



# Adding a New Enrollee

This guide explains how a group admin may add a new enrollee. The WEBT Online Employer Portal may be accessed by visiting [www.webt.org](http://www.webt.org).

Once logged in, select Add New Hire:

The screenshot shows the top navigation bar of the WEBT Online Employer Portal. The 'Add New Hire' link is circled in red. Below the navigation bar, there is a welcome message from the WEBT Online Portal, stating: 'Welcome to the WEBT Online Portal! A place to manage your employees and their eligible dependents, change coverages and review standardized reports pertaining to your membership. Feel free to open a case under the "Manage Support Cases" section to request information on benefits/eligibility, claims and/or enrollment! You may also request a new ID card or any WEBT supplies you may need.'

Enter the employee's information.

Fields with a red vertical line are required.

The screenshot shows the 'Add Hire: New Hire' form. The 'Employee Demographics' section contains the following fields: First Name, Middle Initial, Date Of Birth (MM/DD/YYYY), Email, Phone, Last Name, SSN Number (Please enter numbers only), Gender, and User Name. Fields with a red vertical line on the left are required.

The benefit start date is the first of the month following the probationary period (if applicable).

The screenshot shows the 'Employment Information' section of the form. It contains the following fields: Employee Number, Hire Date (MM/DD/YYYY), FTE (Please enter numeric value of 1 or less), Employer Contribution, and Benefit Start Date (MM/DD/YYYY). A red arrow points from the 'Benefit Start Date' field to the text above it.



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Next, there are two options. 1. Save and Send Enrollment Link or 2. Save and Add Benefits:

The screenshot shows a form titled 'Dependent'. At the top right is an 'Add Dependent' button. Below it, there are four buttons: 'Save and Send Enrollment Link', 'Save and Add Benefits', 'Return to Home', and 'Clear Form'. The first two buttons are circled in red, indicating the two options mentioned in the text.

1. OR 2.

## 1. Select Save and Send Enrollment Link.

- The system will send an email to the employee and they will login to the WEBT employee portal to add their benefits. If using this option, the group admin may require that the employee enters their own dependent information. All eligible dependents should be added, even if they are waiving coverage.
- Once the employee completes the enrollment, the group admin will receive an email to review the coverage change request (CCR). The group admin reviews and approves the request.
- Once the group admin approves the CCR, it is sent to the WEBT associate for final review.
- If approved, the group admin and employee will both receive a confirmation email with a benefit summary.

## 2. Save and Add Benefits.

- Select the Add Dependent button and make sure all eligible dependents are added, even if they are waiving coverage. You may enter all zeros for a dependent's SSN if it is unknown. It may be added later.

The screenshot shows the 'Dependent' form with fields for First Name, Last Name, Relationship, Gender, DOB (MM/DD/YYYY), and SSN. The 'Add Dependent' button is circled in red. Below the form, the 'Save and Add Benefits' button is also circled in red.

- Once all dependents are entered, select Save and Add Benefits.



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- Each tab of the benefit enrollment screen represents the benefit options available:

- Select the medical option here, or waive.

**Benefits**  
When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

**Medical** Dental Vision Life

Selected Benefits	Plan Name	Start Date	End Date	Benefit Description
<input type="radio"/>	\$1,000 Deductible - Active	11/1/2025	6/30/2026	
<input checked="" type="radio"/>	\$1,500 Deductible - Active	11/1/2025	6/30/2026	
<input type="radio"/>	\$1,650 HDHP - Active	11/1/2025	6/30/2026	
<input type="radio"/>	Waive Coverage			

Total Cost \$1,938.00 - Employer Contribution \$0.00 =  
Your monthly cost \$1,938.00

**Dependents** [Add Dependent](#)

Name	Relationship	Gender	DOB	SSN	
<input checked="" type="checkbox"/>	Jeremy Sanchez	Spouse	Male	9/25/2000	000-00-0000

[Save Progress & Complete Later](#) [Next](#)

Click here to view the benefit summaries.

- Mark the box next to each dependent that is being covered. If this box is not marked, the dependent will not get coverage.

- Continue to select Next to move forward to elect dental/vision/life coverages, if applicable.

## Benefits

When selecting benefits below, please make sure to click on each plan tab to complete your enrollment.

Medical Dental Vision **Life**

Selected Benefits	Plan Name	Start Date	End Date
<input checked="" type="checkbox"/>	Life - Active <b>Required</b>	10/1/2025	6/30/2026
<input checked="" type="checkbox"/>	Dependent Life - Active	10/1/2025	6/30/2026
<input checked="" type="checkbox"/>	AD&D - Active <b>Required</b>	10/1/2025	6/30/2026

- If Dependent Life is an option, make sure it is marked for employees with a spouse and/or dependents.



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- Add the primary and contingent life insurance beneficiary information (must equal 100%):

Beneficiaries

Primary You may add multiple beneficiaries, but please be sure the value in the Percent box totals 100%.

Action	Name	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contingent You may add multiple beneficiaries, but please be sure the value in the Percent box totals 100%.

Action	Name	Relationship	Percent
	<input type="text"/>	<input type="text"/>	<input type="text"/>

To see your selections before saving, hit Preview Benefits. Once you hit Save and finish you will not be able to make changes immediately.

[Save Progress & Complete Later](#) [Preview Benefits](#)

Use the “+” to  
add multiple  
beneficiaries.

- Once all coverages are completed, select Preview Benefits and the Preview Coverages screen will appear:

Preview Coverages

Medical

**\$1,500 Deductible** Starts on **11/01/2025**.  
Total Cost **\$1,938.00** - Employer Contribution **\$0.00** = Your monthly cost **\$1,938.00**

Covered Individuals

Lila Sanchez (*Subscriber*)

Jeremy Sanchez (*Spouse*)

Dental

**WEBT High Option Dental** Starts on **11/01/2025**.  
Total Cost **\$35.00** - Employer Contribution **\$0.00** = Your monthly cost **\$35.00**

Covered Individuals

Lila Sanchez (*Subscriber*)

Jeremy Sanchez (*Spouse*)

- Make sure all family members that are supposed to be covered are listed under each coverage.





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Vision

**WEBT Employer Paid Vision** Starts on 11/01/2025.  
Total Cost **\$11.00** - Employer Contribution **\$0.00** = Your monthly cost **\$11.00**

Covered Individuals

Lila Sanchez	(Subscriber)
Jeremy Sanchez	(Spouse)

Life

**Life** with cost **\$2.00** and Amount **\$20,000.00** Starts on 11/01/2025  
**Dependent Life** with cost **\$3.00** Starts on 11/01/2025  
**AD&D** with cost **\$1.00** Starts on 11/01/2025

Total Cost Per Month \$1,990.00

[Make a Change](#) [Save & Finish](#)

- Continue to make sure all family members that are supposed to be covered are listed under each coverage.

- Review the coverages and select either Make a Change or Save and Finish.
- Once Save and Finish is selected, the elections are submitted for review:

[Add New Hire](#) [Manage Employees](#) [Invoices](#) [Manage Support Cases](#) [Reports](#) [Contact Us](#) [Required Employer Information](#)

Your elections have been submitted for review.

Add Attachment (Accepted File Types are .pdf, .txt, .ods, .odt, .xlsx, .doc and please no larger than 6 MB)

Upload Proof of Event

Please upload Proof of Event document here if applicable

[Choose Files](#) No file chosen

[Upload](#)

Upload Proof of Dependent

If your proof-of-event document doesn't also serve as a proof-of-dependent document, then please upload the proof-of-dependent document here

Please upload Proof of Dependent(s) for each applicable dependent (Jeremy Sanchez)

[Choose Files](#) No file chosen

[Upload](#)

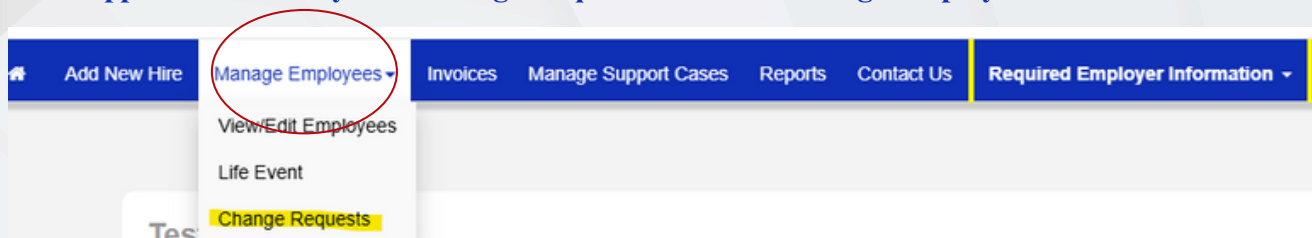
[Summarize Coverages](#)

- Proof of dependent documents and the other insurance verifications are *optional* except for adoption and legal guardianship. However, WEBT reserves the right to request proof of dependent documents and claims may be held until an other insurance verification is completed.

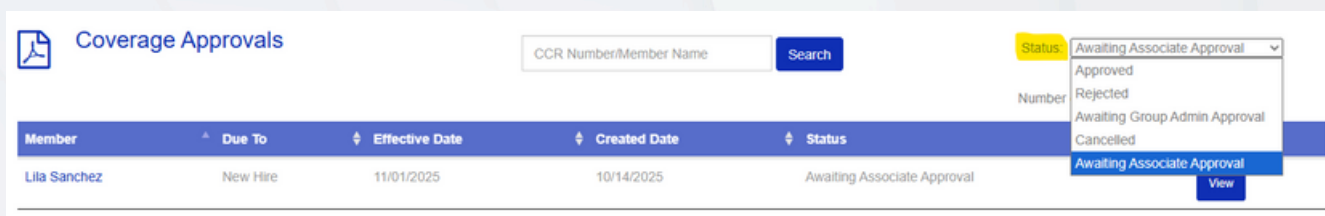


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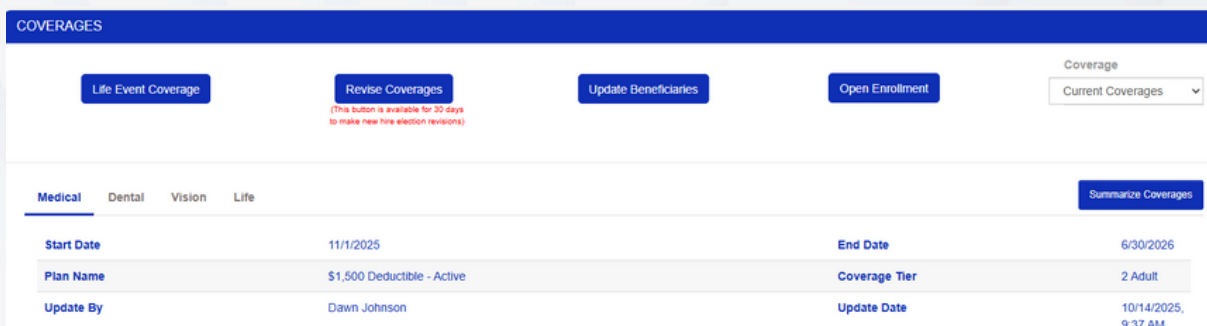
- Once Save and Finish is selected, the portal will send a Coverage Change Request (CCR) to WEBT for final approval. You may view Change Requests from the Manage Employees tab:



- Use the Status drop down menu to view outstanding items and to track requests:



- The group admin and the employee will receive a confirmation email with a benefit summary once the CCR is approved. If a confirmation email is not received, please contact WEBT as the enrollment may not be complete.
- Also, once the CCR is approved, you may use Manage Employees, View/Edit Employees to navigate back to the employee's record. In the Coverages section, select Summarize Coverages to print a copy of the employee's benefits.



- If an error is discovered in the new hire elections, there is a Revise Coverages button which may be used for 30 days from the effective date. Instructions are available on [www.webt.org](http://www.webt.org).