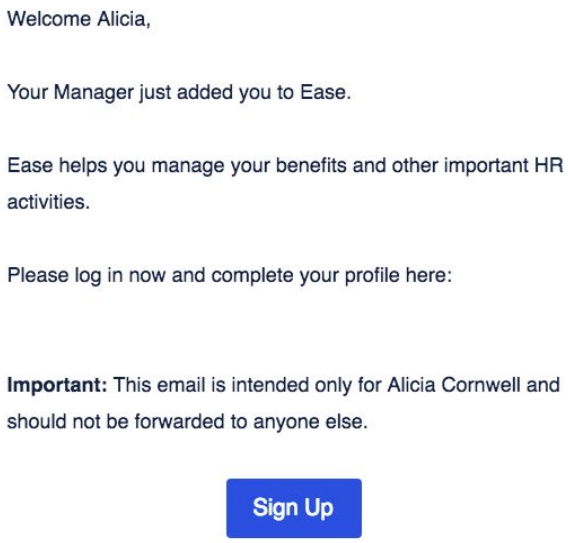
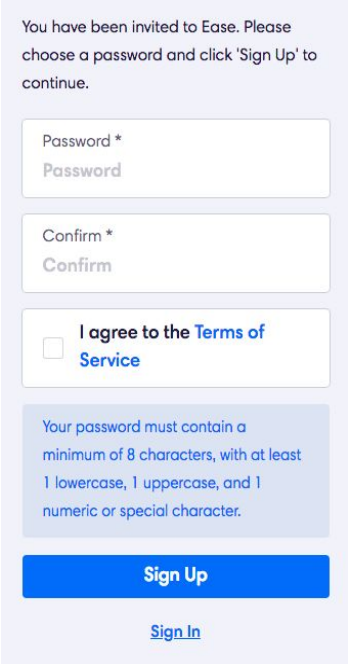
Ease allows you to view your benefit options and make benefit elections for you and your family. You can view plan details, coverage amounts and costs. Your family's information only needs to be entered once, in one place and all carrier application forms will automatically be completed.

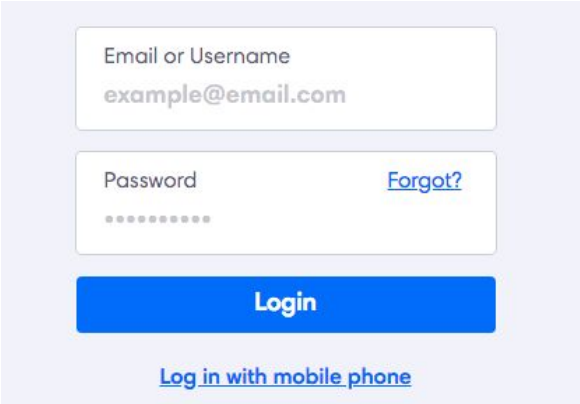
1. You will receive an email with a link that you will use to register and access Ease. Click the Sign Up button within the email message.

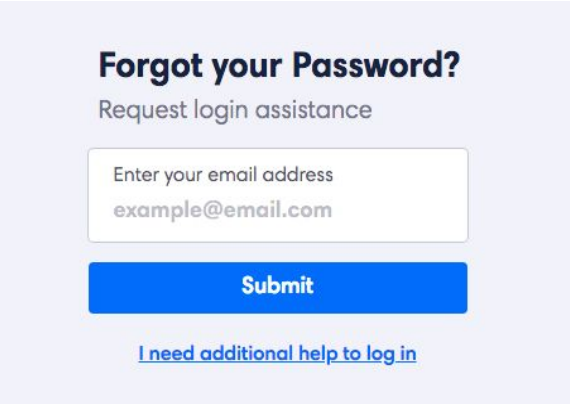


2. Once you click the link, you will need to choose a password. Please be sure the password has at least one uppercase letter, one lowercase letter, one special character or number and is at least 8 characters long. Click the Sign Up button to continue.

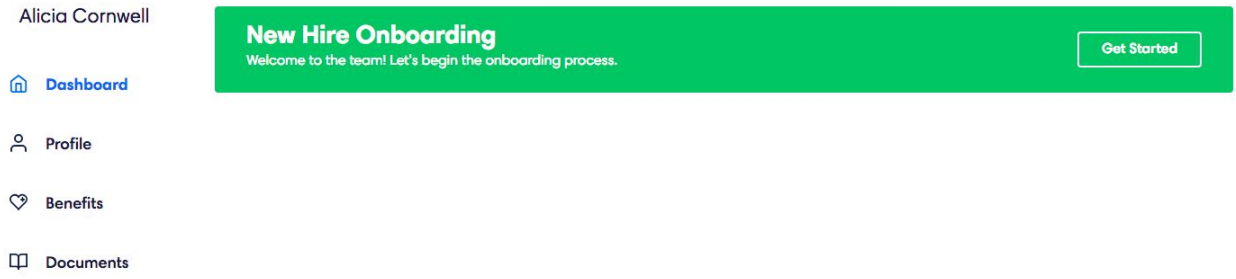


3. If you have logged in before, you will need to enter your email address or username and your password. If you are logging in with your mobile phone, select Log in with mobile phone. If you are having trouble logging in, select Forgot? If you need further assistance, select I need additional help to log in.



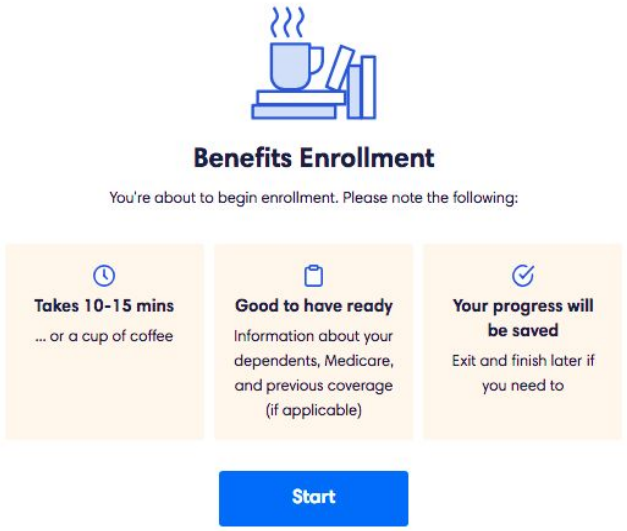


4. After you have logged in, you will click on the green Get Started button. You will also see links to Profile, Benefits, and Documents.

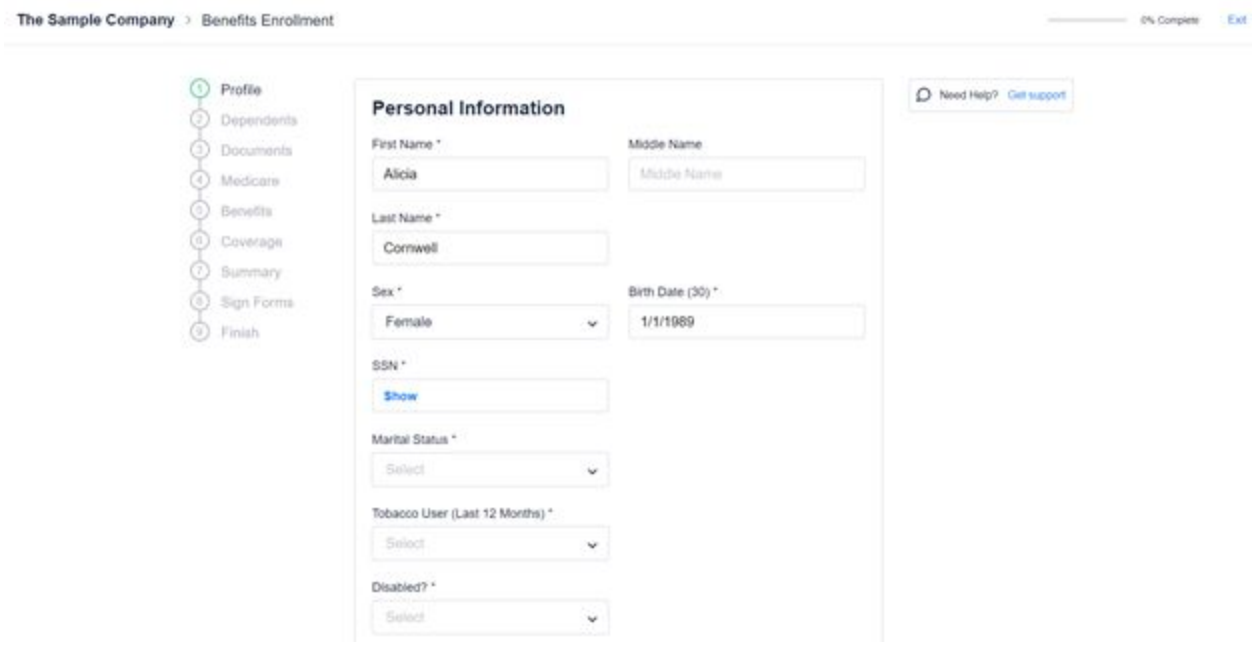


5. Ease will walk you through the process of onboarding and enrolling in your benefits. After completing the optional onboarding module, you will be taken to enroll in benefits.

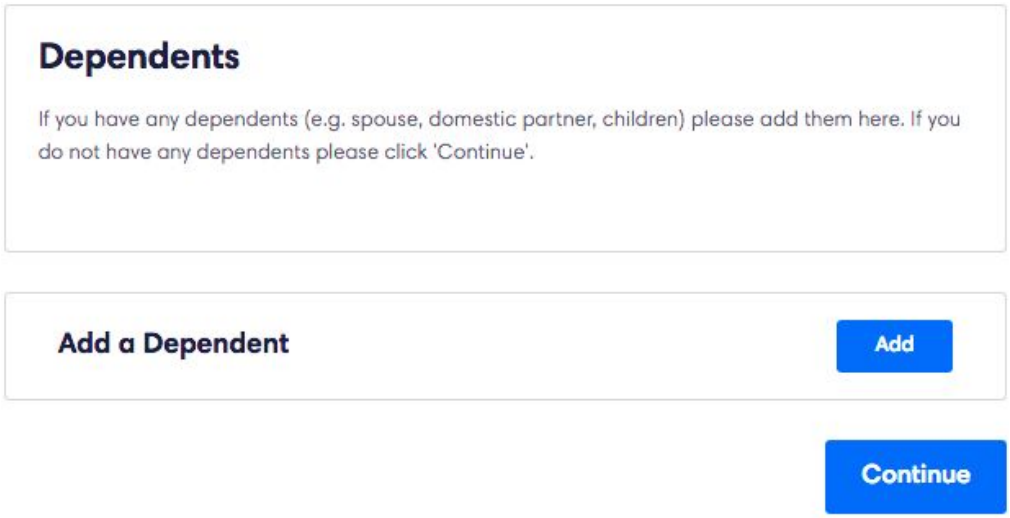
ease



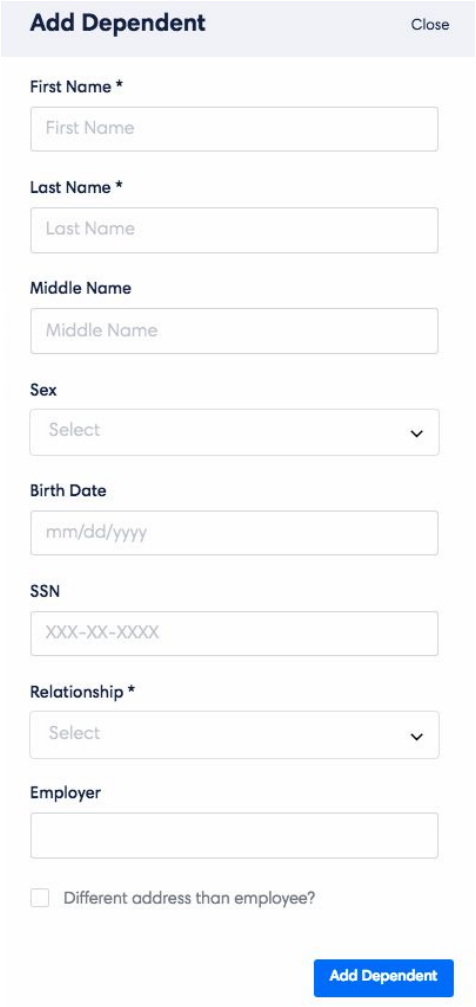
6. Review your personal information and provide any missing information, if needed. All fields marked with an * are required.



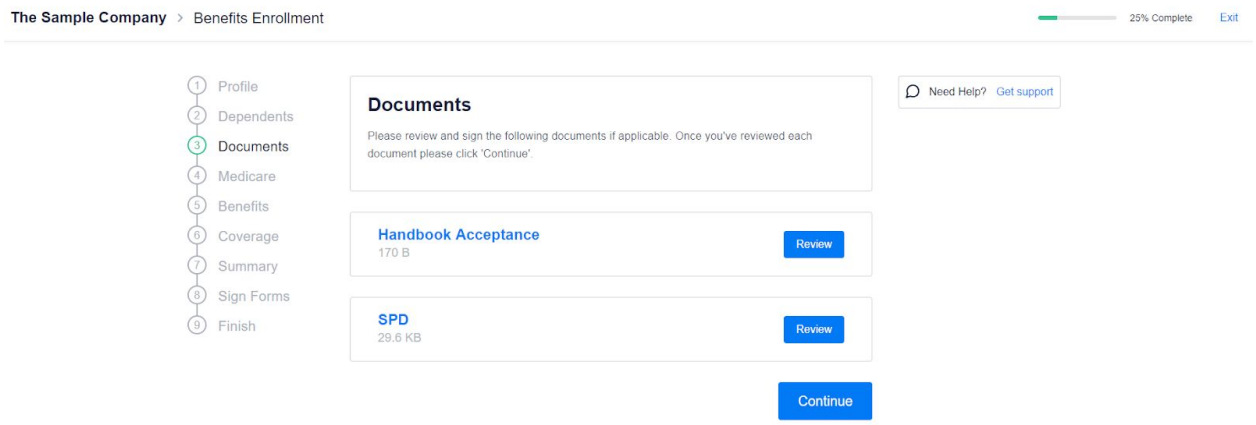
7. Add any dependents that you will be enrolling in coverage by clicking Add.



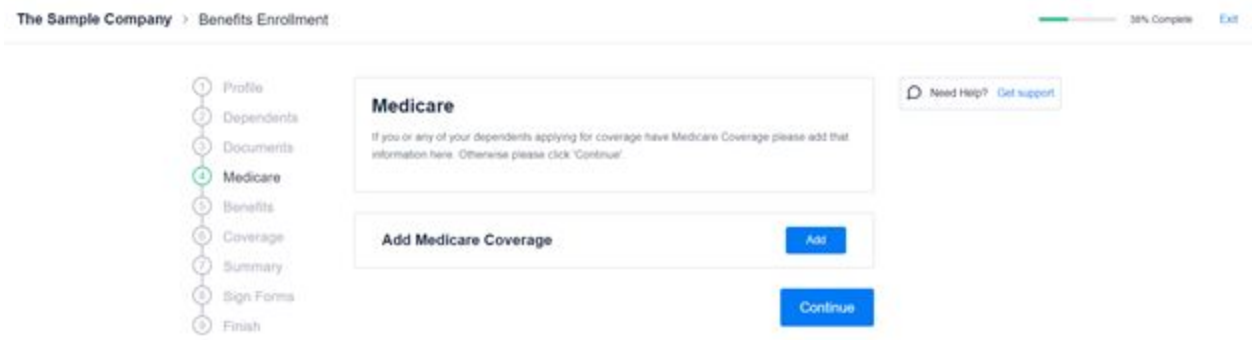
8. Provide information for each dependent as prompted. Click Add Dependent.



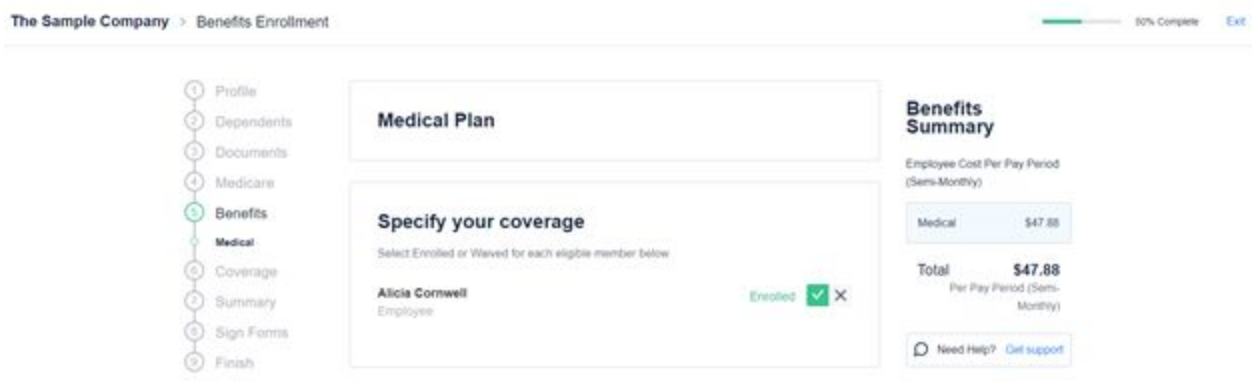
10. If documents are required to review click **Review** and acknowledge receipt for each document.

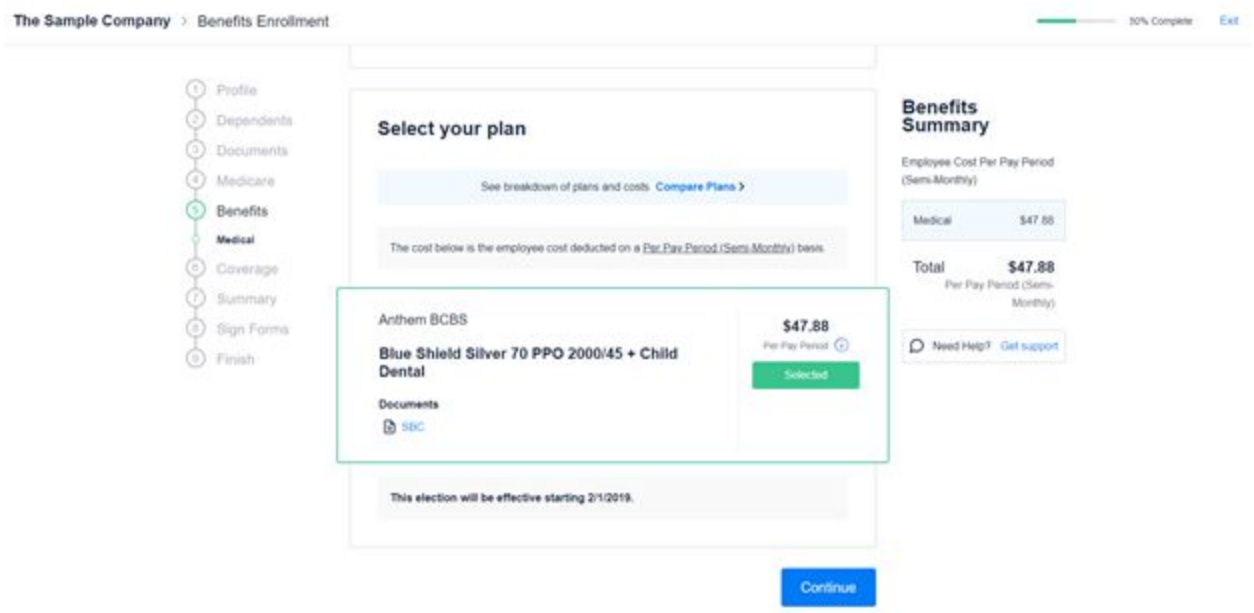


11. If you or any of your dependents have Medicare Coverage, click Add and complete Medicare information.

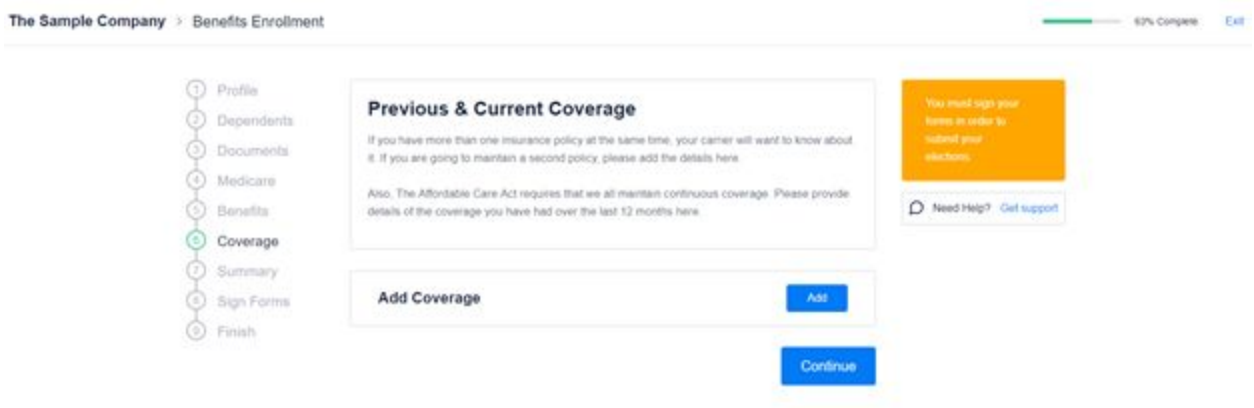


12. You will be guided through your benefit options. To enroll, click the checkmark , to waive click the X. Choose the plan you would like by clicking Select.

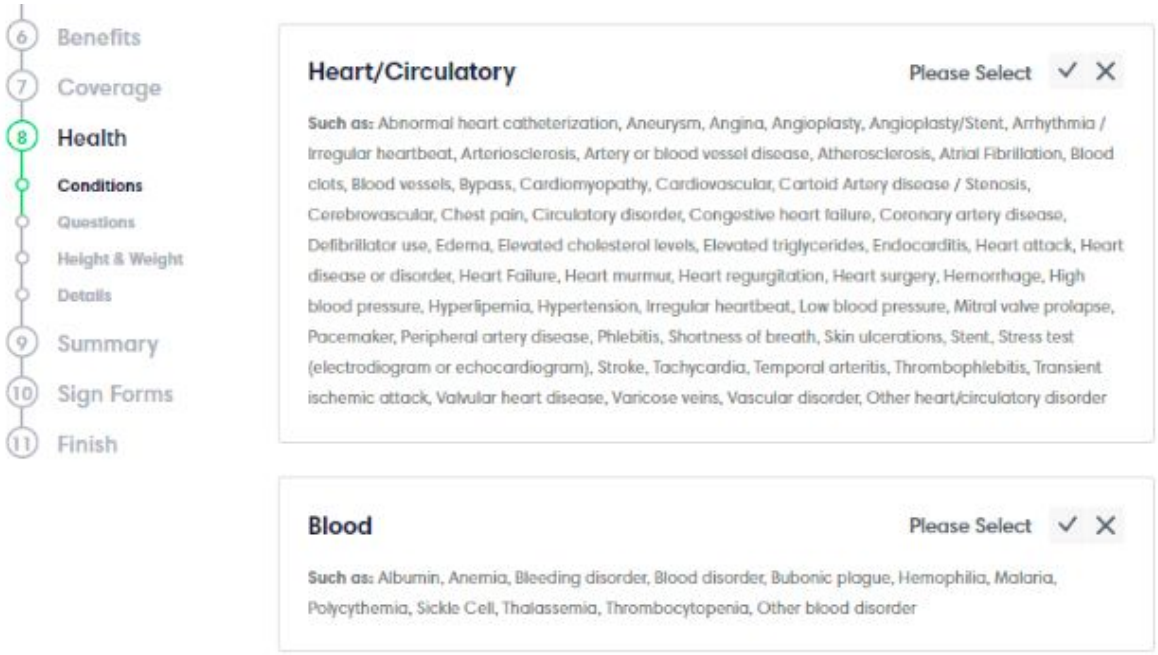




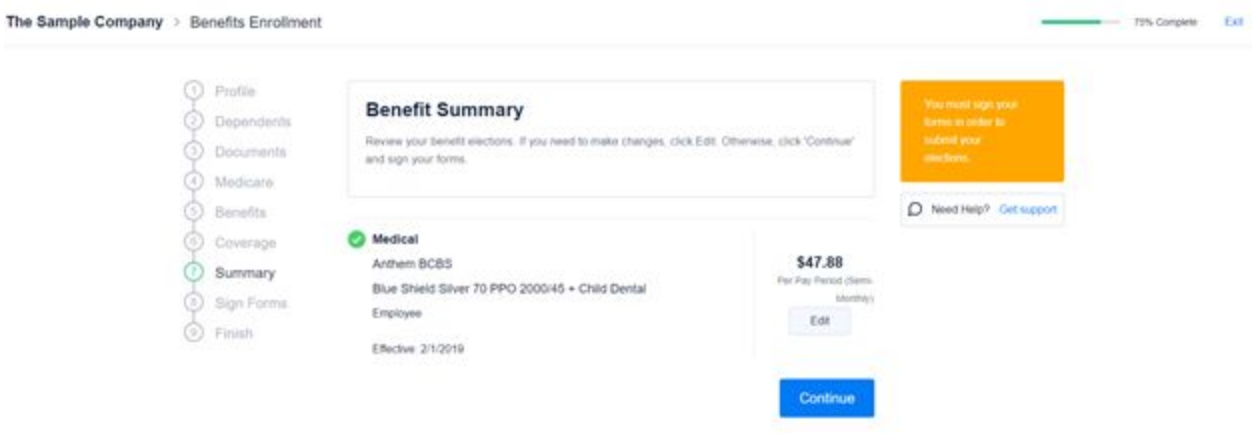
13. You may be prompted to provide your previous or current coverage, Click Add and enter all information as required.



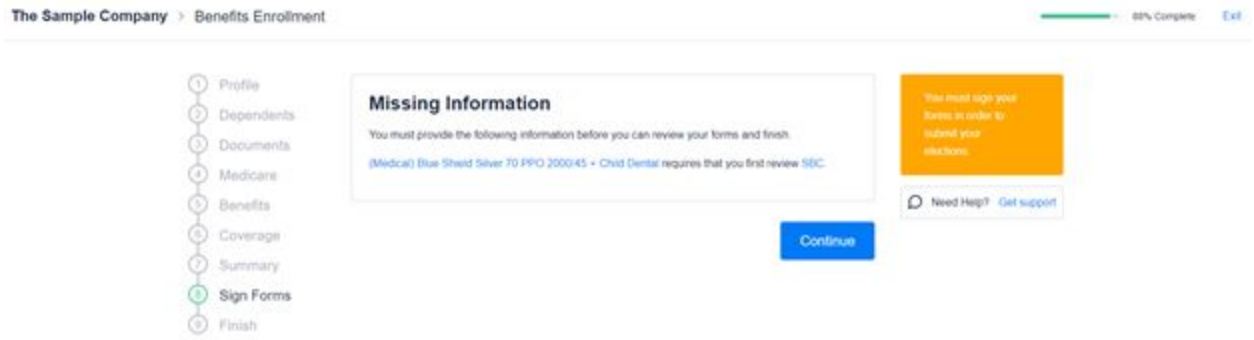
14. You may see a series of health questions based on the coverage you are applying for. Answer each question with a checkmark for yes or X for no. If prompted, please provide any additional details.



15. You can review your Benefit Summary under the Summary tab. Make any updates by selecting the Edit button.



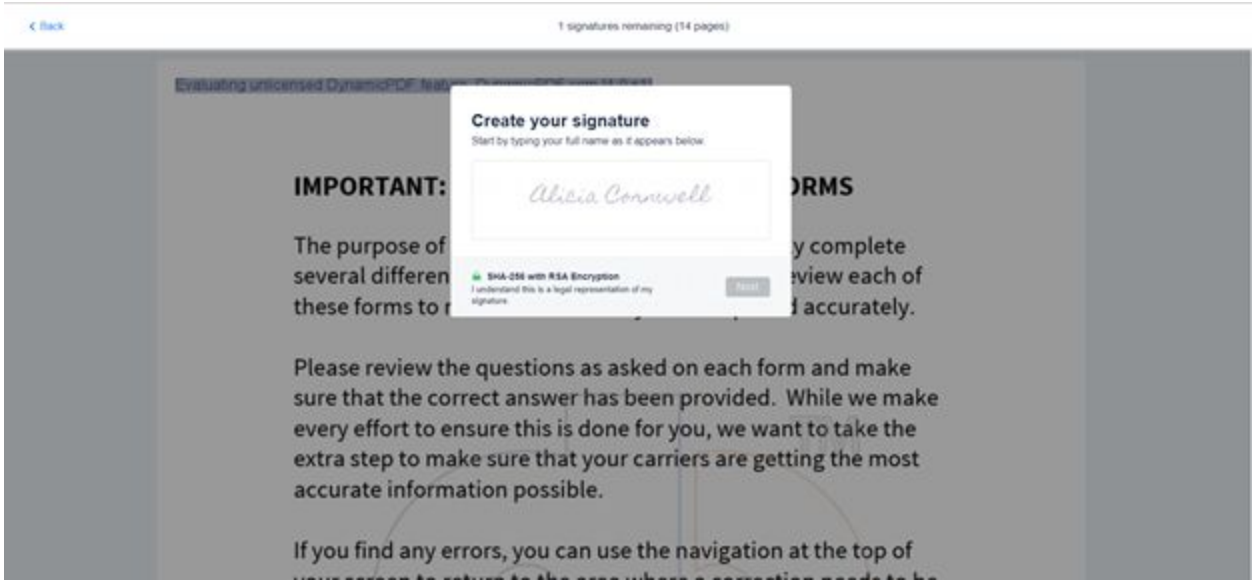
16. If you are missing required information or need to review certain documents you can select the blue highlighted text to be brought back to the page or document. After completing the required information, you can proceed to review and sign your forms.

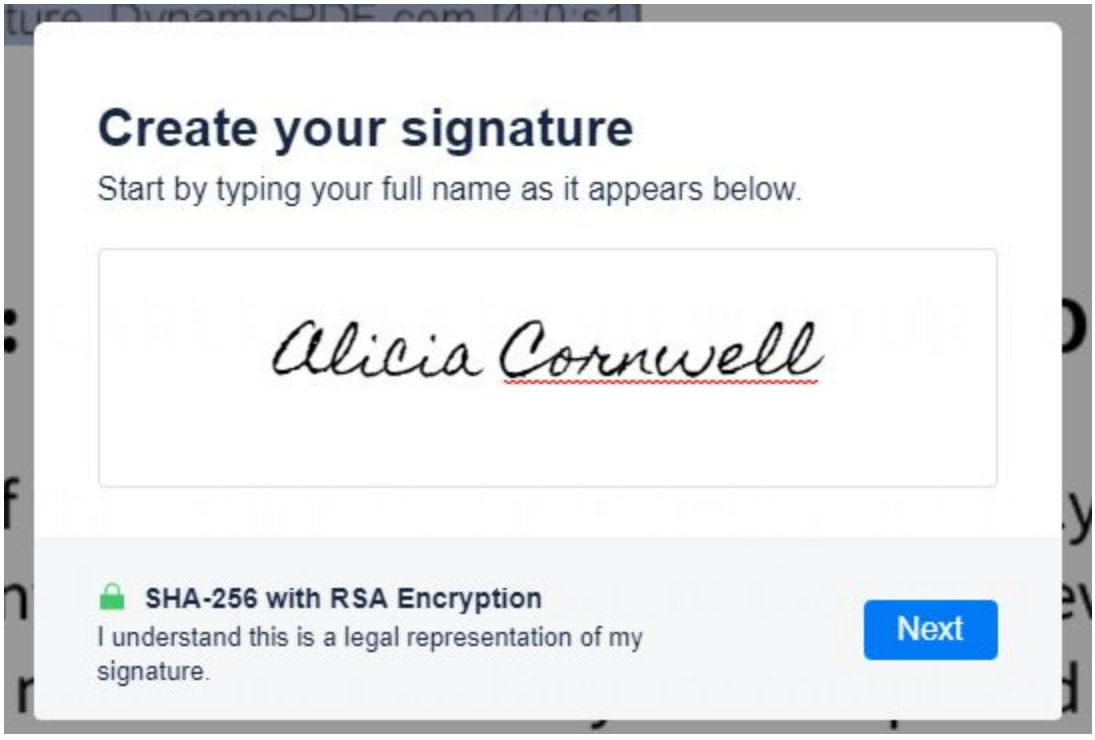


17. After clicking Sign Forms, you will be prompted to type your signature as well as electronically sign with your mouse.

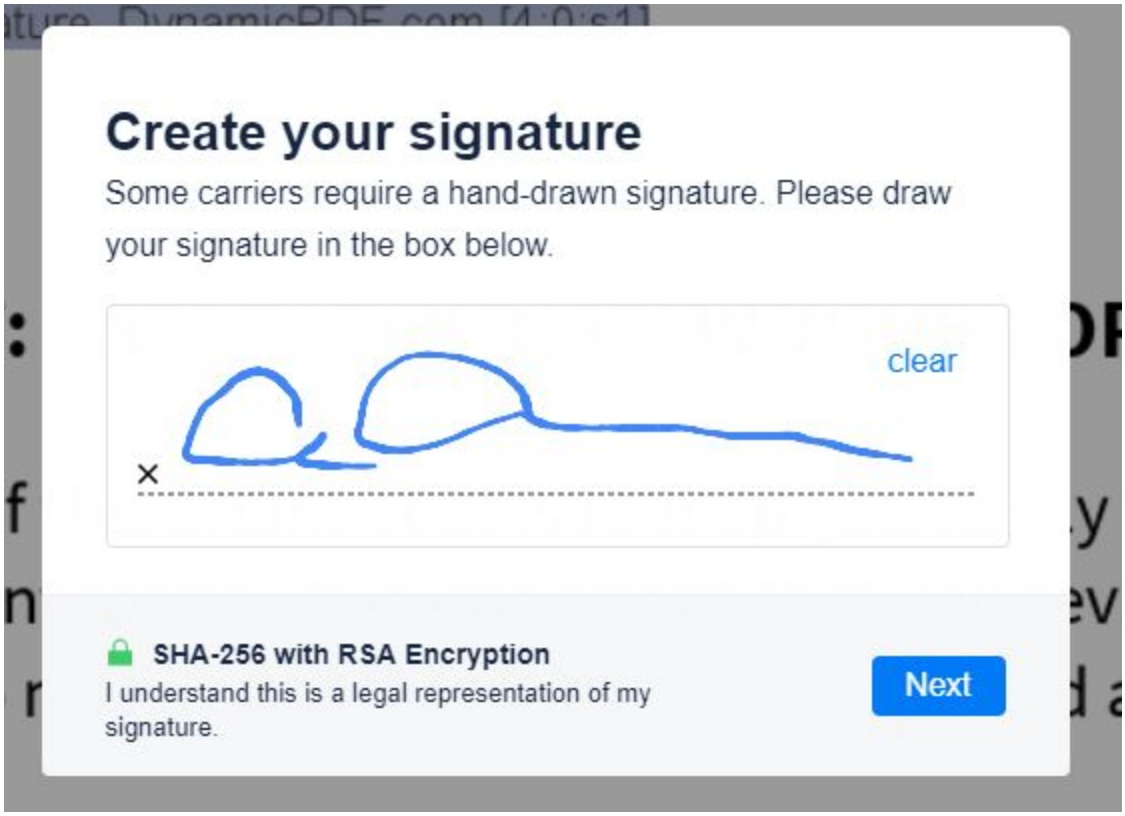


ease


Create your signature
Start by typing your full name as it appears below.
Alicia Cornwell
SHA-256 with RSA Encryption
I understand this is a legal representation of my signature.
Next
IMPORTANT:
The purpose of
several differen
these forms to
accurately.
Please review the questions as asked on each form and make sure that the correct answer has been provided. While we make every effort to ensure this is done for you, we want to take the extra step to make sure that your carriers are getting the most accurate information possible.
If you find any errors, you can use the navigation at the top of

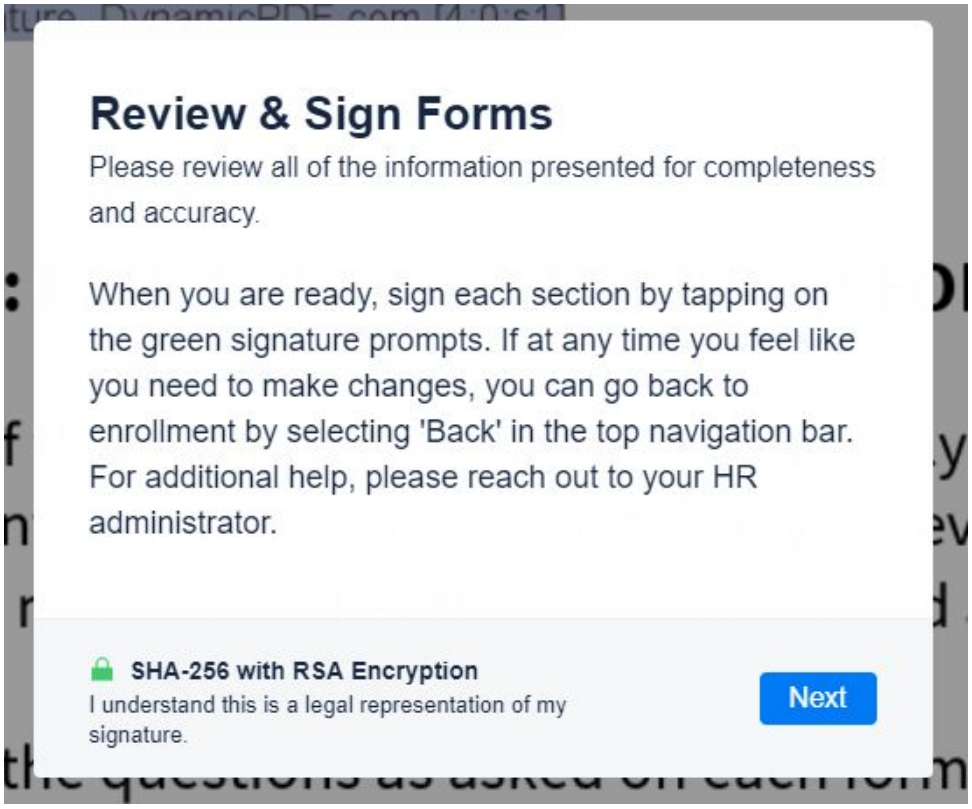

Create your signature
Start by typing your full name as it appears below.
Alicia Cornwell
SHA-256 with RSA Encryption
I understand this is a legal representation of my signature.
Next

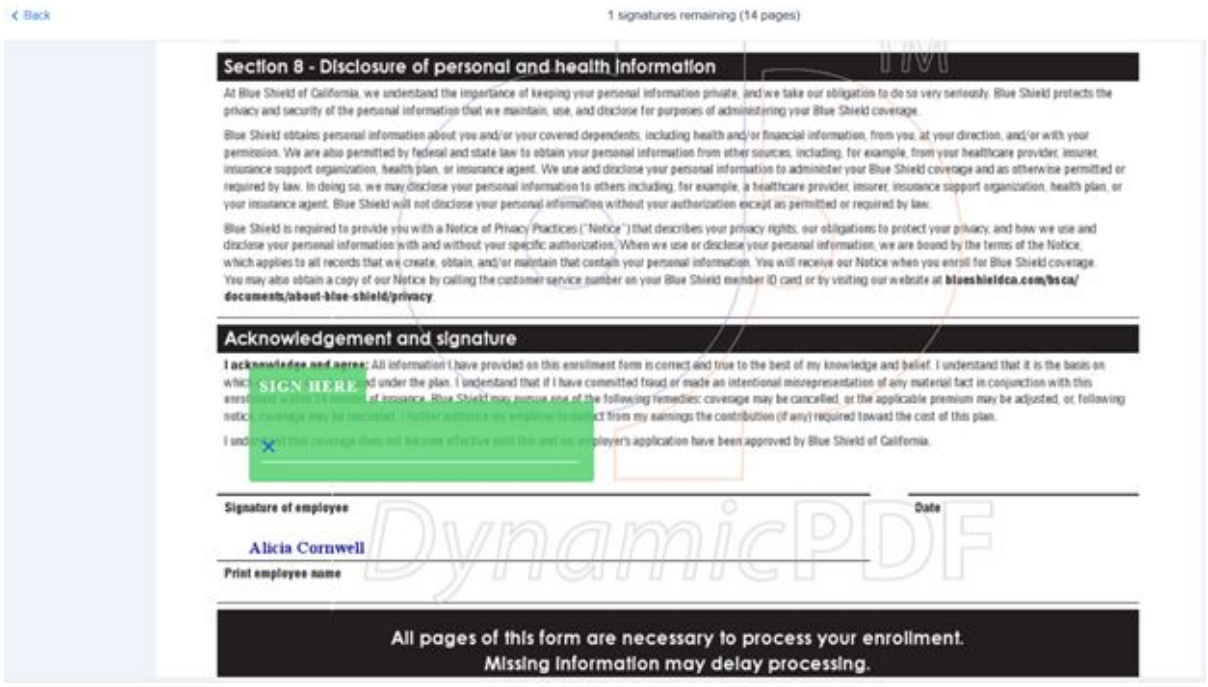
ease



Review and sign your forms by tapping each green signature prompt as they appear.

ease


Review & Sign Forms
Please review all of the information presented for completeness and accuracy.
When you are ready, sign each section by tapping on the green signature prompts. If at any time you feel like you need to make changes, you can go back to enrollment by selecting 'Back' in the top navigation bar. For additional help, please reach out to your HR administrator.
SHA-256 with RSA Encryption
I understand this is a legal representation of my signature.
Next


Back
1 signatures remaining (14 pages)
Section 8 - Disclosure of personal and health information
Acknowledgement and signature
SIGN HERE
Signature of employee
Date
Alicia Cornwell
Print employee name
All pages of this form are necessary to process your enrollment.
Missing information may delay processing.

18. Once you have finished signing, you will be able to rate your enrollment experience as well as provide any additional comments. This is optional and you may click on Finish to return to your dashboard.

