

[MY PROFILE](#)

Dawn Reynolds

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Search Description

- SSN Search Requires at Least 4 Numbers to be entered
- Name Search Requires at Least 4 Characters to be Entered
- Click the "Add New Dependent" to Clear the Required Fields for a New Dependent

Search by SSN

Search by Name

Last Name First Name

Member Information

*Employee SSN (999999999) Dependent SSN (999999999) (Required to add a dependent) *Last Name *First Name Middle Name

*Individual Relationship Code

18 (Self)

*Maintenance Type

021 (Addition)

Communications Numbers

*Communication Number Qualifier

HP (Home Phone Number) *Home Phone Number (ie. 999/999-9999)

Demographic Information

*Address Line 1 *City *State or Province Code *Postal Zone or Zip Code

*Network Code (ie. CCN)

(Select From List)

*Gender

(Select From List) *Date of Birth (mm/dd/ccyy)

Coverage Information

*Medical Coverage Level Code

(Select From List) *Benefit Begin Date (Effective Date) (mm/dd/ccyy) *Benefit End Date (Expire Date) (mm/dd/ccyy) *Group or Policy Number (Plan ID)

*Type of Insurance (Coverage Types)

(Select From List)

COB Information