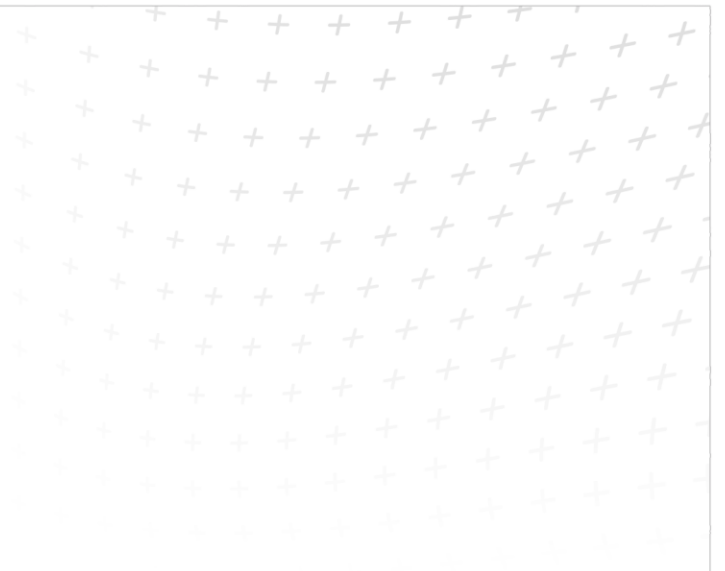




Participant Website User Guide

COBRA & Direct Bill Services

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SECTION 1 – INTRODUCTION & LOGIN

Introduction

The participant website allows you to access your COBRA or Direct Bill account information. You can view your payment status, election options and general account information. You can also make online payments and add/modify recurring payments.

Access your account information at mybenefits.wageworks.com.

Register

For access to the participant website, you will need to register, and create a username and password.

WageWorks

Fri, Nov 17, 2017 11:47 AM CT

Secure Login

If you are already registered, Please enter your UserName and Password. Not registered yet? [Click here](#) to register.

UserName:

Password:

Login

* Important message: When accessing this site for the first time, you will be required to complete our registration process. If you have previously used other websites, you must complete this registration process for security purposes.

You are entering a private portion of the website. This portion of the website is provided for the sole use of participants. Unauthorized use of this site is prohibited and all usage is tracked. This site uses secure connections to protect your personal information. [Click here](#) to view our Privacy Policy.

Unauthorized use of this system is prohibited and may result in revocation of access, disciplinary action and/or legal action. The company reserves the right to monitor and review user activity, files and electronic messages.

[Forgot UserName](#) [Forgot Password](#)

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Select “[Click here](#)” to register and complete the wizard to sign up for your account.



Fri, Nov 17, 2017 12:13 PM CT

Sign Up To View Your Accounts

Manage your accounts simply and securely, anytime and anywhere you have internet access. It takes just a few minutes to sign up. Your security is important and WageWorks is committed to protecting your privacy. We use techniques to encrypt, safeguard and secure your personal information.

An E-mail address is required as we will send you an E-mail with a link that will allow you to activate your account. Without an E-mail address, you cannot activate your account online.

IMPORTANT: If you have more than one account with WageWorks (for example, if you are both a COBRA and Direct Bill participant), you must create unique logins for each of your accounts using your account numbers.

Participant Info

Steps: 1 2 3 4

First Name *

Birth Date *

Phone No

Last Name *

E-mail *

Confirm E-mail *

Enter Account Number OR Social Security Number

☒ Account No
 ☐ SSN

Where do I find my account number?

Next

Cancel

Already Registered? [Sign On](#)

* Required fields

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First Time Log In

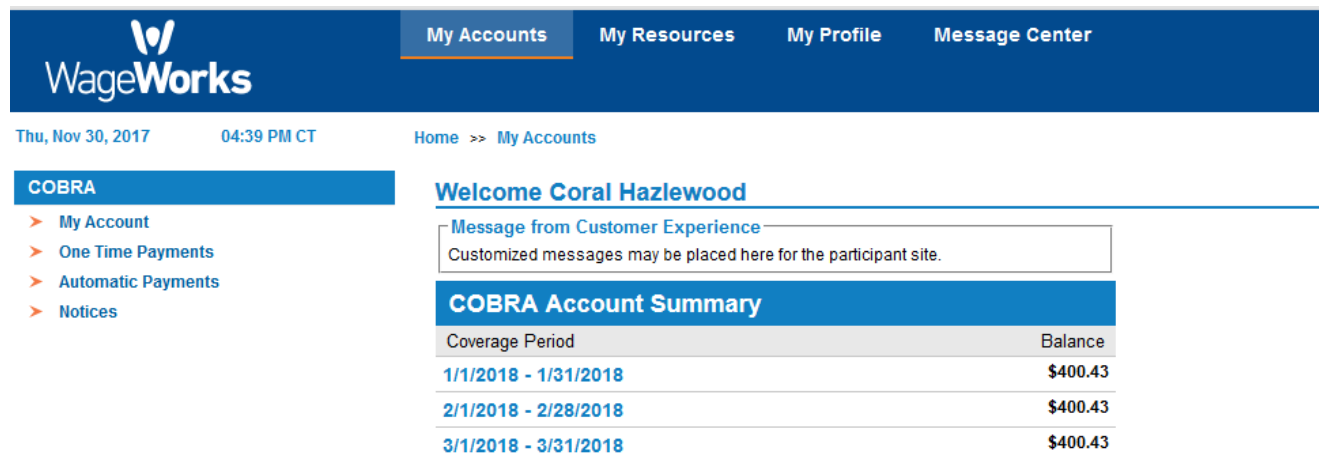
After you register and log in to the website for the first time, you will need to verify or enter your email address and phone number as an additional security measure.

Forgot User Name or Password

If you forget your user name and/or password, you can request an email with your user name and/or an email to update your password.

SECTION 2 – PARTICIPANT HOME PAGE

Once you log into your account, you will see the participant home page with important information about your account and special instructions or actions that are needed.



The screenshot shows the WageWorks participant home page. The top navigation bar includes links for My Accounts, My Resources, My Profile, and Message Center. The left navigation bar lists COBRA options: My Account, One Time Payments, Automatic Payments, and Notices. The main content area displays a welcome message for Coral Hazlewood and a COBRA Account Summary table.

Coverage Period	Balance
1/1/2018 - 1/31/2018	\$400.43
2/1/2018 - 2/28/2018	\$400.43
3/1/2018 - 3/31/2018	\$400.43

Within your account you will have easy access to the following options:

Top Navigation Options

These options will appear at the top of the screen and include:

- **My Accounts** – View high level account summary information including coverage and billing details for the accounts you are enrolled in.
- **My Resources** – View frequently asked questions
- **My Profile** – View your demographic information on file
- **Message Center** – View and submit any support requests that have been made on your account and how to contact WageWorks.



The image shows the top navigation bar of the WageWorks website. It features the WageWorks logo on the left and four navigation links: My Accounts, My Resources, My Profile, and Message Center.

Left Navigation Options

These options will appear on the left side of the screen and will vary based on what your current status may be: enrolled in COBRA or Direct Bill or needing to enroll into COBRA. These options include:

After Electing COBRA or Enrolled in Direct Bill

- **My Accounts** – View specific account billing and payment details
- **One Time Payments** – View monthly premium due and make online payments
- **Automatic Payments** – View current selection or add/modify recurring payments
- **Notices** – View important account notices about account activity

COBRA

- > [My Account](#)
- > [One Time Payments](#)
- > [Automatic Payments](#)
- > [Notices](#)

Direct Bill

- > [My Account](#)
- > [One Time Payments](#)
- > [Automatic Payments](#)
- > [Notices](#)

If Needing to Elect COBRA

- **Enroll in COBRA** – Ability to elect COBRA and select your benefit plans.

Quick Links

- > [Enroll in COBRA](#)

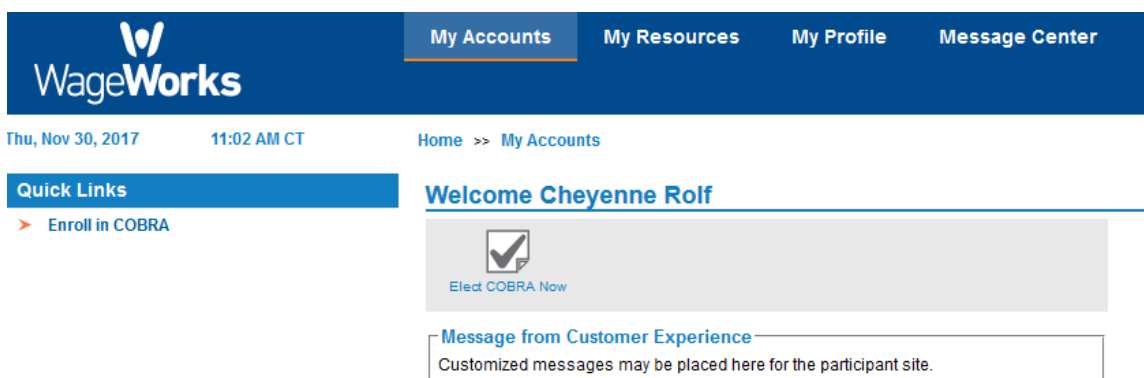
SECTION 3 – ELECTING COBRA COVERAGE

If you have recently been offered COBRA, but have not yet elected coverage you can elect COBRA coverage when you log into your account for the first time.

COBRA Election Wizard

To enroll in COBRA, you need to complete the following steps:

Step1 Select the “**Elect COBRA Now**” icon to begin the election process.



Step2 Review the instructions / disclosure and check the acknowledgement box, then select “**Next**”.

Online Election of COBRA Continuation Coverage

You may use this website to review your coverage options under COBRA and complete your COBRA election online.

Customer Experience has retained our services to notify you of your right to COBRA continuation coverage under its group health plan(s). Before continuing, please read the Additional Information document included in the original Notice of Plan Alternatives mailed to you. This document contains detailed information regarding your rights under COBRA. To view this information online, [click here](#)

If you meet all applicable eligibility requirements and choose to elect COBRA continuation coverage, your coverage will begin on **12/01/2013**.

If you wish to elect coverage, you may complete this online election process or you may complete and return the election form included in your Notice of Plan Alternatives. You must complete your online election or return your completed election form on or before the due date reflected on your election form. If your election is not completed or postmarked by this date, your right to COBRA continuation coverage is lost.

Your initial premium payment(s) must be postmarked within 45 days of the postmark date of your election or the date on which you finalize your election on this website. You should complete only one election option. If we receive your election online and via mail, your initial payment due date will be based on the earliest election date. To avoid cancellation, your initial payment(s) must include all premiums due for the period beginning with your loss of coverage through the end of the month in which your payment is made. Subsequent payments are due on the first day of each month and will be returned to you if not postmarked within 30 days of this due date. If your COBRA continuation coverage is cancelled for any reason, including non-payment or late payment of premiums, it cannot be reinstated.

You should receive an invoice within two weeks of the date on which you elect COBRA. However, if you do not receive an invoice for any reason, you must still pay the required premium by the applicable due date. If you choose to elect COBRA online, you will have the opportunity to print your initial invoice immediately.

If you have any questions or need additional assistance please contact us at 866-747-0039.

☐ I have read and understand this section and I wish to go to the online COBRA election form.

Next

Step3

Review your options for coverage and your dependent information (if applicable) which were in place at the time of your loss of coverage (also known as your qualifying event). Select the benefits and coverage code (as applicable) that you would like to enroll into under COBRA and select the “**Next**”.

Online Election of COBRA Continuation Coverage

Coverage Details

Please review the tables below to confirm the eligible coverage and dependent information in place at the time of your coverage loss.

Plan Name	Coverage Code	Premium
☒ UHP Dental only PPO	Family	\$293.30
☒ Opticare Vision Only Plus	Family	\$99.35
☒ UHP PPO Select Medical	Family	\$867.87

Dependent Information

Dependent Name	Birth Date	Relationship Type	Participant ID	Status
Susan Rolfe	02/07/1992	Child	8505234	Active
Phillip Rolfe	06/29/1960	Spouse	8505250	Active

If you believe there is an error with your coverage or dependents, please contact us before moving to the next step. You can reach us at customerdelivery@WageWorks.com or 866-747-0039, Monday through Friday (excluding company holidays) from 7 a.m. to 7 p.m. CT.

You must select at least one plan to continue to the next step. Choose the plan(s) you would like to continue under COBRA and click Next.

Previous

Next

Step4

Select which individuals (including yourself) should be covered under each of the plans for the plan year and select “**Next**”.

Online Election of COBRA Continuation Coverage

Continuation Coverage

Click the check box beside each name to indicate which individuals should be covered under each plan for the new plan year. Please note that you must check your own name to elect coverage for yourself.

Plan Name	Coverage Type	Premium	Individual(s)
UHP Dental only PPO	Family	\$293.30	☐ Cheyenne Rolfe ☐ Phillip Rolfe ☐ Susan Rolfe
Opticare Vision Only Plus	Family	\$99.35	☐ Cheyenne Rolfe ☐ Phillip Rolfe ☐ Susan Rolfe
UHP PPO Select Medical	Family	\$867.87	☐ Cheyenne Rolfe ☐ Phillip Rolfe ☐ Susan Rolfe
Total Premium:		\$1,260.52	

Previous

Next

Step5 Review your election choices and the election authorization. Note, if you need to make any changes, select the **“Previous”** button to go back a page. If everything is correct, select **“Elect”**.

Online Election of COBRA Continuation Coverage

Election Authorization

Plan Name	Coverage Type	Premium	Individuals Covered
UHP Dental only PPO	Family	\$293.30	Cheyenne Rolfe Phillip Rolfe Susan Rolfe
Opticare Vision Only Plus	Family	\$99.35	Cheyenne Rolfe Phillip Rolfe Susan Rolfe
UHP PPO Select Medical	Family	\$867.87	Cheyenne Rolfe Phillip Rolfe Susan Rolfe
Total Premium:		\$1,260.52	

The table above reflects the plans you have chosen to continue under COBRA. If the plans listed are incorrect, please click the 'PREV' button below to return to the previous screen and update your selection.

To proceed, you must read and agree to the statements below and then click the 'ELECT' button.

By clicking the 'ELECT' button, you elect the coverage(s) reflected above and your first payment is due by **01/15/2018**. If your payment is not postmarked by this date, you lose your right to COBRA continuation coverage. For a detailed overview of our legal requirements under COBRA, please review the Additional Information document included in the original Notice of Plan Alternatives mailed to you.

I authorize the benefit election I have selected above. Additionally, I agree that:

- I am not selecting coverage above that was not in effect at the time of my qualifying event.
- I understand I will no longer be eligible for COBRA coverage if I become, after the date of my COBRA election, entitled to Medicare or become covered under another group health plan (so long as that group health plan does not contain a pre-existing condition limitation or exclusion that can be applied to me).
- I agree to remit the full premium due by each specified due date. I understand that coverage will be cancelled if premiums are not remitted by the deadline. I further understand that if my coverage is cancelled for non-payment or late payment of premiums, it cannot be reinstated.
- I understand that I will receive courtesy monthly invoices for my convenience only, and that I am responsible for timely payment regardless of whether or not I have received an invoice.
- I understand that my coverage options and rates may change at any time, at the discretion of my former employer.
- I agree to provide written notice of any change regarding address, eligibility, marital status, dependent status, or disability status.
- I agree to be bound by the terms and conditions of any applicable group health plan contracts.
- Finally, I certify that the above statements are complete and accurate to the best of my knowledge and that I have read the [Additional Information document](#).

I hereby elect COBRA.

[Previous](#)

[Elect](#)

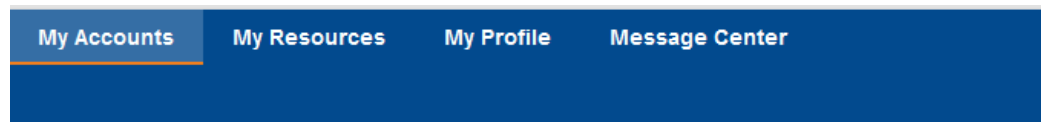
That step will complete your election for the plan year and provide an election confirmation notice. We recommend that you print this page for your records by selecting **“Print Page”**.

SECTION 4 – USING YOUR ACCOUNT

Top Level Navigation Menu

My Accounts

You can view a high level overview of your account information including the coverage and billing details by selecting the “**My Accounts**” option from the top level navigation menu.



[Home](#) >> [My Accounts](#)

Welcome Coral Hazlewood

Message from Customer Experience

Customized messages may be placed here for the participant site.

COBRA Account Summary

Coverage Period	Balance
1/1/2018 - 1/31/2018	\$400.43
2/1/2018 - 2/28/2018	\$400.43
3/1/2018 - 3/31/2018	\$400.43

To see more information about a specific coverage period, select one of the timeframes listed and a pop-up box will appear with more information.

Welcome Coral Hazlewood

Message from Customer Experience

Customized messages may be placed here for the participant site.

COBRA Account Summary

Coverage Period	Balance
1/1/2018 - 1/31/2018	\$400.43
2/1/2018 - 2/28/2018	\$400.43
3/1/2018 - 3/31/2018	\$400.43

Account Summary

Balance **\$400.43**

Coverage Period Start Date 1/1/2018

Coverage period between the dates of
1/1/2018 - 1/31/2018

View Resources

You can view any applicable resources that are available to you by selecting the “[My Resources](#)” option from the top level navigation menu.

[My Accounts](#) [My Resources](#) [My Profile](#) [Message Center](#)

Home >> [My Resources](#)

[My Resources](#)

[COBRA Resources](#) [\(Hide Details\)](#)

[View COBRA FAQ](#)

View Your Profile

You can view the personal and demographic information that we have on file and update your profile as applicable by selecting the “[My Profile](#)” option from the top level navigation menu.

Account Profile

Within the account profile section you can:

- Update your address (provided this feature is enabled)
- Add/update your phone number and/or email address.
- Authorize the ability to email you regarding your account.
- Setup automatic payments.

[My Accounts](#) [My Resources](#) [My Profile](#) [Message Center](#)

[Account Profile](#) [Change Password](#)

Home >> [My Profile](#) >> [Account Profile](#)

[My Account Profile](#)

Your current contact information is listed below. You may update your e-mail address and phone number by clicking on the appropriate link below.

Name: Hazlewood, Coral

Account Number: 05008504776

Address: 42 Bodio Ave.
Jenkins, MS-11641

Phone Number:

E-mail Address:

Employer: Customer Experience

[If you would like to update your address, please log a web case here.](#)

[Edit Phone](#)

[Edit E-mail](#)

Additional Links:

[Email Authorization Settings](#)

[Setup Automatic COBRA Payments](#)

Change Password:

Within the “**Change Password**” option you can update your password.

My Accounts	My Resources	My Profile	Message Center
Account Profile	Change Password		

Home >> My Profile >> Change Password

Change Your Password

This screen allows you to change your password.

Enter Your Current Password: *

Enter Your New Password: *

Confirm Your New Password: *

Change Password

Cancel

Message Center

You can see how to contact WageWorks if you have any questions or need to provide items to WageWorks. You can also submit a support request for any questions or view submitted support requests.

Contact Information

The “**Contact Information**” option provides the contact information for WageWorks. You can also submit a new support request and view all of your submitted support requests.

My Accounts	My Resources	My Profile	Message Center
Contact Information	Submit Online Support Request	View Support Requests	

Home >> Message Center >> Contact Information

Contact Us

[Click here](#) to submit a support request online.

[Click here](#) to view your support requests.

COBRA Contacts	(Hide Details)
----------------	----------------

Toll Free COBRA Plan Customer Service Line (Monday - Friday 7 am to 7 pm CST)

Toll Free Phone:
(866) 747-0039

Payment Mailing Address:
P.O. Box 14225
Orange, CA 92863-1225

COBRA Election / General Correspondence Mailing Address:
P.O. Box 226101
Dallas, TX 75222

Submit Online Support Request

The “**Submit Online Support Request**” option allows you to submit a support request on your account. Support requests can be used to ask a specific question or request assistance on your account.

[My Accounts](#)
[My Resources](#)
[My Profile](#)
[Message Center](#)

[Contact Information](#)
[Submit Online Support Request](#)
[View Support Requests](#)

Home >> [Message Center](#) >> [Submit Online Support Request](#)

Submit Online Support Request

Account Type: ☒ COBRA

Please explain your issue in detail:

E-mail Address: [scott.wimberly@wageworks.com](#) [Edit E-mail](#)

☒ Send me an E-mail confirmation that my request was sent

Captcha:

2 D H Q H C

[Submit](#)

View Support Requests

The “**View Support Requests**” option will show you all the support requests that have been submitted for your account along with the status, date opened, questions or identified issue and the completed corrective action.

[My Accounts](#)
[My Resources](#)
[My Profile](#)
[Message Center](#)

[Contact Information](#)
[Submit Online Support Request](#)
[View Support Requests](#)

Home >> [Message Center](#) >> [View Support Requests](#)

My Support Requests

Case Number 5973 Problem Description Corrective Action	Status Open This is a test.	Date Opened 11/21/2017 2:33:37 PM	Category Category Pending
Case Number 5972 Problem Description Corrective Action	Status Open Please update my address	Date Opened 11/20/2017 9:39:58 AM	Category Category Pending
Case Number 5971 Problem Description Corrective Action	Status Open Need a copy of a check.	Date Opened 11/15/2017 11:47:07 AM	Category Category Pending
Case Number 5970 Problem Description Corrective Action	Status Open Please help	Date Opened 11/13/2017 1:05:50 PM	Category Category Pending

Left Navigation Options

View Account Details

You can view your specific monthly benefit information when you select the “[My Accounts](#)” button from the left navigation menu.

COBRA Account Details

Account Details

You can click on Billing / Payment Details to display details.

Due Date	Deadline Date	Premium	Participant Paid	Employer Owed	Total Paid	Participant Owed	Federal Subsidy	Billing / Payment Details
10/01/2012	01/14/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
11/01/2012	01/14/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
12/01/2012	01/14/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
01/01/2013	01/31/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
02/01/2013	03/03/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
03/01/2013	03/31/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
04/01/2013	05/01/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
05/01/2013	05/31/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
06/01/2013	07/01/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
07/01/2013	07/31/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details

1 2 3 4 5 6 7

To see specific billing details, including the applicable plans and coverage levels, select “[Billing/Payment Details.](#)”

COBRA Account Details

Account Details

You can click on Billing / Payment Details to display details.

Due Date	Deadline Date	Premium	Participant Paid	Employer Owed	Total Paid	Participant Owed	Federal Subsidy	Billing / Payment Details
10/01/2012	01/14/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
11/01/2012	01/14/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
12/01/2012	01/14/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
01/01/2013	01/31/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
02/01/2013	03/03/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
03/01/2013	03/31/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
04/01/2013	05/01/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
05/01/2013	05/31/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
06/01/2013	07/01/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details
07/01/2013	07/31/2013	\$272.29	\$272.29	\$0.00	\$272.29	\$0.00	\$0.00	Billing / Payment Details

1 2 3 4 5 6 7

Billing Details

Plan Name	Plan Type	Coverage Code	Due Date	Monthly Premium
UHP POS 20 Medical	POS	Employee Only	10/01/2012	\$272.29

Payment Details

No Payment Details Available.

Make a One Time Payment

You can make a one-time benefits payment when you select the “**One Time Payment**” option from the left navigation menu. This payment will be processed as an electronic check.

Make a One-Time Premium Payment

NOTE: Any payments you make will be applied to the earliest period of coverage first, with any remaining amounts applied to the following coverage period(s).

Outstanding Premium Payments							
☐	Due Date	Deadline Date	Premium	Participant Paid	Employer Paid	Total Paid	Participant Owed
☐	12/01/2017	12/31/2017	\$273.65	\$0.00	\$0.00	\$0.00	\$273.65
☐	01/01/2018	01/31/2018	\$273.65	\$0.00	\$0.00	\$0.00	\$273.65
☐	02/01/2018	03/03/2018	\$273.65	\$0.00	\$0.00	\$0.00	\$273.65
☐	03/01/2018	03/31/2018	\$273.65	\$0.00	\$0.00	\$0.00	\$273.65
☐	04/01/2018	05/01/2018	\$273.65	\$0.00	\$0.00	\$0.00	\$273.65
☐	11/01/2017	12/01/2017	\$273.65	\$0.00	\$0.00	\$0.00	\$273.65
☐	05/01/2018	05/31/2018	\$273.65	\$0.00	\$0.00	\$0.00	\$273.65

* Required field

☒ Checking ☐ Savings

Clyde Zigmond

*Check Number:

Pay To The Order Of: WageWorks

*Routing Number

*Account Number

Electronic Signature

Make Payment Now

[How do I find my account number and routing number?](#)

To make a one-time payment, you need to complete the following steps:

- Step1** Select the month for the payment.
- Step2** Specify if the account is a checking or a savings account.
- Step3** Enter your check number, routing and account number from a check
- Step4** Select “**Make Payment Now**” to process the payment.

Once your transaction is complete, you will see a confirmation page with the payment information. We recommend printing this page for your records.

Establish an Automatic Payment

You can make an ongoing, automatic benefits payment when you select the “Automatic Payment” option from the left navigation menu.

To make an automatic payment, you need to complete the following steps:

- Step1** Ensure the “Add/Modify” option is selected.
- Step2** Specify if the account is a checking or a savings account.
- Step3** Enter the routing and account number from a check. This is a double entry process to ensure accuracy.
- Step4** Select “[Next](#)” to process the payment.

Setup Automatic COBRA Payments

You may sign up for auto pay or modify your existing banking information by choosing 'Add/Modify' below. You may revoke your auto pay enrollment by choosing 'Revoke.'

Choose an Option

☒ Add/Modify

Authorize COBRA Payments

Bank Account Type: ☒ Checking ☐ Saving

Bank Routing Number:

Confirm Bank Routing Number:

Bank Account Number:

Confirm Bank Account Number:

[How do I find my bank account and routing number?](#)

[Next](#)

- Step5** Review the Authorization Agreement, and if you agree check the box to agree to the terms.
- Step6** Select “[Submit](#)” to complete your automatic payment process or choose “[Previous](#)” to go back a page.

Once your automatic payment has been created, you will see a confirmation page with the payment information. We recommend printing this page for your records by selecting the “[Print Page](#)” button.

View Your Notices

You can view the generated notices that are sent to you when you select the “**Notice**” option from the left navigation menu.

View My Notices

Mail Notices		(Hide Details)
Description	Date Queued	
Open Enrollment Notification	Mar 09 2017	View
Election Notice and Plan Alternatives	Jan 12 2017	View
COBRA Rights Notice	Jan 12 2017	View
HIPAA Rights Notice	Jan 12 2017	View
Continuation Coverage Premium Invoice	Jan 12 2017	View

If you would like to look at a copy of a specific notice, select the “**View**” option for the desired notice.