

# Before you enroll

**Have a personal email or mobile phone number ready.**

**Review your medical, dental, and vision benefits  
in the Benefits at a Glance.**

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

# To begin enrollment

- Visit [www.uhh.org](http://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 shows the UNITE HERE HEALTH Member Portal. At the top left is the logo. On the right, there is a search bar, a 'CAREERS' link with a dropdown arrow, a 'LIBRARY' link with a dropdown arrow, and social media icons for Facebook, LinkedIn, Twitter, and YouTube. Below these are language options 'EN | SP'. A navigation bar contains 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 three buttons: 'Login', 'New User' (highlighted with a red circle and letter 'A'), and 'Forgot Login Info'. At the bottom, there is a banner for the 'Culinary Health Fund' with the 'UNITE HERE!' logo. A footer navigation bar includes 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: (833) 569-9638.

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## 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 (833) 569-9638.*

### Member Registration

Need help? Call:



**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  \*

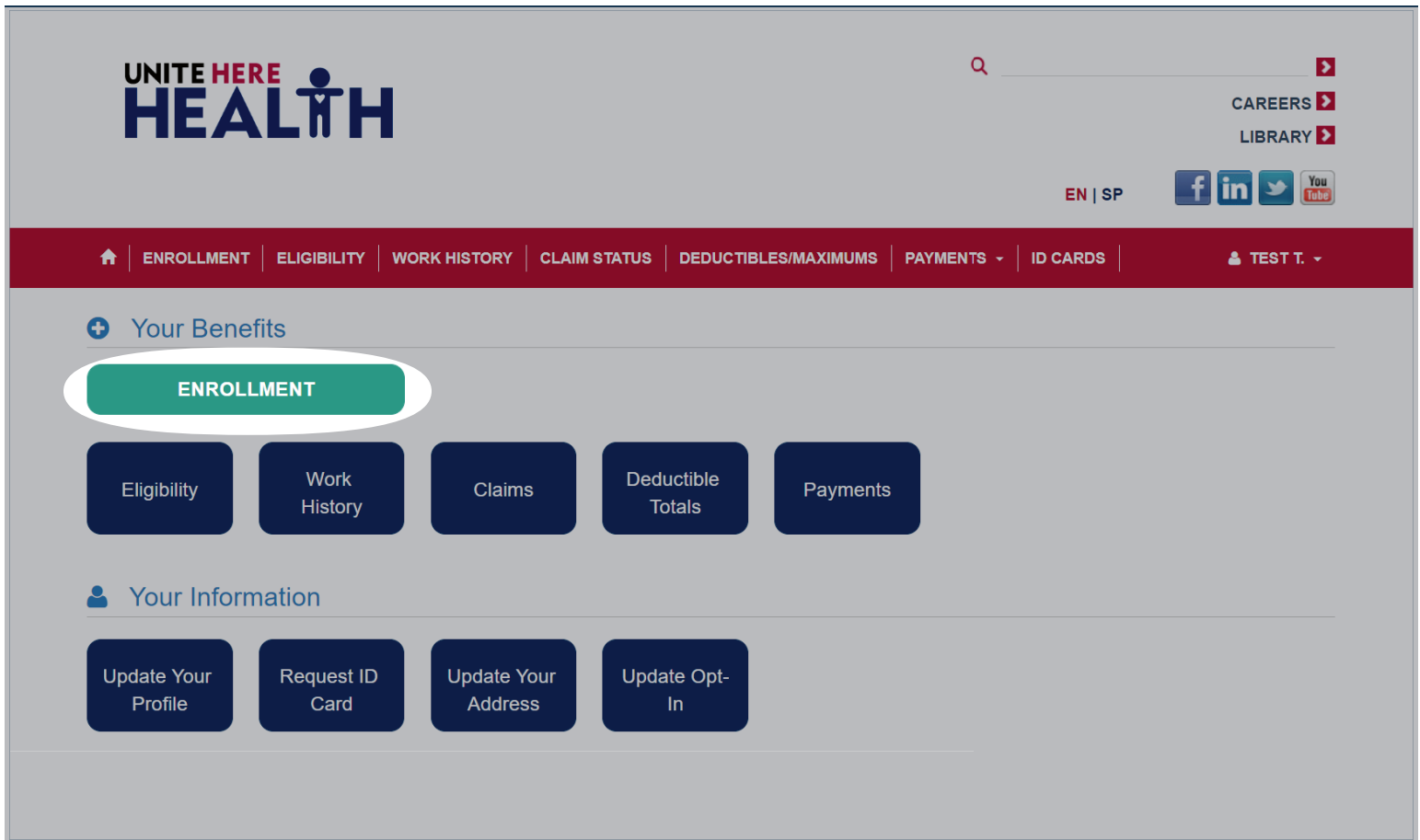
Language  \*

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

[Register](#)

# Enrollment

- Click **Enrollment** to enroll.



# Enrollment

- Click **Option 1** if you want coverage through UNITE HERE HEALTH.
- Click **Option 2** if you want to stay with your employer's benefits (this will end the enrollment process).

The screenshot shows a web form for enrollment. At the top is a navigation bar with links: ENROLLMENT, ELIGIBILITY, WORK HISTORY, CLAIM STATUS, PAYMENTS, and MORE. A user profile icon and the name 'TEST T.' are on the right. The main heading is 'Enrollment' with a contact number '(833) 569-9638'. A pink notice box states: 'If you are trying to enroll in FREE COBRA or already enrolled but want to make changes, do not complete the form below. Close out of this screen and contact Member Services by calling the number on the back of your insurance card.' Below this, it says 'Click on the employer you want to enroll with:' followed by a blue button for '502310 - O'HARE INTERNATIONAL AIRPORT'. To the right, a grey box says 'or you may see:' with a blue button for '502312 - O'HARE INTERNATIONAL AIRPORT'. The next section is 'Choose the best health plan for you and your eligible dependents', followed by explanatory text and two options. A pink 'Choice Form Acknowledgement' box contains two radio button options, a text area for reasons, and a 'Submit' button circled in red.

ENROLLMENT | ELIGIBILITY | WORK HISTORY | CLAIM STATUS | PAYMENTS | MORE | TEST T.

## Enrollment

Contact Us: (833) 569-9638

If you are trying to enroll in FREE COBRA or already enrolled but want to make changes, do not complete the form below. Close out of this screen and contact Member Services by calling the number on the back of your insurance card.

Click on the employer you want to enroll with:

502310 - O'HARE INTERNATIONAL AIRPORT

or you may see:

502312 - O'HARE INTERNATIONAL AIRPORT

### Choose the best health plan for you and your eligible dependents

Your union and employer collectively bargained for you to have the choice between coverage through your union's health fund, UNITE HERE HEALTH, or your employer's health plan(s).

To start your enrollment, please choose if you want coverage through UNITE HERE HEALTH or your employer then select the box below for the coverage option that is right for you. Once finished, click "submit".

- **Option 1:** I want health coverage through UNITE HERE HEALTH. This option allows you to continue with enrollment and select UNITE HERE HEALTH benefits.
- **Option 2:** I want health coverage through my employer. Clicking here means you refuse UNITE HERE HEALTH coverage. Contact your employer for information regarding enrollment in their health plan(s).

**Choice Form Acknowledgement**

**Option 1:** I choose to enroll in UNITE HERE HEALTH benefits.

**Option 2:** I want to be covered under my employer's health plan and refuse to enroll in UNITE HERE HEALTH benefits. By checking this box, I confirm that I've been given an opportunity to apply for benefit coverage under UNITE HERE HEALTH for myself and eligible dependents and understand I/we will NOT BE COVERED for these benefits offered through UNITE HERE HEALTH. I further understand that I cannot enroll myself or my dependents under UNITE HERE HEALTH coverage until the next open enrollment, or other times designated by my collective bargaining agreement or federal laws.

Why are you refusing coverage? Please provide a reason in the box below.

Submit



# Enrollment

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

The screenshot shows a web interface for enrollment. At the top is a dark blue navigation bar with the text 'Enroll online'. Below this is a large white header area with the word 'Enrollment' in a large, bold, black font. To the right of the header is a contact number: 'Contact Us: (833) 569-9638'. Below the header is a red navigation bar with several menu items: 'HOME', 'ENROLLMENT', 'ELIGIBILITY', 'WORK HISTORY', 'CLAIM STATUS', 'PAYMENTS', and 'MORE'. A user profile icon labeled 'TEST T.' is also visible in the top right of the red bar. Below the navigation bar is a white content area. It starts with a red-bordered box containing a warning message: 'If you are trying to enroll in FREE COBRA or already enrolled but want to make changes, do not complete the form below. Close out of this screen and contact Member Services by calling the number on the back of your insurance card.' Below this is a section titled 'Enrollment' with a sub-header 'Enrollment Choice'. A blue button labeled '502310 - O'HARE INTERNATIONAL AIRPORT' is visible. Below the button is a section titled 'Open Enrollment' with the text 'You're now in open enrollment. Click "Start Enrollment" to begin.' A blue button labeled 'Start Enrollment' is circled in red. To the right of the 'Open Enrollment' section is a 'Life Event' section with a blue button labeled 'Start Life Event Enrollment'. At the bottom of the page is a table titled 'Current Enrollment' with columns for 'Benefit Type', 'Benefit', 'Coverage Tier', 'Covered', 'Relationship', and 'Birth Date'. The table currently shows 'No Current Coverage'.

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

TEST T.

## Enrollment

Contact Us: (833) 569-9638

If you are trying to enroll in FREE COBRA or already enrolled but want to make changes, do not complete the form below. Close out of this screen and contact Member Services by calling the number on the back of your insurance card.

Click on the employer you want to enroll with:

502310 - O'HARE INTERNATIONAL AIRPORT

### Enrollment Choice

Thank you for choosing coverage through UNITE HERE HEALTH. Please click "Change Enrollment Choice" to change to your employer's coverage.

Change Enrollment Choice

### Open Enrollment

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

Start Enrollment

### Life Event

A change in your life (like getting married, having a baby, or losing other health coverage) can make you eligible for a special enrollment period, allowing you to enroll in health insurance outside the yearly open enrollment period.

Start Life Event 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 (833) 569-9638.

**UNITE HERE HEALTH**

CAREERS LIBRARY EN | SP

ENROLLMENT | ELIGIBILITY | WORK HISTORY | CLAIM STATUS | DEDUCTIBLES/MAXIMUMS | PAYMENTS | ID CARDS | John D.

Your Enrollment Deadline Ends July 20  
24 : 00 : 00  
Days Hours Minutes

1 2 3 4

### Your Information

Please review and update your information  
\* indicates a required field

**First Name !** John **Last Name !** Doe **Middle Name !**

**Birth Date !** 00/00/0000 **SSN !** 000-00-0000 **Gender !** Male

**Language Preference \*** English

Enter your email or phone number(s)\*

**Email** email@email.org

**Phone** (000) 000-0000 **Alt. Phone 1**

**Cell Phone** (000) 000-0000 **Alt. Phone 2**

**Your Address**

**Address 1 \*** 532 Doggie Dr **Address 2** **Address 3**

**City \*** South Elgin **State \*** Illinois **Zip \*** 60177

**Next**

Enrollment Questions?  
Call (833) 569-9638

# 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.

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

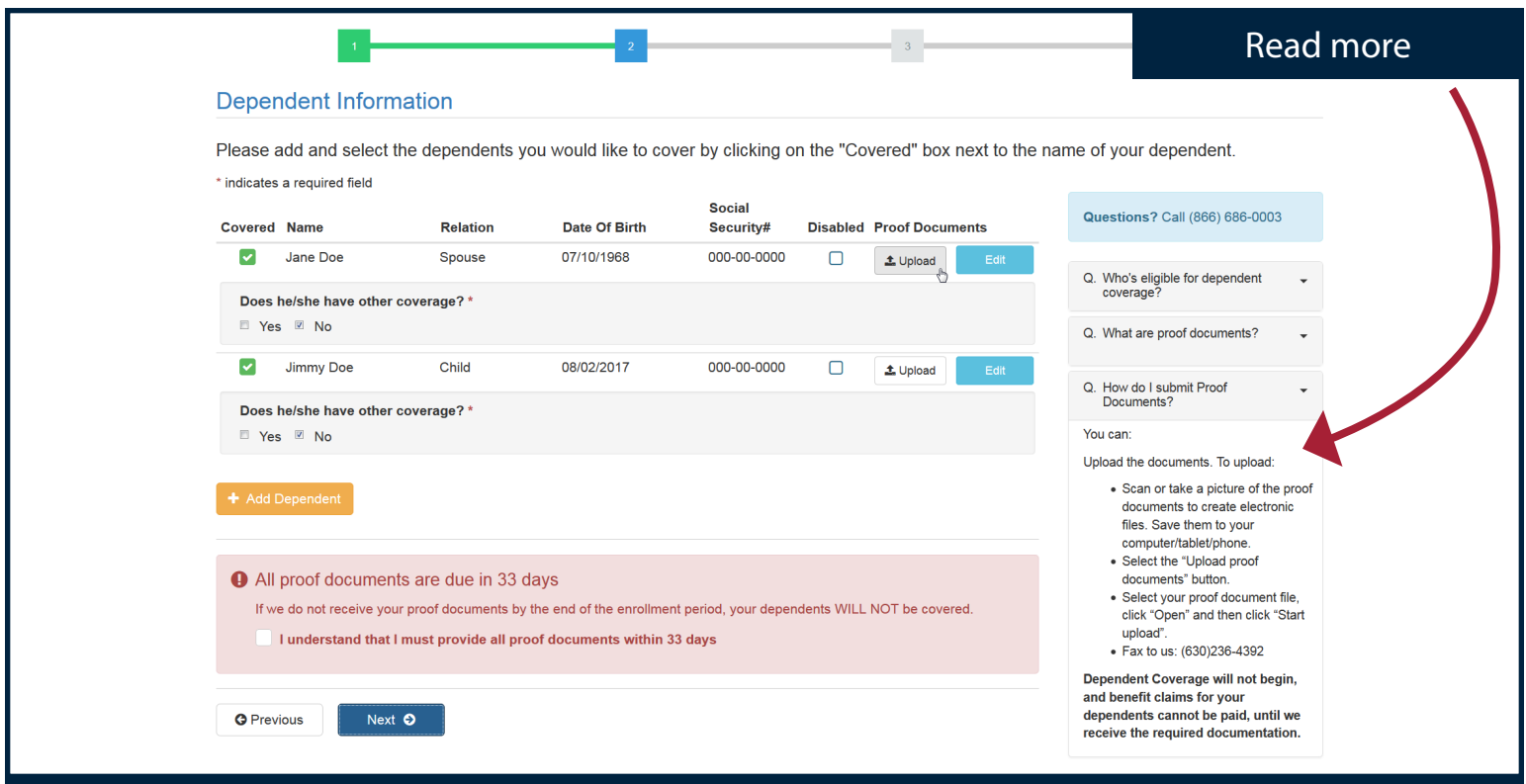
# Upload proof documents

(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](mailto: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"/>	<input type="button" value="Upload"/> <input type="button" value="Edit"/>
<b>Does he/she have other coverage? *</b>						
<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"/>	<input type="button" value="Upload"/> <input type="button" value="Edit"/>
<b>Does he/she have other coverage? *</b>						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

**! 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

**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:*

**(833) 569-9638**

Monday – Friday  
8:00 a.m. – 6:30 p.m. CST