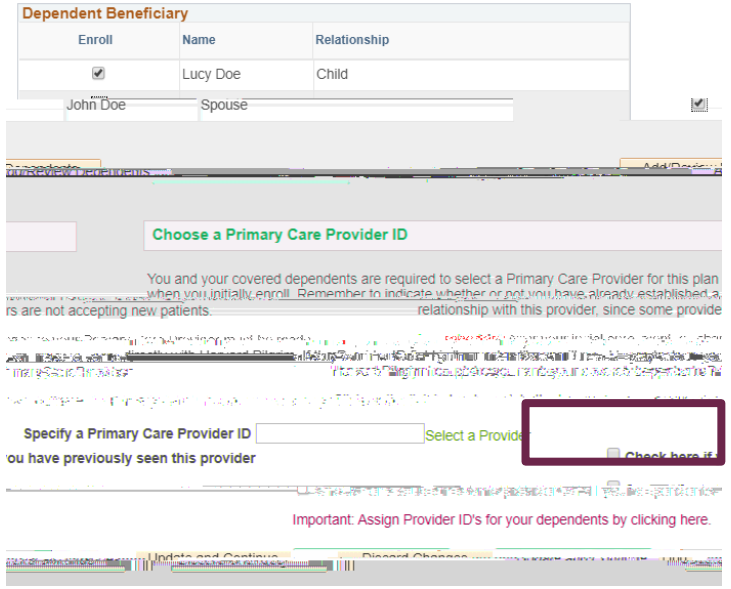
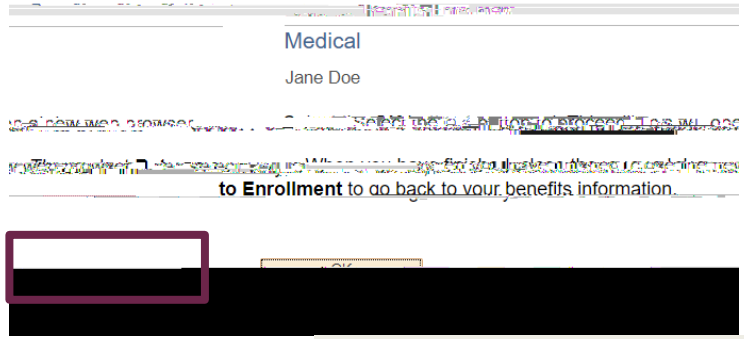
-

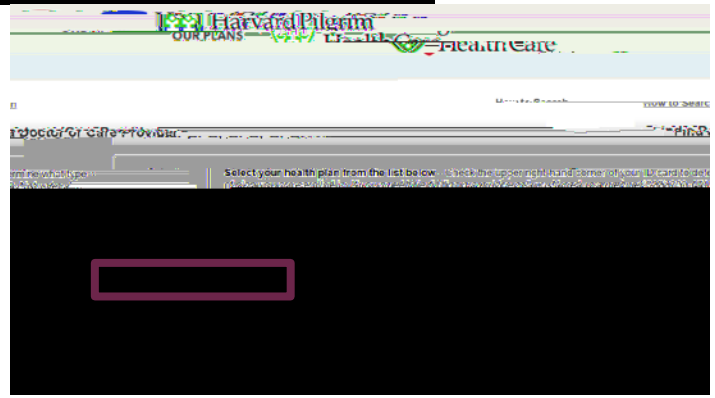
eview

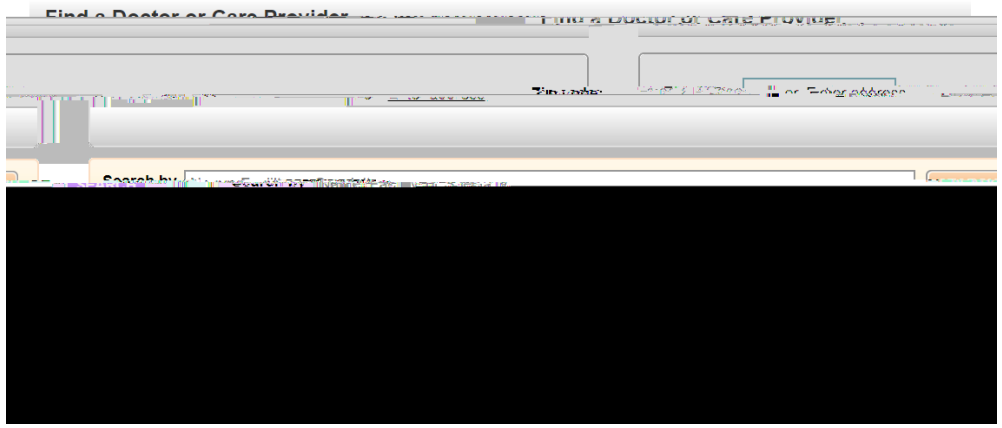
Name
Lucy Doe
Child

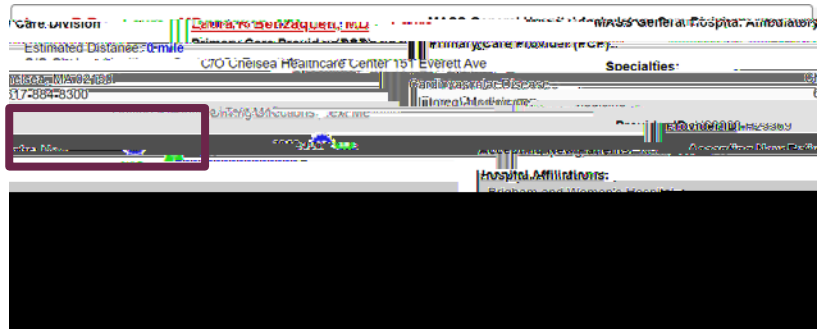
-

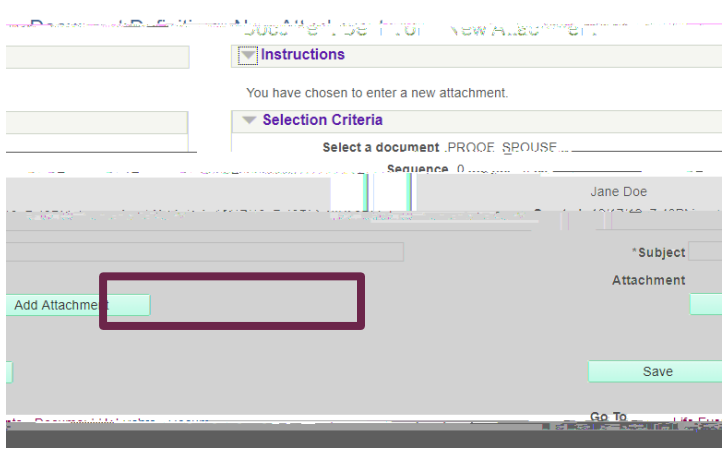

Dependent Beneficiary
Enroll
Name
Relationship
Lucy Doe
Child
John Doe
Spouse
Choose a Primary Care Provider ID
You and your covered dependents are required to select a Primary Care Provider for this plan
when you initially enroll. Remember to indicate whether or not you have already established a
relationship with this provider, since some provide
Specify a Primary Care Provider ID
Select a Provide
Check here if
ou have previously seen this provider
Important: Assign Provider ID's for your dependents by clicking here.

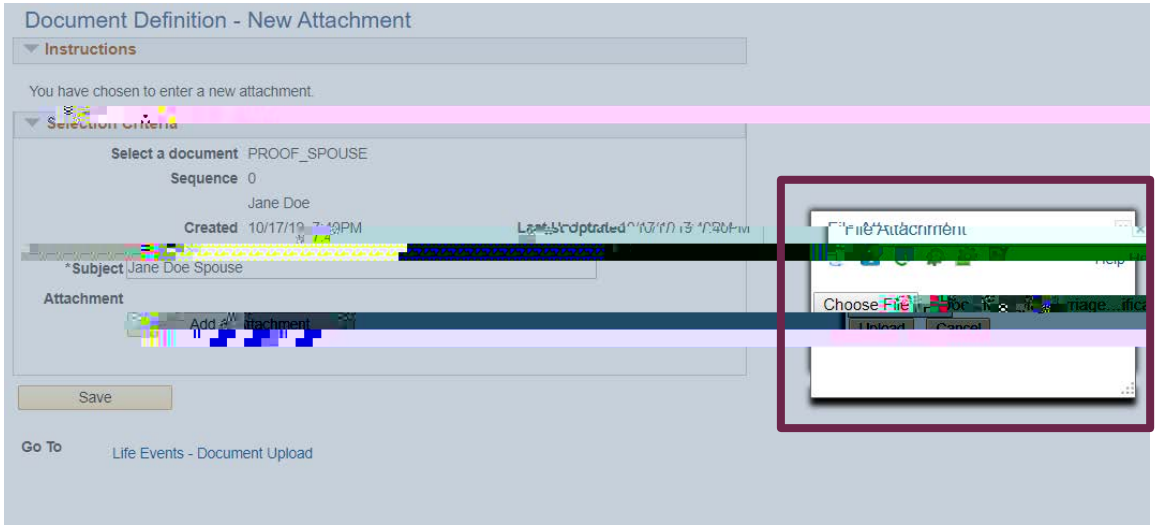

Medical
Jane Doe
to Enrollment to go back to your benefits information.


Harvard Pilgrim
OUR PLANS
HealthCare
Select your health plan from the list below

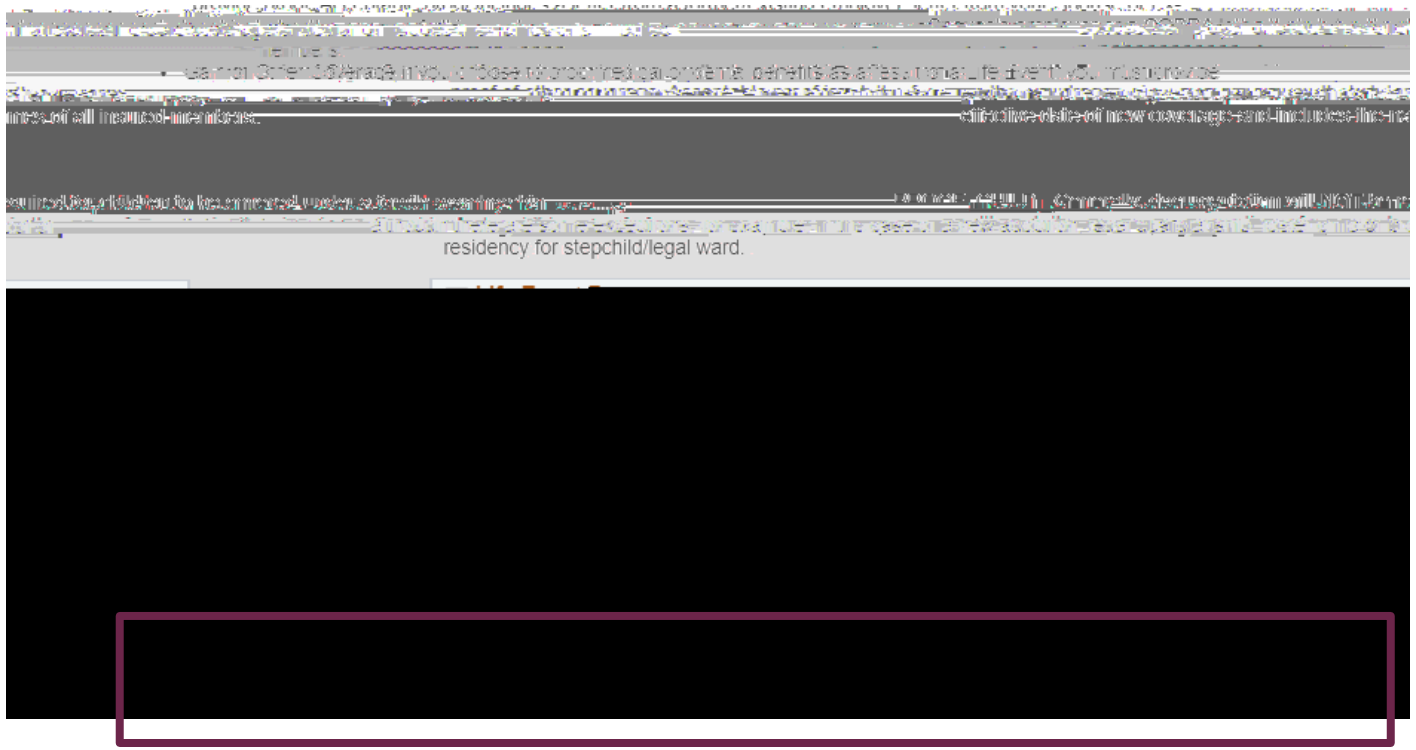




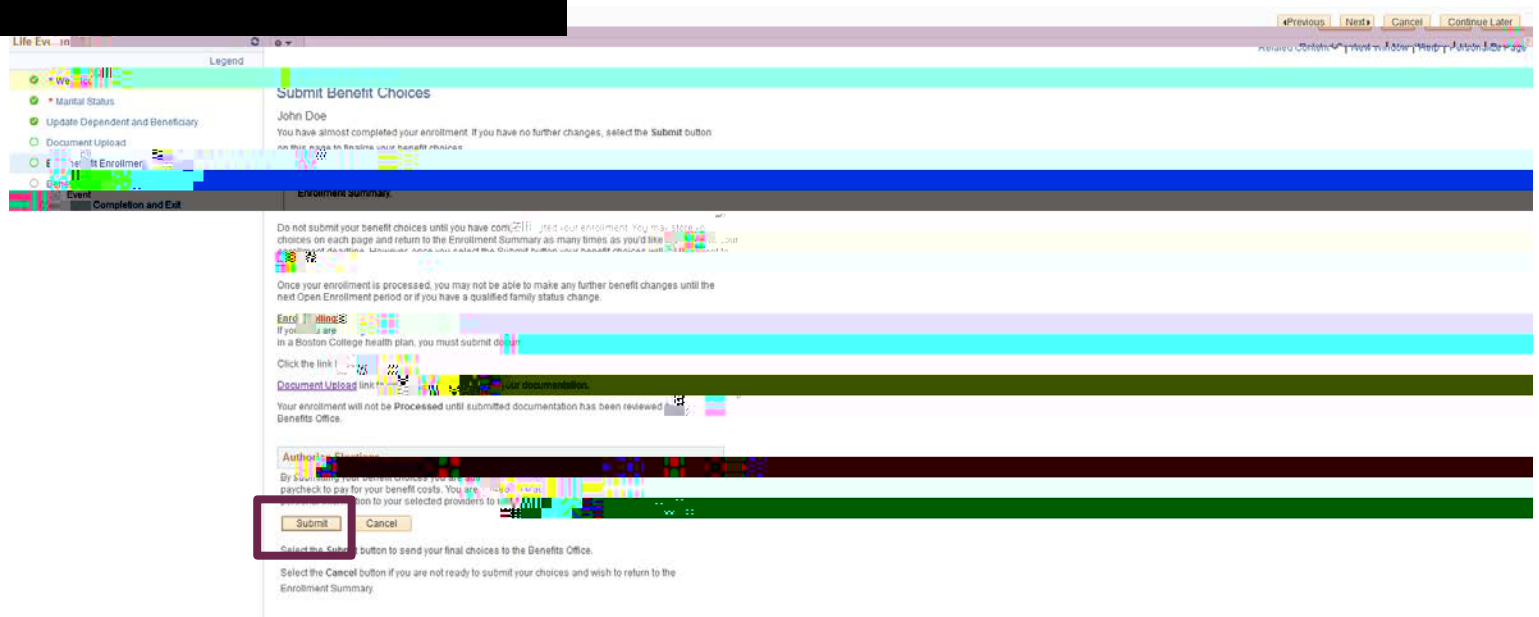

Instructions
You have chosen to enter a new attachment.
Selection Criteria
Select a document PROOF_SPOUSE
Jane Doe
*Subject
Attachment
Add Attachment
Save
Go To


Document Definition - New Attachment
Instructions
You have chosen to enter a new attachment.
Select a document PROOF_SPOUSE
Sequence 0
Jane Doe
Created 10/17/19
*Subject Jane Doe Spouse
Attachment
Add Attachment
Save
Go To
Life Events - Document Upload
File Attachment
Choose File
Upload
Cancel

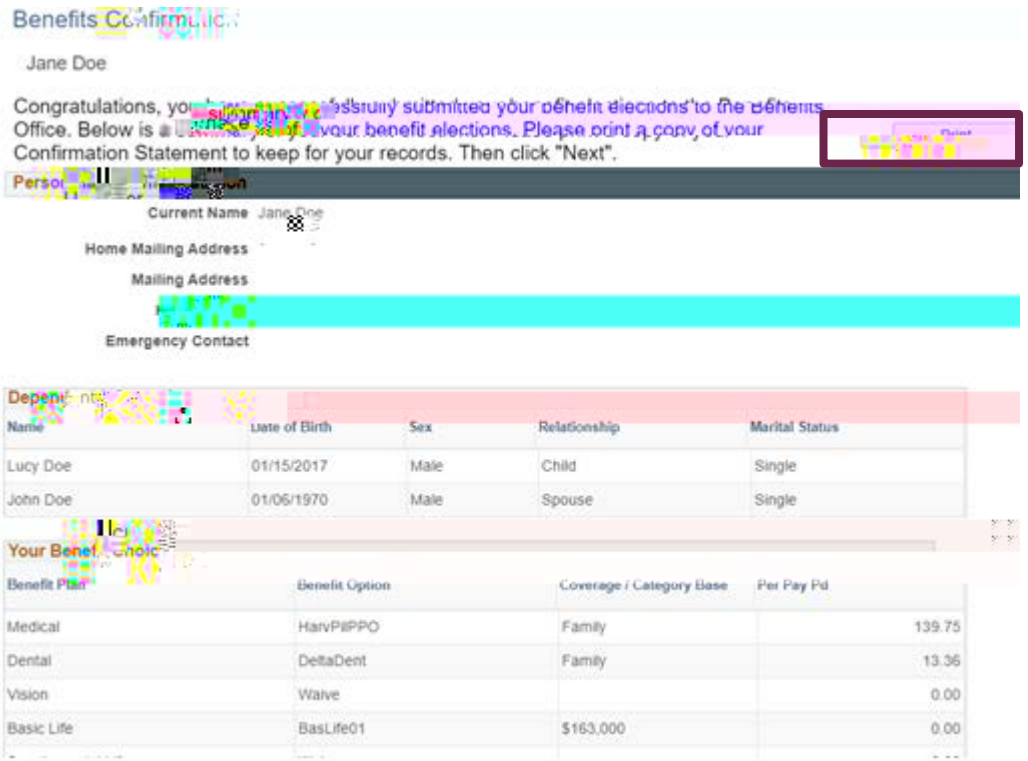
Please note:


residency for stepchild/legal ward.

- [redacted]


Previous
Next
Cancel
Continue Later
Legend
Marital Status
Update Dependent and Beneficiary
Document Upload
Completion and Exit
Submit Benefit Choices
John Doe
You have almost completed your enrollment. If you have no further changes, select the Submit button
Enrollment Summary
Do not submit your benefit choices until you have com
choices on each page and return to the Enrollment Summary as many times as you'd like
Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.
in a Boston College health plan, you must submit docu
Document Upload
Your enrollment will not be Processed until submitted documentation has been reviewed
Benefits Office.
paycheck to pay for your benefit costs. You are
Submit
Cancel
Select the Submit button to send your final choices to the Benefits Office.
Select the Cancel button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

-



Benefits Confirmation

Jane Doe

Congratulations, you have successfully submitted your benefit elections to the Benefits Office. Below is a summary of your benefit elections. Please print a copy of your Confirmation Statement to keep for your records. Then click "Next".

Print

Personal Information

Current Name Jane Doe

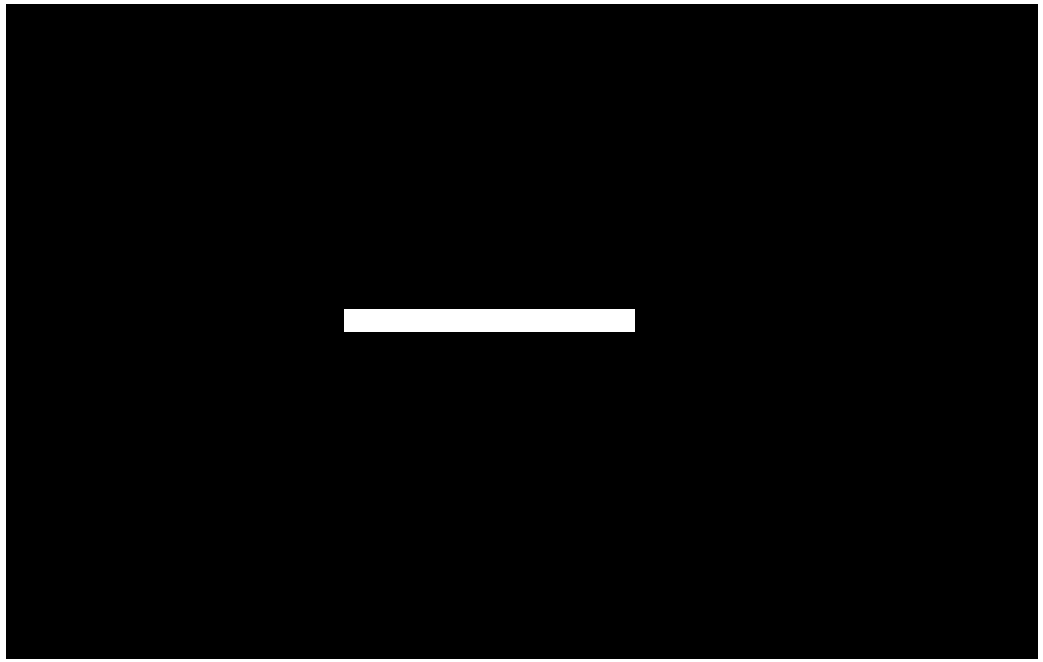
Home Mailing Address

Mailing Address

Emergency Contact

Dependents

Name	Date of Birth	Sex	Relationship	Marital Status
Lucy Doe	01/15/2017	Male	Child	Single
John Doe	01/06/1970	Male	Spouse	Single

Your Benefit Choice

Benefit Plan	Benefit Option	Coverage / Category Base	Per Pay Pd
Medical	HarvPllPPO	Family	139.75
Dental	DeltaDent	Family	13.36
Vision	Waive		0.00
Basic Life	BasLife01	$163,000	0.00