



## Employer User Manual

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## 1: Acronyms

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The Acronyms table provides a list of all acronyms included in the deliverable, along with the literal translation and definition.

Acronym	Definition
EIN	Employer Identification Number
FTE	Full Time Equivalent
QHP	Qualified Health Plan
SHOP	Small Business Health Options Program
SSN	Social Security Number
TIN	Tax Identification Number

**Table 1. Acronyms**

## 2: Introduction

The Small Business Health Options Program (SHOP) Employer Portal is an insurance marketplace that enables small businesses to offer high quality affordable health coverage to employees. You can choose from a wide range of Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) offered for your small business and set up enrollment for your employees.

The portal has a simple design and a user friendly interface that makes it easy to compare plans, costs, services, carriers, and provider networks. Furthermore, you can log in to your SHOP Employer Portal account to manage employee information, benefits, and enrollments.

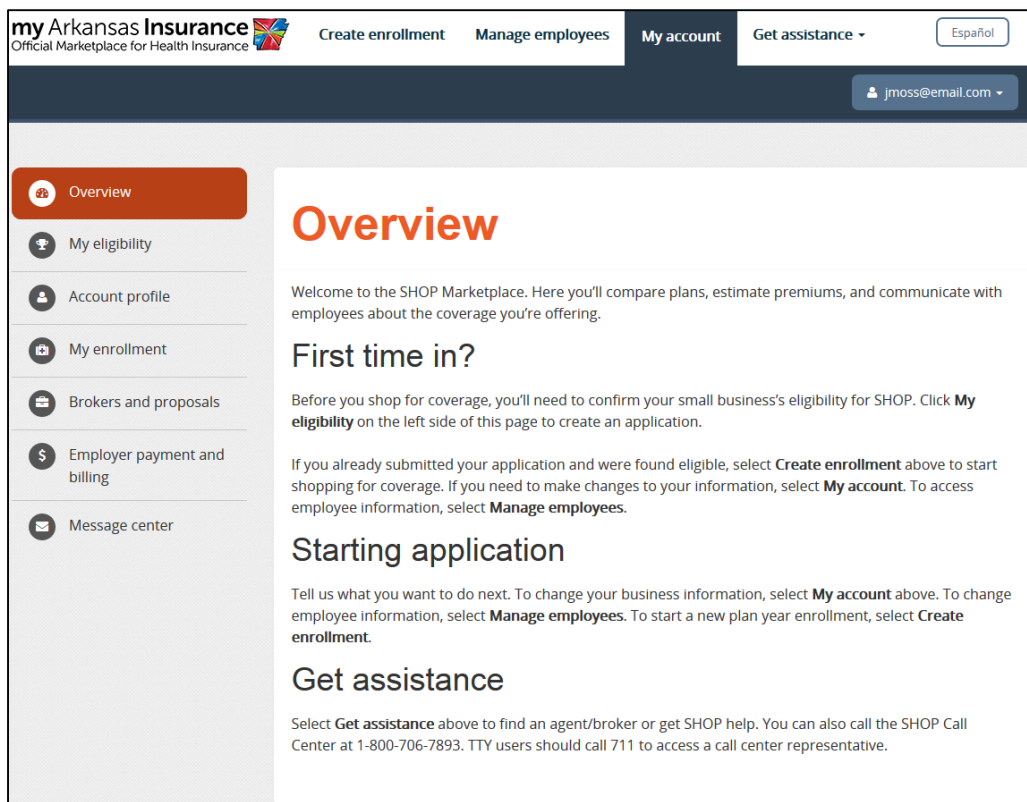


Figure 1. Overview Page





## 2.1: Purpose

This user manual explains how small businesses use the SHOP Employer Portal to offer Qualified Health Plans, or QHPs, to their employees and their dependents.

The key topics covered in this user manual are:

- Managing the user account
- Managing eligibility
- Managing employees
- Setting up enrollment

## 2.2: Audience

The target audience for this user manual is employers with small businesses (100 or fewer full-time equivalent) who visit the SHOP Employer Portal to enroll their employees in QHPs.

## 2.3: Introduction to Employer Portal

The Employer Portal is an easy-to-use portal that allows employers to offer Qualified Health Plans, or QHPs, to their employees and their dependents.

### 2.3.1: Navigating the SHOP Employer Portal

The following table explains how to navigate the Employer Portal:

Create Enrollment	Manage Employees	My Account	Get Help
Click the <b>Create Enrollment</b> tab to start the enrollment application. ➤	Click the <b>Manage Employees</b> to view and edit details of employees.	Click <b>My Account</b> to view account details, including Agent Details, Business Address, and Communications Details	Click <b>Get Help</b> to learn more about SHOP, find an agent or agency, or access the Help Center.

Table 2. Navigation menu

### 3: Create a User Account

To begin using the SHOP Employer Portal, you must create a user account to register your small business. A user account enables you to log in to the SHOP Employer Portal to manage your account activity.

To create an account on the Employer Portal:

1. Go to [www.myarinsurance.com](http://www.myarinsurance.com).
2. Click **Manage SHOP** in the upper right-hand corner.
3. Click Small Businesses.

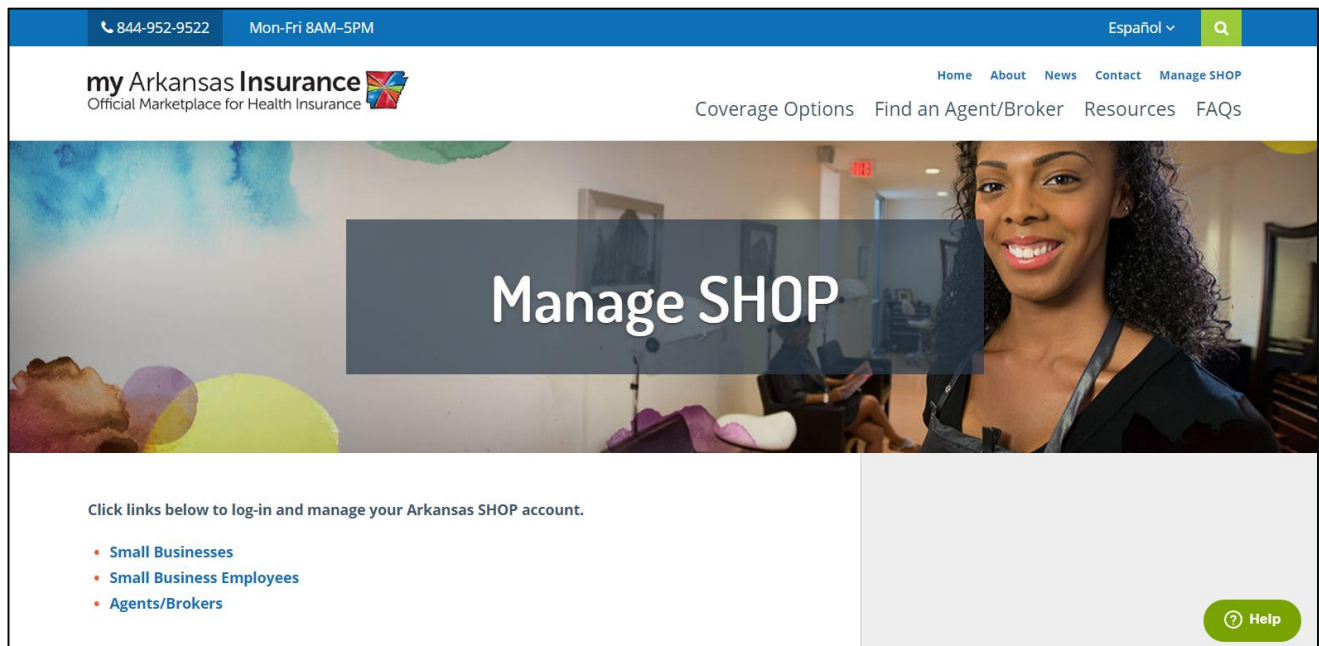


Figure 2. My Arkansas Insurance page

4. Click **Create Account**.

Figure 3. User Login

5. In the First Name field, enter your name.
6. In the Last Name field, enter your last name.
7. In the Email field, enter your email address.

8. In the Username field, enter a username. You have the option of using your email as a username.
9. In the Password field, enter your password.
10. In the Confirm Password field, enter your password again.
11. Select the "I agree and accept to the Privacy Policy statements" check box.
12. Click **Save**.
13. From the Security Question list, select your security questions.
14. In the Answer field, enter your respective answers for the security questions.
15. Click **Register**.

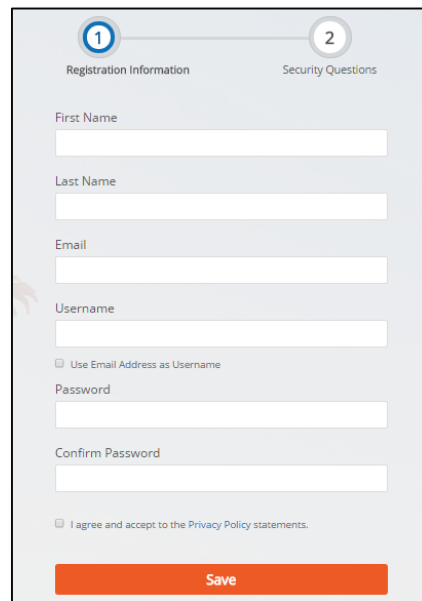
The image shows a registration form with two tabs: "1 Registration Information" and "2 Security Questions". The "Registration Information" tab is active. It contains input fields for First Name, Last Name, Email, Username, Password, and Confirm Password. There is a checkbox labeled "Use Email Address as Username" and another checkbox labeled "I agree and accept to the Privacy Policy statements." at the bottom. An orange "Save" button is located at the bottom of the form.

Figure 4. Registration page

Upon successful system authentication, you will be directed to the User Login page.

### 3.1: Login to the Employer Portal

1. In the Username field, enter Username.
2. In the Password field, enter Password.
3. Click **Sign In**.

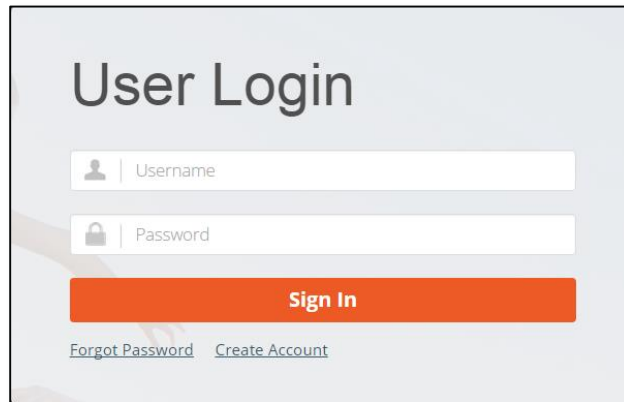
A screenshot of a web form titled "User Login". It features two input fields: "Username" with a person icon and "Password" with a lock icon. Below these fields is a prominent orange "Sign In" button. At the bottom of the form, there are two links: "Forgot Password" and "Create Account".

Figure 5. User Login

### 3.2: Complete Your Employer Profile

After registration, the Employer Portal stores the details that you entered when you registered. You must complete your profile to perform activities for clients.

You are asked to provide the following Employer information:

- Name
- Email Address
- SSN/TIN
- Date of Birth
- Legal Business Name
- Residence Address

When you complete, click **Save**. All fields marked with an asterisk (\*) are mandatory.

### Account Profile

*\*Required Information*

#### Basic information

<b>*First name</b>	<b>Middle name</b>	<b>*Last name</b>	<b>Suffix</b>
<input type="text" value="Ronald"/>	<input type="text"/>	<input type="text" value="Taylor"/>	<input type="text" value="Suffix"/>

<b>*Account number</b>	<b>*Email address</b>
<input type="text" value="RefID_1443463500066"/>	<input type="text" value="ronald.taylor@test123.com"/>

<b>*SSN/TIN</b>	<b>*Date of birth</b>
<input type="text" value="XXX-XX-2335"/>	<input type="text" value="01/01/1980"/>

**\*Legal Business Name**

---

#### Residence address

**\*Street Address**

**Apt./Ste. #**

<b>*City</b>	<b>*ZIP code</b>	<b>*County</b>	<b>*State</b>
<input type="text" value="Little Rock"/>	<input type="text" value="72201"/>	<input type="text" value="PULASKI"/>	<input type="text" value="AR"/>

Figure 6. Account Profile page

### 3.3: Update Account Details

Once you have completed the Account Details, your user account information is stored by the Employer Portal. You can review your user profile information in the My Account section.

To update your user account information, you must:

1. Sign in to the Employer Portal using your username and password created during registration.
2. Select your **My Account** from the top Navigation menu.
3. Edit profile information, if needed.

The screenshot shows the 'Account Profile' form. It has a title 'Account Profile' in orange. Below it is a section for '\*Required Information'. The form is divided into two main sections: 'Basic information' and 'Residence address'. The 'Basic information' section contains fields for '\*First name' (Ronald), 'Middle name' (empty), '\*Last name' (Taylor), 'Suffix' (a dropdown menu), '\*Account number' (RefID\_1443463500066), '\*Email address' (ronald.taylor@test123.com), '\*SSN/TIN' (XXX-XX-2335), '\*Date of birth' (01/01/1980), and '\*Legal Business Name' (Asus). The 'Residence address' section contains fields for '\*Street Address' (2232 Glen St), 'Apt./Ste. #' (empty), '\*City' (Little Rock), '\*ZIP code' (72201), '\*County' (PULASKI), and '\*State' (AR).

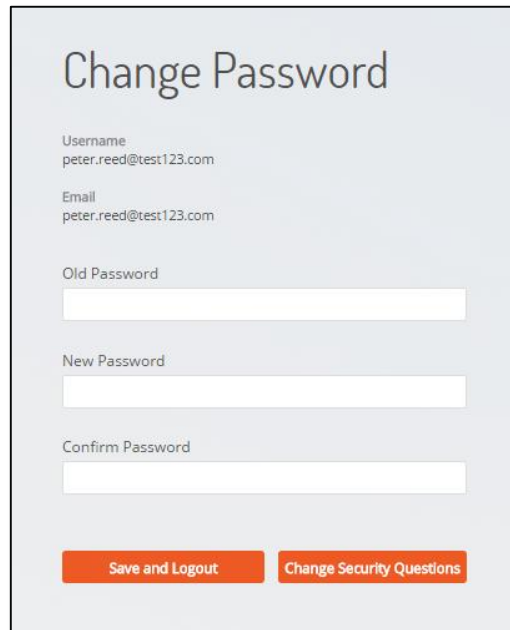
Figure 7. My Account menu

#### 3.3.1: Changing Security Questions

You can use the **Change Security Questions** page to change the security questions and answers you provided during registration. You will be prompted to answer the security questions if you forget your password and need to reset it.

To update your security information:

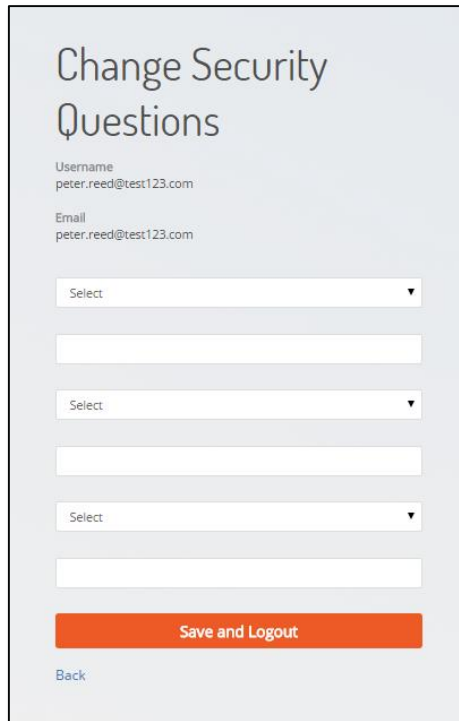
1. Sign into the Employer Portal using your username and password created during registration.
2. Select your **Username** in the top right-hand corner.
3. Click **Change Password**.
4. Click **Change Security Questions**.
5. In the Security Question 1 field, select a question.
6. In the Security Answer 1 field, enter an answer.
7. In the Security Question 2 field, select a question.
8. In the Security Answer 2 field, enter an answer.
9. In the Security Question 3 field, select a question.
10. In the Security Answer 3 field, enter an answer.
11. Click **Save and Logout**.



The screenshot shows a 'Change Password' form with a light blue header and a white body. The form contains the following fields and buttons:

- Username:** peter.reed@test123.com
- Email:** peter.reed@test123.com
- Old Password:** A white text input field.
- New Password:** A white text input field.
- Confirm Password:** A white text input field.
- Buttons:** Two orange buttons at the bottom: 'Save and Logout' and 'Change Security Questions'.

Figure 8. Change Password



Change Security Questions

Username  
peter.reed@test123.com

Email  
peter.reed@test123.com

Select

Select

Select

Save and Logout

[Back](#)

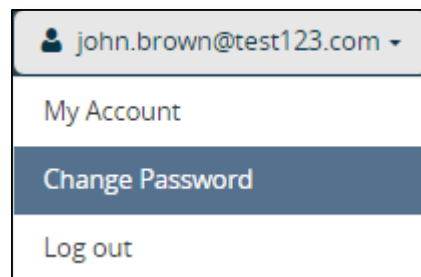
Figure 9. Change Security Questions

### 3.3.2: Resetting Your Password

You can use the Password page to change or reset your password.

To reset your password:

1. Sign into the Employer Portal using your username and password created during registration.
2. Select your **Username** in the top right-hand corner.
3. Click **Change Password**.



john.brown@test123.com

My Account

Change Password

Log out

Figure 10. Welcome Menu



## 4: Managing Authorization

Use the Brokers and Proposals page in the My Account section to:

- View authorized agents and brokers
- View pending agent and broker requests
- View other agents and brokers, including revoked agents and brokers
- View proposals

To view the Brokers and Proposals page:

1. In the Navigation menu, click **My Account**.
2. In the left navigation menu, click **Brokers and Proposals**.

**Brokers And Proposals**

1 - 1 of 1

Authorized agents/brokers

Type ^	Name ^	Agent ID ^	ZIP code ^	Languages ^	Action ^
AGENCY	rocko	7865845769	72201	English	<a href="#">Revoke</a>

0 - 0 of 0

Pending agent/broker requests

Type ^	Name ^	Agent ID ^	ZIP code ^	Languages ^	Action ^
Pending broker/agency not found.					

0 - 0 of 0

Other agents/brokers

Type ^	Name ^	Agent ID ^	ZIP code ^	Languages ^	Action ^
Other broker/agency not found.					

Figure 11. Brokers and Proposals Page

### 4.1.1: Approving Authorization Request

After the broker sends a request, you can approve the request through the Employer Portal.

To approve the request:

1. Login to the Employer Portal using a valid username and password.
2. Click **Brokers and proposals** from the left navigation menu.
3. Under the Pending agent/broker requests section, the client must click **Authorize** to approve the request.

**Brokers And Proposals**

Authorized agents/brokers 1 - 1 of 1

Type	Name	Agent ID	ZIP code	Languages	Action

Pending agent/broker requests 1 - 1 of 1

Type	Name	Agent ID	ZIP code	Languages	Action
BROKER	Peter Reed	8775241654	72201	English, Spanish	<a href="#">Authorize</a> <a href="#">Deny</a>

Other agents/brokers 0 - 0 of 0

Type	Name	Agent ID	ZIP code	Languages	Action
Other broker/agency not found.					

Proposals 0 - 0 of 0

Proposal number	Date	Broker name	Proposal status	Actions
No proposals found.				

**Figure 12. Brokers And Proposals page**

If a broker is authorized, the broker will appear under the Authorized agents/brokers section. If the broker is denied, the broker will appear under the Other agents/brokers section.

## 4.1.2: Requesting Authorization

To request authorization from a broker.

1. Login to the Employer Portal using a valid username and password.
2. Click **Get Help** from the top navigation menu.
3. Click **Find Agent/Agency**.

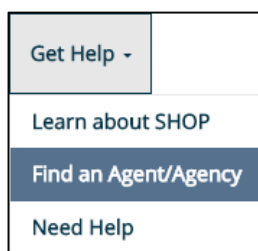


Figure 13. Get Help Menu

4. Enter the search criteria.
  - a. Role
  - b. Agent/Agency Name
  - c. ZIP code
  - d. Distance
  - e. Language
  - f. NPN
5. Click **Search**.
6. Click the **Agent Name**.

### Find an Agent/Agency

You can choose to get SHOP enrollment help from an agent or agency registered to work with SHOP. Each agent or agency listed in the search has completed the SHOP privacy and security agreement and is able to assist you.

If you decide to do so, you must authorize them to act on your behalf. You can remove authorization at any time.

To search for an agent/agency, enter information in minimum two fields (language, zip code etc). You can also enter your agent/agency name if available.

Role

Agent

Agent/Agency Name ⓘ

peter

ZIP code

Distance

Select

Language

Select Language

National Producer Number (NPN) ⓘ

SEARCH

1 - 2 of 2

#### Agent List

Name ^	E-mail ^	Phone Number ^	Zip	Language ^
Reed, Peter	peter.reed@test123.com	(852) 458-5458	72201	English, Spanish

Figure 14. Find an Agent/Agency

7. From the Agent Details page, click **Authorize Broker**.

**Agent Details**

BACK TO SEARCH PAGE

Once you authorize a SHOP agent or agency to access your account, he or she will be able to see your business and employee information. For your privacy and security, confirm that your preferred agent or agency is licensed and in good standing with your state department of insurance before finalizing your authorization. If you have questions about what this means or if you need the phone number for your state department of insurance, call the SHOP Call Center at 1-800-exchange Monday - Friday, 9 a.m. - 7 p.m. EST. TTY users should call 711 to reach a call center representative.

Reed, Peter

**Aetna**

343 Glen St  
Little Rock, PULASKI, AR, 72201

**Website :**  
-

**Email Address:** [peter.reed@test123.com](mailto:peter.reed@test123.com)

**Agency phone number :** (852) 458-5458

**State License Number (SLN):** AB22312

**Working Hours :** 8:00 am - 8:00 pm

**Preferred spoken language :** English, Spanish

**National Producer Number (NPN):** 8775241654

AUTHORIZE BROKER

**Figure 15. Agent Details page**

## 5: Managing Eligibility Application

The My Eligibility section enables you to check if you qualify to purchase plans on the SHOP marketplace.

To be eligible to purchase plans on the SHOP marketplace, you must:

- Have a valid EIN
- Have a primary business address in the state of Arkansas
- Provide a self-attestation for the following required:
  - You are a small business with less than 100 employees.
  - You will offer coverage to all full time employees.
  - Your business should have at least one employee who isn't owner or business partner.
  -

The eligibility application is divided into the following sections:

- Employer Details
- Eligibility Information
- Employee Details
- Signed Acceptance of Terms and Conditions

To create your eligibility:

1. In the Left navigation menu, click **My Eligibility**.
2. In the **Actions** column, click **Create**.

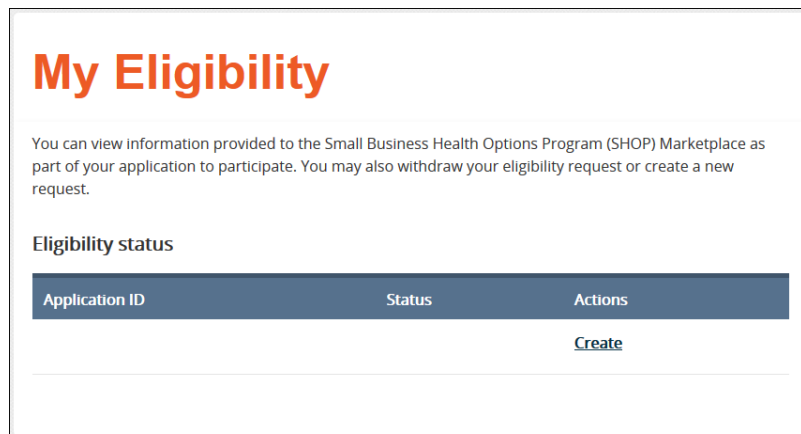
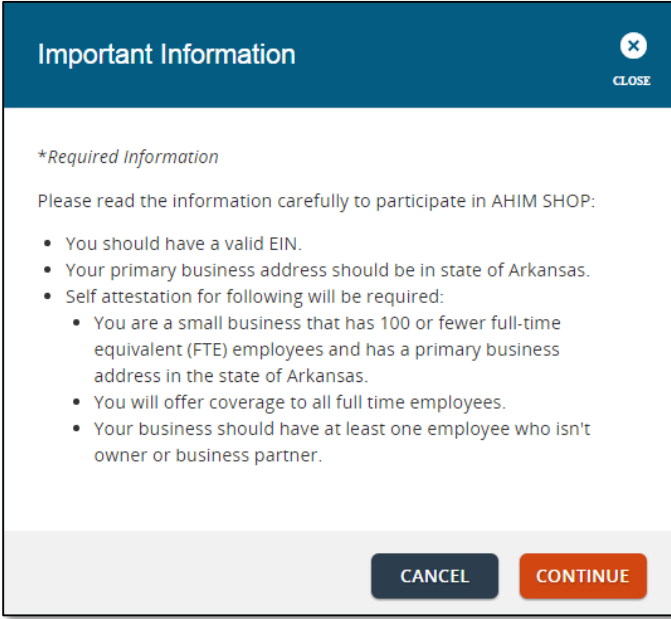


Figure 16. My Eligibility page

3. In the Important Information window, click **Continue**.



**Important Information** × CLOSE

*\*Required Information*

Please read the information carefully to participate in AHIM SHOP:

- You should have a valid EIN.
- Your primary business address should be in state of Arkansas.
- Self attestation for following will be required:
  - You are a small business that has 100 or fewer full-time equivalent (FTE) employees and has a primary business address in the state of Arkansas.
  - You will offer coverage to all full time employees.
  - Your business should have at least one employee who isn't owner or business partner.

CANCEL CONTINUE

**Figure 17. Important Information window**

### 5.1.1: Enter Employer Details

The Business Information page on the SHOP Employer Portal enables you to provide details related to your business. Some of the fields will be automatically filled with the information provided at the time of registration. You must edit or verify all the details before proceeding with the eligibility application.

To create your employer profile on the Employer Portal:

1. Enter the Legal Business Name, Name to be displayed on the SHOP, Employer Identification Number (EIN), and Business type.
2. In the **Business Address** fields, enter the legal business address.
3. In the **Primary Business Address** fields, enter the legal business address.
4. Enter **Preferred Mode of Communication**: Email address or Mailing address
5. Enter **Preferred Language**: English or Spanish
6. Click **Save & Continue**
7. On the Employer Information – Primary page, enter primary contact details, mailing address, and, contact preferences.
8. Click **Save and Continue**.

### Business Information

*\*Required Information*

Start here to create a SHOP account and verify your eligibility to purchase a plan.

To be eligible, your small business must have a primary business address in the state where you're buying coverage, and have at least one employee who isn't the owner or business partner or the spouse of the owner or business partner. You must have 100 or fewer full-time equivalent (FTE) employees, and offer SHOP coverage to all full-time employees.

All information is required unless otherwise noted. You may save your data at any point and return later to finish.

Select "Get assistance" and "Learn about SHOP" if you have questions about how to calculate the number of full time equivalent employees or for answers to other questions.

---

**\* Legal Business Name**

Asus

**\*Name to be displayed on the SHOP**

**\*EIN**

**\*Business type**

Select ▼

Figure 18. Business Information page

### Employer Information - Primary Contact

*\*Required Information*

Primary contact details

<b>*First Name</b>	<b>Middle Name</b>	<b>*Last Name</b>	<b>Suffix</b>
Ronald		Taylor	Suffix ▼

**\*Title (Examples: Owner, HR)**

**\*Email Address**

**\*Confirm Email**

---

**Mailing address** ☐ Select if it's the same as the business billing address

**\*Street Address**

**Apt./Ste. #**

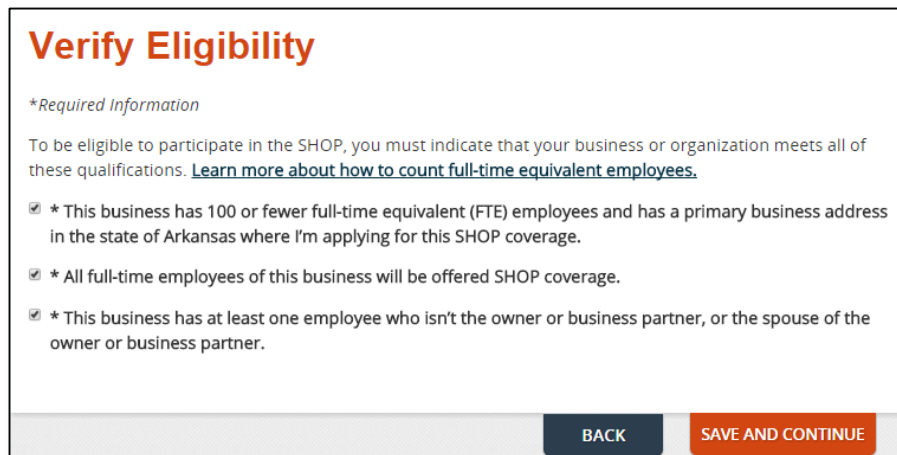
Figure 19. Employer Information-Primary page

### 5.1.2: Verify Eligibility

The Verify Eligibility page lists the qualifications you must possess to do business on the SHOP Employer Portal. Read eligibility conditions carefully and select the check boxes only if you meet the requirements.

To be eligible to purchase plans on the SHOP marketplace, you must:

- Have a valid EIN
- Have a primary business address in the state of Arkansas
- Provide a self-attestation for the following required:
  - You are a small business with less than 100 employees.
  - You will offer coverage to all full time employees.
  - Your business should have at least one employee who isn't owner or business partner.



**Verify Eligibility**

*\*Required Information*

To be eligible to participate in the SHOP, you must indicate that your business or organization meets all of these qualifications. [Learn more about how to count full-time equivalent employees.](#)

- ☒ \* This business has 100 or fewer full-time equivalent (FTE) employees and has a primary business address in the state of Arkansas where I'm applying for this SHOP coverage.
- ☒ \* All full-time employees of this business will be offered SHOP coverage.
- ☒ \* This business has at least one employee who isn't the owner or business partner, or the spouse of the owner or business partner.

BACK SAVE AND CONTINUE

**Figure 20. Verify Eligibility page**

To verify the eligibility for your small business:

1. On the Verify Eligibility page, read the self-attestation.
2. Check the checkbox next to each attestation.
3. Click **Save and Continue**.



### 5.1.3: Managing Employees

The Employee Roster page enables you to create a list of all employees who will receive your offer of coverage (including yourself) to determine if you meet the minimum participation rate. You can edit or remove an employee already added to the roster.

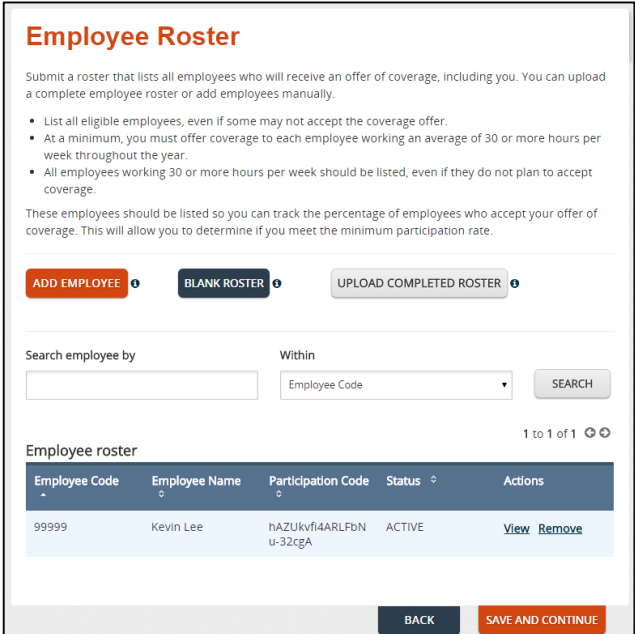
Before creating an employee roster, you must ensure that:

- You have listed all eligible employees, even if they refuse coverage at a later time.
- All employees working an average of 30 or more hours a week are offered coverage.
- All employees working 30 or more hours a week are listed, even if they do not plan to accept coverage.

You can add employees individually or upload an employee roster template that contains the list of employees:

- Click Add Employee to add an employee to the roster.
- Click Blank Roster to download a blank Excel spreadsheet to your computer and add employees to the spreadsheet.
- Click Upload Completed Roster to upload the spreadsheet that contains the completed employee roster to the portal.

**Note:** You can click Manage Employees in the Navigation menu at the top of the page to access the employee details and roster at a later time.



**Employee Roster**

Submit a roster that lists all employees who will receive an offer of coverage, including you. You can upload a complete employee roster or add employees manually.

- List all eligible employees, even if some may not accept the coverage offer.
- At a minimum, you must offer coverage to each employee working an average of 30 or more hours per week throughout the year.
- All employees working 30 or more hours per week should be listed, even if they do not plan to accept coverage.

These employees should be listed so you can track the percentage of employees who accept your offer of coverage. This will allow you to determine if you meet the minimum participation rate.

[ADD EMPLOYEE](#)
[BLANK ROSTER](#)
[UPLOAD COMPLETED ROSTER](#)

Search employee by Within

Employee Code
[SEARCH](#)

Employee roster 1 to 1 of 1

Employee Code	Employee Name	Participation Code	Status	Actions
99999	Kevin Lee	hAZUkvf14ARLFDN u-32cgA	ACTIVE	<a href="#">View</a> <a href="#">Remove</a>

[BACK](#)
[SAVE AND CONTINUE](#)

Figure 21. Employee Roster page

### 5.1.3.1: Adding New Employees Using Roster Template

To add employees to the roster, you can upload the information of multiple employees using an Excel spreadsheet Roster Template or click Add Employee to add each employee individually via a web form.

To add employees using the employee template:

1. Click **Blank Roster** to download the Excel template to your computer and **Save** the template.
2. Enter details for your employees in the template and **Save** the template.
3. Click **Choose File** and then follow the instructions to upload your Excel template spreadsheet.

	A	B	C	D	E	F	G	H	
	Suffix	Employee First Name*	Employee Last Name*	Employee Middle Name	Employee Gender*	Employee Email Address	Employee Date of Birth*	Employee Social Security Number*	Pre Me Co
1		Jane	Doe		Female	<a href="mailto:jane.doe@employee.com">jane.doe@employee.com</a>	02/02/1985	324-78-9090	EV
2		Josh	Smith		Male	<a href="mailto:josh.smith@employee.com">josh.smith@employee.com</a>	03/03/1983	123-89-6789	EV
3		Lynn	Roberts		Female	<a href="mailto:lynn.roberts@employee.com">lynn.roberts@employee.com</a>	04/04/1988	345-89-6789	EV
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Figure 22. Employee Roster Template

### 5.1.3.2: Adding Employees Manually

To add each employee individually:

1. On the **Employee Roster** page, click **Add Employee**.
2. On the **Enter Employee Details** page, enter the following employee details:
  - a. **Employee Name**
  - b. **Social Security Number**
  - c. **Date of Birth**
  - d. **Email Address**
  - e. **Employment Type**

The screenshot shows a web form titled "Enter Employee Details" in orange. Below the title is a section for "\*Required Information" with the instruction "Add an employee to your roster". The form contains several input fields: "\*First Name", "Middle Name", "\*Last Name", and a "Suffix" dropdown menu. Below these are "\*SSN/TIN", "\*Confirm SSN/TIN", and "\*Date of Birth" with a calendar icon. Further down are "Email Address" (with an info icon) and "Confirm Email". At the bottom is an "\*Employment Type" dropdown menu currently set to "Full-time". At the very bottom of the form are two buttons: "PREVIOUS" and "SAVE AND CONTINUE".

**Figure 23. Enter Employee Details page**

3. On the Enter Employee Details page, enter the following:
  - a. Employee code
  - b. Date of Hire
  - c. Gender
  - d. Phone Number
  - e. Preferred Method of Contact
  - f. Mailing Address
  - g. Add Dependents
4. On the **Employee Dependent Details** page, enter the following dependent details:
  - a. **Name**
  - b. **Date of Birth**
  - c. **Social Security Number**
  - d. **Relationship to Employee**
  - e. **Sex**
  - f. **Tobacco User**
5. Click **Add Dependent** to add more dependents.
6. Click **Save and Continue**.

### 5.1.4: Review and Sign

Once you complete the employee roster, you can review and sign the Eligibility Application.

To sign the Eligibility Application:

1. Check the self-attestation checkbox.
2. Enter full name in Signature field.
3. Click **Save & Continue**.

### Signature

*\*Required Information*

#### SHOP attestation

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge.

- I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that my information on this form will only be used to determine eligibility for health coverage and will be kept private as required by law. If my business or organization is eligible, it will be used to facilitate enrollment.
- I know that I must tell the SHOP and any programs I'm enrolled in if anything changes (and is different than) what I wrote on this application. I have consent from everyone I'll list on the application to include personally identifiable information, like dates of birth, Social Security Numbers, addresses, and phone numbers.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [www.hhs.gov/ocr/office/file](http://www.hhs.gov/ocr/office/file).

☐ \*I have read and agreed with the statement above.

**\*Full name:**  
*Ronald Taylor*

Date: 10/21/2015

**Figure 24. Signature page**

### 5.1.5: Editing Your Eligibility Application

You have the option to edit your eligibility application before submitting it if you have modifications. The Edit feature enables you to start an application and return to it later to complete it. The system will automatically redirect you to the page you last visited.

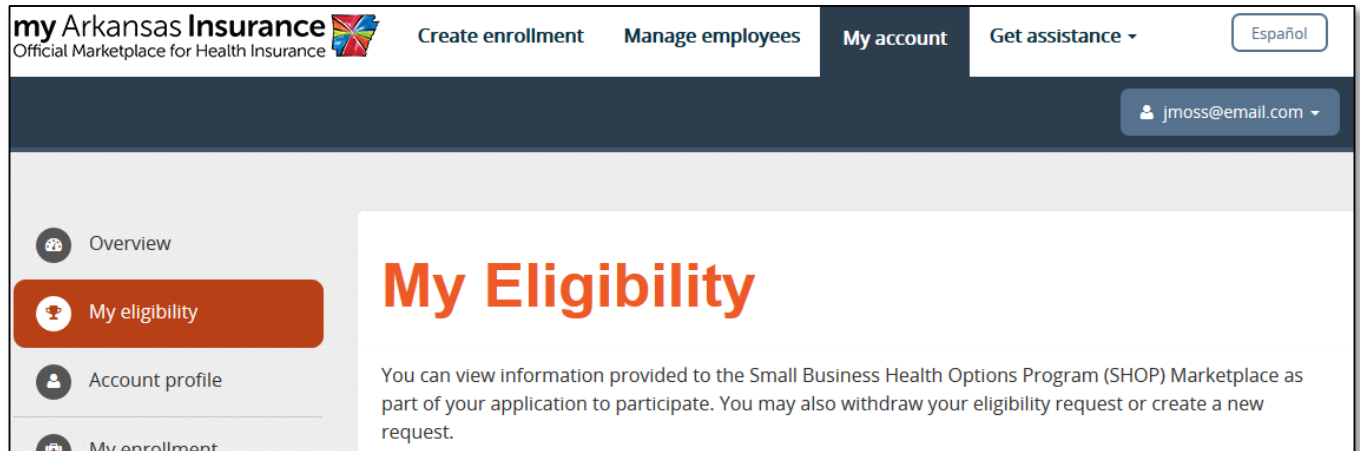


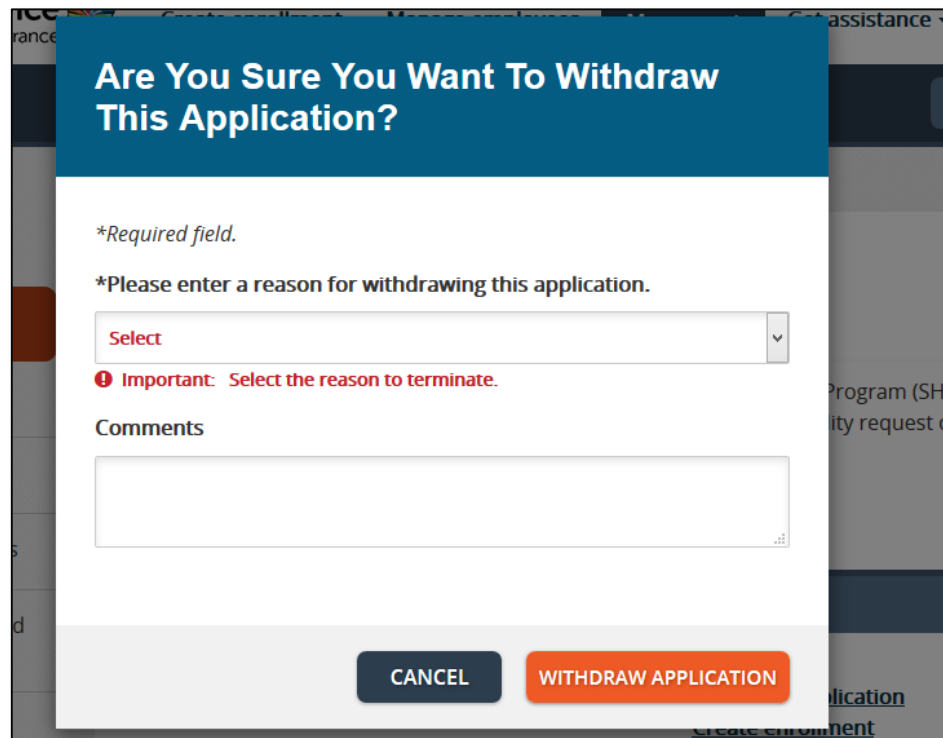
Figure 25. My Eligibility tab

To edit the eligibility application that you are completing:

3. Click the **My Account** link.
4. In the Left navigation menu, click **My Eligibility**.
5. In the **Actions** column on the **My Eligibility** page, click **Edit**.
6. Make the required changes and then click **Save and Continue**.

### 5.1.6: Withdrawing Your Eligibility Application

Withdraw your eligibility application if you need to create a new application for approval. You will need to select a reason for withdrawing the application, such as insufficient participation or you decided to not offer coverage to employees.



**Are You Sure You Want To Withdraw This Application?**

*\*Required field.*

**\*Please enter a reason for withdrawing this application.**

Select

**Important:** Select the reason to terminate.

Comments

CANCEL WITHDRAW APPLICATION

Figure 26. Withdraw Application

To withdraw your eligibility application:

7. On the **My Eligibility** page, click **Withdraw Application**.
8. In the **Please enter a reason for withdrawing this application** list, select a reason.
9. In the **Comments** field, enter additional information.
10. Click **Withdraw Application**.

### 6: Managing Enrollment

---

The Client Eligibility page enables you to create an enrollment application to send to employees as an enrollment offer.

There are eight steps to creating an enrollment:

- Set Enrollment Period
- Decide How to Offer Coverage
- Set Employer Premium Contribution
- Select Plans
- View Summary & Submit

To create an enrollment:

1. Click **Begin Enrollment** from the navigation menu.

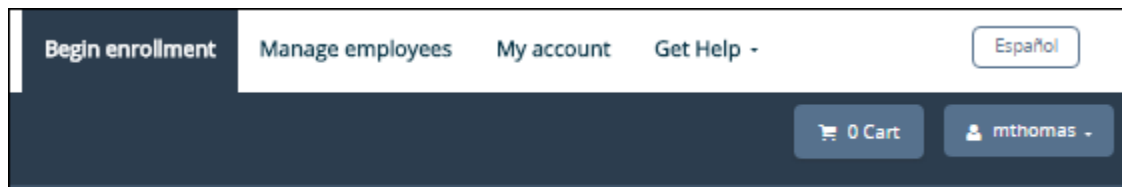


Figure 27. Begin Enrollment tab

## 6.1: Set Enrollment Period

To set enrollment period:

1. Select **Start coverage on date**.
2. Select **Open Enrollment Start Date and End Date**.
3. Select **Waiting Period**.
4. Click **Save and Continue**.

**Set Enrollment Period**

*\*Required Information*

Enrollment period is the time specified by you during which employees can enroll in and make changes to the plans on offer.

The coverage start date may affect your costs. This is due to quarterly rate increases that may be set by insurance companies. Once you enroll, your premium is locked in for 12 months.

**\*Start coverage on**

01/01/2016

**\*Open Enrollment Start Date**

**\*Open Enrollment End Date**

**Employee waiting period**

Waiting period is the number of days for which employee has to wait to enroll into the employer sponsored health coverage.

**Waiting period for new employees**

0 days

**SAVE AND CONTINUE**

Figure 28. Set Enrollment Period page

## 6.2: Decide How to Offer Coverage

The Decide How to Offer Coverage page enables you to select the types of health plans for the enrollment offer. The plan benefits you select on this page will filter the plans that are rolled out to the employees on the enrollment offer.

There are two options when selecting plan benefits:

- Option One: Employees can select plans in one metal tier from all carriers.
- Option Two: Employees can select one plan from one carrier.



### Decide How You Offer Coverage

Select Plan Benefits to be rolled out to the employees. (Every employee will be able to select one plan from this list)

- You'll select a plan category (like Bronze or Silver) from any insurance company. Your employees can select the insurance company and plan the best suits their needs in from plan category you choose.
- You'll select the insurance company and the plan. Your employees must enroll in this plan in order to get SHOP coverage.

If you have any questions, call the SHOP Employer Call Center at 1-844-952-9522, or select "Get assistance" to chat online. TTY users should call 711 FREE to reach a call center representative.

---

☐ Option One  
Employees can select plans in one metal tier from all carriers.
 ☐ Option Two  
Employees can select one plan from one carrier.

Figure 29. Decide How You Offer Coverage

### 6.3: Defining Contribution

The Define Contribution page enables you to define the percentage or maximum dollar amount that the employer wants to contribute towards the employees' health plans, as a premium for employees and their dependents. To qualify for tax credits, the employer must pay at least 50% of your full-time employees' premium costs.

### Define Contribution

*\*Required Information*

Please enter contribution details

- You can contribute a fixed percentage that will be calculated based on the individual plan premium for each employee and dependent.
- You can base your percentage contribution on a reference plan premium if your employees are selecting coverage from a plan category you chose.

The percentage in both contribution methods will translate to a dollar amount you can use for budgeting purposes. This amount will also be applied to your monthly cost as you compare plans. You can come back here and change your contribution any time as you compare plans.

---

**Contribution Method**

☒ Fixed Percentage ☐ Fixed Dollar Amount

**Will you offer coverage for dependents?**

☐ Yes ☒ No

---

**Health coverage**

To qualify for the tax credit, you must pay at least 50% of your full-time employees' premium costs.

\*Contribution % for employee

\*Contribution % for dependent

---

**Dental coverage**

\*Contribution % for employee

\*Contribution % for dependent

---

PREVIOUS

SAVE AND CONTINUE

Figure 30. Define Contribution page

To define employer contribution towards the employee's health insurance premium:

1. Select **Fixed Percentage** or **Fixed Dollar Amount** to specify your contribution type.
2. Select **Yes** or **No** to specify if you want to contribute for the dependents of the employees.
3. Enter your contribution for medical and dental insurance in the specific fields for both employees and their dependents, if applicable.
4. Click Save and Continue.

#### 6.4: Select Plans

The Select Plans page enables you to select the plans for the enrollment offer to be rolled out to the employees. The premium rates mentioned for the plan on the Select Plans page are monthly employer contributions.

Each standalone plan may have associated entities. Entities are add-on insurance plans that cover health-related services that are not typically covered by the selected health plan.

To add plans to enrollment application:

1. On the **Plans** page, click **Add to Cart**.
2. Scroll to the bottom of the page and click **Save and Continue**.

3 Medical Insurance Plans

COMPARE PLANS (UP TO 3)

Sort Plans By  
Sort By

Arkansas BlueCross BlueShield

SHOP Bronze 3000-1

PPO | Bronze

Compare

VIEW DETAILS

ADD TO CART

Cost details			
Total monthly premium	Annual Deductibles	Total employer contribution	Total employee contribution
\$248.52	Individual Not Applicable	\$124.26 per month	\$124.26 per month
	Family Not Applicable per person		
	Not Applicable per group		

Figure 31. Plans page

### 6.5: View Summary and Submit

The final step to creating the enrollment application is to review the detail. A summary of estimated premium costs and your plan selections. Select “Edit” to make any changes. To change plans, go to “Select plans” on the left. Select “Submit” when you’re ready to offer coverage

## Summary & Submit

You have completed the plan selection for the proposal. Please review the details below.

Below is a summary of estimated premium costs and your plan selections. Select “Edit” to make any changes. To change plans, go to “Select plans” on the left. Select “Submit” when you’re ready to offer coverage.

PRINT

Enrollment Period

EDIT

<b>From Date</b>	<b>To Date</b>
10/16/2015	10/31/2015
<b>Effective Date</b>	<b>End coverage on</b>
01/01/2016	12/31/2016

Employer’s Offer Of Coverage

EDIT

Employees can accept the health insurance company and plan you selected, or select any plan from the plan category and insurance company below (if applicable).

Health coverage	Dental coverage
<ul style="list-style-type: none"><li>Arkansas Blue Cross and Blue Shield</li></ul>	<ul style="list-style-type: none"><li>BEST Life</li></ul>
Metal	Metal

Figure 32. Summary & Submit page

Once edits are complete, click **Submit**.  
A notification email will be sent to the employees submitting with the enrollment application.


## 6.6: Manage Enrollment

Once the enrollment application is submitted, enrollment details can be viewed from the Client Enrollments page.

You can perform the following activities on the Client Enrollments page:

- View Member and Premium Details
- View Enrollment Details
- Withdraw Enrollment Application
- Submit Enrollment Application

### Client Enrollments



**Important:** To ensure that your offer isn't identified as spam or junk mail, have employees add your address to their email contact list.

The SHOP Marketplace will send an email about your offer of coverage to all employees whose email address you provided with your application. The email includes your participation code and a link to the SHOP website where they can fill out the employee application.

It's your responsibility to ensure that all your employees get information about how to enroll in a health plan through SHOP.

VIEW MEMBER AND PREMIUM DETAILS

PRINT

**Effective Date:**  
01-01-2016, Enrollment period in progress

**Open Enrollment End Date**  
10-31-2015

**SHOP Application # 1000000575**  
Status: Pending submission

**Current participation ratio**  
0.0%

VIEW ENROLLMENT DETAILS

WITHDRAW

SUBMIT APPLICATION

1 to 1 of 1

Enrollment status

Employee Code	Employee Name	Dependent Coverage	Status	Plan	Actions
99999	Kevin Lee	No	NOTIFIED		<a href="#">Send reminder Email Enroll</a>

Figure 33. Client Enrollments page

### 6.6.1: View Member and Premium Details

You can view the current enrollment and premium amounts on the View Member and Premium Details page. You can view:

- Total premium amount
- Total number of employees enrolled
- Employer's total cost
- Employee's total cost
- Detailed plan member and premium information

## View Member And Premium Details

BACK TO ENROLLMENTS

Current enrollment and premium amounts

<b>Total premium amount</b>	<b>Total number of employees enrolled</b>
\$0.00	0
<b>Employer's total cost</b>	<b>Employee's total cost</b>
\$0.00	\$0.00

Detailed plan member and premium information are below


 Important: No employee enrollments found.

Figure 34. View Member and Premium Details page

## 6.6.2: View Enrollment Details

You can view details of the enrollment applications from the Employer Enrollment Details page:  
You can view:

- Enrollment Period
- Employer's Offer of Coverage
- Employer's Contribution
- Plans Selected

### Employer Enrollment Details

You have completed the plan selection for the proposal. Please review the details below.

[BACK TO EMPLOYEE ENROLLMENT & APPLICATIONS](#)
[PRINT](#)

#### Enrollment Period

<b>From Date</b>	<b>To Date</b>
10/16/2015	10/31/2015
<b>Effective Date</b>	<b>End coverage on</b>
01/01/2016	12/31/2016

#### Employer's Offer Of Coverage

Employees can accept the health insurance company and plan you selected, or select any plan from the plan category and insurance company below (if applicable).

<b>Health coverage</b> <ul style="list-style-type: none"> <li>Arkansas Blue Cross and Blue Shield</li> </ul> Metal	<b>Dental coverage</b> <ul style="list-style-type: none"> <li>BEST Life</li> </ul> Metal
--	--

#### Employer's Contribution

<b>Health Insurance</b>	<b>Dental Insurance</b>
For Employee	For Employee
50.0%	0.0%

Figure 35. Employer Enrollment Details page

### 6.6.3: Withdraw Enrollment Application

You can withdraw the enrollment application from the Client Enrollments page.

To withdraw the application:

1. Click **Withdraw**.
2. Click **OK**.

**Client Enrollments**

**Important:** To ensure that your offer isn't identified as spam or junk mail, have employees add your address to their email contact list.

The SHOP Marketplace will send an email about your offer of coverage to all employees whose email address you provided with your application. The email includes your participation code and a link to the SHOP website where they can fill out the employee application.

It's your responsibility to ensure that all your employees get information about how to enroll in a health plan through SHOP.

[VIEW MEMBER AND PREMIUM DETAILS](#) [PRINT](#)

<b>Effective Date:</b> 01-01-2016, Enrollment period in progress	<b>Open Enrollment End Date</b> 10-31-2015
<b>SHOP Application # 1000000575</b> Status: Pending submission	<b>Current participation ratio</b> 0.0%

[VIEW ENROLLMENT DETAILS](#)

[WITHDRAW](#) [SUBMIT APPLICATION](#)

Figure 36. Withdraw Application

**Warning**

Are you sure you want to withdraw this application?

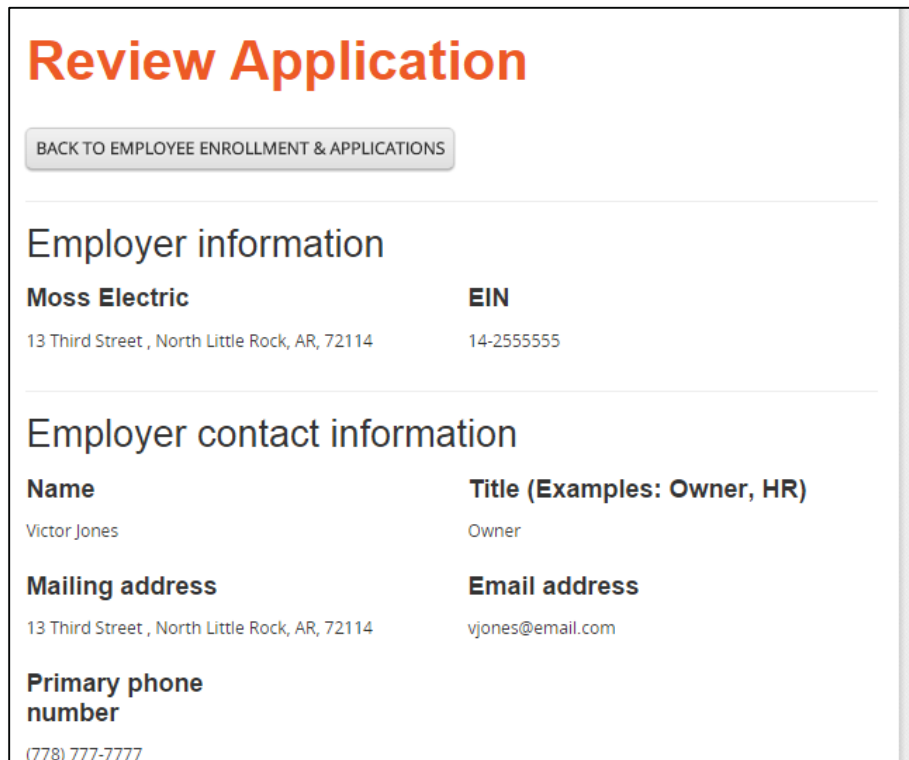
[CANCEL](#) [OK](#)

Figure 37. Withdraw Warning Message

#### 6.6.4: Submitting the Enrollment Application

After all of the notified employees have responded to your enrollment offer, you can submit the enrollment application.

After digitally signing and submitting the application, the confirmation window enables you to pay the initial binder payment or navigate to the My Enrollment tab. The Pay Now feature is available to make the initial binder payment.



**Review Application**

[BACK TO EMPLOYEE ENROLLMENT & APPLICATIONS](#)

---

**Employer information**

<b>Moss Electric</b>	<b>EIN</b>
13 Third Street , North Little Rock, AR, 72114	14-2555555

---

**Employer contact information**

<b>Name</b>	<b>Title (Examples: Owner, HR)</b>
Victor Jones	Owner
<b>Mailing address</b>	<b>Email address</b>
13 Third Street , North Little Rock, AR, 72114	vjones@email.com
<b>Primary phone number</b>	
(778) 777-7777	

**Figure 38. Review Application page**

To submit the enrollment offer:

11. In the In the Navigation menu, click **My Account**.
12. In the Left navigation menu, click **My Enrollment**.
13. On the **Employee Enrollment and Applications** page, click **Submit Application**.
14. In the **Attest before Buying SHOP Coverage** section, read and select each check box that applies to your business.
15. In the **Electronic Signature** field, type your full name to digitally sign the application.
16. Click **Submit Application**.
17. Click **Continue** to navigate to the My Enrollment tab.



### 6.6.5: Viewing Enrollment Status

Once you have sent out your enrollment offer, you can view the SHOP Employer Portal to see the list of employees who have accepted or rejected your health insurance offer on the My Enrollment tab.

Employee ID	Employee name	Dependent coverage	Status	Plan	Actions
12345	Casey Math	Yes	Completed	SHOP Gold 1500	<a href="#">View employee enrollment details</a>

Figure 39. Enrollment Status

You can also view the enrollment status of each employee. On the Enrollment Details for an employee, you can view the plan name and type the employee selected. You can also disenroll an employee and their dependents

Group ID	Name/ID	Relationship to employee	Plan name / type	Enrollment Status	Effective period	Actions
	Casey Math /	Self	SHOP Gold 1500/ MEDICAL	Submitted	01/01/2016 - 12/31/2016	<a href="#">Disenroll</a>
	John math /	Son/daughter	SHOP Gold 1500/ MEDICAL	Submitted	01/01/2016 - 12/31/2016	<a href="#">Disenroll</a>

Figure 40. Enrollment Details for Employee page

To view the status of your enrollment offer:

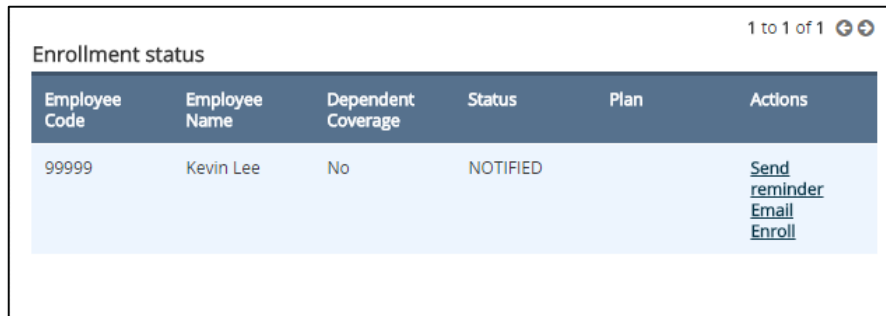
18. Click **My Enrollment**.
19. In the Enrollment status section on the **Enrollment and Applications** page, review the list of employees who have accepted your enrollment offer.
20. Click **View Employee Enrollment Details**.

### 6.6.6: Send Reminder Email

You can send a reminder email to employees to remind them to select or waive offered coverage.

To send a reminder email:

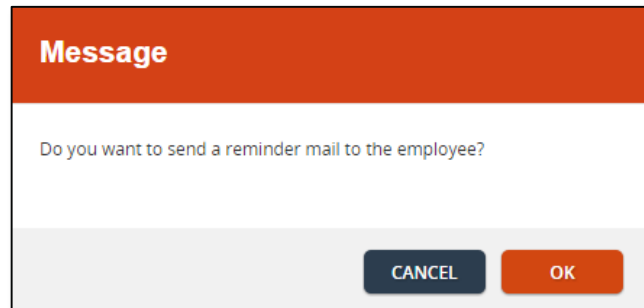
1. From the Clients Enrollment page, click **Send Reminder Email** next to the employee's name.
2. Click **OK** to confirm.



The screenshot shows a table titled "Enrollment status" with a pagination indicator "1 to 1 of 1". The table has six columns: Employee Code, Employee Name, Dependent Coverage, Status, Plan, and Actions. A single row is displayed for employee Kevin Lee with status NOTIFIED. In the Actions column, there is a link labeled "Send reminder Email Enroll".

Employee Code	Employee Name	Dependent Coverage	Status	Plan	Actions
99999	Kevin Lee	No	NOTIFIED		<a href="#">Send reminder Email Enroll</a>

Figure 41. Send Reminder Email link



The screenshot shows a confirmation dialog box with an orange header labeled "Message". The main text asks, "Do you want to send a reminder mail to the employee?". At the bottom, there are two buttons: "CANCEL" and "OK".

**Message**

Do you want to send a reminder mail to the employee?

CANCEL OK

Figure 42. Confirmation to Send Reminder Email

