


Insure Oklahoma Employer Portal

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

Welcome to Insure Oklahoma's Employer Access website.

This online application is for employers who want to participate in the Insure Oklahoma program. Insure Oklahoma is not health insurance. It is a program that provides qualified employers with premium subsidies to help purchase health insurance for eligible employees. If you would like to see if your business qualifies for the Insure Oklahoma program and do not have a user account, click on the "Create User Account" link. If you already have a user account for your business, select "Log On".

The following information is required when applying

- Business information
 - Address
 - Contact information
 - Agent
- Employee listing
- Qualified Benefit Plan information (or be in the contracting stage)
- Banking information

Once enrolled in Insure Oklahoma the following information will be available:

- ✓ Employee EEN's
- ✓ Employee enrollment status
- ✓ Employee subsidy breakdown
- ✓ Letters from OHCA

For further information and guidelines please go to [Insure Oklahoma](#) or contact Insure Oklahoma at (888) 365-3742.

Employer Portal Log On

First Time User?
[Create User Account](#)

User ID:

Password:

[Forgot User ID?](#)

[Forgot Password?](#)

LOG ON

If you already have an account, you can log in.

If you would like to apply for Insure Oklahoma, click "Create User Account."

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Employer Portal Home

Business: AWESOME NAILS SALON
DBA:

E#: E00010926

Eff Date: 03/01/2016
End Date: 02/28/2017

Status: Approved



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



Please review all information on these pages. Update any missing or incorrect information.

Here is the information Insure Oklahoma has on file for your business:

Business Information

Name, Type and Size

Name of Business: AWESOME NAILS SALON

EIN: 731245678

DBA:

Type: Self-Employed

Number of Employees: 99

Business Owner(s)

First Name

Last Name

MARY

LEE

Phone Numbers

Phone: (405) 123-4567

Fax:

Addresses

Physical Address: 4345 N LINCOLN BLVD TEST
ABC DEF GHIJ KLMN OPQ RSTWW
OKC, OK 73105 - 0000
Oklahoma County

Mailing Address: 4345 N LINCOLN BLVD TEST
ZYX WVTSR QPO NMLK LIHG FED
OKC, OK 73105 - 0000

The Home page shows a summary of your business's information.

No changes can be made on this page. If you would like to change the information shown on this page, click "My Account."

Summary page,
continued.

Addresses

Physical Address: 4345 N LINCOLN BLVD TEST
ABC DEF GHIJ KLMN OPQ RSTVW
OKC, OK 73105 - 0000
Oklahoma County

Mailing Address: 4345 N LINCOLN BLVD TEST
ZYX WVTSR QPO NMLK LIHG FED
OKC, OK 73105 - 0000

Contacts

Agent of Record

Name:
Address:
Agent Phone:
Agent Fax:
Agent Email:

Primary Contact

Name: MARY LEE
Phone: (405) 123-4567
Fax:
Email: [REDACTED]

Health Insurance Information

Amount spent on Health Insurance Premiums last year: 500
Number of hours per week an employee must work to be eligible for a Qualified Benefit Plan: 40

Qualified Benefit Plans

Plan ID	Plan Name	Group Number	Effective Date
[REDACTED]	[REDACTED]	PENDING	03/01/2016

Banking Information

Bank Routing Number: [REDACTED]
Financial Institution Name: TINKER FEDERAL CREDIT UNION
Account Number: [REDACTED]

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My Account

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DBA:

E#: E00010926

Eff Date: 03/01/2016

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When you have finished, select "**Update**" to save your changes.

Required fields are marked with an asterisk (*).

My Information

First Name: *

Last Name: *

Phone: * () - Ext.

Fax: () -

Account Information

User ID: Awesome79

Email: alyssa.nguyen@okhca.org

[Change Password](#)

[Change Email](#)

[Change Challenge Questions](#)

RESET FORM

UPDATE

CANCEL

Information shown in the “My Account” section. Here, you can update your password, email and challenge questions. You can also change the employer contact information found under “My Information.”

Please enter only one email address.

User ID: Awesome79
Email: [REDACTED]

[Change Password](#)

Old Password: *
New Password: *
Confirm Password: *

Your password must be between 8 and 20 characters in length, must not contain any spaces, not contain asterisks, not contain your User ID, and contain at least 3 of the following 4 character types
-Uppercase letters
-Lowercase letters
-Numbers
-Special characters.

[Change Email](#)

New Email: *
Confirm Email: *


[Change Challenge Questions](#)

Question 1: *
Answer 1: *
Retype Answer 1: *
Question 2: *
Answer 2: *
Retype Answer 2: *
Question 3: *
Answer 3: *
Retype Answer 3: *

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Business Information

Business: AWESOME NAILS SALON DBA:	E#: E00010926	Eff Date: 03/01/2016 End Date: 02/28/2017	Status: Approved
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 Do not use your browser back button or do a screen refresh.

EIN: 731245678
Employee Count: 99
Business Type: Self-Employed
Business Owner(s): MARY LEE
Phone Number: (405) 123-4567
Fax Number:
Physical Address: 4345 N LINCOLN BLVD TEST
ABC DEF GHIJ KLMN OPQ RSTVW
OKC, OK 73105 - 0000
Oklahoma County
Mailing Address: 4345 N LINCOLN BLVD TEST
ZYX WVTSR QPO NMLK LIHG FED
OKC, OK 73105 - 0000

[Update Business Information](#)

Under the Business Profile tab, there's an option to update your Business Information. Click the "Update Business Information" link to update your Employee Count, Business Owners, or physical or mailing addresses.

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Contacts

Business: AWESOME NAILS SALON DBA:	E#: E00010926	Eff Date: 03/01/2016 End Date: 02/28/2017	Status: Approved
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Do not use your browser back button or do a screen refresh.

If we need to contact your business with questions regarding enrollment, benefit plans, employees, or payments, who should we contact?

- To add new contacts click on the "Add Another Contact"
- To update current contacts click on the contact's name in the list below.

Contacts					
Contact Type	Effective Date	Name ▲	Phone	Fax	Email
Primary	02/12/2016	LEE, MARY	(405) 123-4567		


Results: 1-1 of 1 Page 1 of 1

[Add Another Contact](#)

Under the Business Profile tab, there's an option to review your Contacts. You can update, add or remove contact information for people at your business who manage your account.

Agent of Record

Business: AWESOME NAILS SALON DBA:	E#: E00010926	Eff Date: 03/01/2016 End Date: 02/28/2017	Status: Approved
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 Do not use your browser back button or do a screen refresh.

Insurance Agency Name:

Address:

Agency Phone:

Agency Fax:

Agency Email:


[Add Agent Of Record](#)

Under the Business Profile tab, you can also review your Agent of Record. The Agent of Record page has options to add or update information on the insurance agent who is allowed to manage your employer account.

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Banking Information

Business: AWESOME NAILS SALON DBA:	E#: E00010926	Eff Date: 03/01/2016 End Date: 02/28/2017	Status: Approved
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 Do not use your browser back button or do a screen refresh.

Bank Routing Number: [REDACTED]

Financial Institution Name: TINKER FEDERAL CREDIT UNION

Address: 4140 W INTERSTATE 40
OKLAHOMA CITY, OK 73108 - 0000

Phone: (405) 732-0324

Account Number: [REDACTED]

EFT Status: Pre-notification

Effective Date: 2/12/2016

End Date: 12/31/2299

Date Last Changed: 2/12/2016

[Update Banking Information](#)

Under the Financial tab, you can view your banking information. You can also update the information.

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Subsidy Statements

Business: AWESOME NAILS SALON
DBA:

E#: E00010926

Eff Date: 03/01/2016
End Date: 02/28/2017

Status: Approved



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

Required fields are marked with an asterisk (*).

The Subsidy Statement displays all premiums and other financial activity for each monthly cycle for the employer and to report year-to-date totals of all premium and financial activity.

Search by Statement date range:

From: *


To: *

SEARCH

Under the Financial tab, you can view your subsidy statements. On the Subsidy Statement page, you can search for statements by a date range.

Employees

Business: AWESOME NAILS SALON DBA:	E#: E00010926	Eff Date: 03/01/2016 End Date: 02/28/2017	Status: Approved
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 Do not use your browser back button or do a screen refresh.

To see a complete staff listing select "-All-" and then select the "Search" button. To narrow down the list use the drop downs to filter results.

Select Enrollment Status:

Select QBP Status:

[Employee Enrollment Letter Template](#) 

 [What is an Employee Enrollment Letter Template?](#)

SEARCH

Under the Employees tab, you can view your staff listing. To do this, leave the filters set to "-All-" as shown on the screen, and click the Search button. A full list will be displayed. If you'd like to view a list by enrollment status or QBP status, you can set those filters accordingly and then click Search.

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Employees

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To see a complete staff listing select "-All-" and then select the "Search" button. To narrow down the list use the drop downs to filter results.

Select Enrollment Status:

[Employee Enrollment Letter Template](#)

Select QBP Status:

[What is an Employee Enrollment Letter Template?](#)

SEARCH


Name	SSN	Business Owner	Employee Enrollment Status	QBP Status	EEN
CHASE, ANGELA		No	Denied		
COLE, LINDSAY		No	Has not applied		
CRISPS V, LESLIE		No	Has not applied		
DAVIDSON, MICHAEL		No	Approved	Assigned	
EXAMPLE V, JOHN		No	Has not applied		

An example staff listing. To view more details about the employee, click the employee's name.

The Employee Enrollment Status, QBP Status and EEN are displayed here for quick reference.

Employee Detail

Business: AWESOME NAILS SALON DBA:	E#: E00010926	Eff Date: 03/01/2016 End Date: 02/28/2017	Status: Approved
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 Do not use your browser back button or do a screen refresh.

"Cancel" returns to the search page. When you have finished, select "Update" to save changes.

EXAMPLE, JESSICA

SSN: [REDACTED] EEN: [REDACTED]

Insure Oklahoma Enrollment Date: 4/1/2016 Rate Effective Date:

End Reason:

Qualified Benefit Plan:
QBP ID:
Spouse:
Other dependants:

[Employee Rate Letter](#)

RESET FORM UPDATE CANCEL


When you click the employee's name on the staff listing, you'll be able to see more details.

Here, you can remove an employee from Insure Oklahoma by selecting an option from End Reason. You will also need to specify an end date and update the page for the change to be saved.

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Add Employees

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

Required fields are marked with an asterisk (*).

Employees					
First Name *	MI	Last Name *	Suffix	SSN *	Business Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="-"/> - <input type="text" value="-"/> - <input type="text"/>	<input type="checkbox"/>
					Remove
					Add Another Employee

To add an employee to your staff listing and generate an EEN, click Add Employees under the Employees tab. You will need the employee's name and Social Security number to generate the EEN.

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Assign Qualified Benefit Plan

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Status: Approved



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

Use this page to assign employees to a Qualified Benefit Plan and select dependents to include.
When you have finished, select "**Update**" to save your changes.

Filter by Last Name:

SEARCH

To assign a Qualified Benefit Plan, click Assign a Qualified Benefit Plan under the Employees tab.

You can click the Search button to see a full list, or type the employee's name into the search box before searching to see only that employee.

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Assign Qualified Benefit Plan

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

Use this page to assign employees to a Qualified Benefit Plan and select dependents to include.
 When you have finished, select "Update" to save your changes.

Filter by Last Name:

SEARCH

QBP Assignments

Name	SSN	QBP	Dependents
EXAMPLE, SARA		- Select Plan - H01313 BC/BSOK BLUEOPTIONS \$1000/2000	
EXAMPLE, MARK		- Select Plan -	
EXAMPLE, JESSICA		- Select Plan -	▼
EXAMPLE, JASON		- Select Plan -	▼
GUTHRIE, MISTY		- Select Plan -	▼
IENINE, JEFF		- Select Plan -	▼
JONES, ELIZABETH		- Select Plan -	▼

APPLICANT APPLICANT (Spouse)

Assign a Qualified Benefit Plan

Once you display the list, you will be able to choose a QBP from the drop-down menu.

The Employee Rate Letter is a generic letter you can print, fill in an EEN, and give to an employee

http://usocwokvm204.edsdmokix.eds.com/Documents/EEN_Letter_Template.pdf?ismpp=true - Internet Explorer

Oklahoma Health Care Authority

Home Business

Assign Qualification

Business: AWE
DBA:

Do not use your email address for this account.

Use this page to assign a qualification to an employee.

When you have finished, click the "Assign" button.

insure
oklahoma

Employee Name: _____
Employer ID: _____
EEN: _____

Dear Employee,

Your employer has been approved to participate in Insure Oklahoma. This program is available to assist you with health plan premiums. To see if you qualify, submit an application. If approved, eligibility will begin the first day of the following month.

To apply for Insure Oklahoma, go to www.insureoklahoma.org and click Apply Now. You will be redirected to an Oklahoma Health Care Authority account log-in page for Insure Oklahoma and SoonerCare members. Please log in to your household's existing OHCA account to apply for Insure Oklahoma. If you do not have an account, you will need to create a new user ID and password before applying.

To apply for Insure Oklahoma you will need the Employer ID and EEN listed above. You will use the Employer ID and EEN once you get to the employment page in the application.

For additional information about Insure Oklahoma, refer to our website at www.insureoklahoma.org. For questions about this letter, call the Helpline at 1-888-365-3742 or for the hearing impaired, call the TDD/TTY line at 405-416-6848.

Sincerely,

Insure Oklahoma
Oklahoma Health Care Authority

Approved

SEARCH

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Benefit Plans

Business: AWESOME NAILS SALON
DBA:

E#: E00010926

Eff Date: 03/01/2016
End Date: 02/28/2017

Status: Approved



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

Year to Date Premiums Paid: \$0.00

Benefit Plans

Qualified Benefit Plan Id	Plan Description	Group Number	Effective Date	End Date
		PENDING	03/01/2016	12/31/2299

PRINT


Under the Benefit

Plans tab, you can see which Qualified Benefit Plans have been added to your account and are available to assign to employees.

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Upload Documents

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

In order for OHCA to complete the review of your application, please submit a copy of the following documents to the OHCA within 0 days.

- QBP Summary
- Rate Sheet

UPLOAD DOCUMENTS NOW

Files Uploaded

No documents found.

To upload any employer documents, click the Upload Documents tab.

Please note that this is only for employer documents, such as the QBP summary and rate sheet. It is NOT for employee documents. Employees who need to submit documents should upload them through their online

File Upload

[Close](#)

Select the document type being uploaded. Click the Browse button to locate and choose a file on your directory structure to upload. Press Upload to load the file. Wait for a response to let you know if the file was uploaded successfully.

Uploaded documents will be scanned for viruses. Files may be up to 10 MB in size. Allowed file types are .jpg, .tif, .tiff, .gif, .bmp, .png, .pdf, .xls, .xlsx, .csv, .doc, .and docx.

Required fields are marked with an asterisk (*).

Document Type:

- Select Document Type -
- Payroll Records
- QBP Summary
- Rate Sheet
- Voided Check
- 501 (c)(3)
- Invoice
- Other

[BROWSE](#)

[CLOSE](#)

Document to Send

Click the Upload Documents Now button, and click Browse. You can also indicate the type of document you are uploading. Click Browse to select a document from your computer.

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Under the View Letters tab, you'll be able to view any letters that Insure Oklahoma has sent to your business.

View Letters

Business: AWESOME NAILS SALON
DBA:

E#: E00010926

Eff Date: 03/01/2016
End Date: 02/28/2017

Status: Approved



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

Select the "Open" link to view the letter.

Letters

Letter Date	Letter Name	Letter Type	View
02/13/2016	Employer Status Letter	PME-9101-D	Open

Results: 1-1 of 1

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