

USING

PROTM Census

A step-by-step user guide

Click the Link from your Benefit Administrator

When your group administrator emails you a link to your PRO Census portal, 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:

Good News! We are reviewing our benefit options for you and your dependents to ensure you have the best coverage possible.

Please take a couple minutes today to securely and easily enter your information through this handy link. This will ensure we have the most up to date information for you and your dependents.

<http://procensus.warnerpacific.com/ee/19963953d8>

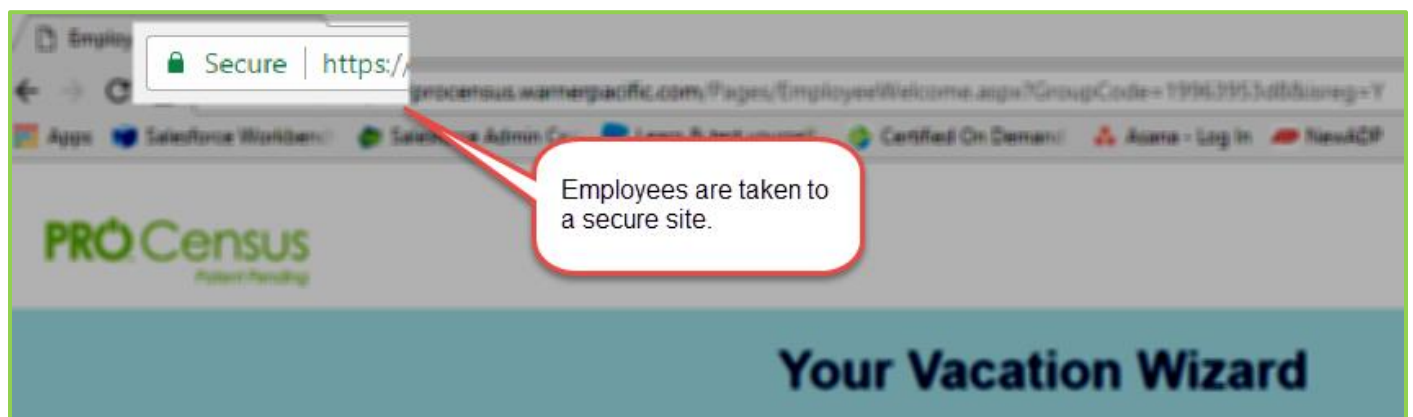
It is important that this be completed within the next three days. If you have any questions and or need any assistance, please don't hesitate to contact me.

Thank you!

PRO Census 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 Census link, you reach a friendly, secure site where you can enter your information with peace of mind. Your privacy is respected.



Click to Proceed

If this is your first time logging into PRO Census, you will proceed as a guest. After you set up your profile, you have an opportunity to create a username and password in case you need to change any information in the future.

PRO Census
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English Español

Your Vacation Wizard

Welcome to your PRO Census tool where you can provide your basic information.

Your first time? Proceed as guest and you will be prompted to create an account.

Please sign in if you have already created an account.

[Proceed as guest](#)

[Sign In](#)

Enter Your Information

Here's where you fill in basic information for yourself and your dependents.

Click on the rows for you and your dependents to enter your information.

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Your Vacation Wizard

Enter Your Profile

Relation to Employee	First Name	Last Name	Gender	Birthdate	Home Zip	
Self	Tom	Paulson	Male	02/02/1980	91361	Edit
Spouse / Partner	Helen	Paulson	Female	05/12/1982	91361	Edit Delete
Child / Dependent	Vivian	Paulson	Female	6/07/2010	91361	Edit Delete
Child / Dependent	Ken	Paulson	Male	07/10/2013	91361	Edit Delete

[Add a Family Member](#)

IMPORTANT NOTE
Please have all of your information ready before you begin and allow yourself a few minutes to complete the information. To protect your personal information, it is not possible to partially save your information. If you need to come back later to correct or change the information, you will be asked to complete the entire process again. You may change your selections prior to enrolling.

[Submit](#)

Click to Submit

Once you have everyone entered, simply click to submit and you are done!

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Your Vacation Wizard

Enter Your Profile

Relation to Employee	First Name	Last Name	Gender	Birthdate	Home Zip	
Self	Tom	Paulson	Male	02/02/1980	91361	Edit
Relation to Employee	First Name	Last Name	Gender	Birthdate	Home Zip	Edit Delete
Spouse / Partner	Helen	Paulson	Female	05/12/1982	91361	
Relation to Employee	First Name	Last Name	Gender	Birthdate	Home Zip	Edit Delete
Child / Dependent	Vivian	Paulson	Female	6/07/2010	91361	
Relation to Employee	First Name	Last Name	Gender	Birthdate	Home Zip	Edit Delete
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[Submit](#)

That's it! You are done!

Optional: Click to add your doctor or hospital

You may have a link, like the one below, to add your doctors and preferred hospital. This information is useful to your employer when shopping for group coverage to see if your choice is covered.

Thank you for submitting your information.

We are in the process of determining the best health benefits plan option for our company. Knowing what the percentage is of healthcare providers (doctors and hospitals) our employees use who participate in these plans will help us determine which health plan would be the best fit for our employees. So we are hoping that you will participate in this provider survey.

To help us, please click on the link below, search for the names of your providers and add them to the list by clicking the plus icon next to their names. Then click the "Finished" button. The identification of your healthcare provider within the survey process will not be disclosed to anyone. This survey is completely anonymous and voluntary. Also, you should know that identifying these providers does not guarantee that they will be participating in the new healthcare plan for our company, should we decide to make a change.

If you have any questions regarding any of this, please do not hesitate to contact your company's personnel manager. Thank you in advance for taking an active role in this employee benefits evaluation process. Here is the survey tool: [Physician Survey Tool](#)

Optional: Create Your Own Username and Password

After submitting your information, you have the option to create a user name and password. This will allow you to log in at a later date to update or complete your information.

Thank you for submitting your information.

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If you have any questions regarding any of this, please do not hesitate to contact your company's personnel manager. Thank you in advance for taking an active role in this employee benefits evaluation process. Here is the survey tool: [Physician Survey Tool](#)

Simply complete this brief form and you will be able to update your information and use our Online Enrollment tool.

First Name	Middle Name	Last Name
<input type="text" value="Ben"/>	<input type="text"/>	<input type="text" value="Iverton"/>
Email Address	Confirm Email Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please choose your user id and password. Passwords must have 8 or more characters and at least one number. Remember, passwords are case sensitive.

User Id	Password	Confirm Password
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please choose your security question and answer. These values can be used to reset your account if you should forget your password.

Security Question	Answer
<input type="text"/>	<input type="text"/>

I accept the [Terms and Conditions](#)



See, even with the optional steps you are *really* done... in just a couple of minutes!