

## **COMPLETING A *MEDICAL AND/OR DENTAL APPLICATION AND CHANGE FORM ONLINE***

### **INSTRUCTIONS FOR ENROLEES/SUBSCRIBERS**

**Have the following information handy:**

- The 6-character Employer Account Number obtained from your employer's benefits administrator. This number begins with the letters "HT."
- The medical and/or dental **benefit plan options** (including the prescription drug plan options if selecting a medical plan) offered by your employer.

**Follow these steps to complete an Application online:**

Visit [www.nhlgc.org](http://www.nhlgc.org) and click on the **HealthTrust Online** button.

1. Click on the *eMember Services* link
2. Click on "Proceed to Application Form"
3. Click on "Medical and/or Dental Application and Change Form"
4. Enter the 6-character Employer Account Number obtained from your employer in the Employer Account Number when prompted. Click on "Go."
5. Verify the correct employer name is displayed. If so, click on "Proceed to Application."
6. Once the application appears, enter a Document Password and then re-enter the Document Password.
7. Complete each step within the Application.

#### **IMPORTANT NOTES:**

- Write down the Document ID and Document Password immediately or click the "Print This Form" button at the bottom of the form to print the Document ID.
- Save your work periodically by clicking on the "Save and Continue Work" button at the bottom of this form (your session will time out after 30 minutes of inactivity).
- To return to a partially completed Application, you will need to start back at the log-in screen and click on the "Proceed to Application Form" button, then click on "Application and Change Form-Partially Completed" on the next screen. When prompted, enter the Document ID and Document Password that you entered for the Application.