

Los empleados elegibles pueden inscribirse en las opciones de beneficios disponibles en línea usando el Portal de Empleados de Helpside.

Ir a: [helpside.com/employee-portal](https://helpside.com/employee-portal)

Para traducir la pagina web a español puede hacer cliq al boton derecho del raton y poner cliq a la opcion "translate to español". Puede seguir estos mismos pasos cuando este adentro de su Inscripcion de Beneficios".

The screenshot shows the Helpside Employee Portal registration page. At the top, there is a navigation bar with links for ABOUT, SERVICES, CONTACT, CASE STUDIES, CAREERS, BLOG, EVENTS, EMPLOYER, and EMPLOYEE. The main heading is "Helpside Employee Portal" followed by "First Time Users". Below this, there are two main sections: "Sign In" and "Register". The "Sign In" section has fields for "Helpside Account Username" and "Helpside Account Password", both marked as required. There are checkboxes for "Keep me signed in" and "Show password", and a "SIGN IN" button. The "Register" section has fields for "Last Name", "Home Zip Code", and "Email Address", all marked as required. There is a "REQUEST REGISTRATION EMAIL" button. A browser context menu is open over the "Register" section, with the "Translate to español" option highlighted by a red arrow. Below the registration forms, there is a note: "If you have difficulty registering or are uncertain of the correct credentials, use our live chat below, call us at 801-443-1090, or email us at [service@helpside.com](mailto:service@helpside.com)".

### Register

Welcome to the new Helpside Employee Portal! Please fill out the short form below to allow us to find, and link, your [PrismiHR](#) account with a new Helpside account. We will then send you an email with a link to create your new Helpside account.

\* Last Name

\* Home Zip Code

\* Email Address

REQUEST REGISTRATION EMAIL

Si no se ha registrado previamente en el portal de inscripción de beneficios, complete el formulario a la derecha y haga clic en: **Request Registration Email.**

### Helpside Employee Portal

#### Sign In

Welcome back! Please sign in below with your Helpside account to access the Helpside Employee Portal.

\*Helpside Account Username

\*Helpside Account Password

Keep me signed in [forgot username or password](#)

Show password

SIGN IN



Si ya se ha registrado, ingrese su inicio de sesión con su nombre de usuario y contraseña de la cuenta auxiliar. Haga clic en: **Sign In**.

\*Helpside Account Username

\*Helpside Account Password

Keep me signed in [forgot username or password](#)

Show password

Si olvidó su nombre de usuario o contraseña, use el enlace de nombre de usuario o contraseña olvidado.

#### Dashboard

Personal

Payroll

Time Off

Benefits

External Tools

Contact Us



Después de iniciar sesión, se lo dirigirá al Panel de control principal que se ve a continuación. Haga clic en **Benefits** en el menú en el lado izquierdo de la pantalla. Esto se expandirá.

#### Dashboard

Personal

Payroll

Time Off

#### Benefits

Benefits Summary

FSA & HSA

Dependents/Beneficiaries

Information and Forms

Benefits Enrollment

External Tools

Contact Us



Haga clic en: **Benefits Enrollment**

Desplazarse hacia abajo de la página y haga clic en: **Go to Benefits Enrollment**

**HELPSIDE** ABOUT SERVICES CONTACT CASE STUDIES CAREERS BLOG EVENTS EMPLOYER EMPLOYEE Q

Payroll  
Time Off  
**Benefits**  
Benefits Summary  
Retirement Summary  
FSA & HSA  
Dependents/Beneficiaries Information and Forms  
**Benefits Enrollment**  
External Tools  
Contact Us

### Newly Eligible Employees

New employees and employees who experience a status change of part-time to full-time.

### Qualifying Events

If you believe that you or a family member have experienced one of the following qualifying life events within the past 60 days and wish to modify your benefits enrollment, please contact Helpline at 1-800-748-5102 in order to gain web access.

- Marriage
- Divorce
- Birth
- Adoption
- Death
- Gain group coverage (Gain of medical share programs are not qualifying)
- Loss of group coverage (Loss of medical share programs are not qualifying)
- Loss of eligibility for Medicare, Medicaid, or CHIP
- Loss of coverage through a family member
- Qualifying for UFP (Utah's Premium Partnership for Health Insurance)

### Open Enrollment

The yearly period when you can enroll in or make changes to your benefit plan(s).

If you have any questions about enrolling in benefits, please contact us at [service@helpline.com](mailto:service@helpline.com) or 801-443-1090

**GO TO BENEFITS ENROLLMENT**

Desde aquí, será llevado al Portal de inscripción. Esto tiene toda la información sobre los beneficios disponibles, incluidas las descripciones del plan, los precios y algunos videos útiles. Después de leer la introducción, haga clic en: **Next**

**HELPSIDE** Step 1/16 Pauline Phillips

### Welcome

Dependents  
Core Benefits  
Medical  
FSA  
HSA  
Dental  
Vision  
Life  
Disability  
Voluntary  
Benefit Summary  
Confirmation

#### Welcome to the Helpline Benefits Enrollment Process!

At Helpline we strive to offer a comprehensive benefits package designed to meet the needs of you and your eligible dependents. You will have the opportunity to choose plan options that you desire based on your needs. Taking time to carefully review the information provided in each of the following screens will help you make informed choices about your benefits.

Premiums shown are your total cost, and already take into consideration any contribution by your worksite employer.

You can watch a quick video to familiarize yourself with common benefit terminology by clicking [here](#).

We are happy to assist you throughout your enrollment and selection process.

Contact us via email at [service@helpline.com](mailto:service@helpline.com) or via phone at 1-800-748-5102. We also have live chat feature on our website [www.helpline.com](http://www.helpline.com).

Our benefit support team is available Monday through Friday from 8:00 am to 5:00 pm (MST). After hours messages will be returned on the next business day.

Your selections will not be submitted for processing until you have confirmed your elections and you receive the confirmation page.

To continue, click **Next** below.

**Next**

En la pantalla Dependientes, haga clic en Agregar dependientes para ingresar la información de los dependientes en los que desea participar en cualquiera de las opciones de beneficios disponibles. Para cada elección, podrá elegir entre los dependientes agregados en esta pantalla para participar. Una vez que haya agregado todos los dependientes posibles, haga clic en: **Next**

Welcome

Dependents

Core Benefits

Medical

FSA

HSA

Dental

Vision

Life

Disability

Voluntary

Benefit Summary

Confirmation

### Dependents

Please review and list any eligible dependents you would like to include on any of your benefit plans. Each benefit option is an independent choice. For example, you may cover dependents on medical, and not on vision.

Eligible dependents include your legal spouse and dependent children under age 26. Children may include natural born children, stepchildren, children legally placed for adoption, and legally adopted children.

Children may also include foster children and children of legal guardians if certain conditions are met. Please contact Helpside for additional information.

Providing inaccurate Social Security Numbers will cause a delay in coverage and claims processing.

#### Dependent List

Name	Relationship	Age	Gender	Tobacco User	Disabled	Student	Status
Rich Husband	Husband *	91	Male	No	No	No	Inactive
Edward Phillips	Son	8	Male	No	No	No	Active
Jeanne Phillips	Daughter	6	Female	No	No	No	Active
Mister Phillips	Son	< 1	Male	Yes	No	No	Active

\* Spouse is selected

[Add Dependent](#)

Please note you can add dependents in this area, but to edit or update information on an existing dependent, you must contact Helpside at 1-800-748-5102 or at [service@helpside.com](mailto:service@helpside.com).

[Back](#) [Next](#)

Ahora navegará por cada una de las pantallas para ver las opciones de beneficios disponibles. En la parte superior de la pantalla se mostrará un total acumulado de las primas mensuales para sus elecciones.

Si no desea participar en una opción en particular (por ejemplo, no desea cobertura dental) haga clic en el cuadro de exención antes de hacer clic en Siguiente para avanzar a la siguiente pantalla.

No podrá navegar más allá de la pantalla del Seguro de vida hasta que ingrese a un beneficiario o renuncie a la cobertura. Si se renuncia a la cobertura, esto se puede cambiar más adelante.

**Debe realizar una elección o elegir la casilla de exención para cada opción de beneficios para completar su inscripción.**

Una vez que haya completado todas las opciones de beneficios disponibles, se lo dirigirá a su Resumen de beneficios. Aquí puede ver el total de su prima mensual, así como su selección para cada beneficio.

A lo largo del lado izquierdo de la pantalla, verá un menú de navegación. Una marca de verificación verde significa que se ha elegido un beneficio. La marca de verificación gris significa que se ha renunciado a un beneficio. Si perdió una opción, se mostrará en rojo, no podrá hacer clic en **Submit** para finalizar su inscripción hasta que marque y elija o marque la casilla de exención. Haga clic en el beneficio para volver a visitar esa página y hacer su elección o renuncia.

Welcome Step 15/16 Pauline Phillips

### Benefit Summary Running Total: \$345.29

Please review your selected benefits.

Dependents

Name	Relationship	SSN	Date of birth
Edward Jay Phillips	Son	xxx-xx-4444	01-01-2011
Jeanne Phillips	Daughter	xxx-xx-5555	01-01-2013
Mister Phillips	Son	xxx-xx-9999	01-14-2019

Medical

Policy	Covered	Primary Care Physician	Effective date	Cost
Health Essential	Pauline Phillips (EE) Rich Husband (spouse waived)		09/01/2019	\$192.83

FSA

**No benefit elections made.**

HSA

No plans available

[Back](#) [Submit](#)

Una vez que envíe todas sus elecciones, será llevado a una pantalla de confirmación final.

En esta pantalla, deberá leer los términos y condiciones, desplazarse hacia abajo y marcar la casilla para la confirmación de inscripción que dice que he leído y entiendo las declaraciones anteriores. Luego escriba su nombre completo (como se muestra en la esquina superior derecha de la pantalla) y luego haga clic en Completar inscripción para enviar sus elecciones a Helpside para su procesamiento.

Welcome Confirmation

### Benefit Enrollment Terms and Conditions

Please note that the enrollment period ends on the day your benefits go into effect. Your elections become effective as indicated in the previous election screens. If you do not complete your benefit selections during the specified period, you will not be enrolled. You will not be able to change your plan options until open enrollment. You cannot start, stop, or change coverage until the next open enrollment without a qualifying event.

To complete your benefit enrollment, simply check the box stating that you agree with the terms, and enter your name as it appears in the upper right hand corner in the signature text field. We are happy to support you throughout your enrollment and selection process.

Contact us Monday - Friday, 8 AM to 5 PM MST  
Benefits Support: [service@helpside.com](mailto:service@helpside.com)  
Phone: 1-800-748-5102

Thank you.

I understand the following:

- Coverage will become effective only in accordance with the provisions of each group policy.
- I must maintain eligibility requirements to participate in these benefits.
- Changes to elections cannot be modified until the next Open Enrollment, or within 60 days of qualifying events.
- I have a duty to review my check stubs to confirm my premium deductions are correct.
- I have a duty to inform Helpside if I discover any discrepancy between my pay records and my premium deductions.
- My failure to report any discrepancies may result in a delay in refunds, the collection of missed premiums, or an inability to elect or change plans.

I authorize the following:

- Helpside to make deductions from my earnings for my share of the cost, if any, of the benefits to which I may become entitled.
- EMI Health to share Protected Health Information concerning me and my family with any health care provider.

I certify that the information I have provided is true and complete.

[Back](#) [Complete Enrollment](#)

Guarde una copia de su Resumen de beneficios para sus registros.

Si tiene alguna pregunta sobre los beneficios disponibles, la inscripción o el portal de inscripción de beneficios, comuníquese con un miembro del Equipo de éxito del cliente en Helpside al 1-800-748-5102 o [service@helpside.com](mailto:service@helpside.com)