

Guía para firmar y cargar documentos a través de DocuSign

Para poder recibir los beneficios del Fideicomiso cuanto antes, es importante que entregue toda la documentación; la mayor parte de esta se puede completar en el Fideicomiso mediante DocuSign. La parte A de esta guía detalla cómo firmar documentos, mientras que la parte B de esta guía explica cómo cargar documentos.

Parte A: Cómo firmar documentos

1

Una vez que haga clic en el enlace de DocuSign, llegará a esta página.

DocuSign

PowerForm Signer Information

If there are other "roles" required for this document to be completed, please enter the name and email of those other recipients. An email will be sent inviting them to sign along with you.

Please enter your name and email to begin the signing process.

Your Role:
Participant

Your Name:
[text input]

Your Email:
[text input]

Begin Signing

2

Complete con su nombre, apellido y dirección de correo electrónico, y haga clic en “Begin Signing” (Comenzar a firmar).

DocuSign

PowerForm Signer Information

If there are other "roles" required for this document to be completed, please enter the name and email of those other recipients. An email will be sent inviting them to sign along with you.

Please enter your name and email to begin the signing process.

Your Role:
Participant

Your Name:
Test Testeron

Your Email:
test@test.com

Begin Signing

3

Haga clic en el cuadro junto a la indicación “I agree to use electronic records and signatures” (Acepto usar registros y firmas electrónicos).

Please Review & Act on These Documents

Healthcare Enrollment Team
Oregon Healthcare Workers Trust

Please review, sign and return your documents. 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

**HEMOCARE
WORKER**
Supplemental Trust

Providing Benefits to Oregon Homecare
and Personal Support Workers

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.oregonhealthcareworkers.org/2016-enrollment-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 with its staff in order to provide you with the best possible care.

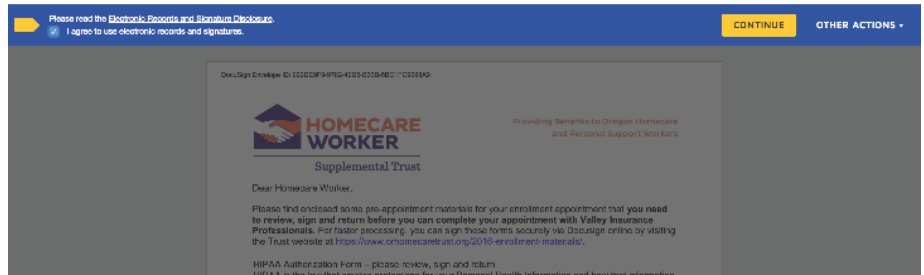
4

Haga clic en el botón amarillo que dice "CONTINUE" (CONTINUAR).

Please Review & Act on These Documents

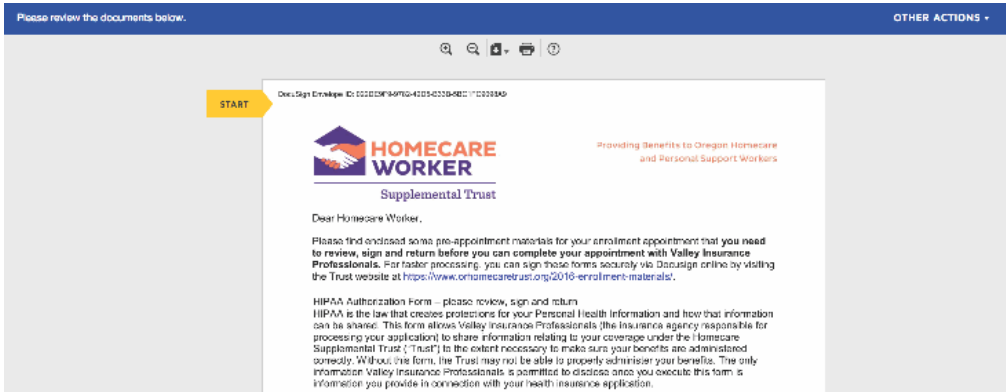
DocuSign

Healthcare Enrollment Team
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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.



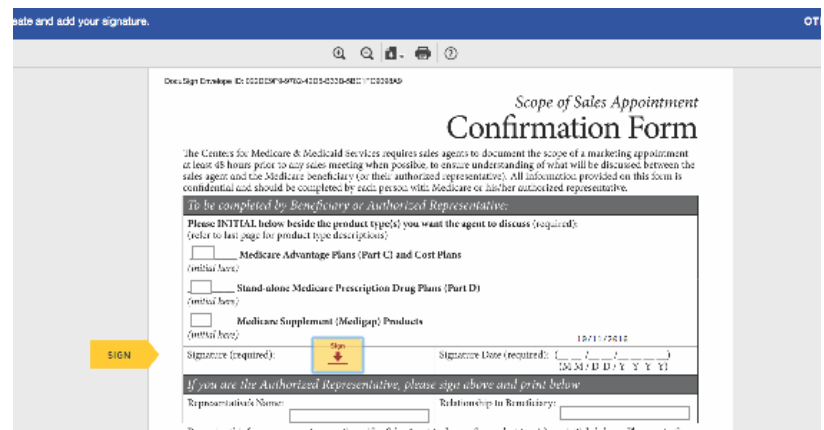
5

Haga clic en la marca amarilla que dice "START" (Iniciar).



6

Complete todos los campos obligatorios destacados en rojo, y preste especial atención para completar cada espacio correctamente. Haga clic en el cuadro amarillo que dice "SIGN" (Firmar).



7

Para adoptar su firma y firmar, escriba su nombre y haga clic en el botón "Adopt and Sign" (Adoptar y firmar). (Si ha usado DocuSign anteriormente, no tendrá que hacer esto).



8

Para completar automáticamente los campos para los cuales ya ha proporcionado información anteriormente, haga clic en la marca amarilla titulada “FILL IN” (Completar).

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

Puede presionar la tecla TAB o la flecha de avance para completar los campos restantes. Una vez que se hayan completado esos campos, haga clic en “FINISH” (Finalizar).

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.valleyinsurance.com or call 1-800-216-2556 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).

FINISH OTHER ACTIONS

10

Cuando haya terminado, haga clic en “SHOW DOCUMENT” (Mostrar documento) para imprimir el documento o guardarlo para sus registros.

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

Parte B: Cómo cargar documentos adjuntos

1

Para adjuntar un documento, haga clic en la pestaña amarilla con el clip y la flecha roja que apunta a ese clip.

_____, 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

Si debe cargar más de un adjunto, se mostrarán pestañas adicionales para cargar. Haga clic en la casilla de verificación junto a la nota que incida “Click here to add additional attachments” (Haga clic aquí para agregar adjuntos adicionales). Desde allí, haga clic en la pestaña amarilla con el clip y continúe con los pasos a continuación.



Click here to add additional attachments



Click here to add additional attachments

3

Se mostrará un menú emergente. Haga clic en “Up-load” (Cargar).

Attachments

How would you like to add your attachments?

Upload

Fax

CONTINUE CANCEL

4

Luego, haga clic en “UPLOAD A FILE” (Cargar un archivo).

Upload Attachment

UPLOAD A FILE

DONE

5

Una vez que haya seleccionado un archivo y se haya cargado, haga clic en “DONE” (Listo) y termine de completar el documento como se explicó en la sección “Parte A: Cómo firmar documentos”.

Upload Attachment

Screen Shot 2016-10-14 at 5.33.57 PM.pdf

1 page

UPLOAD A FILE

DONE

¡Éxito!

Si tiene preguntas, visite www.orhomecaretrust.org o llame al Equipo de Inscripción a la Asistencia Médica al 503-303-5668, o al número gratuito 1-855-437-2694.