

# **INSURE OKLAHOMA: MEMBER ENROLLMENT GUIDE**

March 2016

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# Overview: Starting an Application & Creating an Account

- Go to [www.insureoklahoma.org](http://www.insureoklahoma.org) and click “Apply.”
- Review the Rights and Responsibilities. If you agree, click “Start” to go to the next page.
- Click the “Create a new account” link to begin the registration process.
  - Enter your personal information and select the benefits you would like to apply for. You can add household members later.
  - Then, choose a username and password and set up your online account using your email address.
  - OHCA/SoonerCare will email you a registration code. Click the link in the email to confirm your registration.
  - After you confirm your registration, you’ll be taken back to the application.
- Complete application steps 1-8.
  - You can click the “Save & Exit” button at any time to save your progress and return to your application at a later time.

# Overview: Application Steps & Information Needed



- **The application requires information for all household members and is divided into eight steps:**
  - **Step 1: People & Contacts** – Enter names, dates of birth, and Social Security numbers for all household members and choose which benefits each member is applying for. This section also asks for tribal and residency information.
  - **Step 2: Absent Parents** – Required when there is a child in the household who has a parent living somewhere else. Enter the name and any known information about the absent parent.
  - **Step 3: Tax Household** – Answer questions about whether household members file taxes and what status they use (single, married filing jointly, etc.).
  - **Step 4: Household Income** – Enter employment information and taxable income sources for all household members. If you are applying for the Employer-Sponsored Insurance option, please ask your employer for your Employee Eligibility Number (EEN) and enter it in this step.
  - **Step 5: Expenses** – Enter tax-deductible expenses for all household members.
  - **Step 6: Health Insurance** – Enter details about any health insurance a household member may have.
  - **Step 7: Citizenship & Identity** – Confirm this information for household members.
  - **Step 8: Submit** – Review the entire application and make changes before submitting the application.

## Overview: Eligibility Results & Next Steps

- **After completing Steps 1-8 and submitting the application, you can view your results for each household member.**
- **You may see multiple results for each person, depending on the benefits you requested in your application.**
  - ▣ **For example, applicants who indicate they are applying for Insure Oklahoma only may see results for both the Employer-Sponsored Insurance and Individual Plan options.**
  - ▣ **Applicants who apply for multiple programs, such as Insure Oklahoma and SoonerCare, will see results for each program.**

# Overview: Eligibility Results & Next Steps

- **Employer-Sponsored Insurance approval message:**
  - “Insure OK-Emplyr Sponsored Ins – APPROVED” means you are approved for the ESI option.

Program	Start	End	Status
 Insure OK-Emplyr Sponsored Ins	03/01/2016	01/31/2017	APPROVED

- **Employer-Sponsored Insurance denial message:**
  - “Insure OK-Emplyr Spon Ins – DENIED” means you are denied for the ESI option. The result will also show a reason for the denial. In this example, it is “Not categorically related to IO.” There are many different denial messages.

 Insure OK-Emplyr Spon Ins	DENIED
 <a href="#">Not categorically related to IO</a>	

- **If approved, you must upload any documents requested.**

# Starting an Application & Creating an Account

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Today is March 02, 2018

HealthCare Authority

Welcome | Contact Us | Log On

Member Enrollment

Language: English

SoonerCare Member Log-in

Returning User?  
[Log on to your account](#)

### 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.

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.

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 1-500-987-7767. 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

START

## Starting an Application & Creating an Account

### Log On or Create Your Account

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.

#### Programs

- [Mental Health & Substance Abuse](#)
- [SoonerCare](#)
- [SoonerPlan](#)

#### Applying Online

- [Getting Started](#)
- [Information You Will Need](#)
- [Apply Now](#)

#### Related Links

- [Eligibility Questionnaire](#)
- [Provider Directory](#)
- [Application Form](#) PDF
- [Download Adobe Acrobat Reader](#)

- Click the “Create a new account” link to begin the registration process.

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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

**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](#)

Do you want to enroll in the Insure Oklahoma program for this person? [Tell me more](#)

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

**SSN**

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

Re-enter SSN: \*

**Race & Ethnicity**

Race: \*  American Indian or Alaskan Native [Why do we need this?](#)  
 Asian

- Enter your personal information.
- Check the benefits you'd like to apply for.
  - You can check one box or all.
  - The application will determine whether you're eligible only for the benefits you select.
- Your Social Security number is also required.

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- Check all Race categories that apply to you.
- If you choose “American Indian or Alaskan Native,” you’ll be asked to select your primary tribe and indicate whether you have a CDIB or Tribal Enrollment Card.

### Race & Ethnicity

Race: \* (check all that apply)

- American Indian or Alaskan Native [Why do we need this?](#)
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Declined to answer

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

Primary Tribal Name: \* [Tell me](#)

Does this person have a Certificate of Degree of Indian Blood (CDIB)?

Does this person have a Tribal Enrollment Card? [What's this?](#)

Is this person of Hispanic or Latino origin (or descent)?

Residency & Citizenship

Does this person live in Oklahoma? \* [Tell me](#)

If you have to verify the citizenship or alien status, you ever had a document that shows this person's original documentation? [Tell me](#)

Documentation that can be provided: \*

- Select Primary Tribal Name-
- Absentee Shawnee
- Alabama Quassarte
- Apache
- Caddo
- Cherokee
- Cheyenne-Arapaho
- Chickasaw
- Choctaw
- Citizen Potawatomi
- Comanche
- Delaware Nation
- Eastern Shawnee
- Fort Sill Apache
- Iowa
- Kaw
- Kialagee
- Kickapoo
- Kiowa
- Miami
- Modoc
- Muscogee Creek
- Osage
- Otoe-Missouria
- Ottawa
- Pawnee
- Peoria
- Ponca
- Quapaw
- Sac and Fox

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- If you are a U.S. citizen, you'll select the type of citizenship proof that you can provide.
- If you are an alien with documentation, you'll select the type of proof you can provide, and your alien registration number and U.S. entry date.

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

is here as an alien with documentation

Documentation that can be provided: \*

**-Select Documentation Type-**

- U.S. Birth Certificate
- U.S. Passport
- U.S. Naturalization Certificate issued by USCIS
- Certificate of U.S. Citizenship issued by USCIS
- Voter Registration Card
- Native American Citizenship
- Certification or Report of Birth Abroad issued by USCIS or State Dept.
- American Indian card issued by USCIS for the Kickapoo tribe
- Final Adoption Decree
- Evidence of Civil Service employment by U.S. Government before 6/1/1976
- Official military Record of Service showing U.S. place of birth
- Bureau of Indian Affairs tribal census records (Navajo & Seneca only)
- Other Public record of US birth

[RESET FORM](#) [EXIT](#) [NEXT ▶](#)

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

is here as an alien with documentation

none of the above

Documentation that can be provided: \*

**Alien Registration Number:** \*

**US Entry Date:** \*

**-Select Documentation Type-**

- Permanent Resident Card ("Green Card", I-551)
- Reentry Permit (I-327)
- Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)
- Refugee Travel Document (I-571) or Arrival/Departure Record (I-94, I-94A) with Refugee Stamp
- Employment Authorization Card (I-766)
- Arrival/Departure Record (I-94, I-94A)
- Temporary I-551 Stamp (on passport or I-94, I-94A)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Unexpired foreign passport
- Notice of Action (I-797)

[RESET FORM](#) [▶](#)

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# Starting an Application & Creating an Account

- Next, you'll enter your contact information.
- You can choose to receive notices from Insure Oklahoma in English or Spanish.
- An email address is required and will be used to confirm your account and communicate with you.

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- You can also choose to have an Authorized Representative, which is someone you allow to manage your benefits for you.

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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: \*

#### Contact Methods

What is the primary language spoken in the household? \*

Where possible, we will send written communication in: \*

How do you wish to receive your notices? \*

Day Time Phone:  (405) 555 - 5555 ext:

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

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.

#### 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?](#)

## Starting an Application & Creating an Account

- If you choose to name an Authorized Representative, additional questions will appear.
- You may choose anyone to act as your Authorized Representative.
- The designation can be made for 364 days.

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**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: \*

Designation End Date: \*

Organization Helping: \*  Yes  No

Street or P.O. Box: \*

Street - Line 2:

City: \*

State: \*

ZIP Code: \*

Authorized Rep Phone: \*   ext:

Email:

Who is giving authorization for this person to represent the case members? \*

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

# Starting an Application & Creating an Account

- After you have entered your personal information, you'll be asked to create a user account.
- You'll select a user ID, password and enter your email address.
- You may also choose a preferred language.

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### 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.

# Starting an Application & Creating an Account

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### 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: \*

! Question 1 is required.

Answer 1: \*

Retype Answer 1: \*

Question 2: \*

Answer 2: \*

Retype Answer 2: \*

Question 3: \*

Answer 3: \*

Retype Answer 3: \*

[← PREVIOUS](#) [CREATE ACCOUNT](#)

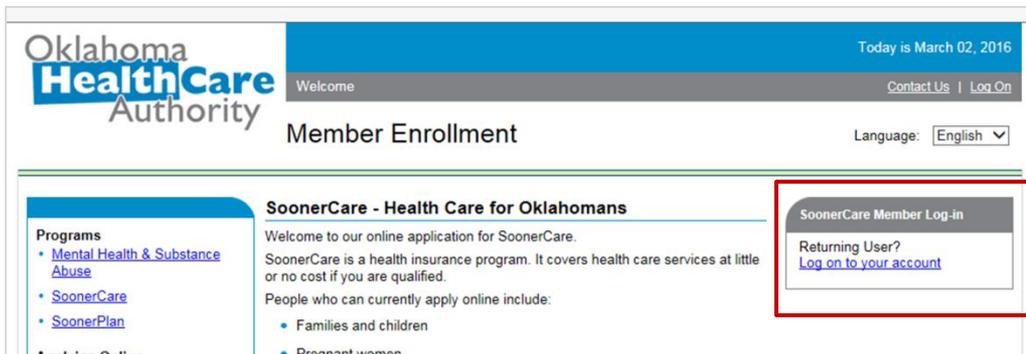
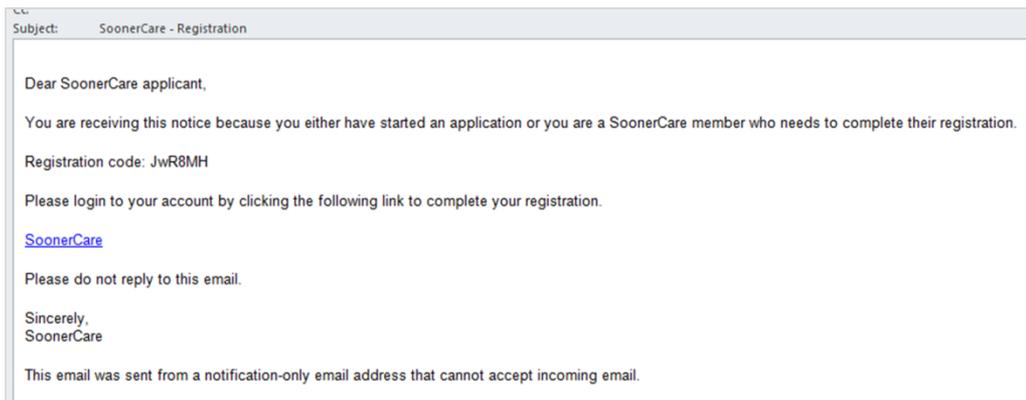
□ Choose challenge questions that you can use to reset your password in case you forget it.

□ Then, click “Create Account.”

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# Starting an Application & Creating an Account

- Before you continue your application, you'll need to confirm your account.
- Check your email for a message from OHCA/SoonerCare.
- Copy the registration code, and then click the link to continue.



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- You'll be taken to the member log-in page. Click "Log on to your account."

## Starting an Application & Creating an Account

- Log in with the user ID and password you just created.
- Then, paste the registration code from the confirmation email.
- Click “Register.”

Oklahoma HealthCare Authority

Welcome

Today is March 02, 2016

Contact Us

### Member Enrollment

Language: English

#### Log On or Create Your Account

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.

**Programs**

- [Mental Health & Substance Abuse](#)
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- [SoonerPlan](#)

**Applying Online**

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**Related Links**

- [Eligibility Questionnaire](#)

Oklahoma HealthCare Authority

Welcome Joe Example

Today is March 02, 2016

Change Password | Contact Us | Log Off

### Member Enrollment

Language: English

#### 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.

Registration code: \*  [Send me registration email again.](#)

**REGISTER**

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# Starting an Application & Creating an Account

- Your registration is now complete.
- Click “Continue.”

Oklahoma HealthCare Authority

Welcome Joe Example

Today is March 02, 2016

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

## Member Enrollment

Language:

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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 3/2/2016 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.

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## Step 1: People & Contacts

Oklahoma HealthCare Authority

Welcome Joe Example

Today is March 02, 2016

Change Password | Contact Us | Log Off

Member Enrollment

Language: English

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### 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
Joe V- Example	XXX-XX-9999	01/01/1970	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](#)

- If you have other household members, you can select “Yes” and continue to the next screen to add them.
  - You should include everyone in your household, even if they are not applying for health benefits.
  - If someone is married, but the spouse is temporarily out of the home, you must include that spouse.

- If no one else is in your household, select “No” and continue.

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## Step 1: People & Contacts

- **In this enrollment guide, we will show you how to add household members.**
- **After selecting “Yes” on the previous screen, you’ll be asked to enter information on the next household member.**
  - This is the same type of information you entered about yourself when creating the account.
  - A household member’s age or gender may trigger additional questions.
- **In this example, a family of three is applying for benefits:**
  - Joe, the primary applicant, is self-employed and applying for Insure Oklahoma.
  - Joe’s oldest daughter, Jane, is a college student and applying for Insure Oklahoma.
  - Joe’s youngest daughter, Jill, is applying for Insure Oklahoma and SoonerCare. The system will determine which program Jill is eligible for.

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# Step 1: People & Contacts

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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?](#)

Due Date: \*     [What if I don't know this?](#)

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

### 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](#)
- Do you want to enroll in the Insure Oklahoma program for this person? [Tell me more](#)
- Do you want to find out if you can get SoonerPlan for this person? [Tell me more](#)

### SSN

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

Re-enter SSN: \*

Each household member will need to provide the same personal information as the primary applicant, including:

- Name, date of birth and Social Security number.
- Requested Benefits choice.
- Race & Ethnicity information.
- Residency & Citizenship information.

Since Jane is an adult female, the application will display additional questions about pregnancy.

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## Step 1: People & Contacts

- Each time you finish adding a household member's information, you'll be taken to this screen.
- You can either select "Yes" to add another person, or "No" to continue.
- In this example, we will select "Yes" to add one more person, and then "Next."

Oklahoma HealthCare Authority

Welcome Joe Example

Today is March 02, 2018

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

Member Enrollment

Language: English

STEP 1: People & Contacts | STEP 2: Absent Parents | STEP 3: Tax Household | STEP 4: Household Income | STEP 5: Expenses | STEP 6: Health Insurance | 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
Joe V- Example	XXX-XX-9999	01/01/1970	Male
Jane V- Example	XXX-XX-9998	01/02/1997	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

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# Step 1: People & Contacts

- Add the third household member's information.

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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

#### 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](#)

Do you want to enroll in the Insure Oklahoma program for this person? [Tell me more](#)

#### SSN

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

**Re-enter SSN:** \*

#### Race & Ethnicity

**Race:** \*  American Indian or Alaskan Native [Why do we need this?](#)  
(check all that apply)  Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander

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# Step 1: People & Contacts

- After selecting “No, everyone in the household is listed above,” additional questions will appear on the screen.
- The questions are about different situations a household member may be experiencing. They help to determine benefits eligibility.

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### 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
Joe V- Example	XXX-XX-9999	01/01/1970	Male
Jane V- Example	XXX-XX-9998	01/02/1997	Female
Jill V- Example	XXX-XX-9997	01/03/2010	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

Yes or No is required for all questions.

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

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

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

Joe V- Example

Jane 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? \*  Jane 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?](#)

Jane V- Example

None of these individuals are in college full-time

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

## Step 1: People & Contacts

- If there are household members between the ages of 19 and 22, the application will ask whether the members are full-time college students.
- The household member's school must be selected from a list of accredited colleges and universities.

Yes or No is required for all questions.

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

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

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

Joe V- Example

Jane V- Example

None of these individuals are elig

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

Jane V- Example

None of these individuals were in

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

Jane V- Example

None of these individuals are in c

- Select College -  
Bacone College  
Cameron University  
Carl Albert State College  
Connors State College  
DeVry University, OKC  
East Central University  
Eastern Oklahoma State College  
Family of Faith College (Shawnee)  
Langston University  
Mid-America Christian University  
Murray State College  
Northeastern Oklahoma A&M College  
Northeastern State University  
Northern Oklahoma College  
Northwestern Oklahoma State University  
Oklahoma Baptist University  
Oklahoma Christian University  
Oklahoma City Community College  
Oklahoma City University  
Oklahoma Panhandle State  
Oklahoma State University CLG Osteopathic MD  
Oklahoma State University, OKC  
Oklahoma State University, Okmulgee  
Oklahoma State University, Stillwater  
Oklahoma Wesleyan University  
Oral Roberts University  
Phillips Theological Seminary  
Redlands Community College  
Rogers State University

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# Step 1: People & Contacts

## Member Enrollment

Language: English ▼

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### 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 **Joe 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 Joe V. Example?

Jane V- Example is the *	<input type="text" value="Daughter"/>	of Joe V- Example.
Jill V- Example is the *	<input type="text" value="Daughter"/>	of Joe V- Example.

- The next screen asks how the household members are related to the primary applicant.
- Select the relationships, and then click "Next."

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# Step 1: People & Contacts

## Member Enrollment

Language: English

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### Step 1 - People & Contacts

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

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.

Required fields are marked with an asterisk (\*).

#### Spousal Relationships

Name	Marital Status	Spouse
Joe V-Example	<input type="text" value="Single or Unknown"/>	<input type="text" value="- Select Spouse -"/>
Jane V-Example *	<input type="text" value="- Select Status -"/>	<input type="text" value="- Select Spouse -"/>

[Can I change this?](#)

[Add another person](#)

RESET FORM

PREVIOUS

SAVE & EXIT

NEXT

- Adult household members must specify their marital statuses.
- Select the statuses, and then click "Next."

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# Step 1: People & Contacts

- If there is a child with only one parent listed in the household, the application will ask additional questions.
- If the other parent is living in the household, you can add the parent to the application or select the parent from adults already listed.
- If the other parent does not live in the household, you must select a reason why and complete Step 2, Absent Parents.

The screenshot shows the Oklahoma HealthCare Authority Member Enrollment interface. At the top, the logo and navigation links (Welcome Joe Example, Change Password, Contact Us, Log Off) are visible. The current step is 'Step 1: People & Contacts', highlighted in a blue bar. A progress bar below shows steps 1 through 8. A warning icon and text state: 'Do not use your browser back button or do a screen refresh.' Below this, a message asks for more questions about children in the household and provides a 'Next' button and a link 'Why do we need this?'. The main form section is titled 'Household Relationships' and contains a question: 'Is Jill V. Example mother living in the home?' with radio buttons for 'Yes' (selected) and 'No'. A yellow tooltip box highlights the text: 'If the parent is not listed, add the parent to the household'. Below the question is a dropdown menu for 'Who is Jill V. Example mother?' with '-Select Mother-' selected. At the bottom of the form are buttons for 'RESET FORM', 'PREVIOUS', 'SAVE & EXIT', and 'NEXT'. A second screenshot below shows the same form with the 'No' radio button selected. A dropdown menu for 'Select the reason that most closely describes why the mother is not in the household' is open, showing options: '-Select Reason-', Divorced, Legally separated, Separated without court decree, Parents deserted, Parents not married, Parent(s) in prison, Parent(s) absent for other reason, Death, Single Parent Adoption, and Rights legally terminated.

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# Step 1: People & Contacts

- After entering all information in the Step 1: People & Contacts section, you'll be asked to review the section.
- You can click the “Change” links on each section to correct information, or click “Next” at the bottom of the page to continue to the next step.

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### 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](#)

[Joe Example](#)

**Information**

Legal Name:	Joe V- Example	SSN:	XXX-XX-XXXX
Date of Birth:	01/01/1970		
Gender:	Male		
Race:	White	Hispanic or Latino origin:	No
Oklahoma Resident:	Yes	U.S. Citizen:	Yes
Documentation:	U.S. Birth Certificate		
Applying For:	Insure Oklahoma		

[Change Joe's information](#)

[Jane Example](#)

**Information**

Legal Name:	Jane V- Example	SSN:	XXX-XX-XXXX
Date of Birth:	01/02/1997		
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:	Insure Oklahoma		

[Change Jane's information](#)

#### Contacts

Residence:	4345 N Lincoln Blvd Oklahoma City, OK 73105
Mailing Address:	4345 N Lincoln Blvd Oklahoma City, OK 73105
Primary Language Spoken in Household:	English
Written Communication in:	English
Notification Type:	Email
Day Time Phone:	Cell: (405) 555-5555 Okay to leave Message: Yes
Night Time Phone:	No Phone: Okay to leave Message: No
Email:	cate.jeffries@okhca.org
Authorized Representative:	

[Change contact information](#)

◀ PREVIOUS    SAVE & EXIT    NEXT ▶

## Step 2: Absent Parents

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### Step 2 - Add Absent Parents

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

You have told us there is a child whose parent is not living in the house. If this is not correct, return to the [Household Member Review](#) screen and select the child you need to change.

In order to qualify for health benefits (SoonerCare), any adult with a minor child who has an absent parent is required by federal law to cooperate with the Child Support office to get medical support established for that child. If the adult does not cooperate, he or she cannot receive health benefits unless pregnant.

**Please note:** The answer to these questions **will NOT** affect if a child qualifies for health care. Children **CAN** receive health coverage even if the adult does not cooperate in pursuing child medical support. However, the answers may affect what benefits an adult may receive.

[Why do we need to know this?](#)

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

Let's start with Jill Example's Mother

Required fields are marked with an asterisk (\*).

#### Jill Example's Mother

First Name: \*

Middle Name:

Last Name: \*

Suffix:

Date of Birth:    

SSN:

Re-enter SSN:

#### Current or Last Known Address and Phone

Street or P.O. Box:

Street - Line 2:

City: \*

State: \*

Zip Code:

- If there is a child with only one parent listed in the household, the application, you must complete Step 2, Absent Parents.
- Provide as much information as you can about the absent parent. You can type “Unknown” in a field.

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## Step 2: Absent Parents

- To qualify for Insure Oklahoma, applicants must agree to cooperate with Oklahoma Child Support Services.
- Selecting “No, I would like to decline to open a child support case,” will cause the applicant to be denied.

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Phone: ( ) - ext.

### Support Services

As part of the benefits received with SoonerCare, you may open or keep open a case with Oklahoma Child Support Services to obtain cash child support and medical support from a non-custodial parent. Please mark which option you would like.\* [Declining child support services may change an adult's coverage but will not affect the child's.](#)

- Yes, I would like to open or keep open a child support case. I understand I will be required to provide information to Oklahoma Child Support Services to assist in establishing and/or enforcing child support. I also understand that I must choose this option if I am included in the SoonerCare benefits and at least one of the parents of the child(ren) on my SoonerCare case does not reside in the household.
- No, I would like to decline to open a child support case. I understand this option is only available to me if my SoonerCare case has only child(ren) receiving SoonerCare. If I am included in the SoonerCare case, I must choose to open a child support case or request Good Cause below.
- I would like to claim Good Cause for refusal to cooperate with Oklahoma Child Support Services. I understand I must prove the non-custodial parent is a danger either to myself or the child(ren) on my SoonerCare case. I must provide proof (police reports, Victim's Protection Order, etc) to show why I am afraid of the non-custodial parent.

[Tell me more... \(Click again to close\)](#)

Information will be sent to DHS to open or add information to a child support case. However, if you are not applying for SoonerCare for yourself, you may choose to decline to have a child support case.

### Other Information about this Absent Parent

If there is other information you would like to provide about this person, you may [enter it here](#).  
Providing additional information is not a condition of eligibility.

RESET FORM

SAVE & EXIT

NEXT ▶

## Step 2: Absent Parents

- After entering information in the Step 2: Absent Parents section, you'll be asked to review the section.
- You can click the “Change” links on each section to correct information, or click “Next” at the bottom of the page to continue to the next step.

The screenshot shows the Oklahoma HealthCare Authority Member Enrollment interface. At the top, the logo for Oklahoma HealthCare Authority is displayed on the left, and the date 'Today is March 02, 2016' is on the right. Below the logo, the user is logged in as 'Joe Example' with links for 'Change Password', 'Contact Us', and 'Log Off'. The main heading is 'Member Enrollment' with a language dropdown set to 'English'. A progress bar at the top indicates the current step: 'STEP 2 Absent Parents' is active, with other steps (STEP 1 People & Contacts, STEP 3 Tax Household, STEP 4 Household Income, STEP 5 Expenses, STEP 6 Health Insurance, STEP 7 Citizenship & Identity, STEP 8 Submit) shown as completed or available.

**Step 2 - Review Absent Parents**

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

Please review what you told us about any parents not living in the household.

- If the information is correct, select **Next** to go to the next step
- If you need to add, change or remove an absent parent, select [Change Absent Parent](#) 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.

**Absent Parents**

Jessica Example	
Oklahoma City, OK	<b>Children</b> Jill Example
Co-operation with Child Support Services	
You chose the option for this parent.	

[Change absent parent information](#)

◀ PREVIOUS    SAVE & EXIT    NEXT ▶

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## Step 3: Tax Household

- Next, you'll choose tax filing status for the primary applicant.
- You'll also select which dependents can be claimed by the applicant.

Oklahoma HealthCare Authority Today is March 02, 2016

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

### Member Enrollment

Language: English

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Submit

#### Step 3 - 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 Joe will pay taxes next year and whom he can legally claim as a dependent. For each person claimed as a dependent select how they are related to Joe. If a person is not related to him 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 (\*)

**Joe V. Example**

Tax Filer Status: \* Tax Filer

Filing Status: \* Single

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

<input checked="" type="checkbox"/>	Jane V. Example	is the	<span>Daughter</span>	of Joe .
<input checked="" type="checkbox"/>	Jill V. Example	is the	<span>Daughter</span>	of Joe .

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

RESET FORMPREVIOUSSAVE & EXITNEXT

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## Step 3: Tax Household

- After entering information in the Step 3: Tax Household section, you'll be asked to review the section.
- You can click the “Change” links on each section to correct information, or click “Next” at the bottom of the page to continue to the next step.

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

### Step 3 Review - Tax Household

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

Please verify each person's tax information below.

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

**Tax Household**

[Joe V. Example](#)      Tax Filer Status: Tax Filer      Filing Status: Single

**Dependents claimed on tax return:**

Jane V- Example	Daughter
Jill V- Example	Daughter

[Change tax household information](#)

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## Step 4: Household Income - Employment

- Step 4 covers household income from jobs, businesses and other sources.
- This section is also where you'll enter your employment information. If you have multiple employers, you must enter all of them.
- If you are applying for Employer-Sponsored Insurance, you'll enter your Employee Eligibility Number (EEN) in this section.

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Oklahoma HealthCare Authority

Welcome Joe Example

Today is March 02, 2016

Change Password | Contact Us | Log Off

Member Enrollment

Language: English

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

### Step 4 - 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**.

Joe V- Example

Jane V- Example

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

## Step 4: Household Income - Employment

- If you are not self-employed, you'll be asked to enter an EEN. Only applicants who are applying for Insure Oklahoma through their employer (Employer-Sponsored Insurance) should answer "Yes."
- ESI applicants should click the "Enter EEN" button.

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

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

Required fields are marked with an asterisk (\*)

### Joe 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

Business / Employer Name: \*

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: \* (  )  -

ext:

Taxable Income: \*  
\$

(dollars only, no cents)

Average amount of hours worked per week: \*

Does this employer offer health insurance? \*  
 Yes  No

[Add another job for Joe Example](#)

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

## Step 4: Household Income - Employment

- Provide the EEN that your employer gave to you.
- The EEN is the same number as the Personal Identification Number that may have been previously issued to you.

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

Tell us about Joe's job or business.

If Joe has more than one job, select ["Add another job"](#) to enter information about these other jobs.

When you have finished adding all of Joe's income from employment, select **"Next"** to continue.

Required fields are marked with an asterisk (\*)

Joe V- Example

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

ple

Are you self-employed? \*

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

ve an E  
receive  
employ

### 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: \*

Busin

UPDATE

CANCEL

ederal

State:

Yes  No

Zip Code:

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## Step 4: Household Income - Employment

- After you enter your EEN, your employment information should automatically populate.
- Complete the other fields, such as taxable income, average hours worked per week and whether your employer offers insurance.
- You may also click “Add another job” to add more employment income sources, including self-employment income.

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

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

Required fields are marked with an asterisk (\*)

### Joe 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

Business / Employer Name: \*

Federal Employer I.D. Number:

Address:

City:

State:

Zip Code:

Phone: \* (  )  -

ext:

Taxable Income: \*  
\$

(dollars only, no cents)

Average amount of hours worked per week: \*

Does this employer offer health insurance? \*  
 Yes  No

[Add another job for Joe Example](#)

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

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## Step 4: Household Income - Employment

- If you have self-employment income, you'll need to choose your self-employment type, or select "Other" and enter a description.
- Enter your current taxable income.
- Provide your business name and contact information.

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

Tell us about Joe's job or business.

If Joe has more than one job, select "[Add another job](#)" to enter information about these other jobs.

When you have finished adding all of Joe's income from employment, select "**Next**" to continue.

Required fields are marked with an asterisk (\*)

**Joe 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 C or E

Business / Employer Name: \*  Taxable Income: \*  
Federal Employer I.D. Number:  \$      
(dollars only, no cents) [What if I don't know?](#)

Address:

City:

State:

Zip Code:

Phone: \* (  )  -

ext:

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

## Step 4: Household Income - Other

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

### Step 4 - Household Income - Other

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

Tell us if any person in the household receives money or income from other sources. This includes, but is not limited to, income received from:

- Social Security Benefits
- SSI
- Alimony
- Contribution
- Dividends or Interest
- Aid and Attendance (VA)
- Military Allotment
- Retirement, Pension or Annuities
- Rental or Royalty Income
- Strikers Benefits
- Unemployment Compensation
- Insurance or Legal Settlement
- Lump Sum
- Other Counted Unearned Income Not Described Above
- Capital gains
- Investment income

See the complete listing of

[Other Types of Income.](#)

• This is any income that could be declared on next year's

**Does anyone in the household receive money or income from other sources?**

Yes or No is required.

Yes, at least one person receives other money or income from other sources.

No, no one receives other money or income.

Select all household members who receive income from other sources.

Joe V- Example

Jane V- Example

Jill V- Example

[Other Types of Income. \(Click again to close\)](#)

- Social Security Benefits
- SSI
- Alimony
- Contribution
- Dividends or Interest
- Aid and Attendance (VA)
- Military Allotment
- Retirement, Pension or Annuities
- Rental or Royalty Income
- Strikers Benefits
- Unemployment Compensation
- Insurance or Legal Settlement
- Lump Sum
- Other Counted Unearned Income Not Described Above
- Capital gains
- Investment income

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

- After you finish adding jobs and employment income, you can add income from other sources for each household member.
- You should only enter income that is tax-deductible.
- In this example, we will add “Other income” for a household member.

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## Step 4: Household Income - Other

- Check the type of income you want to add, and enter the amount and how often it is received.
- Then, click “Next.”

Income Source (select all that apply)	Amount (dollars only, no cents)	How Often Received
<input type="checkbox"/> <a href="#">Social Security Benefits</a>	\$ <input type="text" value="0"/>	- Select how often - ▾
<input checked="" type="checkbox"/> <a href="#">SSI</a>	* \$ <input type="text" value="100"/>	Monthly ▾
<input type="checkbox"/> <a href="#">Alimony</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Contribution</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Dividends or Interest</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Aid and Attendance (VA)</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Military Allotment</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Retirement, Pension or Annuities</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Rental or Royalty Income</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Strikers Benefits</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Unemployment Compensation</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Insurance or Legal Settlement</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Lump Sum</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Other Counted Unearned Income Not Described Above</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Capital gains</a>	\$ <input type="text"/>	- Select how often - ▾
<input type="checkbox"/> <a href="#">Investment income</a>	\$ <input type="text"/>	- Select how often - ▾

RESET FORM

◀ PREVIOUS

SAVE & EXIT

NEXT ▶

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## Step 4: Household Income - Other

- After entering all employment and income information in the Step 4: Household Income section, you'll be asked to review the section.
- You can click the “Change” links on each section to correct information, or click “Next” at the bottom of the page to continue to the next step.

Oklahoma HealthCare Authority Today is March 02, 2018

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

### Member Enrollment

Language:

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Absent ParentsSTEP 3  
Tax HouseholdSTEP 4  
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Health InsuranceSTEP 7  
Citizenship & IdentitySTEP 8  
Submit

#### Step 4 Review - Household Income

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

Please review what you told us about the household income.

- If the information is correct, select "Next" to go to the next step.
- If you need to add, change, or remove income, select the "Change" link next to the income 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.

#### Income from Employment

Joe Example		
Joe's Home Repair 4345 N Lincoln Blvd Oklahoma City, OK 73105	Taxable Income: \$ 750/month	Self-employment: Other
Jane Example		
None		

[Change employment income information](#)

#### Income from Other Sources

Joe Example	
None	
Jane Example	
None	
Jill Example	
None	

[Change other income information](#)

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## Step 5: Expenses

- Next, you'll enter your tax-deductible expenses, if you have any.
- To enter expenses, select “Yes,” and then choose the family member who has the expenses.

The screenshot shows the Oklahoma HealthCare Authority Member Enrollment interface. At the top, the logo for Oklahoma HealthCare Authority is displayed on the left, and the date "Today is March 02, 2016" is on the right. Below the logo, the text "Welcome Joe Example" is visible, along with links for "Change Password", "Contact Us", and "Log Off". The main heading is "Member Enrollment", and a language dropdown menu is set to "English".

A progress bar below the heading shows eight steps: STEP 1 People & Contacts, STEP 2 Absent Parents, STEP 3 Tax Household, STEP 4 Household Income, STEP 5 Expenses (highlighted in dark blue), STEP 6 Health Insurance, STEP 7 Citizenship & Identity, and STEP 8 Submit.

The "Step 5 - Expenses" section contains a warning icon and the text: "Do not use your browser back button or do a screen refresh." Below this is a paragraph: "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." A question follows: "Does anyone in the household have deductible expenses ?". The answer options are "Yes or No is required." with radio buttons for "Yes" and "No". The "No" option is selected.

At the bottom of the form, there are three buttons: "RESET FORM", "PREVIOUS", and "SAVE & EXIT", followed by a "NEXT" button with a right-pointing arrow.

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## Step 5: Expenses

- Check the box next to the expense, and type the amount and choose how often you pay the expense.



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

Select all of **Joe 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 **Joe Example** pays
- Select how often that expense is paid

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

Required fields marked with an asterisk (\*)

**Joe Example**

Expense Paid (select all that apply)	Amount (dollars only, no cents)	How Often Paid
<input type="checkbox"/> <a href="#">Alimony Paid</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> <a href="#">Business expense allowed on Form 2106</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input checked="" type="checkbox"/> <a href="#">Deductible part of self-employment tax (Schedule SE)</a>	* \$ <input type="text" value="100"/>	- Select how often - <input type="button" value="v"/> Monthly Yearly
<input type="checkbox"/> <a href="#">Domestic Production Activity Expense</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> <a href="#">Educator expenses</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> <a href="#">Health saving account deduction allowed by Form 8889</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> <a href="#">IRA deduction</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> <a href="#">Moving expenses allowed on Form 3903</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> <a href="#">Penalty for early withdrawal of savings</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> <a href="#">Self-employed SEP, SIMPLE, and qualified plans</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> <a href="#">Self-employment health insurance deduction</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> <a href="#">Student Loan Interest Paid</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>
<input type="checkbox"/> <a href="#">Tuition and fees allowed on Form 8917</a>	\$ <input type="text"/>	- Select how often - <input type="button" value="v"/>

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## Step 5: Expenses

- After entering all information in the Step 5: Expenses section, you'll be asked to review the section.
- You can click the “Change” links on each section to correct information, or click “Next” at the bottom of the page to continue to the next step.

Oklahoma HealthCare Authority

Welcome Joe Example

Today is March 02, 2016

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Member Enrollment

Language:

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

### Step 5 Review - Expenses

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

Please review what you told us about your expenses.

- If the information is correct, select “Next” to go to the next step.
- If you need to add, change or remove deductible expense information, select “[Change deductible expense information](#)”. This will take you back to a page where you can change your answers. Depending on what you change, you may be asked a few more questions.

#### Deductible Expenses

Joe V. Example
<input type="text" value="None"/>

Jane V. Example
<input type="text" value="None"/>

Jill V. Example
<input type="text" value="None"/>

[Change deductible expenses information](#)

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## Step 6: Health Insurance

- Next, you'll enter details about health insurance that any household member may have.
- This does not include SoonerCare, Indian Health Services or Medicare.
- If you are applying for Employer-Sponsored Insurance and have no other coverages, choose "NO."

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Welcome Joe Example

Today is March 02, 2016

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Member Enrollment

Language:

STEP 1 People & Contacts

STEP 2 Absent Parents

STEP 3 Tax Household

STEP 4 Household Income

STEP 5 Expenses

STEP 6 Health Insurance

STEP 7 Citizenship & Identity

STEP 8 Submit

### Step 6 - 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

## Step 6: Health Insurance

- If a household member does have other insurance, you'll need to enter these details.

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

### Step 6 - 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

Company Name: \*

Policy Holder: \*

Policy Number/ID Number: \*

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

Effective Date: \*    

Who's Covered? \*  All household members  
 Joe V- Example  
 Jane V- Example  
 Jill V- Example

[Add more insurance](#)

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

## Step 6: Health Insurance

- The application will ask if anyone in your household has Medicare.
- If you answer “Yes,” you’ll be able to indicate which member has Medicare.

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Today is March 02, 2016

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### Member Enrollment

Language: English

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#### Step 6 - 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

Select all household members who have Medicare.

Joe V- Example

Jane V- Example

Jill V- Example

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## Step 6: Health Insurance

- After entering all employment and income information in the Step 6: Health Insurance section, you'll be asked to review the section.
- You can click the “Change” links on each section to correct information, or click “Next” at the bottom of the page to continue to the next step.

Oklahoma HealthCare Authority

Welcome Joe Example

Today is March 02, 2016

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

Member Enrollment

Language:

STEP 1 People & Contacts

STEP 2 Absent Parents

STEP 3 Tax Household

STEP 4 Household Income

STEP 5 Expenses

STEP 6 Health Insurance

STEP 7 Citizenship & Identity

STEP 8 Submit

### Step 6 Review - Health Insurance

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

Please review what you told us about any health insurance covering people in the household.

- If the information is correct, select “Next” to go to the next step.
- If you need to add, change or remove health insurance, select “[Change health insurance information](#)”. 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.

**Health Insurance**

No one has health insurance.

[Change health insurance information](#)

**Medicare**

No one has Medicare.

[Change Medicare information](#)

[← PREVIOUS](#) [SAVE & EXIT](#) [NEXT →](#)

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## Member Enrollment

Language: English

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

### Application 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

[Joe Example](#)

Legal Name: Joe Example

SSN: XXX-XX-9999

Date of Birth: 01/01/1970

Hispanic or Latino origin: No

U.S. Citizen: Yes

SSN: XXX-XX-9998

Pregnant: No

Hispanic or Latino origin: No

U.S. Citizen: Yes

SSN: XXX-XX-9997

[Change employment income](#)

**Income from other sources**

Joe Example	None
Jane Example	None
Jill Example	None

[Change other income](#)

**Step 4: Expenses**

**Deductible Expenses**

Joe V. Example	None
Jane V. Example	None
Jill V. Example	None

[Change deductible expenses information](#)

**Step 6: Health Insurance**

**Health Insurance**

None [Change health insurance](#)

**Medicare Coverage**

None [Change Medicare information](#)

← PREVIOUS   SAVE & EXIT   NO MORE CHANGES

## Application Review

- You will now review all of the information you have entered in steps 1-6.
- You can click the “Change” links on each section to correct information, or click “Next” at the bottom of the page to continue to the next step.

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## Step 7: Citizenship & Identity

- The system may need additional information on a household member in order to confirm citizenship and identity. If so, you will be prompted to provide information on Step 7: Citizenship & Identity.

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Oklahoma Health Care Authority

Welcome Joe Example

Today is March 02, 2016

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Member Enrollment

Language: English

STEP 1 People & Contacts | STEP 2 Absent Parents | STEP 3 Tax Household | STEP 4 Household Income | STEP 5 Expenses | STEP 6 Health Insurance | **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 Jill. 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 (\*).

**Jill V- Example**

Country Of Birth: \*

State Of Birth: \*

First Name: \*

Middle Name:

Last Name: \*

**Mother's Name**

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

Middle Name:

Maiden Name: \*

**Identity of a Child under the age of 16**

Because Jill 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 Jill

Parent  
 Guardian  
 Other

## Step 8: Submit

- Next, you will be asked to agree to the Rights and Responsibilities and sign the application electronically.
  
- Click “Submit” to finish your application and view the results.



Today is March 02, 2016

Welcome Joe Example

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### Member Enrollment

Language:



#### 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

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# Eligibility Results

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
JILL EXAMPLE	SoonerCare Choice	None Selected		

Locate a Provider for JILL EXAMPLE ▼

We found 17 providers within 5 miles for this member, or you may request a new [PCP Search](#)

1. OSU-AJ SAINTS FAMIL	1.43 mi
6201 N SANTA FE AVE	
2. LEE MEDICAL CLINIC	2.34 mi
1119 NW 25TH	
3. WALLACE B MCLEOD	2.49 mi
2216 N MARTIN LUTHE	
4. OU FAMILY MEDICINE	2.65 mi
900 NE 10TH ST	
5. WAZIR S AHMAD	2.86 mi
1211 N SHARTEL AVE	
6. SUNEELA M BHOPLA	2.86 mi
1211 N SHARTEL AVE	
7. LIGHTHOUSE HEALTH	2.86 mi
1211 N SHARTEL AVE	
8. OKEY NWOKOLO MD	2.86 mi
1515 N CLASSEN BLVI	
9. KRISHNAMURTHY ASI	2.86 mi
1211 N SHARTEL AVE	

- If a household member has applied for SoonerCare, the applicant may be asked to choose a primary care provider for that member before proceeding to the full results screen.
- You can choose from a list of providers within 5 miles of the member, or start a new search to find other providers.

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## Eligibility Results

- In this example, Joe is approved for Employer-Sponsored Insurance.
- Jane is denied for Employer-Sponsored Insurance because she is too old to qualify for ESI as a dependent.
- Jill is approved for SoonerCare. However, proof of citizenship has been required for her. Joe can click the “Upload Documents Now” button to submit this proof electronically.

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Oklahoma HealthCare Authority

Welcome Joe Example

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Today is March 02, 2016

My Benefits

Language: English

### Current Benefits Status

Your case number is 201381A.

**You have 5 alerts below** [UPLOAD DOCUMENTS NOW](#)

#### JOE V. EXAMPLE

ID: B26229921

Program	Start	End	Status
Insure OK-Emplr Sponsored Ins	03/01/2016	01/31/2017	APPROVED

#### JANE V. EXAMPLE

ID: B26229930

Insure OK-Individual Plan			DENIED
<a href="#">Over Income (general)</a>			
Insure OK-Emplr Spon Ins			DENIED
<a href="#">Not categorically related to IO</a>			

#### JILL V. EXAMPLE

ID: B26229949

Physician: OSU-AJ SAINTS FAMILY NORTH (405) 272-5555

Program	Start	End	Status
SoonerCare-Families & Children	03/02/2016	05/31/2016	TEMPORARY

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

### Providing Proof Documents

[Upload Your Documents](#)

[Read the Requirements](#)

### Health Assessment

SoonerCare cares about your health. To help us serve you, please take a few moments to

### Print

Application Results [GO](#)

### Select/Change

My Provider [GO](#)

### Update/Renew

My Application [GO](#)

### Change

Password [GO](#)

### Change

Phone, eMail, or Authorized Rep

PHONE 405-555-5555

EMAIL \_\_\_\_\_

AUTHORIZED REPRESENTATIVE (None on File) [GO](#)

### I want to...

[Get ID Card](#)