



CLIENT READY CENSUS™ EMPLOYEE GUIDE

Account Registration:

1 E-mail Link

Log in to the **CRC** tool using the registration **URL** that was e-mailed to you from your employer.

- A. Click the **Registration URL**.
- B. You can copy the **Passcode** from the e-mail. (You will need this information in the next step to complete the registration).

To: text/html ▾
 From: Show Json
 Message Id:
 Subject:
 Received:

This message is to notify you that your employer has invited you to complete information about you and your dependents. The information you provide will help your employer select insurance plans and other benefits to provide. To participate, please select the link below:

Registration Url: <http://censustst.benefitmall.com/Account/Register/CRQS/205384/true> **A**

Passcode: uemAJwg2 **B**

Thank you for using the Client Ready Census™ from BenefitMall.

2 Account Registration Page

- A. The **Account Registration** page displays.
- B. Paste the passcode you copied from the e-mail in the **Passcode** field.
- C. Enter your first and last name in the **First** and **Last** name field.
- D. Enter your e-mail address in the **e-mail Address** field. Enter it a second time for confirmation.
- E. Enter your password in the **Password** field. Enter it a second time for confirmation.
- F. Click **Complete Registration**.

Account Registration **A**

Passcode *
uemAJwg2 **B**

First Name *
First name **C**

Last Name *
Last Name **C**

E-Mail Address (this will be your User ID) *
Email **D**

Confirm E-Mail Address *
Confirm Email **D**

Password *
Password **E**

Confirm Password *
Confirm Password **E**

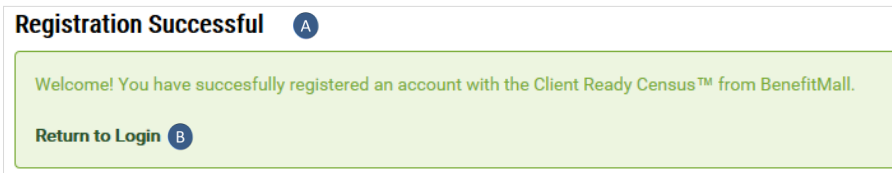
Complete Registration **F**

Already Registered? Login here

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3 Registration Successful Page

- A. The **Registration Successful** page displays.
- B. Click **Return to Login**.



Account Login:

4 Account Login Page

- A. The **Account Login** page displays.
- B. Enter your e-mail address.
- C. Enter your password you created during registration.
- D. If you forget your password, you can click **Login Assistance** link. Login assistance can be used only if you forget your password. This will open a new page where you will enter your e-mail address (username) and click **OK**. Click **Submit**. You will receive an e-mail with a link for you to create your new password. Click **Cancel** to return to the **Account Login** page.
- E. **Remember Me**. Check this box to remember your e-mail address the next time you visit the **Account Login** page.
- F. Click **Sign In**.



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You Tab Information:

5 You Tab Information

- A. This page has three sections: **You, Family, Coverage**. You will need to complete the **You** tab information details section before continuing. The **Family** and **Coverage** tab will be grayed out.
- B. The **You** tab information section First and Last Name is auto-populated. Enter your date of birth, and gender in the appropriate field.
- C. From the **Contact** section, enter **Home Zip, Home City/County**. The **e-mail Address** is auto-populated.
- D. From the **Employment Information** section, enter the annual salary.
- E. From the **Medical Information** section, select the employee medical information.
- F. Click **Save and Continue**.

Welcome to Client Ready Census™ by BenefitMall

Please provide the information requested below to assist your employer so they may provide you the best possible health benefit plan options.

You **A**

Family

Coverage

First Name *

B

Last Name *

Date of Birth *

Gender *

Male Female

Contact Information **C**

Home Zip *

Home City/County *

E-mail Address *

Employment Information **D**

Annual Salary

Medical Information **E**

COBRA **F**

Retired

Tobacco User

F

Save and Continue

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Family Tab Information:

6 Family Tab Information

- A. The **Family** tab information displays.
- B. From the **What is your marital status?** drop down menu, select your status. If you select **Married** or **Domestic Spouse**, you will need to complete that section.
- C. Click **Add Child(ren)**.
- D. Enter your child's information. All the required fields are marked with *
- E. Click **Save and Continue**.

Welcome to Client Ready Census™ by BenefitMall

Please provide the information requested below to assist your employer so they may provide you the best possible health benefit plan options.

You

Family ^A

Coverage

What is your marital status? *

Single

^B



1

+ Add Child(ren)

^C

Child 1 ^D

First Name *

Last Name *

Date of Birth *

Gender *

Male Female



Contact Information

Home Zip *

Home City/County *

Medical Information

Tobacco User

Disabled

^E

Back

Save and Continue

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Coverage Tab Information:

7 Coverage Tab Information

A. From the drop down menu, select the **Medical, Dental, Vision, Life, and Disability** options.

Note: Waived means coverage is offered elsewhere. **Declined** means you are not electing coverage.

B. Click **Save and Confirm**.

Welcome to Client Ready Census™ by BenefitMall

Please provide the information requested below to assist your employer so they may provide you the best possible health benefit plan options.

You






Family

Coverage

Select a level of coverage (who will be covered) for each of the available options.

IMPORTANT: You are not enrolling in benefits coverage at this time.

The information you provide is intended as a summary only. This information will assist your employer in selecting benefit plans to offer. Benefits may contain limitations and exclusions. Benefits cannot be guaranteed in advance and are subject to change by the insurer without notice. Always refer to insurer publications to verify benefits and plan availability.

 Medical	Employee Only	▼
 Dental	Employee Only	▼
 Vision	Employee Only	▼
 Life	Employee Only	▼
 Disability	Declined (Not Electing)	▼

A

B

Back

Save and Confirm

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Review and Confirm Employee Information:

8 Review and Confirm Employee Information Page

- A. The **Review and Confirm Employee Information** page displays for your review.
- B. If you need to make any changes, click **Edit**.
- C. Click **Confirm and Submit** to return to the **Company Information** page. This will generate a confirmation message and send an e-mail to you and your employer.






Review and Confirm Employee Information ^A

General Information		Location Information		Health Information	
Gender	Female	Home (90210)	BEVERLY HILLS, LOS ANGELES	Retired	No
Date of Birth	10/10/1999			COBRA	Yes
Marital Status	Single			Tobacco User	No

Family

Mary Client	
Gender	Female
Relationship	Child
Date of Birth	10/20/2005
City/County	BEVERLY HILLS LOS ANGELES
Zip Code	90210
Disabled	No
Tobacco User	No

Coverage Elections

 Medical	Employee and Child
 Dental	Employee and Child
 Vision	Employee and Child
 Life	Employee and Child
 Disability	Employee Only

B C
Edit Confirm and Submit

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Review and Confirm Employee Information:

9 Review and Confirm Employee Information Page (cont.)

A. A confirmation message will appear letting you know your request has been successfully submitted.

Your process is now completed.

Review and Confirm Employee Information






✔ Thank you. You have successfully submitted your employee demographic and dependent information. A

General Information		Location Information		Health Information	
Gender	Female	Home (90210)	BEVERLY HILLS, LOS ANGELES	Retired	No
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Coverage Elections

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