LAFRA Member

HCOnline Enrollment Guide

Registering On HCOnline

1. In a web browser, navigate to **HCOnline** hconline.healthcomp.com/lafra. If you have already registered, use your existing credentials to log in.

2. If you have not yet registered, click **SignUp**. From the drop down menu, click **Member**. This will open the **New User Registration** screen. If you are unable to continue, contact LAFRA Member Services.

3. On the New User Registration screen, enter your **Social Security Number** (omitting dashes), **Date of Birth** (MM/DD/YYY), and **Home Zip Code** (#####).

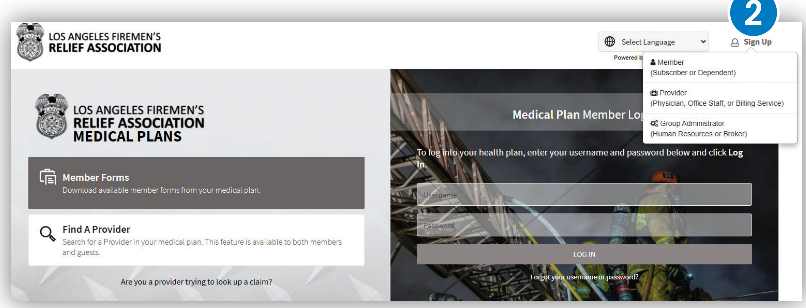
4. Click the **I'm not a robot** checkbox.

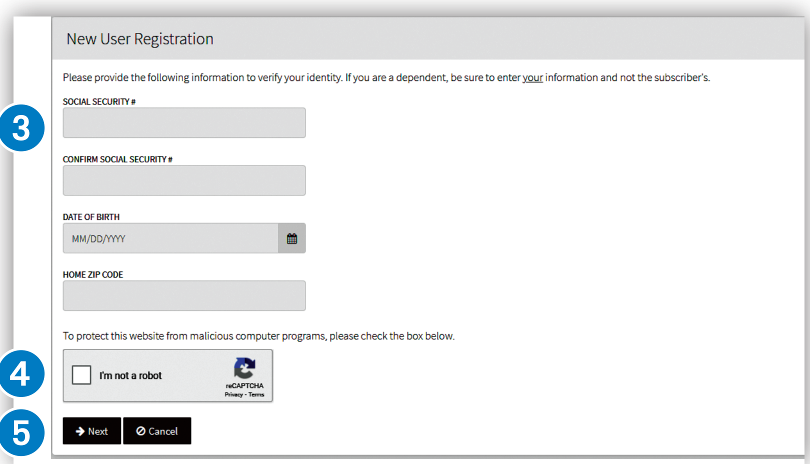
5. Click **Next**.

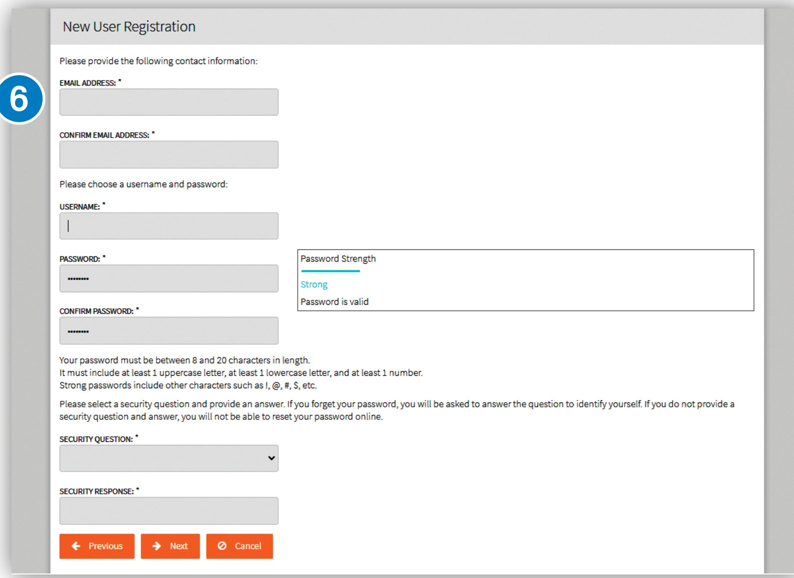
6. In the User Account step of the **New User Registration**, enter your **email address**, **username**, **password** and **security question** and **answer**. Click **Next**.

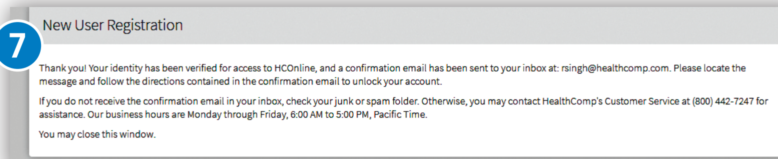
7. **To complete registration**, HCOnline will send a confirmation to your email address. Access your email and click the link within the email confirmation. This completes the registration process.

We recommend adding hconline@healthcomp.com to your address book to ensure you receive all HCOnline email notifications.









Employee Demographics

1. Log into your **HCOnline** account.

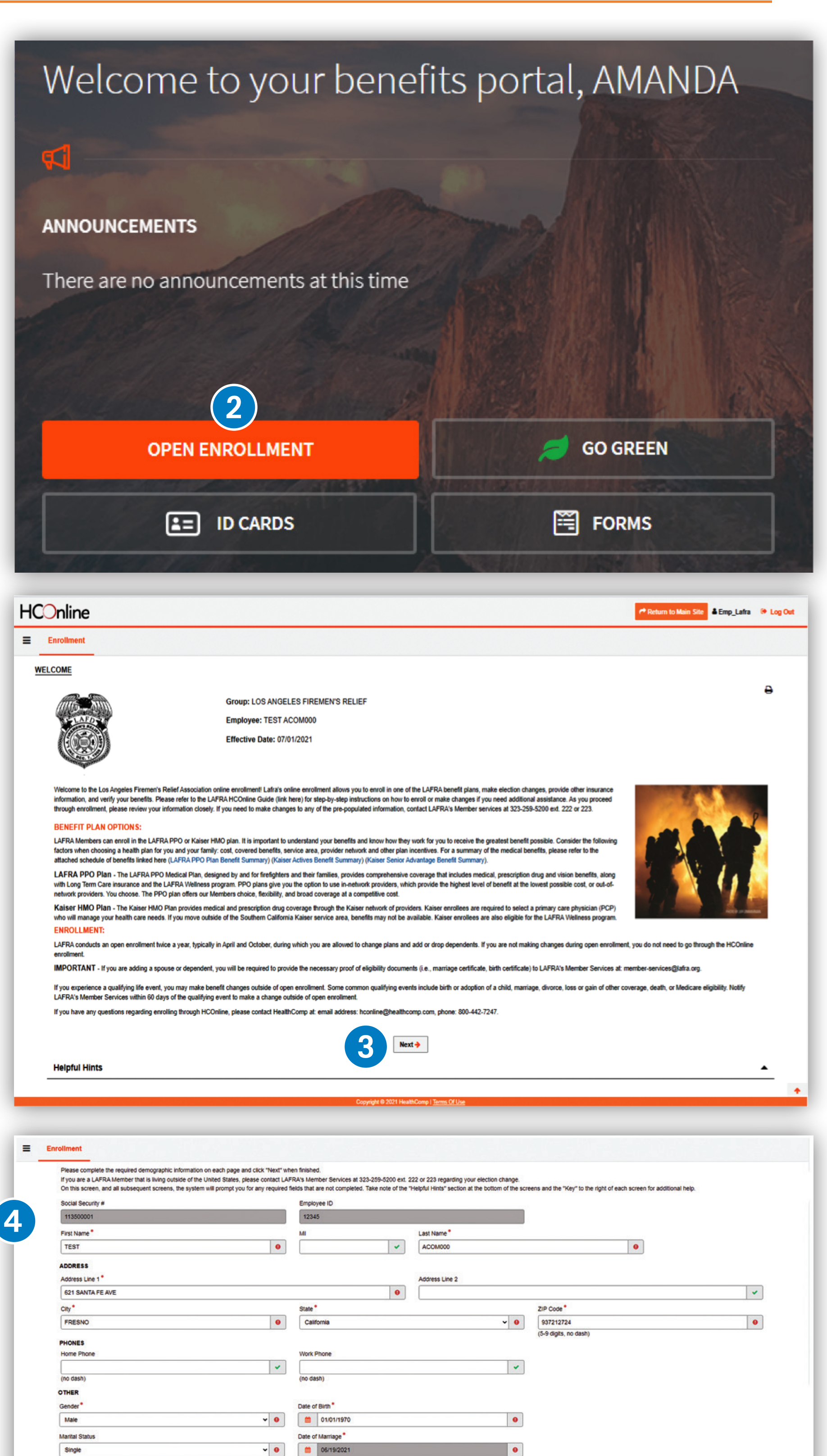
2. Select the **Open Enrollment** or **New Hire Enrollment** button to begin the enrollment process.

3. A welcome page will display after clicking this button. Read the opening page then click **Next**.

4. Complete and/or verify all information on the **Employee Demographics** page.

   Note: If any of the pre-populated information is incorrect, please contact LAFRA's Member Services at (323) 259-5200 (ext 222 or 223).

5. When finished, click **Next**. The system will prompt you for any required fields that are not completed.



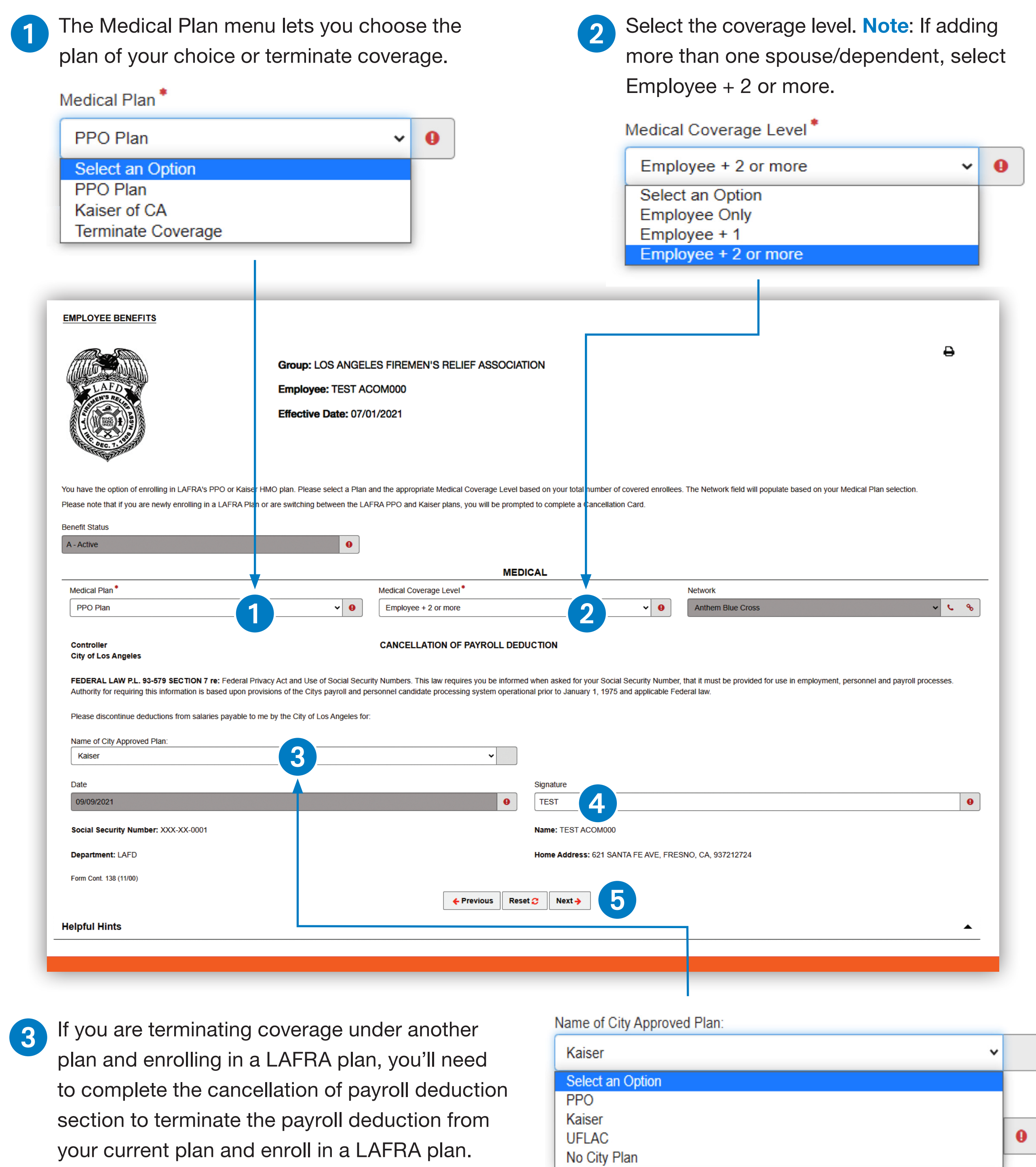
For account assistance please contact HealthComp's Customer Service Team at 800-442-7247 or **hconline@healthcomp.com**

Benefit Elections

The **Employee Benefits** page allows you to elect or waive coverage.

1. The Medical Plan menu lets you choose the plan of your choice or terminate coverage.

2. Select the coverage level. **Note**: If adding more than one spouse/dependent, select Employee + 2 or more.



EMPLOYEE BENEFITS

Group: LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

Employee: TEST ACOM000

Effective Date: 07/01/2021

You have the option of enrolling in LAFRA's PPO or Kaiser HMO plan. Please select a Plan and the appropriate Medical Coverage Level based on your total number of covered enrollees. The Network field will populate based on your Medical Plan selection.

Please note that if you are newly enrolling in a LAFRA Plan or are switching between the LAFRA PPO and Kaiser plans, you will be prompted to complete a Cancellation Card.

Benefit Status: A - Active

MEDICAL

Medical Plan *: PPO Plan
Medical Coverage Level *: Employee + 2 or more
Network: Anthem Blue Cross

Controller
City of Los Angeles

CANCELLATION OF PAYROLL DEDUCTION

FEDERAL LAW P.L. 93-579 SECTION 7 re: Federal Privacy Act and Use of Social Security Numbers. This law requires you be informed when asked for your Social Security Number, that it must be provided for use in employment, personnel and payroll processes. Authority for requiring this information is based upon provisions of the Citys payroll and personnel candidate processing system operational prior to January 1, 1975 and applicable Federal law.

Please discontinue deductions from salaries payable to me by the City of Los Angeles for:

Name of City Approved Plan: Kaiser

Date: 09/09/2021

Signature: TEST

Social Security Number: XXX-XX-0001

Name: TEST ACOM000

Department: LAFD

Home Address: 621 SANTA FE AVE, FRESNO, CA, 937212724

Form Cont. 138 (11/00)

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Helpful Hints

3. If you are terminating coverage under another plan and enrolling in a LAFRA plan, you'll need to complete the cancellation of payroll deduction section to terminate the payroll deduction from your current plan and enroll in a LAFRA plan. **Select the plan you are currently enrolled in.**

4. Type your **first and last name** to sign.

5. Then click **Next**.

Adding Spouse/Dependents to Coverage

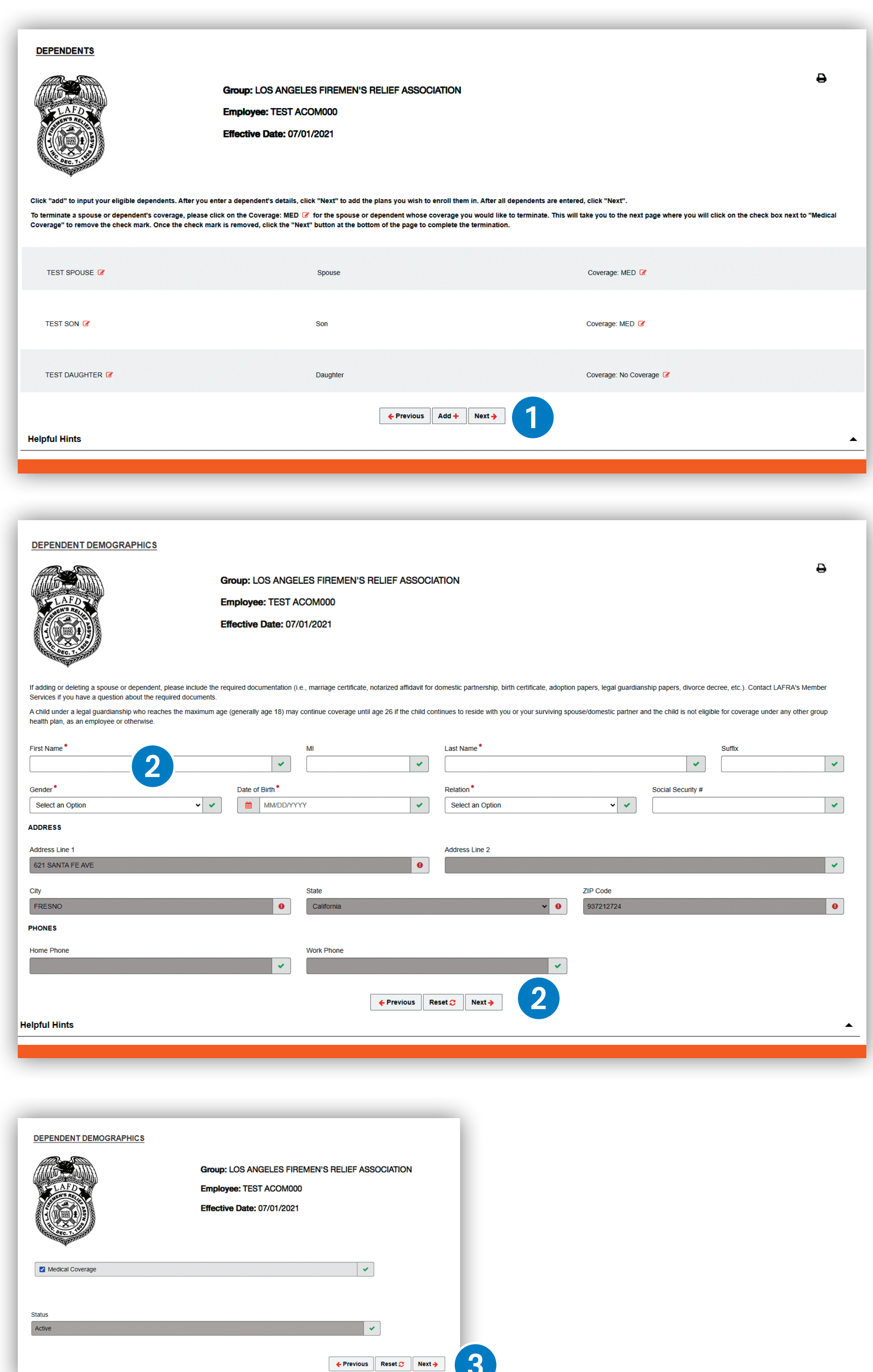
The **Dependents** page allows you to add a spouse or dependent you want covered under your plan or update the coverage and demographics for current dependents.

1. Select **Add +** to add a spouse or dependent and click **Next**.

2. Complete all fields with an * then click **Next**.

> **Note:** If adding a spouse or dependent, email the applicable eligibility verification documents (i.e., birth certificate, marriage certificate) to member-services@lafra.org. Make sure to include the Primary Member's name in your email. Your enrollment is not complete until all required documents are received.

3. Click on the box next to Medical Coverage for the dependent whose coverage you would like to add. Then click **Next**.



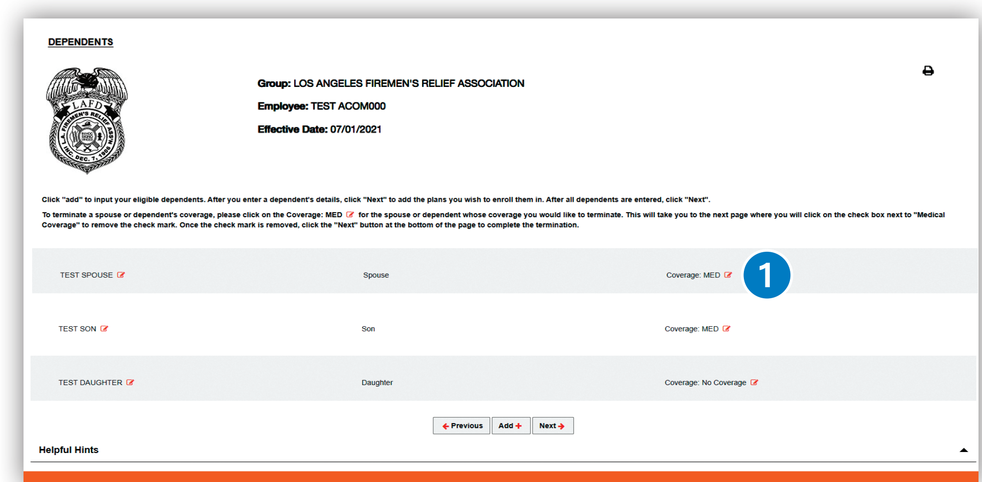
Spouse/Dependent Coverage Termination

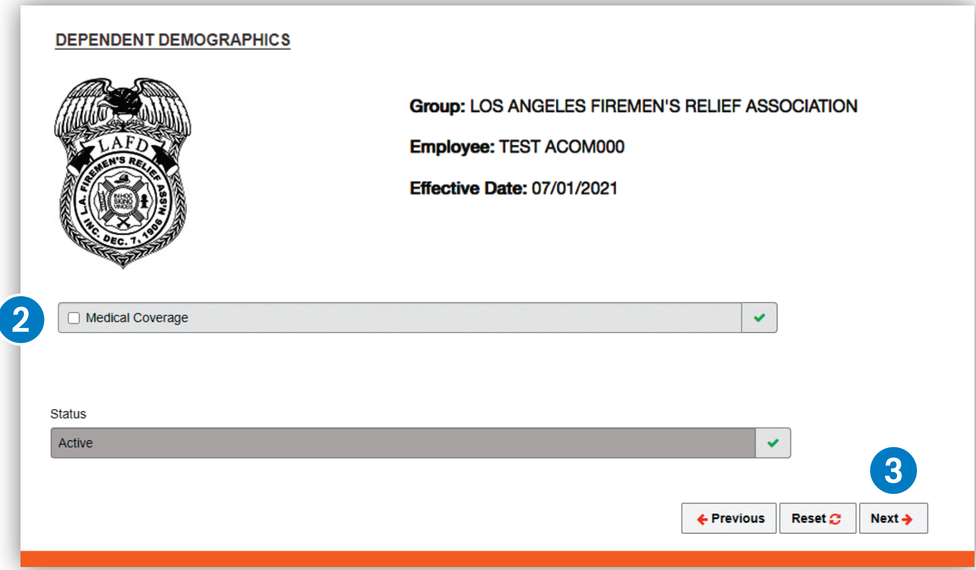
The **Dependents** page also allows you to terminate the coverage for covered spouses and dependents.

1. Go to the row showing the spouse or dependent's name that you want to remove from coverage and click on the **orange icon** next to **Coverage: Med** and click **Next**.

2. Un-click the **blue check box** to remove coverage.

3. Then click **Next**.



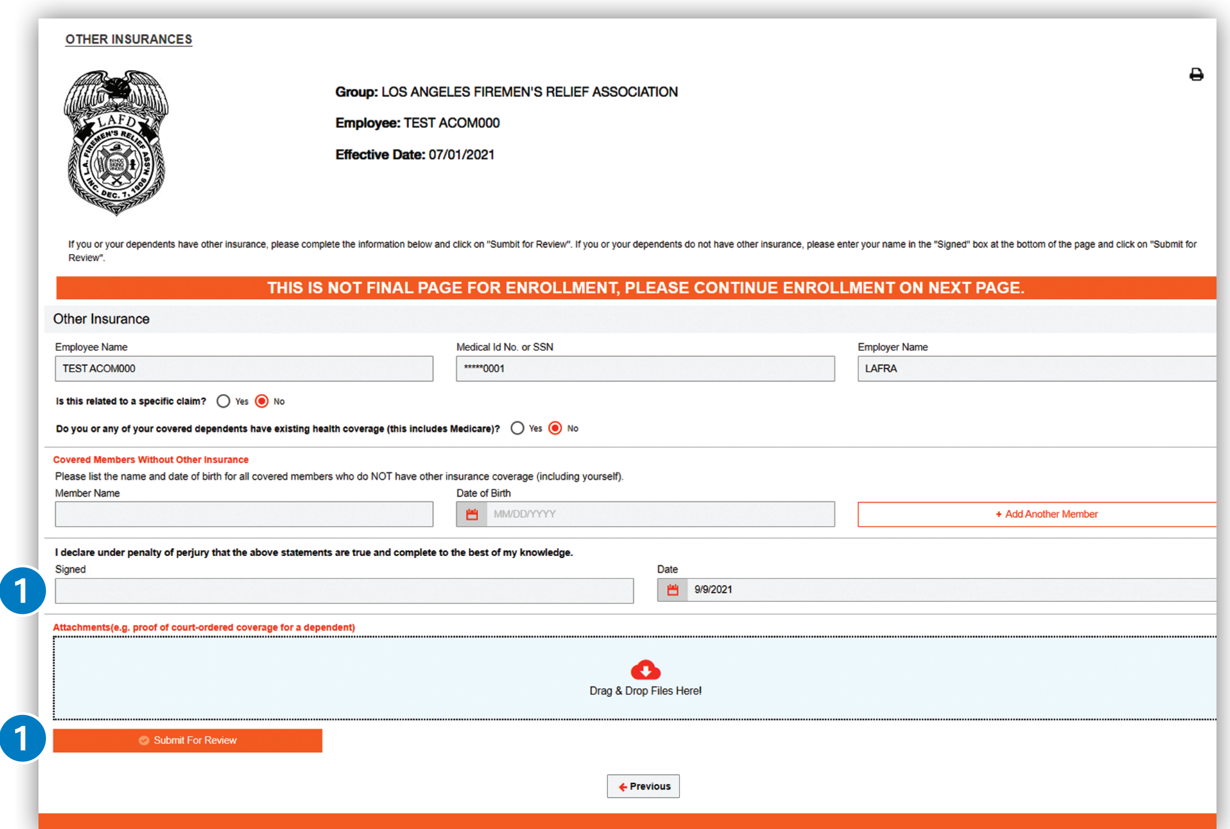


Note: If deleting spouse or dependent coverage, please send the required documentations (i.e., divorce decree) to member-services@lafra.org.

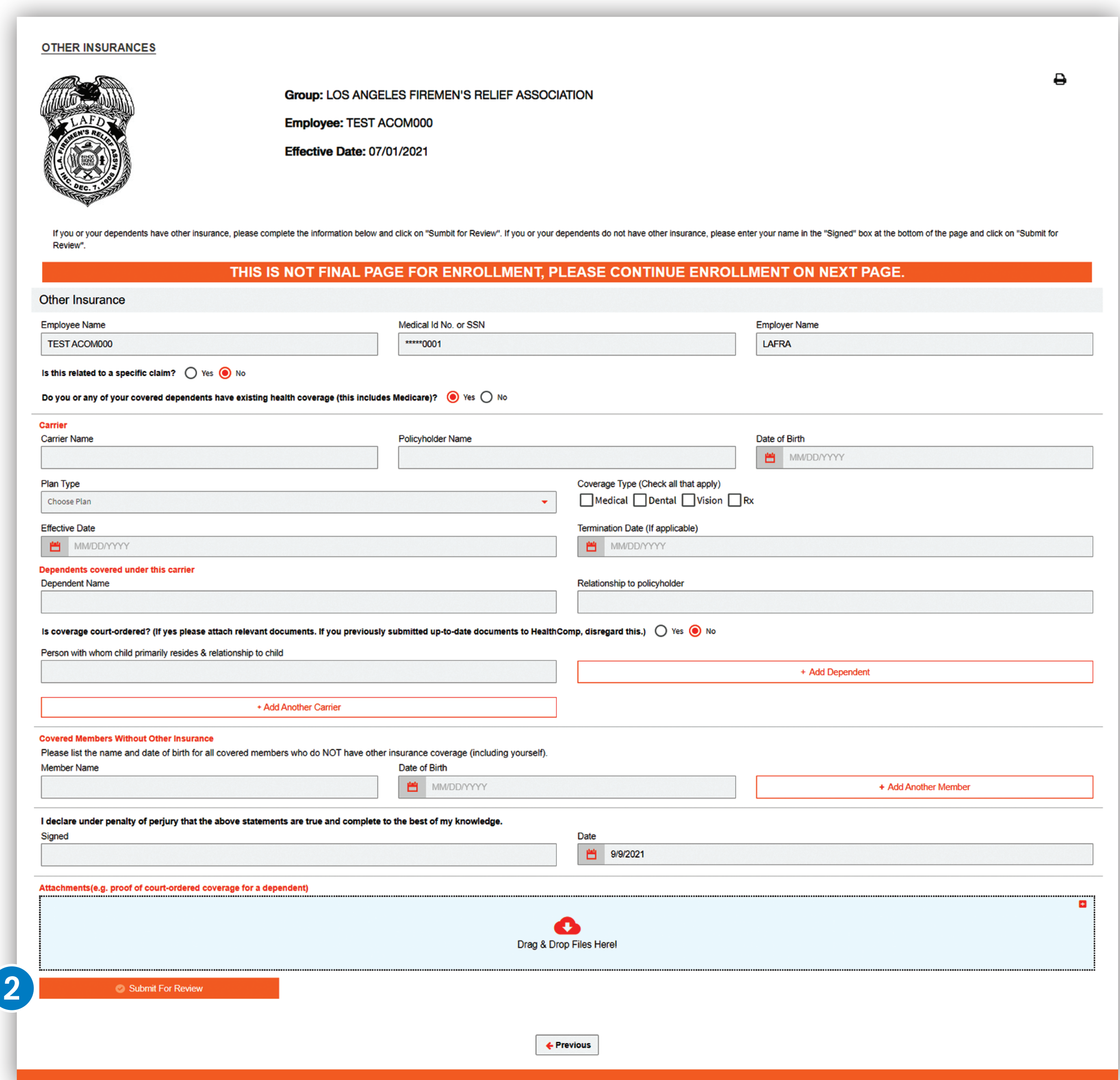
Contact LAFRA's Member Services at (323) 259-5200 (ext 222 or 223) if you have questions about the required documents.

Other Insurance

1 **If you or your dependents do NOT have other insurance**, please enter your name in the **Signed** box at the bottom of the page and click on **Submit for Review**.



2 **If you or your dependents HAVE other insurance**, please complete the Carrier information and click **Submit for Review**. When adding other insurance, enter all required information. Click the **+Add Another Carrier** button if you have multiple plans to report.


OTHER INSURANCES

Group: LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

Employee: TEST ACOM000

Effective Date: 07/01/2021

If you or your dependents have other insurance, please complete the information below and click on "Sumbit for Review". If you or your dependents do not have other insurance, please enter your name in the "Signed" box at the bottom of the page and click on "Submit for Review".

THIS IS NOT FINAL PAGE FOR ENROLLMENT, PLEASE CONTINUE ENROLLMENT ON NEXT PAGE.

Other Insurance

Employee Name: TEST ACOM000
Medical Id No. or SSN: *****0001
Employer Name: LAFRA

Is this related to a specific claim? Yes / No

Do you or any of your covered dependents have existing health coverage (this includes Medicare)? Yes / No

Carrier

Carrier Name
Policyholder Name
Date of Birth: MM/DD/YYYY

Plan Type: Choose Plan
Coverage Type (Check all that apply): Medical / Dental / Vision / Rx

Effective Date: MM/DD/YYYY
Termination Date (If applicable): MM/DD/YYYY

Dependents covered under this carrier

Dependent Name
Relationship to policyholder

Is coverage court-ordered? (If yes please attach relevant documents. If you previously submitted up-to-date documents to HealthComp, disregard this.) Yes / No

Person with whom child primarily resides & relationship to child

+ Add Dependent

+ Add Another Carrier

Covered Members Without Other Insurance

Please list the name and date of birth for all covered members who do NOT have other insurance coverage (including yourself).

Member Name
Date of Birth: MM/DD/YYYY

+ Add Another Member

I declare under penalty of perjury that the above statements are true and complete to the best of my knowledge.

Signed
Date: 9/9/2021

Attachments(e.g. proof of court-ordered coverage for a dependent)

Drag & Drop Files Here!

2 Submit For Review

Previous

Confirmation

Submitting Your Enrollment

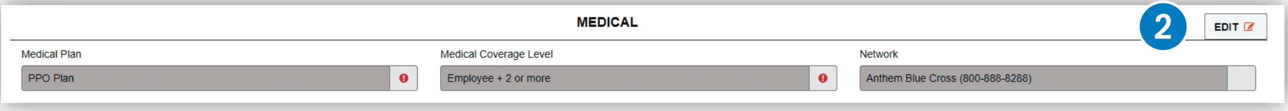
You must scroll to the bottom and click Submit to finalize your enrollment.

IMPORTANT: You cannot print your confirmation once you click submit.

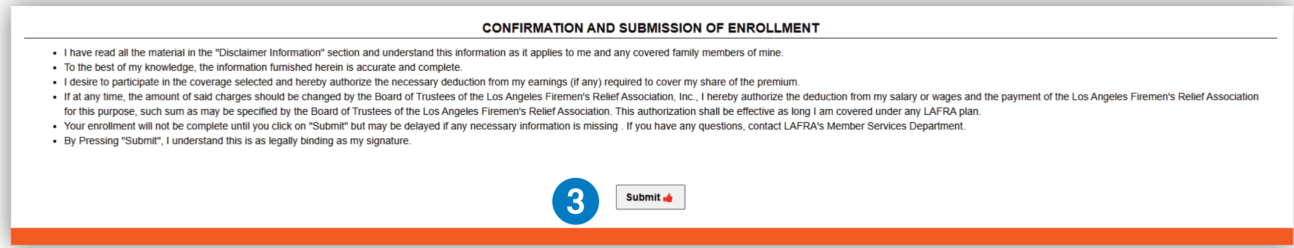
The final page gives you a view of all of the information you have entered.

1. **Review the information on this page.** If no changes are needed, be sure to **print this page** for your records by selecting the print icon in the upper right of the screen. You can select print and then **SAVE AS PDF** if you do not have a printer.

2. If you find that you need to edit any information, click the **Edit** button on the top of the section you wish to edit.



3. Once all information has been reviewed and you have read the disclaimer information, click **Submit** at the bottom of the page.



Congratulations on successfully submitting your Benefit Enrollment!