

R5 – ONLINE ENROLLMENT HOME VIEW

www.mySoonerCare.org

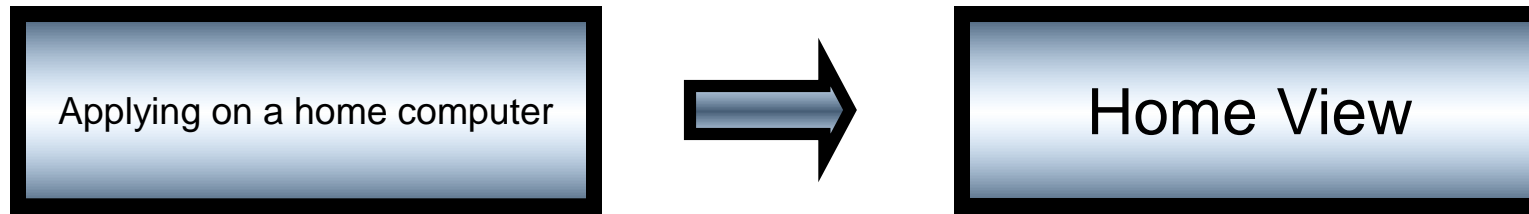
www.InsureOklahoma.org

Oklahoma Health Care Authority

November, 2020 (version 5.9)



GENERAL OVERVIEW



ONLINE ENROLLMENT



WEBSITE OPTIONS

- **Accessing online application**
 - www.mysoonercare.org or www.insureoklahoma.org
- **Maintaining and updating the application after eligibility determination**
- **Printing a paper application for the Health Insurance Marketplace**
- **Currently Internet Explorer 11; Microsoft Edge, Google Chrome, Mozilla Firefox and Safari are acceptable browsers for Home View.**
- **Fictitious applicant data used throughout this document for demonstration purposes.**

WEB APPLICATION (WWW.INSUREOKLAHOMA.ORG) HOME PAGE



OKLAHOMA

Health Care Authority | Insure Oklahoma

[Home](#) | [About Us](#) | [Employers](#) | [Employees/Individuals](#) | [Agents](#) | [Tools](#)



Apply Online



**Manage Account
& Pay Online**



Order Brochures



Employer Portal

Insure Oklahoma's Employer Sponsored Insurance plan helps employers provide their eligible employees with affordable health care.

Eligible individuals may also participate in the Insure Oklahoma Individual Plan to have affordable health care.



WEB APPLICATION (WWW.MYSOONERCARE.ORG) HOME PAGE



[about us](#) | [individuals](#) | [providers](#) | [research](#) | [policy](#) | [contact us](#) | [search](#)

- Individuals
- What Is SoonerCare?
- Online Enrollment
 - Before Starting
 - Step-By-Step Guide
 - Get Started
- Programs
- Benefits
- Policies & Rules
- Forms
- Stay Healthy!
- Help
- Updates

Home > Individuals

SoonerCare Online Enrollment

WebAlerts

Sign up for email Web Alerts for the latest news and information about SoonerCare Online Enrollment.

Log In Now | Apply for Benefits | Income Guidelines | How-To Videos

Member Handbook | #MySoonerCare | After Hours Locator | Register to Vote

English | Spanish

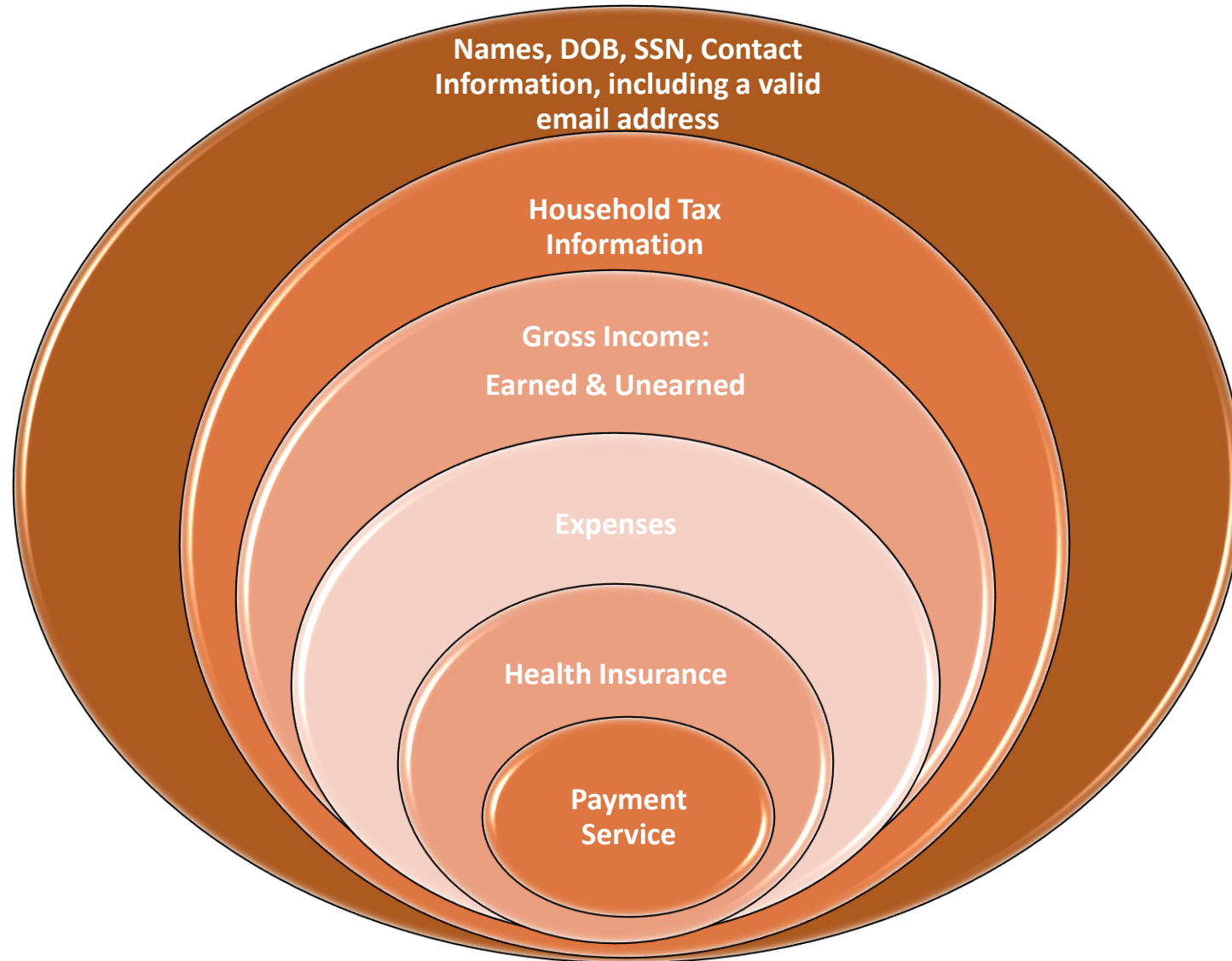
If you need assistance with the online application you can call the SoonerCare helpline at 1-800-987-7767 or visit your local Community Action agency.

Other documents:

- SoonerCare FAQs
- Health Insurance Marketplace Application - English
- Health Insurance Marketplace Application - Spanish
- 12 Month Income Statement Profit and Loss - English
- 12 Month Income Statement Profit and Loss - Spanish
- Lottery Gambling Winnings Monthly Income

[Nondiscrimination Notice](#) | [Legal Notices](#) | [Public Notices](#) | [Language Assistance](#) | [Site Map](#) | [Employee E-Mail Access](#)
Oklahoma's Medicaid Agency

APPLICATION REQUIREMENTS – INFORMATION NEEDED



APPLY FOR BENEFITS (WWW.MYSOONERCARE.ORG) HOME PAGE



[about us](#) | [individuals](#) | [providers](#) | [research](#) | [policy](#) | [contact us](#) | [search](#)

Individuals

- [What Is SoonerCare?](#)
- [Online Enrollment](#)
 - [Before Starting](#)
 - [Step-By-Step Guide](#)
 - [Get Started](#)
- [Programs](#)
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SoonerCare Online Enrollment

WebAlerts

Sign up for email Web Alerts for the latest news and information about SoonerCare Online Enrollment.



[Log In Now](#)



[Apply for Benefits](#)



[Income Guidelines](#)



[How-To Videos](#)



[Member Handbook](#)



[#MySoonerCare](#)



[After Hours Locator](#)



[Register to Vote](#)

[English](#) | [Spanish](#)

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[Nondiscrimination Notice](#) | [Legal Notices](#) | [Public Notices](#) | [Language Assistance](#) | [Site Map](#) | [Employee E-Mail Access](#)
Oklahoma's Medicaid Agency

RIGHTS AND RESPONSIBILITIES - APPLY NOW



OKLAHOMA
Health Care Authority

Welcome

Member Enrollment

Today is May 13, 2020

[Contact Us](#) | [Log On](#)

Language:

Rights and Responsibilities

Thank you for your interest in our programs.

To apply for benefits, you must agree to the terms listed below. You must select "I agree" to complete the application.

I agree to:

- Help the Oklahoma Health Care Authority check any information on this application, and let them get needed information from government agencies, employers, medical providers and other sources.
- Tell the Oklahoma Health Care Authority within 10 days if there are any changes in our income, the people who live in our home, where we live or get our mail, and/or our health insurance.
- Transfer, assign and authorize payment to the Oklahoma Health Care Authority all claims I have or may have against health insurance or liability insurance companies, or other third parties. This covers all payments for medical services made by the Oklahoma Health Care Authority for me or my dependents.
- Help the Oklahoma Department of Human Services or the Oklahoma Health Care Authority identify and find absent parents who might be liable for the costs of medical care for me or others in my family receiving SoonerCare or Insure Oklahoma.
- Adults who want health benefits or family planning are required by federal law to cooperate with the child support office to get medical support established for any of their children whose other parent is not in the home. I agree to cooperate in establishing medical support. I understand that if I feel that I have good cause for not cooperating, I can contact my local child support office to request good cause consideration. I also understand that I can contact my local child support office to ask that my home address or location not be released if there is a fear of family violence.
- If approved for Insure Oklahoma I understand I will be responsible for paying the appropriate premiums and out-of-pocket costs including but not limited to co-payments.

SoonerCare Member Log-in

Returning User?

[Log on to your account](#)

RIGHTS AND RESPONSIBILITIES

I will allow the Oklahoma Health Care Authority to:

- Collect payments from anyone who is supposed to pay for any of my or my family's medical care provided by the Oklahoma Health Care Authority.
- Share any of my necessary information that the Oklahoma Health Care Authority maintains with any insurance company, person or entity who is responsible for paying the medical bill.
- Access and receive my medical records from any of my medical providers.
- Share important health and benefits information through electronic messages. Message and Data Rates may apply.

I will allow any of my medical providers to:

- Give any of my information they have to the Oklahoma Department of Human Services or the Oklahoma Health Care Authority to make payment or overpayment decisions.

You have the right to a hearing if you disagree with an adverse action taken on your case. You must fill out and submit an LD-1 form to the Oklahoma Health Care Authority within twenty (20) days from the day of adverse action. You can get an LD-1 form by contacting Member Services at 1-800-987-7767. You can represent yourself at the hearing, or you can have an attorney or other representative.

I understand if I give information that isn't true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to re-pay the Oklahoma Health Care Authority for any medical bills that were not paid correctly.

You must select either 'I agree' or 'I do not agree'.

- I agree
- I do not agree

EXIT

CREATING AN ACCOUNT



OKLAHOMA
Health Care Authority

Welcome

Member Enrollment

Today is May 12, 2020

[Contact Us](#)

Language:

Log On or Create Your Account

 Do not use your browser back button or do a screen refresh.

To log on to your existing account, Please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk (*). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with the password.

User ID or E-Mail Address: *

[Forgot your User ID?](#)

Password: *

[Forgot your Password?](#)

LOG ON

If you do not have a user account, but you have your Personal Identification Number (PIN), you may [create an account using your PIN](#) now.

If you do not have a user account or PIN, please [create a new account](#) now.



STEP 1: PEOPLE AND CONTACTS



OKLAHOMA
Health Care Authority

Welcome

Member Enrollment

Today is May 18, 2020

[Contact Us](#) | [Log On](#)

Language: English ▾

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 1 - People & Contacts

Do not use your browser back button or do a screen refresh.

The first step in the application process is to tell us about all of the people living in the household. Start with an adult, if there is one living in the house. He or she will be the contact person for the case. The contact person must be at least 15 years old. When you have finished, select "Next" to continue.

Required fields are marked with an asterisk(*)

Personal Information

First Name: * [Tell me more...](#)
(Full legal name as appears on Social Security card, not a nickname; example: Joseph, not Joe; Susan, not Sue)

Middle Name:

Last Name: *

Suffix:

Date of Birth: *

Marital Status: *

Gender: * Male Female

Pregnant: * Yes No [Why do you need to know this?](#)

STEP 1: PEOPLE AND CONTACTS - HEALTH CONDITION ASSESSMENT

- Pregnancy fields trigger additional health condition assessment questions.

Due Date: * 

Number of Babies Expected: *

Note: You must provide medical proof of pregnancy if you are including the unborn child on this application.

STEP 1: PEOPLE AND CONTACTS

- The selection of SoonerCare or help paying for health insurance is made automatically for children and pregnant women.

Requested Benefits

Please select each benefit this person would like to apply for:

<input checked="" type="checkbox"/> Do you want to find out if you can get SoonerCare for this person?	Tell me more
<input checked="" type="checkbox"/> Do you want to enroll in the Insure Oklahoma program for this person?	Tell me more
<input checked="" type="checkbox"/> Do you want to find out if you can get SoonerPlan for this person?	Tell me more

SSN

SSN: *

Re-enter SSN: *

[What if I don't have an SSN?](#)

Race & Ethnicity

Race: * (check all that apply)

<input type="checkbox"/> American Indian or Alaskan Native	Why do we need this?
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White	
<input checked="" type="checkbox"/> Declined to answer	

Is this person of Hispanic or Latino origin (or descent)? Yes No [What's this?](#)

STEP 1: PEOPLE AND CONTACTS

Residency & Citizenship

Does this person live in Oklahoma? * Yes No

If you have to verify the citizenship or alien status for this person we may need additional documentation. Can you provide a document or have you ever had a document that shows this person

- * is a U.S. citizen
 is here as an alien with documentation
 none of the above

[+ Tell me more...](#)

Documentation that can be provided: * U.S. Birth Certificate

RESET FORM

SAVE & EXIT

NEXT ▶

STEP 1: PEOPLE AND CONTACTS – CONTACT INFORMATION



OKLAHOMA
Health Care Authority

Welcome

Member Enrollment

Today is May 18, 2020

[Contact Us](#) | [Log On](#)

Language: English ▾

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 1 - People & Contacts

Do not use your browser back button or do a screen refresh.

Please tell us how we can contact you. [What if I am homeless?](#)

When you have finished, select "Next" to continue.

Required fields are marked with an asterisk (*).

Contacts

Residence

Street - Line 1: *

Street - Line 2:

City: *

State: *

Zip Code: *

Mailing Address

Same as Residence

Street or P.O. Box: *

Street - Line 2:

City: *

State: *

Zip Code: *

STEP 1: PEOPLE AND CONTACTS

- Receive English or Spanish notices by letter or email.
- The authorized representative section of this page allows a user to identify an authorized representative.

Contact Methods

What is the primary language spoken in the household? * English ▾

Where possible, we will send written communication in: * English ▾

How do you wish to receive your notices? * Letter ▾

Day Time Phone: - Select Type - ▾ () - ext:

Is it okay for us to leave a message here? Yes No

Night Time Phone: - Select Type - ▾ () - ext:

Is it okay for us to leave a message here? Yes No

Email: * you@yourdomain.com
! Email address is required.
E-mail address for the household contact can be used as an alternate to a User ID when logging in at a later time to retrieve this application.

Authorized Representative

You may name a person outside your household to act on your behalf about any benefits you or your family may be qualified for.

Do you want an authorized representative? Yes No [Who can I name as my authorized representative?](#)

RESET FORM PREVIOUS SAVE & EXIT NEXT

STEP 1: PEOPLE AND CONTACTS – AUTHORIZED REPRESENTATIVE

- Provide all of the required authorized representative information.

Authorized Representative

You may name a person outside your household to act on your behalf about any benefits you or your family may be qualified for.

Do you want an authorized representative? Yes No [Who can I name as my authorized representative?](#)

First Name: *

Middle Name:

Last Name: *

Suffix:

Designation Privilege: * Sign the application
 Act on the behalf of the applicant on all matters related to the account

Designation Start Date: * month day year

Designation End Date: * month day year

Organization Helping: * Yes No

Street or P.O. Box: *

Street - Line 2:

City: *

State: * - Select State -

ZIP Code: *

Authorized Rep Phone: * - Select Type - () - ext:

Email: authrep@yourdomain.com

Who is giving authorization for this person to represent the case members? * - Select One -

RESET FORM **← PREVIOUS** **SAVE & EXIT** **NEXT →**

STEP 1: PEOPLE AND CONTACTS

- Address standardization.

The screenshot shows a web application interface with a 'Contacts' sidebar. A modal dialog titled 'Address Standardization' is open, displaying a message: 'We were not able to locate the address' followed by the address '7423 N Mesa Oklahoma City, OK 74112'. Below the address are two radio button options: 'I made a mistake - let me go back and fix it' and 'No. Use what I entered'. An 'OK' button is positioned at the bottom center of the dialog. The background shows a 'Residence' section with a 'Mailing Address' field and a checked checkbox labeled 'Same as Re...'. A note at the top right of the application states 'Required fields are marked with an asterisk (*)'.

STEP 1: PEOPLE AND CONTACTS

- Create a user ID and password.

The screenshot shows a web interface for creating a user account. At the top, there is a progress bar with eight steps: Enrollment Steps, STEP 1 People & Contacts (active), STEP 2 Tax Household, STEP 3 Household Income, STEP 4 Expenses, STEP 5 Health Insurance, STEP 6 Review, STEP 7 Citizenship & Identity, and STEP 8 Submit. Below the progress bar, the title 'Create User Account' is displayed. A warning icon and text state: 'Do not use your browser back button or do a screen refresh.' The main text explains that a user account should be created now, as information from earlier applications will still be there. It also provides a link to 'log on now' if the user already has an account. The instructions state that a User ID and password are required, and that the User ID and password will be needed to access the application. The user ID must be between 8 and 20 characters long, contain only letters and numbers, and not contain the user ID. The password must be between 8 and 20 characters long, not contain any spaces, not contain the user ID, and contain at least 3 of the following 4 character types: uppercase letters, lowercase letters, numbers, and special characters. The email address is used as an alternate to a User ID when logging in at a later time to retrieve the application. The written language is set to English. A 'CONTINUE' button is located at the bottom right of the form.

Create User Account

Do not use your browser back button or do a screen refresh.

You should create a user account now. This will let you see your information for 30 days. If you do not come back to it, it will be deleted. Information from earlier applications will still be there.

If you already have a user account, [log on now](#).

To create an account, you will need to create a User ID and password. The User ID and password will be needed to access your application. You will need to answer 3 challenge questions. The questions will be used if you forget your password.

Enter a user ID and password. Choose something that is easy for you to remember but hard for other people to guess. You may want to write your User ID down, as it will not be shown to you again. This user account will be associated with the Contact Person.

Required fields are marked with an asterisk (*).

User ID: *
Your User ID must: be between 8 and 20 characters long, not contain any spaces and contain only letters and numbers.

Password: *

Retype Password: *

Your Password must: be between 8 and 20 characters long, not contain any spaces, not contain your User ID, and contain at least 3 of the following 4 character types:

- Uppercase letters
- Lowercase letters
- Numbers
- Special Characters

Email: *

E-mail address for the household contact can be used as an alternate to a User ID when logging in at a later time to retrieve this application.

Written Language: *

Please choose the language you would like OHCA email communications sent in.


CONTINUE

STEP 1: PEOPLE AND CONTACTS

- Choose questions and answers that are not easily known by others.

Enrollment Steps | **STEP 1 People & Contacts** | STEP 2 Tax Household | STEP 3 Household Income | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Create a User Account - Challenge Questions

 Do not use your browser back button or do a screen refresh.

Please select 3 challenge questions and provide the answers below. We will use this information to identify you if you forget your User ID or password.
When you select and answer your 3 questions:

- Do not select a question that everyone who knows you would know the answer to.
- Remember that answers to challenge questions should be protected in the same way passwords are.

Required fields are marked with an asterisk (*).

Question 1: * ▼

Answer 1: *

Retype Answer 1: *

Question 2: * ▼

Answer 2: *

Retype Answer 2: *

Question 3: * ▼

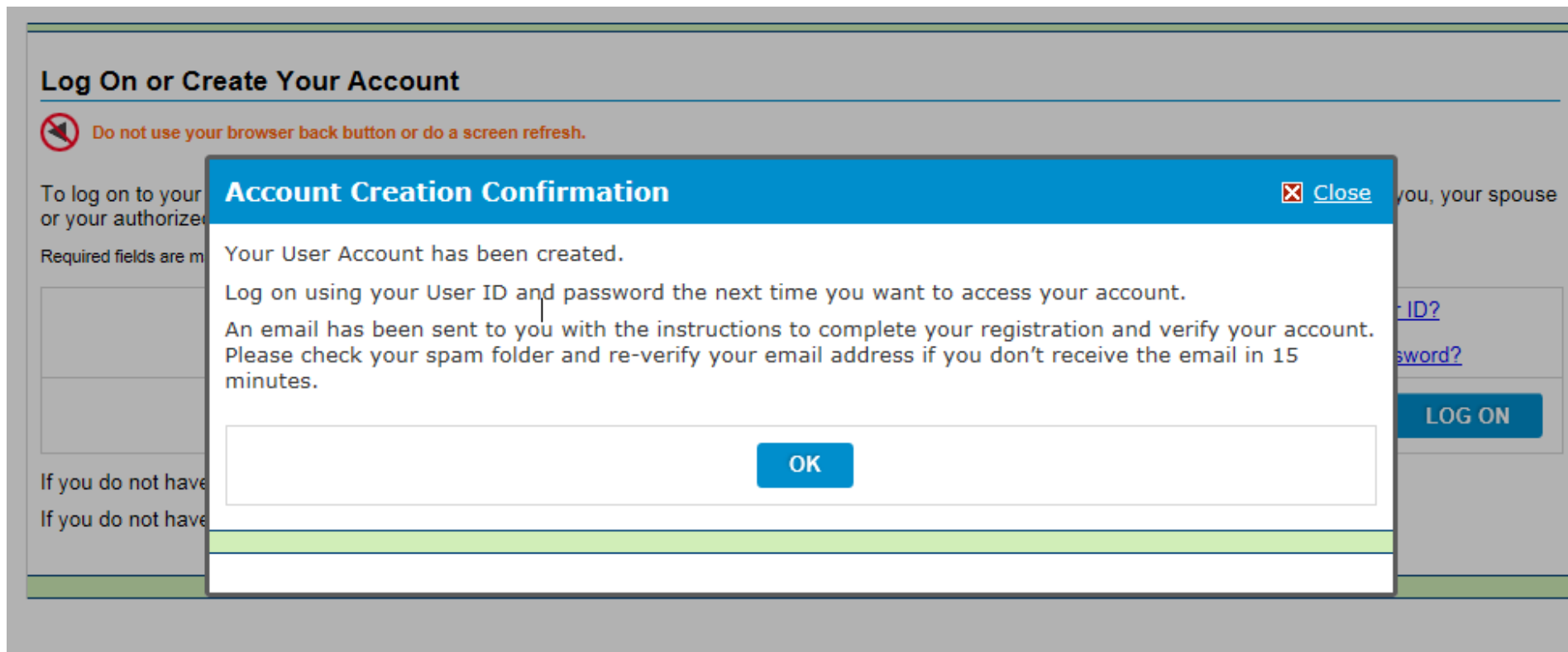
Answer 3: *

Retype Answer 3: * ×

[← PREVIOUS](#) [CREATE ACCOUNT](#)


STEP 1: PEOPLE AND CONTACTS – ACCOUNT CREATION

- When the account is successfully created, the confirmation message displays.



STEP 1: ACCOUNT LOGIN – ACCOUNT CREATION

- Log on using your user ID or email address and password created on the previous page.



OKLAHOMA
Health Care Authority

Welcome


Member Enrollment

Today is May 13, 2020

[Contact Us](#)

Language:

Log On or Create Your Account

 Do not use your browser back button or do a screen refresh.

To log on to your existing account, Please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk (*). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with the password.

User ID or E-Mail Address: *	<input type="text"/>	Forgot your User ID?
Password: *	<input type="password"/>	Forgot your Password?

If you do not have a user account, but you have your Personal Identification Number (PIN), you may [create an account using your PIN](#) now.

If you do not have a user account or PIN, please [create a new account](#) now.

STEP 1: ACCOUNT REGISTRATION

- Enter the registration code sent to the email address used to create your account.

Dear SoonerCare applicant,

You are receiving this notice because you either have started an application or you are a SoonerCare member who needs to complete their registration.

Registration code: 85Ehez

Please login to your account by clicking the following link to complete your registration.

[SoonerCare](#)


Please do not reply to this email.

Sincerely,
SoonerCare

This email was sent from a notification-only email address that cannot accept incoming email.

STEP 1: ACCOUNT REGISTRATION

- Enter the registration code sent to the email address used to create your account and click Register.



OKLAHOMA
Health Care Authority


Today is May 13, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language:

Member Enrollment

Account Registration

 Do not use your browser back button or do a screen refresh.

To register your account, please enter the registration code that was provided in the registration email.

Required fields are marked with an asterisk (*).

Registration code: *

[Send me registration email again.](#)


REGISTER

STEP 1: PEOPLE AND CONTACTS

- Click Continue to resume the application.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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SoonerCare Health Benefits - Online Application

 Do not use your browser back button or do a screen refresh.

Welcome back.
The application you started on 10/21/2016 is not complete. You stopped at [Step 1, People & Contacts](#).
To review what you told us, select any of the links below.

[Step 1: People and Contacts](#)

Select "Continue" to complete the application.

STEP 1: PEOPLE AND CONTACTS

- Entering additional household members.

Enrollment Steps

STEP 1 People & Contacts

STEP 2 Tax Household

STEP 3 Household Income

STEP 4 Expenses


STEP 5 Health Insurance

STEP 6 Review

STEP 7 Citizenship & Identity

STEP 8 Submit

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

You have told us about the following person living in the household:

Name	SSN	Date of Birth	Gender
Claire V- Example	XXX-XX-	02/19/	Female

[Who should I include?](#)

Are there other people living in the household?

Yes or No is required.

Yes, there are other people in the household

No, everyone in the household is listed above


← PREVIOUS

SAVE & EXIT

NEXT →

STEP 1: PEOPLE AND CONTACTS - HOUSEHOLD

Today is May 18, 2020


 **OKLAHOMA**
Health Care Authority

Welcome Claire Example [Change Password](#) | [Contact Us](#) | [Log Off](#)

Member Enrollment Language: English ▾

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

Tell us about the next person living in the house.

- If there is another adult in the household, tell us about him or her next.
- If you have entered all of the adults, tell us about a child living in your home.

When you have finished, select "Next" to continue.

Required fields are marked with an asterisk(*)


Personal Information

First Name: * [Tell me more...](#)
(Full legal name as appears on Social Security card, not a nickname; example: Joseph, not Joe; Susan, not Sue)

Middle Name:

Last Name: *

Suffix:

Date of Birth: * 

Gender: * Male Female

Pregnant: * Yes No [Why do you need to know this?](#)

Requested Benefits


Please select each benefit this person would like to apply for:

Do you want to find out if you can get SoonerCare for this person? [Tell me more](#)

STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD MEMBERS

Enrollment Steps | **STEP 1 People & Contacts** | STEP 2 Tax Household | STEP 3 Household Income | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

You have told us about the following people living in the household:

Name	SSN	Date of Birth	Gender
Claire V- Example	XXX-XX-3031	02/19/1980	Female
Alexis V- Example	XXX-XX-5656	02/19/2001	Female
Charlotte V- Example	XXX-XX-2525	02/19/2010	Female
John V- Example	XXX-XX-1313	02/19/2019	Male

[Who should I include?](#)

Are there other people living in the household?

Yes or No is required.

Yes, there are other people in the household

No, everyone in the household is listed above

◀ PREVIOUS | **SAVE & EXIT** | **NEXT ▶**

STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD QUESTIONS

Household Questions :

- There will be an unemployment benefits question for Insure Oklahoma applicants between the ages of 19 and 64.
- There will be a foster care question for members in the household between the ages of 19 and 25.
- There will be a full-time college student question for members in the household applying for Insure Oklahoma, between the ages of 19 and 22.

Are any of the following members eligible for Unemployment Benefits? *

[What is this?](#)

- Claire V- Example
- Alexis V- Sample
- None of these individuals are eligible for Unemployment Benefits

Were any of the following in foster care in Oklahoma on their 18th birthday? *

- Claire V- Example
- Alexis V- Sample
- None of these individuals were in foster care then

Are any of the following members a full-time college student? *

[What is full-time?](#)

- Alexis V- Sample
- None of these individuals are in college full-time

Northeastern State University

STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD QUESTIONS

- When Yes is selected for any of the questions, a household member must be selected.

Yes or No is required for all questions.

Is anyone in the household blind or disabled? * Yes No

Select household members *

- Claire V- Example
- Alexis V- Example
- Charlotte V- Example
- John V- Example

Is anyone in the household in need of long-term care? * Yes No

Is anyone in the household incarcerated (serving a sentence in prison or jail)? * Yes No

Were any of the following in foster care in Oklahoma on their 18th birthday? *

- Alexis V- Example
- None of these individuals were in foster care then

STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD QUESTIONS

- When a household member is between ages 19 and 22, applying for Insure Oklahoma and enrolled in an accredited Oklahoma college, you must select their college from the drop-down menu. If their college is not listed, select 'Other'.

Are any of the following members eligible for Unemployment Benefits? * [What is this?](#)

Claire V- Example

Charlotte V- Example

None of these individuals are eligible for Unemployment Benefits

Were any of the following in foster care in Oklahoma on their 18th birthday? *

Charlotte V- Example

None of these individuals were in foster care then

Are any of the following members a full-time college student? * [What is full-time?](#)

Charlotte V- Example

None of these individuals are in college full-time

- Select College - [! College is required.](#)

◀ PREVIOUS SAVE & EXIT NEXT ▶

STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD RELATIONSHIPS

- Relationship information is collected by making a selection from the drop-down.

The screenshot displays a multi-step enrollment process. The top navigation bar includes 'Enrollment Steps' and steps 1 through 8. Step 1, 'People & Contacts', is the active step. Below the navigation bar, the page title is 'Step 1 - People & Contacts'. A warning icon and text state: 'Do not use your browser back button or do a screen refresh.' The main instruction reads: 'Now we need to ask you how the people in the house are related. To start, tell us how each person is related to Claire V- Example. When you have finished, select "Next" to continue.' A link for 'Why do we need this?' is provided. A note indicates 'Required fields are marked with an asterisk (*)'. The section is titled 'Household Relationships' and asks 'How are the following people related to Claire V- Example?'. Three rows of information are shown: Alexis V- Example is the 'Daughter' of Claire V- Example; Charlotte V- Example is the 'Other child residing in household' of Claire V- Example; and John V- Example is the 'Son' of Claire V- Example. At the bottom, there are buttons for 'RESET FORM', 'PREVIOUS', 'SAVE & EXIT', and 'NEXT'.

Enrollment Steps | **STEP 1 People & Contacts** | STEP 2 Tax Household | STEP 3 Household Income | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Step 1 - People & Contacts

Do not use your browser back button or do a screen refresh.

Now we need to ask you how the people in the house are related.
To start, tell us how each person is related to **Claire V- Example**.
When you have finished, select "**Next**" to continue. [Why do we need this?](#)

Required fields are marked with an asterisk (*).

Household Relationships

How are the following people related to Claire V- Example?

Alexis V- Example is the * of Claire V- Example.

Charlotte V- Example is the * of Claire V- Example.

John V- Example is the * of Claire V- Example.

RESET FORM | **PREVIOUS** | **SAVE & EXIT** | **NEXT**

STEP 1: PEOPLE AND CONTACTS – SPOUSAL RELATIONSHIPS

- Relationship information is collected by making a selection from the drop-down.


The screenshot displays a multi-step enrollment process. The current step is 'STEP 1 People & Contacts', which is highlighted in blue. Other steps include 'STEP 2 Tax Household', 'STEP 3 Household Income', 'STEP 4 Expenses', 'STEP 5 Health Insurance', 'STEP 6 Review', 'STEP 7 Citizenship & Identity', and 'STEP 8 Submit'. Below the step indicators, the title 'Step 1 - People & Contacts' is followed by a warning icon and text: 'Do not use your browser back button or do a screen refresh.' The main instruction reads: 'Now, for each adult, tell us his or her marital status and, if married, who his or her spouse is. If the spouse is not listed, you must [add the spouse](#) to the household. When you have finished, select "Next" to continue.' A note states 'Required fields are marked with an asterisk (*)'. The 'Spousal Relationships' section contains a table with two rows. The first row is for 'Claire V- Example' with a 'Marital Status' of 'Single or Unknown' and a 'Spouse' field set to '- Select Spouse -'. A link 'Can I change this?' is next to the spouse field. The second row is for 'Alexis V- Example', with an asterisk next to the name, a 'Marital Status' field set to '- Select Status -', and a 'Spouse' field set to '- Select Spouse -'. An 'Add another person' link is located below the table. At the bottom of the form, there are four buttons: 'RESET FORM', 'PREVIOUS', 'SAVE & EXIT', and 'NEXT'.

Name	Marital Status	Spouse
Claire V- Example	Single or Unknown	- Select Spouse - Can I change this?
Alexis V- Example *	- Select Status -	- Select Spouse -

STEP 1: PEOPLE AND CONTACTS – HOUSEHOLD RELATIONSHIPS

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	---	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

We need to ask you a few more questions about each child living in the house.

When you have finished, select "Next" to continue. [Why do we need this?](#)

Required fields are marked with an asterisk (*).

Household Relationships

We need to determine if Charlotte V- Example has a parent(s) in the home. If he or she is not in the home, we will need to know the reason for their absence.

Does Charlotte V- Example have a parent living in the home? * Yes No

Now we need to know if Charlotte V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is Charlotte V- Example's other parent living in the home? * Yes No

Now we need to know if John V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is John V- Example's other parent living in the home? * Yes No

RESET FORM **PREVIOUS** **SAVE & EXIT** **NEXT**

STEP 1: PEOPLE AND CONTRACTS – HOUSEHOLD RELATIONSHIPS

- If the child's other parent is in the household, he or she should be selected from the drop-down.

Enrollment Steps | **STEP 1 People & Contacts** | STEP 2 Tax Household | STEP 3 Household Income | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Step 1 - People & Contacts

Do not use your browser back button or do a screen refresh.

We need to ask you a few more questions about each child living in the house.
When you have finished, select "Next" to continue. [Why do we need this?](#)

Required fields are marked with an asterisk (*).

Household Relationships

We need to determine if Charlotte V- Example has a parent(s) in the home. If he or she is not in the home, we will need to know the reason for their absence.

Does Charlotte V- Example have a parent living in the home? * Yes No

[If the parent is not listed, add the parent to the household](#)

Who is Charlotte V- Example's parent? *

Now we need to know if Charlotte V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is Charlotte V- Example's other parent living in the home? * Yes No

[If the parent is not listed, add the parent to the household](#)

Who is Charlotte V- Example's parent? *

Now we need to know if John V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is John V- Example's other parent living in the home? * Yes No

[If the parent is not listed, add the parent to the household](#)


Who is John V- Example's parent? *

[RESET FORM](#) | [PREVIOUS](#) | [SAVE & EXIT](#) | [NEXT](#)

STEP 1: PEOPLE AND CONTRACTS – HOUSEHOLD RELATIONSHIPS

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	---	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

We need to ask you a few more questions about each child living in the house.
When you have finished, select "Next" to continue. [Why do we need this?](#)

Required fields are marked with an asterisk (*).

Household Relationships

We need to determine if Charlotte V- Example has a parent(s) in the home. If he or she is not in the home, we will need to know the reason for their absence.

Does Charlotte V- Example have a parent living in the home? * Yes No

Select why the parent is not in the household *

Now we need to know if Charlotte V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is Charlotte V- Example's other parent living in the home? * Yes No

Select why the other parent is not in the household *

Are you willing to cooperate with Oklahoma Child Support Services? * Yes No I would like to claim good cause. [More information about child support cooperation.](#)

Declining child support services may change an adult's coverage but will not affect the child's.

Now we need to know if John V- Example's other parent is in the home. If he or she is not in the home, we will need to know the reason for their absence.

Is John V- Example's other parent living in the home? * Yes No

Select why the other parent is not in the household *


[RESET FORM](#) [PREVIOUS](#) [SAVE & EXIT](#) [NEXT](#)

STEP 1: PEOPLE AND CONTACTS – SIBLING RELATIONSHIPS

- Add sibling relationships for children with no parents in the home.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

We need to ask you a few more questions about some of the children. We need to know if each child shown below has any brothers or sisters in the home. Please include any half or step brothers and sisters.

When you have finished, select "Next" to continue. [Why do we need this?](#)

Required fields are marked with an asterisk (*).

Add Sibling Relationships

Does Charlotte V- Example have a brother or sister in the home? * Yes No


RESET FORM **PREVIOUS** **SAVE & EXIT** **NEXT**

STEP 1: PEOPLE AND CONTACTS – SIBLING RELATIONSHIPS

- Select brothers and sisters.

Enrollment Steps | **STEP 1 People & Contacts** | STEP 2 Tax Household | STEP 3 Household Income | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Step 1 - People & Contacts

 Do not use your browser back button or do a screen refresh.

We need to ask you a few more questions about some of the children. We need to know if each child shown below has any brothers or sisters in the home. Please include any half or step brothers and sisters.

When you have finished, select "Next" to continue. [Why do we need this?](#)

Required fields are marked with an asterisk (*).

Add Sibling Relationships

Does Charlotte V- Example have a brother or sister in the home? * Yes No

Please select all of Charlotte V- Example's brothers and sisters. * John V- Example


RESET FORM | **PREVIOUS** | **SAVE & EXIT** | **NEXT**

STEP 1: PEOPLE AND CONTACTS - REVIEW

- Review

Enrollment Steps | **STEP 1 People & Contacts** | STEP 2 Tax Household | STEP 3 Household Income | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Step 1 Review - People & Contacts

 Do not use your browser back button or do a screen refresh.

Please review what you told us about the people in the household. The rest of the questions will use this information.

- If the information is correct, select "Next" to go to the next step.
- If you need to make changes, select the "Change" link next to the person or section you need to change. This will take you back to the page where you can change your answers. Depending on what you change, you may be asked a few more questions.
- If you need to add another person to the household, select "[Add another person.](#)"

Household Members Hide all details

[+ Claire Example](#)

Information

Legal Name: Claire V- Example	SSN: XXX-XX-
Date of Birth: 02/19/	
Gender: Female	Pregnant: No
Race: White	Hispanic or Latino origin: No
Oklahoma Resident: Yes	U.S. Citizen: Yes
Documentation: U.S. Birth Certificate	
Applying For: SoonerCare, Insure Oklahoma, SoonerPlan	

[Change Claire's Information](#)

STEP 1: PEOPLE AND CONTACTS - REVIEW

- Review

Alexis Sample	
Information	
Legal Name: Alexis V- Sample	SSN: XXX-XX-5656
Date of Birth: 02/19/2001	
Gender: Female	Pregnant: No
Race: Declined to answer	Hispanic or Latino origin: No
Oklahoma Resident: Yes	U.S. Citizen: Yes
Documentation: U.S. Birth Certificate (Original or Certified Copy)	
Applying For: Insure Oklahoma	
Change Alexis's Information	

Charlotte Example	
Information	
Legal Name: Charlotte V- Example	SSN: XXX-XX-2525
Date of Birth: 02/19/2010	
Gender: Female	Pregnant: No
Race: Declined to answer	Hispanic or Latino origin: No
Oklahoma Resident: Yes	U.S. Citizen: Yes
Documentation: U.S. Birth Certificate (Original or Certified Copy)	
Applying For: None	
Change Charlotte's Information	

John Example	
Information	
Legal Name: John V- Example	SSN: XXX-XX-1313
Date of Birth: 02/19/2019	
Gender: Male	
Race: Declined to answer	Hispanic or Latino origin: No
Oklahoma Resident: Yes	U.S. Citizen: Yes
Documentation: U.S. Birth Certificate (Original or Certified Copy)	
Applying For: None	
Change John's Information	

[Add another person](#)

STEP 1: PEOPLE AND CONTACTS - REVIEW

- Review

Household Questions	
Is anyone in the household Blind or Disabled?:	No
Is anyone in the household in need of Long Term Care?:	No
Is anyone in the household incarcerated (serving a sentence in prison or jail)?	No
Is anyone in the household eligible for Unemployment Benefits?	No
Were any of the following household members in foster care in Oklahoma on their 18th birthday?	No
Are you a full time college student?	Yes
Alexis V- Sample	College: Northeastern State University

[Change answers](#)

Household Relationships	
Relationships to Applicant	
Alexis V- Sample is the Daughter of Claire V- Example	
Charlotte V- Example is the Other child residing in household of Claire V- Example	
John V- Example is the Son of Claire V- Example	
Marital Status	
Claire V- Example is Single or Unknown	
Alexis V- Sample is Single or Unknown	
Oklahoma Child Support Services	
Charlotte V- Example 's Other Parent is: Divorced	
Cooperation with Child Support Services: Yes	

Sibling Relationships	
Sibling Relationships	
Charlotte V- Example is Sister of John V- Example	

[Change sibling information](#)

STEP 1: PEOPLE AND CONTACTS - REVIEW

- Review

Contacts

Residence: 7423 N Mesa
Oklahoma City, OK 74112

Mailing Address: 7423 N Mesa
Oklahoma City, OK 74112

Primary Language Spoken in Household: English

Written Communication in: English

Notification Type: Email

Day Time Phone: No Phone:
Okay to leave Message: No

Night Time Phone: No Phone:
Okay to leave Message: No

Email: ShakedownTesting@sink.sendgrid.net

Authorized Representative:

[Change contact information](#)

◀ PREVIOUS SAVE & EXIT NEXT ▶

STEP 1: PEOPLE AND CONTACTS - REVIEW

- A pop-up message allows one more opportunity to review and update household members before moving on to Step 2.

The screenshot displays a web application interface for a multi-step enrollment process. At the top, a horizontal progress bar shows eight steps: STEP 1 People & Contacts (active), STEP 2 Tax Household, STEP 3 Household Income, STEP 4 Expenses, STEP 5 Health Insurance, STEP 6 Review, STEP 7 Citizenship & Identity, and STEP 8 Submit. Below the progress bar, the main heading is 'Step 1 Review - People & Contacts'. A warning icon and text state: 'Do not use your browser back button or do a screen refresh'. A 'Household Confirmation' pop-up dialog box is centered on the screen, with a blue header and a 'Close' button. The dialog contains the text: 'Please verify that all information provided for the household members are correct. Once you click 'Yes' and click the 'Next' button, you will not be able to go back and change any information.' Below this text are two buttons: 'YES' and 'NO'. In the background, the 'Household Member' section for 'Claire Example' is visible, showing a list of personal and demographic information.

Information	
Legal Name:	Claire V- Example
SSN:	XXX-XX-
Date of Birth:	02/19/
Gender:	Female
Pregnant:	No
Race:	White
Hispanic or Latino origin:	No
Oklahoma Resident:	Yes
U.S. Citizen:	Yes
Documentation:	U.S. Birth Certificate
Applying For:	SoonerCare, Insure Oklahoma, SoonerPlan

STEP 2: TAX HOUSEHOLD

- Make selections from the drop-downs.
- Additional fields may display depending on the tax filer status.

Enrollment Steps

STEP 1 People & Contacts

STEP 2 Tax Household

STEP 3 Household Income

STEP 4 Expenses


STEP 5 Health Insurance

STEP 6 Review

STEP 7 Citizenship & Identity

STEP 8 Submit

Step 2 - Tax Household

 Do not use your browser back button or do a screen refresh.

Now we need to ask you about the people in the household and their tax filing status.

Start by telling us how Claire will pay taxes next year and whom she can legally claim as a dependent. For each person claimed as a dependent select how they are related to Claire. If a person is not related to her or the relationship type is not in the drop-down list, select "Other".

When you are finished, select 'Next.'

Required fields are marked with an asterisk (*).

Claire V- Example

Tax Filer Status: *

STEP 2: TAX HOUSEHOLD

- Household members display based on the filing status.
- Check the individuals that will be claimed.

Enrollment Steps

STEP 1 People & Contacts

STEP 2 Tax Household

STEP 3 Household Income

STEP 4 Expenses


STEP 5 Health Insurance

STEP 6 Review

STEP 7 Citizenship & Identity

STEP 8 Submit

Step 2 - Tax Household

 Do not use your browser back button or do a screen refresh.

Now we need to ask you about the people in the household and their tax filing status.

Start by telling us how Claire will pay taxes next year and whom she can legally claim as a dependent. For each person claimed as a dependent select how they are related to Claire. If a person is not related to her or the relationship type is not in the drop-down list, select "Other".

When you are finished, select 'Next.'

Required fields are marked with an asterisk (*).

Claire V- Example

Tax Filer Status: * Tax Filer

Filing Status: * Single

Tell us about any dependents that will be claimed on Claire's tax return:

<input checked="" type="checkbox"/>	Alexis V- Example	is the	Daughter	of Claire .
<input checked="" type="checkbox"/>	Charlotte V- Example	is the	Other child residing in household	of Claire .
<input checked="" type="checkbox"/>	John V- Example	is the	Son	of Claire .

[Add a tax dependent not in the household](#)

RESET FORM

SAVE & EXIT

NEXT ▶

STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- Step 3 collects household income and begins by collecting employment information for anyone in the household who is working.

Enrollment Steps

STEP 1 People & Contacts

STEP 2 Tax Household

STEP 3 Household Income

STEP 4 Expenses


STEP 5 Health Insurance

STEP 6 Review

STEP 7 Citizenship & Identity

STEP 8 Submit

Step 3 - Household Income - Employment

 Do not use your browser back button or do a screen refresh.

Tell us about the household income.

First, we'll look at money earned from a **job or business**. This includes salary, tips, etc. from working full-time or part-time for yourself or someone else. This is any income from a job that could be declared on next year's tax return. Later, we'll ask about other kinds of income.

[Why do we need this?](#)

Does anyone in the household earn money from a job or business?

Yes or No is required.

Yes, at least one household member earns money from a job or business

No, no one earns money from a job or business

Select all household members who receive income from a full-time or part-time **job or business**.

Claire V- Example

Alexis V- Example

Charlotte V- Example


John V- Example

STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- Add the employment details for the individual listed.

Enrollment Steps | STEP 1 People & Contacts | STEP 2 Tax Household | **STEP 3 Household Income** | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Step 3 - Household Income - Employment

 Do not use your browser back button or do a screen refresh.

Tell us about Claire's job or business.
If Claire has more than one job, select "[Add another job](#)" to enter information about these other jobs.
When you have finished adding all of Claire's income from employment, select "Next" to continue.

Required fields are marked with an asterisk (*)

Claire V- Example

Are you self-employed? *	<input type="text" value="Select One"/>	What if I don't know?
Business / Employer Name: *	<input type="text"/>	Taxable Income: *
Federal Employer I.D. Number:	<input type="text"/>	\$ <input type="text" value="0"/> - Select how often - <input type="text"/>
Address:	<input type="text"/>	(dollars only, no cents)
City:	<input type="text"/>	What if I don't know?
State:	<input type="text" value="- Select state -"/>	
Zip Code:	<input type="text"/>	
Phone: *	(<input type="text"/>) <input type="text"/> - <input type="text"/>	
	ext: <input type="text"/>	

[Add another job for Claire Example](#)
Select "Add another job" if Claire Example has another job or business.

STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- If an Insure Oklahoma applicant has an EEN, click on the 'Yes' radio button and click on the 'Enter EEN' button.

Claire V. Example

Are you self-employed? *

Do you have an EEN and either receive or will receive your health insurance from this employer? If so, please enter the EEN. * Yes No

ENTER EEN

[What if I don't know?](#)

[What if I don't know?](#)

Business / Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * () -

ext:

Taxable Income: *
\$ - Select how often -

(dollars only, no cents)

[What if I don't know?](#)

Average amount of hours worked per week: *

Does this employer offer health insurance? *
 Yes No

[Add another job for Claire Example](#)

Select "Add another job" if Claire Example has another job or business.

RESET FORM **PREVIOUS** **SAVE & EXIT** **NEXT**

STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- Enter Employee Enrollment Number.

Tell us about Claire's job or business.
If Claire has more than one job, select ["Add another job"](#) to enter information about these other jobs.
When you have finished

Claire V- Example

Do you have an EEN or will receive from this employer?

Business

Federal Employer I.D. Number: (dollars only, no cents)

Address:

[What if I don't know?](#)

Enter Employee Enrollment Number Close

Enter your EEN exactly as provided by your employer.
If you have EEN's from different employers enter the one for the job that provides or will provide your health insurance.

Employee Enrollment Number: * x

STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- The employer's data will automatically populate.

Are you self-employed? * [What if I don't know?](#)

Do you have an EEN and either receive or will receive your health insurance from this employer? If so, please enter the EEN. * Yes No [What if I don't know?](#)

ENTER EEN

Employee Enrollment Number (EEN): *

Business/Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * () -

ext:

Taxable Income: * \$ - Select how often -

(dollars only, no cents) [What if I don't know?](#)

Average amount of hours worked per week: *

Does this employer offer health insurance? * Yes No

[Add employment income for Claire](#)

STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- Add Taxable Income.
- Insure Oklahoma applicants will include number of hours worked per week, and whether or not the employer offers health insurance.

Claire V - Example

Are you self-employed? *

Do you have an EEN and either receive or will receive your health insurance from this employer? If so, please enter the EEN. Yes No

[What if I don't know?](#)

[What if I don't know?](#)

ENTER EEN

Employee Enrollment Number (EEN): *

Business / Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * () -

ext:

Taxable Income: *

\$

(dollars only, no cents)

[What if I don't know?](#)

Average amount of hours worked per week: *

Does this employer offer health insurance? *

Yes No

[Add another job for Claire Example](#)

Select "Add another job" if Claire Example has another job or business.


RESET FORM **PREVIOUS** **SAVE & EXIT** **NEXT**

STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- If you don't have an EEN, add the employment details for the individual listed.

Enrollment Steps | STEP 1 People & Contacts | STEP 2 Tax Household | **STEP 3 Household Income** | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Step 3 - Household Income - Employment

 Do not use your browser back button or do a screen refresh.

Tell us about **Claire's** job or business.
If **Claire** has more than one job, select "[Add another job](#)" to enter information about these other jobs.
When you have finished adding all of **Claire's** income from employment, select "**Next**" to continue.

Required fields are marked with an asterisk (*)

Claire V - Example

Are you self-employed? * [What if I don't know?](#)

Business / Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * () -

ext:

Taxable Income: *
\$ - Select how often -

(dollars only, no cents)

[What if I don't know?](#)

[Add another job for Claire Example](#)

Select "Add another job" if **Claire Example** has another job or business.

STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- Validate Employer Information

Today is May 12, 2020

OKLAHOMA Welcome Claire Example [Change Password](#) | [Contact Us](#) | [Log Off](#)

Language: English

Employer Information Validation

We were not able to locate the **Employer and/or FEIN** for Claire V- Example :

Employer Name: :
FEIN:

Results: 1-1 of 1 Page 1 of 1

Did you mean:

Employer Name:	FEIN #
<input type="radio"/>	
<input checked="" type="radio"/> No. Use what I entered.	

OK

Phone: * (900) 200 - 1000 ext:

STEP 3: HOUSEHOLD INCOME - EMPLOYMENT

- Entry of the Taxable Income fields.

Enrollment Steps | STEP 1 People & Contacts | STEP 2 Tax Household | **STEP 3 Household Income** | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Step 3 - Household Income - Employment

Do not use your browser back button or do a screen refresh.

Tell us about Claire's job or business.
If Claire has more than one job, select ["Add another job"](#) to enter information about these other jobs.
When you have finished adding all of Claire's income from employment, select **"Next"** to continue.

Required fields are marked with an asterisk (*)

Claire V. Example

Are you self-employed? * [What if I don't know?](#)

Self Employment Type: * Farming & Fishing
 Other

Enter your net income below. You can deduct expenses from Schedule F.

Business / Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * () -
ext:

Taxable Income: *
\$
(dollars only, no cents)
[What if I don't know?](#)

[Add another job for Claire Example](#)
Select "Add another job" if Claire Example has another job or business.

RESET FORM | **PREVIOUS** | **SAVE & EXIT** | **NEXT**

STEP 3: HOUSEHOLD INCOME – OTHER INCOME

- Step 3 also collects income that is not received through employment.

Step 3 - Household Income - Employment

Do not use your browser back button or do a screen refresh.

Tell us about Claire's job or business.
If Claire has more than one job, select ["Add another job"](#) to enter information about these other jobs.
When you have finished adding all of Claire's income from employment, select **"Next"** to continue.

Required fields are marked with an asterisk (*)

Claire V. Example

Are you self-employed? * [What if I don't know?](#)

Self Employment Type: * Farming & Fishing
 Other

Enter your net income below. You can deduct expenses from Schedule F

Business / Employer Name: *

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: * (234) 423-4234
ext:

Taxable Income: *
\$ 400 Monthly
(dollars only, no cents)
[What if I don't know?](#)


[Add another job for Claire Example](#)
Select "Add another job" if Claire Example has another job or business.

RESET FORM PREVIOUS SAVE & EXIT NEXT

STEP 3: HOUSEHOLD INCOME – OTHER INCOME

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 3 - Household Income - Other

 Do not use your browser back button or do a screen refresh.

Select all of **Claire Example's** income sources. For each income source:

- Enter the amount of money **Claire Example** receives
- Select how often that money is received

When you have finished, select **"Next"** to continue.

Required fields marked with an asterisk (*)

Claire Example		
Income Source (select all that apply)	Amount (dollars only, no cents)	How Often Received
<input type="checkbox"/> Social Security Benefits	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> SSI (Required to determine eligibility)	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Alimony	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Dividends or Interest	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Retirement, Pension or Annuities	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Rental or Royalty Income	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Strikers Benefits	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Unemployment Compensation	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Lump Sum	\$ <input type="text"/>	- Select how often - ▾


STEP 3: HOUSEHOLD INCOME – OTHER INCOME

- Select the other source of income then enter the amount and how often it is received.

Enrollment Steps

STEP 1 People & Contacts STEP 2 Tax Household **STEP 3 Household Income** STEP 4 Expenses STEP 5 Health Insurance STEP 6 Review STEP 7 Citizenship & Identity STEP 8 Submit

Step 3 - Household Income - Other

 Do not use your browser back button or do a screen refresh.

Select all of **Claire Example's** income sources. For each income source:

- Enter the amount of money **Claire Example** receives
- Select how often that money is received

When you have finished, select **"Next"** to continue.

Required fields marked with an asterisk (*)

Claire Example

Income Source (select all that apply)	Amount (dollars only, no cents)	How Often Received
<input type="checkbox"/> Social Security Benefits	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> SSI (Required to determine eligibility)	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Alimony	\$ <input type="text"/>	- Select how often - ▾
<input checked="" type="checkbox"/> Dividends or Interest	* \$ <input type="text" value="10"/>	Monthly ▾
<input type="checkbox"/> Retirement, Pension or Annuities	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Rental or Royalty Income	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Strikers Benefits	\$ <input type="text"/>	- Select how often - ▾

STEP 3: HOUSEHOLD INCOME – OTHER INCOME

- Additional sources of income continues down the page.

<input type="checkbox"/> + Strikers Benefits	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> + Unemployment Compensation	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> + Lump Sum	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> + Other Taxable Unearned Income Not Listed	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> + Capital gains	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> + Investment income	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>

STEP 4: EXPENSES

Enrollment Steps

STEP 1 People & Contacts

STEP 2 Tax Household

STEP 3 Household Income

STEP 4 Expenses


STEP 5 Health Insurance

STEP 6 Review

STEP 7 Citizenship & Identity

STEP 8 Submit

Step 4 - Expenses

 Do not use your browser back button or do a screen refresh.

Please tell us about your tax-deductible expenses. These will be expenses that you are going to report on your next year's tax return. Verification must be provided for all declared expenses. Your eligibility period will be limited until verification is received and approved.

[More information on deductible expenses](#)

Does anyone in the household have [deductible expenses](#) ?

Yes or No is required.

Yes

No

Select all household members who have deductible expenses

Claire V- Example

Alexis V- Example

Charlotte V- Example

John V- Example

RESET FORM

PREVIOUS

SAVE & EXIT


NEXT

STEP 4: EXPENSES

- Enter the details for the deductible expense for each person.

Enrollment Steps | STEP 1 People & Contacts | STEP 2 Tax Household | STEP 3 Household Income | **STEP 4 Expenses** | STEP 5 Health Insurance | STEP 6 Review | STEP 7 Citizenship & Identity | STEP 8 Submit

Step 4 - Expenses

 Do not use your browser back button or do a screen refresh.

Select all of **Claire Example's** expense sources. If you aren't sure what some of these are, select the 'Help with this screen' link located to the right.
For each expense source:

- Enter the amount of expense **Claire Example** pays
- Select how often that expense is paid
- Verification must be provided for all declared expenses.
- Your eligibility period will be limited until verification is received and approved.

[More information on deductible expenses](#)

When you have finished, select **"Next"** to continue.

Required fields marked with an asterisk (*)

Claire Example

Expense Paid (select all that apply)	Amount (dollars only, no cents)	How Often Paid
<input type="checkbox"/> Alimony Paid	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Business expense allowed on Form 2106	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Deductible part of self-employment tax (Schedule SE)	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Domestic Production Activity Expense	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Educator expenses	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> Health saving account deduction allowed by Form 8889	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> IRA deduction	\$ <input type="text"/>	- Select how often - ▾

STEP 4: EXPENSES

- Additional deductible expenses.

<input type="checkbox"/>	Moving expenses allowed on Form 3903	\$	<input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/>	Penalty for early withdrawal of savings	\$	<input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/>	Self-employed SEP, SIMPLE, and qualified plans	\$	<input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/>	Self-employment health insurance deduction	\$	<input type="text"/>	- Select how often - <input type="button" value="v"/>
<input checked="" type="checkbox"/>	Student Loan Interest Paid	*	\$ <input type="text" value="100"/>	Yearly <input type="button" value="v"/>
<input type="checkbox"/>	Tuition and fees allowed on Form 8917	\$	<input type="text"/>	- Select how often - <input type="button" value="v"/>

RESET FORM

◀ PREVIOUS

SAVE & EXIT


NEXT ▶

STEP 5: HEALTH INSURANCE

- Tell us about any commercial health insurance.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
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Step 5 - Health Insurance

 Do not use your browser back button or do a screen refresh.

Tell us about health insurance.

- When answering this question, include medical, pharmacy, dental, vision, hospitalization, and cancer insurance. This includes insurance coverage paid for by someone outside the household.
- Do not consider SoonerCare, Indian Health Services, or Medicare as insurance companies.

[Why do we need this?](#)

Does anyone in the household have health insurance (not including SoonerCare)?

Yes or No is required.

Yes, at least one household member has health insurance

No, no one has health insurance

RESET FORM **← PREVIOUS** **SAVE & EXIT** **NEXT ▶**

STEP 5: HEALTH INSURANCE

Enrollment Steps: STEP 1 People & Contacts, STEP 2 Tax Household, STEP 3 Household Income, STEP 4 Expenses, **STEP 5 Health Insurance**, STEP 6 Review, STEP 7 Citizenship & Identity, STEP 8 Submit

Step 5 - Health Insurance

Do not use your browser back button or do a screen refresh.

Enter the following information about each health insurance policy.
If there is more than one policy, select ["Add more insurance"](#) to enter the information.
When you have finished, select "Next" to continue.

Required fields are marked with an asterisk (*).

Health Insurance

What type of medical coverage do you have? * Major Medical Cancer
 Hospitalization Other [Tell me more about coverage types](#)

Company Name: * [How do I enter my Insurance Company?](#)

Address:

City:

State:

Zip Code:

Phone:

Policy Holder: *

Policy Number/ID Number: *

Group Number: [Where do I find this?](#)

Effective Date: *

Who's Covered? *

[View Example](#)
 Charlotte V- Example
 John V- Example

Supplemental Insurance: Does this policy also cover any of the following?

Dental
 Pharmacy
 Vision

[Add more insurance](#)

Select "Add more insurance" if there is another policy covering anyone in the house.

STEP 5: HEALTH INSURANCE

Health Insurance

What type of medical coverage do you have? * Major Medical Cancer
 Hospitalization Other [Tell me more about coverage types](#)

Company Name: * [How do I enter my Insurance Company?](#)

Address: _____

City: _____

State: CA

Zip Code: 91320

Phone: _____

Policy Holder: *

Policy Number/ID Number: *

Group Number:

Effective Date: * [Where do I find this?](#)

Who's Covered? * All household members
 Claire V- Example
 Alexis V- Example
 Charlotte V- Example
 John V- Example

Supplemental Insurance: Does this policy also cover any of the following?

Dental

Pharmacy

All household members
 Claire V- Example
 Alexis V- Example
 Charlotte V- Example
 John V- Example

Vision

[Add more insurance](#)

Select "Add more insurance" if there is another policy covering anyone in the house.


[RESET FORM](#) [PREVIOUS](#) [SAVE & EXIT](#) [NEXT](#)

STEP 5: HEALTH INSURANCE - MEDICARE

- Medicare is another source of health insurance that is asked about.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 <u>Tax Household</u>	STEP 3 <u>Household Income</u>	STEP 4 <u>Expenses</u>	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
-------------------------	-----------------------------	--------------------------------	-----------------------------------	---------------------------	------------------------------------	------------------	----------------------------------	------------------

Step 5 - Health Insurance - Medicare

 Do not use your browser back button or do a screen refresh.

Does anyone in the household have Medicare?

Yes or No is required.

Yes, at least one household member has Medicare

No, no one has Medicare

RESET FORM **← PREVIOUS** **SAVE & EXIT** **NEXT →**

STEP 5: HEALTH INSURANCE - MEDICARE

- Selecting Yes to the Medicare question generates a list of household members. Select the member with Medicare coverage.
- No additional information is collected.

The screenshot shows a web-based enrollment form for Medicare. At the top, there is a progress bar with eight steps: Enrollment Steps, STEP 1 People & Contacts, STEP 2 Tax Household, STEP 3 Household Income, STEP 4 Expenses, STEP 5 Health Insurance (highlighted in dark blue), STEP 6 Review, STEP 7 Citizenship & Identity, and STEP 8 Submit. Below the progress bar, the title "Step 5 - Health Insurance - Medicare" is displayed. A warning icon and text state: "Do not use your browser back button or do a screen refresh." The main question is "Does anyone in the household have Medicare?" with the instruction "Yes or No is required." There are two radio button options: "Yes, at least one household member has Medicare" (selected) and "No, no one has Medicare". Below this, it says "Select all household members who have Medicare." and lists four names with checkboxes: Claire V- Example, Alexis V- Example, Charlotte V- Example, and John V- Example. All checkboxes are checked. At the bottom of the form, there are four buttons: "RESET FORM", "PREVIOUS", "SAVE & EXIT", and "NEXT".

STEP 6: REVIEW

- Review information provided: People and Contacts.

Enrollment Steps

STEP 1 People & Contacts STEP 2 Tax Household STEP 3 Household Income STEP 4 Expenses STEP 5 Health Insurance **STEP 6 Review** STEP 7 Citizenship & Identity STEP 8 Submit

Step 6 - Review

Do not use your browser back button or do a screen refresh.

You are almost done. Take a moment for one final review.

When you are finished, select 'No More Changes' to continue.

- Step 1: People and Contacts
 - People**
 - Claire Example

Legal Name:	Claire Example	SSN:	XXX-XX-
Date of Birth:	02/19/		
Gender:	Female	Pregnant:	No
Race:	White	Hispanic or Latino origin:	No
Oklahoma Resident:	Yes	U.S. Citizen:	Yes
Documentation:	U.S. Birth Certificate		
Applying For:	SoonerCare, Insure Oklahoma, SoonerPlan		

STEP 6: REVIEW

Alexis Sample	Legal Name: Alexis Sample	SSN: XXX-XX-5656
	Date of Birth: 02/19/2001	
	Gender: Female	Pregnant: No
	Race: Declined to answer	Hispanic or Latino origin: No
	Oklahoma Resident: Yes	U.S. Citizen: Yes
	Documentation: U.S. Birth Certificate (Original or Certified Copy)	
	Applying For: Insure Oklahoma	

Charlotte Example	Legal Name: Charlotte Example	SSN: XXX-XX-2525
	Date of Birth: 02/19/2010	
	Gender: Female	Pregnant: No
	Race: Declined to answer	Hispanic or Latino origin: No
	Oklahoma Resident: Yes	U.S. Citizen: Yes
	Documentation: U.S. Birth Certificate (Original or Certified Copy)	
	Applying For: None	

John Example	Legal Name: John Example	SSN: XXX-XX-1313
	Date of Birth: 02/19/2019	
	Gender: Male	
	Race: Declined to answer	Hispanic or Latino origin: No
	Oklahoma Resident: Yes	U.S. Citizen: Yes
	Documentation: U.S. Birth Certificate (Original or Certified Copy)	
	Applying For: None	

STEP 6: REVIEW

- Household questions and household relationships.

Household Questions

Is anyone in the household Blind or Disabled?: No

Is anyone in the household in need of Long Term Care?: No

Is anyone in the household incarcerated (serving a sentence in prison or jail)? No

Is anyone in the household eligible for Unemployment Benefits? No

Were any of the following household members in foster care in Oklahoma on their 18th birthday? No

Are you a full time college student? Yes
Alexis V- Sample College: **Northeastern State University**

[Change answers](#)

Household Relationships

Relationships to Applicant

Alexis V- Sample is the **Daughter** of Claire V- Example

Charlotte V- Example is the **Other child residing in household** of Claire V- Example

John V- Example is the **Son** of Claire V- Example

Marital Status

Claire V- Example is **Single or Unknown**

Alexis V- Sample is **Single or Unknown**

Oklahoma Child Support Services

Charlotte V- Example 's Other Parent is: **Divorced**
Cooperation with Child Support Services: **Yes**

[Change household relationships](#)

STEP 6: REVIEW

- Sibling relationships and contacts.

Sibling Relationships

Sibling Relationships

Charlotte V- Example is **Sister** of John V- Example

[Change sibling information](#)

Contacts

Residence: Oklahoma City, OK

Mailing Address: Oklahoma City, OK

Primary Language Spoken in Household: English

Written Communication in: English

Notification Type: Email

Day Time Phone: No Phone:
Okay to leave Message: No

Night Time Phone: No Phone:
Okay to leave Message: No

Email: ShakedownTesting@sink.sendgrid.net

Authorized Representative:

STEP 6: REVIEW

- Tax household and household income.

[Step 2: Tax Household](#)

Tax Household

[Claire V- Example](#)

Tax Filer Status: Tax Filer Filing Status: Single

Dependents claimed on tax return:

Alexis V- Example	Daughter
Charlotte V- Example	Other child residing in household
John V- Example	Son

[Change tax household information](#)

[Step 3: Household Income](#)

Income from employment

Claire Example	Taxable Income: \$ 400/month	Self-employment: Farming & Fishing
Alexis Example	None	
Charlotte Example	None	
John Example	None	

[Change employment income](#)

STEP 6: REVIEW

- Other income and expenses.

Income from other sources	
Claire Example	
Dividends or Interest	\$10 / Monthly
Alexis Example	
None	
Charlotte Example	
None	
John Example	
None	
Change other income	

Step 4: Expenses	
Deductible Expenses	
Claire V. Example	
Student Loan Interest Paid	\$ 100 / Yearly
Alexis V. Example	
None	
Charlotte V. Example	
None	
John V. Example	
None	
Change deductible expenses information	

STEP 6: REVIEW

- Health insurance and Medicare coverage.

[Step 5: Health Insurance](#)

Health Insurance

AETNA

Phone Number:

Group Number:

Policy Number: A0001

Policy Holder: Claire Example

Policy Holder ID: XXX-XX-3031

Insured	Type of Coverage
Claire Example	MAJOR MEDICAL, PHARMACY
Alexis Example	MAJOR MEDICAL, PHARMACY
Charlotte Example	MAJOR MEDICAL, PHARMACY
John Example	MAJOR MEDICAL, PHARMACY

[Change health insurance](#)

Medicare Coverage

Claire Example

Alexis Example

Charlotte Example

John Example

[Change Medicare information](#)

[← PREVIOUS](#) [SAVE & EXIT](#) [NO MORE CHANGES](#)

STEP 6: PROCESSING

Enrollment Steps

STEP 1 People & Contacts

STEP 2 Tax Household

STEP 3 Household Income

STEP 4 Expenses


STEP 5 Health Insurance

STEP 6 Review

STEP 7 Citizenship & Identity


STEP 8 Submit

Step 6 - Review

 Do not use your browser back button or do a screen refresh.

You are almost done. Take a moment for one final review.

When you are finished, select 'No More'.

 Processing. Please wait...

[Step 1: People and Contacts](#)

[People](#)

[Claire Example](#)


Legal Name:	Claire Example	SSN:	XXX-XX-
Date of Birth:	02/19/		
Gender:	Female	Pregnant:	No
Race:	White	Hispanic or Latino origin:	No
Oklahoma Resident:	Yes	U.S. Citizen:	Yes
Documentation:	U.S. Birth Certificate		
Applying For:	SoonerCare, Insure Oklahoma, SoonerPlan		

STEP 7: CITIZENSHIP AND IDENTIFY

- Citizenship and identity.

Enrollment Steps | STEP 1 People & Contacts | STEP 2 Tax Household | STEP 3 Household Income | STEP 4 Expenses | STEP 5 Health Insurance | STEP 6 Review | **STEP 7 Citizenship & Identity** | STEP 8 Submit

Step 7 - Citizenship & Identity

 Do not use your browser back button or do a screen refresh.

We still need to verify citizenship for Claire. In order for us to verify citizenship status electronically, we need you to complete the following information about her. Please note that if we cannot confirm citizenship status in this manner, you will need to supply proof.

[What documentation is accepted as proof?](#)

Required fields are marked with an asterisk (*).

Claire V- Example

Country Of Birth: *

State Of Birth: *

County Of Birth: *

First Name: *

Middle Name:

Last Name: *

Mother's Name

First Name: * [What if I don't know this?](#)

Middle Name:

Maiden Name: *

STEP 7: CITIZENSHIP AND IDENTITY

- Identity for a child under 16.

Identity of a Child under the age of 16

Because **Alexis** is under the age of 16, identity must be verified by either a parent or legal guardian who is living in the house with the child.

How are you, the person completing the application, *
related to Alexis Parent
 Other

The parent or legal guardian must read and agree to the **Statement of Identity of a Child** (below)

I hereby state under penalty of perjury that I have knowledge of the identity of Alexis V- Example born on 2/1/2009.

Select the name of the parent: *

RESET FORM

SAVE & EXIT


NEXT ▶

STEP 8: SUBMIT APPLICATION

- Submit application.

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	-----------------------------	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

Step 8 - Submit Application

 Do not use your browser back button or do a screen refresh.

Before submitting your application, you must indicate, by checking the box below, that you read the [Rights and Responsibilities](#) that were shown to you at the beginning of the application.

Yes, I read and agree to the Rights and Responsibilities

You must also sign the application by selecting your name from the list provided. This electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature: *

Name of the person signing the application

SUBMIT

STEP 8: SUBMIT APPLICATION

Enrollment Steps

STEP 1 People & Contacts

STEP 2 Tax Household

STEP 3 Household Income

STEP 4 Expenses


STEP 5 Health Insurance

STEP 6 Review

STEP 7 Citizenship & Identity

STEP 8 Submit


Step 8 - Submit Application

 Do not use your browser back button or do a screen refresh.

Before submitting your application, you must indicate, by checking the box below, that you read the [Rights and Responsibilities](#) that were shown to you at the beginning of the application.

Yes, I read and agree to the terms and conditions of the application.

You must also sign the application by signing electronically. An electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature: *  **Your application is being processed. This may take a few moments. Please don't refresh or close the browser.**

Name of the person signing the application

PROVIDER SELECTION - PCP SELECTION

OKLAHOMA Health Care Authority | Welcome Claire Example | Today is May 15, 2020 | [Change Password](#) | [Contact Us](#) | [Log Off](#) | Language: English

Do not use your browser back button or do a screen refresh.

Your current selections are listed here for each person. To update click on each person in this list to locate and select a provider

Family Member	Program	Primary Care Provider	Effective	End
CLAIRE EXAMPLE	SoonerCare Choice	None Selected		

IMPORTANT: You must choose a provider.

Locate a Provider for

We found 2 providers within 5 miles for this member, or you may request a new PCP Search

-
-

Map Satellite

Page 1 of 1

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PROVIDER SELECTION – PROVIDER DETAIL

Today is May 15, 2020

Welcome Claire Example

Change Password | Contact Us | Log Off

Language: English

OKLAHOMA
Health Care Authority

Provider Selection

Do not use your browser back button or do a screen refresh.

Your current selections are listed here for each person. To update click on each person in this list to locate and select a provider

Family Member	Program	Primary Care Provider	Effective	End
CLAIRE EXAMPLE	SoonerCare Choice	None Selected		

IMPORTANT: You must choose a provider.

We found 2 providers for this member, new [PCP Search](#)

-
-

Provider Search

Miles from Home:

OR

Business or Last Name:

First Name:

OR


Provider Specialty:

RESET SEARCH

Page 1 of 1

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PROVIDER SELECTION – PCP SELECTION

 **OKLAHOMA**
Health Care Authority


Welcome Claire Example

Today is May 15, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Provider Selection

Language: English

 Do not use your browser back button or do a screen refresh.

Your current selections are listed here for each person. To update click on each person in this list to locate and select a provider

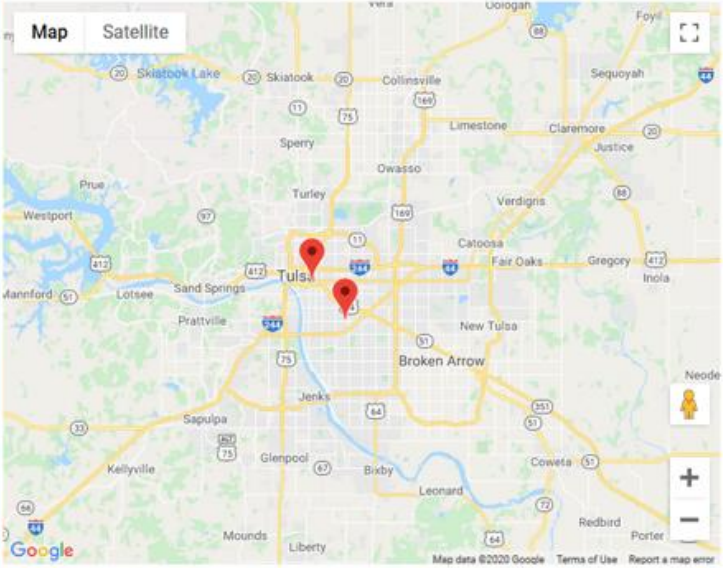
Family Member	Program	Primary Care Provider	Effective	End
CLAIRE EXAMPLE	SoonerCare Choice	None Selected		

IMPORTANT: You must choose a provider.

Locate a Provider for CLAIRE EXAMPLE

We found 2 providers within 5 miles for this member, or you may request a new [PCP Search](#)

- 3.29 mi
- 4.66 mi



Map Satellite

Page 1 of 1

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Next

PROVIDER SELECTION – PROVIDER DETAIL

Today is May 15, 2020

Welcome Claire Example

OKLAHOMA Health Care Authority

Provider Selection

Language: English

Do not use your browser back button or do a screen refresh.

Your current selections are listed here for each person. To update click on each person in this list to locate and select a provider

Family Member	Program	Primary Care Provider	Effective	End
CLAIRE EXAMPLE	SoonerCare Choice	None Selected		

IMPORTANT: You must choose a provider.

We found 2 providers for this member. [View all](#) [new PCP Search](#)

1. [Redacted]

2. [Redacted]

Provider Detail [Close]

Choose this PCP for:
 CLAIRE V- EXAMPLE

PCP Name:
Address:
Phone:
Languages Spoken: English, Spanish
Restrictions: No age restrictions
Specialty: Group

Get [Directions](#) to this Provider.

Page 1 of 2

Page 1 of 1

PROVIDER SELECTION: PCP SELECTION

Today is May 15, 2020

OKLAHOMA Health Care Authority Welcome Claire Example [Change Password](#) | [Contact Us](#) | [Log Off](#)

Language: English

Do not use your browser back button or do a screen refresh.

Your current selections are listed here for each person. To update click on each person in this list to locate and select a provider

Family Member	Program	Primary Care Provider	Effective	End
CLAIRE EXAMPLE	SoonerCare Choice	None Selected		

IMPORTANT: You must choose a provider.

We found 2 providers for this member. new [PCP Search](#)

-
-

Provider Detail

PCP Name: Choose this PCP for:
 CLAIRE V- EXAMPLE

Address:

Phone:

Languages Spoken: English, Spanish

Restrictions: No age restrictions


Specialty: Group

Get [Directions](#) to this Provider.

Page 2 of 2

SAVE

PROVIDER SELECTION – PROVIDER DIRECTIONS

 **OKLAHOMA**
Health Care Authority


Welcome CLAIRE EXAMPLE

Today is May 19, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language: English

Provider Selection

 Do not use your browser back button or do a screen refresh.

Your current selections are listed here for each person. To update click on each person in this list to locate and select a provider

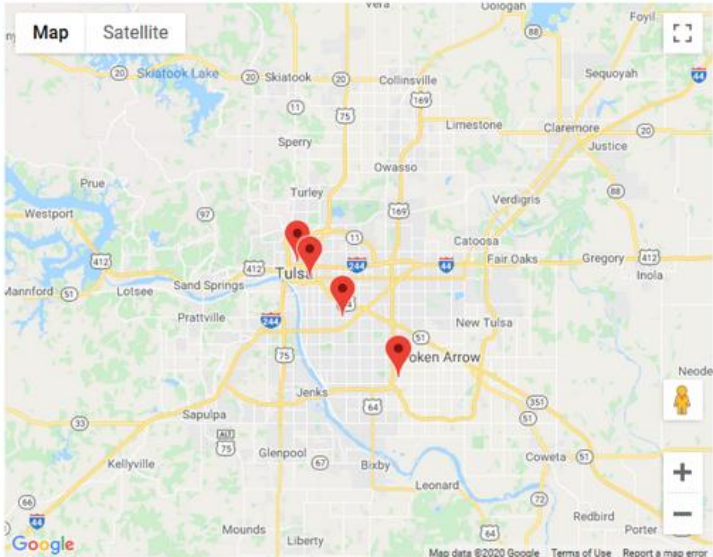
Family Member	Program	Primary Care Provider	Effective	End
CLAIRE EXAMPLE	SoonerCare Choice		5/19/2020	

Thank you for selecting your Provider(s).

Locate a Provider for CLAIRE EXAMPLE

We found 7 providers within 45 miles for this member, or you may request a new [PCP Search](#)

1.	3.29 mi
2.	4.66 mi
3.	5.91 mi
4.	8.33 mi
5.	16.12 mi
6.	16.31 mi
7.	43.64 mi



Map Satellite

Page 1 of 1

[NEXT](#)

MY BENEFITS: SUBMIT APPLICATION

- Application results – My Benefits page displays.

Today is May 18, 2020
[Change Password](#) | [Contact Us](#) | [Log Off](#)
Language: English ▾

OKLAHOMA Health Care Authority Welcome Claire Example
My Benefits

Current Benefits Status
Your case number is

You have 2 alerts below [UPLOAD DOCUMENTS NOW](#)

CLAIRE V- EXAMPLE Physician:
ID:

Program	Start	End	Status
SoonerCare-Parent/Caretaker	05/18/2020	08/16/2020	TEMPORARY

Proof of US Citizenship needs to be turned in within 90 days to continue eligibility
 Proof of Expenses needs to be turned in within 90 days to continue eligibility

Update/Renew My Application [GO](#)


Change Contact Information (address, phone, email) and Authorized Representative [GO](#)

Select/Change My Provider

MY BENEFITS: SUBMIT APPLICATION

ALEXIS V- EXAMPLE ID: - - - - - NOT APPLYING		my ID card GO
CHARLOTTE V- EXAMPLE ID: - - - - - NOT APPLYING		Change Password GO
JOHN V- EXAMPLE ID: - - - - - NOT APPLYING		I want to... <ul style="list-style-type: none">• Get ID Card• End Benefits• View Letters• View definitions of programs• Contact the Federally Facilitated Marketplace
View/Upload Documents <p>Upload Your Documents</p> <ul style="list-style-type: none">▣ Read the Requirements <p>VIEW/UPLOAD DOCUMENTS</p> <p>By Mail</p> <p>Attach the cover sheet and mail your documents to:</p> <p>Oklahoma Health Care Authority PO Box 548804 Oklahoma City, OK 73154</p> <p>Bring your documents to an Office See the complete list</p>	Give Us Your Feedback <p>We want to serve you better. Please click here to take a survey about your experience with this application.</p> Health Assessment <p>SoonerCare cares about your health. To help us serve you, please take a few moments to complete the health assessment.</p> Other Programs <ul style="list-style-type: none">▣ Voter Registration▣ OKJobMatch.com▣ Food Stamps▣ Retroactive Eligibility▣ Behavioral Health▣ Gambling▣ School Lunches▣ Child Support Services▣ Childcare▣ WIC▣ Text4Baby	Print Application Results GO
HIPAA Privacy Statement For information on how member health information will be used, click here .		

MY BENEFITS: SUBMIT APPLICATION



OKLAHOMA
Health Care Authority

Welcome Claire Example

My Benefits


Today is May 18, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language: English ▾





Current Benefits Status


Your application was received on 10/25/2016 at 14:22:46
Your case number is 200 Transaction ID: 7883568

 **You have 2 alerts below** [UPLOAD DOCUMENTS NOW](#)

CLAIRE V- EXAMPLE

ID: B163

Program	Status
 Insure OK-Individual Plan	PENDING
 Has pending eligibility for IO-IP	
 You must provide proof of US Citizenship	
 You must provide proof of Monetary Determination	

 [PAY PREMIUM](#)

Print

Application Results

[GO](#)

Update/Renew

My Application

[GO](#)

Change

Password

[GO](#)


Change

Phone, eMail, or
Authorized Rep

PAYMENT SERVICE: PAY PREMIUM

Welcome
CLAIRE EXAMPLE

[Return to My Account Home](#)

Secure Site 



Make One Time Payment

1 Add Account Information

2 Add Payment Information

3 Authorize Payment

4 Confirmation

Account Information

Account Number **B289**
Selected Account to Pay **My Account**
Bill Due Amount **\$8.60**

Check the box next to each invoice number you would like to pay, and enter the amount you will be paying. You may optionally enter text in the memo field. Your selections will be saved as you search or page through results. Click "Continue" when you are finished.

Invoice Number Search: [Search](#)

<input type="checkbox"/>	Invoice Number	Coverage Month	Amount Due	Amount To Pay	Memo
<input type="checkbox"/>	10156	7/1/2017	\$8.60		

[Continue](#) [No Thanks](#)

[Privacy Statement](#) | [Refund Policy](#)

PAYMENT SERVICE: PAY PREMIUM

Welcome
CLAIRE EXAMPLE

[Return to My Account Home](#)

Secure Site 



Make One Time Payment

1 Add Account Information

2 Add Payment Information

3 Authorize Payment

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Account Information

Account Number **B289**
Selected Account to Pay **My Account**
Bill Due Amount **\$8.60**

Check the box next to each invoice number you would like to pay, and enter the amount you will be paying. You may optionally enter text in the memo field. Your selections will be saved as you search or page through results. Click "Continue" when you are finished.

Invoice Number Search:

<input checked="" type="checkbox"/>	Invoice Number	Coverage Month	Amount Due	Amount To Pay	Memo
 <input checked="" type="checkbox"/>	101563	7/1/2017	\$8.60	<input type="text" value="8.60"/>	<input type="text"/>

[Privacy Statement](#) | [Refund Policy](#)

PAYMENT SERVICE: PAY PREMIUM

Welcome
CLAIRE EXAMPLE

Make One Time Payment


[Return to My Account Home](#)

1 Add Account Information

2 Add Payment Information

3 Authorize Payment

4 Confirmation

Secure Site 



Account Information

Account Number **B289**
Selected Account to Pay **My Account**
Bill Due Amount **\$8.60**

Please confirm that you would like to pay the below invoices. Select the "Continue" button to enter your payment information or select "Back" to make changes.

Invoice Number	Coverage Month	Amount Due	Amount To Pay	Memo
101563	7/1/2017	\$8.60	\$8.60	
		\$8.60	\$8.60	

[Continue](#)


[Back](#)

[Privacy Statement](#) | [Refund Policy](#)

PAYMENT SERVICE – PAY PREMIUM

Welcome
CLAIRE EXAMPLE

[Return to My Account Home](#)

Secure Site 

Make A One-Time Payment

1 Add Account Information | **2 Add Payment Information** | 3 Authorize Payment | 4 Confirmation

Account Information





To make changes, click on the "Change Selection" button. Do not use your browser Back button.



Account Number	B289	
Selected Account to Pay	My Account	Change Selection
Bill Due Amount	\$8.60	


Enter Payment Information

* Indicates required field

Payment Method *

Credit Card     There is no fee to use this service

Debit Card  


Bank Account 

Card Number *

Card Expiration Date *

ZIP/Postal Code *

Payment Method Nickname *

Payment Delivery Date * 
Schedule up to 60 days in future (mm/dd/yyyy)

Payment Amount **\$8.60**
Enter dollars and cents

Save this payment account to your profile


Next, review your information and give approval for this payment. Click "No Thanks" to stop this payment process and exit. To change your account click the "Change Selection" button above, do not use your browser Back button.


[Continue](#) [No Thanks](#)

PAYMENT SERVICE – PAY PREMIUM

Welcome
CLAIRE EXAMPLE

Return to My Account
Home

Secure Site 



Make A One-Time Payment

1 Add Account Information | 2 Add Payment Information | 3 Authorize Payment | 4 Confirmation








Account Information

To make changes, click on the "Change Selection" button. Do not use your browser Back button.

Account Number: B28
Selected Account to Pay: My Account [Change Selection](#)
Bill Due Amount: \$8.60

Enter Payment Information

* Indicates required field

Payment Method *
 Credit Card     There is no fee to use this service
 Debit Card  
 Bank Account 

Type of Account *
Bank Account Type *
Bank Routing Number *
What's This?
Bank Account Number *
What's This?
Confirm Account Number *
Name On Account *
Payment Method Nickname *

Payment Delivery Date *
Schedule up to 60 days in future (mm/dd/yyyy)

Payment Amount: \$8.60
Enter dollars and cents
 Save this payment account to your profile


Next, review your information and give approval for this payment. Click "No Thanks" to stop this payment process and exit. To change your account click the "Change Selection" button above, do not use your browser Back button.


[Continue](#) [No Thanks](#)

PAYMENT SERVICE – PAY PREMIUM

Welcome
CLAIRE EXAMPLE

[Return to My Account Home](#)

Secure Site 



Make A One-Time Payment

1 Add Account Information | 2 Add Payment Information | **3 Authorize Payment** | 4 Confirmation

Account Information

Review the information you have entered. To make changes, click on "Change Selection". Do not use your browser Back button.

Account Number	B28	
Selected Account to Pay	My Account	Change Selection
Bill Due Amount	\$8.60	

Payment Information

To make changes, click on the "Edit Payment Information" button. Do not use your browser Back button.

Bank Account Number	****0011	
Bank Name	WELLS	
Payment Amount	\$8.60	Edit Payment Information
Payment Delivery Date	6/14/2017	
E-Mail Address		

Click "Authorize Payment" to complete this payment and charge your account. You will receive a confirmation number that you can print for your records. Click "No Thanks" to stop this payment process and exit. Do not use your browser Back Button.

Do not double-click the payment button or refresh this page after you have authorized your payment. Only click once to avoid duplicate payments. You will receive a confirmation number that you can print for your records. Click "No Thanks" to stop this payment process and exit. Do not use your browser Back button.

I have read and accept the terms and conditions [Read the full Legal Statement](#)


Please click "Authorize Payment" to charge your account, and to receive a confirmation number.


[Authorize Payment](#) [No Thanks](#)

PAYMENT SERVICE – PAY PREMIUM

Welcome
CLAIRE EXAMPLE


[Return to My Account Home](#)

Secure Site 



Make A One-Time Payment

1 Add Account Information | 2 Add Payment Information | 3 Authorize Payment | **4 Confirmation**


 Your payment has been approved. Your confirmation number is EP5700.

Account Summary

Account Number	B289
Selected Account to Pay	My Account
Bill Due Amount	\$8.60

Payment Summary

You may wish to print this page for your records. A copy of this has been sent to the e-mail address shown below.

Bank Account Number	****0011	 Print
Bank Name	WELLS	
Payment Amount	\$8.60	
Payment Delivery Date	6/14/2017	
E-Mail Address		

Thank you for using the Bill Pay Site!
[Return to My Account Home](#)

[Privacy Statement](#) | [Refund Policy](#)

MY BENEFITS: BENEFITS SUMMARY


Today is May 18, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)


Language: English ▾




Current Benefits Status

Your case number is 200

 **You have 3 alerts below** [UPLOAD DOCUMENTS NOW](#)

CLAIRE V- EXAMPLE ID: - Physician: -

Program	Start	End	Status
 Insure Oklahoma-Unemployed	11/01/2016	11/30/2016	TEMPORARY

-  Proof of US Citizenship needs to be turned in within 90 days to continue eligibility
-  Proof of Monetary Determination needs to be turned in within 31 days to continue eligibility
-  There are only 36 days of eligibility remaining

[PAY PREMIUM](#)

Print Application Results

[GO](#)

Select/Change My Provider

[GO](#)

Update/Renew My Application

[GO](#)

Change Password

MY BENEFITS: BENEFITS SUMMARY

The screenshot displays a web application interface. At the top left, a dark blue header reads "Current Benefits Status". Below it, the text "Your case number is 200" is visible. On the right side, there is a "Print Application Results" button with a "GO" button below it. A central modal window titled "Provider Detail" is open, featuring a "Close" button in the top right corner. The modal contains the instruction "Select an option to continue" and two columns of options: "Payment Options" with links for "Schedule a recurring payment" and "Make a one-time payment"; and "Payment Option Maintenance" with a link for "Add, edit or delete a payment method". A "CANCEL" button is positioned at the bottom center of the modal. The background page shows a user profile for "CLAIRE V-" with ID "B163", a "Program" section, and a warning message: "There are only 56 days of eligibility remaining". Other visible elements include a "PAY PREMIUM" button and a "Change Password" section with a "GO" button.

MY BENEFITS: BENEFITS SUMMARY

View/Upload Documents

View or Upload Your Documents

- [Read the Requirements](#)

VIEW/UPLOAD DOCUMENTS

By Mail

Attach the [cover sheet](#) and mail your documents to:

**Oklahoma Health Care Authority
PO Box 548804
Oklahoma City, OK 73154**

Bring your documents to an Office

[See the complete list](#)

Give Us Your Feedback


We want to serve you better. Please [click here](#) to take a survey about your experience with this application.

Other Programs

- [Voter Registration](#)
- [OKJobMatch.com](#)
- [Food Stamps](#)

DOCUMENTS: BENEFITS SUMMARY

Documents

 Do not use your browser back button or do a screen refresh.

Please allow up to 21 business days for your document(s) to be processed.

If you prefer to mail in your documents, print the cover sheet and mail it with a copy of your documents to OHCA. Please NO originals, they will NOT be returned. (If mailed in, processing time could take longer than 21 days).

Uploaded documents will be available to view when the documents are assigned to a clerk.

UPLOAD DOCUMENTS NOW


Documents				
Document Name	Upload Date	Status	Status Date	View
TEST DOCUMENT FOR MANUAL UPDATES.pdf	11/13/2020 12:03:44 PM	Pending Approval	11/13/2020 12:03:44 PM	
fra - RecentlyUploaded_Test.pdf	11/6/2020 10:52:49 AM	Pending Approval	11/6/2020 10:52:49 AM	Open
fra - Copy (27).pdf	11/6/2020 9:12:50 AM	Pending Approval	11/6/2020 9:12:50 AM	Open
fra - Copy (24).pdf	11/6/2020 9:12:50 AM	Pending Approval	11/6/2020 9:12:50 AM	Open
fra - Copy (23).pdf	11/6/2020 9:12:49 AM	Pending Approval	11/6/2020 9:12:49 AM	Open
fra - Copy (22).pdf	11/6/2020 9:12:49 AM	Pending Approval	11/6/2020 9:12:49 AM	Open
fra - Copy (26).pdf	11/6/2020 9:12:49 AM	Pending Approval	11/6/2020 9:12:49 AM	Open
fra - Copy (25).pdf	11/6/2020 9:12:48 AM	Pending Approval	11/6/2020 9:12:48 AM	Open
fra - Copy (28).pdf	11/6/2020 9:12:47 AM	Pending Approval	11/6/2020 9:12:47 AM	Open
fra - Copy (10).pdf	11/6/2020 9:09:21 AM	Pending Approval	11/6/2020 9:09:21 AM	Open

Page 1 of 3

RETURN TO HOME PAGE

UPLOADING DOCUMENT: BENEFITS SUMMARY

Document Upload

 Do not use your browser back button or do a screen refresh.

Do not upload files that are password protected. Password protection prevents us from viewing your documents.

Each document file must be less than 10MB. Acceptable file formats are: .pdf, .gif, .jpg, .png, .tif, .tiff, and .bmp.

Click on the 'Browse' button and select the files to add to your Documents to Send list. When you have added all of the needed documents to the list, click the 'Upload' button.

BROWSE

Documents to Send

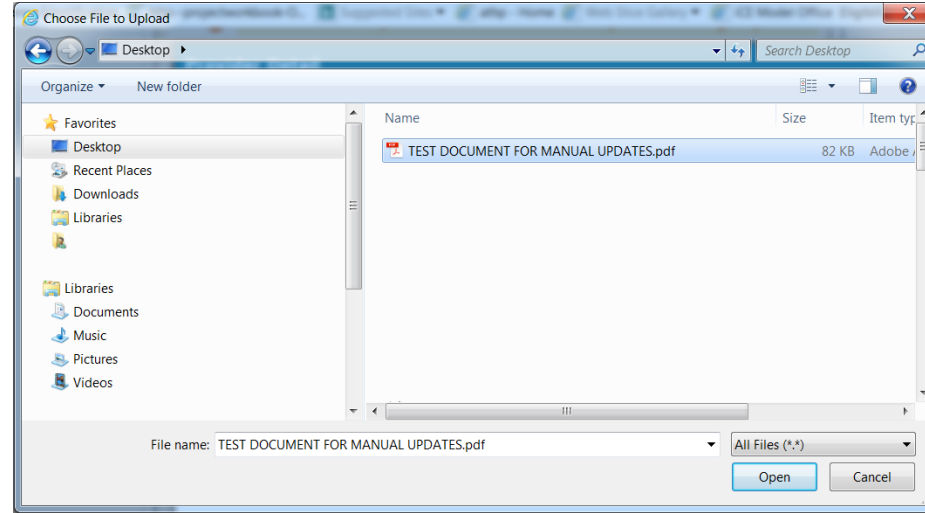
Status

UPLOAD ▶


CLOSE

DOCUMENT UPLOADING: BENEFITS SUMMARY

- Uploading a document.



Document Upload

 Do not use your browser back button or do a screen refresh.

Do not upload files that are password protected. Password protection prevents us from viewing your documents.

Each document file must be less than 10MB. Acceptable file formats are: .pdf, .gif, .jpg, .png, .tif, .tiff, and .bmp.

Click on the 'Browse' button and select the files to add to your Documents to Send list. When you have added all of the needed documents to the list, click the 'Upload' button.

 You have selected an invalid file format. Acceptable file formats are: .pdf, .gif, .jpg, .png, .tif, .tiff, and .bmp

BROWSE

Documents to Send	Status
-------------------	--------

UPLOAD

CLOSE

DOCUMENT UPLOADING: BENEFITS SUMMARY

- Uploading a document.

Document Upload




Do not use your browser back button or do a screen refresh.

Do not upload files that are password protected. Password protection prevents us from viewing your documents.

Each document file must be less than 10MB. Acceptable file formats are: .pdf, .gif, .jpg, .png, .tif, .tiff, and .bmp.

Click on the 'Browse' button and select the files to add to your Documents to Send list. When you have added all of the needed documents to the list, click the 'Upload' button.

BROWSE

Documents to Send	Status
TEST DOCUMENT FOR MANUAL UPDATES.pdf	 Remove

Upload 1 File(s)

UPLOAD ▶

CLOSE

DOCUMENT UPLOADING: BENEFITS SUMMARY

- Upload successful.

Document Upload




Do not use your browser back button or do a screen refresh.

Do not upload files that are password protected. Password protection prevents us from viewing your documents.

Each document file must be less than 10MB. Acceptable file formats are: .pdf, .gif, .jpg, .png, .tif, .tiff, and .bmp.

Click on the 'Browse' button and select the files to add to your Documents to Send list. When you have added all of the needed documents to the list, click the 'Upload' button.



Success! Documents marked with  have been received by OHCA and will be processed in up to 21 business days.

BROWSE

Documents to Send

Status

TEST DOCUMENT FOR MANUAL UPDATES.pdf



Upload Completed Successfully. Received 306KB.

UPLOAD ▶

CLOSE


MY BENEFITS PAGE: HEALTH CONDITION ASSESSMENT

- Application results.

<h2>View/Upload Documents</h2> <p>Upload Your Documents</p> <ul style="list-style-type: none">⊕ Read the Requirements <p>VIEW/UPLOAD DOCUMENTS</p> <hr/> <p>By Mail</p> <p>Attach the cover sheet and mail your documents to:</p> <p>Oklahoma Health Care Authority PO Box 548804 Oklahoma City, OK 73154</p> <hr/> <p>Bring your documents to an Office</p> <p>See the complete list</p>	<h2>Give Us Your Feedback</h2> <p>We want to serve you better. Please click here to take a survey about your experience with this application.</p> <hr/> <h2>Health Assessment</h2> <p>SoonerCare cares about your health. To help us serve you, please take a few moments to complete the health assessment.</p> <hr/> <h2>Other Programs</h2> <ul style="list-style-type: none">⊕ Voter Registration⊕ OKJobMatch.com⊕ School Lunches⊕ Childcare⊕ Food Stamps⊕ Retroactive Eligibility
--	--

HEALTH CONDITION ASSESSMENT

- Health condition assessment questions.

 **OKLAHOMA**
Health Care Authority

Welcome CLAIRE EXAMPLE


Member Enrollment

Today is May 15, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language: English ▾

Health Condition Assessment

 Do not use your browser back button or do a screen refresh.

Thank you for agreeing to take the health condition agreement.

Health Condition Assessment

Does anyone in the household smoke tobacco or use other tobacco products?
 CLAIRE V- EXAMPLE

Has a doctor told anyone in the household that they are overweight?
 CLAIRE V- EXAMPLE

Does anyone in the household have diabetes?
 CLAIRE V- EXAMPLE

Does anyone in the household have asthma?
 CLAIRE V- EXAMPLE

Does anyone in the household have high blood pressure?
 CLAIRE V- EXAMPLE

Does anyone in the household have heart disease (coronary artery disease/CAD)?
 CLAIRE V- EXAMPLE

Does anyone in the household have congestive heart failure (CHF)?
 CLAIRE V- EXAMPLE

Does anyone in the household have chronic obstructive pulmonary disease (COPD)?
 CLAIRE V- EXAMPLE

Has anyone in the household had a health care provider tell them they have a mental illness or do they believe they have a mental illness?
 CLAIRE V- EXAMPLE

HEALTH CONDITION ASSESSMENT

- Health condition assessment questions.

Does anyone in this household worry that they use too much alcohol or drugs?
 CLAIRE V- EXAMPLE

Does anyone in the household take more than 6 prescription medications?
 CLAIRE V- EXAMPLE

Does anyone in the household see more than 3 doctors on a regular basis?
 CLAIRE V- EXAMPLE

Does anyone in the household use special medical equipment or supplies?
 CLAIRE V- EXAMPLE

Has anyone in the household been to the emergency room more than 3 times in the past 3 months?
 CLAIRE V- EXAMPLE

Has anyone in the household been hospitalized for something other than routine surgery or procedure in the past 3 months?
 CLAIRE V- EXAMPLE

Thank you for completing the assessment. If you meet criteria for one of our care management programs, you will be contacted by telephone or letter.

MY BENEFITS PAGE – OTHER PROGRAMS

- Application results.

Other Programs

- [+ Voter Registration](#)
- [+ OKJobMatch.com](#)
- [+ Food Stamps](#)
- [+ Federally Facilitated Marketplace](#)
- [+ School Lunches](#)
- [+ Child Support Services](#)
- [+ WIC](#)
- [+ Behavioral Health](#)
- [+ Childcare](#)
- [+ Text4Baby](#)

RETURNING TO THE APPLICATION: MANAGE ACCOUNT



[about us](#) | [individuals](#) | [providers](#) | [research](#) | [policy](#) | [contact us](#) | [search](#)

Individuals

What Is SoonerCare?

Online Enrollment

- [Before Starting](#)
- [Step-By-Step Guide](#)
- [Get Started](#)

Programs

Benefits

Policies & Rules

Forms

Stay Healthy!

Help

Updates

[Home](#) > [Individuals](#)

SoonerCare Online Enrollment

WebAlerts

Sign up for email Web Alerts for the latest news and information about SoonerCare Online Enrollment.



[Log In Now](#)



[Apply for Benefits](#)



[Income Guidelines](#)



[How-To Videos](#)



[Member Handbook](#)



[#MySoonerCare](#)



[After Hours Locator](#)



[Register to Vote](#)

[English](#) | [Spanish](#)

If you need assistance with the online application you can call the SoonerCare helpline at 1-800-987-7767 or visit your local Community Action agency.

Other documents:

- [SoonerCare FAQs](#)
- [Health Insurance Marketplace Application - English](#)
- [Health Insurance Marketplace Application - Spanish](#)
- [12 Month Income Statement Profit and Loss - English](#)
- [12 Month Income Statement Profit and Loss - Spanish](#)
- [Lottery Gambling Winnings Monthly Income](#)

[Nondiscrimination Notice](#) | [Legal Notices](#) | [Public Notices](#) | [Language Assistance](#) | [Site Map](#) | [Employee E-Mail Access](#)
Oklahoma's Medicaid Agency

RETURNING TO THE APPLICATION: LOG ON TO YOUR ACCOUNT



OKLAHOMA
Health Care Authority

Welcome

Member Enrollment

Today is May 13, 2020

[Contact Us](#)

Language:

Log On or Create Your Account



Do not use your browser back button or do a screen refresh.

To log on to your existing account, Please enter your User ID or e-mail address below, with your password. This ID may have been created by you, your spouse or your authorized representative.

Required fields are marked with an asterisk (*). You may enter a User ID (or E-Mail Address) to begin the application but at least one is required along with the password.

User ID *or* E-Mail Address: *

[Forgot your User ID?](#)

Password: *

[Forgot your Password?](#)

LOG ON


If you do not have a user account, but you have your Personal Identification Number (PIN), you may [create an account using your PIN](#) now.

If you do not have a user account or PIN, please [create a new account](#) now.

RETURNING TO THE APPLICATION: APPLICATION

Enrollment Steps	STEP 1 People & Contacts	STEP 2 Tax Household	STEP 3 Household Income	STEP 4 Expenses	STEP 5 Health Insurance	STEP 6 Review	STEP 7 Citizenship & Identity	STEP 8 Submit
------------------	---	-------------------------	----------------------------	--------------------	----------------------------	------------------	----------------------------------	------------------

SoonerCare Health Benefits - Online Application

 Do not use your browser back button or do a screen refresh.

Welcome back.

The application you started on 10/21/2016 is not complete. You stopped at [Step 1, People & Contacts](#).

To review what you told us, select any of the links below.

[Step 1: People and Contacts](#)

Select "Continue" to complete the application.

MY BENEFITS PAGE: MY BENEFITS



OKLAHOMA
Health Care Authority

Welcome Claire Example

My Benefits


Today is May 18, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language:


Current Benefits Status


Your case number is


 **You have 2 alerts below** [UPLOAD DOCUMENTS NOW](#)

CLAIRE V- EXAMPLE Physician:

ID:

Program	Start	End	Status
 SoonerCare-Parent/Caretaker	05/18/2020	08/16/2020	TEMPORARY

 **Proof of US Citizenship needs to be turned in within 90 days to continue eligibility**

 **Proof of Expenses needs to be turned in within 90 days to continue eligibility**

Update/Renew My Application

[GO](#)

Change Contact Information (address, phone, email) and Authorized Representative

[GO](#)



Select/Change My Provider

MY BENEFITS PAGE: MY BENEFITS

ALEXIS V- EXAMPLE ID: _____ NOT APPLYING		my benefits GO
CHARLOTTE V- EXAMPLE ID: _____ NOT APPLYING		Change Password GO
JOHN V- EXAMPLE ID: _____ NOT APPLYING		I want to... <ul style="list-style-type: none">• End Benefits• View Letters UNREAD• View/Upload Documents• View definitions of programs• Contact the Federally Facilitated Marketplace
View/Upload Documents <p>Upload Your Documents Read the Requirements</p> <p>VIEW/UPLOAD DOCUMENTS</p> <p>By Mail Attach the cover sheet and mail your documents to: Oklahoma Health Care Authority PO Box 548804 Oklahoma City, OK 73154</p> <p>Bring your documents to an Office See the complete list</p>	Give Us Your Feedback <p>We want to serve you better. Please click here to take a survey about your experience with this application.</p> Health Assessment <p>SoonerCare cares about your health. To help us serve you, please take a few moments to complete the health assessment.</p> Other Programs <ul style="list-style-type: none">▣ Voter Registration▣ OKJobMatch.com▣ Food Stamps▣ Retroactive Eligibility▣ Behavioral Health▣ Gambling▣ School Lunches▣ Child Support Services▣ Childcare▣ WIC▣ Text4Baby	Print Application Results GO
HIPAA Privacy Statement For information on how member health information will be used, click here .		

MY BENEFITS PAGE: GET ID CARD

I want to...

- [Get ID Card](#) 
- [End Benefits](#)
- [View Letters](#)  UNREAD
- [View/Upload Documents](#)
- [View definitions of programs](#)
- [Contact the Federally Facilitated Marketplace](#)

PRINT ID CARD: GET ID CARD



OKLAHOMA
Health Care Authority

Welcome CLAIRE EXAMPLE

Member Enrollment

Today is May 18, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language:

Print ID Card



Do not use your browser back button or do a screen refresh.

Select each member that you would like to generate a card for. You will be able to print or save this card to your computer.

Only members that are currently eligible will be allowed to print a card.

Select All



Member

CLAIRE EXAMPLE

PRINT

CANCEL

PRINT ID CARD

 <p>OKLAHOMA Health Care Authority www.okhca.org</p> <p>This card does not guarantee coverage. Copay may apply.</p> <p>Member Name: CLAIRE V- EXAMPLE Member ID Member DOB: 01/04/2004 Date Issued: 10/13/2014</p>	<p>For emergencies, call 911 or your local rescue unit.</p> <p>This card does not guarantee coverage. Visit our websites or call our toll-free numbers to verify benefits, view claims or find a provider:</p> <table><tr><td>SoonerCare™</td><td>www.okhca.org</td><td>1-800-987-7767</td></tr><tr><td></td><td>TDD Line (Hearing Impaired)</td><td>711</td></tr><tr><td>Insure Oklahoma™</td><td>www.InsureOklahoma.org</td><td>1-888-365-3742</td></tr><tr><td></td><td>TDD Line (Hearing Impaired)</td><td>711</td></tr></table> <hr/> <table><tr><td>Provider EVS:</td><td>(405) 840-0650 or 1-800-767-3949</td></tr><tr><td>Other inquiries:</td><td>(405) 522-6205 or 1-800-522-0114</td></tr></table> <hr/>  <p>Oklahoma Tobacco Helpline 1 800 QUIT NOW Free help: 784-6669</p>	SoonerCare™	www.okhca.org	1-800-987-7767		TDD Line (Hearing Impaired)	711	Insure Oklahoma™	www.InsureOklahoma.org	1-888-365-3742		TDD Line (Hearing Impaired)	711	Provider EVS:	(405) 840-0650 or 1-800-767-3949	Other inquiries:	(405) 522-6205 or 1-800-522-0114
SoonerCare™	www.okhca.org	1-800-987-7767															
	TDD Line (Hearing Impaired)	711															
Insure Oklahoma™	www.InsureOklahoma.org	1-888-365-3742															
	TDD Line (Hearing Impaired)	711															
Provider EVS:	(405) 840-0650 or 1-800-767-3949																
Other inquiries:	(405) 522-6205 or 1-800-522-0114																

MY BENEFITS: END BENEFITS

I want to...

- [Get ID Card](#)
- [End Benefits](#) ←
- [View Letters](#) ⚠ UNREAD
- [View/Upload Documents](#)
- [View definitions of programs](#)
- [Contact the Federally Facilitated Marketplace](#)

MY BENEFITS: END BENEFITS

Today is October 16, 2020



OKLAHOMA
Health Care Authority

Welcome DAVID MILLER

Member Enrollment

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language: English ▼

End benefits for someone in my household

 Do not use your browser back button or do a screen refresh.

This does not remove the person from the case. It only ends the benefits for the selected person(s).

If you need to remove the person from the case, then you must [update your application](#) to show that the person has left your household and resubmit it. If you need assistance, contact the SoonerCare Helpline at 1-800-987-7767.

Changed your mind? Go Back to [My Benefits](#)

Required fields are marked with an asterisk (*).

Whose benefits will end? * All household members Only certain household member(s)

Reason * Member's request due to other insurance ▼

Member



DAVID MILLER

CANCEL

NEXT ▶

MY BENEFITS: VIEW LETTERS

I want to...

- [Get ID Card](#)
- [End Benefits](#)
- [View Letters](#)  UNREAD 
- [View/Upload Documents](#)
- [View definitions of programs](#)
- [Contact the Federally Facilitated Marketplace](#)

LETTERS: VIEW LETTERS



OKLAHOMA
Health Care Authority

Welcome CLAIRE EXAMPLE


Member Enrollment

Today is May 15, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language:

Letters

 Do not use your browser back button or do a screen refresh.

Letters for: *

Letters relating to: *

Date Range: *

SEARCH

For any changes in eligibility made today, the letter will be available within 24 hours.
If you need to see a letter over two years old, please contact the SoonerCare Helpline at 1-800-987-7767. For Insure Oklahoma call 1-888-365-3742.

RETURN TO HOME PAGE

LETTERS: VIEW LETTERS



OKLAHOMA
Health Care Authority

Welcome Claire Example

Member Enrollment

Today is May 18, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language: English ▾

Letters

 Do not use your browser back button or do a screen refresh.

Letters for: * Member ▾

Member: * CLAIRE EXAMPLE - ▾

Letters relating to: * - All - ▾

Date Range: * 30 Days ▾

SEARCH

For any changes in eligibility made today, the letter will be available within 24 hours.
If you need to see a letter over two years old, please contact the SoonerCare Helpline at 1-800-987-7767. For Insure Oklahoma call 1-888-365-3742.

RETURN TO HOME PAGE

LETTERS: VIEW LETTERS



OKLAHOMA
Health Care Authority

Welcome CLAIRE EXAMPLE

Member Enrollment

Today is May 15, 2020

[Change Password](#) | [Contact Us](#) | [Log Off](#)

Language:

Letters



Do not use your browser back button or do a screen refresh.

Letters for: *

Letters relating to: *

Date Range: *

SEARCH

Letters

Letter Date	Letter Name	Letter Type	Status	View
20200331	Case Status	DET-9001-D	Unread	Open

Page 1 of 1

For any changes in eligibility made today, the letter will be available within 24 hours.
If you need to see a letter over two years old, please contact the SoonerCare Helpline at 1-800-987-7767. For Insure Oklahoma call 1-888-365-3742.

RETURN TO HOME PAGE

CONTACT US

SoonerCare

Oklahoma Health Care Authority

1-800-987-7767

8 a.m. to 5 p.m.

Monday-Friday