

ADD NEW EMPLOYEE

- From main menu select Add New Employee
- This jumps to the Employee Details Page

- Enter the employee information.
 - **SSN** = Enter the 9 digit SSN number (**note**: any employee entered with a SSN# that starts with 999 will be considered test data and will not appear on any report or be transmitted to Optima Health for enrollment.) ***Required**
 - **Member Number** = Optima Health will supply member number
 - **Employee ID Number** = Not Required, if your group uses Employee Numbers, you may want to use this field. Does not feed to Optima Health.
 - **First Name** = Employee First Name ***Required**
 - **Middle Name** = Employee Middle Name or Initial Requested
 - **Last Name** = Employee Last Name ***Required**
 - **Suffix** = Select the correct Suffix for the member (i.e. SR, JR, etc). The field display defaults to "Not Applicable". Select the Down arrow to display other options.
 - **Maiden Name** = Not required
 - **Class** = Subgroup level – The fields will vary depending on the subgroup of the employee. (Example of entries would be Salary, Hourly, Retiree, Cobra and etc) ***Required**
 - **Organization** = Currently not used
 - **Date of Birth** = Enter employee date of birth (MM/DD/YYYY) ***Required**
 - **Date of Hire** = Enter employee hire date (MM/DD/YYYY) ***Required**
 - **Plan Zip** = Enter zip code of the corporate office where the benefits administrator is located. ***Required**
 - **Gender** = Click on down arrow and select either "male" or "female"
 - **Marital Status** = Not required
 - **Occupation** = Not required
 - **Member Status** = Flag to indicate if handicap status

- **Non-Employee** = False. This would only change to “True” if the person being covered is not an employee. An example of this would be a divorced spouse that elects Cobra coverage.
 - **User Name – Do Not Use**
 - **Password – Do Not Use**
 - **Other Insurance** – Drop down box that display “Unknown”, “Yes”, or “No”
 - **Insurance Detail** – If member has other insurance please include the insurance name. (i.e. Champus, Tricare, etc.)
 - **Home Address Fields** - Enter the employee home address ***Required**
 - **Work Address Fields** - Not required
 - **Home E-Mail** – Not required
 - **Home Phone** – Not required but will assist Member Services to Contact Member if necessary. Format is 757-999-9999 (Note: The area code is a required field)
 - **Fax Number** - Not required
 - **Work E-Mail** – Not required
 - **Work Phone** – Not required
 - **Preferred Contact Method** – Not required
 - **Add A Comment** – This is a free text field that is used to add notes about the enrollment and will also be used to capture Coordination of Benefits information. The benefits administrator would include a comment to indicate that the employee is being added to the plan due to “loss of coverage”, “status change from part time to full time” etc.
- Once the employee detail is complete click the appropriate “Save” button at the bottom of the screen:
 - **Save and Add Dependent**
 - **Save and Proceed to Enroll**
 - **Save and Return to Main Menu**
 - **Cancel**
 - **Note:** The following error message will appear if the SSN of the newly added employee already exists in the database.
 - Select “Click here” link to view the existing record. If the existing record is the same person, then use this data record.
 - Select “go back” link to edit the SSN in the new record since the social security input is not correct.

