other -- please explain (required):

**Qualifying event or COBRA/Cal-COBRA date** -- Required (MM/DD/YYYY): / /

**Section B: Employee Information**

Last name: Employee First name: Test M.I.: Social Security no. (required): 555 / 66 / 1223

Home address - (P.O. Box not acceptable unless rural address): City: State: ZIP code:

149 Main St Thousand Oaks CA 91360

County: Ventura Marital status: ☒ Single ☐ Married ☐ Domestic Partner (DP) Employment status: ☒ Full-time ☐ Part-time Primary phone no. (805) 555-5555 Cell phone no.:

Employer name: WP Candy Store 2 Occupation: Sales

Date of hire (MM/DD/YYYY): 01 / 01 / 1999 Date of full-time employment (MM/DD/YYYY): / / Date waiting period begins (MM/DD/YYYY): / / No. of hours worked per week: 40

Language choice (optional): ☒ English (ENG) ☐ Spanish (SPA) ☐ Chinese (ZHO) ☐ Korean (KOR) ☐ Vietnamese (VIE) ☐ Tagalog (TGL)

☐ Other (WGS) -- please specify:

Do you read and write English? ☒ Yes ☐ No. If no, the translator must sign and submit a Statement of Accountability/Translator's Statement.

Employee email address: shannon.munoz@warnerpacific.com

By providing my User ID and Password to electronically sign the Anthem Blue Cross, I hereby confirm that the information contained within is accurate and complete to the best of my knowledge

USER ID \* PASSWORD \* [Skip to next application](#)

\* - indicates entries that are required

## Add Your Electronic Signature

➔ Make sure your application is complete and correct.

1. Enter your User ID and Password, then click on the Sign button to complete your enrollment.
2. You may be prompted to sign multiple applications based on the benefits your employer is offering.

By providing my User ID and Password to electronically sign the Anthem Blue Cross, I hereby confirm that the information contained within is accurate and complete to the best of my knowledge

USER ID \* PASSWORD \* [Skip to next application](#)

\* - indicates entries that are required

You're done!

- 1. Your application is now complete.
- 2. Click the Print/Save PDF button to save a copy of your application for your records.

Benefit Enrollment

My Profile

Medical

Dental

Employee Information

Prior / Current Coverage

Provider Information

Arbitration / Agreements

Review / Sign

Summary / Print 2 Docs

Benefit Enrollment : Summary / Print

Congratulations, you have completed your enrollment application. Please print or save your application.

If you have any questions, please contact your Human Resources/Benefit Administrator.

Document Name	Coverage	Status	
Anthem Blue Cross	Medical: Test (Self)	Signed	Print/Save PDF
Generic Ancillary	Dental: Test (Self)	Signed	Print/Save PDF
			Done

Thank you for using Warner Pacific's PRO Apply.

## Frequently Asked Questions

Not all people are the same and not all companies are not the same. In this section, you'll find information on how to deal with a variety of different situations.

### 1. How do I enroll or waive my spouse or partner?

1. On your profile step, select your applicable marital status.
2. When you do want coverage, the page will expand so you can enter your spouse or partner's information.

This screenshot shows the enrollment form for spouse or partner coverage. The 'MARITAL STATUS' dropdown is set to 'Married'. Below it, there is a checkbox labeled 'I am waiving my spouse / partner from ALL benefits offered by my employer.' which is currently unchecked. To the right of this checkbox, a red callout bubble says 'Married/Domestic Partner and not waiving coverage'. Below the checkbox, there are four input fields: 'SPOUSE / PARTNER FIRST NAME', 'SPOUSE / PARTNER LAST NAME', 'SPOUSE / PARTNER GENDER' (a dropdown menu currently showing '[Select One]'), and 'SPOUSE / PARTNER DATE OF BIRTH' (with a placeholder 'mm/dd/yyyy'). There is also a 'SPOUSE / PARTNER ZIP CODE' field.

3. If you're waiving coverage for them, no additional information is needed.

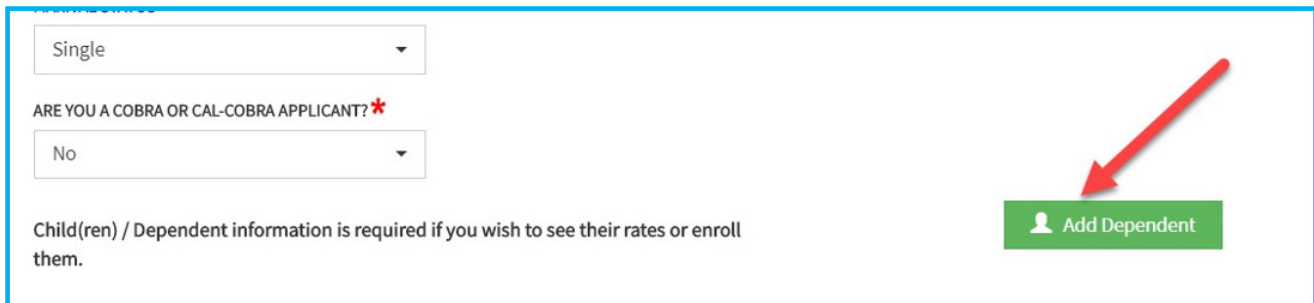
This screenshot shows the same enrollment form as above, but with the 'I am waiving my spouse / partner from ALL benefits offered by my employer.' checkbox checked. A red callout bubble points to this checkbox and says 'No need to fill in details when waiving'. Below the checkbox, the text 'ARE YOU A COBRA OR CAL-COBRA APPLICANT?' is visible with a red asterisk.

4. When you choose to waive coverage, the application steps will include the Waiver section, that includes required fields marked with red asterisks.

This screenshot shows the 'Waived Coverages' section of the application. On the left, a sidebar lists various application steps with checkmarks: 'My Profile', 'Medical', 'Dental', 'Vision', 'Life', 'Employee Information', 'Prior / Current Coverage', 'Provider Information', 'Life / AD&D', 'Waiver', 'Arbitration / Agreements', and 'Review & Sign'. A red arrow points to the 'Waiver' step. The main content area is titled 'Waived Coverages' and contains a section for 'MEDICAL' coverage. It states 'YOU HAVE INDICATED THE FOLLOWING INDIVIDUALS ARE WAIVING BLUE SHIELD OF CALIFORNIA MEDICAL COVERAGE:' followed by 'Spouse [Medical]'. Below this, there are fields for 'OTHER EMPLOYER HEALTH COVERAGE' (a dropdown menu showing 'Covered by another employer's health plan (e.g. through your sp...)', 'CARRIER NAME' (a text field with 'Blue Shield'), and 'CARRIER ID' (a text field with '1423534346345'). There is also a section for 'OTHER NON-EMPLOYER HEALTH COVERAGE' with a dropdown menu.

## 2. How do I enroll or waive my dependents?

1. Enter any dependents you want to enroll.
2. On the Profile page, click on the Add Dependent button.

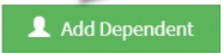


Single

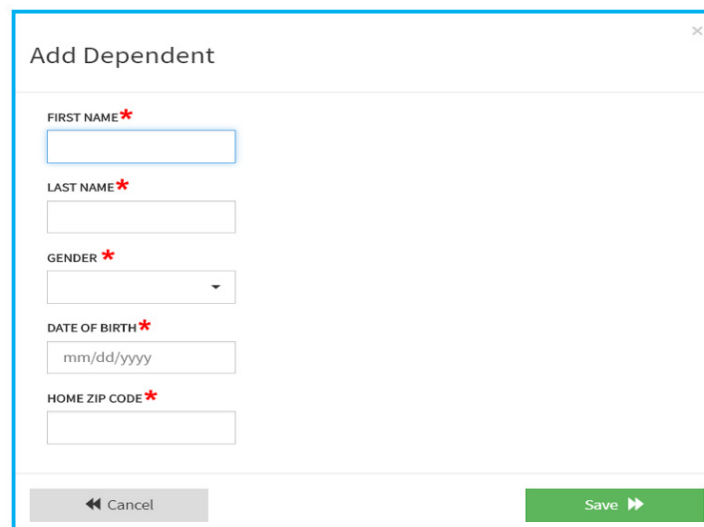
ARE YOU A COBRA OR CAL-COBRA APPLICANT? \*

No

Child(ren) / Dependent information is required if you wish to see their rates or enroll them.

 Add Dependent

3. Enter the dependent's information.
4. Repeat these two steps for all of the dependents.



Add Dependent

FIRST NAME \*

LAST NAME \*

GENDER \*

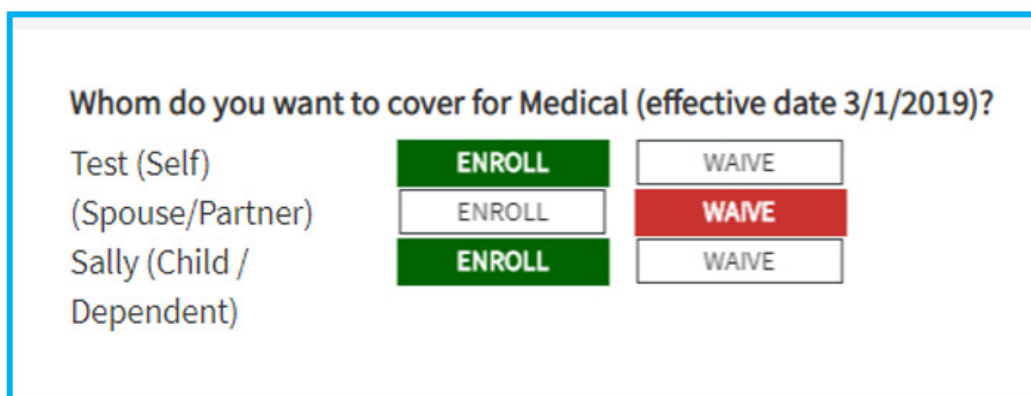
DATE OF BIRTH \*

mm/dd/yyyy

HOME ZIP CODE \*

Cancel Save

5. As you move through the profile steps, indicate whether you're enrolling or waiving coverage for your dependents.



Whom do you want to cover for Medical (effective date 3/1/2019)?

Test (Self)	ENROLL	WAIVE
(Spouse/Partner)	ENROLL	WAIVE
Sally (Child / Dependent)	ENROLL	WAIVE

### 3. Why am I being asked for waiver information?

1. Whenever you waive coverage for yourself, your spouse/partner, or dependents, you will be taken to the Waiver step.
2. If you are not waiving any coverage, you will not see this step during your enrollment process.

### 4. Why am I being asked for my Primary Care Physician?

1. If you have elected a plan that requires a designated Primary Care Physician, you'll need to enter their information in the fields provided.
2. If you don't have a designated doctor and would like the insurance carrier to assign you one, click the radial button indicating that you will allow the Carrier to assign a provider to you.


## 5. How do I set up a beneficiary?

1. If your group is offering life insurance coverage and you want to enroll, you will need to enter your salary and provide beneficiary information.
2. Click on the Add Beneficiary button to add your beneficiary information.

The total percentage for Primary Beneficiaries must add up to 100%.

**EARNINGS\***  **PAY FREQUENCY\***

**Primary Beneficiary Designation**

BENEFICIARY	RELATIONSHIP	PERCENTAGE* ?
 Sally Employee	Spouse	<input type="text" value="0"/>

Total: 0%

[+ Add Beneficiary](#)

**Contingent Beneficiary Designation**

Please enter a beneficiary

[+ Add Beneficiary](#)

**SPOUSAL CONSENT FOR COMMUNITY PROPERTY LAWS (SPOUSE SIGNATURE) ?**  
[Spousal Consent Form](#)

\* - indicates entries that are required

3. If you want a dependent already entered in you profile to be your beneficiary, click on Pre-fill from Dependents to auto-populate their information.

**Add Beneficiary** Cancel Save

[Pre-fill from Dependents](#)

**LAST NAME\***

4. Click Save when complete.





5. The recipient percentages must total 100%.
6. If you only have one beneficiary, you will need to enter 100 for them.

The total percentage for Primary Beneficiaries must add up to 100%.

**EARNINGS\***  **PAY FREQUENCY\***

**Primary Beneficiary Designation**

	BENEFICIARY	RELATIONSHIP	PERCENTAGE* ?
 	Sally Employee	Spouse	<input type="text" value="0"/>

**Total: 0%**

[+ Add Beneficiary](#)

**Thank you for using Warner Pacific's PRO Apply.**