

HOW TO ENROLL A MEMBER



Getting Started

This step-by-step guide will walk you through providing a quote, enrolling a Member, and the Member experience. If you have not logged in to the Producer Portal, go to the [Producer Resource Hub](#) you will see a link to the [Producer Portal](#) page which includes a video and FAQ.



STEP BY STEP

STEP 1

Login Link: <https://portal.onesharehealth.com/Logon/>

If you are logging in for the first time, your username will be the email you have on file and the password will be Password#1. This will prompt you to create a new password.

STEP 2

From the homepage of your Producer Portal, select **Quote Manager** on the navigation bar on the left. After selecting Quote Manager, check to make sure you have a Personal Enrollment URL or Writing Link. If you do not have a Writing Link and see an error message, please reach out to Producer Support.

Quote Manager for Individuals

Find, manage, and invite individuals to start a quote.

Select URL source:
My Personalized URL

Select the Marketing Engine:
OneShare Health - Client (<https://portal.onesharehealth.com/vip/oneshare>)

My personalized Enrollment URL for this Marketing Engine:
<https://portal.onesharehealth.com/vip/oneshare?BrokerId=0dd46> [Start Enrollment Now!](#)

STEP 3

The Quote Search tool is available from the Quote Manager tab. You can search for quotes using the prospect's name or email. You can also find the most recent quotes from the search results.

To resume an application, select the hyperlink to take you where you left off.

Please Note: If the Member uses a Member-Initiated URL, you will not be able to continue where they left off.

Quote Search

Name/Email:

Invitation Tracking State: ⓘ All ▼

Prospect Status: ⓘ All ▼

Invite/Quote Start Date: ⓘ Past 7 Days ▼

Last Quote Page Visited: ⓘ All ▼

Quote Last Updated: ⓘ Anytime ▼

[Quote Search](#) [Email My Producer Link](#) [SMS My Producer Link](#)

Search Results

Details	Individual	Email	Date Invited	Last Page Visited	Status	Type	Marketing URL	Action
No results found								

STEP 4

Select the Start Enrollment Now button to begin a quote. You also have the ability to text or email your producer link to the Member and they can complete the enrollment on their own.

Please Note: For Members who would like to complete the enrollment on their own, talk through the Programs, and fully explain OneShare Health (not insurance) before they sign themselves up.

STEP 5

By clicking the **Start Enrollment Now** button, the **Start Quick Quote** page will open.

NOTE: Change the language by using the Google Translate dropdown at the top right of the screen.



Your Agent is **Ronald OSH Harrison**. This is a Broker assisted quote.

Enter the applicable information in the fields below:

State (*OneShare Health is not available in WA, PA, MA, MT, NM, VT, and MD*)

Birth Date (*Must be the DOB of the oldest prospect*)

Active Date (*Active Date cannot be on the 29, 30, or 31 of the month*)

Select Add Spouse or Add Child to add dependents and enter their dates of birth.

A screenshot of the OneShare Health 'Start Quick Quote' form. On the left, there is a graphic of a family (two adults and two children) with the text 'OneShare Health Programs - Compliance'. The main form area is blue and contains the following elements: a heading 'Start Quick Quote', a list of instructions (Fields with * are required, Input birth date of oldest prospect, Effective dates cannot be on 29, 30, 31 of the month, Quotes will expire after 60 days), three input fields for 'State', 'Birth Date', and 'Active Date' (each with a calendar icon), two buttons labeled '+ Add Spouse' and '+ Add Child', and a 'Start Quick Quote >' button at the bottom right.

Once done adding all information you can continue with the application by selecting **Start Quick Quote**.

STEP 6

You will then see the Eligibility Questions. **Select each box to expand** and answer the applicable question. You must read each section verbatim including the question posed in that section.

Eligibility Questions

Click each box below to complete questions, then click Next.

- Statement of Beliefs >
- Tobacco Use or Substance Abuse >
- Program Disclosure Attestation >

[← Back](#) [Next](#)

- Statement of Beliefs – If the Member answers “Yes,” select **Yes** and **Confirm** to continue.
 - If the Member answers “No” select **No**. You will not be able to continue until you select **Yes**.

Statement of Beliefs

OneShare Health, LLC is not an insurance company but a religious Health Care Sharing Ministry.
For our full disclosures, see <https://www.onesharehealth.com/legal-notices>

Statement of Beliefs
with our origins in the Anabaptist faith

*We Believe in the authority of Scripture and the sanctity and dignity of every human life created by God with special meaning and purpose.
II Timothy 3:16, Psalm 139:13-14*

*We Believe that every individual has the constitutional and religious right and duty to worship God in freedom.
II Corinthians 3:17; U.S. Const amend. I*

*We Believe and agree in the biblical and ethical principle of sharing with those who are less fortunate and who experience medical needs.
Galatians 6:2*

*We Believe and agree that it is our responsibility to God and our fellow members to engage in accountable, healthy living, and to avoid habits and behaviors which are harmful to the body.
I Corinthians 6:19-20*

*We Believe in the power of prayer to save lives, to heal lives, and to unite our members in common purpose and community, and we believe that prayer should be a fundamental practice of daily life.
I John 5:14; Philippians 4:6-7*

ONESHARE HEALTH, LLC (ONESHARE) IS NOT AN INSURANCE COMPANY BUT A RELIGIOUS HEALTH CARE SHARING MINISTRY (HCSM) THAT FACILITATES THE SHARING OF MEDICAL EXPENSES AMONG MEMBERS. As with all HCSMs under 26 USC § 5000A(d)(2)(B)(ii), OneShare's members are exempt from the ACA individual mandate. OneShare does not assume any legal risk or obligation for payment of member medical expenses. Neither OneShare nor its members guarantee or promise that medical bills will be paid or shared by the membership. Available nationwide, but please check www.onesharehealth.com/legal-notices for the most up to date state availability listing.

Do you agree to the Statement of Beliefs and acknowledge that OneShare Health's Programs are not insurance?*

Yes No

[Cancel](#) [Confirm](#)

- Tobacco Use/Substance Abuse – If the Member answers "No," select **No** and **Confirm** to continue.
 - If the Member answers “Yes,” select **Yes**. You will not be able to continue until you select **No**.

Tobacco Use or Substance Abuse

In the last 12 months, have you or any member of your family used any illegal drugs or tobacco in any form, including the use of e-cigarettes or vaping, or abused alcohol or legal drugs, such as prescriptions or over-the-counter medication?*

Yes No

[Cancel](#) [Confirm](#)

- Program Disclosure Attestation – If the Member wishes to proceed, click **Yes** and **Confirm**.
 - If the Member answers “No,” select **No**. You will not be able to continue until you select **Yes**.

Program Disclosure Attestation

As a OneShare Health Member, you understand that for yourself and your enrolled dependents:

- There is a 24-month waiting period for eligibility for any Pre-existing Condition, or any condition caused by or directly related to a Pre-Existing Condition.
- For a Member who has had Cancer in the last 5 years, Cancer expenses will never be Eligible. If a Member had Cancer more than 5 years ago, any recurrence of that Cancer is Not Eligible, but newly diagnosed Cancers are Eligible after a 90-day waiting period. The Member will have to provide reports of their compliance with preventive measures after the previous Cancer. If a Member never had Cancer, expenses for Cancer are Eligible after a 90-day waiting period.
- Maternity expenses are only Eligible for Sharing on the Classic Crown Membership and conception of the pregnancy must be after the Active Date of the Membership.
- You've attested that in the past 12 months each Member has not used any illegal drugs, tobacco, or vape products, or abused alcohol or legal drugs. If a Member previously used any illegal drugs, tobacco, or vape products, or abused alcohol or legal drugs, any illness, injury, or condition which is the result of these activities is Not Eligible for Sharing.
- There is a 180-day waiting period for preventive services, other than immunizations, on all Classic Memberships. Preventive services are Not Eligible for Sharing on the Catastrophic Membership.
- There is a 90-day waiting period for surgery other than for emergency or life-threatening/life-altering cases.

Do you acknowledge that the Program Disclosures have been read to you and do you wish to proceed with the enrollment?

Yes
 No

Once all questions in each section have been answered, you will see the boxes are marked green.

Select **Next**.

Eligibility Questions

Click each box below to complete questions, then click Next.

- Statement of Beliefs >
- Tobacco Use or Substance Abuse >
- Program Disclosure Attestation >

STEP 7

The OneShare Health Membership screen will now populate.

Select **View Programs** next to OneShare Catastrophic or OneShare Classic to review the features for each Program/Tier side-by-side and find the best option for your prospect.

ONESHARE HEALTH MEMBERSHIP

- OneShare Catastrophic**
- OneShare Classic**

View Program details and add to cart under the "Select Program" section or click "X" to deselect any currently selected/highlighted Program.

	Classic - Basic	Classic - Enhanced	Classic - Crown
	<input type="button" value="Select Program"/>	<input type="button" value="Select Program"/>	<input type="button" value="Select Program"/>
Eligible for Sharing	Review Membership Guidelines for full details: There is a 90-Day Waiting Period for any medical expenses other than for accidents, injuries, acute illnesses, or immunizations (if Eligible). Pre-Existing Condition Limitations and Program Guidelines will apply. Visit Fees continue to	Review Membership Guidelines for full details: There is a 90-Day Waiting Period for any medical expenses other than for accidents, injuries, acute illnesses, or immunizations (if Eligible). Pre-Existing Condition Limitations and Program Guidelines will apply. Visit Fees continue to	Review Membership Guidelines for full details: There is a 90-Day Waiting Period for any medical expenses other than for accidents, injuries, acute illnesses, or immunizations (if Eligible). Pre-Existing Condition Limitations and Program Guidelines will apply. Visit Fees continue to

To review a summary of eligible services, guidelines, and waiting periods on a certain tier, click the **Select Program** button.

You also have the option to download the applicable brochure or flyer by selecting the **Program Documents** button.

Classic - Basic
Select ISA Amount

Review the details of your selected program.

below are the details of your selected program.

Program Information

Program Documents

OneShare Classic	
Program Summary	Pay for the care that you and your family need, not what you don't! If you want access to classic healthcare services but don't want to break the bank, the features of OneShare Health's Classic Program will give you and your family access to sharing of classic medical services, OneShare Health Dental Discount Services, and much more -- all for an affordable Monthly Contribution!
Smart Virtual Care/Telemedicine	\$0 Visit Fee / 100% Shared
Preventive Services and 1 Wellness Visit	100% Shared Up to \$1,000 Per Member Per Program Year

STEP 8

To view the Monthly Contribution for that tier, use the drop-down to **select the ISA**. Then, check the box(es) of the Members enrolling. Pricing will then appear.

To change the Program or Tier, select **Cancel** and repeat the steps above until the prospect is satisfied with the Program and Monthly Contribution Amount.

Classic - Basic

Select ISA Amount

\$7,500

Member Elections

Check all individuals enrolling:

Member Spouse

Selected Program

OneShare Classic -- Member + Spouse -- \$326.56/month

Application Fee -- Member + Spouse -- \$125.00/One-Time

Technology Fee -- Member + Spouse -- \$5.00/month

Cancel

Add To Cart



Review the one-time Application Fee of \$125 and monthly Technology Fee of \$5 (*allows real-time information to be uploaded*).

Once the prospect is satisfied, select **Add To Cart**.

STEP 9

The Program Summary will display in your cart including the fees discussed above.

Once you and/or the prospect are satisfied with the selections select **Proceed to Enrollment**.

Remove	Program	Details	Active Date	Amount
	Classic - Basic	Member + Spouse -- 7500 -- \$326.56/Month	06/01/2023	\$326.56
	Application Fee	Member + Spouse -- \$125.00/One-Time	06/01/2023	\$125.00

Monthly Amount is: **\$331.56**
One-Time Amount is: **\$125.00**

	Technology Fee	Member + Spouse -- \$5.00/month	06/01/2023	\$5.00
Subtotals				\$456.56
Total Cost				\$456.56
You will have a chance to review your Program again before you checkout.				

[< Back](#)
[Proceed to Enrollment >](#)

STEP 10

You will now see the Program Summary and Contact Information page.

On the Contact Information section, **fill out** the information for the Primary Member.

Contact Information

Fields marked with * are required.

First Name*	Last Name*	
<input type="text"/>	<input type="text"/>	
Email*	Confirm Email*	
<input type="text"/>	<input type="text"/>	
Phone Type*	Phone*	
<input type="text" value="Select an option..."/>	<input type="text"/>	
Address 1*	Address 2	
<input type="text"/>	<input type="text"/>	
City*	State*	ZIP Code*
<input type="text"/>	<input type="text" value="Texas"/>	<input type="text"/>
Gender*	Marital Status	
<input type="text" value="Select an option..."/>	<input type="text" value="Select an option..."/>	

If enrolling a Spouse or any other Dependents, **select the box under Family Info.**

Family Info

+ Dependent 1:

Please click [here](#) to complete all required questions on this dependent.

Complete the information in this section for the Spouse and/or Dependents. Then, select **Confirm**.

Edit Dependent

Demographics

Relationship*

First Name* **Middle Initial** **Last Name***

Gender* **Birth Date***

Contact Information

Phone **Email**

Same Address as Primary Member

Dependent Status

Is this dependent disabled?*

Yes No

[Cancel](#)
[Continue Later](#)
[Confirm](#)

STEP 11

Check the box once you have instructed the member to review and acknowledge the Terms & Conditions and Privacy Policy.

By checking this box, I the Agent attest that I have instructed the member to review and acknowledge the [Terms & Conditions](#) and [Privacy Policy](#).

< Back

Continue to Application >

Then, select **Continue to Application**.

STEP 12

You will now see the Payment Setup screen. Advise the prospect of the **Payment Disclosure** and then check the box.

Payment Setup

You must check off the Payment Disclosure box in order to display your payment options.

\$456.56 Total Amount	Today's charge is: \$456.56 Monthly Recurring charge is: \$331.56	Monthly Amount: \$331.56 One-Time Amount: \$125.00
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Enter Promo Code

Payment Disclosure:
You authorize OneShare Health, LLC to draft the provided checking account or charge the provided credit card for this initial transaction, which includes your first monthly contribution and a one-time application fee. You also give authorization to automatically draft your checking account or charge your card each month for all subsequent monthly contributions, fees and the \$45 annual administration fee due on my program year anniversary date. You also confirm that you are the owner of or authorized to use the account or credit card you provided in your application for enrollment. You understand that OneShare may change monthly contribution amounts at any time and will notify of any such change.

< Back

Next, select the applicable **form of payment**.

Payment Disclosure:
You authorize OneShare Health, LLC to draft the provided checking account or charge the provided credit card for this initial transaction, which includes your first monthly contribution and a one-time application fee. You also give authorization to automatically draft your checking account or charge your card each month for all subsequent monthly contributions, fees and the \$45 annual administration fee due on my program year anniversary date. You also confirm that you are the owner of or authorized to use the account or credit card you provided in your application for enrollment. You understand that OneShare may change monthly contribution amounts at any time and will notify of any such change.

	Credit or Debit Card	>
	ACH BANK DRAFT	ACH Bank Draft >

< Back

STEP 13

Next, you will choose the Member's **Initial Payment Date** and their preferred **Recurring Billing Day**.

Then, **enter their banking information** depending on which form of payment was selected.

Fields marked with * are required. All the information is secure and encrypted.

Active Date: 06/01/2023 Recurring Billing Date: 6/13/2023

Initial Payment Date*
05/23/2023

Recurring Billing Day*
13

Card Information

Card Number*
000000000000

Exp Month* Exp Year* Card Code*
11 2025 000

STEP 14

Fill in the Billing information if it is different from the Member's information. Otherwise, select **Copy From Member Information**.

Read the payment authorization script and then click on **Pay** to continue.

Billing Information

Please make sure the billing address and zip code matches to the address and zip code on file at the card issuing bank.

Copy From Member Information

First Name* Last Name*
Testab Testa

Address 1* Address 2*
XXX Street Drive

City* State* ZIP Code*
Rockwall Texas 75032

I authorize the charging of the monthly cost to the credit card or bank account I provide. This authorization will remain in effect until otherwise notified, in writing, by me. I agree to be automatically billed each month for the future monthly cost. The charge will continue to appear as indicated in my initial enrollment. I have read and understand the rates, one of which applies to my enrollment based on my enrollment and any additional spouse and/or dependent enrollment as noted in the rates.

Pay **Cancel**

STEP 15

You will then be taken to the HIPAA Confirmation screen.

If the Member would like to provide HIPAA authorization to any individuals select **Yes**, and **Next** to continue.

- If the Member is not providing HIPAA authorization, click **No** and **Next** to continue. Skip to the next step.

Accept HIPAA Confirmation

Do you want to enter HIPAA authorizations? * Yes No

Save **Next**

You will choose the authorization type (Broker, Spouse, or both).

Select authorization types to add *

Both

Please enter spouse information below:

First Name *

Broker
Spouse

Fill out the individual's information. Click on **Next** to continue.

Please enter spouse information below:

First Name *

Last Name

Middle Initial

Address

Address Line 2

City

State

Zip Code

Country

Building/Suite/Apartment

Date of Birth

MM/DD/YYYY



Telephone

Email Address

You will then choose the authorization type, Effective Date, and check off the authorization statements.

Click **Next** to continue.

HIPAA Confirmations

Choices in this section will apply to all authorized parties in this form.

I allow the mentioned to receive information related to (select as appropriate):

The authorization shall be effective until (select one):

HIPAA Authorization Sub-type

Billing and Membership Records	<input type="checkbox"/>
Change/Update of Record	<input type="checkbox"/>
Mental Health Records	<input type="checkbox"/>
Alcohol/drug abuse treatment	<input type="checkbox"/>
Communicable Diseases	<input type="checkbox"/>
Other	<input type="checkbox"/>

AUTHORIZATION

I understand that my medical information may be used for billing or other purposes as I may direct.

I understand that I may refuse to sign this authorization and that refusal to sign will not affect my ability to obtain and retain membership.

I understand that I have the right to cancel this authorization, preferably in writing, at any time by sending written notification to Membersupport@onesharehealth.com. (Your cancellation notice will not apply to actions that take place prior to the date OneShare receives your written cancellation notice).

Disclose and/or allow changes to only the following portions of my health records (check as appropriate)
Disclose my complete health record (including but not limited to diagnoses, lab tests, treatment, and billing for all conditions)

Click **Next** to continue.

[Close HIPAA Authorization](#)

Thank you! Please click 'Next' to complete the submission.

STEP 16

You will now see the Enrollment Summary Screen.

Note: The application will be voided if the Member Agreement has NOT been signed 72 hours after Active Date via the Member Portal. *We highly recommend producers stay on the phone with the Member until this is completed.*

Congratulations! You have successfully purchased the benefits listed below, effective 6/1/2023.

The final step is to sign your Member Agreement. [Click here.](#)

Please print this page. An email confirmation will be sent within 24 hours for this purchase with instructions on how to login to your Member Portal. Please remember the email and password you used on this site.

Download 

Enrollment Summary

Member Information

Name	Johnny Test	Address Line 1	3003 Kenwood Ave
Member ID	OSH001009356-00	Address Line 2	
Phone Number	3232172466	City	Los angeles
Email	Testing15@gmail.com	State	California
		Zip	90007

Selected Programs & Fees

Plan Name	Level	Amount	Effective Date
Application Fee	Member -- \$125.00/One-Time	\$125.00	06/01/2023
Technology Fee	Member -- \$5.00/month	\$5.00	06/01/2023

Signing of Member Agreement

1. The Member will receive the following emails: (1 of 2)

**Welcome to OneShare Health.
You're almost finished!**



Dear Diego Lopez,

We want to welcome you to the OneShare Health Family and thank you for becoming a Member! First and foremost, our duty as a Health Care Sharing Ministry is to listen to our Members and choose the Program best tailored to your needs. Our goal is to

r program best tailored to your needs. Our goal is to uphold the highest standards of integrity and ethics to focus on your overall health and wellness.

To finish your enrollment, you must log in to the Member Portal and sign the Member Agreement PRIOR to your Active Date. You can access the Member Portal here: <https://portal.onesharehealth.com/Logon/>.

Member Name: Diego Lopez
Member ID: **001014802-00**

Member Name: Diego Lopez
Member ID: **001014802-00**

We encourage you to explore and familiarize yourself with the Member Portal, as it contains your Membership Guidelines and important information about your program. It is your responsibility to understand and abide by the terms of the Guidelines which include your program's Eligible/Not Eligible Services, Waiting Periods, Visit Fees, and Limitations.

You will find a digital copy of your Membership ID card in your Member Portal. The hard copy will arrive in the mail within 12-15 business days. If you have any questions, please contact Member Support at Membersupport@OneShareHealth.com. Thank you for trusting us and we look forward to serving you!

Many Blessings,

The Team at OneShare Health

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Email (2 of 2)

Program Enrollment Receipt - OneShare Health - Client



Hello Diego Lopez,

Thank you for enrolling in the OneShare Health Program. Attached is a receipt of your enrollment.

Sincerely,
Your OneShare Health Team
[855-699-1274](tel:855-699-1274)

OneShare Health, LLC is not an insurance company but a religious health care sharing ministry. For our full disclosures, see www.onesharehealth.com/legal-notices for the most up to date state availability listing.



Customer Service:
(855) 699-1274
MemberSupport@OneShareHealth.com
www.onesharehealth.com
8am - 6pm CST Monday - Friday

PROGRAM SUMMARY

Member Information

First Name Diego	Address Line 1 3719 Stafford Street
Last Name Lopez	Address Line 2 N/A
Member ID 031014302	City Irving
Phone Number 3232172465	State Texas
Email diego_lopez29@yahoo.com	Zip 75062

Programs

Charges will appear on your monthly bill as OneShare Health.

Your recurring monthly contribution will be charged for coverage for the following month.

Program Name	Details	Amount	Active Date
Application Fee	Member - \$125.00/One-Time	\$125.00	02/28/2023
Classic - Basic	Member - \$183.95/month	\$183.95	02/28/2023
Technology Fee	Member - \$5.00/month	\$5.00	02/28/2023
Total Cost			\$313.95

Charges to your credit card or bank statement will show as OneShare Health.

If you did not authorize this charge, please contact (855) 699-1274.

OneShare Health, LLC is not an insurance company but a religious health care sharing ministry. For our full disclosures, see www.onesharehealth.com/legal-notices for the most up to date state availability listing.

2. For the Member to complete the Enrollment process they must log into their Member Portal and sign the Member Agreement within 72 hours of their **Active Date**.

The Member will find the link to their Member Portal in the first email called Welcome to OneShare Health. Next, the Member must click **Register Now**.

3. The Member will then complete their Registration for First-Time Users. Their Member ID number is included in the Welcome to OneShare Health email.



Register for Member Portal Access

Fill out the information below and click Submit.

Registration for First-time Users

First Name* Last Name*

FIRST NAME Diego	LAST NAME Lopez
Date of Birth* 08/16/1993	ID Number* 001014802-00
<input type="button" value="Submit"/>	

4. Once logged in, the Member must review the End User License Agreement and click **Agree**.

End User License Agreement

Important: Please read carefully and accept the agreement by pressing the Agree button below.

Terms of Service Agreement

1. Your Use of the Member Portal Governed by this Agreement
Healthcare Interactive, Inc dba HClactive is a provider of technology solutions and services that are being offered under a licensing reseller agreement with OneShare Health - Reseller, hereafter referenced to as "Licensor". Your use of the Licensor's Member Portal, powered by HClactive, is governed by this agreement. In all cases in this Agreement, "HCI" means HClactive, located at 6011 University Blvd, Suite 360, Ellicott City, MD 21043, United States, and includes its subsidiaries, affiliates, and licensors involved in providing HClactive data or services.

2. The Member Portal does NOT offer medical advice
The Member Portal does not offer medical advice. Any content accessed through the Member Portal or HCI is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment or uses, directions, precautions, drug interactions, or adverse effects. This content should not be used as a substitute for medical advice from a doctor, or during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have any questions or concerns about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining professional medical advice because of information accessed through the Member Portal or HCI. Call 911 or your doctor for all medical emergencies.

You may only use the Member Portal if you reside in the United States

Reliance on any information provided by the Member Portal. HCI. HCI employees. or others accessed through the Member Portal is solely at your own risk.

By clicking Agree button, you expressly acknowledge that you have read this agreement and understand the rights, obligations, terms and conditions set forth herein, and grant to HClactive the rights set forth herein.

5. They must also review and agree to the Notice of Privacy Practices.

Notice of Privacy Practices

Important: Please read carefully and accept the agreement by pressing the Agree button below.

Privacy Notice

Healthcare Interactive, Inc dba HClactive values you as a customer, and protection of your privacy is very important to us. In conducting our business, we will create and maintain records that contain protected health information about you.

Please note that the following terms will only apply based on the programs and services selected by the employer group.

"Protected Health Information" or "PHI" is information about you, including demographic information such as your name, address and social security number, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health condition, the provision of health care to you, or the payment for that care.

"Health information" means any information, whether oral or recorded in any form or medium, that—

(A) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and

(B) relates to the past, present, or future physical or mental health or condition of any individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual."

"Individually identifiable health information" is information that is a subset of health information, including demographic information collected from an individual, and:

By clicking Agree button, you expressly acknowledge that you have read this agreement and understand the rights, obligations, terms and conditions set forth herein, and grant to HClactive the rights set forth herein.

6. Finally, the Member will create their profile. Once completed, the Member will be able to see their Member Agreement.

Create Profile

Create Username & Password

Email Address*

* Your email address will be your username to log into the portal.
[What if I don't have an email?](#)

Password*

Re-type Password*

Security Question*

Answer*

Phone Number*

Phone Type

[Clear](#) [Submit](#)

7. The Member will have to scroll to the end of the Member Agreement in order to sign.

Member Agreement

Contribution Summary
 Total Initial Amount: \$313.95
 Total Monthly Amount: \$188.95

Programs	Active Date	Member Total	Frequency
Application I ee	2/28/2023	\$129.00	One Time
Classic - Basic	5/08/2023	\$183.95	Monthly
Technology I ee	2/28/2023	\$9.00	Monthly

Contribution Authorization
 You authorize OneShare Health, LLC to draft the provided checking account or charge the provided credit card for this initial transaction, which includes your first monthly contribution and the listed fees. You also give authorization to automatically draft your checking account or charge your card each month for all subsequent monthly contributions, fees, and the \$45 annual administration fee due on your program year anniversary date. You also confirm that you are the owner of or authorized to use the account or credit card you provided in your application for enrollment. You understand that OneShare may change monthly contribution amounts at any time and will notify you of any such change.

Disclaimers

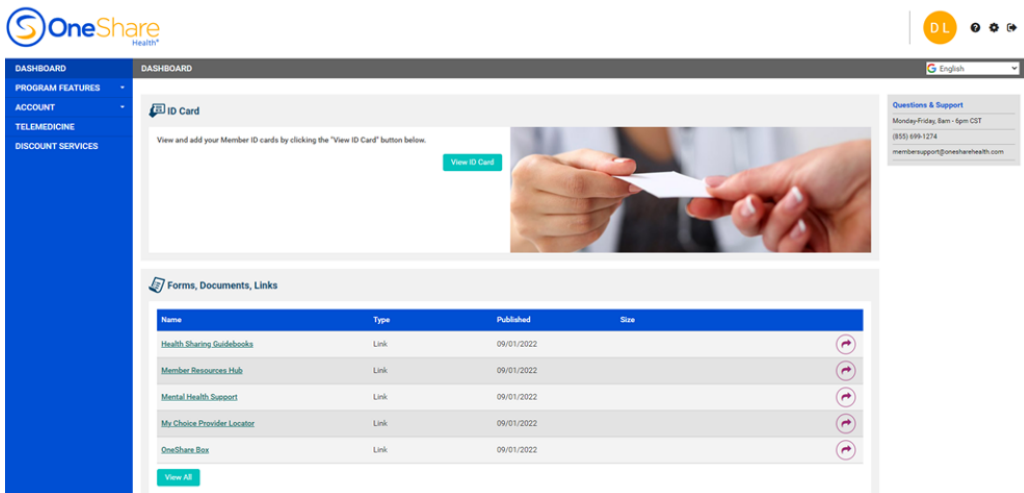
8. Once the Member has signed, have them click on **Submit**.

Signature

By electronically signing this document, I acknowledge that I have read and agree to all provisions, including all disclaimers, Statement of Beliefs, Dispute Resolution process, program disclosures, state disclosures, and the Arbitration Agreement.

[Submit](#)

9. After signing the Member Agreement, the Member will be able to view their Member Portal.



Saved Quotes

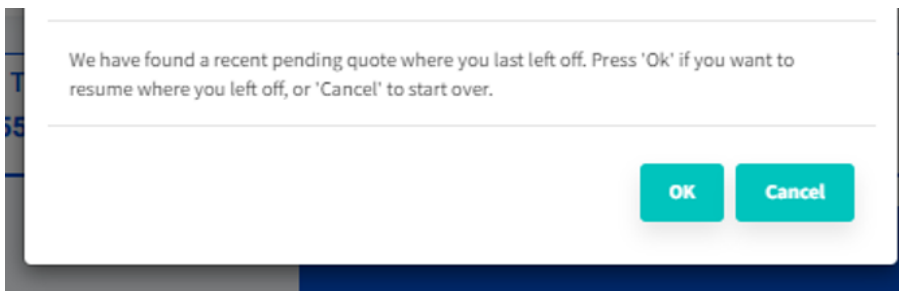
1. Finish enrollment after saving a quote.

- If a producer wants to return back to the quote, they must act as if they are starting a new quote with the SAME email address.
- A pop-up will appear "We have found a recent pending quote..."
- Click 'OK' to go back to the saved quote.



Confirm

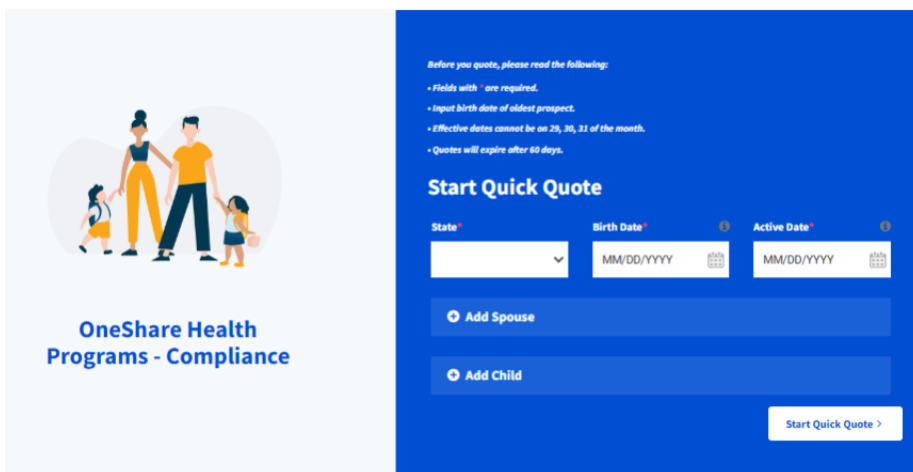




NOTE: If an application expires, you must notify OneShare Health to remove the email from the system.

2. Make a change to an existing quote.

- If you need to make a change to any of the fields within the blue box, you will need to **start a new quote**.



- A confirmation pop-up will appear letting the Producer know a quote already exists. Click **CANCEL** to void the original quote and create a new one.

