

How to Enroll an Employee

Once the company roster has been uploaded and the group/class enrollment has been created (See, “How to Add an Employee” and “How to Create an Enrollment Offering” guides here: https://info.nystateofhealth.ny.gov/ProducerUserGuides?utm_source=Toolkit&utm_medium=webpage&utm_campaign=Toolkit), the employee will receive an offer of coverage via email which will include a participation code. If the employee wishes to enroll themselves, they may use this participation code and register an employee account with NY State of Health. If they had an individual account at any point they may use the same credentials to log into the employee account. The employee would follow the prompts and add the participation code as required. This will link them to their employer and they will be able to enroll in their offered coverage.

If the employee cannot enroll themselves, the following steps show how a Navigator can complete an enrollment on the employees’ behalf.

1. From the Navigator Dashboard, go to the **Employee** tab. Select the agency from the **Select Associated Agency** drop-down and select at the employer from the **Select Associated Employer** drop-down. (Note: a Navigator can only have 1 Associated Agency or this will display as Direct Clients) The employees associated with the selected employer will display.

- Click *Enroll* next to the employee you would like to enroll. This will take you *directly into the employee’s account, where you will act on their behalf*.

My Clients

Employer **Employee** Individual

Select Associated Agency *
Direct Clients

Select Associated Employer *
Sally Smith

Search Employee

Filter Options

Employee's Name
Last 4 Digits of SSN

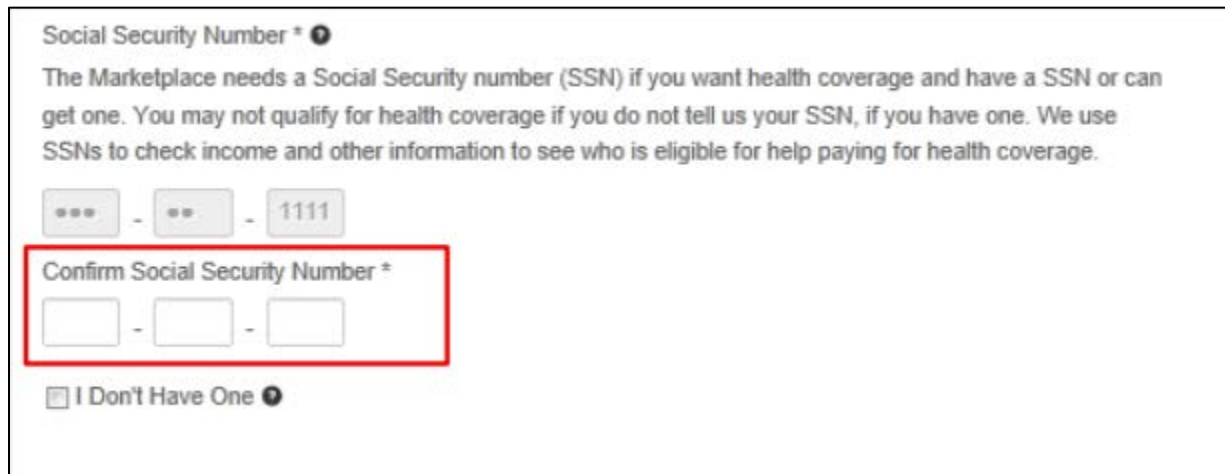
Reset All

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Employee Name	SSN	Phone Number	Employee Code	Class	Actions
Arthur Parker	*****4567	(518)756-2345	01	Executive staff	Enroll Invite
George McKnight	*****3567	(518)638-3678	02	Full time staff	Enroll Invite
Holly Greene	*****6474	(518)123-4567	05	Full time staff	Enroll Invite

2. Once inside the employee's account, you will have the option to update their profile. Click **Next**.

Please Note: you will have to CONFIRM the Social Security Number for the employee, so you will need to have this information in order to complete this enrollment.



Social Security Number * ⓘ

The Marketplace needs a Social Security number (SSN) if you want health coverage and have a SSN or can get one. You may not qualify for health coverage if you do not tell us your SSN, if you have one. We use SSNs to check income and other information to see who is eligible for help paying for health coverage.

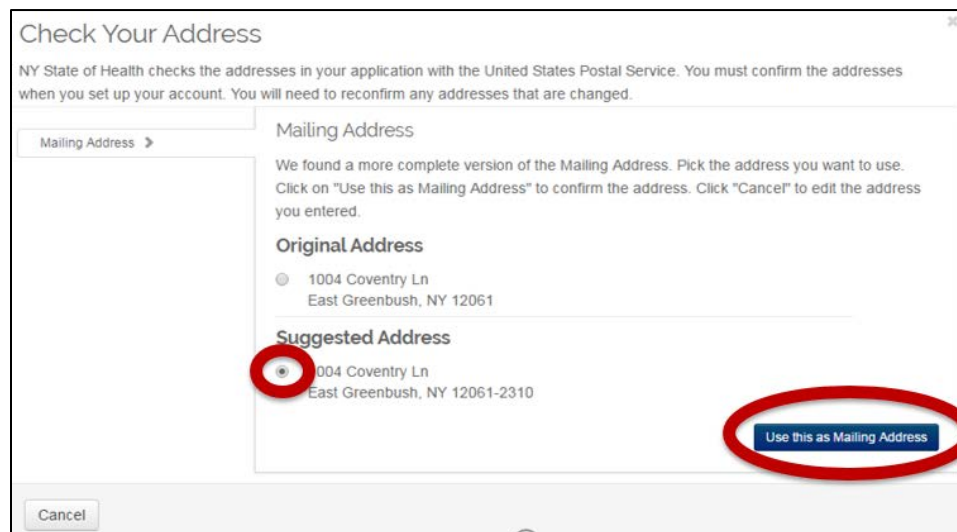
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Confirm Social Security Number *

- - -

☐ I Don't Have One ⓘ

- The Marketplace will also attempt to validate the consumer's address during this step. Review the options presented by the system, and select the address that is correct. Consumers should use the suggested address if it is correct, as this is the "deliverable" address as identified by the system.



Check Your Address

NY State of Health checks the addresses in your application with the United States Postal Service. You must confirm the addresses when you set up your account. You will need to reconfirm any addresses that are changed.

Mailing Address >

Mailing Address

We found a more complete version of the Mailing Address. Pick the address you want to use. Click on "Use this as Mailing Address" to confirm the address. Click "Cancel" to edit the address you entered.

Original Address

1004 Coventry Ln
East Greenbush, NY 12061

Suggested Address

1004 Coventry Ln
East Greenbush, NY 12061-2310

Use this as Mailing Address

Cancel

3. On the Client Enrollments page, click *Enroll*.

Please Note: If you do not see the Enroll button immediately, please check the employee roster to see if a participation code has been generated.

Client Enrollments

Employee Dashboard

Employer ID	Employer Name	Enrollment ID	Enrollment Status	Action
HC2945	Greentree Vegetables	ES4414	Not Yet Started	<div>Enroll</div>

4. On the **My Employer** page, you will see the details of the enrollment offer and have the opportunity to Decline Coverage here or continue and update any family details.

My Employer

Farmers market

▼ Employer Details

EIN

245645645

Address

217 Hoosick St, Albany, NY 12041 ALBANY

▼ Enrollment Period

Open enrollment start date

09/09/2014

Open enrollment end date

09/30/2014

Coverage effective start date

11/01/2014

Coverage effective end date

10/31/2015

▼ Employer Contribution(s) by Coverage Tier

Medical Insurance

Employee	100.00%
Employee + Spouse	100.00%
Employee + Children	100.00%
Employee + Family	100.00%

Dental Insurance

Employee	N/A
Employee + Spouse	N/A
Employee + Children	N/A
Employee + Family	N/A
Pediatric Only Dental Plan	N/A

▼ Plan Benefits

You can select any plans recommended by employer

Health coverage options and riders offered

Cover domestic partners	Yes
Qualified Religious Organization (exclude coverage for family planning and counseling services)	No
Extend Coverage for dependent children from age 26 through age 29 (cost of coverage may increase)	Yes

✕ Decline Coverage

- If the employer has offered coverage for dependents, you will have the opportunity to add that information here; you can click Save after each dependent you add in case you are interrupted. It is important to inform NY State of Health if any of the dependents you are enrolling on the plan already have other health insurance coverage. Click Next.

Employee Family Details
Here are the details of the insurance you are being offered through your employer. If your Employer also offers coverage to other members of your family, you will be able to enter their information so they can be enrolled in your plan.

of Self
 First Name * Middle Name Last Name * Suffix

Social Security Number/Tax ID *

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

Date of Birth * Gender * ☐ Male ☒ Female

Residential Address * Address Line 1

City * Zip * State *

Ethnicity & Race (Optional)
These questions are optional and will not impact your eligibility for getting health coverage, your health plan choice, or your cost in any way. If you answer the question, click the "Next" button at the bottom of the page. If you choose NOT to answer the questions, click the "Skip" button at the top right of the page.

Ethnicity (Check all that apply)
☐ Cuban ☐ Mexican ☐ Mexican American or Chicano/a ☐ Puerto Rican ☐ Other

Race (Check all that apply)
☐ American Indian/Alaskan Native ☐ Asian Indian ☐ Black / African American ☐ Chinese ☐ Filipino ☐ Guamanian or Chamorro ☐ Japanese ☐ Korean ☐ Native Hawaiian ☐ Other Asian ☐ Other Pacific Islander ☐ Samoan ☐ Vietnamese ☐ White ☐ Other

If you are American Indian or Alaskan Native, name the federally recognized tribe:

Only add dependents you will be enrolling on this plan.

Only select YES, below, if the dependents you are enrolling have health insurance coverage elsewhere.

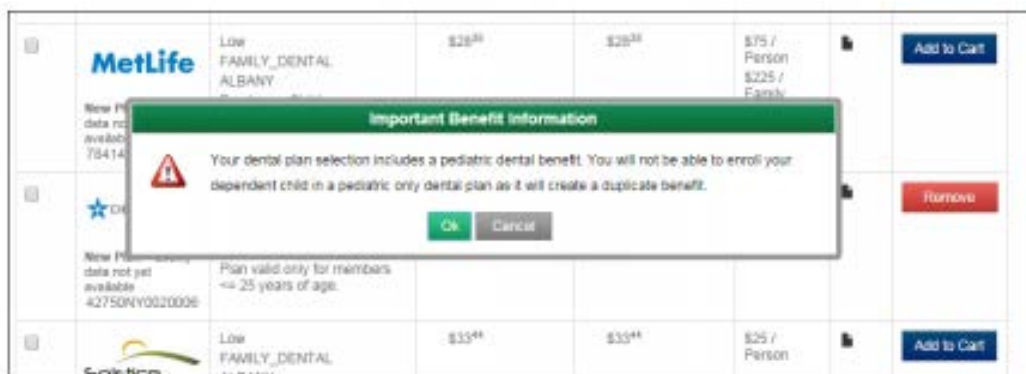
Does anyone in your family have other health insurance?
☒ No ☐ Yes

5. On the **Select Plans** page, you can filter the plans offered by county, metal level, zip code, carrier, or preferred provider. Plans and their premiums are displayed by tier. You can see benefit details for each plan by clicking on the *View Detail* icon for that plan. You can also use the Compare Plans feature to view plan benefit details side-by-side: click on the check box to the left of the *Add to Cart* button for up to three plans, and then click on the “Compare Plans” button (see example on the following page). When you find the plan you want, click on that plan’s *Add to Cart* button. That button will then change to Remove, indicating that this is the selected plan.

Please Note: Navigators may use the Compare Plans feature during this stage in the process as they would in the Individual Marketplace.

6. If the employer is offering dental coverage, you will select a dental plan next. You can review and compare dental plans as you did health plans.

Please Note: If you chose a QHP plan that already includes pediatric dental, you will not be able to also select a **stand-alone pediatric dental plan**. When you have selected a plan, click Next.



7. If you do not pick a plan that includes pediatric dental (if, for instance, you selected “Employee only” or “Employee + Spouse” dental on the previous screen), and you are enrolling any child dependents, the following screen will allow you to select pediatric only dental plans. You must indicate the child you wish to enroll.

- Pediatric dental is available to child dependents through age 19. An employee and/or spouse who are under 19 do not qualify for pediatric dental.
- An employee must select which children are to be covered by pediatric dental (for instance, an employee may choose to NOT cover an infant child).

Select Pediatric Dental Plans

Pediatric Only Dental plans offer essential benefits for dependent children up to age 19. Dependent children will only be covered through the end of the month in which they turn age 19. You will not be able to enroll your child into another dental option until your next open enrollment period even if they age off during the benefit year.

- To select the plan you want to enroll in, click add to cart, then click next.
- To skip selecting Pediatric Dental plans, select next without making a plan selection.
- If you would like to see all of the plans offered by your employer, click the right arrow button above the plan display table below.

Please select the child member for which you need to cover Pediatric dental plan.





☒ Joseph Snow

Plans offered by Employer

Compare up to three plans at a time by selecting the checkbox and then click **Compare Plans**. You cannot add a plan to your cart until you enroll. Please press **back** button, then **enroll** when you are ready to make your selection.

Coverage Effective Date: 11/01/2014

Sort By

Carrier Details	Plan Details	Employer Estimated Contribution	Employee Estimated Contribution	Annual Deductible	View Detail	
<input type="checkbox"/>  <p>GUARDIAN New Plan - Quality data not yet available 42540NY0170001</p>	Low CHILD_ONLY_DENTAL ALBANY Pediatric Child	\$0 ⁰⁰	\$0 ⁰⁰	Not Applicable		<input type="button" value="Add to Cart"/>
<input type="checkbox"/>  <p>GREEN ARROW New Plan - Quality data not yet available 10340NY0020001</p>	Low CHILD_ONLY_DENTAL ALBANY Pediatric Child	\$0 ⁰⁰	\$0 ⁰⁰	\$40 / Person		<input type="button" value="Add to Cart"/>

8. The **Shopping Cart** displays the employee's plan selections for health, dental, and pediatric dental enrollments, as applicable. Review your shopping cart to make sure everything is correct and click *Next*.

9. To complete the enrollment, the consumer (employee) must electronically "sign" the agreement by clicking in the agreement statement box and then clicking *Next*. This can be signed by the Navigator if enrolling the employee.

Agreement

Please read the agreement. Then click Agree to show that you have read the statements and agree with them. Your signature will complete your enrollment.

[Download](#) [Print](#)

I know that the information provided will only be used to determine if I qualify for health insurance and will be kept private as required by law. This authorization will remain valid for no more than twenty-four (24) months.

I know that I must tell the NY State of Health if anything I wrote on this application changes. I should call 1-855-355-5777 or visit www.nystateofhealth.ny.gov to report changes

I understand that any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Consent Language

I understand that I am providing personal information to the NY State of Health, of the New York State Department of Health, so that the NY State of Health may verify that I am a qualified employee who is allowed to enroll in coverage offered to me from my qualified employer through the Small Business Marketplace. I consent to the use and disclosure of my personal information by the NY State of Health for this purpose.

Right to Appeal

You have a right to appeal the decisions the NY State of Health makes about whether or not you qualify for coverage. To appeal means to tell someone at the NY State of Health that you think the decision on your application is wrong, and to ask for a fair review of the decision. You can find out how to appeal by contacting the NY State of Health at 1-855-355-5777.

☒ I have read and agreed to terms and service. * *

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10. If the enrollment is successful, you will see a message stating this which includes the application confirmation number for your records. Please NOTE: Enrollment has not yet been received by the carrier.

Overview Messages & Notices Enrollments & Plans Documents Broken/Navigator Changes in Circumstance

You have successfully completed enrollment application. An email has been sent to your Employer, and your Broker or Navigator if you have one.

Your application confirmation number is: AAUXEN_23741

We will notify you when your enrollment has been approved. You can also check enrollment status online at [Enrollments and Plans](#)

11. If the employee wishes to link to their new enrollment and create account credentials, the Navigator/Employer can click on **Invite** for that employee. The employee will receive an invitation code via email. They must create a NY.gov ID (See additional resource for “How to create a NY.gov ID – All Types”).

My Clients

Employer **Employee** Individual

Select Associated Agency * Select Associated Employer *

Direct Clients Sally Smith

Search Employee

Filter Options

Employee's Name Last 4 Digits of SSN

Reset All

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Employee Name	SSN	Phone Number	Employee Code	Class	Actions
Arthur Parker	*****4567	(518)756-2345	01	Executive staff	Enroll Invite