10 Steps to Insurance Enrollment

Step 1: Gather your materials

1. Social Security number of all dependents you plan to enroll.
2. Date of birth of all dependents you plan to enroll.
3. Your form of payment (credit/debit card/routing and account numbers).

   **There is a processing fee of $2.95 for checking or savings account bank draft and a minimum of $2.95 or 3.5% for a credit / debit card payment.
4. Add info@lockardandwilliams.com to your email contacts to keep emails from going to your junk mail folder.

Process must be completed by March 28, 2019.

Payment will be drafted the first week of each month beginning in April.

Coverage Starts on May 1, 2019.

For Enrollment Form Questions: 228-762-2500
For BCBS Plan Questions: 1-800-292-8868 (Group #: 58179)

Step 2: Click this link and fill out all information:

https://90degreebenefits.com/forms/member-info.php

On the Member ID line, please enter "0000"

Member Information Form

Dear Member:

Your association sponsors a health, dental and vision plan through BlueCross BlueShield of Alabama.

To begin the enrollment process, complete the below information and click the Submit button. 90 Degree Benefits will be acting as the enrollment manager for the association plans. The information you provide below will allow 90 Degree Benefits to create a personalized username and password that will be sent to the email you provide below. This username and password will allow you to enter the enrollment system to complete your enrollment in the new association plans.

Name
First
First
Middle
Middle
Last
Last
Suffix
Suffix

Association Name
Association Name

Member ID
Member ID

Date of Birth
MM/DD/YYYY

Social Security Number
XXX-XX-XXXX

Gender ◉ Male
○ Female

Marital Status ◉ Single
○ Married ○ Divorced
○ Legally Separated

Submit

Address
Street
Street
City
City
State
Alabama
Zip
XXXXX

Mobile Phone
(XXX) XXX-XXXX

Work Phone
(XXX) XXX-XXXX

Email Address
Valid Email Address

90 Degree Benefits
A Turn For The Better

228.762.2500
450 Riverchase Parkway East
Birmingham, Alabama 35244

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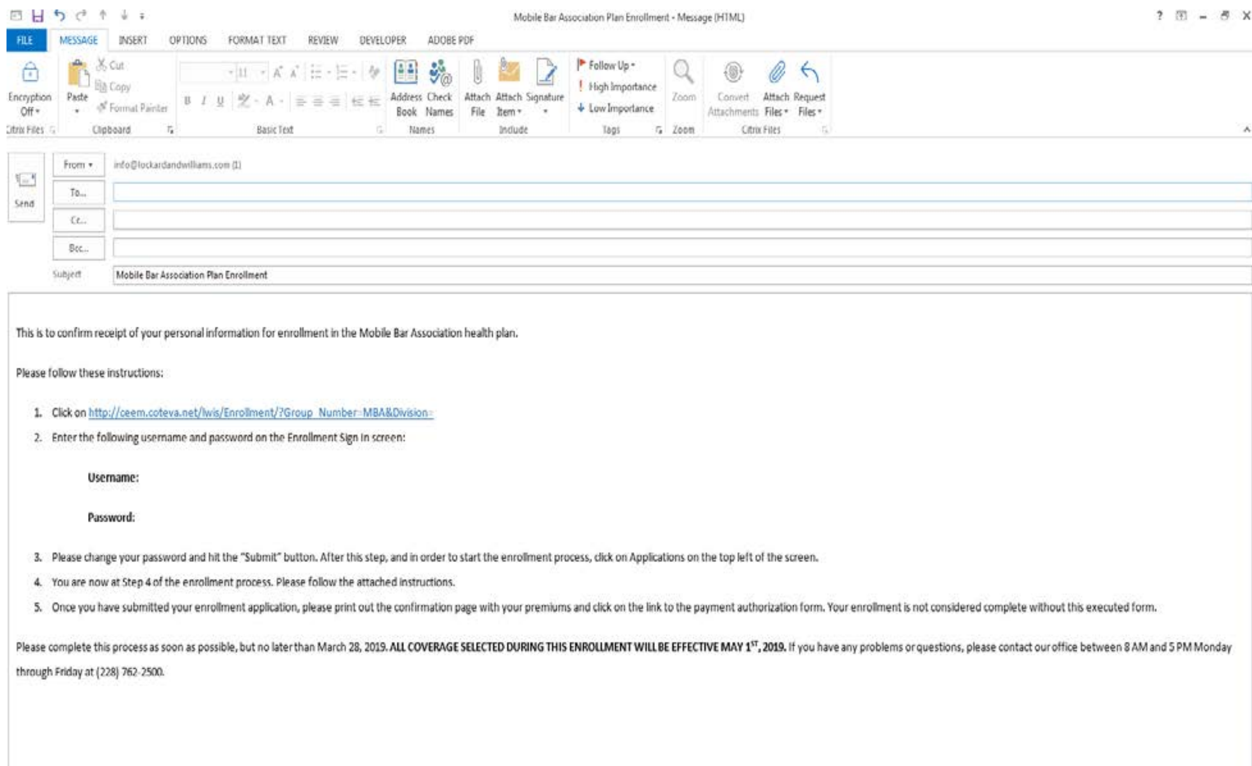
<u>Step 3:</u> Once submitted, you'll receive an email (from info@lockardandwilliams.com) within 48-72 hours with your username and password. Use the link provided in the email.



Mobile Bar Association Plan Enrollment - Message (HTML)

From: info@lockardandwilliams.com (1)

To...

Cc...

Bcc...

Subject: Mobile Bar Association Plan Enrollment

This is to confirm receipt of your personal information for enrollment in the Mobile Bar Association health plan.

Please follow these instructions:

1. Click on http://ceem.coteva.net/lwis/Enrollment/?Group_Number=MBA&Division=
2. Enter the following username and password on the Enrollment Sign In screen:

   Username:

   Password:

3. Please change your password and hit the "Submit" button. After this step, and in order to start the enrollment process, click on Applications on the top left of the screen.
4. You are now at Step 4 of the enrollment process. Please follow the attached instructions.
5. Once you have submitted your enrollment application, please print out the confirmation page with your premiums and click on the link to the payment authorization form. Your enrollment is not considered complete without this executed form.

Please complete this process as soon as possible, but no later than March 28, 2019. **ALL COVERAGE SELECTED DURING THIS ENROLLMENT WILL BE EFFECTIVE MAY 1ST, 2019.** If you have any problems or questions, please contact our office between 8 AM and 5 PM Monday through Friday at (228) 762-2500.

Step 4: Click on the link you have received in the email using Internet Explorer or FireFox. Do **NOT** use Google Chrome. Log in using the credentials in your new email; you will be prompted to create a new password. It must contain all of the following:

a. At least 8 characters
b. 1 uppercase letter
c. 1 lowercase letter
d. 1 number

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Step 5: Once you changed your password, you'll click on APPLICATIONS in the top left corner.

Employee Enrollment Applications Help
RBURGESS0768

150th Anniversary
MBA
MOBILE BAR ASSOCIATION
EST. 1869

My Account > Settings

All passwords must be at least 8 characters and include at least one upper case letter (A-Z), one lower case letter (a-z) and one number (0-9).

Change Password

Password successfully reset

Current password

New password
show password

Reenter password
show password

Submit

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Begin enrollment application.

Employee Enrollment Applications Help
RBURGESS0768

150th Anniversary
MBA
MOBILE BAR ASSOCIATION
EST. 1869

Employer Summary

Company Id	1000
Group Number	MBA
Group Name	MOBILE BAR ASSOCIATION
Division ID	0001
Division Name	ACTIVE

Employee Enrollment

Employee/Participant

RACHAEL BURGESS
P O BOX 1688
PASCAGOULA, MS 39568
PHONE: N/A

MEMBER ID#: 010100101

Employer Group

MOBILE BAR ASSOCIATION
P O DRAWER 2005
MOBILE, AL 36652
(251) 433-9790

GROUP#: MBA : 0001

Open Applications

The following open or incomplete enrollment applications are currently available to be completed. To complete the item, select the application icon to the right of the item's status. For further instructions, select the instructions icon in the far right column.

Open Item	Created	Status	Application	Benefits Information
Click Here to Start/Complete Enrollment Application	FEB 19, 2019	OPEN		

Document/Forms Library

Step 6: Enter dependents (if applicable)

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Add Dependent

DEPENDENT #01

NAME	First Name / MI / Last Name
DOB	MM / DD / YYYY
SSN	
GENDER	
RELATIONSHIP	
ADDRESS	P O BOX 1688
ADDRESS 2	Flr/Suite/Room
CITY/STATE/ZIP	PASCAGOUL / MS / 39568

Save | Close

Review dependent information before moving on.

Participant | Dependents | Core Benefits | Voluntary Benefits | Additional | Review | Help | Per Pay: $0.00

Dependents

Please complete this section only for the dependent(s) you wish to enroll in coverage. Please provide Social Security numbers for all dependents, as failure to do so may delay your enrollment. If you do not wish to enroll any dependents, please click the Save & Continue button to move to the next screen.

Dependents to Enroll

	Dependent	Date of Birth	SSN	Gender	Relationship	Disabled
01	JANE DOE	01/01/1980	000000000	F	C	
02	JOHN DOE	01/01/1980	000000000	M	S	

Add Dependent

◄ Participant | Save & Continue ►

<u>Step 7:</u> You will now select your health benefits (if applicable). ***For specific benefits questions, contact BCBS- 1-800-292-8868.***

Now select your vision and dental voluntary benefits (if applicable). ***For specific benefits questions, contact BCBS- 1-800-292-8868***.

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<u>Step 8:</u> You'll be asked to review and submit your application. Once submitted, your application will appear in a new window. (1st window remains open)

PRINT THIS SCREEN FOR YOUR RECORDS.

You will need the total of your plans for your payment authorization.

<u>Step 9:</u> To make payment, click the link in the last paragraph of your application, or click here:

https://90degreebenefits.com/forms/payment-auth.php

Your enrollment is NOT COMPLETE until you submit your payment authorization form and payment is made!

Your signature MUST be ALL CAPS

<u>Step 10:</u> You will enter the premiums in the boxes of the payment authorization form and the admin fees will be automatically added to your total on the bottom. On the Member ID line, please enter "0000"

Payment Authorization Form

You have two payment options: ACH (Debit your Account) or Debit/Credit Card.
Please choose one of the options below.

ACH (Debit your Account) | Debit/Credit Card

Payment Authorization Form – By signing this form, I give 90 Degree Benefits permission to debit my account or charge my debit/credit card for the amount indicated below on the date of debit indicated below. I also agree to and authorize a debit from my account or charge to my debit/credit card for the bank-processing fee indicated below. I agree to and authorize these recurring (monthly) transactions.

*A bank-processing fee of $2.95 per transaction will be charged.

**All fields are required.

Account Type ◉ Personal Checking
○ Personal Savings ○ Business Checking
○ Business Savings

Bank Name
Enter Bank Name

Routing Number
Enter Routing Number

Account Number
Enter Account Number
*Date of Debit Each Month: 1st of Each Month

Medical Premium
Enter Medical Premium
*A $12.00 admin fee will be added to this amount.

Dental Premium
Enter Dental Premium
*A $3.00 admin fee will be added to this amount.

Vision Premium
Enter Vision Premium

Total
$XX.XX
*Includes applicable admin fees.

Submit

Authorization - I understand that this authorization will remain in full force and effect until I notify 90 Degree Benefits in writing that I wish to revoke this authorization. I understand that 90 Degree Benefits requires at least a 2-week notice prior to the proposed effective date of the debit in order to cancel this authorization.

Non-Sufficient Funds Statement - If the payment is rejected for Non-Sufficient Funds (NSF). I understand that 90 Degree Benefits will attempt to process the charge again 7 days from the original processing date. and I agree to any additional charge by the bank for each attempt returned as NSF. which will be initiated as a separate transaction from the authorized payment. Should the payment be rejected on the second processing date. 90 Degree Benefits will terminate coverage effective at midnight the last day of the last period for which premiums were paid.

Acknowledgement - I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute 90 Degree Benefits' debit with my bank so long as the transaction corresponds to the terms indicated in this agreement.

Association Name
Association Name

Member ID
Member ID

Name (First, Middle, Last, Suffix if applicable)
Enter Your Full Name
*This serves as your electronic signature.

Date Signed
03/01/2019

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A Turn For The Better

228.762.2500
450 Riverchase Parkway East
Birmingham, Alabama 35244

<u>A confirmation message will appear. Application is final with email confirmation or draft/credit card payment in the first week of April.</u>

It is your responsibility to cancel your current insurance to avoid double coverage, effective April 30, 2019.

Coverage starts May 1, 2019

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