

Before you enroll

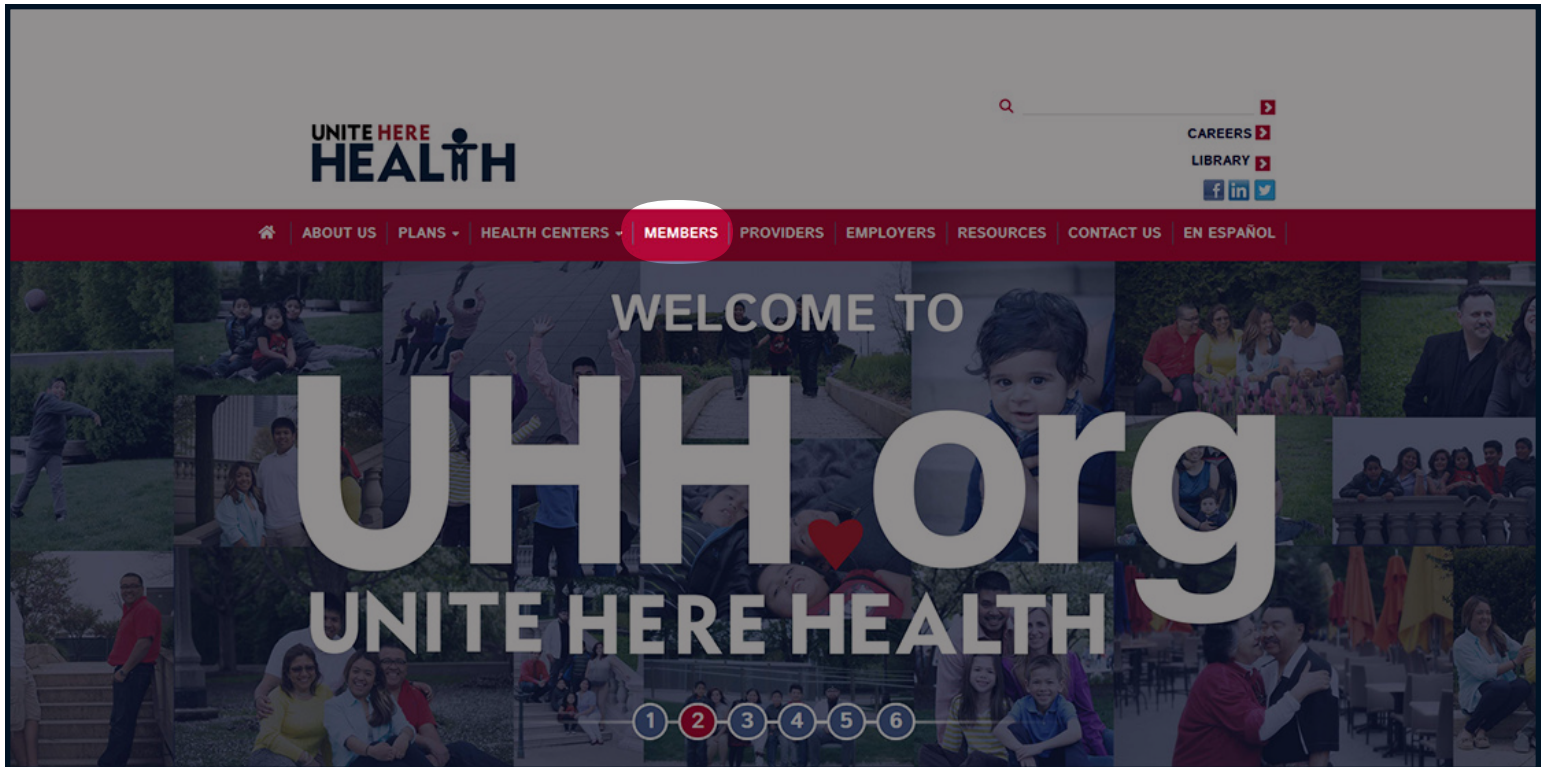
Have a personal email or mobile phone number ready.

**Review your medical and dental options
in the Benefits-at-a-Glance (click the link on this web page).**

**If you have dependents to enroll, gather your
proof documents (like birth or marriage certificates).**

To begin enrollment

- Visit www.uhh.org and click **MEMBERS**.



Log in or register

- Log in to your account.

A If you do not have an account, click New User to register.

The screenshot displays the UNITE HERE HEALTH Member Portal. At the top left is the logo, and at the top right are navigation links for CAREERS and LIBRARY, along with social media icons for Facebook, LinkedIn, Twitter, and YouTube. A search bar is also present. Below the header is a navigation menu with links for Home, ABOUT US, PLANS, HEALTH CENTER, MEMBERS, PROVIDERS, EMPLOYERS, RESOURCES, and CONTACT US. The main content area is titled "Member Portal" and includes a description: "Your member portal allows you to view claims, eligibility, work history, and more!". Below this are input fields for "User Name" and "Password", a checkbox for "I agree with terms of use.", and four buttons: "Login", "New User" (highlighted with a red 'A' icon), and "Forgot Login Info". At the bottom, there is a footer with the text "Visit: Culinary Health Fund UNITE HERE!" and a secondary navigation menu with links for Home, About UHH, Members, Providers, Employers, Careers, Plan Map, Terms of Use, and Privacy Policy.

Start registration

- Enter your **social security number** and **date of birth** (to verify your identity).
- Click **Next** to continue
 - If your member information form pops up, go to page 10 of this booklet.
 - If you get an error message (member not found), go to page 9 of this booklet.

Member Registration

Fill out the form below to create an account with your Health Fund! Your social security number and date of birth must match the information we received from your employer.

This portal is a secure area for members only. (Dependents may not access it at this time.)

Already Registered?

Login

Social Security Number

000-00-0000 *

Date of Birth

mm/dd/yyyy *



Next

Information not found

- **If your information is not found**, please call your enrollment hotline: (855) 321-4373.

Call your enrollment hotline: (855) 321-4373

Member Registration

Fill out the form below to create an account with your Health Fund! Your social security number and date of birth must match the information we received from your employer.

This portal is a secure area for members only. (Dependents may not access it at this time.)

Already Registered?

Login

Member not found. Call (800) 419-4373.

Social Security Number

123459875 *

Date of Birth

01/02/23 *

Next

Register an account

- Fill in your account and contact information.
- At the bottom click “I agree with [terms of use](#)” and click [Register](#).

If you have issues registering, please call UNITE HERE HEALTH at (855) 321-4373.

Member Registration

Need help? Call: (800) 419-4373

Member Information

Member Name	Doe, John
Social Security Number	000-00-0000
Birth Date	00/00/0000

Create Your Account

User Name *

Password *

Confirm Password *

Security Question *

Answer *

Contact Information

Cell Phone

E-mail

Contact me by *


Language *

I agree with the [terms of use](#). *

[Register](#)

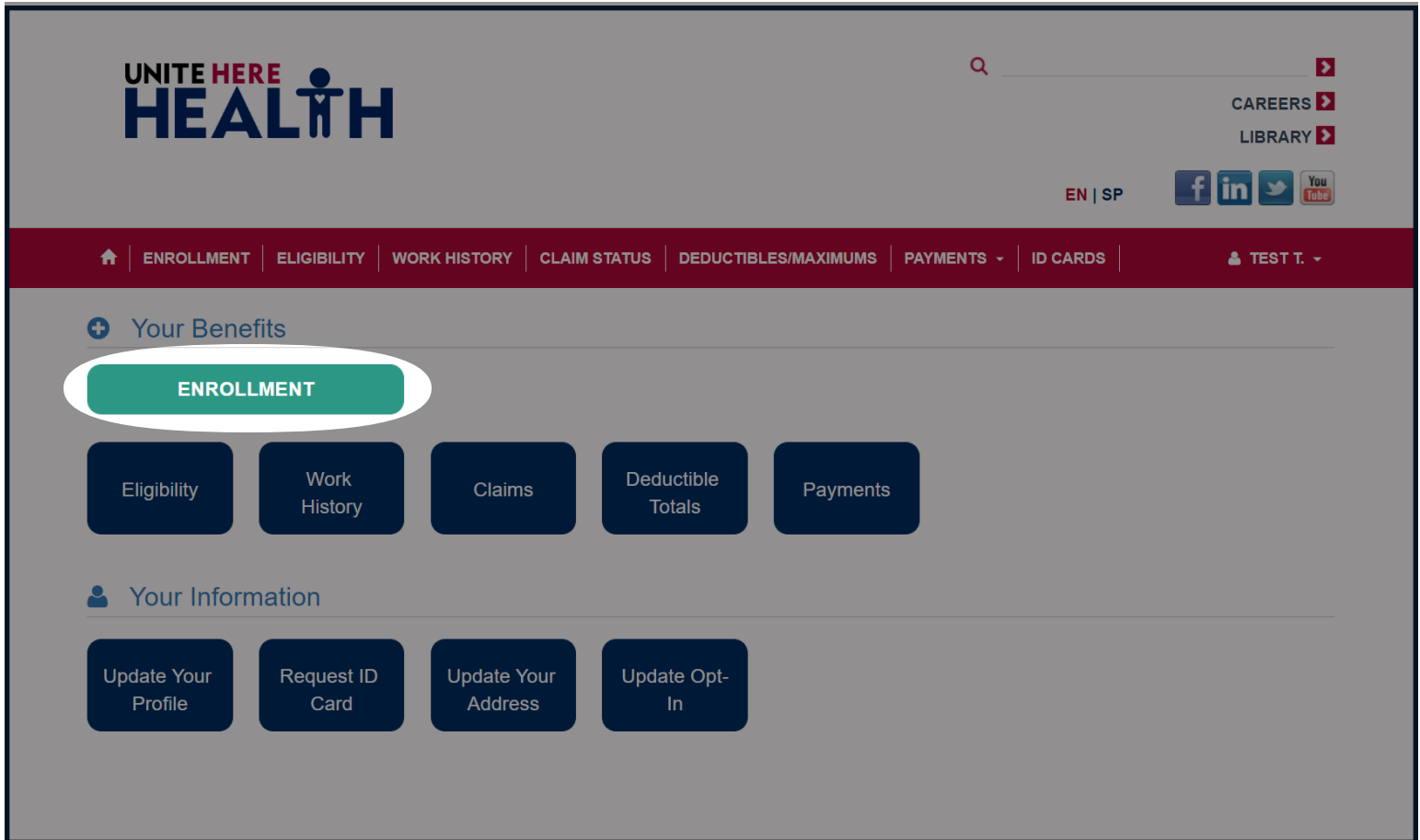
Password Requirements

- Create your password using 8 characters or more.
- It can be any combination of letters, numbers, and symbols.
- Accents and accented characters aren't supported.



Enrollment

- Click **Enrollment** to enroll.



Enrollment

- Click **Start Enrollment** to start your enrollment.

The screenshot shows the enrollment website interface. At the top right, there are language options 'EN | SP' and social media icons for Facebook, LinkedIn, Twitter, and YouTube. A navigation bar contains links for 'ENROLLMENT', 'ELIGIBILITY', 'WORK HISTORY', 'CLAIM STATUS', 'PAYMENTS', and 'MORE'. A user profile icon labeled 'TEST T.' is also present. The main heading is 'Enrollment' with a contact number '(833) 569-9638'. Below this, it says 'Click on the employer you want to enroll with:' followed by a blue button labeled '681113 - ENCORE BOSTON HARBOR'. The 'Open Enrollment' section states 'You're now in open enrollment. Click "Start Enrollment" to begin.' and features a blue button with a right-pointing arrow and the text 'Start Enrollment', which is circled in red. Below this is a table titled 'Current Enrollment' with columns for 'Benefit Type', 'Benefit', 'Coverage Tier', 'Covered', 'Relationship', and 'Birth Date'. The table content shows 'No Current Coverage'.

EN | SP

ENROLLMENT | ELIGIBILITY | WORK HISTORY | CLAIM STATUS | PAYMENTS | MORE

TEST T.

Enrollment

Contact Us: (833) 569-9638

Click on the employer you want to enroll with:

681113 - ENCORE BOSTON HARBOR

Open Enrollment

You're now in open enrollment. Click "Start Enrollment" to begin.

Start Enrollment

Current Enrollment					
Benefit Type	Benefit	Coverage Tier	Covered	Relationship	Birth Date
No Current Coverage					

Your information

- Review and update your information, click **Next** to continue.
- If any information marked with **!** is not correct, call your enrollment hotline right away at (855) 321-4373.

The screenshot shows a web interface for enrollment. At the top, a navigation bar includes links for ENROLLMENT, ELIGIBILITY, WORK HISTORY, DEDUCTIBLES/MAXIMUMS, PAYMENTS, and ID CARDS, along with a user profile icon labeled TEST T. A prominent banner displays "Your Enrollment Deadline Ends March 11" with a timer showing 30:00:00. Below this is a progress bar with four steps, the first of which is highlighted. The main section is titled "Your Information" and contains a form with the following fields:

- First Name ***: John
- Last Name ***: Doe
- Middle Name ***: (empty)
- Birth Date ***: 00/00/0000
- SSN ***: 000-00-0000
- Gender ***: Male
- Language Preference ***: English
- Email**: email@email.org
- Phone**: (000) 000-0000
- Alt. Phone 1**: (empty)
- Cell Phone**: (000) 000-0000
- Alt. Phone 2**: (empty)
- Your Address**:
 - Address 1 ***: 1234 Main St.
 - Address 2**: (empty)
 - Address 3**: (empty)
 - City ***: Townsville
 - State ***: Connecticut
 - Zip ***: 06066

Two call-to-action buttons are present: "Enrollment Questions? Call (833) 569-9638" and "Benefit Questions? Call (855) 484-8480". A blue "Next" button is located at the bottom of the form.

Find proof documents

You must show that each dependent you enroll meets the Fund's definition of a dependent.

We accept any of these proof documents; provide at least one:

- A certified copy of the marriage certificate.
- A commemoration of marriage from a generally recognized denomination of organized religion.
- A certified copy of the birth certificate.
- A baptismal certificate.
- Hospital birth records.
- Written proof of adoption or legal guardianship.
- Court decrees requiring you to provide medical benefits for a dependent child.
- Copies of your most recent federal tax return (Form 1040 or its equivalents).
- Documentation of dependent status issued and certified by the United States Immigration and Naturalization Service (INS).
- Documentation of dependent status issued and certified by a foreign embassy.

Your or your spouse's name must be listed on the proof document as the dependent child's parent.

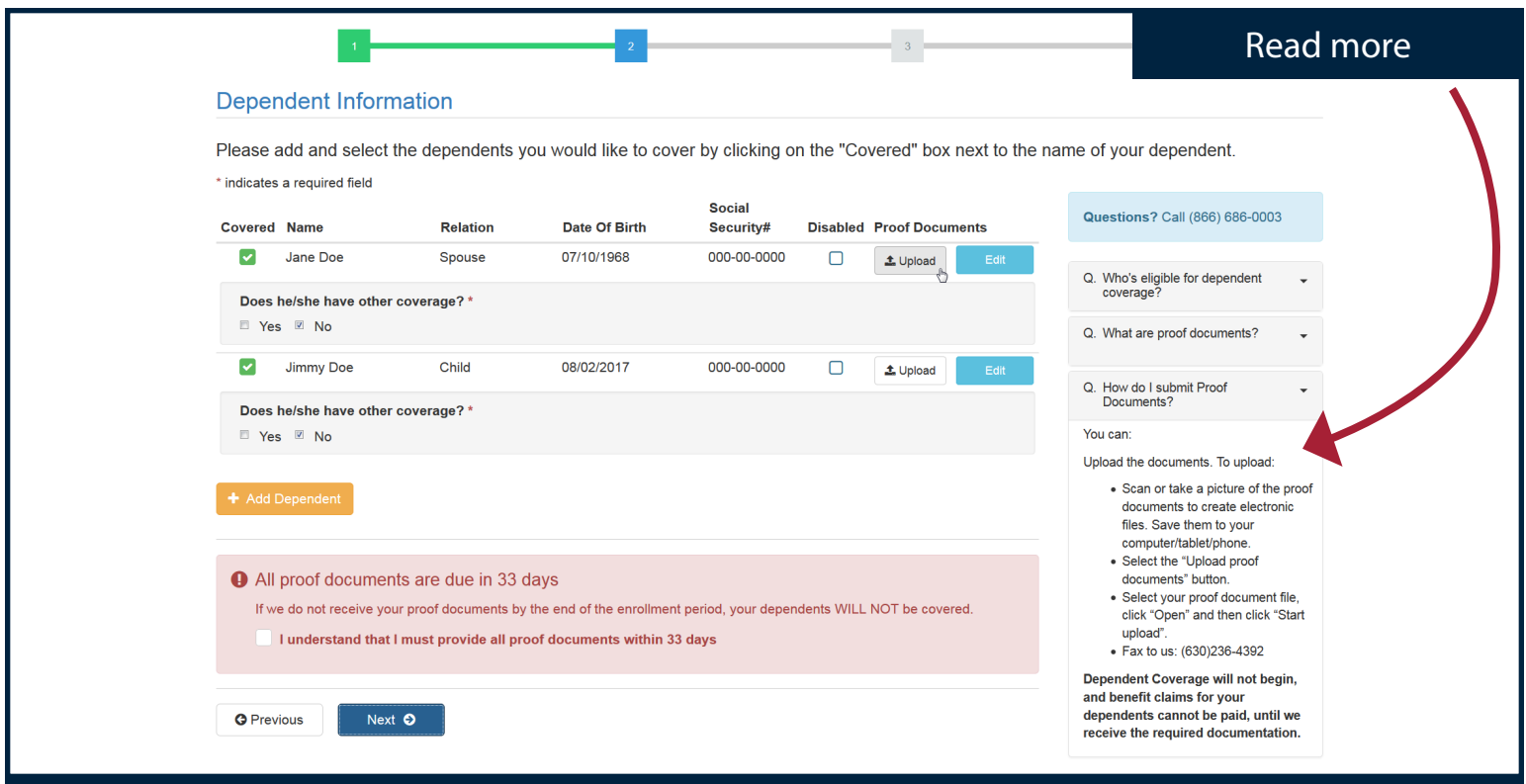
Upload proof documents

(how to send them to us for dependent coverage)

- Click  for each dependent, click  to continue.

You can use your smart phone to enroll and upload proof documents:

- Take a photo of the birth/marriage certificate, etc.
 - Click “Upload” next to the dependent name
 - Select the photo you want to use
 - Submit the photo and continue
- Or you can email your proof documents to docs@uhh.org. (We’re always careful with your personal information but email is not always private or secure — keep this in mind before emailing UNITE HERE HEALTH.)







The screenshot shows a web form titled "Dependent Information" with a progress bar at the top indicating step 2 of 3. The form includes a table of dependents and a sidebar with a "Read more" button and a list of questions. A red arrow points from the "Read more" button to the "Upload" button in the table.

Dependent Information

Please add and select the dependents you would like to cover by clicking on the "Covered" box next to the name of your dependent.

* indicates a required field

Covered	Name	Relation	Date Of Birth	Social Security#	Disabled	Proof Documents
<input checked="" type="checkbox"/>	Jane Doe	Spouse	07/10/1968	000-00-0000	<input type="checkbox"/>	 
Does he/she have other coverage? *						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<input checked="" type="checkbox"/>	Jimmy Doe	Child	08/02/2017	000-00-0000	<input type="checkbox"/>	 
Does he/she have other coverage? *						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

[+ Add Dependent](#)

! All proof documents are due in 33 days
If we do not receive your proof documents by the end of the enrollment period, your dependents WILL NOT be covered.

I understand that I must provide all proof documents within 33 days

[Previous](#) [Next](#)

Read more

Questions? Call (866) 686-0003

- Q. Who's eligible for dependent coverage?
- Q. What are proof documents?
- Q. How do I submit Proof Documents?

You can:

Upload the documents. To upload:

- Scan or take a picture of the proof documents to create electronic files. Save them to your computer/tablet/phone.
- Select the "Upload proof documents" button.
- Select your proof document file, click "Open" and then click "Start upload".
- Fax to us: (630)236-4392

Dependent Coverage will not begin, and benefit claims for your dependents cannot be paid, until we receive the required documentation.

Need help?

Call us!

Your enrollment hotline:

(855) 321-4373

Monday – Friday
9:00 a.m. – 7:30 p.m. EST