### **Guide to the COBRA Member Portal**

# NAVIGATING THE COBRA MEMBER PORTAL

#### **Creating an Account for the First Time**

**Step 1:** Visit your online account and click the "New User Registration" button.

Sign In	New to Aptia365?
Username Foroot your username or password?	
NEXT Remember Me	

**Step 2:** Enter your registration code, first name, last name and social security number. You can find your registration code in your COBRA election paperwork under he "Submit Registration" button.

In order to register you will need the re Service @.	gistration code assigned to you. If you are elig	ible a letter was sent to you via the United States Postal
Registration Code		Company 🔒
BcXv9GKo	×	Test Group Div: Test Group
Required		Live. Heat Group
First Name		
Required		
Last Name		
Required		
Individual ID		
Not Required		
Social Security Number		
Required		
By entering the information requested above a the registration code you entered on the previo confidential and may be subject to protection v	us page or a person legally authorized to act on behalf nder the law, including the Health Insurance Portability	at you are the named addressee of the letter which provided you with of the name addressee. Information contained in this website is and Accountability Act (HPAA), if you are not the named addressee or solicity prohibed and may subject you to orining or oliv) penalise.

**Step 3:** Review the user agreement and check the box next to "I Accept." Then, click the "Submit" button to accept the terms of the user agreement.

**Step 4:** Enter an email address and follow the instructions to create a username and password. Then, click the "Submit & Create Account" button.

**Step 5:** Set up your Security Questions and Answers. Then, click the "Submit Answers" button.

EW Application User Agreement	😑 PRNT
APPLICATION USER AGREEMENT	ĥ
PLEASE READ THIS USER AGREEMENT CAREFULLY. It governs your access to and use of this software application a services and materials provided on it (collectively, "Application").	und the
BY SELECTING 1 ACCEPT" OR BY ACCESSING THE APPLICATION, YOU AGREE TO THE TERMS, CONDITIONS AI LIMITATIONS OF THIS AGREEMENT, IF YOU DO NOT AGREE TO BE ROUND BY AIL OF THE TERMS, CONDITIONS	
Accept	
BY SELECTING "ACCEPT" OR BY ACCESSING THE APPLICATION, YOU AGREE TO THE TERMS, CONDITIONE AND LIMITATIONS OF AGREEMENT, BY YOU OD NOT AGREE TO BE BOARD BY ALL OF THESE TERMS, CONDITIONS AND LIMITATIONS OF THIS AGREEME PROMPTLY CEASE ALL USE OF THE APPLICATION. Required	

Portal Usernam	ne and Password sword to access the site.
Email Address	
1	
Required	
Username 🧕	
Required	
New Password 😧	
Required	
Confirm Password	
Required	
SUBMIT & OREATE ACCOUNT	CANCEL

sallenge Question 1	
In which city were you born?	~
Answer	~
hallenge Question 2	
What was the last name of your favorite college professor?	
Answer	ф.
hallenge Question 3	
What is the first name of your eldest child?	~
Answer	¢.
hallenge Question 4	
What is your grandfather's middle name (your father's father)?	~
Answer	<i>•</i>
hallenge Question 5	
What is the first name of your grandmother (your father's mother)?	~
Answer	~



## Guide to the COBRA Member Portal, continued

#### Making an Election for the First Time

**Step 1:** Once you have logged into your account for the first time, you'll see a message welcoming you to the online election. Click the "Continue" button to proceed with electing coverage.



**Please note:** If you click "Not Now," you'll be redirected to a screen that will have you confirm whether you are canceling or continuing your online registration.

**Step 2:** Check the boxes next to the plans you want to elect and select the level of coverage from the drop-down menu under the "Coverage Level" column. You'll notice that the premium amounts adjust as you change the level of coverage for each plan. Once you've made your selections, click the "Add Election" button.

		cess, please choose the NO he address on your form.	T NOW button belo	w and you will e	oit this screen. If you wish t	to elect by mail
After you have nore informatio		fully enrolled the full initial p	remium must be pai	d. Please refer	to your Election Form sent I	through the mail for
YOUR INF	ORMATION					
Sean Sample						
Test NN 00000		DN				
		DN Election End Date 🥹	Coverage Level	Dependent	Name Relationship	Amount
PRODUCT	INFORMATIO			Dependent ¥ -	Name Relationship	Amount 520.40
PRODUCT	F INFORMATIC	Election End Date 🥹				

**Step 3:** A Confirmation Needed popup will appear. Review the plan selections. If the information is correct, click the "Confirm and Add Election" button.

Confirmation Needed You are about to add an election. Do you want to proceed?				
Coverage Level	Dependent Name	Relationship		
QB Only				
QB Only				
	Rection. Do you want to Coverage Level QB Only	tection. Do you want to proceed? Coverage Level Dependent Name QB Only -	lection. Do you want to proceed? Coverage Level Dependent Name Relationship OB Only	

**Step 4:** Review the User Agreement, check the box next to "I Accept" and click the "Add Election" button.

	SOVERNS YOUR ACCESS TO AND USE OF THE APPLICATION and the services and materials provi Policy, the terms "we" and "us" refer to MercerMarkeplace.
User Agreement	er
APPLICATION USER AGREEMEN	т
	EMENT CAREFULLY. It governs your access to and use of this software application ided on it (collectively, "Application").
	ACCESSING THE APPLICATION, YOU AGREE TO THE TERMS, CONDITIONS

**Please Note:** If you click "Not Now," you'll see a screen that displays a message indicating your election has not been processed. From that screen, you can choose to Continue Online Election or Sign Out.

**Step 5:** If you click "Not Now," you'll see a screen that displays a message indicating your election has not been processed. From that screen, you can choose to Continue Online Election or Sign Out.

	UCT(S) ARE NOW	V ELECTED				
Thank you for subm records using the "I		e using our Online I	Election Process. Pleas	e print a copy of this	Election Confirmation Scree	en for your
Today's Date & Tir Monday Sep 30, 20		entral Daylight Time				
YOUR INFOR	MATION					
Sean Sample 123 Test Are Test NN 00000						
YOUR SELEC	TED PRODUCTS					
Product Name	Election End Date	Coverage Level	Dependent Name	Relationship	Pro-rated Amount	Amount
Dental Plan	Nov 30, 2024	QB Only			NIA	\$20.40
Medical Plan	Nov 30, 2024	QB Only			NA	\$51.00
				Tot	al: N/A	\$71.40
should be remitted		yments must be in I	the form of a check or i	money order. DO NO	ou choose to pay by mail, p I send cash. To ensure acc	
Your Account			t to Address			
	1936585 xxx.xx.9999	Aptia:				
Member ID: SS Number			ex 2280			

**Step 6:** Finally, you should now be looking at a welcome screen in your online member portal. From here, you can do things like pay online, review letters we've mailed to you, sign up for automatic payments or make changes to your contact information.

vveu	come Sean Sample!
payments	to the Aptia365 self-service portal. Through this portal, you have access to make payments, set up recurr, access your demographic and plan information, view messages, and set up your preferences for payment, bill unicitions. You can also change information, send an inquiry, or request assistance.
Your next	payment of \$71.40 is due Oct 01, 2024
\$ 100	RE PAYMENT

Our Participant Services team is available from 7 a.m. to 9 p.m. EST (M-F) at 877-248-0510. Additional support resources can be found within your online account.