

Producer News

August 19th, 2015

ENROLLMENT DEADLINES—Small Business Market:

OCT 1 Coverage Effective Date, Initial Groups:

- ♦ SEP 10— Last day to end employee open enrollment
- ◆ SEP 14— Last day to pay first premium

OCT 1 Coverage Effective Date, Renewal Groups:

- ♦ SEP 5— Last day to complete employer application and start employee open enrollment
- SEP 13— Last day to end employee enrollment

2016 Broker Re-Certification Process

Brokers that are currently approved by DC Health Link have had their certifications extended through 2016. As we continue to update our training materials to reflect the developments and changes made to our system, we will keep the broker community informed of the process and requirements for re-certification in 2017.

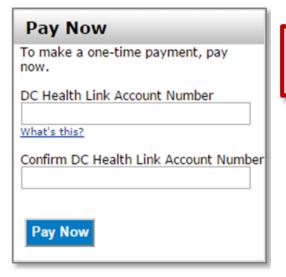
Employers Can Now Pay Premiums Online

Small business owners can now pay their DC Health Link health insurance premiums online through secure electronic check payment. Online payments are the fastest and easiest way to pay your DC Health Link premiums. To have your client pay their premiums to DC Health Link, please have them follow the steps below. Payments submitted before 8pm on bank business days will be posted the same day.

Step 1: Login to Online Bill Pay with your DC Health Link Account Number

https://www.e-BillExpress.com/ebpp/DCHealthPay/

The account number is found on the first page of your invoice. For new employers making their first month's premium payment, enter their business EIN.





For more information, or to enroll visit: www.DCHealthLink.com ~ To join our mailing list, email: dchl.producer@dc.gov





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Step 2: Enter Contact and Payment Information

Email Address – for the ER's payment confirmation email

Amount to be Paid – must match the total amount due on the ER's invoice

Enter Your Contact Information		
Name	* NOTE: Fit	rst premium
	fress will be used for payment inly and will not be shared in a sources open enro	can only be er employee ollment closes.
Street Address Line 1 Street Address	Line 2 Call 1-855	5-532-5465
City State	Zip Code	
Phone *	Enter Payment Information	
Class 2. Estas Bank Assault Information	Amount To Be Paid \$	*
Step 3: Enter Bank Account Information	Pay On 08/04/2015	*
Be Careful! Please double check your routing and account numbers to ensure accurate payment processing.	Payment Note	

Payment Account			
Account Type:	OChecking OSavings *	*Please complete all of the bank account fields indicated here. Be sure to double check your entries to ensure they are correct.	
Name on Account:	*	Note : Use your banking account number, not your ATM /Debit Card Account number	
Your Bank Name:	*		
Bank Routing Number:	*	:123456789: DO1234567890* 0123	
Bank Account Number:	*		
Re-enter Bank Account:	*	Bank Routing Number Bank Account Number	
	O Personal Account O Business Account	*	

Step 4: Complete and Confirm Payment

The employer can print a copy of the payment confirmation for their records.

They will also receive an email confirming their payment at the address provided in the "Contact information section" of the employer application.

For more information, or to enroll visit: www.DCHealthLink.com ~ To join our mailing list, email: dchl.producer@dc.gov