

Before you enroll

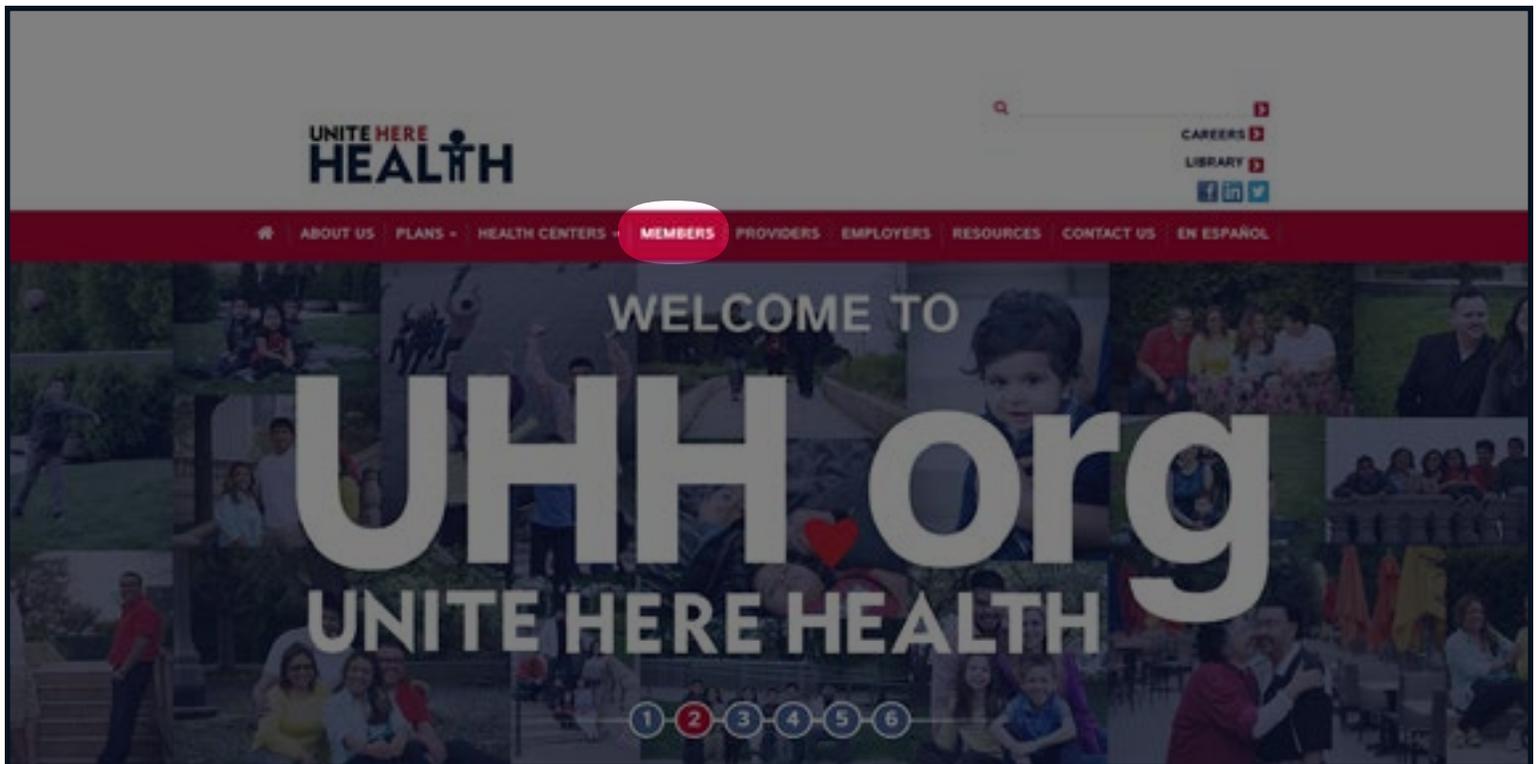
Have a personal email or mobile phone number ready.

**Review your medical and dental options
in the Benefits-at-a-Glance folder.**

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

To begin enrollment

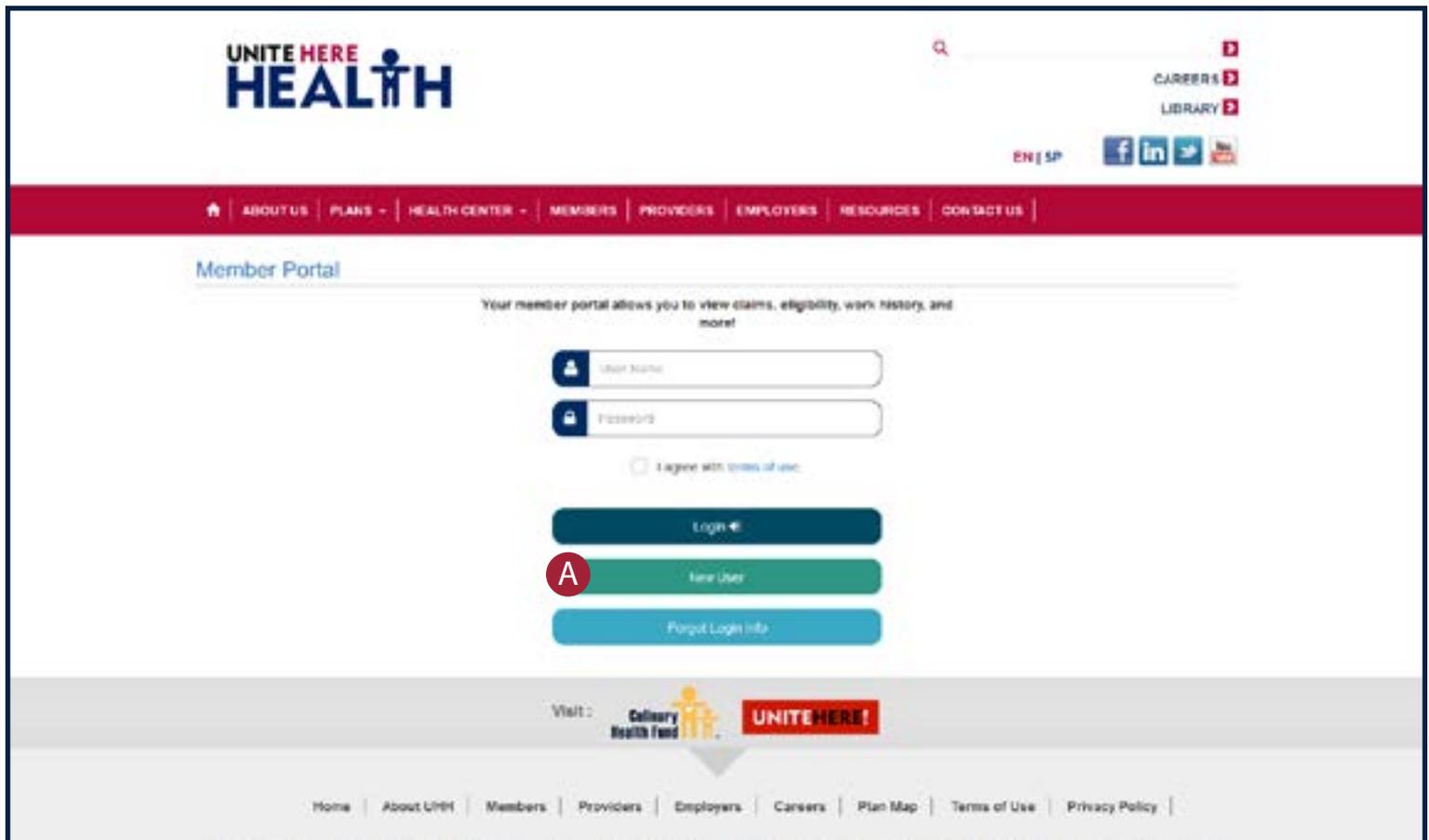
- Visit www.uhh.org and click **MEMBERS** .



Log in or register

- Log in to your account.

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



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.

The screenshot shows a web form titled "Member Registration". At the top, there is a light blue box with instructions: "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." Below this, a note states: "This portal is a secure area for members only. (Dependents may not access it at this time.)" There is a link "Already Registered? Login" with a red "Login" button. The main form has two input fields: "Social Security Number" with a placeholder "000-00-0000" and "Date of Birth" with a placeholder "mm/dd/yyyy" and a calendar icon. A blue "Next" button is positioned below the date field.

Information not found

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

The screenshot shows a web page titled "Member Registration". At the top right, a dark blue banner contains the text "Call your dedicated enrollment hotline: (855) 321-4373". Below the title, a light blue box contains instructions: "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." and "This portal is a secure area for members only. (Dependents may not access it at this time.)". Below this is a "Login" button. A red error message box states "Member not found. Call (800) 419-4373". At the bottom, there is a registration form with fields for "Social Security Number" (containing "123-45-9875") and "Date of Birth" (containing "01/02/23"), with a "Next" button below.

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 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:

Email:

Contact me by:

Language:

I agree with the terms of use *

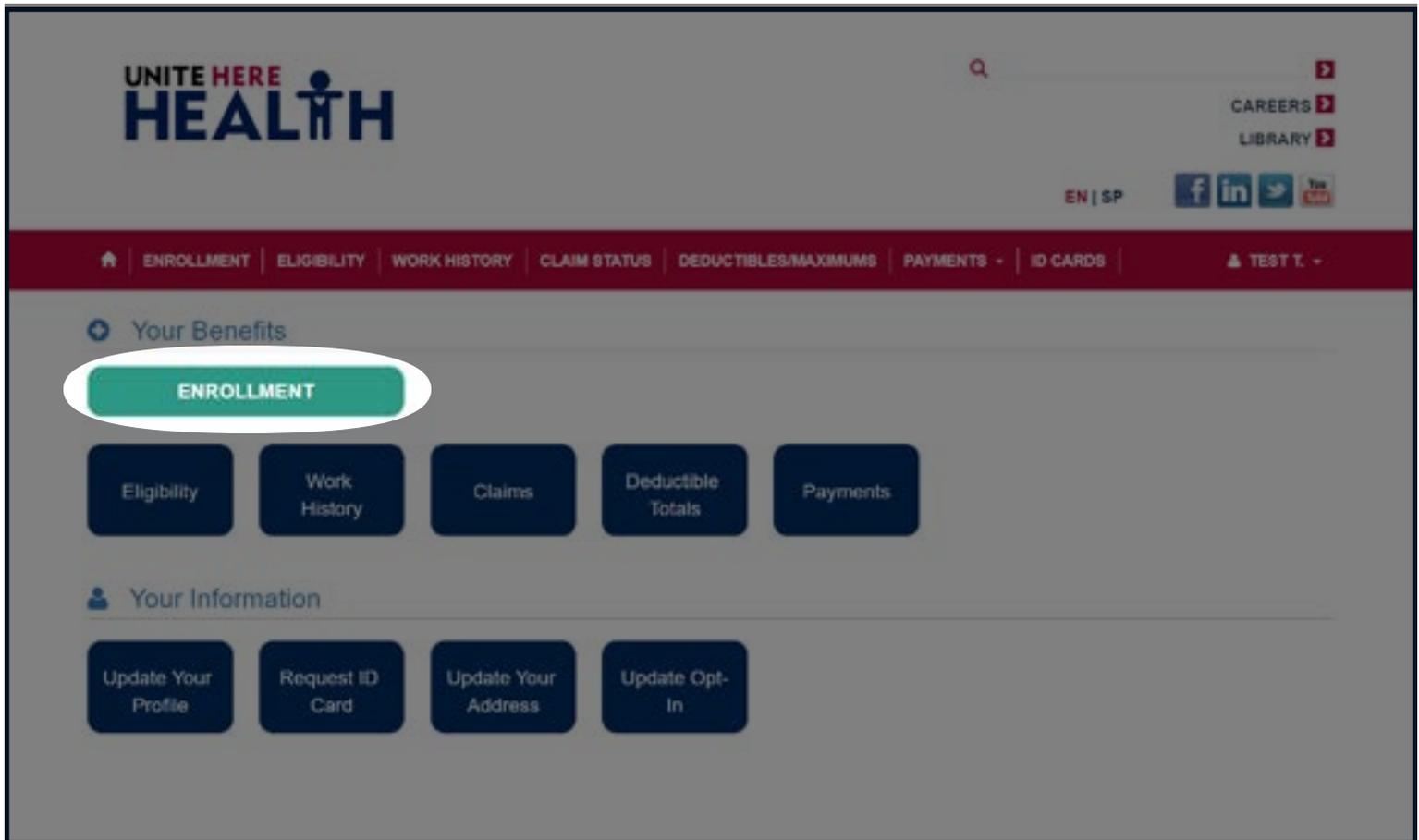
[Register](#)

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.

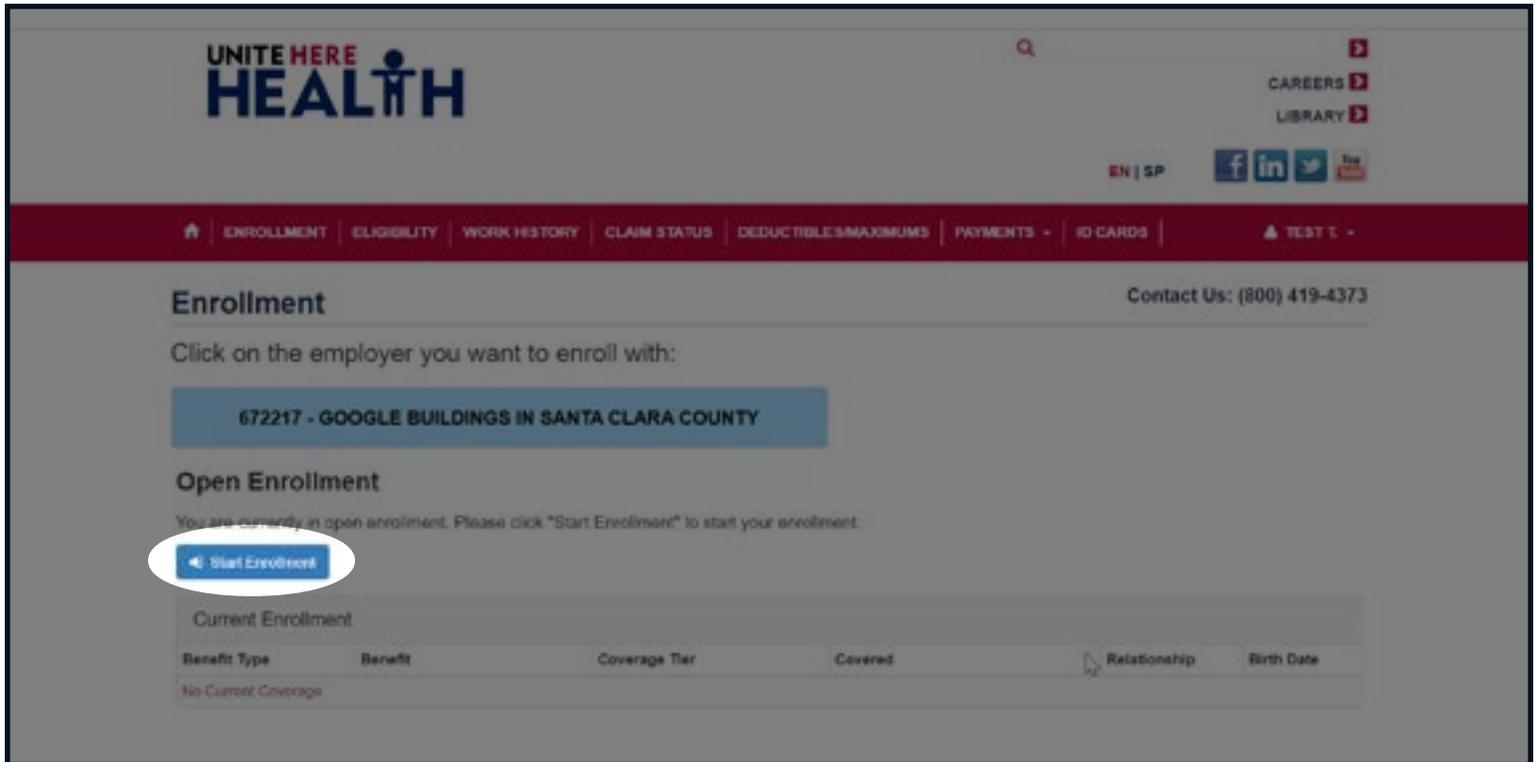
Enrollment

- Click **Enrollment** to enroll.



Enrollment

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



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 user interface for an enrollment portal. At the top, a navigation bar includes links for ENROLLMENT, ELIGIBILITY, WORK HISTORY, CLAIM STATUS, ACCUMULATORS, PAYMENTS, ID CARDS, and CARE COORDINATORS. The user's name, JOHN DOE, is displayed in the top right. A prominent notification banner states "Your Enrollment Deadline Ends May 31" with a countdown timer showing 22:09:10. Below this is a progress bar with four steps, the first of which is highlighted. The main section is titled "Your Information" and contains the instruction "Please review and update your information." A legend indicates that a red exclamation mark icon denotes a required field. The form includes several input fields: First Name (John), Last Name (Doe), Middle Name, Birth Date (mm/dd/yyyy), SSN (00-00-0000), Gender (Male), Email (jdoe@jstaterenrollment.org), and Language Preference (English). A "Questions? Call (800) 656-0000" button is located to the right. Below the main form, there is a section for phone numbers with fields for "Phone", "Cell Phone", "Alt. Phone 1", and "Alt. Phone 2". The "Your Address" section contains fields for "Address 1" (1234 Main St), "Address 2", "Address 3", "City" (Towson), "State" (Connecticut), and "Zip" (06060). A "Next" button is positioned at the bottom left of the form area.

Select medical option

- If you have dependents, change your coverage level. **A**
- Select **Platinum PPO/Rx** or **CA Kaiser HMO/Rx**.
- Click **Next** to continue.

Reminder: There are no co-premiums, all benefits are paid for by your employer.

Select Medical Benefit

Select your coverage: Family

- Single
- Single + Children
- Single + Spouse
- Family**

Platinum PPO/Rx

Your Per Month Cost

Medical: \$0.00

Your Employer Pays: \$2,460.47

Select Platinum PPO/Rx

CA Kaiser HMO/Rx

Your Per Month Cost

Medical: \$0.00

Your Employer Pays: \$1,924.17

Select CA Kaiser HMO/Rx

Enrollment Questions?
Call (833) 560-6638

Benefit Questions?
Call (800) 419-4373

By selecting medical you also get Prescription Drug Coverage!

This is an estimated rate. Based on your Collective Bargaining Agreement, co-premiums may change. Contact Human Resources or your Union representative for more information.

What Happens if I Don't Enroll Now?

If you do not enroll yourself or your dependent(s) now, you must wait until your Plan's next open enrollment, unless you are allowed to do a "Special Enrollment."

Special Enrollment

Special Enrollment means you can enroll in coverage before your Plan's next open enrollment. For example, if you didn't enroll because you or your dependents already have other health coverage, you can request Special Enrollment in the Plan if that other health coverage ends. You can also request Special Enrollment if you marry; have a child (birth, adoption, placement for adoption, or a child moves to the USA to live with you); or if you or your dependent loses or gains eligibility for Medicaid or Children's Health Insurance Program. When any of these events occurs, you must contact UNITE HERE HEALTH with your Special Enrollment request within 60 days.

Previous Next

Add dependents

(if necessary)

- Add Dependent information and check the **Covered** box next to their **First Name**.
- Click **Save** on the right side.
- Click the **Dependent Selection Acknowledgement** box, then click **Next** to continue.

Don't forget to upload your dependent proof documents! (see next page for details)

Dependent Information Learn what proof documents are

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 type="checkbox"/>	First Name * <input type="text" value="First Name"/>	Relation * <input type="text" value=""/>	Date Of Birth * <input type="text" value="mm/dd/yyyy"/>	Social Security# <input type="text" value=""/>	Disabled * <input type="text" value=""/>	Proof Documents <input type="text" value=""/>
	Middle Name <input type="text" value="Middle Name"/>	Gender * <input type="text" value=""/>	Disabled * <input type="radio"/> Yes <input type="radio"/> No			
	Last Name * <input type="text" value="Last Name"/>					

Does he/she have other coverage? *
 Yes No

+ Add Dependent

Dependent Selection Acknowledgment

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.

Enrollment Questions? Call (833) 509-0638

Benefit Questions? Call (855) 484-8480

Q. Who's eligible for dependent coverage?

Q. What are proof documents?

Q. How do I submit Proof Documents?

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.

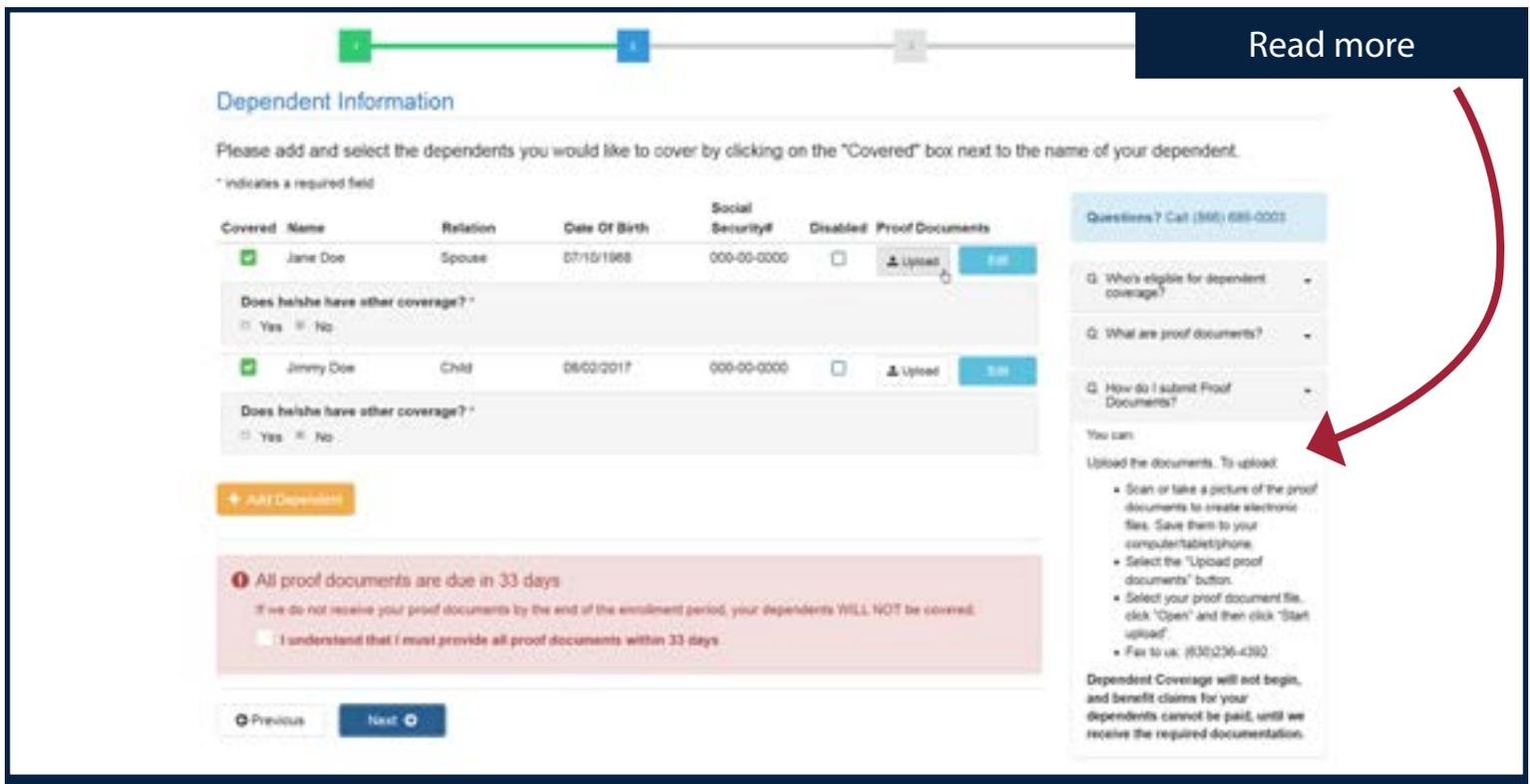
Upload proof documents

(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. The form includes a table with columns for "Covered", "Name", "Relation", "Date Of Birth", "Social Security#", "Disabled", and "Proof Documents". Two dependents are listed: Jane Doe (Spouse, DOB 07/10/1968) and Jimmy Doe (Child, DOB 08/02/2017). Each row has an "Upload" button and a "Go" button. Below the table are two "Does he/she have other coverage?" questions with "Yes" and "No" radio buttons. A red banner at the bottom states "All proof documents are due in 33 days" and includes a checkbox for "I understand that I must provide all proof documents within 33 days." A "Read more" callout box on the right contains a list of questions: "Who's eligible for dependent coverage?", "What are proof documents?", and "How do I submit Proof Documents?". A red arrow points from the "Read more" box to the "How do I submit Proof Documents?" question. The "Read more" box also contains instructions on how to upload documents and a note that dependent coverage will not begin until documentation is received.

Select dental option

- **Select** the dental plan you want, then click **Next** to continue.

You can choose different coverage tiers for dental and vision. They don't have to match your medical option. You will automatically get Vision and Life and AD&D coverage. Click [Benefits Summary](#) for information on each option.

Additional Benefits

Please select or waive the option below. Click next when all benefits are selected and green.

Dental

Choose Your Coverage: Family

Select which option you want below:

Dental PPO	Dental HMO
Your Per Month Cost	Your Per Month Cost
\$0.00	\$0.00
<input type="radio"/> Select	<input type="radio"/> Select

Please select covered dependents:

Covered	Name	Relationship	Birth Date
<input checked="" type="checkbox"/>	You	Self	
<input checked="" type="checkbox"/>	Spouse, Test	Spouse	08/21/1990
<input checked="" type="checkbox"/>	Child, Test	Child	08/21/2019

[View our Benefits Summary](#)

Vision

Choose Your Coverage: Family

Select which option you want below:

Vision Plus

Your Per Month Cost

\$0.00

Select

Please select covered dependents:

Covered	Name	Relationship	Birth Date
<input checked="" type="checkbox"/>	You	Self	
<input checked="" type="checkbox"/>	Spouse, Test	Spouse	08/21/1990
<input checked="" type="checkbox"/>	Child, Test	Child	08/21/2019

[View our Benefits Summary](#)

Life and AD&D

Coverage is included

[View our Benefits Summary](#)

This is an estimated rate. Based on your Collective Bargaining Agreement, co-premiums may change. Contact Human Resources or your Union representative for more information.

Previous Next

Enrollment Questions?
Call (833) 569-9636

Benefit Questions?
Call (303) 419-4373

What Happens if I Don't Enroll Now?

If you do not enroll yourself or your dependent(s) now, you must wait until your Plan's next open enrollment, unless you are allowed to do a "Special Enrollment."

Special Enrollment

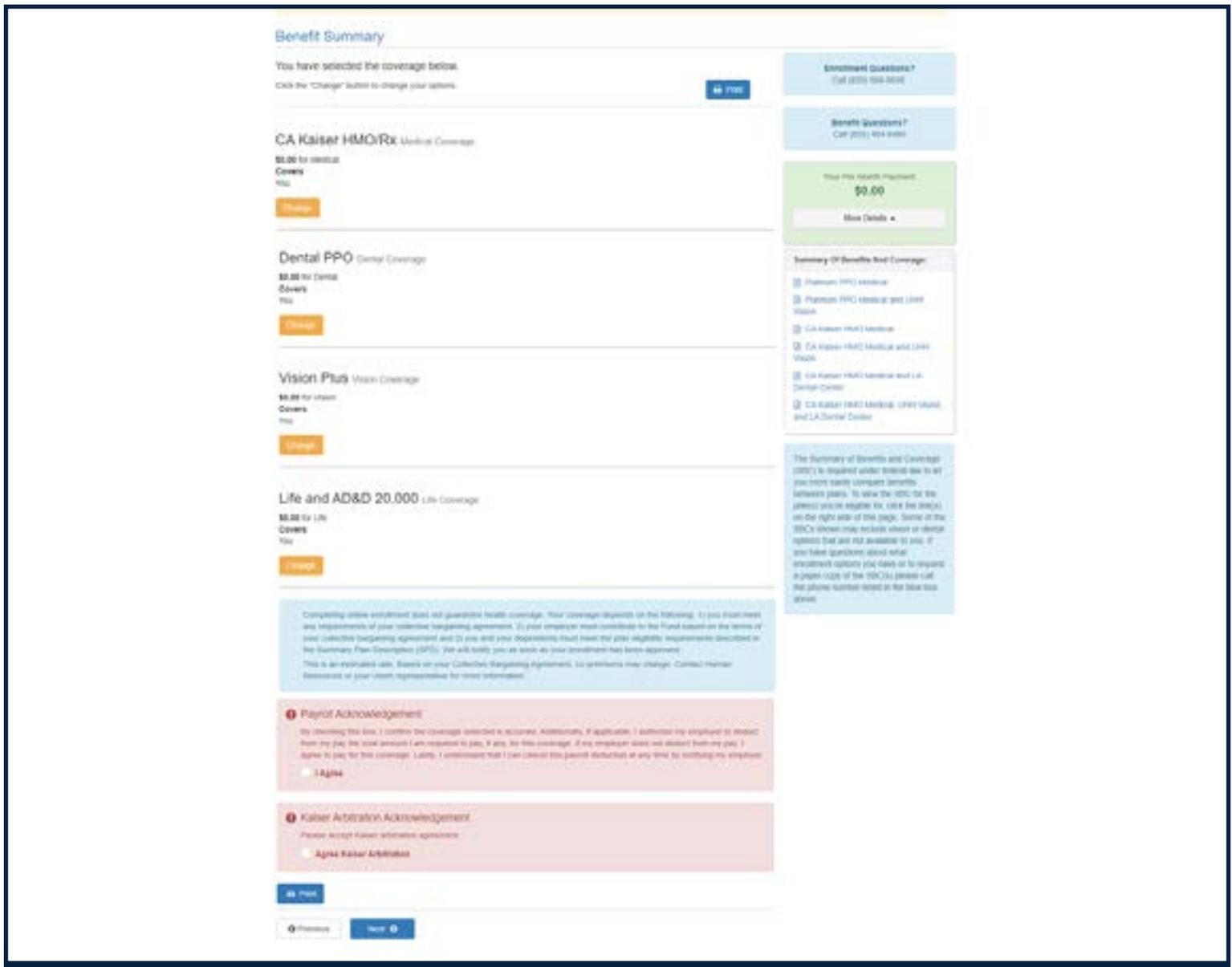
Special Enrollment means you can enroll in coverage before your Plan's next open enrollment. For example, if you didn't enroll because you or your dependents already have other health coverage, you can request Special Enrollment in the Plan if that other health coverage ends. You can also request Special Enrollment if you marry, have a child (birth, adoption, placement for adoption, or a child moves to the USA to live with you); or if you or your dependent loses or gains eligibility for Medicaid or Children's Health Insurance Programs. When any of these events occurs, you must contact UNITE HERE HEALTH with your Special Enrollment request within 60 days.

Certain states provide enrollment rights for other dependents, in addition to your spouse or child. Contact us if you have additional dependents to enroll in your dental plan.

Benefits you selected

- View what you selected, then click the **Coverage Selection & Payroll Acknowledgment*** box.
- Click **Next** to continue.

* Your plan has no co-premium; all **benefits are paid for by your employer.**



Go paperless

- Help us be green! Opt in to go paperless.
- Click **Next** to continue.

Also sign up for texting and email to get helpful info on your health benefits!

The screenshot shows a four-step progress bar at the top, with steps 1, 2, and 3 highlighted in green and step 4 in grey. Below the progress bar, the heading "You're almost done!" is displayed. The main text explains the purpose of enrolling for electronic delivery and lists requirements. A section titled "I authorize the Fund to send plan updates and changes via:" contains three radio button options: "Text", "Email", and "Both", with "Both" selected. Below this is a form area with a red asterisk warning that edits will be saved to the profile. It includes a "Choose which phone number to text:" section with three radio button options: "Cell Phone" (selected), "Alt. Phone 1", and "Alt. Phone 2". The "Cell Phone" option has a text input field containing "(815) 519-5060". Below this is a "Use following email address:" section with a radio button option "Email" (selected) and a text input field containing "fake@fake.org". At the bottom of the form area, there is a radio button option "I do not want to receive any communications by text or email". To the right of the form area are two light blue buttons: "Enrollment Questions? Call (833) 559-9638" and "Benefit Questions? Call (855) 454-8480". At the bottom of the page are two buttons: "Previous" and "Next", with "Next" highlighted in blue.

Wellness check

- Fill out our wellness check.
- Click **Next** to continue.

This survey will help us provide you with information on free programs and services.

Wellness Check

Please answer the questions below if you have the medical plan:

1 . A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick/hurt. Do you have a personal doctor?

No Yes

2 . Do you want help finding a personal doctor for yourself or anyone in your family who is covered by this medical plan?

No Yes

3 . Check any conditions you have:

- Depression/Anxiety
- High Blood Pressure
- Diabetes
- Cancer

⌂ Previous

Next ⌂

Life beneficiary

- Fill in the [Primary Life Insurance Beneficiaries](#) information.
- Click **Next** to continue.

A primary beneficiary is the person you want us to pay if you die. You can add more than one primary beneficiary if you'd like the payment to be shared.

Make sure it totals 100% between all primary beneficiaries.

The screenshot shows a web form titled "Life Beneficiary". It is divided into two main sections: "Participant/Insured Information" and "Primary Life Insurance Beneficiaries".

Participant/Insured Information: This section contains input fields for First Name (Test), Last Name (Test11), Middle Name, Birth Date (09/22/1995), SSN (326-85-6666), and Gender (Male). To the right of these fields are two call-to-action buttons: "Enrollment Questions? Call (822) 269-9638" and "Benefit Questions? Call (800) 494-6480".

Primary Life Insurance Beneficiaries: This section features a form for adding a beneficiary. It includes fields for Last Name, Middle Name, First Name, Relationship (a dropdown menu), Social Security Number, Date Of Birth (with a calendar icon), Address 1, Address 2, Address 3, City, State (a dropdown menu), Zip, Phone, and Share Of Benefits (a percentage input field). A red "Remove" button is located next to the First Name field.

At the bottom of the form, there are three buttons: "Add Primary Beneficiary" (highlighted with a mouse cursor), "Click to add additional primary beneficiary." (a text-based button), and "Add Secondary Beneficiary". At the very bottom, there are "Previous" and "Next" navigation buttons.

You're enrolled!

- **Remember:** Dependents aren't enrolled until your proof documents are submitted and approved!
- You may log in any time to review your information or complete additional tasks.

The screenshot shows a confirmation page for an online enrollment process. At the top, a progress bar with four steps is shown, with the first three steps completed (green) and the fourth step active (blue). Below the progress bar, the heading reads "Congratulations Test Test11". A message states, "You have successfully completed your enrollment process." To the right of this message is a button labeled "Edit Enrollment".

Below the message, the text "Here are your next steps:" is followed by three main action cards:

- Submit Proof Docs:** Includes a cloud upload icon and a "More Information" link.
- Complete your life beneficiary form:** Includes a family icon and a "More Information" link.
- Complete your wellness check:** Includes a person icon and a "More Information" link.

To the right of these cards are three contact options:

- Enrollment Questions?** Call (833) 569-0638
- Benefit Questions?** Call (855) 454-6480
- Fax:** (630) 236-4392

Below the main action cards, the text "Additional Tools:" is followed by three utility cards:

- Print your enrollment details:** Includes a printer icon and a "More Information" link.
- View your Summary Plan Document (SPD):** Includes a document icon and a "More Information" link.
- Find a provider:** Includes a location pin icon and a "More Information" link.

At the bottom left, there are two navigation buttons: "Previous" and "Exit".

Need help?

Call us!

Your dedicated enrollment hotline:

(855) 321-4373

Monday – Friday
8:00 a.m. – 4:30 p.m. PT

For more information about your plan,
visit **www.uhh.org/local19**