



My Account Training Certificate of Completion

QualChoice understands the importance of effectively managing your employee enrollment data. That's why we offer our safe and secure *My Account* online portal. Designed for busy administrators like you, this robust, web-based tool is available at no added cost to your organization. And we supply all the tools and training you need. It's that easy! With *My Account*, you can:

- Enroll new hires
- View eligibility details
- Make year-round changes online
- Generate useful reports
- Enter open enrollment selections upon renewal

Users must complete a mandatory webinar training session before using *My Account*. Once you have completed the training, fill out the *Certificate of Completion* below.

Mail, fax or email: QualChoice, ATTN: Enrollment Department, P.O. Box 25610, Little Rock, AR, 72221 | F: 501.707.6805 | E: QCA_Enrollment@QualChoice.com

CERTIFICATE OF COMPLETION

Check the box that applies: Broker Group Representative

Name of Group or Broker (Please Print)		If Group, Group No.		If Broker, Name of Agency	
Physical Address		City	State	Zip	Work Phone No.

My Account user must complete this section. Once your account has been created you will receive an email with further instructions.

I have completed the QualChoice My Account Training Session and understand the functions checked below.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> System Log In
<input type="checkbox"/> Manage Employees <ul style="list-style-type: none"> ▪ Order ID Cards ▪ Update Dependents ▪ Update Address ▪ Member Search ▪ Update Other Insurance <input type="checkbox"/> Billing | <input type="checkbox"/> Enrollment <ul style="list-style-type: none"> ▪ New Enrollment ▪ Terminate Subscriber ▪ Reinstate Subscriber ▪ Update Coverage Information <input type="checkbox"/> Administration
<input type="checkbox"/> Tracking Requests |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

User Name (Please Print) (If same as above, mark SAME)		Date Training Completed
User Email Address	User Signature X	Date Signed

SUPERVISOR: *I confirm that the individual named above has completed the QualChoice My Account Training Session.*

Supervisor Name	Work Phone No.
Signature X	Date Signed