

# Online Enrollment Guide

Managing your company's health plan roster is easy with HPI's online eligibility processing.

Add or remove employees and dependents from the plan and provide important updates — quickly and securely.

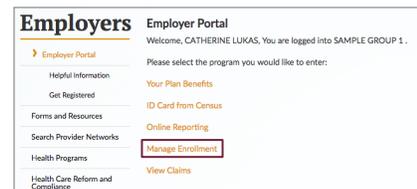
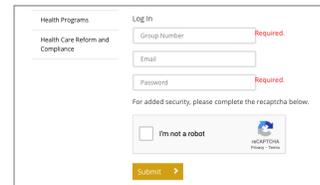
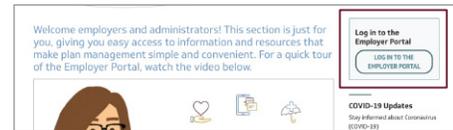
## Getting Started: Accessing the Portal

Access our eligibility and claims portal, powered by WEBEci, in three easy steps:

1. Visit the Employers section at [hpiTPA.com](http://hpiTPA.com), and click **Log in to Employer Portal**.
2. Once you are logged in, click **Manage Enrollment**\*.
3. The eligibility portal will open in a new tab. From the left navigation, select either:
  - **Perform Enrollment** to add a new member to your plan's roster (see Section A).
  - Or, **Employee Search** to re-enroll a rehired employee who was previously enrolled, or add a new dependent (see Section B).

*To terminate coverage, please refer to Section C.*

\* HIPAA regulations require that individuals must be pre-authorized. Follow the instructions under *Get Registered* to receive a user ID and temporary password.



## Section A: Perform New Enrollment

### Enroll a New Member

To re-enroll a rehired former employee who had previously been enrolled or to add a new dependent, please refer to Section B.

### Step 1: Employee Information

After selecting **Perform Enrollment** from the left navigation pane, you'll be brought to the Employee Information screen.

Leave all fields blank and click **Continue**.



### Step 2: Enrollment and Change Options

On the next screen, **Enrollment and Change Options**, select:

**New Hire Enrollment:** For any employee being added to the plan for the first time outside of open enrollment

**Open Enrollment:** For any employee being added to the plan during open enrollment (this option will only appear during open enrollment season)



Continued on page 2 >

## Step 3: Enrollment

There are five parts to completing enrollment. You can track your completion progress by referring to the progress bar at the top of the screen.

### Part 1: Employee Information

On the Employee Information page:

- Complete all fields marked with a red asterisk as well as all phone numbers and email addresses to help us assist members in the future.
- Last Name field: Suffixes such as Sr., Jr., etc. must be entered in the Last Name field, separated from the last name by one space and without a comma (e.g., NEWHIRE SR).
- Employee ID field: This number will be prepopulated with an automated TMP number. This automated number is required and cannot be changed.
- Secondary ID field: Enter the employee's Social Security number (SSN) here.
- DOB and Hired Date fields: Must be entered in MM/DD/YYYY format.
- Indicate if the employee has other insurance.
- Verify all information; then, click **Save & Continue**.

ENROLLMENT

Progress: Employee Dependent

\* = Required

Plan Period: 06/01/2021

**Employee Information**

First Name \*

Middle Initial

Last Name \*

Suffix

Employee ID: TMP122782 (9 characters, no spaces or dashes)

Secondary ID: (up to 12 characters)

Employee Status: - Select - \*

Gender: - Select - \*

Date of Birth: (mm/dd/yyyy) \*

Age

### Part 2: Dependent

If the employee does not have any dependents to enroll on their plan, leave the Dependent Information page blank, check the **skip this step** box at the bottom of the page, and skip to Part 3.

To enroll dependents:

- Enter the first dependent's information, including their contact information and SSN.
- Verify the dependent's address. The address field is prepopulated with the subscriber's address.
- Review the information; then, click **Save & Continue**.

To add additional dependents:

- Click **Add Dependent** on the next page and enter each dependent's information.
- Once all dependents are listed, click **Save & Continue**.

I would like to skip this step, I do not wish to or need to cover any dependents

<< Back Save & Continue >> Cancel Enrollment

Progress: Employee Dependent Elections Supplemental Summary Complete

Click on the dependent name to view or edit the dependent information.

Plan Period: 06/01/2021

**Dependent Information**

Dependent Name	Relationship	Date of Birth
ANNE_NEWHIRE	Spouse	01/27/1980
JOHN_NEWHIRE JR.	Son	07/01/2007

Use employee address information when adding a dependent.

Add Dependent

<< Back Save & Continue >> Cancel Enrollment

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## Part 3: Elections

For each individual to be covered:

- Check off the benefit plan(s) they are enrolling in, including applicable Rx plans. (The Rx plan still needs to be selected, even if it's part of the medical plan.)
- Select the coverage option and the individual(s) to be covered for each chosen plan option.
- Click **Save & Continue**.

## Part 4: Supplemental

Enroll your employee in any supplemental plan products that the employee elected.

- For each supplemental plan coverage, complete the required information, then click **Save & Continue**.
- A green check mark will appear beside the selected coverage.
- (To opt out of a supplemental plan coverage, open the coverage page and de-select the box, then click **Save & Continue**.)
- Once all requested plan options have been entered, click **Save & Continue** on the first Supplemental Products page.

## Part 5: Summary

Review the information entered and correct any errors.

If all the information is correct:

- Verify or enter the coverage effective date in the right column of the top section.
- Enter your name and the current date under Electronic Authorization Signature.
- Summarize the information in the Comments for Health Plan Administrator box.
- Click **Submit Request**.

*TIP: Print or electronically save the confirmation page for your records.*

# Section B: Employee Search

## Update Enrollment for Life Changes

To update an enrolled employee's eligibility status due to a life changing event or to add a rehired employee back on to the plan, log in (see page 1) and click **Employee Search**.

### Step 1: Update Eligibility Data

- Search for the enrolled employee by their name, Employee ID (HPI member ID number) or an Alternate ID (SSN).
- On the next screen, select the plan member (employee or dependent) whose information is to be updated.

*Note: To add a dependent to the plan, or to make a change that affects the employee's entire policy, select the employee's name.*

- When updating a dependent's information, enter the dependent's:
  - address;
  - contact information (even if the same as the employee's); and
  - the dependent's SSN.

**Search Options**

Last Name: NEWHIRE SR. \* First Name: JOHN

Employee ID: (SSN/CERT/Member ID#) \*

Alternate ID: \*

Eligibility Date: 06/01/2021

**Search Results** Export All to Excel

Name	Employee ID	Status	Gender	Effective Date	Date of Birth	Hired Date
NEWHIRE SR.,JOHN	HHSG17500	Active	Male	06/01/2021	03/01/1980	02/01/2017
NEWHIRE JR.,JOHN		Active	Male	06/01/2021	07/01/2007	
NEWHIRE,ANNE		Active	Female	06/01/2021	01/27/1980	

### Step 2: Update Employee Information

- When the employee's current plan information is displayed, click **Change Request**.
- Enter the effective date of the change, then click **Life Change Event**.
- Make any other necessary changes for the employee's individual file, if applicable, then click **Save & Continue**.

**Enrollment and Change Options**

**ADDITION OR MODIFICATION TO COVERAGE: T**  
**TERMINATION OF COVERAGE: The date entered**

Date of Change: 06/01/2021 \* mm/dd/yyyy P  
addition to Employee Status)  
Use this option to request changes to your health coverage, marriage, court mandates, termination, address change, etc. A date of change must be provided in order to begin

### Step 3: Update or Add Dependent Information

- On the next screen, select the dependent whose information is to be updated.
- If the dependent has a different address, de-select the box to use the employee's address information.
- If the information being updated applies to the overall plan (i.e., changes to the plan coverages), click **Save & Continue** to proceed.
- If a dependent is being added to the plan, click **Add Dependent** to enter the new dependent's information, then click **Save & Continue**.
  - Name suffixes such as Sr., Jr., etc. must be entered in the Last Name field, separated from the last name by one space and without a comma (e.g., NEWHIRE SR).

**ENROLLMENT - LIFE EVENT**

Progress: **Employee** | Dependent | Elections | Supplemental | Summary | Complete

Click on the dependent name to view or edit the dependent information.

Plan Period: 06/01/2021

**Dependent Information**

Dependent Name	Relationship	Date of Birth
ANNE_NEWHIRE	Spouse	01/27/1980
JOHN_NEWHIRE JR.	Son	07/01/2007

Use employee address information when adding a dependent.

## Step 4: Update Plan Coverage

- Review the plan coverage selections to determine if updates are required. (There may be more coverage options available than what the employee selected.)
- Update the Coverage Options, if necessary (adding a new dependent may require updating to another plan tier).
- Be sure the box beside the new dependent's name is selected.
- Review and verify that each member's elected coverage is reflected correctly (the covered members may have changed), and that all existing supplemental coverages that are to remain in force are still selected; then click **Save & Continue**.

The screenshot shows the 'Plan Elections' page with a table of plan options. The table has columns for 'Select', 'Plan Name', 'Coverage Options', 'Individuals To Be Covered', and 'Employee Cost'. Three plans are listed: MEDICAL PLAN, RX PLAN, and DENTAL PLAN, all with 'Family' coverage options. Under 'Individuals To Be Covered', three dependents are listed: JOHN NEWHIRE JR., ANNE NEWHIRE, and MARY NEWHIRE. Each has a checkbox that is checked. The 'Employee Cost' column shows '\$ Per Pay Period' for each plan.

## Step 5: Review Life Event Change Summary

Review the Summary page for accuracy, complete the Electronic Authorization Signature section, provide a brief summary of the change, then click **Submit Request**.

The screenshot shows the 'Life Event Change Summary' page. It includes a 'First and Last Name' field with 'MARIA H. REP' and a 'Date' field with '07/04/2021'. There are two warning messages: 'ADDITION OR MODIFICATION TO COVERAGE: The date entered represents the first day with coverage.' and 'TERMINATION OF COVERAGE: The date entered represents the first day without coverage.' Below these is a 'Change Request Effective Date' field with '07/09/2021' and a 'Reason for Change' dropdown menu with 'Add Dependents' selected. A 'Comments For Health Plan Administrator' section contains the text: 'UPDATING PLAN INFO EFF 07/09/2021 ADDING NEW BABY: MARY NEWHIRE'. At the bottom are '<< Back' and 'Submit Request' buttons.

## Section C: Terminate Coverage

### Terminate Plan Coverage

- To terminate coverage for any or all plan members, click **Change Request** on the Employee Information page.
- Enter the effective date of the change, then click **Life Change Event**.

The screenshot shows the 'Enrollment and Change Options' page. It features a warning message: 'ADDITION OR MODIFICATION TO COVERAGE: The date entered represents the first day with coverage. TERMINATION OF COVERAGE: The date entered represents the first day without coverage.' Below this is a 'Date of Change' field with '07/09/2021' and a 'Reason for Change' dropdown menu with 'Life Change Event' selected. A text box below the dropdown provides instructions: 'Use this option to request changes to your health coverage marriage, court mandates, termination, address change, etc. A date of change must be provided in order to begin'.

### Terminate Employee\* Coverage

- Choose **Terminated** from the Employee Status menu, then click **Save & Continue**.

\*Terminating coverage for the employee subscriber will also terminate coverage for all plan dependents.

- On the Summary page, confirm that all plan members are indicated as Terminated.
- Complete the Electronic Authorization Signature section.
- Summarize the circumstances of the termination in the Comments box, including:
  - the termination reason
  - the reason code (see page 6)
  - whether COBRA is to be offered
- Click **Submit Request**.

The screenshot shows the 'Dependent Information' page. It contains fields for 'First Name' (ANNE), 'Middle Initial' (W), 'Last Name' (NEWHIRE), 'Suffix', 'Dependent ID' (9 characters, no spaces or dashes), and 'Secondary ID' (000-00-0001 up to 12 characters). The 'Status' dropdown menu is open, showing options: 'Active', 'School', 'Disabled', 'Cobra', 'Terminated', 'Declined', 'Postponed', 'Pended', 'Non-Cobra cont.', and 'Medicare'. The 'Terminated' option is highlighted. Other fields include 'Date of Birth' (01/27), 'Gender' (Fem), 'Relationship Code' (Spo), 'Address 1' (10 St), 'Address 2' (UNIT), 'City' (ANY), 'State' (MA), and 'Zip' (01000).

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## Termination Reason Codes:

CQE1 – Termination of Employment (other than by reason of gross misconduct)

CQE2 – Reduction of Work Hours

CQE3 – Employee’s Entitlement to Medicare (COBRA for Dependents)

CQE4 – Death of the Employee

CQE5 – Divorce from the Employee

CQE6 – Legal Separation from the Employee (court-ordered marital separation)

CQE7 – Loss of Dependent Child Status

CQE8 – Bankruptcy of the Plan Sponsor

## Terminate Dependent Coverage

- On the Employee Information page, make any necessary changes, then click **Save & Continue**.
- Select the dependent whose coverage is to be terminated, choose **Terminated** from the Status menu options, then click **Save & Continue**.
- If other dependent(s) are to be terminated from the plan, repeat the previous step as needed; then click **Save & Continue**.
- On the Elections screen, de-select the dependent(s) whose coverage is being terminated.
- If the termination causes a change to the coverage options, change the Coverage Options selection.
- Click **Save & Continue** through the Life Change Event screens until you reach the Summary page.
- On the Summary page, confirm that:
  - The dependent(s) to be removed from the plan are indicated as Terminated
  - All dependents who should continue to have coverage are indicated as Active
  - All active members’ plan coverages are accurate
- Summarize the circumstances of the termination in the Comments box, including the termination reason, the reason code (see above), and whether COBRA is to be offered, then click **Submit Request**.

**Dependent Information**

First Name: ANNE \*  
Middle Initial: W  
Last Name: NEWHIRE \*  
Suffix:   
Dependent ID: 9 characters, no spaces or dashes  
Secondary ID: 000-00-0001 up to 12 characters  
Status: **Acti** - Select -  
Date of Birth: 01/27 ✓  
Gender: Fem  
Relationship Code: Spo  
Address 1: 10 S  
Address 2: UNIT  
City: ANY  
State: MA  
Zip: 01000

Options in Status dropdown:  
- Select -  
Active  
School  
Disabled  
Cobra  
**Terminated**  
Declined  
Postponed  
Pended  
Non-Cobra cont.  
Medicare

**ENROLLMENT - LIFE EVENT**

Progress: Employee | **Dependent** | Elections | Supplemental | Summary | Complete

Choose the plan(s) that best fit you or your family's needs. By not selecting a plan it will be assumed that you are not electing coverage for that plan or "waiving" coverage. To view the plan details or description, click on the plan name link. The employee cost will be displayed by selecting a coverage option. Any individuals not checked or selected for coverage will be considered as not electing coverage or "waiving" coverage for that plan.

When performing a life event/change request, benefit plan selections, covered dependents and supplemental products must be re-defined.

Plan Period: 06/01/2021

Select	Plan Name	Coverage Options	Individuals To Be Covered	Employee Cost
<input checked="" type="checkbox"/>	MEDICAL PLAN <a href="#">View Details</a>	Family	<input checked="" type="checkbox"/> JOHN NEWHIRE SR <input checked="" type="checkbox"/> JOHN NEWHIRE JR <input checked="" type="checkbox"/> ANNE NEWHIRE <input checked="" type="checkbox"/> MARY NEWHIRE	\$ Per Pay Period
<input checked="" type="checkbox"/>	RX PLAN <a href="#">View Details</a>	Family	<input checked="" type="checkbox"/> JOHN NEWHIRE SR <input checked="" type="checkbox"/> JOHN NEWHIRE JR <input checked="" type="checkbox"/> ANNE NEWHIRE <input checked="" type="checkbox"/> MARY NEWHIRE	\$ Per Pay Period
<input checked="" type="checkbox"/>	DENTAL PLAN <a href="#">View Details</a>	Family - None - Employee + Spouse Employee + Child Employee only	<input checked="" type="checkbox"/> JOHN NEWHIRE SR <input checked="" type="checkbox"/> JOHN NEWHIRE JR <input checked="" type="checkbox"/> ANNE NEWHIRE <input checked="" type="checkbox"/> MARY NEWHIRE	\$ Per Pay Period

<< Back | **Save & Continue >>** | Cancel Enrollment



Have questions? Contact your Account Manager: 800-532-7575  
press 4 to access the company directory

