

How to Add a Small Group Client / Employer

1. From the Broker Dashboard, choose the *Employer* tab and click the **Select Associated Agency** drop-down and choose how you want to enroll this client (select an agency or the *Direct Clients* option).

The screenshot shows a web interface for a broker dashboard. At the top right, it says "Logged in as HollyG_BROKER" with links for "My Dashboard" and "Sign Out". Below this are navigation tabs: "My Clients", "Messages & Notices", and "Documents".

On the left side, there is a sidebar for "Account Holder Info" for "Holly Gray". It includes "Account Settings", "Account No: AC0000022612", "Certification No: SI63141", and "Expiration Date: 2016-05-22".

The main content area is titled "Overview" and contains the text: "Here you can select a current client's account to manage. Please select an agency from the drop down menu below. To continue managing your account select Show Employer List. If an employer has authorized you to manage their account but is not on your client list, you can add them by clicking Add Employer."

Below the overview is the "My Clients" section. It has three tabs: "Employer" (which is circled in red), "Employee", and "Individual".

Under the "Employer" tab, there is a red-bordered box containing the text "Select Employers of an Associated Agency or Select All." and a dropdown menu labeled "Select Associated Agency*" with "--Select--" as the current selection.

Below this is the "Search Employer" section, which includes a "Filter Options" button, two input fields for "Employer (Company Name)" and "Primary Contact", and a "Reset All" button.

A note below the search fields says: "*Please click on 'eligibility' for the employer you want to enroll."

At the bottom, there is a table header with the following columns: Company, Client Name, AccountID, Phone Number, Eligibility Status, Enrollment Status, Employees, Renewal Date, and Action.

1. Click *Add Employer*.

Logged in as HollyG My Dashboard Sign Out

My Clients Messages & Notices Documents

Account Holder Info

Holly Gray
Account Settings

Account No: AC0000022612

Certification No: SI63141

Expiration Date: 2016-05-22

Overview

Here you can select a current client's account to manage. Please select an agency from the drop down menu below. To continue managing your account select Show Employer List. If an employer has authorized you to manage their account but is not on your client list, you can add them by clicking Add Employer.

My Clients

Employer Employee Individual

Select Employers of an Associated Agency or Select All.

Select Associated Agency*

Direct Clients Show Employers List OR Add Employer
Enter Details

Search Employer

Filter Options

Employer (Company Name) Primary Contact

Reset All

*Please click on 'eligibility' for the employer you want to enroll.

Company	Client Name	AccountID	Phone Number	Eligibility Status	Enrollment Status	Employees	Renewal Date	Action
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2. On the **Add a New Employer Group** page, enter the employer's contact information, select the broker authorization date, upload the Broker of Record Agreement (see next page), and click *Submit*.

Logged in as HollyG My Dashboard Sign Out

My Clients Messages & Notices Documents

Account Holder Info

Holly Gray
Account Settings

Account No: AC0000022612

Certification No: SI63141

Expiration Date: 2016-05-22

Add A New Employer Group

Use the fields below to setup a new Employer Group on the Small Business Marketplace

Primary Employer Contact * Mandatory Field

First Name *	Middle Name
<input type="text"/>	<input type="text"/>
Last Name *	Suffix
<input type="text"/>	<input type="text"/>
E-mail Address *	E-mail Address Confirmation *
<input type="text"/>	<input type="text"/>

Mailing Address

Address Line 1 *	Address Line 2		
<input type="text"/>	<input type="text"/>		
City: *	Zip *	County *	State *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add a New Employer Group page (continued).

Telephone Numbers

Primary Phone Number * Type

Secondary Phone Number Type

If cell phone, standard rates apply.

Authorization Details

Effective Date: * 

Upload *

*You must upload, then submit your Broker of Record Agreement for this employer in order to continue.

A BOR template can be found on NYSOH website (or you can use your own):

- **Small Business Marketplace** – <http://info.nystateofhealth.ny.gov/resource/broker-record-designation-small-business-marketplace>
- **Individual Marketplace** – <http://info.nystateofhealth.ny.gov/resource/broker-record-designation-individual-marketplace>

3. Once the BOR is uploaded you will see a "Thank You!" message. Click close and **SUBMIT**.

The image shows a screenshot of a web form with a modal box overlay. The modal box is titled "Thank You!" and contains the text "Document uploaded successfully." and a "Close" button. The background form is dimmed and includes the following fields:

- Two email address fields, both containing "stana.nakhle@health.ny.gov".
- A "State" dropdown menu with "NEW YORK" selected.
- A "City" dropdown menu with "New York" selected.
- A "Zip" field with "10001" entered.
- A "Telephone Numbers" section with two rows:
 - Primary Phone Number: "(212) 212-2121", Type: "Cell".
 - Secondary Phone Number: (empty), Type: "--Select--".
- A note: "If cell phone, standard rates apply."
- An "Authorization Details" section with "Effective Date: *" set to "05/01/2014".
- A "Document uploaded successfully." message in green text.
- An "Upload *" section with a "Browse..." button and an "Upload" button.
- A footer note: "*You must upload, then submit your Broker of Record Agreement for this employer in order to continue."

- On the Broker Dashboard, from the Employer tab, select an option from the **Select Associated Agency** drop-down and click *Show Employers List*. In the table at the bottom of the dashboard, click *Eligibility* in the **Action** column for the client you wish to work with.

Logged in as HollyG My Dashboard Sign Out

My Clients Messages & Notices Documents

Account Holder Info

Holly Gray
Account Settings

Account No: AC000022612

Certification No: SI63141

Expiration Date: 2016-05-22

Overview

Here you can select a current client's account to manage. Please select an agency from the drop down menu below. To continue managing your account select Show Employer List. If an employer has authorized you to manage their account but is not on your client list, you can add them by clicking Add Employer.

My Clients

Employer Employee Individual

Select Employers of an Associated Agency or Select All.

Select Associated Agency*

Direct Clients OR

Search Employer

Filter Options

Employer (Company Name) Primary Contact

*Please click on 'eligibility' for the employer you want to enroll.

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Company	Client Name	AccountID	Phone Number	Eligibility Status	Enrollment Status	Employees	Renewal Date	Action
	Caroline Reynolds		(518) 555-1111	pending	not_started	0	n.a.	Eligibility Delete

5. On the **Contact Information** page, make any necessary corrections and click *Next*.

Logged in as HollyG My Dashboard

Contact Information

Please fill in the required contact information below

* Mandatory Field

Employer Contact Details

First Name * Middle Name Last Name * Suffix

Caroline [] Reynolds None [v]

Email Address * Confirm Email Address *

colleen.williams@health.ny.gov colleen.williams@health.ny.gov

Mailing Address

Address Line 1 * Address Line 2

100 Broadway []

City * Zipcode * County * State *

Albany 12203 ALBANY NY [v]

Telephone Numbers

Please list your primary telephone number. If you have any additional phone numbers you would like us to have on file, please provide them below.

Primary Phone Number *

(518) 555 - 1111 X Ext [] Type Cell [v]

If cell phone, standard rates apply, depending on your plan.

[Add Another Number](#)

[Next](#)

6. On the **Contact Preferences** page, enter the appropriate information and click *Next*.

Logged in as HollyG My Dashboard

✓ Employer Details
Contact Preferences
Company Information
Additional Contact
Employee Details
Company Review
Company Confirmation

Contact Preferences

Please indicate your preferred language and the way we should contact you.

Language Preferences

Preferred Language - Spoken Preferred Language - Written

English English

Send me alerts via:

Email *colleen.williams@health.ny.gov*

Mail *100 Broadway, Albany, NY 12203*

When contacting me via phone use:

CELL *5185551111*

Go Paperless? [What does this mean?](#)

Please indicate the best telephone number to contact you in case of an urgent matter. ×

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7. On the **Account and Identity Information** page, enter the appropriate information, check the box to agree with the *General Privacy Attestation*, and click *Next*.
Please note: this page is asking for the Employer's information, not the broker's.

Logged in as HollyG My Dashboard

✓ Employer Details
✓ Contact Preferences
Company Information
Additional Contact
Employee Details
Company Review
Company Confirmation

Account and Identity Information

Identity proofing is used by the Small Business Marketplace to ensure that only you and other authorized individuals have access to your personal information. Please enter your personal information below.

Gender *

Male Female

Date of Birth *

- -

Social Security Number *

- -

The Small Business Marketplace is a secure site and will use your SSN for identity verification purposes only.

I agree with the General Privacy Attestation

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8. Click *Next* at the Congratulations message.

Logged in as HollyG My Dashboard

Employer Details
Contact Preferences
Company Information
Additional Contact
Employee Details
Company Review
Company Confirmation

Congratulations. Your identity has been successfully verified.

Please continue with account setup.

Please continue with the remaining part of the eligibility process. Click next to begin your employer group set up and enrollment.

Next

9. On the **Company Information** page, enter the appropriate information and click **Next**.

Logged in as HollyG [My Dashboard](#)

- Employer Details
- Contact Preferences
- Company Information**
- Additional Contact
- Employee Details
- Company Review
- Company Confirmation

Company Information

Please tell us about your company. You must fill in all fields with (*).

Company Details

Legal Company Name *

DBA Name

If you do business under another name, please enter that name here

Business Type *

C Corporation S Corporation LLC **Sole Proprietorship or Partnership**

If you are an employer whose only employees include yourself and/or your spouse, federal regulations do not allow you to participate in the Small Business Marketplace. You can participate in the Individual Marketplace.

EIN/TIN *

Primary Business Address

What is your primary (physical) business location in New York State?

Address Line 1 * **Address Line 2**

City * **ZIP Code *** **County** **State**

Billing Address

Same as primary business address

Address Line 1 * **Address Line 2**

City * **ZIP Code *** **County** **State**

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10. On the **Additional Contact Information** page, either indicate a secondary contact and click *Next* or leave blank and click *Skip*.

Please note: The person listed as an additional contact will be able to conduct business on behalf of the employer in case the employer is unable to access their account. It is advisable to enter an additional contact if at all possible, such as a business partner or co-owner.

Logged in as HollyG My Dashboard

✓ Employer Details
✓ Contact Preferences
✓ Company Information
✓ Additional Contact
Employee Details
Company Review
Company Confirmation

Additional Contact Information

You can give us a secondary contact who can do business on your behalf through the Small Business Marketplace Customer Service Center. You can also skip this section or come back to it later.

First Name * Middle Name Last Name * Suffix
 --Select-

Email Address * Email Address Confirmation *

Date of Birth * Social Security Number *
  - -

Telephone Numbers

Primary Phone Number *
() - X Ext Type --Select-

If cell phone standard text messaging rates apply.

11. On the **Company Roster** page, you can add employees, as described in the guide “How to Add an Employee”.

Logged in as HollyG [My Dashboard](#)

- Employer Details
- Contact Preferences
- Company Information
- Additional Contact
- Employee Details
- Company Review
- Company Confirmation

Company Roster

In order to participate in the Small Business Marketplace, you must list all eligible employees on your company roster. Employees must be listed even if they are not electing coverage. Business owners are eligible and should be listed on the roster.

The address listed for employees should be their residential address.

There are two ways to enter your employee information:

1. You can download a template, fill it out and upload it to the Small Business Marketplace or
2. You can enter your employee information one at a time.

Use Template

Download Roster Template

Add Individually

Add Employee

Manage Roster Instructions:

Instructions - Choose one of the options below if you want to change the information in your roster:

1. Click **EDIT** or **FIX ERROR** to change that employee's information, then click **SAVE**.
2. Click **X** to remove an employee record.
3. Click **DELETE ALL ERROR ROWS** to delete all incorrect information in the roster. You will need to input the corrected information or the employee will not be offered insurance.

Manage Enrollments

1. After you have completed your enrollment offer, a participation code will be sent to all employees on your roster. Your employees will then have the ability to enroll themselves online, or can have customer service assist them. If you want to enroll one or all of your employees directly, you can use the **Enroll button** next to their name on the roster. You will then have to complete the enrollment process for each employee you are assisting.
2. If your employee later wants access to the account you have created for them, use the **Invite button**. This will send an invitation code to the email address provided when you setup their account.
3. To delete an employee from your insurance offer, you can select the **Delete button** next to the employees name.

Filter Roster

Show All
▼

Delete All Error Rows >>

Delete Roster

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Status	Employee Code	Employee Name	E-Mail Address	Address	Participation Code	Actions
No data available in table						

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