Before you enroll
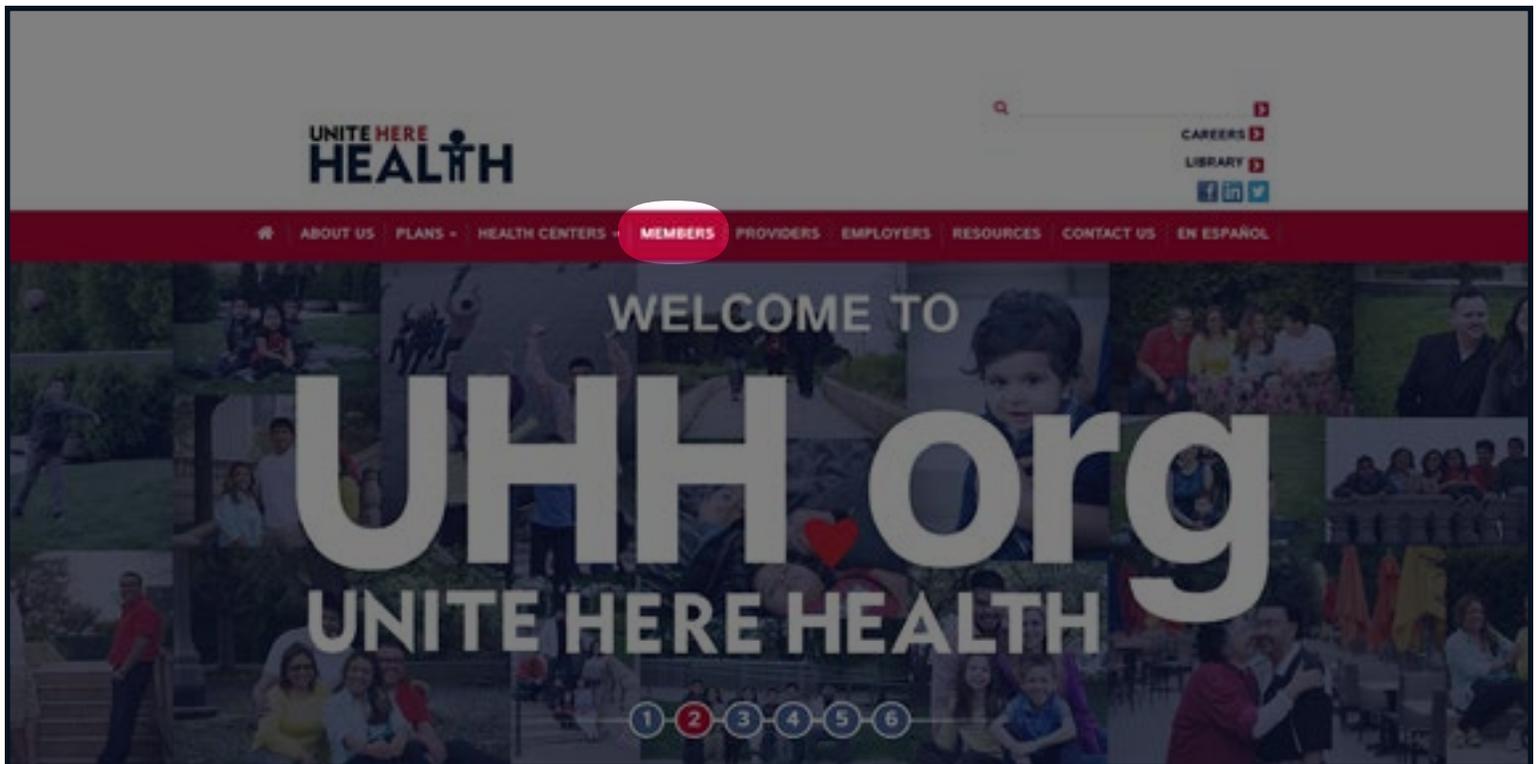
Have a personal email or mobile phone number ready.

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

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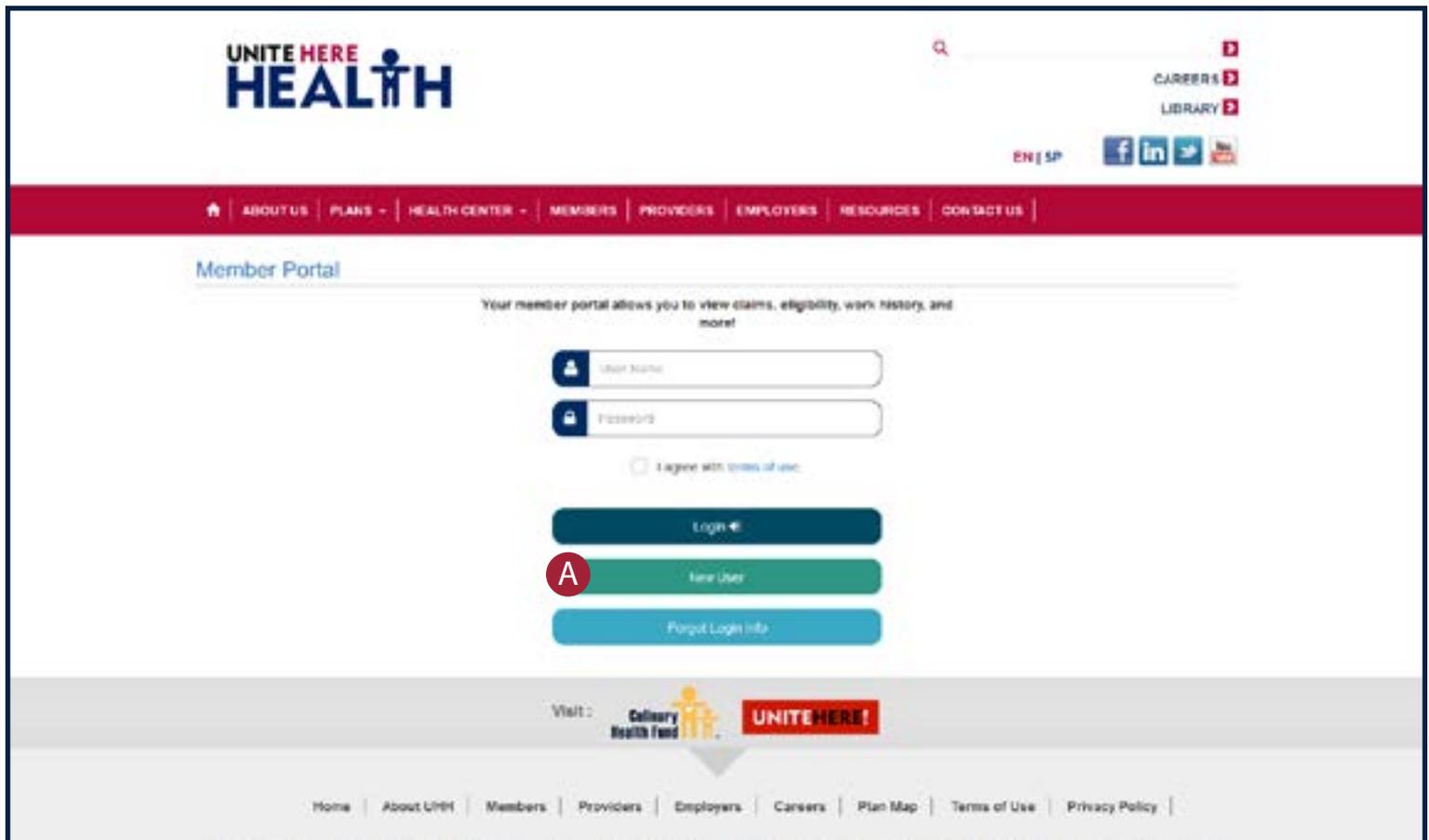proof documents (like birth or marriage certificates).

To begin enrollment

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

Log in or register

● Log in to your account.

Ⓐ *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.

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 dedicated enrollment hotline: (855) 321-4373.

Call your dedicated 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   123-45-9875 *

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**.
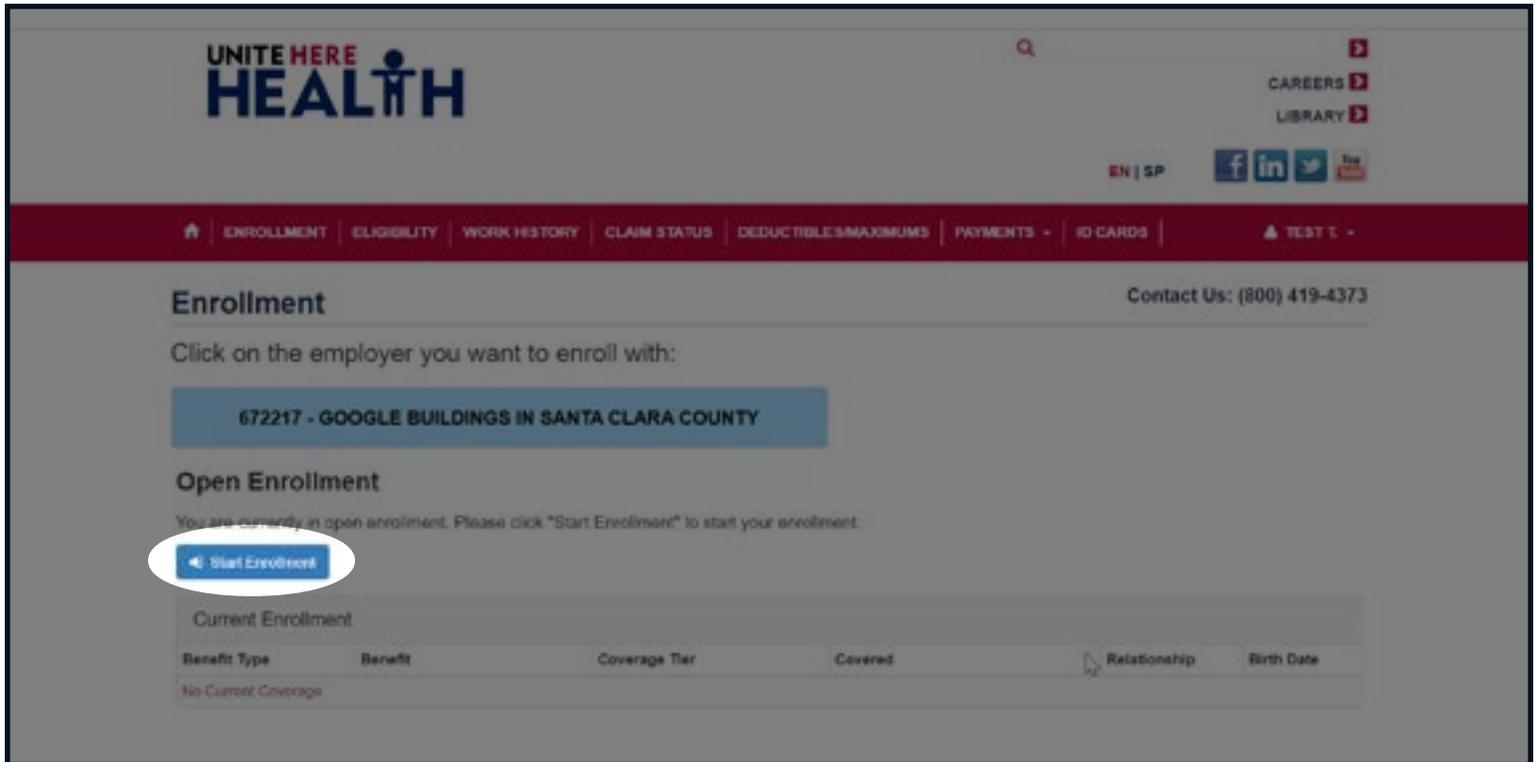
Enrollment

● Click **Enrollment** to enroll.
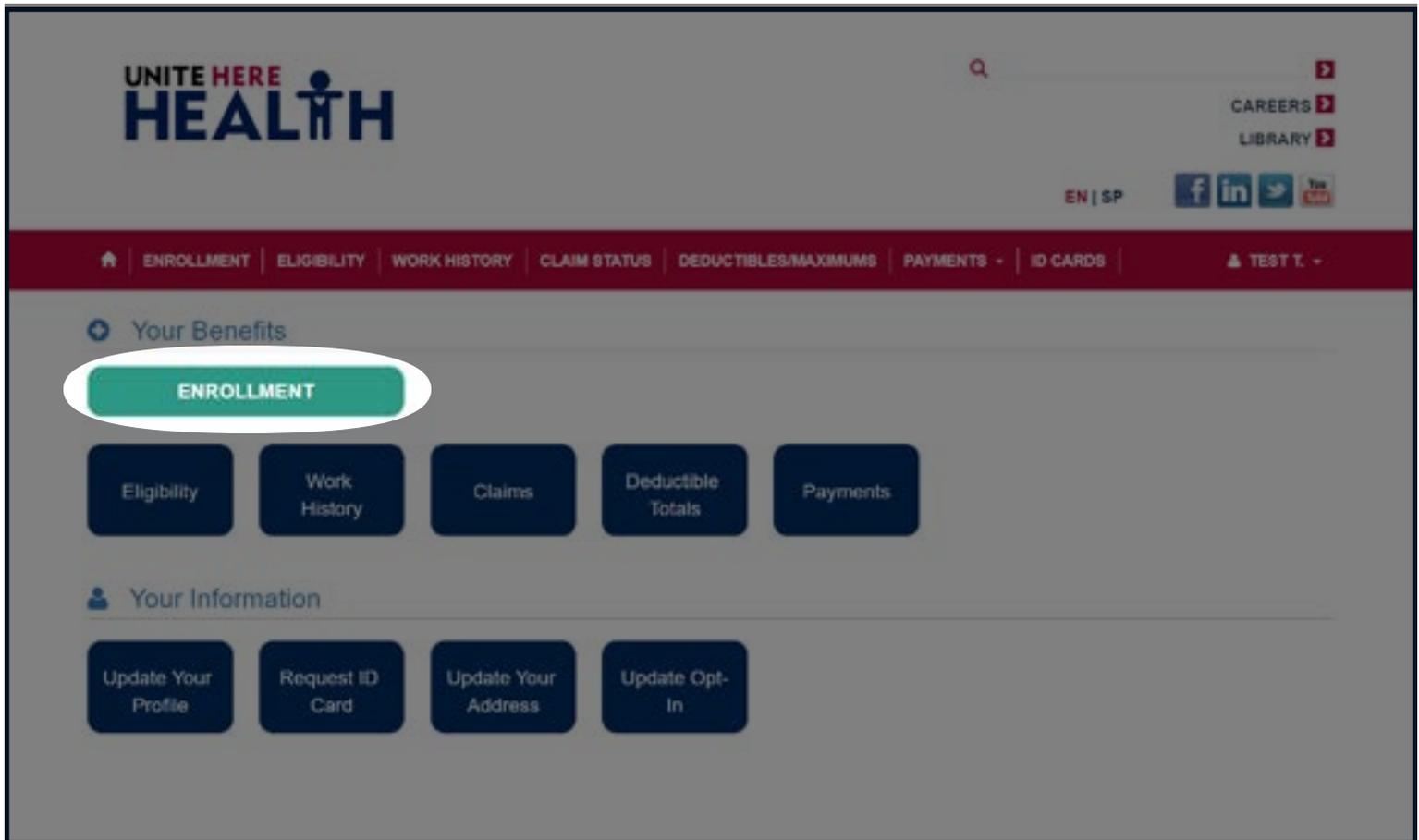
Enrollment

- 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.

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.

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)*

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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 <u>at least one</u>:

- 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.

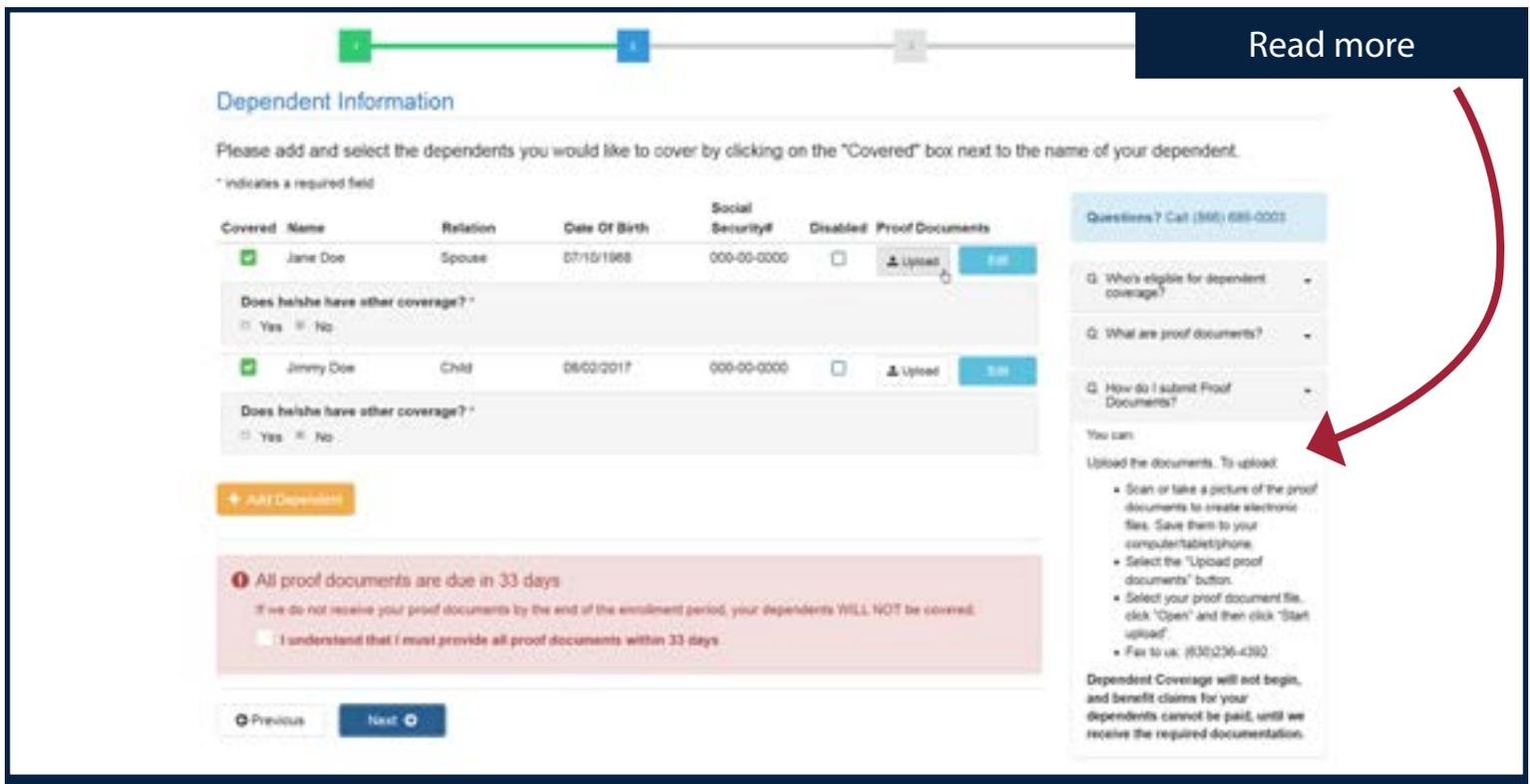*Your or your spouse's name must be listed on the proof document as the dependent child's parent.*

Upload proof documents

(how to send them to us for dependent coverage)

- Click [⬆ Upload] for each dependent, click [**Next**] 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.*)

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.

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**.
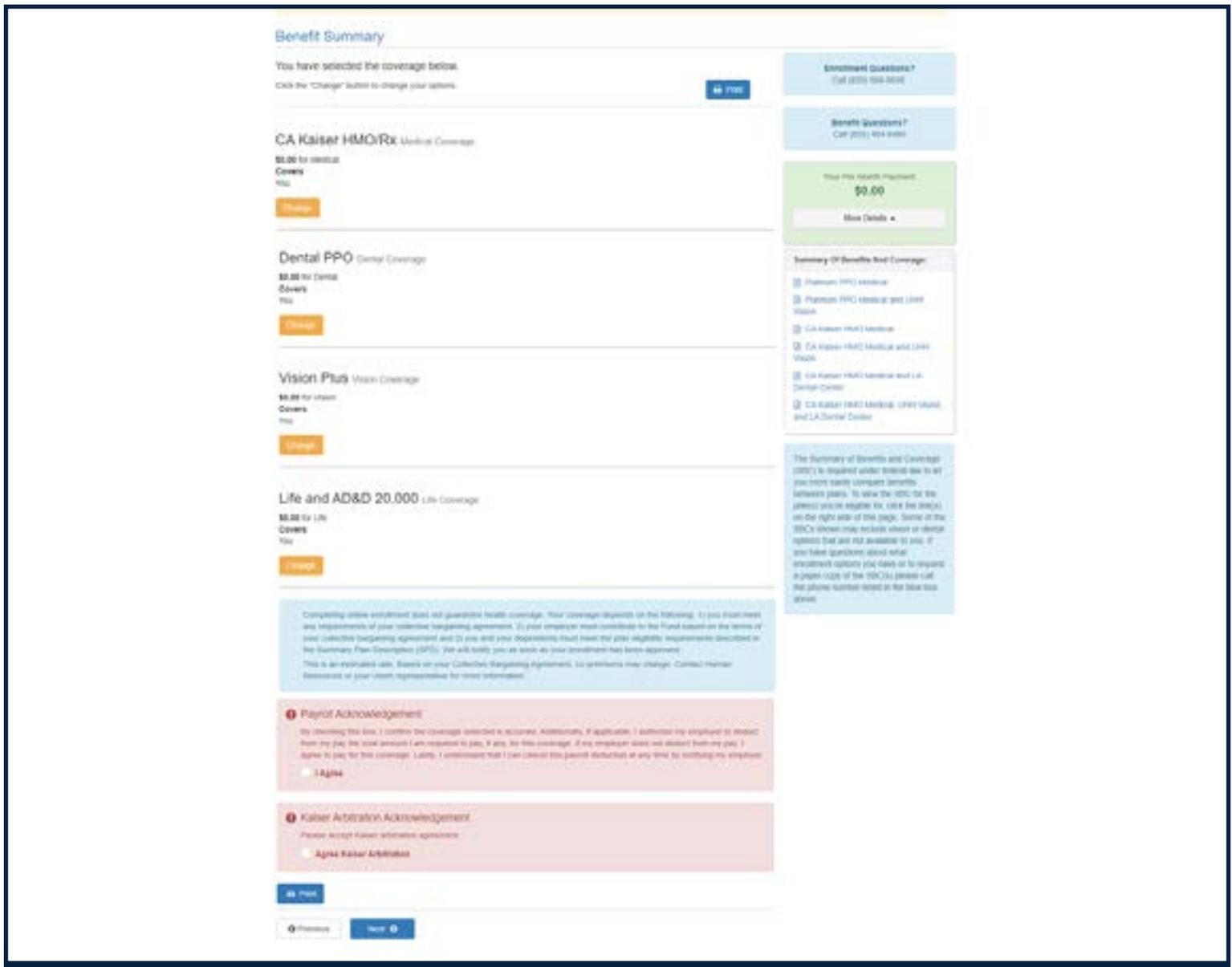
Go paperless

- 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!

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.

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.

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**