Oklahoma Health Care Authority

Online Enrollment
Home View

www.mySoonerCare.org
www.InsureOklahoma.org
General Overview

Applying on a home computer ➔ Home View

Oklahoma Health Care Authority
Online Enrollment

Home View Application

Application Walkthrough
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 8 (or higher); and the latest versions of Google Chrome, Mozilla Firefox and Safari are acceptable browsers.

- Fictitious applicant data used throughout this document for demonstration purposes.
Web Application
www.insureoklahoma.org

www.insureoklahoma.org

Home Page

HOW TO USE INSURE OKLAHOMA’S NEW APPLICATION

NEW ONLINE PAYMENT SITE

CLICK HERE

Apply Online
Manage Account & Pay Online
Order Brochures
Employer Portal
SoonerCare Online Enrollment

WebAlerts

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

Apply for Benefits

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. The list of local agencies can be found at http://okacaa.org/agencies/.

The online enrollment web application is only compatible with Microsoft Internet Explorer 8 and above. You may download Internet Explorer by clicking the Explorer image below.
Questions and Answers

PDFs
- Top Ten Online Enrollment Questions/Answers
- SoonerCare FAQs

SoonerCare provides quality health care for one in four Oklahomans. If you are one of our 700,000 plus members, or a former member, we want to hear from you! What has SoonerCare done for you or your child? Whether it is life-saving medical treatment or the ability to provide much needed care for your child, we would like to hear how SoonerCare made a difference in your life.

- Submit Your Story - MySoonarCare

Paper Apps
- SoonerCare Health Benefits Application
  English | Spanish

Income Info

Income Guidelines
Application Requirements

Information Needed

- Names, DOB, SSN, Contact Information, including a valid email address
- Household Tax Information
- Gross Income: Earned & Unearned
- Expenses
- Health Insurance
- HP Pay
SoonerCare Online Enrollment

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Manage Account

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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.
- 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
Creating an account is required to complete an application.

Member Enrollment

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: * [Input field]
Password: * [Input field]

Forgot your User ID?
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: People & Contacts

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.

**Personal Information**

- **First Name:** Claire
  (Full legal name as appears on Social Security card, not a nickname; examples: Joseph, not Joe; Susan, not Sue)
- **Middle Name:**
- **Last Name:** Example
- **Suffix:**
- **Date of Birth:**
  - February
  - 1970
- **Marital Status:** Single or Unknown
- **Gender:** Female
- **Pregnant:** No
Step 1: People & Contacts (cont.)

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 & Contacts (cont.)

- The selection of SoonerCare or help paying for health insurance is made automatically for children and pregnant women.
Step 1:
People & Contacts (cont.)

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

Documentation that can be provided:

- U.S. Birth Certificate

[Buttons: Reset form, Save & exit, Next]
Step 1: People & Contacts (cont.)

Please tell us how we can contact you.

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

Required fields are marked with an asterisk (*).

Contacts

Residence

Street - Line 1: * 2401 NW 23rd St
Street - Line 2: 
City: ^ Oklahoma City
State: * Oklahoma
Zip Code: * 73107

Mailing Address

☑ Same as Residence

Street or P.O. Box: * 2401 NW 23rd St
Street - Line 2: 
City: ^ Oklahoma City
State: * Oklahoma
Zip Code: * 73107

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

What if I am homeless?
Step 1: People & Contacts (cont.)

- 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? \( \square \) Yes \( \square \) No
  - Night Time Phone: - Select Type - \( (*) \) \( - - \) ext
  - Is it okay for us to leave a message here? \( \square \) Yes \( \square \) No
- Email: * you@yourdomain.com

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? \( \square \) Yes \( \square \) No  [Who can I name as my authorized representative?]
Provide all of the required Authorized Representative information.

- **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:**
- **Email:**

Who is giving authorization for this person to represent the case members?
Step 1: People & Contacts (cont.)

- Address Standardization

Image: A screenshot showing a pop-up window titled "Address Standardization" with the message "We were not able to locate the address 2401 NW 23rd Street Oklahoma City, OK 73107. Did you mean: ○ 2401 NW 23RD ST OKLAHOMA CITY, OK 73107 ○ No. Use what I entered."
Step 1: People & Contacts (cont.)

❖ Create a user ID and password.

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.

User ID: * CExample90

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: * stephanie.much@hpe.com

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: * English

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

CONTINUE
Step 1: People & Contacts (cont.)

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

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: What is your favorite color?
Answer 1: blue
Retype Answer 1: blue

Question 2: What is the name of the maid of honor at your wedding?
Answer 2: Maid
Retype Answer 2: Maid

Question 3: What is your favorite relative's name?
Answer 3: Faye
Retype Answer 3: Faye
When the account is successfully created, the confirmation message displays.
Step 1: Account Logon

- Log on using your User ID or Email Address and Password created on the previous page
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.
Step 1: People and Contacts

- Click Continue to resume the application.

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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.

[CONTINUE]
Step 1: People and Contacts

- Entering additional household members.

### 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire V. Example</td>
<td>XXX-XX-1103</td>
<td>02/19/1970</td>
<td>Female</td>
</tr>
</tbody>
</table>

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
Step 1: People & Contacts (cont.)

Household Members

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.

Personal Information

- First Name: Alexis
- Middle Name: V-
- Last Name: Example
- Suffix: 
- Date of Birth: February 1, 2009
- Gender: 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?
- Do you want to enroll in the Insure Oklahoma program for this person?
Step 1: People & Contacts (cont.)

- Household Members

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN</th>
<th>Date of Birth</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire V- Example</td>
<td>XXX-XX-1103</td>
<td>02/19/1970</td>
<td>Female</td>
</tr>
<tr>
<td>Alexis V- Example</td>
<td>XXX-XX-1111</td>
<td>02/01/2009</td>
<td>Female</td>
</tr>
<tr>
<td>Charlotte V- Example</td>
<td>XXX-XX-1119</td>
<td>02/29/2016</td>
<td>Female</td>
</tr>
</tbody>
</table>

Who should I include?

Are there other people living in the household?

- Yes, there are other people in the household
- No, everyone in the household is listed above
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.
When Yes is selected for any of the questions, a household member must be selected.

- Is anyone in the household blind or disabled?
- Select household members
  - Claire V- Example
  - Charlotte V- Example
  - Alexis V- Example
- Is anyone in the household in need of long-term care?
- Is anyone in the household incarcerated (serving a sentence in prison or jail?)
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’.
Step 1: People & Contacts (cont.)

- Relationship information is collected by making a selection from the drop-down.
Step 1: People & Contacts (cont.)

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

Spousal Relationships

<table>
<thead>
<tr>
<th>Name</th>
<th>Marital Status</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire V-Example</td>
<td>Single or Unknown</td>
<td>- Select Spouse -</td>
</tr>
<tr>
<td>Charlotte V-Example</td>
<td>- Select Status -</td>
<td>- Select Spouse -</td>
</tr>
</tbody>
</table>

Required fields are marked with an asterisk (*).

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.
## Step 1: People & Contacts (cont.)

### Household Relationships

We need to ask you a few more questions about each child living in the house. When you have finished, select "Next" to continue.

<table>
<thead>
<tr>
<th>Household Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Does Charlotte V-Example have a parent living in the home?</td>
</tr>
<tr>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Is Charlotte V-Example's other parent living in the home?</td>
</tr>
<tr>
<td>○ Yes ○ No</td>
</tr>
<tr>
<td>Now we need to know if Alexis 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.</td>
</tr>
<tr>
<td>Is Alexis V-Example's other parent living in the home?</td>
</tr>
<tr>
<td>○ Yes ○ No</td>
</tr>
</tbody>
</table>
If the child’s other parent is in the household, he or she should be selected from the drop-down.
Step 1: People & Contacts (cont.)

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
- Single Parent Adoption

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
- Parents deserted

Are you willing to cooperate with Oklahoma Child Support Services?
- Yes
- No
- I would like to claim good cause

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

Now we need to know if Alexis 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 Alexis V-Example's other parent living in the home?
- Yes
- No

Select why the other parent is not in the household
- Select Reason

More information about child support cooperation.

RESET FORM

PREVIOUS

SAVE & EXIT

NEXT
Step 1: People & Contacts (cont.)

- Add Sibling Relationships for children with no parents in the home

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.

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 & Contacts (cont.)

Select brothers and sisters

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?

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.

- [ ] Alexis V- Example

<table>
<thead>
<tr>
<th>Step 1</th>
<th>People &amp; Contacts</th>
<th>Step 2</th>
<th>Tax Household</th>
<th>Step 3</th>
<th>Household Income</th>
<th>Step 4</th>
<th>Expenses</th>
<th>Step 5</th>
<th>Health Insurance</th>
<th>Step 6</th>
<th>Review</th>
<th>Step 7</th>
<th>Citizenship &amp; Identity</th>
<th>Step 8</th>
<th>Submit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll</td>
<td>Step 1</td>
<td>People &amp; Contacts</td>
<td>Tax Household</td>
<td>Household Income</td>
<td>Expenses</td>
<td>Health Insurance</td>
<td>Review</td>
<td>Citizenship &amp; Identity</td>
<td>Submit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reset Form

Previous

Save & Exit

Next
Step 1: People & Contacts (cont.)

Review

- 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

- Claire Example

Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>Claire V- Example</td>
</tr>
<tr>
<td>SSN</td>
<td>XXX-XX-4110</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>02/19/1970</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Pregnant</td>
<td>No</td>
</tr>
<tr>
<td>Race</td>
<td>White</td>
</tr>
<tr>
<td>Hispanic or Latino origin</td>
<td>No</td>
</tr>
<tr>
<td>Oklahoma Resident</td>
<td>Yes</td>
</tr>
<tr>
<td>U.S. Citizen</td>
<td>Yes</td>
</tr>
<tr>
<td>Documentation</td>
<td>U.S. Birth Certificate</td>
</tr>
<tr>
<td>Applying For</td>
<td>SoonerCare, Insure Oklahoma, SoonerPlan</td>
</tr>
</tbody>
</table>

Change Claire's Information
Step 1: People & Contacts (cont.)

Review

- Charlotte Example
  - Legal Name: Charlotte V. Example
  - SSN: XXX-XX-4111
  - Date of Birth: 04/03/2004
  - Gender: Female
  - Pregnant: No
  - Race: Declined to answer
  - Hispanic or Latino origin: No
  - Oklahoma Resident: Yes
  - Documentation: U.S. Birth Certificate
  - Applying For: SoonerCare, Insure Oklahoma

- Alexis Example
  - Legal Name: Alexis V. Example
  - SSN: XXX-XX-4113
  - Date of Birth: 02/01/2009
  - Gender: Female
  - Pregnant: No
  - Race: White
  - Hispanic or Latino origin: No
  - Oklahoma Resident: Yes
  - Documentation: U.S. Birth Certificate
  - Applying For: SoonerCare, Insure Oklahoma
**Step 1: People & Contacts (cont.)**

- **Review**

### Household Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is anyone in the household Blind or Disabled?</td>
<td>No</td>
</tr>
<tr>
<td>Is anyone in the household in need of Long Term Care?</td>
<td>No</td>
</tr>
<tr>
<td>Is anyone in the household incarcerated (serving a sentence in prison or jail)?</td>
<td>No</td>
</tr>
<tr>
<td>Is anyone in the household eligible for Unemployment Benefits?</td>
<td>No</td>
</tr>
</tbody>
</table>

### Household Relationships

#### Relationships to Applicant

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

#### Marital Status

None

#### Oklahoma Child Support Services

- Charlotte V-Example’s Parent is Parents deserted
  - Cooperation with Child Support Services: Yes
- Charlotte V-Example’s Other Parent is Parents deserted
  - Cooperation with Child Support Services: Yes
- Alexis V-Example’s Other Parent is Divorced
  - Cooperation with Child Support Services: Yes
Step 1: People & Contacts (cont.)

- **Review**

### Sibling Relationships

<table>
<thead>
<tr>
<th>Sibling Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

### Contacts

- **Residence:** 2401 NW 23rd Street, Oklahoma City, OK 73107
- **Mailing Address:** 2401 NW 23rd Street, Oklahoma City, OK 73107
- **Primary Language Spoken in Household:** English
- **Written Communication in:** English
- **Notification Type:** Letter
- **Day Time Phone:** No Phone
  - Okay to leave Message: No
- **Night Time Phone:** No Phone
  - Okay to leave Message: No
- **Email:** stephanie.much@hpe.com
- **Authorized Representative:**

[Change sibling information]
[Change contact information]
A pop-up message allows one more opportunity to review and update household members before moving on to Step 2.
Step 2: Tax Household

- Make selections from the drop-downs.
- Additional fields may display depending on the Tax Filer Status.

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.'

Claire V - Example

Tax Filer Status:  - Select Tax Filer Status -
Step 2:
Tax Household (cont.)

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

<table>
<thead>
<tr>
<th>Enroll Steps</th>
<th>STEP 1 People &amp; Contacts</th>
<th>STEP 2 Tax Household</th>
<th>STEP 3 Household Income</th>
<th>STEP 4 Expenses</th>
<th>STEP 5 Health Insurance</th>
<th>STEP 6 Review</th>
<th>STEP 7 Citizenship &amp; Identity</th>
<th>STEP 6 Submit</th>
</tr>
</thead>
</table>

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.'

Claire V - Example

Tax Filer Status: * [Dropdown]
Filing Status: * [Dropdown]

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

- [Checkbox] Charlotte V - Example
  - [Text] Other child residing in household
  - [Text] of Claire

- [Checkbox] Alexis V - Example
  - [Text] Daughter
  - [Text] of Claire

Add a dependent not in the household

RESET FORM

SAVE & EXIT

NEXT
Step 3: Household Income

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

---

**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
- Charlotte V- Example
- Alexis V- Example
Step 3: Household Income (cont.)

- Add the employment details for the individual listed.

### Claire V - Example

<table>
<thead>
<tr>
<th>Are you self-employed? *</th>
<th>Select One *</th>
<th>What if I don't know?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business / Employer Name: *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Employer I.D. Number: *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>Select state *</td>
<td></td>
</tr>
<tr>
<td>Zip Code:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>( ) - - - -</td>
<td></td>
</tr>
</tbody>
</table>

Taxable Income: *

$ [Blank] - 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 (cont.)

- If an Insure Oklahoma applicant has an EEN, click on the ‘Yes’ radio button and click on the ‘Enter EEN’ button.
Step 3:
Household Income (cont.)

- Enter Employee Enrollment Number
Step 3: Household Income (cont.)

- The Employer’s data will automatically populate.

Are you self-employed? *
- No 
- Yes  No

Do you have an EEN and either receive or will receive your health insurance from this employer? If so, please enter the EEN.

Employee Enrollment Number (EEN): * J8gPJXAc5

Business/Employer Name: * MAGIC CARPET RIDE

Federal Employer I.D. Number: 55987451

Address: 123 ONE WAY STREET

City: OKLAHOMA CITY

State: Oklahoma *

Zip Code: 73107

Phone: *( 555 ) 555 - 5555 *

Taxable Income: *

$ [ ] - Select how often - *

(dollars only, no cents)

Average amount of hours worked per week: *

Does this employer offer health insurance? *
- Yes  No

Add employment income for Claire
Step 3: Household Income (cont.)

*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? * No

Do you have an EEN and either receive or will receive your health insurance from this employer? If so, please enter the EEN. ENTER EEN

Employee Enrollment Number (EEN): J8gPJXAc5
Business / Employer Name: MAGIC CARPET RIDE
Federal Employer I.D. Number: 555874611
Address: 123 ONE WAY STREET
City: OKLAHOMA CITY
State: Oklahoma
Zip Code: 73107
Phone: (555) 555-5555

Taxable Income: *
$ 50 Twice a Month
(dollars only, no cents)

Average amount of hours worked per week: * 35

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.
Step 3: Household Income (cont.)

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

![Employment Step 3: Household Income - Employment](image-url)
Step 3:
Household Income (cont.)

Validate Employer Information

Employer Information Validation

We were not able to locate the Employer and/or FEIN for Charlotte V. Example:
Employer Name: ABC Employer
FEIN:

Results: 1-10 of 32

Did you mean:

Employer Name:  
- ABC EARLY LEARNING CENTER LLC
- ABC FINANCIAL
- ABC MEDICAL IMAGING LLC
- ABC123 LOVEBUG2 CHILD CARE LLC
- ABCO STEEL INC
- ABC ACADEMY LLC
- ABC CARPET & STEAM CLEAN COMPANY
- ABC MASTER SERVICE LLC
- ABC PROFESSIONAL TREE SERVICES INC
- ABC TIRE CENTER, LLC.

No. Use what I entered.

OK
Step 3: Household Income (cont.)

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

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 Uncared 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 tax return.

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
- No, no one receives other money or income

Select all household members who receive income from other sources.

- Claire V- Example
- Charlotte V- Example
- Alexis V- Example
### 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.

---

#### Claire Example

<table>
<thead>
<tr>
<th>Income Source (select all that apply)</th>
<th>Amount (dollars only, no cents)</th>
<th>How Often Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Social Security Benefits</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>☐ SSI</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>☐ Alimony</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>☐ Contribution</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>☐ Dividends or Interest</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>☐ Aid and Attendance (VA)</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
</tbody>
</table>
Select the other source of income then enter the amount and how often it is received.

### Step 3 - Change Household Income - Other

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

Make changes to the household's income by selecting the person whose income you want to change.
- If you forgot to add a person's income from other sources, select the person's name.
- If you need to remove income, uncheck the box next to the income source.

When you have finished, select 'Update' to go back to the summary page.

<table>
<thead>
<tr>
<th>Income Source (select all that apply)</th>
<th>Amount (dollars only, no cents)</th>
<th>How Often Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Social Security Benefits</td>
<td>$ ____________________________</td>
<td>- Select how often - [ ]</td>
</tr>
<tr>
<td>[ ] SSI</td>
<td>$ ____________________________</td>
<td>- Select how often - [ ]</td>
</tr>
<tr>
<td>[ ] Alimony</td>
<td>$ ____________________________</td>
<td>- Select how often - [ ]</td>
</tr>
<tr>
<td>[ ] Contribution</td>
<td>$ ____________________________</td>
<td>- Select how often - [ ]</td>
</tr>
<tr>
<td>[x] Dividends or Interest</td>
<td>* $50.00</td>
<td>Monthly</td>
</tr>
<tr>
<td>[ ] Aid and Attendance (VA)</td>
<td>$ ____________________________</td>
<td>- Select how often - [ ]</td>
</tr>
<tr>
<td>[ ] Military Allotment</td>
<td>$ ____________________________</td>
<td>- Select how often - [ ]</td>
</tr>
<tr>
<td>[ ] Retirement, Pension or Annuities</td>
<td>$ ____________________________</td>
<td>- Select how often - [ ]</td>
</tr>
</tbody>
</table>
### Step 3: Household Income (cont.)

- Additional sources of income continues down the page.

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental or Royalty Income</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Strikers Benefits</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Insurance or Legal Settlement</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Lump Sum</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Other Counted Unearned Income Not Described Above</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Capital gains</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
<tr>
<td>Investment income</td>
<td>$</td>
<td>- Select how often -</td>
</tr>
</tbody>
</table>

[RESET FORM] [PREVIOUS] [SAVE & EXIT] [NEXT]
Step 4 – Expenses

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
- Charlotte V - Example
- Alexis V - Example

RESET FORM

PREVIOUS  SAVE & EXIT  NEXT
Step 4: Expenses (cont.)

- Enter the details for the deductible expense for each person

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.
Step 4: Expenses (cont.)

- Additional Deductible Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving expenses allowed on Form 3903</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Penalty for early withdrawal of savings</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Self-employed SEP, SIMPLE, and qualified plans</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Self-employment health insurance deduction</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Student Loan Interest Paid</td>
<td>$100</td>
<td>Yearly</td>
</tr>
<tr>
<td>Tuition and fees allowed on Form 8917</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

RESERVED FORM

PREVIOUS SAVE & EXIT NEXT
Tell us about any commercial health insurance.

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, at least one household member has health insurance
- No, no one has health insurance

RESET FORM
Selecting Yes on the previous page generates this details page. Enter all of the required information.

<table>
<thead>
<tr>
<th>Enrollment Steps</th>
<th>STEP 1 People &amp; Contacts</th>
<th>STEP 2 Tax Household</th>
<th>STEP 3 Household Income</th>
<th>STEP 4 Expenses</th>
<th>STEP 5 Health Insurance</th>
<th>STEP 6 Review</th>
<th>STEP 7 Citizenship &amp; Identity</th>
<th>STEP 8 Submit</th>
</tr>
</thead>
</table>

**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.

### Health Insurance

- **What type of medical coverage do you have?**
  - [ ] Major Medical
  - [ ] Cancer
  - [ ] Hospitalization
  - [ ] Other

- **Select type of other coverage:**
  - If you have more than one of these coverage types, select one to get started:
  - [ ] Dental
  - [ ] Vision
  - [ ] Pharmacy

#### Required fields are marked with an asterisk (*)

- **Company Name:** DELTA DENTAL
- **Policy Holder:** Claire V- Example
- **Policy Number/ID Number:** 123456789
- **Group Number:**
- **Effective Date:** January 1, 2016
- **Who's Covered?**
  - [x] All household members
  - [x] Claire V- Example
  - [x] Charlotte V- Example
  - [x] Alexis V- Example
Details Page Continues

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

Select “Add more insurance” if there is another policy covering anyone in the house.
Medicare is another source of health insurance that is asked about.
Step 5: Health Insurance (cont.)

- Selecting Yes to the Medicare question generates a list of household members. Select the member with Medicare coverage.

- No additional information is collected.

---

Selecting Yes to the Medicare question generates a list of household members. Select the member with Medicare coverage.

- No additional information is collected.
Step 6: Review

- Review information provided: People & Contacts

<table>
<thead>
<tr>
<th>Enrollment Steps</th>
<th>STEP 1 People &amp; Contacts</th>
<th>STEP 2 Tax Household</th>
<th>STEP 3 Household Income</th>
<th>STEP 4 Expenses</th>
<th>STEP 5 Health Insurance</th>
<th>STEP 6 Review</th>
<th>STEP 7 Citizenship &amp; Identity</th>
<th>STEP 8 Submit</th>
</tr>
</thead>
</table>

**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-4110 |
  | Date of Birth: | 02/19/1970 |  |
  | 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 (cont.)

**Charlotte Example**

- **Legal Name:** Charlotte Example
- **SSN:** XXX-XX-4111
- **Date of Birth:** 04/03/2004
- **Gender:** Female
- **Race:** Declined to answer
- **Hispanic or Latino origin:** No
- **Oklahoma Resident:** Yes
- **U.S. Citizen:** Yes
- **Documentation:** U.S. Birth Certificate
- **Applying For:** SoonerCare, Insure Oklahoma

**Alexis Example**

- **Legal Name:** Alexis Example
- **SSN:** XXX-XX-4113
- **Date of Birth:** 02/01/2009
- **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
## Household Questions and Household Relationships

### Household Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is anyone in the household Blind or Disabled?</td>
<td>No</td>
</tr>
<tr>
<td>Is anyone in the household in need of Long Term Care?</td>
<td>No</td>
</tr>
<tr>
<td>Is anyone in the household incarcerated (serving a sentence in prison or jail)?</td>
<td>No</td>
</tr>
<tr>
<td>Is anyone in the household eligible for Unemployment Benefits?</td>
<td>No</td>
</tr>
</tbody>
</table>

### Household Relationships

**Relationships to Applicant**
- Charlotte V- Example is the Other child residing in household of Claire V- Example
- Alexis V- Example is the Daughter of Claire V- Example

**Marital Status**
- None

**Oklahoma Child Support Services**
- Charlotte V- Example’s Parent is: Parents deserted
  - Cooperation with Child Support Services: Yes
- Charlotte V- Example’s Other Parent is: Parents deserted
  - Cooperation with Child Support Services: Yes
- Alexis V- Example’s Other Parent is: Divorced
  - Cooperation with Child Support Services: Yes
Step 6: Review (cont.)

- Sibling Relationships and Contacts

Sibling Relationships
None

Contacts

- Residence: 2401 NW 23rd Street
  Oklahoma City, OK 73107
- Mailing Address: 2401 NW 23rd Street
  Oklahoma City, OK 73107
- Primary Language Spoken in Household: English
- Written Communication In: English
- Notification Type: Letter
- Day Time Phone: No Phone
  Okay to leave Message: No
- Night Time Phone: No Phone
  Okay to leave Message: No
- Email: stephanie.much@hpe.com
- Authorized Representative:
Step 6: Review (cont.)

- Tax Household and Household Income

**Tax Household**

- Claire V - Example
  - Tax Filer Status: Tax Filer
  - Filing Status: Single
  - Dependent claimed on tax return:
    - Charlotte V - Example
      - Other child residing in household
    - Alexis V - Example
      - Daughter

**Step 3: Household Income**

- **Income from employment**
  - Claire Example
    - MAGIC CARPET RIDE
      - 123 ONE WAY STREET
      - OKLAHOMA CITY, OK 73107
    - Taxable Income: $100/month
    - Employee Hours Worked: 35
    - Employer Offered Health Insurance: No
    - Employee Enrollment Number: J8gPJXAc6
    - Federal Employer I.D. Number: 569874611
  - None
  - None
  - None

[Change tax household information]
[Change employment income]
**Step 6: Review (cont.)**

- **Other Income and Expenses**

<table>
<thead>
<tr>
<th>Income from other sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire Example</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Charlotte Example</td>
</tr>
<tr>
<td>Dividends or Interest</td>
</tr>
<tr>
<td>Alexis Example</td>
</tr>
<tr>
<td>None</td>
</tr>
</tbody>
</table>

  **Deductible Expenses**

  | Claire V. Example         |
  | Student Loan Interest Paid | $100 / Yearly |

  | Charlotte V. Example      |
  | None                      |

  | Alexis V. Example         |
  | None                      |

[Link to change other income](#)

[Link to change deductible expenses information](#)
Health Insurance and Medicare Coverage

- **DELT A DENTAL**
  - **Address:** P O BOX 16450
  - **N LITTLE ROCK, AR 72231**
  - **Phone Number:**
  - **Group Number:**
  - **Policy Number:** 123456789
  - **Policy Holder:** Claire Example
  - **Policy Holder ID:** ***-***-4110

- **Insured**
  - Clairo Example
  - Charlotte Example
  - Alexis Example
  - **Type of Coverage:** DENTAL

- **Medicare Coverage**
  - None

[Change health insurance]
[Change Medicare information]
Processing
Step 7: Citizenship & Identity

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?

Claire V. Example

Country Of Birth: * United States
State Of Birth: * Oklahoma
County Of Birth: * Adair

First Name: * Claire
Middle Name: 
Last Name: * Example

Mother's Name
First Name: * Mother
Middle Name: 
Maiden Name: * Maiden

What if I don't know this?
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: Claire V. Example

[Submit]
Submit Application

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: * Claire Example

Name of the person signing the application

SUBMIT
Submit Application

Step 8: Submit

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.

You must also sign the application by signing it as you would sign a financial document. Your signature has the same legal effect and can be enforced in the same way as a written signature.

Signature: Claire Ex

Name of the person signing the application

Your application is being processed. This may take a few moments. Please don’t refresh or close the browser.
## Provider Selection

### Oklahoma HealthCare Authority

**Provider Selection**

Welcome Claire Example

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Program</th>
<th>Primary Care Provider</th>
<th>Effective</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALEXIS EXAMPLE</td>
<td>SoonerCare Choice</td>
<td>None Selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHARLOTTE EXAMPLE</td>
<td>SoonerCare Choice</td>
<td>None Selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIRE EXAMPLE</td>
<td>SoonerCare Choice</td>
<td>None Selected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**IMPORTANT:** You must choose a provider.

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

1. *YUJAYA MALPANI* 2.77 mi
   - 3330 NW 56TH ST
2. *PROGRESSIVE PEDIATRIC* 3.09 mi
   - 5922 N PORTLAND

- Map
- Satellite

![Map Image]

**Oklahoma City**

- [Google Maps](https://www.google.com/maps)
Provider Selection

Welcome Claire Example

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.

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Program</th>
<th>Primary Care Provider</th>
<th>Effective</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALEXIS EXAMPLE</td>
<td>SoonerCare Choice</td>
<td>None Selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHARLOTTE EXAMPLE</td>
<td>SoonerCare Choice</td>
<td>None Selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIRE EXAMPLE</td>
<td>SoonerCare Choice</td>
<td>None Selected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT: You must choose a provider.

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

1. VIJAYA MALPANI 2.77 mi
   3330 NW 56TH ST

2. PROGRESSIVE PEDIATRIC 3.09 mi
   5622 N PORTLAND

Map Satellite

The Village
Nichols Hills
The Village
Oklahoma City Zoo
Lake Aluma
District Park
Oklahoma City Zoo
The Village
Nichols Hills
Provider Selection (cont.)

Directions
Provider Selection (cont.)

PCP Selection

Provider Selection

Welcome Claire Example

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:

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Program</th>
<th>Primary Care Provider</th>
<th>Effective</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALEXIS EXAMPLE</td>
<td>SoonerCare Choice</td>
<td>PROGRESSIVE PEDIATRICS PC</td>
<td>10/26/2016</td>
<td></td>
</tr>
<tr>
<td>CHARLOTTE EXAMPLE</td>
<td>SoonerCare Choice</td>
<td>None Selected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLAIRE EXAMPLE</td>
<td>SoonerCare Choice</td>
<td>None Selected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for selecting your Provider(s).

Locate a Provider for ALEXIS EXAMPLE

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

1. VIJAYA MALPANI
   3330 NW 56TH ST
   2.77 mi

2. PROGRESSIVE PEDIATRICS PC
   3.09 mi
Application Results – My Benefits page displays

Your case number is 2007WDD.

You have 9 alerts below

Upload Documents Now

CLAIRE V- EXAMPLE
ID: B16392068

Program: SoonerCare-Families & Children
Start: 10/25/2016
End: 11/25/2016
Status: 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 31 days to continue eligibility
- You must select a Provider for this member.
- There are only 31 days of eligibility remaining

CHARLOTTE V- EXAMPLE
ID: B16392077
### My Benefits (cont.)

#### Program Information

<table>
<thead>
<tr>
<th>Program</th>
<th>Start</th>
<th>End</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoonerCare-Families &amp; Children</td>
<td>10/25/2016</td>
<td>01/23/2017</td>
<td>TEMPORARY</td>
</tr>
</tbody>
</table>

- **Proof of US Citizenship needs to be turned in within 90 days to continue eligibility**
- **You must select a Provider for this member.**

### ALEXIS V - EXAMPLE

**ID:** B16392006  
**Physician:** PROGRESSIVE PEDIATRICS PC  
**Phone:** (405) 949-2881

<table>
<thead>
<tr>
<th>Program</th>
<th>Start</th>
<th>End</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoonerCare-Families &amp; Children</td>
<td>10/25/2016</td>
<td>11/25/2016</td>
<td>TEMPORARY</td>
</tr>
</tbody>
</table>

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

### Providing Proof Documents

- **Upload Your Documents**
  - **Read the Requirements**
  - **UPLOAD NOW**

- **By Mail**
  - Attach the cover sheet and mail your documents to:
    - Oklahoma Health Care Authority  
    - PO Box 548804  
    - Oklahoma City, OK 73164

- **Bring your documents to an Office**
  - **See the complete list**

### Health Assessment

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

### Other Programs

- **Voter Registration**
- **OKJobMatch.com**
- **Food Stamps**
- **School Lunches**
- **Child Support Services**
- **Childcare**

### HIPAA Privacy Statement

For information on how member health information will be used, [click here](#).
My Benefits (cont.)

Oklahoma Health Care Authority

Welcome Claire Example

My Benefits

Current Benefits Status
Your application was received on 10/25/2016 at 14:22:46
Your case number is 2007WDE. Transaction ID: 7883568

⚠️ You have 2 alerts below

UPLOAD DOCUMENTS NOW

CLARIE V- EXAMPLE
ID: B16392095

Program Status

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

PAY PREMIUM

Print
Application Results

Update/Renew
My Application

Change
Password

Change
Phone, eMail, or Authorized Rep
Convenience Pay

Pay Premium
Convenience Pay

Make One Time Payment

Account Information

Account Number: B2029823
Selected Account to Pay: My Account
Bill Due Amount: $23.96

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: 1008571697
Due Date: 4/1/2016
Amount Due: $23.96
Amount To Pay: 23.96
Memo: [Blank]

Continue | No Thanks
Convenience Pay

Make One Time Payment

Account Information
- Account Number: 20022623
- Selected Account to Pay: My Account
- Bill Due Amount: $23.96

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.

<table>
<thead>
<tr>
<th>Invoice Number</th>
<th>Due Date</th>
<th>Amount Due</th>
<th>Amount To Pay</th>
<th>Memo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1008571697</td>
<td>4/1/2016</td>
<td>$23.96</td>
<td>$23.96</td>
<td></td>
</tr>
</tbody>
</table>

$23.96

Continue | Back

Privacy Statement | Refund Policy
Convenience Pay

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: 025229823
Selected Account to Pay: My Account
Bill Due Amount: $23.96

Enter Payment Information
* Indicates required field

Payment Method: Credit Card

Card Number:
Card Expiration Date: 03 - Mar 2016
ZIP/Postal Code:
Payment Method Nickname: My Payment Method
Payment Delivery Date: 03/03/2016

Payment Amount:
Enter dollars and cents: $23.96

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

Privacy Statement  Refund Policy
Convenience Pay

<table>
<thead>
<tr>
<th>Account Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Number: B2B229238</td>
</tr>
<tr>
<td>Selected Account to Pay: My Account</td>
</tr>
<tr>
<td>Bill Due Amount: $23.96</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Method: My Payment Method - ****5257</td>
</tr>
<tr>
<td>Payment Amount: $23.96</td>
</tr>
<tr>
<td>Payment Delivery Date: 3/3/2016</td>
</tr>
<tr>
<td>E-Mail Address: <a href="mailto:SHAKDOWNTSTING@HPE.COM">SHAKDOWNTSTING@HPE.COM</a></td>
</tr>
<tr>
<td>ZIP/Postal Code: 73612</td>
</tr>
</tbody>
</table>

Your payment is not processed until you click "Authorize 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.

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

[Authorize Payment] [No Thanks]
Convenience Pay

Make A One-Time Payment

Your payment has been approved. Your confirmation number is EP9316.

Account Summary
Account Number: B26229823
Selected Account to Pay: My Account
Bill Due Amount: $23.96

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.
Payment Method: My Payment Method - ****5257
Payment Amount: $23.96
Payment Delivery Date: 3/3/2016
E-Mail Address: SHAKEDOWNTESTING@HPE.COM
ZIP/Postal Code: 73612

Thank you for using the Bill Pay Site!

Return to My Account Home
### Current Benefits Status

Your case number is 2007/WDE.

You have 3 alerts below:

**Alerts:
- 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**

**CLAUDE V - EXAMPLE**

ID: B16392095

Physician: JAN DENTIST
(334) 234-3434

<table>
<thead>
<tr>
<th>Program</th>
<th>Start</th>
<th>End</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insure Oklahoma-Unemployed</td>
<td>11/01/2016</td>
<td>11/30/2016</td>
<td>TEMPORARY</td>
</tr>
</tbody>
</table>

[Upload Documents Now]

[Pay Premium]
My Benefits

Providing Proof Documents

Upload Your Documents
- Read the Requirements

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

Health Assessment
SoonerCare cares about your health. To help us serve you, please take a few moments to complete the health assessment.

Other Programs
- Voter Registration
- OKJobMatch.com
- Food Stamps
- Federally Facilitated Marketplace
- WIC
- Child Support Services
- Childcare
Uploading a Document

File Upload

1. Click on the 'Browse' button to look for your files. This will open a new window. Find the document on your computer. Once you find it, click the 'Open' button to add it to your Documents to Send list.
2. Repeat for each document you want to send to us.
3. When you have added all of the needed documents to the list, select the 'Upload' button. Then wait for a response to let you know if each was uploaded successfully.
4. Please allow 5-7 business days for your uploaded document(s) to be processed.

Documents to Send

| Status |
Document Uploading (cont.)

✧ Uploading a Document

1. Click on the "Browse" button to look for your files. This will open a new window. Find the document on your computer. Once you find it, click the "Open" button to add it to your Documents to Send list.
2. Repeat for each document you want to send to us.
3. When you have added all of the needed documents to the list, select the "Upload" button. Then wait for a response to let you know if each was uploaded successfully.
4. Please allow 5-7 days for your uploaded document(s) to be processed.

⚠ You have selected an invalid file format. Acceptable file formats are: .pdf, .gif, .jpg, .png, .tif, .tiff, and .bmp. Max file size permitted is less than 1MB.
Document Uploading (cont.)

● Uploading a Document

File Upload

1. Click on the 'Browse' button to look for your files. This will open a new window. Find the document on your computer. Once you find it, click the 'Open' button to add it to your Documents to Send list.
2. Repeat for each document you want to send to us.
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Documents to Send

<table>
<thead>
<tr>
<th>Status</th>
<th>TEST DOCUMENT FOR MANUAL UPDATES.pdf</th>
</tr>
</thead>
</table>

Upload 1 File(s)

BROWSE

UPLOAD

CLOSE

Remove
Document Uploading (cont.)

✓ Upload Successful

File Upload

1. Click on the 'Browse' button to look for your files. This will open a new window. Find the document on your computer. Once you find it, click the 'Open' button to add it to your Documents to Send list.
2. Repeat for each document you want to send to us.
3. When you have added all of the needed documents to the list, select the 'Upload' button. Then wait for a response to let you know if each was uploaded successfully.
4. Please allow 5-7 business days for your uploaded document(s) to be processed.

Success! Documents marked with ✔ have been received by OHCA and will be processed in 5 to 7 business days.

Documents to Send

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST DOCUMENT FOR MANUAL UPDATES.pdf</td>
<td>✔ Upload Completed Successfully. Received 81KB.</td>
</tr>
</tbody>
</table>
Applying 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 complete the health assessment.

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

Other Programs
- Voter Registration
- OKJobMatch.com
- Food Stamps
- Federally Facilitated Marketplace
- WIC
- Child Support Services
- Childcare
Health Condition Assessment Questions

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

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

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

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

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

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

Does anyone in the household have chronic obstructive pulmonary disease (COPD)?
  - ALEXIS 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?
  - ALEXIS V- EXAMPLE
Health Condition Assessment Questions

- Does anyone in the household take more than 6 prescription medications?
  - [ ] ALEXIS V- EXAMPLE

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

- Does anyone in the household use special medical equipment or supplies?
  - [ ] ALEXIS V- EXAMPLE

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

- Has anyone in the household been hospitalized for something other than routine surgery or procedure in the past 3 months?
  - [ ] ALEXIS 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.
### 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

Oklahoma Health Care Authority

Indivduals

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

SoonerCare Online Enrollment

WebAlerts

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

Apply for Benefits

Manage Account

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. The list of local agencies can be found at http://okacaa.org/agencies/.

The online enrollment web application is only compatible with Microsoft Internet Explorer 8 and above. You may download Internet Explorer by clicking the Explorer image below.
Returning to the Application (cont.)

Log On to your Account

Member Enrollment

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: *
Password: *

Forgot your User ID?
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.
Returning to the Application (cont.)

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.

CONTINUE
My Benefits Page

My Benefits

Current Benefits Status
Your case number is 2007WDD.

You have 9 alerts below
UPLOAD DOCUMENTS NOW

CLAIRE V. EXAMPLE
ID: B16392068

<table>
<thead>
<tr>
<th>Program</th>
<th>Start</th>
<th>End</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>SoonerCare-Families &amp; Children</td>
<td>10/25/2016</td>
<td>11/25/2016</td>
<td>TEMPORARY</td>
</tr>
</tbody>
</table>

- Proof of US Citizenship needs to be turned in within 90 days to continue eligibility
- Proof of Expenses needs to be turned in within 31 days to continue eligibility
- You must select a Provider for this member.
- There are only 31 days of eligibility remaining

CHARLOTTE V. EXAMPLE
ID: B16392077

Print Application Results
Select/Change My Provider
Update/Renew My Application
Change Password
### My Benefits Page

#### Providing Proof Documents

**Upload Your Documents**
- Read the Requirements

**By Mail**
- Attach the cover sheet and mail your documents to
  - Oklahoma Health Care Authority
  - PO Box 548804
  - Oklahoma City, OK 73164

**Bring your documents to an Office**
- See the complete list

#### Health Assessment

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

#### Other Programs

- [Voter Registration](#)
- [OKJobMatch.com](#)
- [Food Stamps](#)
- [School Lunches](#)
- [Child Support Services](#)
- [Childcare](#)

#### HIPAA Privacy Statement

For information on how member health information will be used, [click here](#).
I want to...

- Get ID Card
- End Benefits
- View Letters UNREAD
- View definitions of programs
- Contact the Federally Facilitated Marketplace
Print ID Card

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.

- CLAIRE EXAMPLE
- CHARLOTTE EXAMPLE
- ALEXIS EXAMPLE

Options:
- Select All

Buttons:
- PRINT
- CANCEL
Print ID Card
My Benefits (cont.)

End Benefits

I want to...

• Get ID Card
• End Benefits
• View Letters
• View definitions of programs
• Contact the Federally Facilitated Marketplace
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). The benefit will end either on the last day of this month, or the last day of next month if later than the 15th.

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 Eligibility Unit at (800) 967-7767.

Changed your mind? Go Back to My Benefits

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

Reason: Select Reason

- CLAIRE EXAMPLE
- CHARLOTTE EXAMPLE
- ALEXIS EXAMPLE
I want to...

- Get ID Card
- End Benefits
- View Letters
- View definitions of programs
- Contact the Federally Facilitated Marketplace
Letters

Member Enrollment

Letters

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

Letters for: * Case

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 (cont.)

View Letters
### Letters (cont.)

#### View Letters

**Member Enrollment**

**Letters**

- **Letters for:** Case
- **Letters relating to:** All
- **Date Range:** 90 Days

**Letters**

<table>
<thead>
<tr>
<th>Letter Date</th>
<th>Letter Name</th>
<th>Letter Type</th>
<th>Status</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/25/2017</td>
<td>Case Status</td>
<td>DET-9001-D</td>
<td>Read</td>
<td>Open</td>
</tr>
<tr>
<td>12/16/2016</td>
<td>Case Status</td>
<td>DET-9001-D</td>
<td>Unread</td>
<td>Open</td>
</tr>
<tr>
<td>11/17/2016</td>
<td>Suspended</td>
<td>DET-9006-D</td>
<td>Unread</td>
<td>Open</td>
</tr>
<tr>
<td>11/17/2016</td>
<td>Case Status</td>
<td>DET-9001-D</td>
<td>Unread</td>
<td>Open</td>
</tr>
<tr>
<td>11/15/2016</td>
<td>Individual Plan Premium Breakdown</td>
<td>PMS-9103-D</td>
<td>Unread</td>
<td>Open</td>
</tr>
<tr>
<td>11/15/2016</td>
<td>Case Status</td>
<td>DET-9001-D</td>
<td>Unread</td>
<td>Open</td>
</tr>
</tbody>
</table>

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 1-800-997-7767. For Insure Oklahoma call 1-888-365-3742.
Contact Us

Contact Us:

SoonerCare

Oklahoma Health Care Authority

1-800-987-7767

8 a.m. to 5 p.m., Mon. – Fri.