

Short hours? Out of work?

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You may be able to continue eligibility with self-payments or continue coverage with COBRA — find your plan on our Coronavirus page 🖈 to learn more.

For government insurance options like Medicare, Medicaid and the Marketplace/Exchange, visit uhh.org/govt +).



HOW TO MAKE SUPER SAVER PAYMENTS ONLINE

To make a Super Saver payment, click on the "Members" tab to get to the Member Portal.

	PLANS -	HEALTH CENTER +		PROVIDERS	EMPLOYERS	RESOURCES	CONTACT US
If your employer le date. For question	aves UNITE HE s or to find out t	RE HEALTH, you'll no l ne date your coverage e	onger have cove ends, contact yo	erage with the Fun our HR representati	d. The effective da	ate your coverage (ends depends on your employer's withdrawal
Member Por	tal						
		Your memb	er portal allow	/s you to view clai	ms, eligibility, wo	ork history, and m	nore!
			💄 User	r Name			
			Pass	word			
				I agree with t	erms of use.		
				Login	ค		
				Login			
				New Us	ser		
				Forgot Log	in Info		

Member Portal

If you are new to the portal, click on "New User" to register for an account.

If you have an account but don't remember your login information, click on "Forgot Login Info."

▲ ABOUT US PLANS - HEALTH CENTER - MEMBERS PROVIDERS EMPLOYERS RESOURCES CONTACT US

Member Registration

Fill out the form below to create an acc must match the information we receive <i>This portal is a secure area for member</i>	count with your Health Fund! Your social security number and date of birth ad from your employer. ers only. (Dependents may not access it at this time.)	
Already Registered? Login		Kos Real Contraction of the second se
Social Security Number	*	
Date of Birth	mm/dd/yyyy 🖀 *	

New User Registration

To register for an account, follow the prompts. If your Social Security Number and Date of Birth doesn't match what is in our system, call us for help.









Make a Payment

Enter the payment amount then select the payment method. When you pay with a credit card, you'll be transferred to a secure payment site.

Payment Date	12/10/2020	#					
Due Amount	100.00						
Payment Amount	100.00						
Payment Option	Credit Card		VISA	(any car	DISCOVER	CONGERSI BIALES	0
	Bank Account						
	Cancel						

Make a Payment

You can pay by Credit/Debit Card or by Bank Account/Check.

	WORK HISTORY	CLAIM STATU	S PAYMENTS -	MORE -	<u> </u>	
Payment Check						
Enter your bank account information To add a new payment account, ple	n to pay from a ba ease click "Add Ne	ank account. ew Account".				
Payment Date	12/10/2020					
Due Amount	100.00					
Payment Amount	100.00					
Account	WELLS FARGO	BANK N Che	cking - #****** 🗸 🗸	Add New Account		
	Preview Paymen	t Car	ncel			

Paying by Bank Account/Check

To pay by Bank Account/Check, click "Add New Account."

Add Payment Account

If you want to make a payment from your checking account, enter the information below. Please note, you'll need the bank routing number and account number. If you can't find this information, please call your bank.

			S	U.S. Checks	
Bank Routing Number			PAY TO THE ORDER OF	DATE1001	
Re-enter Routing Number		*	TOUR FINANCIAL INSTITUTION BANK DEPARTMENT BANK FINANC FOR FOR	DOLLARS	
Bank Account Number		*	123456789	0123456769012 1001	
Re-enter Account Number		*	Bank Routing Number	Bank Account Number	
Bank Name		*			
Account Type	Checking	~ *			
Default Account	Yes	~			
Effective Date	11/16/2020				
	Add Cancel				

Add Bank Account

Enter your Bank Routing Number and Bank Account Number from your check, along with your Bank Name.

♠ ENROLLMENT ELIGIBILITY WORK HISTORY CLAIM STATUS PAYMENTS - MORE -

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Payment

Payment Type	Due Date	Payment Amount
SUPER SAVER	01/20/2021	\$100.00
	Total:	\$100.00

Payment Date : 12/10/2020 Payment Amount : \$100.00 Financial Institution : WELLS FARGO BANK NA Routing Number : ***** 0000 Account Number : ******0000

I (we) authorize UNITE HERE HEALTH to initiate direct debit to the above account and financial institution. I (we) acknowledge that the origination of ACH transactions to this account must comply with the provisions of U.S. law. This is a one-time debit authorization for the amount, account, and date listed above. No other transactions can be initiated without additional authorization. This payment can be cancelled at any time before 5:00 p.m. CST on the payment date via the payment activity screen.

Authorize Payment

Make a Payment

You must click on "Authorize Payment."

ayment	Payment Successful	×	
ayment Type		nt	
UPER SAVER	Payment has been successfully submitted.		
Payment Date :		Okay	
Payment Amount :	4100.00		
Financial Institution :	WELLS FARGO BANK NA		
Routing Number :	*****0000		
Account Number :	******0000		
we) authorize UNITE HERE HEALTH to i	nitiate direct debit to the above account and financial institution. I (we)	acknowledge that the origination of ACH transa	actions to this
count must comply with the provisions of	U.S. Iaw. This is a one-time debit authorization for the amount, account	It, and date listed above. No other transactions	can be initiated

Make a Payment

You will receive a message if your payment has been successfully submitted.

♠ ENROLLMENT | ELIGIBILITY | WORK HISTORY | CLAIM STATUS | PAYMENTS - | MORE - |

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Payment History

Enter a da	te range	below to view your payn	nents. You can only	y cancel pending p	payments.		
	From	Date 05/01/2020	曲	*			
	То	Date 12/02/2020	#	*			
Tracking	Á.		Payment			A	Show 100 v entries
Number	P	ayment Type	Date	Amount	Payment Account	Status	Payment
000000	S	Super Saver	12/10/2020	\$100.00	WELLS FARGO BANK NA - Checking -	Pending	

000000	Super Saver	12/10/2020	\$100.00	WELLS FARGO BANK NA - Checking - #***0000	Pending	🗄 View 🖉 Cancel
000000	Selfpay Employee	09/02/2020	\$10.00	WELLS FARGO BANK NA - Checking - #***0000	Processed	i≡ View
000000	Selfpay Employee	08/18/2020	\$10.00	UHH - Credit - #***	Processed	t≣ View

Payment History

You can view your payment history, including processed and pending payments.