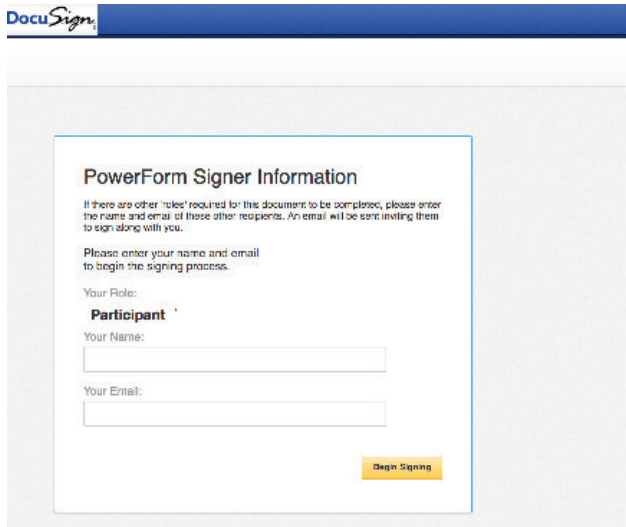


Guide to Sign and Upload Paperwork via DocuSign

In order for you to receive Trust benefits as quickly as possible, it is important that you turn in all your paperwork; most paperwork can be completed on the Trust website via DocuSign. Part A of this guide details “How to Sign Documents,” while Part B of this guide explains “How to Upload Attachments.”

Part A: How to Sign Documents

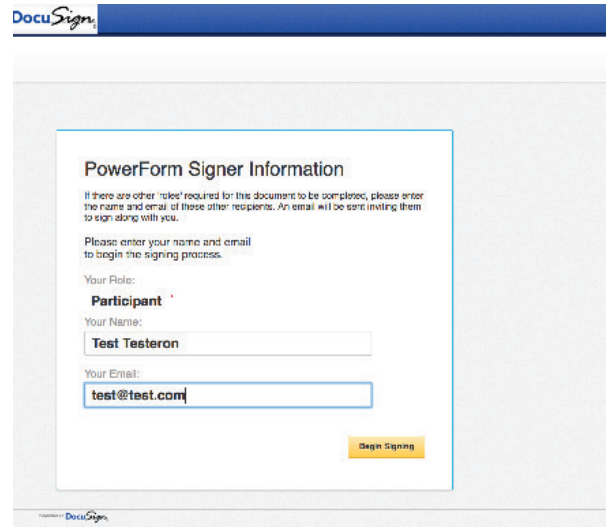


1

Once you click on the DocuSign link, you'll arrive at this page.

2

Fill in your first name, last name and email, then click “Begin Signing.”



Please Review & Act on These Documents

Healthcare Enrollment Team
Oregon Homecare Workers Trust

Please review & sign your document. To begin the process of reviewing and signing your documents, please click the button below. Signing will not be complete until you have reviewed the agreement and you have confirmed your signature.

Please read the [Electronic Records and Signatures Disclosure](#).

I agree to use electronic records and signatures.

CONTINUE

OTHER ACTIONS



Supplemental Trust

Dear Homecare Worker,

Please find enclosed some pre-appointment materials for your enrollment appointment that you need to review, sign and return before you can complete your appointment with Valley Insurance Professionals. For faster processing, you can sign these forms securely via DocuSign online by visiting the Trust website at <https://www.oregonhomecareworkers.org/2016-enroll-emp-materials>.

HIPAA Authorization Form - please review, sign and return
HIPAA is the law that creates protections for your Personal Health Information and how that information can be shared. This form allows Valley Insurance Professionals (the insurance agency responsible for processing your application) to share information relating to your coverage under the Homecare Supplemental Trust in order to ensure you receive the best possible care. [View Document](#)

3

Click on the box next to “I agree to use electronic records and signatures.”

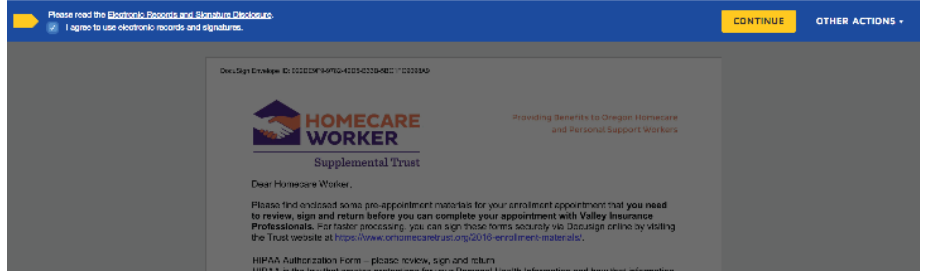
4

Click on the yellow button that reads "CONTINUE."

Please Review & Act on These Documents

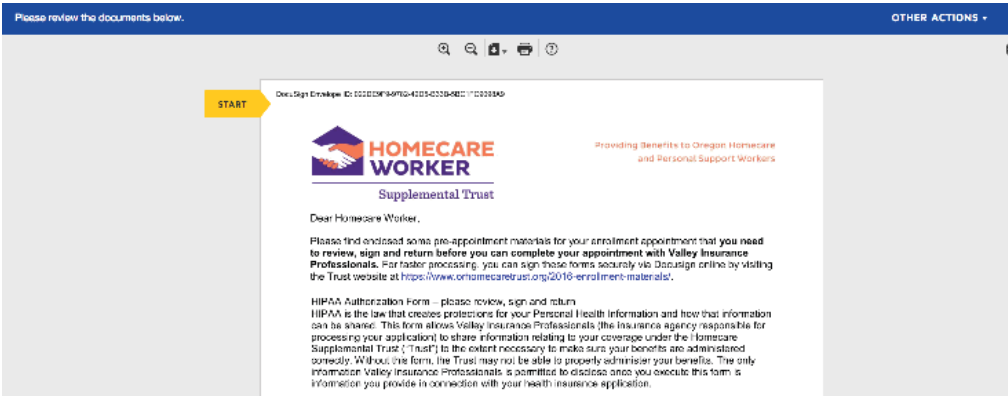
Healthcare Enrollment Team
Oregon Homecare Workers Trust

Please review and sign your document. To begin the process of reviewing and signing your documents, please click the button below. Signing will not be complete until you have reviewed the agreement and you have confirmed your signature.



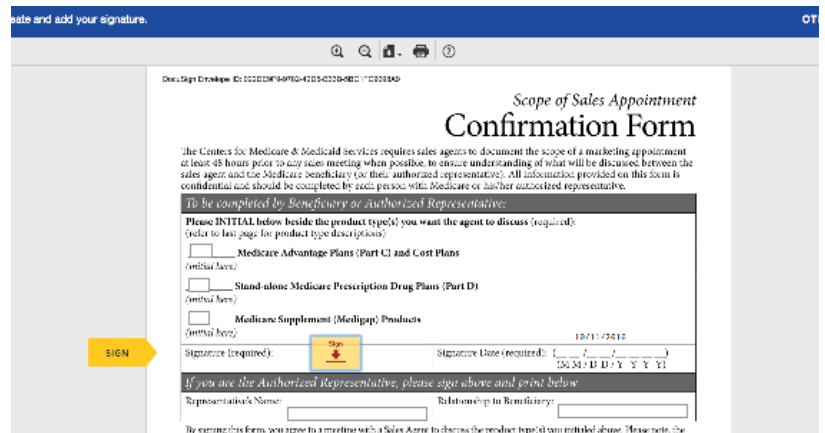
5

Click the yellow flag that reads "START."



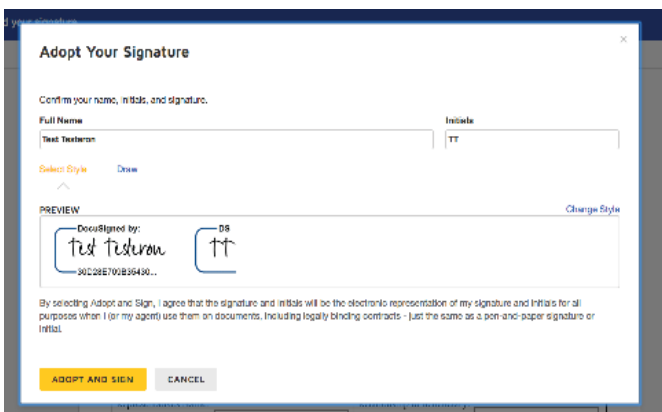
6

Fill in all required fields outlined in red, and pay special attention to fill in each spot accurately. Click the yellow box titled "SIGN."



7

To adopt and sign your signature, type in your name and then click the "Adopt and Sign" button. (If you have used DocuSign before, you will not need to do this).



8

To auto-fill fields for which you have previously given information, click on the yellow flag titled "FILL IN."

DocuSign Envelope ID: 022DE8F8-9780-42D5-E33B-6BC1-FC8793A8

HIPAA AUTHORIZATION FORM

FILL IN

I, Full Legal Name, hereby authorize the use or disclosure of my protected health information as described below:

- AUTHORIZED PERSONS TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**
Valley Insurance Professionals, Inc. is authorized to disclose the following protected health information to the Homecare Workers Supplemental Trust, the Homecare Workers Benefit Trust and their providers.
- DESCRIPTION OF INFORMATION TO BE DISCLOSED**
All information provided on your application for health insurance, whether via website enrollment, direct enrollment, phone enrollment, or on paper, including information on all members of your tax filing household. All past, present, and future periods of health care information may be shared.
- PURPOSE OF THE USE OR DISCLOSURE**

9

You can hit tab or a forward arrow to fill out the remaining fields. Once those are filled, click "FINISH."

The following section pertains to my Marketplace application for health insurance, whether via website enrollment, direct enrollment, phone enrollment, or on paper. The term "eligibility", when used below, shall be in reference to Marketplace eligibility and not Trust Benefits:

- I am signing or authorizing my application under penalty of perjury, which means I've provided true answers to all the questions on the application to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that I must tell the Health Insurance Marketplace if anything changes or is different than what I provide on my application within 60 days of the change. I may contact Valley Insurance Professionals to update my information or I can visit www.va.gov, or call 1-800-216-2956 to report any changes. I understand that a change in my information could affect my eligibility, and the eligibility of members of my household.
- To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from my tax returns, for the next 5 years (the maximum number of years allowed). The Marketplace will send me a notice and let me make any changes, and I can opt out at any time.
- No one applying on the application is incarcerated (detained or jailed).

Yes **No** **Not Sure**

First Name: John Last Name: Smith DOB: 10/11/2016
 City: San Francisco State: CA ZIP: 94102
 Home Phone: 415-555-1234 Cell Phone: 415-555-5678
 Email: john.smith@va.gov

Send the completed document. **FINISH** OTHER ACTIONS >

10

After you finish, click on "SHOW DOCUMENT" to print the document or save it for your records.

DocuSign

Thank you.
Your document has been signed. If you would like a copy for your records, click **Show Document** and print or save.

SHOW DOCUMENT Close

Part B: How to Upload Attachments

1

To attach a document, click on the yellow tab with the paper clip and a red arrow pointing to that paperclip.

_____, DOLLARS

Memo: _____

Routing number: _____ Account number: _____ Check number: _____

Attach a copy of your voided check here



In the event that the Trust Office notifies the bank that the funds have been deposited to my account in error, I hereby authorize and direct the bank to return said funds to the Trust account as soon as possible.

Signature _____



Date 10/25/2016

2

If you need to upload more than one attachment, additional tabs to upload will appear. Click on the check box next to the note that reads “Click here to add additional attachments.” From there, click on the yellow tab with the paper clip and proceed to the steps below.



Click here to add additional attachments



Click here to add additional attachments

3

A pop-up menu will come up. Click on “Upload.”

4

Next, click on “UPLOAD A FILE.”

5

After you have selected a file, and it has loaded, click “DONE” and finish filling out the document as explained in “Part A: How to Sign Documents.”

Success!

For questions, go to www.orhomecaretrust.org, or call the Healthcare Enrollment Team at 503-303-5668 or toll free at 1-855-437-2694.