

ease

Employee User Guide

Ease le permite ver sus opciones de beneficios y hacer elecciones de beneficios para usted y su familia. Tú Puede ver detalles del plan, montos de cobertura y costos. La información de su familia solo necesita ser ingresada. Una vez, en un solo lugar y todos los formularios de solicitud de transportista se completarán automáticamente.

1. Recibirá un correo electrónico con un enlace que usará para registrarse y acceder a Ease. Haga clic en el boton "Registrarse" dentro del mensaje de correo electrónico.

Welcome Alicia,

Your Manager just added you to Ease.

Ease helps you manage your benefits and other important HR activities.

Please log in now and complete your profile here:

Important: This email is intended only for Alicia Cornwell and should not be forwarded to anyone else.

[Sign Up](#)

2. Una vez que haga clic en el enlace, deberá elegir una contraseña. Por favor, asegúrese de que la contraseña tenga por lo menos una letra mayúscula, una letra minúscula, un carácter o número especial y sea por lo menos 8 caracteres de largo. Haga clic en el botón "Registrarse" para continuar.

You have been invited to Ease. Please choose a password and click 'Sign Up' to continue.

Password *

Confirm *

I agree to the [Terms of Service](#)

Your password must contain a minimum of 8 characters, with at least 1 lowercase, 1 uppercase, and 1 numeric or special character.

[Sign Up](#)

[Sign In](#)

ease

Employee User Guide

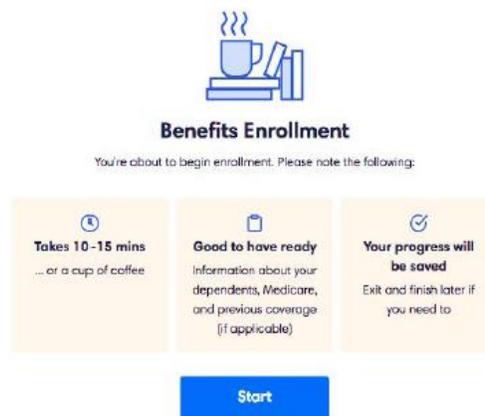
3. Si ha iniciado sesión antes, deberá ingresar su dirección de correo electrónico o nombre de usuario y su contraseña. Si está iniciando sesión con su teléfono móvil, seleccione “Iniciar” sesión con el teléfono móvil. Si usted es. Si tiene problemas para iniciar sesión, seleccione ¿Olvidó? Si necesita más ayuda, seleccione Necesito ayuda adicional para iniciar sesión.

The image shows two side-by-side login options. The left option is a standard login form with fields for 'Email or Username' (containing 'example@email.com') and 'Password' (with a 'Forgot?' link). Below these fields is a blue 'Login' button and a link for 'Log in with mobile phone'. The right option is titled 'Forgot your Password?' and asks the user to 'Request login assistance' by entering their email address in a field (containing 'example@email.com'). Below this is a blue 'Submit' button and a link for 'I need additional help to log in'.

4. Una vez que haya iniciado sesión, hará clic en el botón verde “Comenzar”. También verás enlaces a Perfil, Beneficios y Documentos.



5. Ease lo guiará a través del proceso de incorporación y inscripción en sus beneficios. Después de completar en el módulo de incorporación opcional, usted será llevado a inscribirse en los beneficios.



ease

Employee User Guide

6. Revise su información personal y proporcione cualquier información faltante, si es necesario. Todas las áreas marcadas con un * son obligatorias.

The Sample Company > Benefits Enrollment 9% Complete [Exit](#)

- Profile
- Dependents
- Documents
- Medicare
- Benefits
- Coverage
- Summary
- Sign Forms
- Finish

Personal Information

[Need Help?](#) [Get support](#)

First Name * Middle Name

Last Name *

Sex * Birth Date (30) *

SSN *

Marital Status *

Tobacco User (Last 12 Months) *

Disabled? *

7. Agregue a los dependientes que va a inscribir en la cobertura haciendo clic en Agregar.

Dependents

If you have any dependents (e.g. spouse, domestic partner, children) please add them here. If you do not have any dependents please click 'Continue'.

Add a Dependent

ease

Employee User Guide

- Proporcionar información para cada dependiente cuando se le indique. Haga clic en Agregar Dependiente.

Add Dependent Close

First Name *

Last Name *

Middle Name

Sex

Birth Date

SSN

Relationship *

Employer

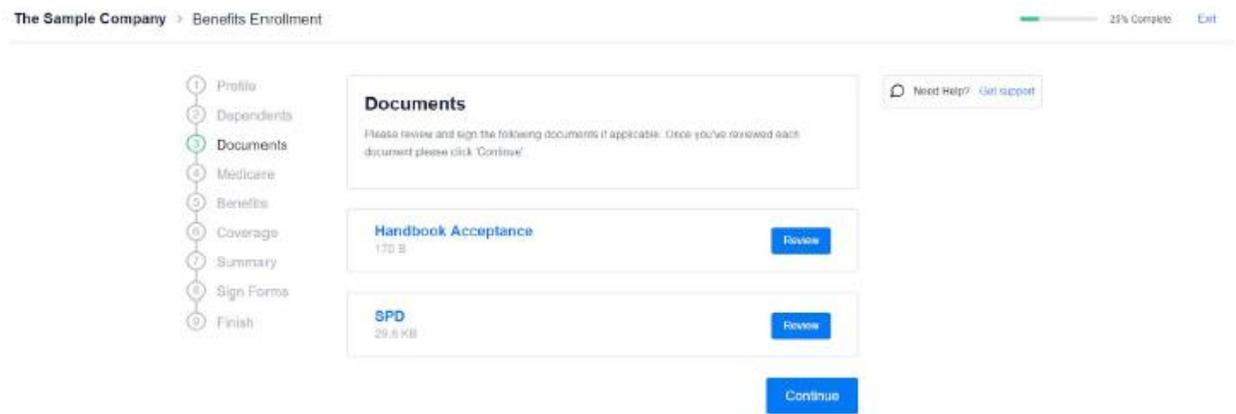
Different address than employee?

Add Dependent

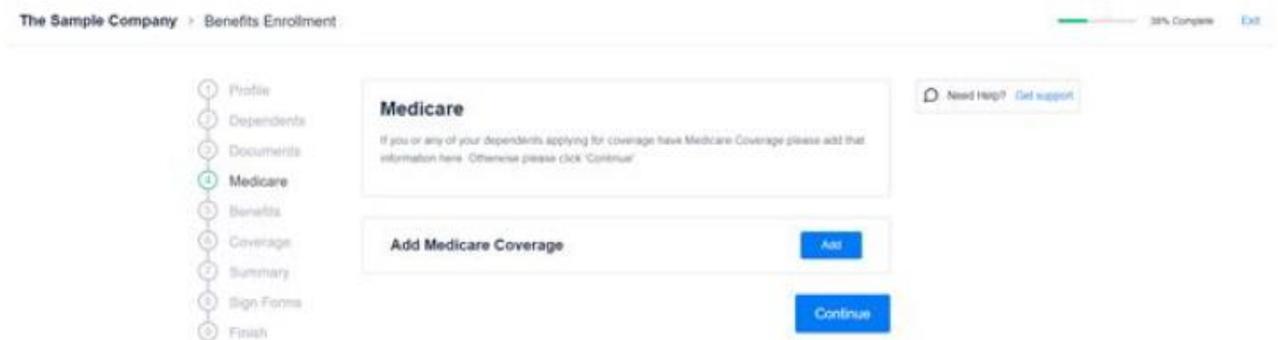
ease

Employee User Guide

9. Si se requieren documentos para revisar, haga clic en Revisar y reconosca recibo de cada documento.



10. Si usted o alguno de sus dependientes tiene cobertura de Medicare, haga clic en Agregar y complete su información de Medicare.



ease

Employee User Guide

11. Usted será guiado a través de sus opciones de beneficios. Para inscribirse, haga clic en la marca de verificación, para renunciar haga clic en la X. Elija el plan que desee haciendo clic en Seleccionar.

The Sample Company > Benefits Enrollment 100% Complete [Exit](#)

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 **Benefits**
- 6 **Medical**
- 7 Coverage
- 8 Summary
- 9 Sign Forms
- 10 Finish

Medical Plan

Specify your coverage

Select Enrolled or Waived for each eligible member below.

Alicia Cornwell Employee	Enrolled <input checked="" type="checkbox"/> X
------------------------------------	--

Are you waiving dependents?

You have not entered any children. If you have dependent children and are waiving coverage for them, check the box below. Otherwise keep the box unchecked.

Children Waived

Benefits Summary

Employee Cost Per Pay Period (Semi-Monthly)

Medical	\$47.88
Total	\$47.88

Per Pay Period (Semi-Monthly)

[Need Help?](#) [Get support](#)

The Sample Company > Benefits Enrollment 100% Complete [Exit](#)

- 1 Profile
- 2 Dependents
- 3 Documents
- 4 Medicare
- 5 **Benefits**
- 6 **Medical**
- 7 Coverage
- 8 Summary
- 9 Sign Forms
- 10 Finish

Select your plan

See breakdown of plans and costs. [Compare Plans >](#)

The cost below is the employee cost deducted on a *Per Pay Period (Semi-Monthly)* basis.

Anthem BCBS	\$47.88 Per Pay Period
Blue Shield Silver 70 PPO 2000/45 + Child Dental	<input checked="" type="checkbox"/>

Documents
[SBC](#)

This election will be effective starting 2/1/2019.

[Continue](#)

Benefits Summary

Employee Cost Per Pay Period (Semi-Monthly)

Medical	\$47.88
Total	\$47.88

Per Pay Period (Semi-Monthly)

[Need Help?](#) [Get support](#)

ease

Employee User Guide

12. Es posible que se le solicite que proporcione su cobertura anterior o actual, haga clic en Agregar e ingrese toda la información según sea necesario.

The screenshot shows the 'Benefits Enrollment' page for 'The Sample Company'. The progress bar indicates 6% completion. The navigation menu on the left includes Profile, Dependents, Documents, Medicare, Benefits, Coverage (highlighted), Summary, Sign Forms, and Finish. The main content area is titled 'Previous & Current Coverage' and contains instructions for adding previous or current insurance policies. It includes a text input field for 'Add Coverage' and a 'Continue' button. A yellow callout box on the right states: 'You must sign your forms in order to submit your elections.' and includes a 'Need Help? Get support' link.

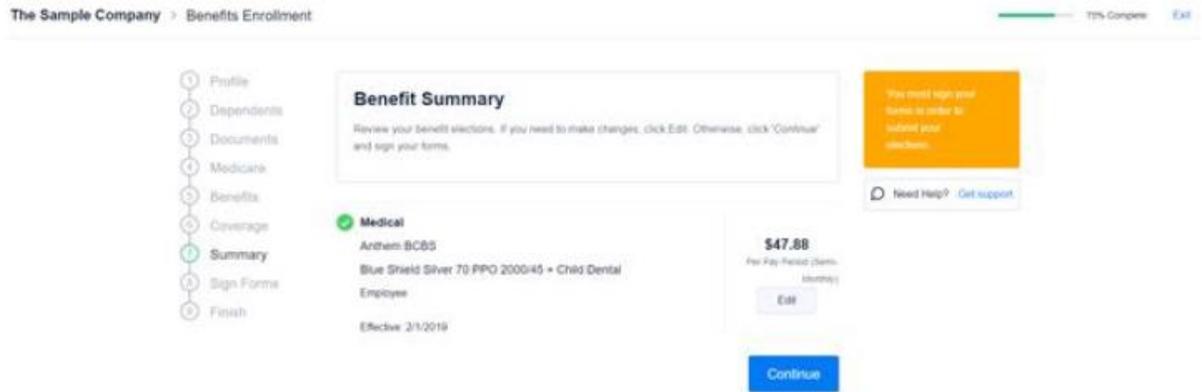
13. Puede ver una serie de preguntas de salud basadas en la cobertura que está solicitando. Responda cada pregunta con una marca de verificación para sí o X para no. Si se le solicita, por favor proporcione cualquier información adicional.

The screenshot shows the 'Health' section of the enrollment process. The navigation menu on the left includes Benefits, Coverage, Health (highlighted), Conditions, Questions, Height & Weight, Details, Summary, Sign Forms, and Finish. The main content area is titled 'Heart/Circulatory' and 'Blood', each with a 'Please Select' dropdown menu. The 'Heart/Circulatory' section lists various conditions such as Abnormal heart catheterization, Aneurysm, Angina, etc. The 'Blood' section lists conditions such as Albumin, Anemia, Bleeding disorder, etc.

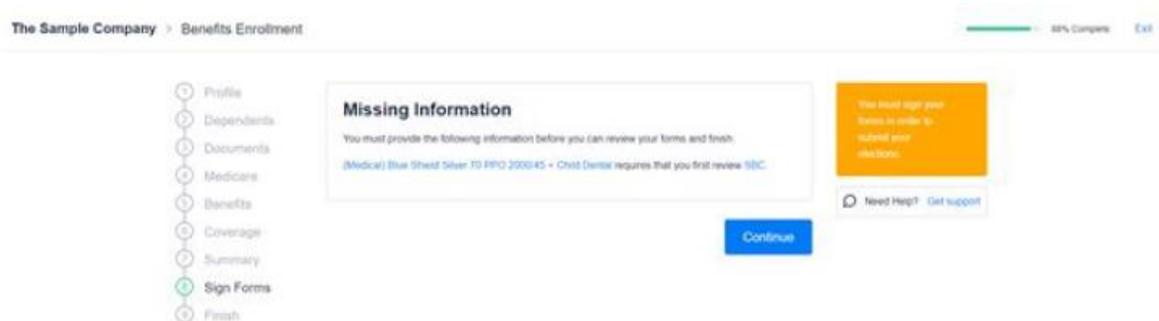
ease

Employee User Guide

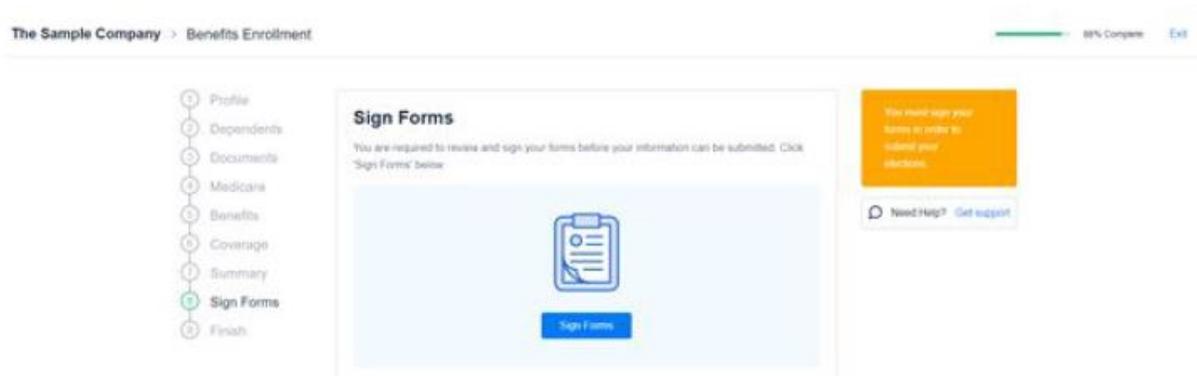
14. Puede revisar su Resumen de beneficios en la pestaña Resumen. Realice las actualizaciones seleccionando la Botón de editar.



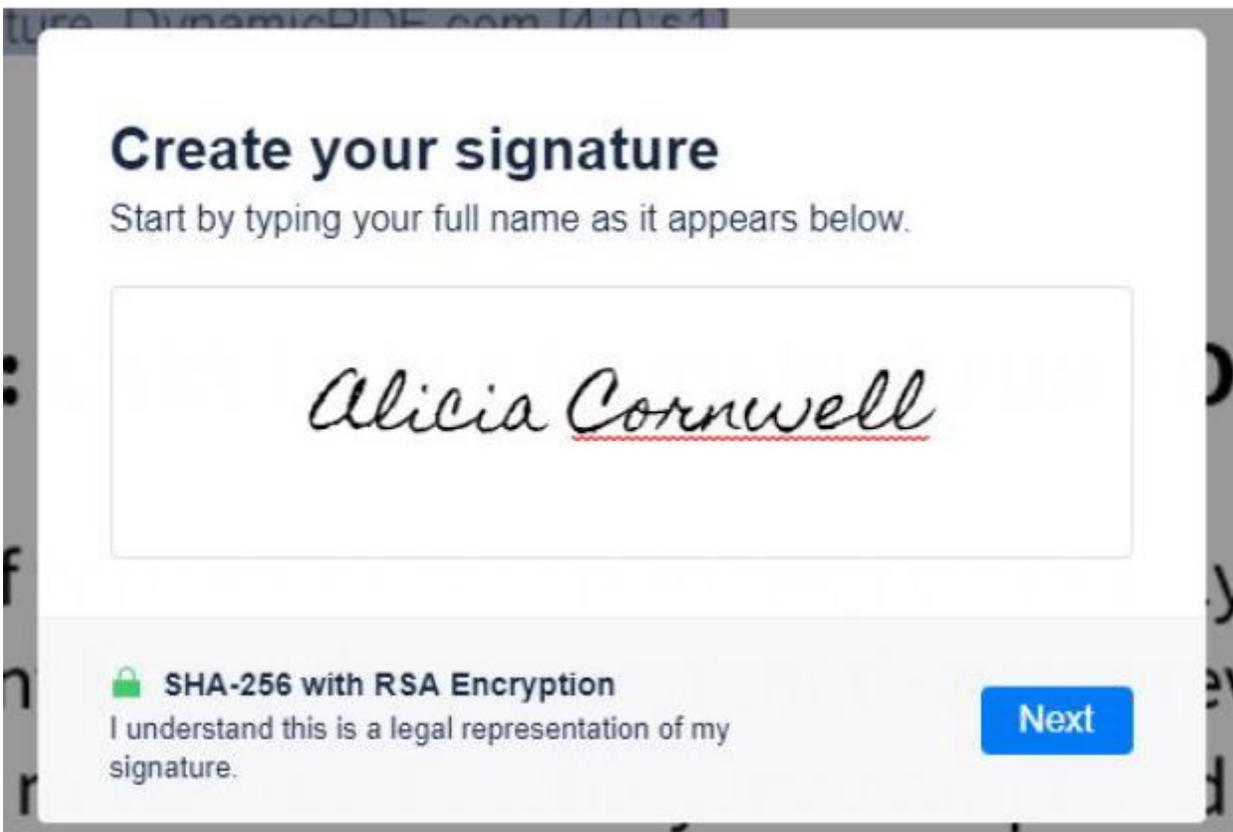
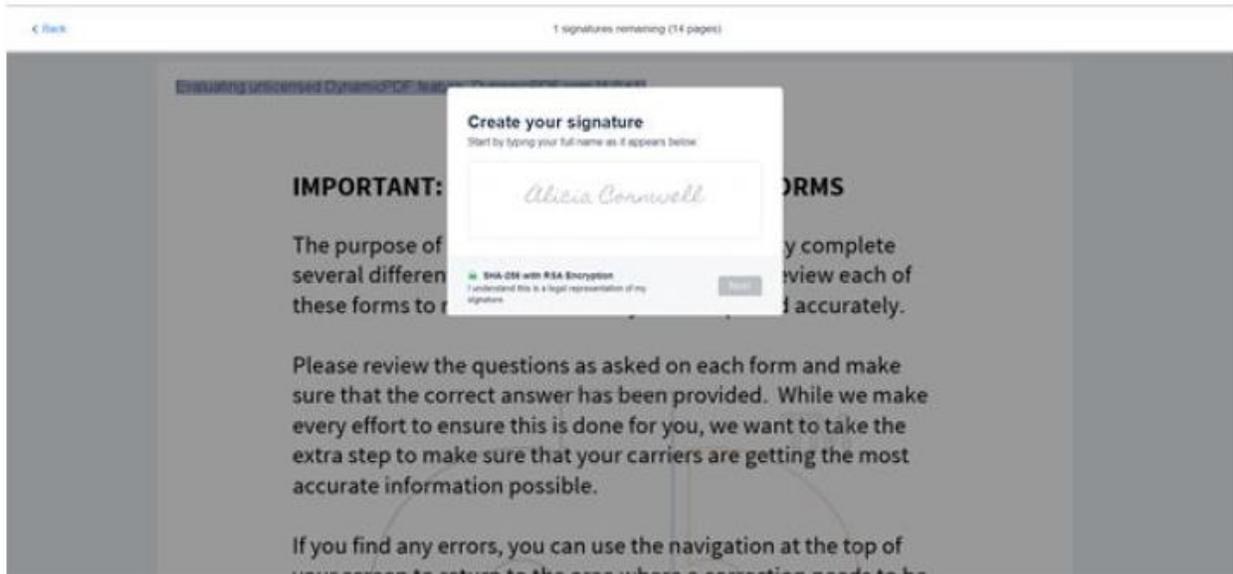
15. Si falta la información requerida o necesita revisar ciertos documentos, puede seleccionar el azul El texto resaltado se devolverá a la página o documento. Después de completar el requerido Información, puede proceder a revisar y firmar sus formularios.



16. Después de hacer clic en Firmar formularios, se le pedirá que escriba su firma y que firme electrónicamente con tu mouse.



ease Employee User Guide



iture DynamicPDF.com [4:0:51]

Create your signature

Some carriers require a hand-drawn signature. Please draw your signature in the box below.



A blue hand-drawn signature is shown within a white rectangular box. The signature consists of two large loops followed by a long horizontal stroke. A dashed line is positioned below the signature. A small 'x' icon is located at the bottom left of the box, and a 'clear' button is at the top right.

SHA-256 with RSA Encryption
I understand this is a legal representation of my signature.

Next

Revise y firme sus formularios tocando cada solicitud de firma verde a medida que aparecen.

ease

Employee User Guide

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

ease Employee User Guide

[← Back](#) 1 signature remaining (14 pages)

Section 8 - Disclosure of personal and health information

All Blue Shield of California, we understand the importance of keeping your personal information private, and we take our obligation to do so very seriously. Blue Shield protects the privacy and security of the personal information that we maintain, use, and disclose for purposes of administering your Blue Shield coverage.

Blue Shield obtains personal information about you and/or your covered dependents, including health and/or financial information, from you, at your direction, and/or with your permission. We are also permitted by federal and state law to obtain your personal information from other sources, including, for example, from your healthcare provider, insurer, insurance support organization, health plan, or insurance agent. We use and disclose your personal information to administer your Blue Shield coverage and as otherwise permitted or required by law. In doing so, we may disclose your personal information to others including, for example, a healthcare provider, insurer, insurance support organization, health plan, or your insurance agent. Blue Shield will not disclose your personal information without your authorization except as permitted or required by law.

Blue Shield is required to provide you with a Notice of Privacy Practices ("Notice") that describes your privacy rights, our obligations to protect your privacy, and how we use and disclose your personal information with and without your specific authorization. When we use or disclose your personal information, we are bound by the terms of the Notice, which applies to all records that we create, obtain, and/or maintain that contain your personal information. You will receive our Notice when you enroll for Blue Shield coverage. You may also obtain a copy of our Notice by calling the customer service number on your Blue Shield member ID card or by visiting our website at [blueshieldca.com/bzca/documents/about-blue-shield/privacy](https://www.blueshieldca.com/bzca/documents/about-blue-shield/privacy).

Acknowledgement and signature

I acknowledge and agree: All information I have provided on this enrollment form is correct and true to the best of my knowledge and belief. I understand that it is the basis on which I am enrolled under the plan. I understand that if I have committed fraud or made an intentional misrepresentation of any material fact in conjunction with this enrollment for insurance, Blue Shield may remove me of the following remedies: coverage may be cancelled, as the applicable premium may be adjusted, or following notice. **SIGN HERE** Coverage may be reinstated. I further authorize my enrollment to be deducted from my earnings; the contribution (if any) required toward the cost of this plan.

I understand that coverage for this plan will only be provided if my application and the employer's application have been approved by Blue Shield of California.

Signature of employee: Alicia Cornwell Date: _____
Print employee name

All pages of this form are necessary to process your enrollment.
Missing information may delay processing.

17. Una vez que haya terminado de firmar, podrá calificar su experiencia de inscripción, así como proporcionar cualquier comentario adicional. Esto es opcional y puede hacer clic en Finalizar para volver a su tablero.

100% Complete [Finish](#)

Congratulations! Your enrollment elections have been submitted for review.

How was your enrollment experience?
★★★★★

Tell us about your experience

[Need Help? Get Support](#)

[Submit Feedback](#)

ease

Employee User Guide