

USING

PROTM Apply

A guide for employees

About PRO Apply

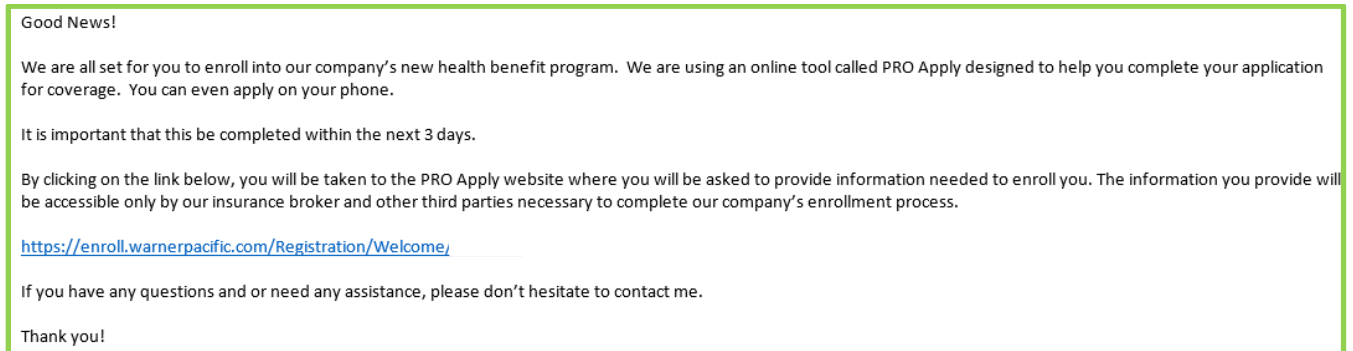
PRO Apply allows you to apply for coverage for you and your dependents in a matter of minutes! It is streamlined to ensure you fill in all the necessary information for your enrollment and letting you skip those you don't need. When you're done, simply sign your application online and submit!

Click the Link from your Benefit Administrator

When your group administrator emails you a link to apply online, what's next?

This guide will walk you through how to enter the information needed for you and your dependents to get insurance coverage.

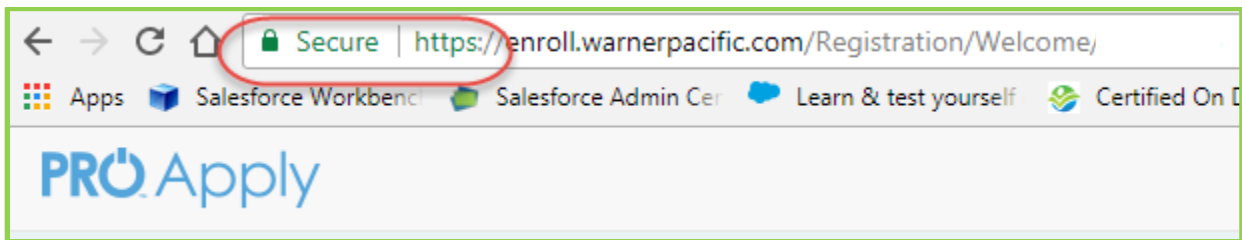
Here is an example of the email you may receive:



PRO Apply is mobile-friendly! Enter your data on your smartphone, tablet or any other device with Internet access.

You Reach a Secure Site

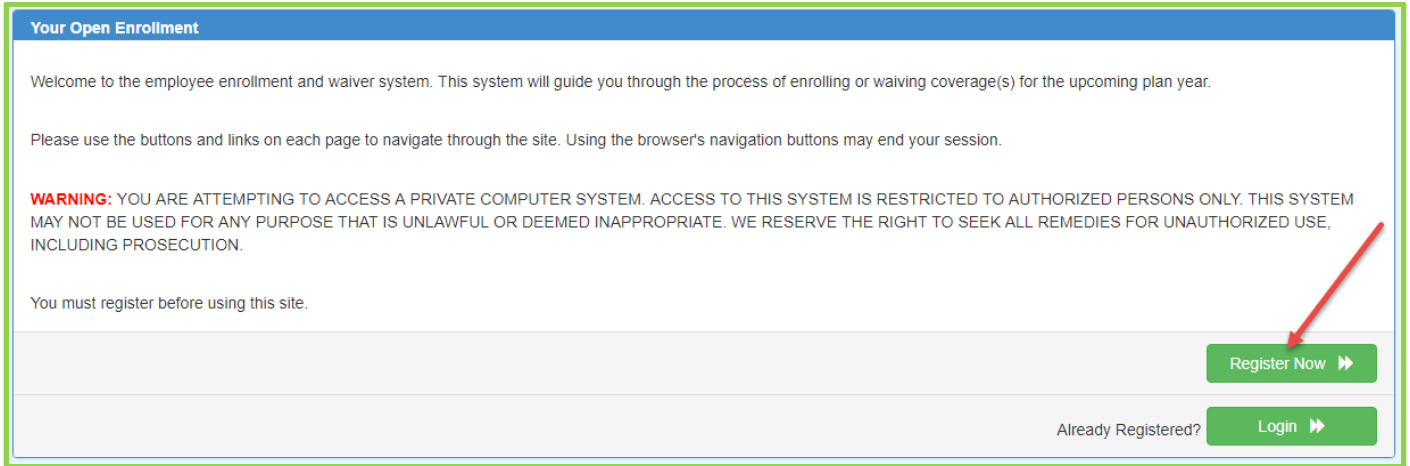
When you click on the PRO Apply link, you reach a friendly, secure site where you can enter your information with peace of mind. Your privacy is respected.



Click on Register Now to sign up

If this is your first time logging into PRO Apply, you will register. This allows you to log in if you need to finish up at another time.

You will also use User ID and Password when you electronically sign your enrollment application.



Your Open Enrollment

Welcome to the employee enrollment and waiver system. This system will guide you through the process of enrolling or waiving coverage(s) for the upcoming plan year.

Please use the buttons and links on each page to navigate through the site. Using the browser's navigation buttons may end your session.

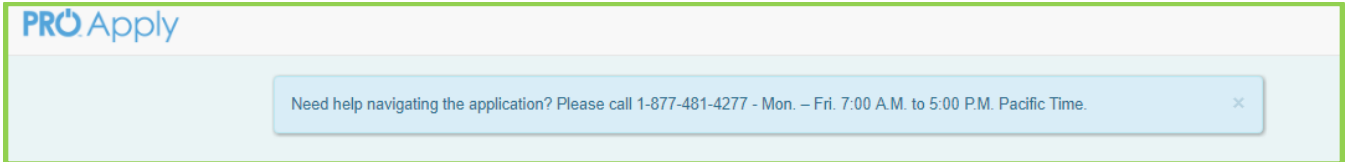
WARNING: YOU ARE ATTEMPTING TO ACCESS A PRIVATE COMPUTER SYSTEM. ACCESS TO THIS SYSTEM IS RESTRICTED TO AUTHORIZED PERSONS ONLY. THIS SYSTEM MAY NOT BE USED FOR ANY PURPOSE THAT IS UNLAWFUL OR DEEMED INAPPROPRIATE. WE RESERVE THE RIGHT TO SEEK ALL REMEDIES FOR UNAUTHORIZED USE, INCLUDING PROSECUTION.

You must register before using this site.

[Register Now ▶](#)

Already Registered? [Login ▶](#)

Help is only a phone call away!



PRO Apply

Need help navigating the application? Please call 1-877-481-4277 - Mon. - Fri. 7:00 A.M. to 5:00 P.M. Pacific Time. ×

Create Your Account

Here's where you fill in your basic contact information and create your User ID and Password.

Registration

Already Registered? [Login ▶▶](#)

Please enter your registration information (all fields are required):

Employee First Name Manny	Employee Middle Name 	Employee Last Name Moe
Phone Number 888-888-8888	Email Address me@mycompany.com	Confirm Email Address me@mycompany.com

Please enter your User ID and Password. Passwords must have 8 or more characters and at least one number. Remember, passwords are case sensitive.

User ID MannyMoe	Password	Confirm Password
----------------------------	--------------------------	----------------------------------

Please create a security question with an answer that is easy for you to remember but hard for anyone else to guess. In case you forget your password, you will be asked to answer this question before you can reset your password.

Security Question What is my favorite color	Answer red
---	----------------------

I accept the [Terms and Conditions](#)

* Please contact your employer for other enrollment options if you do not wish to accept the Terms and Conditions. You can review the Terms and Conditions at any time.

[Create Account ▶▶](#)

Be sure to accept the Terms and Conditions!

Click to create your account

Once you have entered your contact information, simply click on the Create Account button to begin your secure application!

Security Question	Answer
<input type="text" value="What is my favorite color"/>	<input type="text" value="red"/>
<input checked="" type="checkbox"/> I accept the Terms and Conditions	
<small>* Please contact your employer for other enrollment options if you do not wish to accept the Terms and Conditions. You can review the Terms and Conditions at any time.</small>	
<input type="button" value="Create Account >>"/>	

Review your information for accuracy

You will be given the opportunity to review your contact information before continuing to enrollment.

You are successfully registered!

Please Review Your Account Summary

Full Name

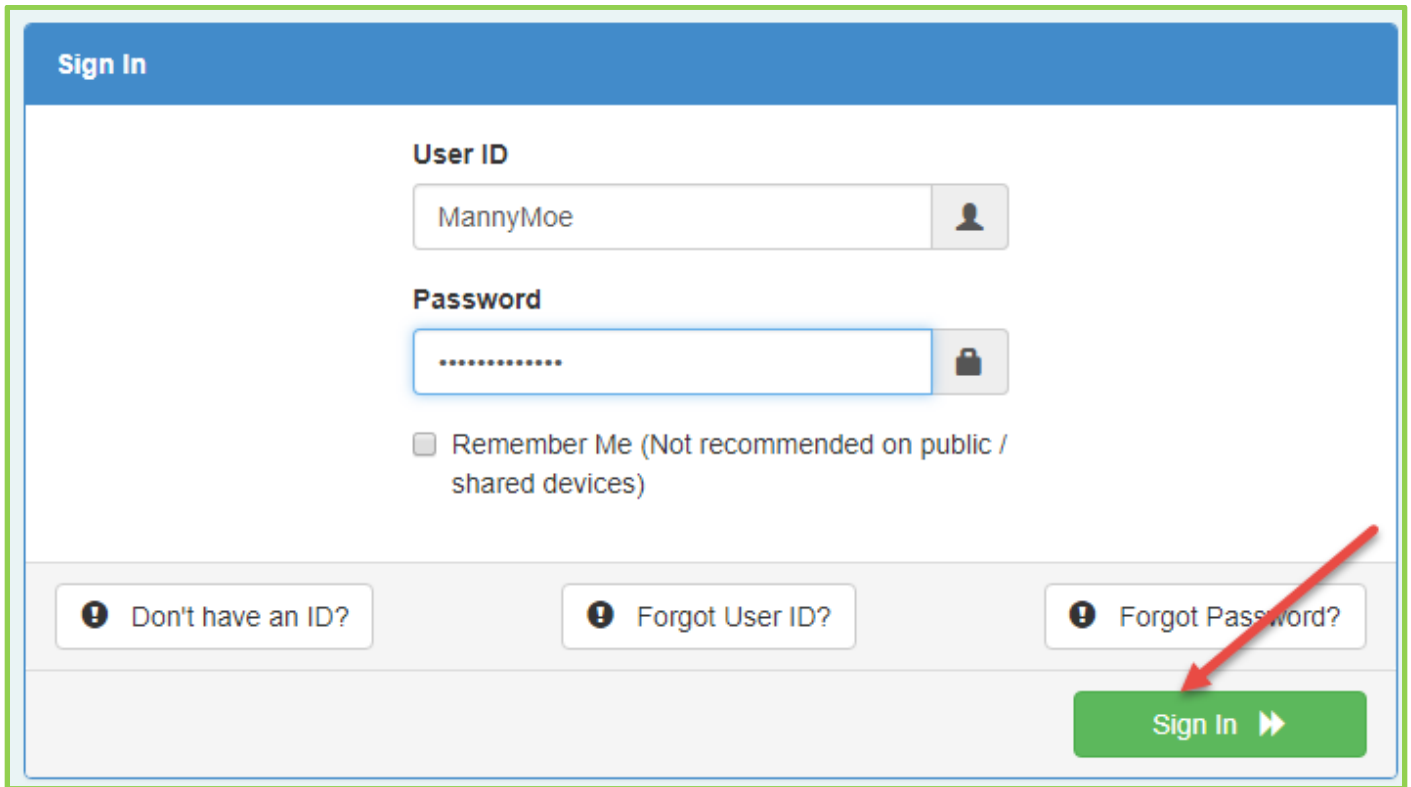
User ID (This is your login ID)

Email Address

Phone

Sign in with your User ID and Password

Now that you have confirmed your information is correct, enter your User ID and Password and click on the Sign In button.



The image shows a 'Sign In' form with a blue header. Below the header, there are two input fields: 'User ID' containing 'MannyMoe' and 'Password' containing a masked password. A checkbox labeled 'Remember Me (Not recommended on public / shared devices)' is located below the password field. At the bottom of the form, there are three links: 'Don't have an ID?', 'Forgot User ID?', and 'Forgot Password?'. A green 'Sign In' button with a right-pointing arrow is located at the bottom right, with a red arrow pointing to it.

Sign In

User ID
MannyMoe

Password
.....

Remember Me (Not recommended on public / shared devices)

[! Don't have an ID?](#) [! Forgot User ID?](#) [! Forgot Password?](#)

Sign In ▶▶

Fill out your profile page

Here you fill in basic information that will flow over to your enrollment application, for example, Home Address and Date of Hire.

When complete, click on the Save button and continue to the next page.

Personal Profile

All fields are required except as noted by **

Relation to Employee
Self

First Name Manny **Middle Name** **Last Name** Moe

Gender Male **Date of Birth** 01/02/1990 **SSN** 555-55-5555

Marital Status Single **Hire Date **** 03/19/2016 **Job Title** Office Manager

Home Address (No PO Boxes) 123 Main Street **Address line 2**

Home Zip Code 91361 **City, County** Westlake Village, Ventura

Also enrolled in Medicare Tobacco User *

* Tobacco use is defined by the Affordable Care Act (ACA) as follows: Tobacco use means use of tobacco on average four or more times per week within no longer than the past 6 months. This includes all tobacco products, except that tobacco use does not include religious or ceremonial use of tobacco. Further, tobacco use must be defined in terms of when a tobacco product was last used.

** Hire date will be required to complete your enrollment. You may skip this now if you do not have the info available.

Logoff Save

Select your company's benefit offering

You will most likely have one offering to select, so not much for you to do. Occasionally, Medical, Dental and/or Vision will be offered with different carriers. In the case, choose one of them, go through your online enrollment process. You will then return to this screen and repeat the process for the other carrier(s).

Select Enrollment

Enrollment	Enrollment Status	Application Due Date	Employee Status
<input checked="" type="radio"/> RRR PRO Apply Medical (5 Plans), Dental (3 Plans), Vision (3 Plans), Life (1 Plan)	Open	8/31/2017	Not Started

Next

You will be able to waive coverage for you or your dependents on the next step.

Choose to enroll or waive coverage

Here you will select which coverages you applying for or declining.

Select Coverage Types
RRR PRO Apply

Your employer has provided you with the following options:

Coverage Type	Show Rates and Benefits To Enroll	Waive Coverage for Myself and All Dependents
Medical	<input type="radio"/>	<input type="radio"/>
Dental	<input type="radio"/>	<input type="radio"/>
Vision	<input type="radio"/>	<input type="radio"/>
Life	<input checked="" type="radio"/>	<input type="radio"/>

Navigation: Previous (left arrow) | Next (right arrow)

Ensure your profile, including your dependents, is accurate

Use the Edit link and Add Dependent button to make any necessary corrections or additions.

Edit Profile
RRR PRO Apply

Action	Relation to Employee	First Name	Last Name	Gender	Birthdate	Home Zip Code
Edit	Self	Manny	Moe	Male	01/02/1990	91361

Navigation: Previous (left arrow) | Add Dependent (person icon) | Next (right arrow)

I have entered all dependents, including those who are waiving all coverages

Confirm your dependent information is complete

Avoid any delays in processing your application! It is important to include all of your dependents, even if you are not planning on enrolling them on your coverage.

Check the box confirming your profile is complete and click on the Next button.

Edit Profile

RRR PRO Apply

Action	Relation to Employee	First Name	Last Name	Gender	Birthdate	Home Zip Code
Edit	Self	Manny	Moe	Male	01/02/1990	91361

[Previous](#) [Add Dependent](#) I have entered all dependents, including those who are waiving all coverages [Next](#)

Compare and select your plans

Once you have reviewed your plan benefit options, simply click on the Add to Cart button. Click the Next button to continue with your enrollment.

Select Your Plan

RRR PRO Apply

Medical **5** Dental **3** Vision **3** Life **1** [Next](#)

Included in Coverage: Manny

[Add to Cart](#) **Anthem** Anthem Gold HMO 25/20%/6600 (2EZU)

Deductible	Office Visits	Inpatient Hospital Services	Out-of-Pocket Max	Prescription Drugs	Plan Details	Your Semi-monthly Cost	
\$0/\$0	\$25/\$50	\$500 copay per day (up to 4 days max)	\$6,600/\$13,200 embedded	\$5A;\$15B/\$35/\$70/30% (Select)	View SBC (Carrier Brochure) View Benefits View Providers	\$15.18 Details	<input type="checkbox"/> Compare

[Remove from Cart](#) **Anthem** Anthem Platinum PPO 20/10%/4000 (2F9Q)

Deductible	Office Visits	Inpatient Hospital Services	Out-of-Pocket Max	Prescription Drugs	Plan Details	Your Semi-monthly Cost	
\$0/\$0	\$20/\$40	10%	\$4,000/\$8,000 embedded	\$5A;\$15B/\$35/\$70/30% (Select)	View SBC (Carrier Brochure) View Benefits View Providers	\$37.91 Details	<input type="checkbox"/> Compare

[Add to Cart](#) **Anthem** Anthem Platinum HMO 10/10%/2700 (2EZG)

You can select your plan for all coverages from this one screen!

Review your plan selection(s)

You can look over your plan selection. If you think you might want a different plan, click on the Edit link or Previous button to remove your selection from your cart and update your cart with a new selection.

Once you are satisfied with your selection, click on the Next button to begin filling out your application.

Review Selected Plans

RRR PRO Apply

Final rates are determined by the Carrier.

Coverage	Plan	Included in Coverage	Action	Your Semi-monthly Cost
Medical	Anthem Platinum PPO 20/10%/4000 (2F9Q)	Manny	Edit	\$37.91
Dental	Gold 100/90/60 Active 50/1500 80th E&P Basic Ortho (2RJS) COMPLETE	Manny	Edit	\$0.00
Vision	Full Service Plan B6 \$10/\$25 12/12/24 \$130/\$130	Manny	Edit	\$0.00
Life	Blue Cross Life	Manny	Edit	Rate not available

Your Semi-monthly Cost **\$37.91**

Employer Contribution \$204.24

Total Premium \$242.15

[Previous](#)[Next](#)

Click to begin your tailored online application

Download and Complete Applications / Waivers

RRR PRO Apply

To complete your enrollment or waiver please click on link(s) below.

Application / Waiver	Coverage	Type	Status
Anthem Blue Cross (CA)-1	Medical, Dental, Vision, Life	Online	Incomplete

NOTES:

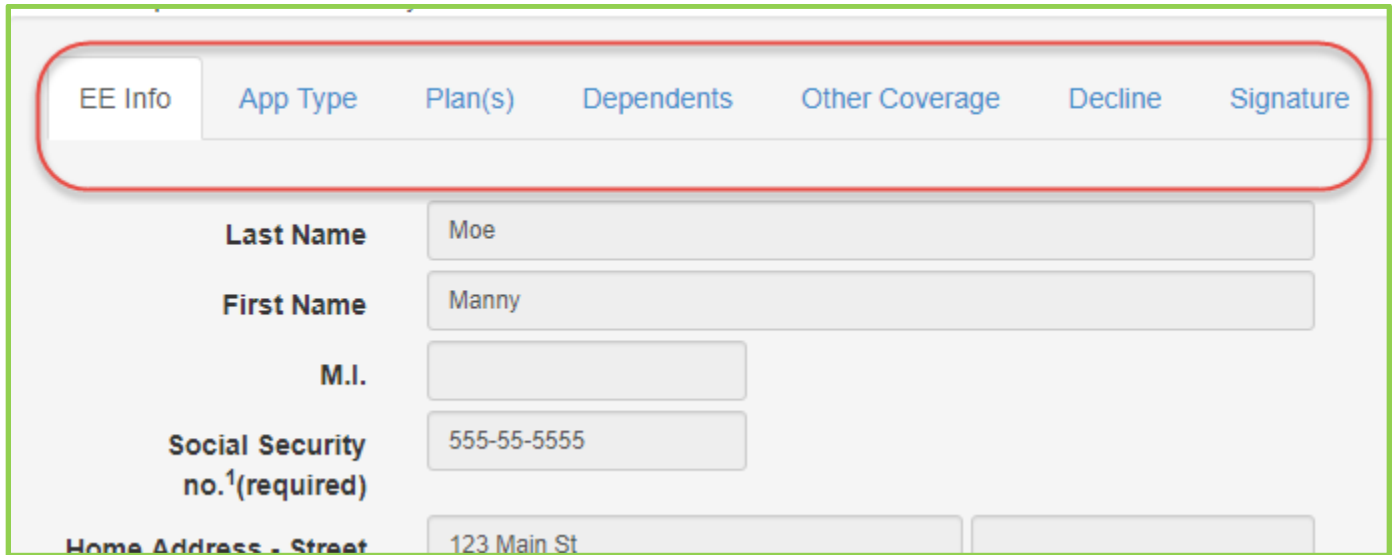
- Not all carriers offer online enrollment.
- You may have to provide SSN's for all dependents to enroll online.
- Please turn in any paper applications / waivers to your group's administrator upon completion.

[Previous](#)

You will be walked through the steps needed for your benefit package

To ensure a speedy start to your benefits, your enrollment steps are tailored to your benefit carrier. No missing or unnecessary data!

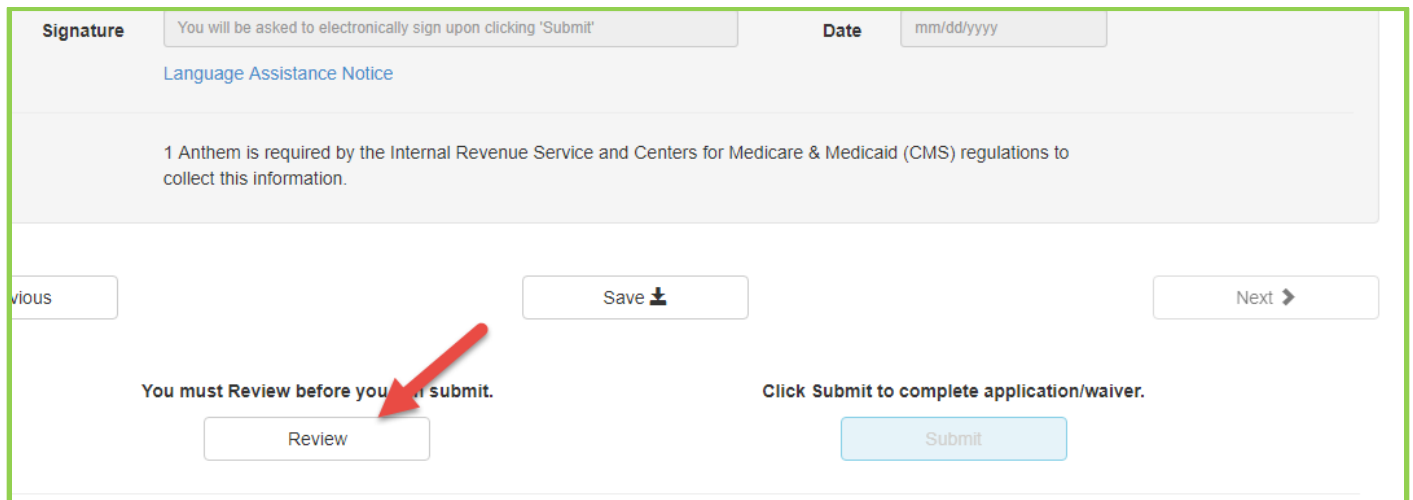
Use the tabs across the top to move from page to page.



The screenshot shows a navigation bar with tabs: EE Info (selected), App Type, Plan(s), Dependents, Other Coverage, Decline, and Signature. Below the tabs are input fields for: Last Name (Moe), First Name (Manny), M.I. (empty), Social Security no.¹(required) (555-55-5555), and Home Address - Street (123 Main St).

Review your enrollment for accuracy and completeness

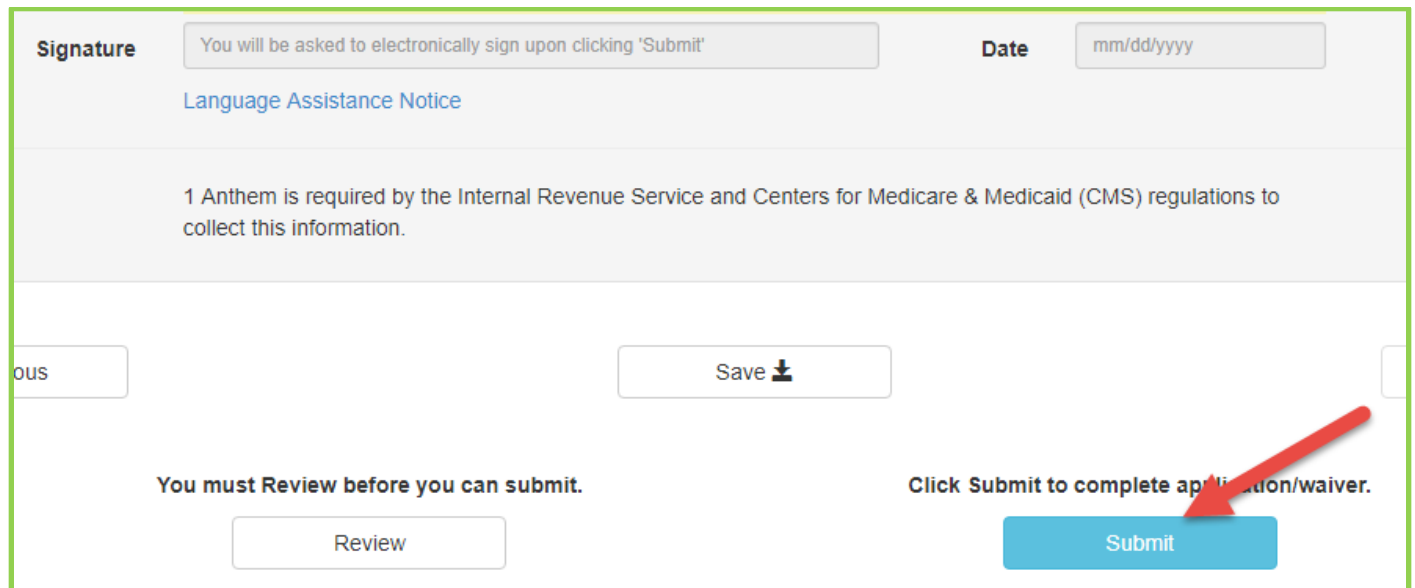
When you reach the Signature step, you must review your application before submission. You will be prompted to fill in any missing information and you have one last chance to make sure your enrollment is accurate.



The screenshot shows the Signature step with a text box: "You will be asked to electronically sign upon clicking 'Submit'" and a Date field (mm/dd/yyyy). Below this is a "Language Assistance Notice" link. A note states: "1 Anthem is required by the Internal Revenue Service and Centers for Medicare & Medicaid (CMS) regulations to collect this information." At the bottom, there are buttons for "Previous", "Save", "Next", "Review", and "Submit". A red arrow points to the "Review" button. Text below the buttons reads: "You must Review before you can submit." and "Click Submit to complete application/waiver."

Submit your enrollment

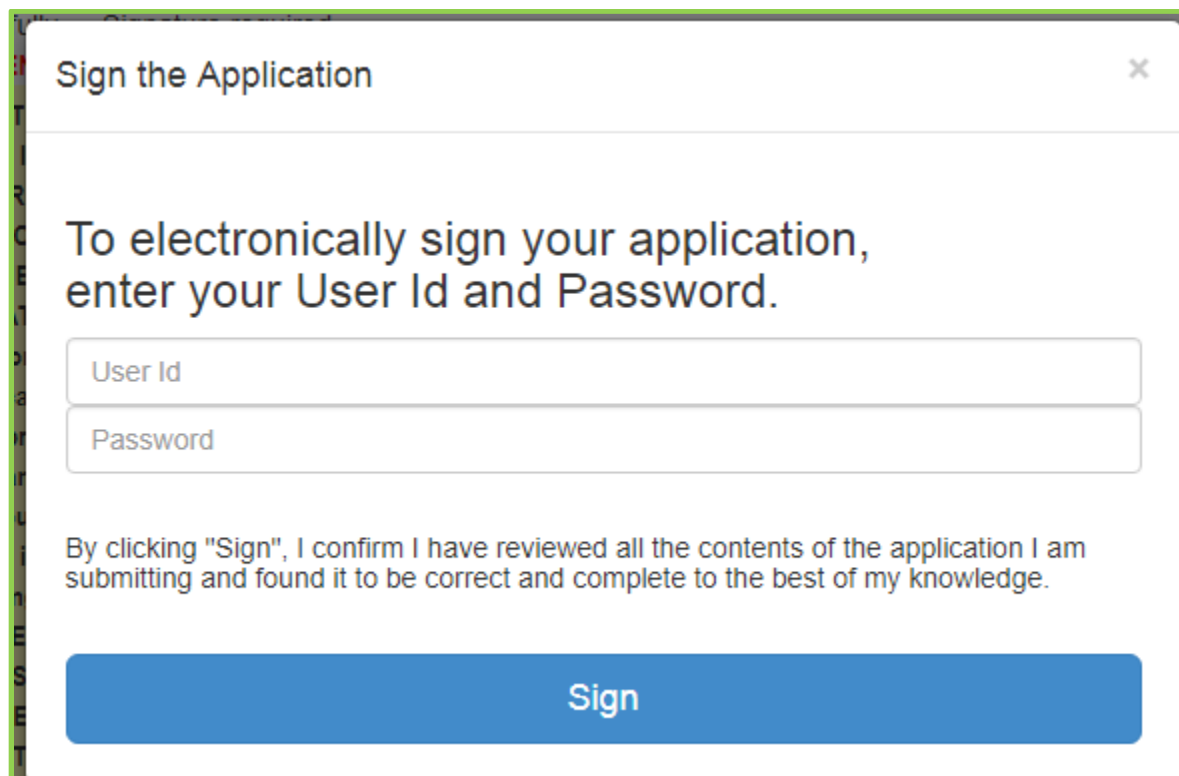
Now that you have reviewed your enrollment, click on the Submit button to sign your application.



The screenshot shows a web form for submitting an enrollment. At the top, there are two input fields: "Signature" with the placeholder text "You will be asked to electronically sign upon clicking 'Submit'" and "Date" with the placeholder "mm/dd/yyyy". Below these is a link for "Language Assistance Notice". A grey box contains the text: "1 Anthem is required by the Internal Revenue Service and Centers for Medicare & Medicaid (CMS) regulations to collect this information." Below this, there are three buttons: "ous" (partially visible), "Save" with a download icon, and "Review". At the bottom, there are two more buttons: "Review" and "Submit". A red arrow points to the "Submit" button. Text on the right side says "Click Submit to complete application/waiver." and text on the left says "You must Review before you can submit."

Sign with your login ID and Password

Enter your User ID and Password and click on the Sign button to complete your enrollment.



The screenshot shows a dialog box titled "Sign the Application" with a close button (X) in the top right corner. The main text reads: "To electronically sign your application, enter your User Id and Password." Below this are two input fields: "User Id" and "Password". At the bottom, there is a blue button labeled "Sign". A confirmation statement is displayed: "By clicking 'Sign', I confirm I have reviewed all the contents of the application I am submitting and found it to be correct and complete to the best of my knowledge."

You're done!

Thank you for enrolling online!

Your application is being submitted to the carrier for processing.

We recommend that you print or save your application by clicking the printer icon below.

[Back to Enrollment](#)



Click the Print button to save a record for yourself