



**EPK Benefit's Employer Portal User Guide  
How to Add Dependents**

## [Adding Dependents To An Existing Employee](#)

If you wish to add a dependent to an existing employee, select **Add or Change Employee Information**

[Main Menu](#) | You are logged in as WEB30000; [Click here to logout.](#)

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### What Do You Want To Do?

- Bills
- Add or Change Employee Information
- Cancel Employee/Dependent Coverage
- View Submitted On-line Requests
- View Current Active Roster
- View Current COBRA Roster
- Set Banking Information
- Change Password
- Important Documents
- Help Section



Next select **Enroll New Employee/Modify Existing Employee Information**

## What Do You Want To Do?

- ⊕ Bills
- ⊖ Add or Change Employee Information
  - Enroll New Employee / Modify Existing Employee Information
  - Change an Existing Employee's Address
- ⊕ Cancel Employee/Dependent Coverage
- View Submitted On-line Requests
- View Current Active Roster
- View Current COBRA Roster
- Set Banking Information
- Change Password
- ⊕ Important Documents
- ⊕ Help Section

The following screen will appear, select begin

Main Menu | You are logged in as WEB30000; Click here to logout.

## Add / Enroll / Modify Employees

Employers: with this form, you may enroll your new employee in benefits, or you may also use this form to make changes to existing employees.

**Employers:**

Before you begin, please gather all necessary information. You will not be able to save your progress and come back later, you must fill out and submit the form in the same session.

You will be required to enter the employee's personal information, including: SSN, name, address, date of birth, and gender. You will also need to enter the employment information such as intended enrollment date, average weekly hours, Division Number, etc.

[BEGIN](#)

**Enter the social security number or the last name of the existing employee and select go. The following screen will appear with the employee information.**

## Employee(s) Found

An employee was found. You can either edit this person or search again.

MIKE TEST (431-25-6001)

[BACK](#) [EDIT](#)

your new employee in benefits, or you may also use this form to make changes to existing employees.

**Select Edit. Then select the reason for the change from the drop down and tab over to enter the effective date.**

**Select Continue**

**The following validation screen will appear:**

# Add / Enroll / Modify Employees

Employers: with this form, you may enroll your new employee in benefits, or you may also use this form to make changes to existing employees.

Current selected member: MIKE TEST

Begin > Census Info > Employment Info > Dependents > Medical > COB > Beneficiaries > Review

## Employee Information

Select the EDIT button below if changes need to be made. Otherwise, if all information is correct, select the CONTINUE button.

**Member:** MIKE TEST (M) - 431-25-6001  
**Date of Birth:** 09/01/1977  
**Address:**  
1111 TEST AVE TEST CITY WA 98118 0000  
**Phone numbers:**  
(H) - (111) 111-1111  
(W) - No work phone number on file  
(M) - No mobile number on file  
**Marital Status:** Married

[EDIT](#) [CONTINUE](#)

**Edit any information using the edit button as needed. Select continue. The following Employment Information Screen will appear:**

Begin > Census Info > Employment Info > Dependents > Medical > COB > Beneficiaries > Review

## Employment Information

Select the "edit" button below to add or update employment information as needed. Please note that *Original Hire Date*, *Average Weekly Hours*, and *Class / Probation Code* are required fields and must be completed. Complete *Division Code* as applicable to your company.

### Employment Data

<b>Intended Effective Date:</b> 10/01/2017	<b>Group:</b> TEST EMPLOYER	<b>Average Weekly Hours:</b> 40.00
<b>Division Number:</b> Division number is optional.	<b>Original Hire Date:</b> 08/01/2017	<b>Class/Probation Code:</b> 1 - ALL
<b>PT to FT date:</b> Not on file.	<b>Rehire Date:</b> Not on file.	

[EDIT](#) [CONTINUE](#)

**Select continue. The Dependent Screen will now appear- Select Add**

# Add / Enroll / Modify Employees


Employers: with this form, you may enroll your new employee in benefits, or you may also use this form to make changes to existing employees.

Current selected member: MIKE TEST

Begin > Census Info > Employment Info > **Dependents** > Medical > COB > Beneficiaries > Review

Dependents on file: ADD

**Instructions: the employee's dependents are listed here.**  
You will choose who will be enrolled under the available group(s) in another section.  
Click the **ADD** button to add a new dependent. Click on the edit (✎) icon to edit information.  
Newly added dependents can be deleted by clicking the delete (🗑) icon.  
Dependents not covered under any group(s) will be terminated.

 CONNIE TEST (121-21-2121)  
Relation: Wife  
Marriage Date: 06/22/1994  
Date of Birth: 11/02/1972  
Effective Date: 10/01/2017 ✎

CONTINUE

**The following screen will appear:**

### Add or Edit a Dependent

First	Middle	Last
BABY		TEST
<hr/>		
SSN	DOB	
333-33-3333	08/26/2017	
<hr/>		
Gender	Phone	
Female		
<hr/>		
Relationship		
Daughter		
<hr/>		

CANCEL CONTINUE

**Complete the information and select continue. The following confirmation page will appear displaying all dependents for the employee:**

# Add / Enroll / Modify Employees

Employers: with this form, you may enroll your new employee in benefits, or you may also use this form to make changes to existing employees.





Current selected member: MIKE TEST

Begin > Census Info > Employment Info > **Dependents** > Medical > COB > Beneficiaries > Review

## Dependents on file:

**ADD**

**Instructions: the employee's dependents are listed here.**  
You will choose who will be enrolled under the available group(s) in another section.  
Click the **ADD** button to add a new dependent. Click on the edit (✎) icon to edit information.  
Newly added dependents can be deleted by clicking the delete (✖) icon.  
Dependents not covered under any group(s) will be terminated.

	CONNIE TEST (121-21-2121) Relation: Wife Marriage Date: 06/22/1994 Date of Birth: 11/02/1972 Effective Date: 10/01/2017	
	BABY TEST (333-33-3333) Relation: Daughter Date of Birth: 08/23/2017 Effective Date: TBD	

**CONTINUE**

**Edit any information as needed using the pencil icon, then select continue. Next you will select the coverages the employee wishes to enroll the dependent in. From the coverage screen, check the box for any dependents to be covered (if the box is already checked the dependent is already enrolled). Then select continue.**

Current selected member: MIKE TEST

Begin > Census Info > Employment Info > Dependents > **Medical** > COB > Beneficiaries > Review

I no longer wish to enroll in this coverage.

## Medical Coverage Information

Select one option from each category. An option will be automatically selected if the employee had coverage in the previous year or if it is the only option in the category.

Medical (select one)
<b>MAD</b>


BLIFE - Member only benefit (select one)
<b>BASIC LIFE 15,000</b>

## Select Covered Dependents

Listed below are dependents that will be enrolled in this group. If dependents were previously enrolled in this group, they must remain enrolled until a "Dependent Cancellation Form" is submitted and accepted. Newly added dependents and dependents not enrolled in this group can be enrolled or unenrolled as needed.

- CONNIE TEST
- BABY TEST

**CONTINUE**



**Please note that if more than one type of coverage is offered-separate screens will appear and you will need to enroll the dependent in each type of coverage separately as appropriate.**

**Once the enrollment selection is made- the previous coverage screen will appear. Answer the question as appropriate and complete the information.**

**The beneficiary screen will then appear- select continue.**

**Next the confirmation page will appear- validate all the information is correct, then authorize the submission and enter your name in the submitted by section and select submit.**



## Review Enrollment Information

### Census Information

**Member:** MIKE TEST (M) - 431-25-6001  
**Date of Birth:** 09/01/1977  
**Address:**  
1111 TEST AVE TEST CITY WA 98118 0000  
**Phone numbers:**  
**(H)** - (111) 111-1111  
**(W)** - No work phone number on file  
**(M)** - No mobile number on file  
**Marital Status:** Married

### Employment Information

**Intended Effective Date:** 10/01/2017  
**Division Number:** Division number is optional.  
**PT to FT date:** Not on file.

**Original Hire Date:** 08/01/2017  
**Rehire Date:** Not on file.

**Average Weekly Hours:** 40.00  
**Class/Probation Code:** 1 - ALL

### Dependents

Listed dependents:

#### CONNIE TEST (121-21-2121)

Relation: Wife  
Marriage Date: 06/22/1994  
Date of Birth: 11/02/1972  
Effective Date: 10/01/2017

#### BABY TEST (333-33-3333)

Relation: Daughter  
Date of Birth: 08/23/2017  
Effective Date: TBD

### Medical Coverage

**Group/Employer:** 00888888 - TEST EMPLOYER

Listed below are the plans and the coverage you selected.

**Medical** - M40  
**Blife** - BASIC LIFE 15,000  
**Covered Dependents:**  
CONNIE TEST  
BABY TEST

### Beneficiaries

The Member's assigned beneficiaries.

#### CONNIE TEST

Phone: (111) 111-1111  
Relation: Wife  
Date of Birth: 11/02/1972  
Effective Date: 10/10/2017  
Primary - 100.0000%

Authorize

**Application Agreement:** I have provided these answers as part of the application procedure required by Regence BlueShield, Group Health Options, Inc., Group Health Cooperative, Delta Dental of Washington and/or LifeMap Assurance Company to enroll in coverage and I certify that all information completed on this form is true, correct, and complete. I understand that Regence BlueShield, Group Health Options, Inc., Group Health Cooperative, Delta Dental of Washington and/or LifeMap Assurance Company will rely on each answer in making coverage and rating determinations. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Online Submissions:** When submitting an enrollment online, the employer confirms a completed employee subscriber application, with valid signatures from the eligible employee applying for coverage, has been obtained. As the Employer you must maintain enrollment records as well as other necessary information to demonstrate eligibility. In addition, you must be able to provide the application upon the request of EPK & Associates, Inc. or the insurance carrier at any time. Current beneficiary designations must also be completed on the form and maintained. Updated information must be provided to EPK as necessary.

ments? Enter any comments you have relating to this enrollment form below.

**Employers:** The person filling out the form on behalf of a participant must enter their name in the box below.

Name: y Last Name: Campbell

Once you have reviewed all the member's information and confirmed that it is correct, click submit to complete this form.

SUBMIT >

**You will then receive a confirmation message that the submission is complete.**