













Dependent	Name	Relationship
<input checked="" type="checkbox"/>	Lucy Doe	Child

Add Review Dependents

Update

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Lucy Doe	Child
<input type="checkbox"/>	John Doe	Spouse

[Add Dependent](#)

**Choose a Primary Care Provider ID**

You and your covered dependents are required to select a Primary Care Provider for this plan when you initially enroll. Remember to indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients.

Specify a Primary Care Provider ID  [Select a Provider](#)  [Check here if you have previously seen this provider](#)

**Important: Assign Provider ID's for your dependents by clicking here.**

**Medical**

Jane Doe

[to Enrollment to go back to your benefits information.](#)



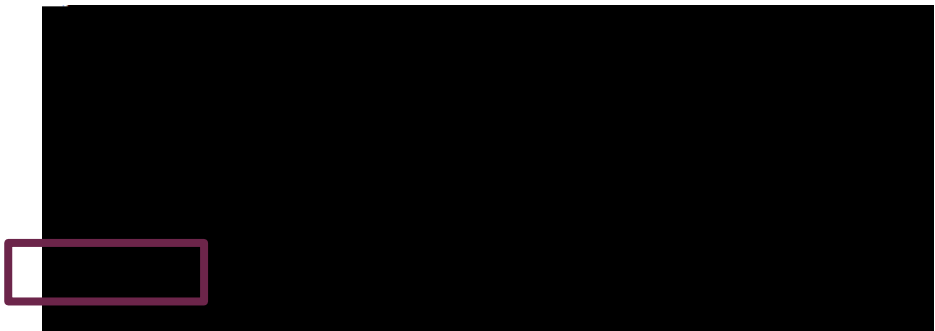
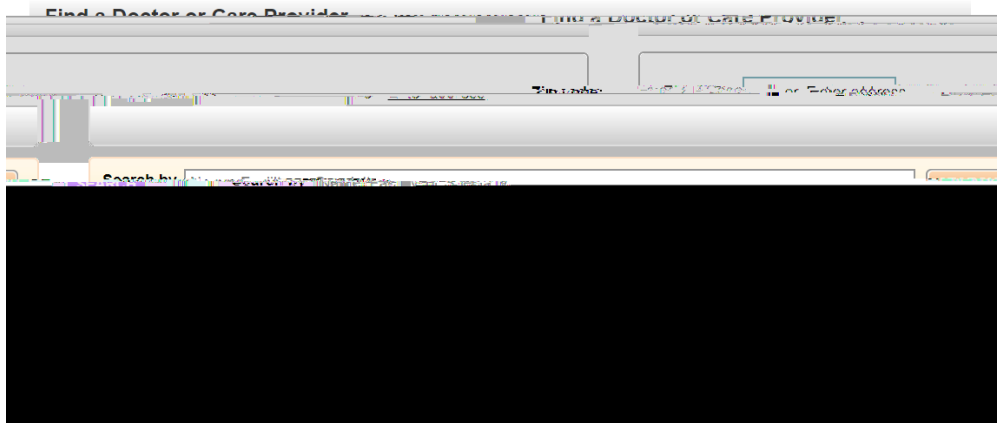
**Harvard Pilgrim Health Care**

**OUR PLANS**

**Primary Care Provider**

[Go back to Enrollment to go back to your benefits information.](#)



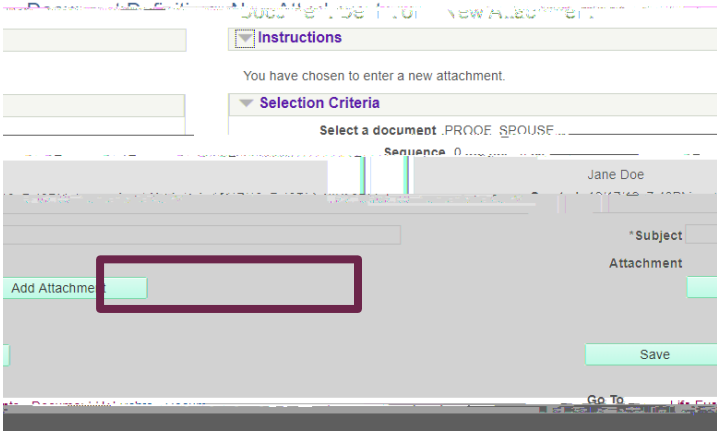




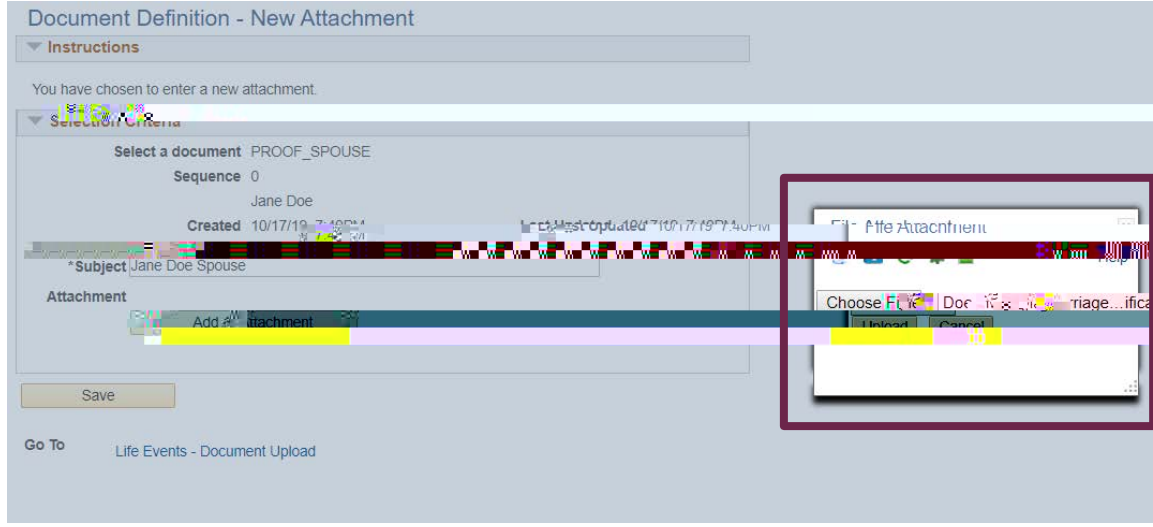




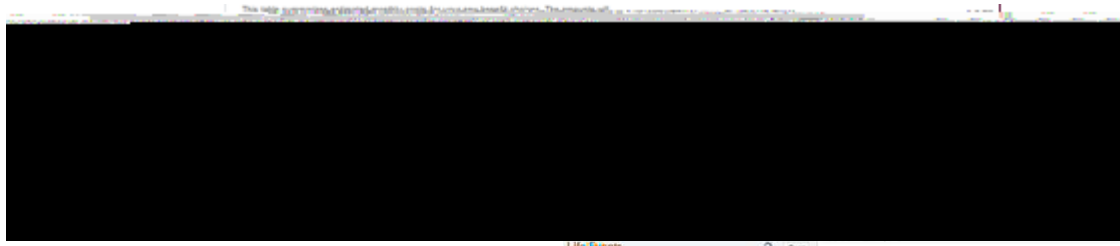
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Please note:







LifeEvents

Legend

- Marital Status
- Update Dependent and Beneficiary
- Document Upload
- Benefit Enrollment**
- Change

Benefits Enrollment

### Submit Benefit Choices

John Doe

You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

**Important:** If you are in a Boston College health plan, you must submit a **document that proves spouse status**.

Click the **Document Upload** link to upload your document.

Your enrollment will not be processed until submitted documentation has been reviewed by the Benefits Office.

**Authorize Enrollment**

By submitting your benefit choices for a Boston College health plan, you are authorizing the Benefits Office to send necessary information to your selected providers to bill for your services.

Select the **Submit** button to send your final choices to the Benefits Office.

Select the **Cancel** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

«Previous Next» Cancel Continue Later

Related Content | New Window | Help | Personalize

## Benefits Confirmation

Jane Doe

Congratulations, you have successfully submitted your benefit elections to the Benefits Office. Below is a summary of your benefit elections. Please print a copy of your Confirmation Statement to keep for your records. Then click "Next".

**Personal Information**

Current Name: Jane Doe

Home Mailing Address: [Redacted]

Mailing Address: [Redacted]

Phone: [Redacted]

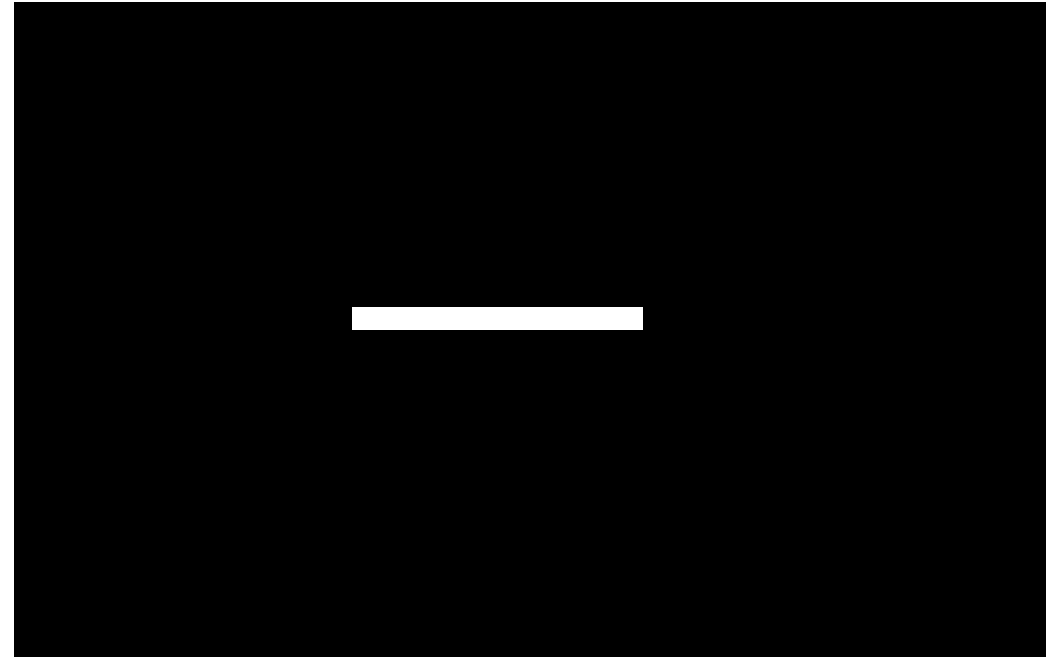
Emergency Contact: [Redacted]

**Dependents**

Name	Date of Birth	Sex	Relationship	Marital Status
Lucy Doe	01/15/2017	Male	Child	Single
John Doe	01/05/1970	Male	Spouse	Single

**Your Benefit Elections**

Benefit Plan	Benefit Option	Coverage / Category Base	Per Pay Period
Medical	HarvPIPPO	Family	139.75
Dental	DeltaDent	Family	13.36
Vision	Waive		0.00
Basic Life	BasLife01	\$163,000	0.00







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