Ease allows you to view your benefit options and make benefit elections for you and your family. You can view plan details, coverage amounts and costs. Your family’s information only needs to be entered once, in one place and all carrier application forms will automatically be completed.

1. You will receive an email with a link that you will use to register and access Ease. Click the Sign Up button within the email message.

   Welcome Alicia,

   Your Manager just added you to Ease.

   Ease helps you manage your benefits and other important HR activities.

   Please log in now and complete your profile here:

   **Important:** This email is intended only for Alicia Cornwell and should not be forwarded to anyone else.

   ![Sign Up Button]

2. Once you click the link, you will need to choose a password. Please be sure the password has at least one uppercase letter, one lowercase letter, one special character or number and is at least 8 characters long. Click the Sign Up button to continue.

   ![Password Field]

   ![Confirm Password Field]

   ![Terms of Service Agree Checkbox]

   ![Minimum Password Requirements]

   ![Sign Up Button]
3. If you have logged in before, you will need to enter your email address or username and your password. If you are logging in with your mobile phone, select Log in with mobile phone. If you are having trouble logging in, select Forgot? If you need further assistance, select I need additional help to log in.

4. After you have logged in, you will click on the green Get Started button. You will also see links to Profile, Benefits, and Documents.

5. Ease will walk you through the process of onboarding and enrolling in your benefits. After completing the optional onboarding module, you will be taken to enroll in benefits.
6. Review your personal information and provide any missing information, if needed. All fields marked with an * are required.

7. Add any dependents that you will be enrolling in coverage by clicking Add.
8. Provide information for each dependent as prompted. Click Add Dependent.

<table>
<thead>
<tr>
<th>Add Dependent</th>
<th>Close</th>
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<tbody>
<tr>
<td>First Name *</td>
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<td>Relationship *</td>
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</tbody>
</table>

- Select
- mm/dd/yyyy
- XXX-XX-XXXX
- Select
- Different address than employee?

Add Dependent
10. If documents are required to review click **Review** and acknowledge receipt for each document.

11. If you or any of your dependents have Medicare Coverage, click **Add** and complete Medicare information.

12. You will be guided through your benefit options. To enroll, click the checkmark , to waive click the X. Choose the plan you would like by clicking **Select**.
13. You may be prompted to provide your previous or current coverage, Click Add and enter all information as required.
14. You may see a series of health questions based on the coverage you are applying for. Answer each question with a checkmark for yes or X for no. If prompted, please provide any additional details.

15. You can review your Benefit Summary under the Summary tab. Make any updates by selecting the Edit button.
16. If you are missing required information or need to review certain documents you can select the blue highlighted text to be brought back to the page or document. After completing the required information, you can proceed to review and sign your forms.

17. After clicking Sign Forms, you will be prompted to type your signature as well as electronically sign with your mouse.
IMPORTANT:

The purpose of this document is to complete and review several different forms to ensure that all information is accurate.

Please review the questions as asked on each form and make sure that the correct answer has been provided. While we make every effort to ensure this is done for you, we want to take the extra step to make sure that your carriers are getting the most accurate information possible.

If you find any errors, you can use the navigation at the top of the page to locate the form and correct it.

Create your signature

Start by typing your full name as it appears below.

Alicia Cornwell

SHA-256 with RSA Encryption

I understand this is a legal representation of my signature.
Review and sign your forms by tapping each green signature prompt as they appear.
Review & Sign Forms

Please review all of the information presented for completeness and accuracy.

When you are ready, sign each section by tapping on the green signature prompts. If at any time you feel like you need to make changes, you can go back to enrollment by selecting 'Back' in the top navigation bar. For additional help, please reach out to your HR administrator.

 文件签名

I understand this is a legal representation of my signature.

Section 1 - Disclosure of personal and health information

At Blue Shield of California, we understand the importance of keeping your personal information private, and we take our obligations to do so very seriously. Blue Shield protects the privacy and security of the personal information that we maintain, use, and disclose for purposes of administering your Blue Shield coverage.

Blue Shield obtains personal information about you and/or your covered dependents, including health and/or financial information, from you, at your direction, and/or with your permission. We are also permitted by federal and state law to obtain your personal information from other sources, including, for example, from your healthcare provider insurer, insurance support organization, healthplan, or insurance agent. We use and disclose your personal information to administer your Blue Shield coverage and as otherwise permitted or required by law. In doing so, we may disclose your personal information to others including, for example, a healthcare provider insurer, insurance support organization, healthplan, or your insurance agent. Blue Shield will not disclose your personal information without your authorization except as permitted or required by law.

Blue Shield is required to provide you with a Notice of Privacy Practices (“Notice”) that describes your privacy rights, our obligations to protect your privacy, and how we use and disclose your personal information (and without your specific authorization). When we use or disclose your personal information, we are bound by the terms of the Notice, which applies to all websites that create, obtain, and/or maintain that contain your personal information. You may receive your Notice when you enroll for Blue Shield coverage. You may also obtain a copy of our Notice by calling the customer service number on your Blue Shield membership card or by visiting our website at bluestieldca.bcbs.com/documents/open-enrollment/privacy

Acknowledgement and signature

I acknowledge and agree: All information I have provided in this enrollment form is correct and true to the best of my knowledge and belief. I understand that it is the basis on which Blue Shield will make its decisions. I understand that if I have committed fraud or have intentionally misrepresented any material fact in conjunction with this application, Blue Shield may rescind the following effective for the cost of this plan.

Signature of employee Date

Alicia Cornwall
Print employee name

All pages of this form are necessary to process your enrollment. Missing information may delay processing.
18. Once you have finished signing, you will be able to rate your enrollment experience as well as provide any additional comments. This is optional and you may click on Finish to return to your dashboard.