

Adding Insurance for a Dependent

Some screenshots in these instructions may appear slightly different on your computer. This is due to browser differences (i.e. Internet Explorer vs Chrome, etc.). It should not affect how you set up insurance. However, if you see a different screen and are unsure how to proceed, please contact an NHRS Medical Benefits representative at (603) 410-3675 for further assistance.

1. Begin at the retiree's Payee Benefit Information page.

Payee Benefit Information
Add, Edit or Terminate benefit information below or call a Medical Benefit Representative at (603) 410-3675 for assistance

SSN: [REDACTED]

Name: [REDACTED] **DOB:** [REDACTED] **Gender:** Male

Medicare#: [REDACTED] **Part A Eligible Date:** 04/01/2017 **Part B Eligible Date:** 04/01/2017

Dependents

	Name	SSN	DOB	Relationship	Medicare	Effective Date	
<input type="button" value="Edit"/>	[REDACTED]	[REDACTED]	[REDACTED]	Wife	N	04/01/2017	<input type="button" value="Terminate"/>

Insurance

	Benefit Type	Ben Eff Date	Associated To	Ins Type	Cov Code	Mbr Prem	Subsidy Only	Effective Date	
<input type="button" value="Add Ins"/>	Deferred Vested	02/01/2017							

2. From the Insurance section, you can add coverage information for a spouse and other dependent listed in the Dependents section (See "Adding Dependents"). Click on **Add Ins**.

Insurance

	Benefit Type	Ben Eff Date	Associated To	Ins Type	Cov Code	Mbr Prem	Subsidy Only	Effective Date	
<input type="button" value="Add Ins"/>	Deferred Vested	02/01/2017							
			[REDACTED]	Health	GROUP C - MEDI	\$ 231.11	N	04/01/2017	<input type="button" value="Delete"/>

3. When you click on **Add Ins** this screen will appear:

Insurance Information for [REDACTED]

Insurance Premium For: [REDACTED] *

Effective Date: [REDACTED] *

Insurance Type: [REDACTED] *

Back to Payee Continue

4. Select the dependent's name from the names listed in the drop-down menu field next to **Insurance Premium For**:

5. Type in the **Effective Date**. The effective date will be the month in which you are working in. For example, if you are keying insurance for April use "04/01/2017."

Note: The "/01/" will automatically prefill; just type in the Month (04) and year (2017).

6. For this example, we will select Health from the **Insurance Type** drop-down menu. Click **Continue**.

Note: If you click on **Back to Payee** you will lose what you have done so far.

Insurance Information for [REDACTED]

Insurance Premium For: [REDACTED] *

Effective Date: 04/01/2017 *

Insurance Type: Health *

Back to Payee Continue

7. Choose the **Coverage Description** from the drop-down list of all coverage types associated with the employer, and then click **Continue**.

Note: If you are not sure what to select you can refer back to the Insurance Active Rate report listed in your Reports section. (See, "Getting Started").

Insurance Information for [REDACTED]

Insurance Premium For: [REDACTED]

Effective Date: 04/01/2017

Insurance Type: Health Insurance

Coverage Description: [REDACTED] *

Back to Payee Continue

8. After you click **Continue**, the following screen will appear. Review all the information listed on this screen. If everything is correct, click on **Save Insurance Info**. If the information is incorrect, click on **Back to Payee** and re-enter the correct information.

Note: If any information requires review approval by an NHRS Medical Benefits Analyst, you will not see the changes until they are approved. The queue is checked throughout the day, however if you need an item approved right away, please call an NHRS Medical Benefits representative at (603) 410-3675.

Insurance Information for [REDACTED]
Add Insurance Information

Insurance Premium For: [REDACTED] Premium Type: 1 Person
 Effective Date: 04/01/2017 Member Premium: 980.85
 Ins Type: Health Insurance Subsidy Only:
 Coverage Code: GROUP B - 1 PER Termination Date:
 Description: 1000070 BLUECHOICE NON-UNION Termination Reason:
 Collection ID: 1000070-B Retro Date:
 Retro Note:

9. Once your items have been approved, your screen will look like this:

Payee Benefit Information
Add, Edit or Terminate benefit information below or call a Medical Benefit Representative at (603) 410-3675 for assistance

SSN: [REDACTED] **DOB:** [REDACTED] **Gender:** Male
Medicare#: [REDACTED] **Part A Eligible Date:** 04/01/2017 **Part B Eligible Date:** 04/01/2017

Dependents

	Name	SSN	DOB	Relationship	Medicare	Effective Date	
<input type="button" value="Edit"/>	[REDACTED]	[REDACTED]	[REDACTED]	Wife	N	04/01/2017	<input type="button" value="Terminate"/>

Insurance

	Benefit Type	Ben Eff Date	Associated To	Ins Type	Cov Code	Mbr Prem	Subsidy Only	Effective Date	
<input type="button" value="Add Ins"/>	Deferred Vested	02/01/2017							
			[REDACTED]	Health	GROUP C - MEDI	\$ 231.11	N	04/01/2017	<input type="button" value="Delete"/>
			[REDACTED]	Health	GROUP B - 1 PER	\$ 980.85	N	04/01/2017	<input type="button" value="Delete"/>