

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 enrolling dependents, gather your
proof documents** (marriage certificate, spousal verification
form, and birth 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 shows the UNITE HERE HEALTH Member Portal. At the top left is the logo. On the right, there is a search bar, a language selector (EN | SP), and social media icons for Facebook, LinkedIn, Twitter, and YouTube. Below these are links for CAREERS and LIBRARY. 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 four buttons: "Login", "New User" (highlighted with a red circle and letter 'A'), and "Forgot Login Info". At the bottom, there is a footer with the text "Visit: Culinary Health Fund UNITE HERE!" and a secondary navigation bar 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: (833) 569-9638.

Call your enrollment hotline: (833) 569-9638

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](#)

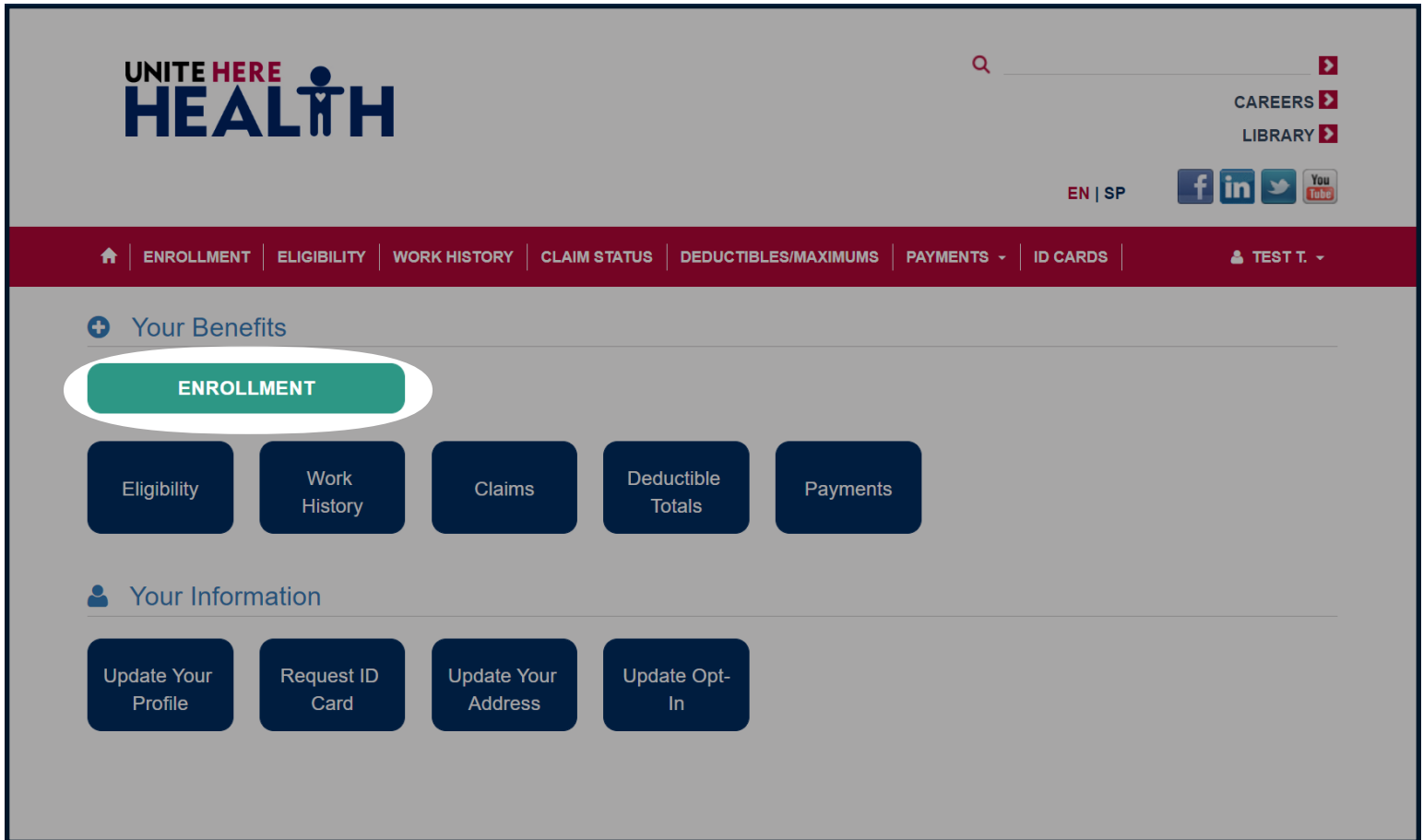
Password Requirements

- 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 a web interface for enrollment. At the top is a navigation bar with links for ENROLLMENT, ELIGIBILITY, WORK HISTORY, CLAIM STATUS, PAYMENTS, and MORE. A user profile 'TEST T.' is visible in the top right. The main heading is 'Enrollment' with a contact number '(833) 569-9638'. A warning message 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 button for '170293 - OCEAN CASINO RESORT'. There are two main sections: 'Open Enrollment' and 'Life Event'. The 'Open Enrollment' section includes the text 'You're now in open enrollment. Click "Start Enrollment" to begin.' and a blue button labeled 'Start Enrollment' which is circled in red. The 'Life Event' section includes the text '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.' and a blue button labeled 'Start Life Event Enrollment'. At the bottom, there 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'.

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:

170293 - OCEAN CASINO RESORT

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.

The screenshot shows the UNITE HERE HEALTH enrollment portal. At the top, there is a navigation bar with links for ENROLLMENT, ELIGIBILITY, WORK HISTORY, CLAIM STATUS, DEDUCTIBLES/MAXIMUMS, PAYMENTS, and ID CARDS. A user profile for John D. is visible. A prominent banner indicates that the enrollment deadline ends on September 29 at 24:00:00. Below this, a progress bar shows four steps, with the first step, 'Your Information', being the current active step. The form itself is titled 'Your Information' and includes a sub-header 'Please review and update your information'. It contains several input fields with red exclamation marks indicating required or potentially incorrect information: First Name (John), Last Name (Doe), Middle Name, Birth Date (00/00/0000), SSN (000-00-0000), Gender (Male), Language Preference (English), Email (email@email.org), Phone, Alt. Phone 1, Cell Phone, Alt. Phone 2, Address 1 (532 Doggie Dr), City (South Elgin), State (Illinois), and Zip (60177). A 'Next' button is located at the bottom of the form. A callout box on the right side of the form offers '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.

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

Spousal verification

If you're enrolling a spouse, you also have to complete and submit a form/documentation regarding your spouse's employment and whether they have an option to choose coverage through their employer. If this does not get submitted within 60 days of August 1 your spouse will not be covered.

Instructions:

1. Click on the Spousal Verification link that pops up in the pink disclaimer box and print the form.
2. Follow the instructions on the form to complete the Spousal Verification process.
3. Complete steps on Page 16 for uploading or submitting form/documents.

Dependent Selection Acknowledgement

WARNING! Make sure all dependents you want to cover are listed here. Make sure the box under "Covered" is checked. To add a dependent, click "Add Dependent".

I understand that my dependents will not be covered if they are not listed and/or selected above.

Act Now: Submit Spousal Verification forms



If you enroll a dependent spouse for benefits, you need to complete and submit the [Spousal Verification forms](#) you have 60-days to submit the forms. If you submit the forms outside of the 60-day timeframe, coverage for a dependent spouse will start the first of the month following the date the forms are received and approved by the Fund.

I acknowledge my spouse will not be covered until the spousal verification forms are submitted and approved.

Q. What are proof documents?

Q. How do I submit Proof Documents?

Previous Next

Visit :  

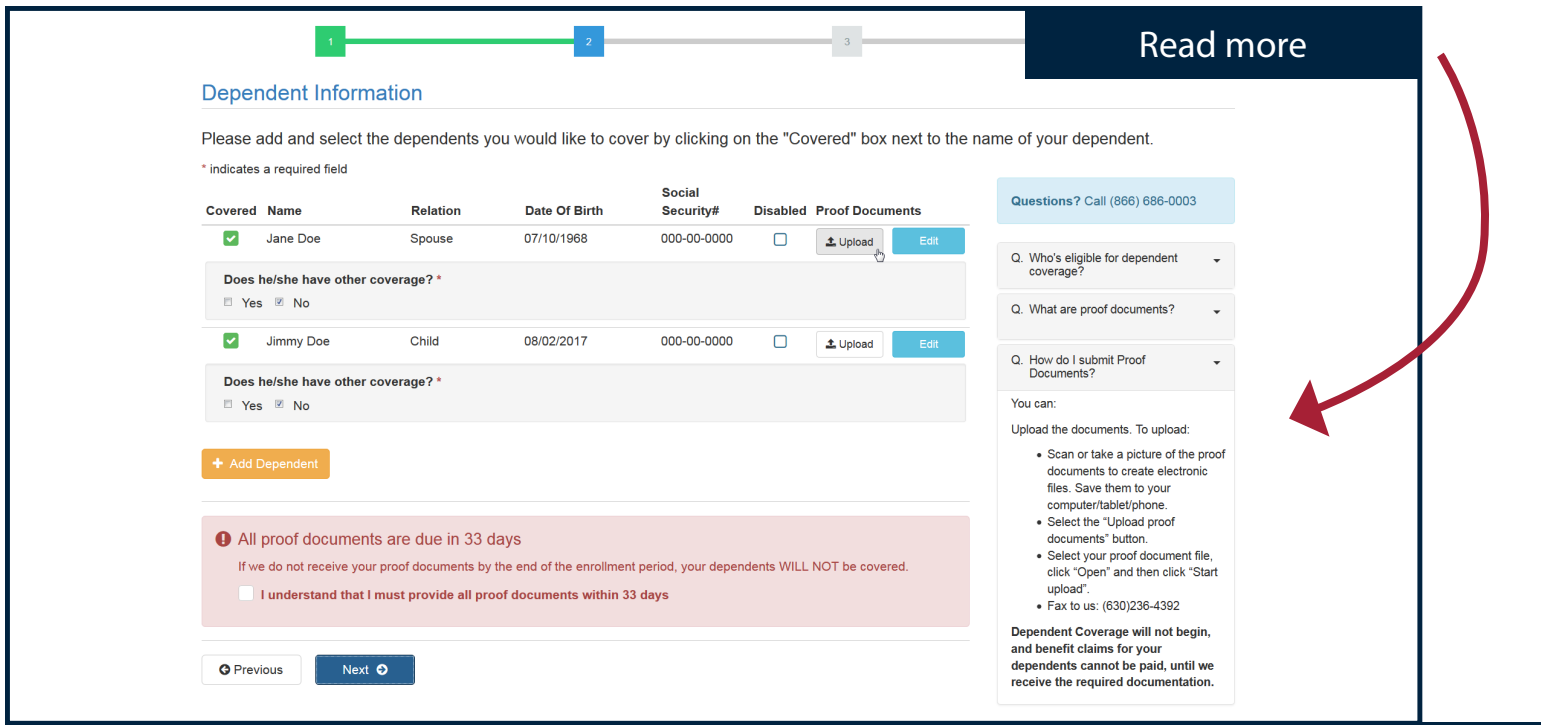
Upload proof documents

(how to send them to us for dependent coverage)

- Click  Upload for each dependent, click  Next to continue.

You can use your smart phone to enroll and upload proof documents and spousal verification form/documents:

- Take a photo of the birth/marriage certificate and/or spousal verification documents
 - 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 three steps. 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"/>
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"/>	<input type="button" value="Upload"/> <input type="button" value="Edit"/>
Does he/she have other coverage? *						
<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
9:00 a.m. – 7:30 p.m. EST