



# COVERED CALIFORNIA FOR SMALL BUSINESS

## MyCCSB Enrollment online portal Employer Guide



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## NEW EMPLOYERS

### CREATING AN EMPLOYER ACCOUNT

To apply for coverage, go to [Covered California for Small Business](#) and select the MyCCSB Login.

<b>I'm an Employer</b> Information on setting up health insurance for small business	
Health and Dental Plans	>
Get a Quote	>
Apply Now	>
How We Can Help Your Business	>
Who Is Eligible	>
Resources for Participating Employers	>
Latest News and Employer Updates	>
Tax Credits	>
Applications and Forms	>
About CCSB	>

MyCCSB Login

Select Create an Employer Account to begin applying for health care coverage for your Small Business.

Sign in to your account below:
<input type="text"/>
<input type="password"/>
Log In
Forgot password?
Create an Employer Account
Get a Quote



Once the Employer account is created, the portal will move into the account creation screen. You will have to fill in all applicable fields and select the arbitration at the bottom before moving into the Employer Application.

## Create Account



Let's get started! First you must create an account in order to begin your Covered California enrollment.



### My Account

Username\*

FEIN\*

Email\*

email@domain.com

Confirm Email\*

Password\*

Confirm Password\*



### Contact Information

First Name\*

Middle Name

Last Name\*

Suffix

Primary Phone Number\*

Primary Phone Type\*

Secondary Phone Number

Secondary Phone Type

Title



### User Acceptance Agreement

☐ I have read and agree to the [User Acceptance Agreement](http://www.coveredca.com/privacy). I understand my personal information will remain private and secure.\*  
<http://www.coveredca.com/privacy>



## APPLYING FOR COVERAGE

Please fill all applicable fields for your Small Business.

**Company Information**

Doing Business As* <input type="text" value="ACME LLC"/>	Federal Employer Identification Number (FEIN)* <input type="text" value="123456789"/> <small>If you are a Sole Proprietor and do not have an FEIN, enter the identifier used during tax filing.</small>	Email* <input type="text" value="email@domain.com"/>
Business Legal Name <input type="text"/>	Organization Type <input type="text"/>	Class of Business* <input type="text"/>
First Name* <input type="text" value="First Name"/>	Middle Name <input type="text" value="Middle Name"/>	Last Name* <input type="text" value="Last Name"/>
Suffix <input type="text"/>	Phone Number* <input type="text" value="( ) -"/>	Phone Type* <input type="text"/>
Preferred Language (written/spoken - if not English) <input type="text"/>	How Long Have You Been in Business?* <input type="text"/>	Do you want to go paperless?* <input type="text" value="No"/>

**Authorized Representative Contact Details**

If you are working with an agent, add the agent into the employer application under the Agent section. Please fill in the Agent of Record form attesting that you are the employer, and are working with the agent, and/or their general agent if applicable.

**Agent**

If you are an agent, or adding an agent on behalf of this employer group, you must upload either an Agent of Record (AOR) Form, or other documentation where the employer attests that you are allowed to work on their behalf. [AOR Form](#)

After the Small Business demographics have been entered, select next to move to the Employee Roster input page. This page also covers the application questions regarding Coverage Start Date, Infertility Selections, number of Full Time Employees, and if the Employer is covering Employee only or Employee + Family, etc.

**Employee Detail**

Our Employees Will Start Coverage on <input type="text" value="08/01/2021"/>	Your Employer Application deadline is: <input type="text" value="07/09/2021"/>	Your Open Enrollment deadline is: <input type="text" value="07/18/2021"/>	Your Binder Payment is due on: <input type="text" value="07/23/2021"/>
--	--	---	--

I attest that I employ at least one enrolling employee who is not an owner or a spouse of an owner and that I am offering coverage to all full-time employees.

Number of Full Time Equivalents (FTE) employed  [FTE Calculator](#)

Do you wish to offer infertility coverage as part of your health insurance?   [for more information, please visit this link.](#)

Do you intend to take advantage of the small business health care tax credit?

I am offering coverage to domestic partners

Do you currently offer health coverage?

Number of Eligible Employees  I'm Offering Health Coverage to\*\*  SIC Code  [SIC Search](#)

The next step is completion of the Employee Roster. For each Full Time Employee, please fill the demographics under the Employee Roster screen. To delete an employee, you can use the red **X** in the green banner. To add a spouse or child, please use the blue +Spouse/Domestic Partner or +Child button. To add an additional employee, select the +Add New Employee Button on the bottom left side of the Employee page.



Employee Roster

Emp. #	Type	First Name	Middle Name	Last Name	Suffix	Birth Date	Actions
1	Employee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">+ Spouse/Domestic Partner</a> <a href="#">+ Child</a>

Employee #1 Details

SSN:  Re-Ent SSN:  Phone:  Phone Type:  Secondary Phone:  Phone Type:

Address:  Add2:  Zip:  City:  State:

Gender:  Contribution Group:  Email:  Is Native American: ☐ Is the employee an owner or an owner's spouse?  Yes No

Preferred Language Written:  Preferred Language Spoken:  Tell Us About Your Race:

[+ Add New Employee](#)

Once the employee roster is filled out in its entirety, the next selection is the Metal Tier selection. Choose either a single metal tier, or up to all four metal tier selections. Metal tier selections must be contiguous in order to proceed. This means if you choose Silver, but want to also offer Platinum, you would have to select at least Silver, Gold and Platinum metal tiers.

Select Metal Level Options

Why Choose This?

As an Employer, you can control costs by specifying the available metal levels of the plans that employees can choose from.

☐ Platinum  
☐ Gold  
☐ Silver  
☐ Bronze

Metal Levels must be contiguous in order to proceed.

How it works:

- Select one or more neighboring metal levels.
- Select your financial contribution.

Once metal tiers are selected, the Medical Reference plan selection screen is next. To select the plan, press the Select Plan > button on the bottom of the chosen plan.

Benefit Plan Selection - Medical

Company: [Amgen Inc.](#)

Employees: [1](#) Dependents: [1](#) Total: [1](#)

Average Age: [62](#)

[Change Roster](#)

Shopping Filters: [Price Range](#)

Displaying: [39](#) Medical Plan(s) Sorted by: [Price \(Low\)](#)

Compare Selected Plans

Plan Name	Deductible	Out-Of-Pocket Max	Premium / Month	More Information
<b>Bronze 60 HDHP HMO 7000/0%</b>	\$7,000 / \$14,000	\$7,000 / \$14,000	\$229.42	<a href="#">Plan Summary</a> <a href="#">Providers</a>
<b>Oscar Circle Bronze 60 HDHP EPO 7000/0% + Child De...</b>	\$7,000 / \$14,000	\$7,000 / \$14,000	\$237.08	<a href="#">Plan Summary</a> <a href="#">Providers</a>

[View Details/Print](#) [Select Plan >](#)

Once a plan is selected, please select a dental reference plan. If you do not wish to offer dental coverage there is an attestation at the top of the screen which states, "I do not wish to offer dental."

**Please note:** If offering dental coverage, you must a dental reference plan. However, as the employer, you do not have to contribute to the dental coverage for your employees. You do, however, now have the ability to contribute to the employee's dental plans.



The screenshot shows the 'Benefit Plan Selection - Dental' interface. On the left, there's a sidebar with 'Company' information, 'Employees' (1), 'Dependents' (1), 'Totals' (1), 'Average Age' (38), and a 'Change Roster' button. Below this is a 'Shopping Filters' section with a 'Price Range' slider from \$7 to \$30. The main area displays 'Dental coverage is required' with a checkbox option. It shows 'Displaying 2 Dental Plan(s)' sorted by 'Price (Low)'. Two plans are visible: 'California Dental Network' and 'Dental Health Services'. Both are 'Family Dental HMO' plans. The 'California Dental Network' plan has a deductible of \$0, an annual benefit maximum, and a premium of \$7.59/month. The 'Dental Health Services' plan has a deductible of \$0, an annual benefit maximum, and a premium of \$10.39/month. Both plans have a 'View Details/Print' button and a 'Select Plan' button.

After reference plans have been selected, then the Contribution amount can be selected. As an Employer, use either the sliding scale or add in numeric within the highlighted box.

Once the contribution amount is selected, the next page is a basic quote for cost of coverage. This quote page only shows the total amount due, if each employee decides to select the reference plan for their plan selection.

**Please Note:** This quote is not a final bill, the amount of the monthly invoice will vary, and this is not an agreement for the amount owed by the employer.

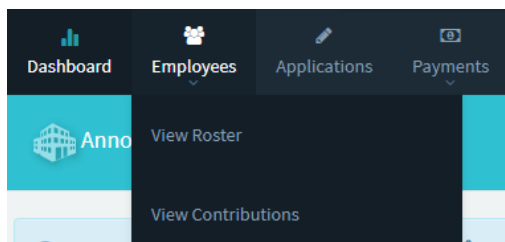
The screenshot shows the contribution selection interface. It has two groups, Group 1 and Group 2. Each group has a 'Your Contribution' section with sliders for 'Employee Contribution' and 'Dependent Contribution'. The sliders range from 0% to 100%. For Group 1, the 'Employee Contribution' slider is set at 50.00%, and the 'Dependent Contribution' slider is set at 0%. For Group 2, the 'Employee Contribution' slider is set at 50.00%, and the 'Dependent Contribution' slider is set at 0%. To the right of the sliders is a table showing the costs.

	Employer Pays	Employee Pays	Total
Group 1			
Employee Contribution	\$114.71	\$114.71	\$229.42
Dependent Contribution	\$0.00	\$0.00	\$0.00
Group 2			
Employee Contribution	\$0.00	\$0.00	\$0.00
Dependent Contribution	\$0.00	\$0.00	\$0.00

After selections are complete, the final page is the arbitration page. This is where the required supporting documentation should be uploaded, and the arbitration agreement is completed. For a list of the documents that should be uploaded with a small business application – Visit Covered California for Small Business [New Business Documentation Quick Reference Guide](#).

Once the application is signed, it will be submitted to Covered California for Small Business for review.

Proceed to the Employer Dashboard to view the employee roster. Employee enrollments can be managed from this location.



Once in the employee roster, you can:

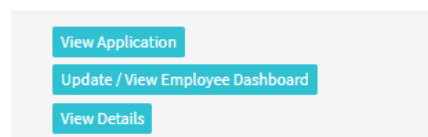
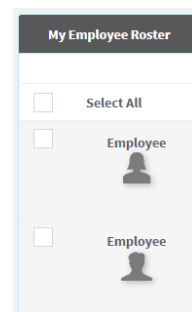
**Invite Employees** – Select Invite Employees, to select a box on the left-hand side of the Employee image, and then select Send Invitation Email. This will trigger a notice to the employee that they are able to self-service within the portal.

Self-serving within the portal will allow the employee to update their demographics and complete the employee application. They will have the option to research plan options, see contribution amounts, and learn about the benefits of each of our carrier plans.

**View Application** – By selecting this option, you can go into the Employee application, and select the plan options that they want to select.

**Update / View Employee Dashboard** – By selecting Update/View Employee Dashboard, you can update the Employee demographics.

**View Details** – By selecting View Details, you will be moved into the employee dashboard.







## EXISTING EMPLOYERS

### CREATING YOUR EMPLOYER ACCOUNT

Check your e-mail for a message from Covered California for Small Business, which will provide the link to create your username and account within the enhanced portal. Your e-mail will look like the one pictured below. Select your account. (highlighted in yellow) to begin.



COVERED CALIFORNIA  
SMALL BUSINESS

### Welcome to your account

Dear Enterprise,

This is to let you know that an online account has been set up to help you manage your health insurance choices through Covered California for Small Business (CCSB).

Now, you can conduct all of your business online. No more completing stacks of paperwork!

Please click the following link to proceed to your account.



Click here!

In the future, you can log-on here.

You will be moved into the Employer Account creation screen, in which you will need to create a unique Username, Password, and contact information. Select Create Employer Account, to finalize the account creation.



Create Employer Account for Enterprise

My Account			
User Name *	E-Mail*	Password*	Password Confirm*
<input type="text" value="Enterprise"/>	<input type="text" value="Nimoy@yopmail.com"/>	<input type="password" value="*****"/>	<input type="password" value="*****"/>
Available			

Contact Information			
First Name *	Middle Name	Last Name *	Suffix
<input type="text" value="James"/>	<input type="text" value="T"/>	<input type="text" value="Kirk"/>	<input type="text" value=""/>
Primary Phone Number *	Primary Phone Type *	Secondary Phone Number	Secondary Phone Type
<input type="text" value="(000) 000-0000"/>	<input type="text" value="Home"/>	<input type="text" value="( ) - -"/>	<input type="text" value=""/>
Title			
<input type="text" value=""/>			

☒ Yes I have read and agree to the [User Acceptance Agreement](#) and know how it explains how my personal information will remain private and secure \*

Please review your details and make any corrections before confirming your account creation. Once reviewed, please proceed by hitting the submit button.

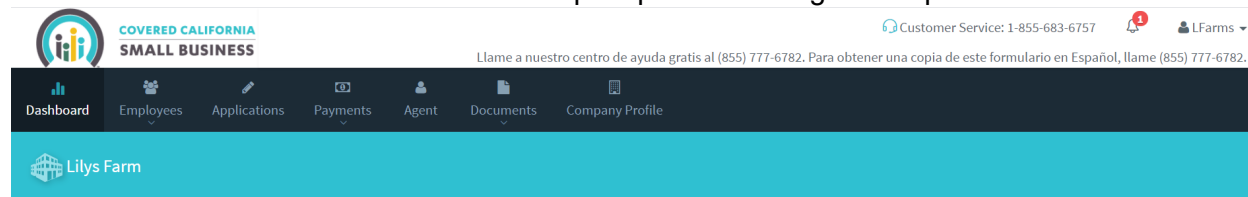
Create Employer Account

Once created, log into the Employer/Company Account to Access the Employer Dashboard for the company.

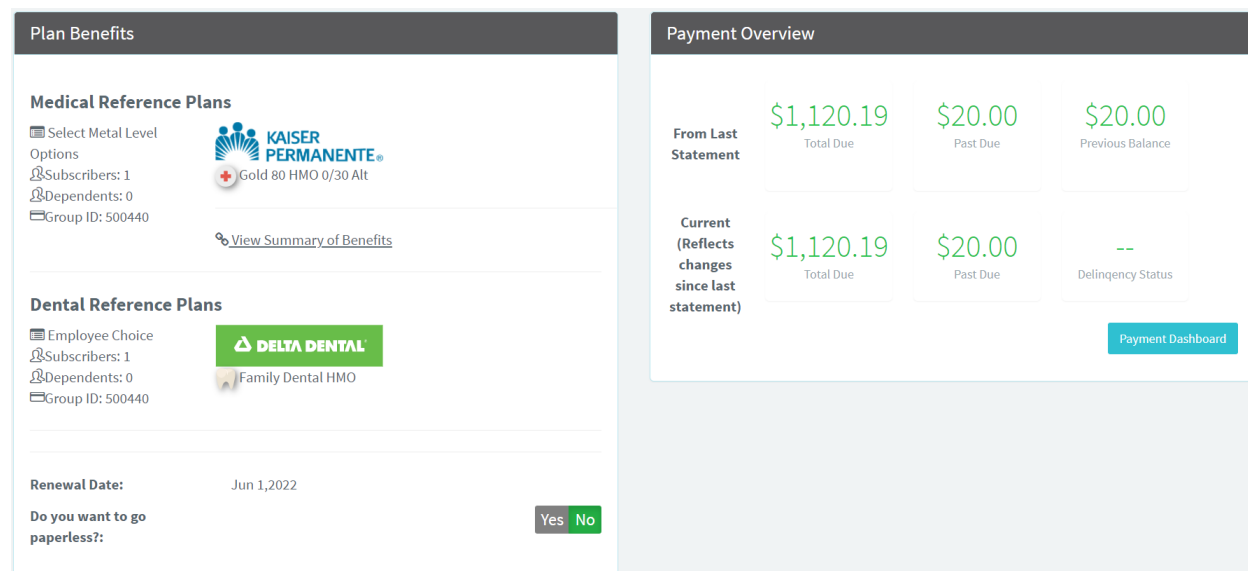


## EMPLOYER DASHBOARD

When you log into the employer account, in the light blue banner, there is the business's name. Across the dark blue banner there are multiple options to navigate the portal.



**Dashboard** – The Dashboard option will display reference plan selections on the left-hand side, along with the renewal date. There is also the option to go Paperless for notices.



**Employees** – The employees tab will allow you to view your employee roster, which is also where if necessary, you can add or terminate an employee or dependent.

My Employee Roster							
				Invite Employees		Search	
						Sort: Eligibility	
Member	Details	Enrolling Medical	Enrolling Dental	Account Details	Application Status	Action	
Employee	Status: Eligible Name: Kenny Rodgers Person ID: 608640 Legacy ID: 608640	Birth Date: 01/01/2000 SSN: ***-**-1111 Phone: (111) 111-1111	✓	✓	Email: krodgers@yopmail.com Account: Not SetUp Account Invitation: Not Sent	Completed ✓	<a href="#">Update / View Employee Dashboard</a> <a href="#">View Details</a>

**Applications** – The applications tab is where the business can update the employer application during renewal. During the rest of the calendar year, it will show a message like the following: If you terminate coverage for the entire business, then you will have the option to reenroll in coverage, using your current employer log in.



You are currently offering the following benefits to your employees and their dependents:

**Medical:** Health Net Platinum 90 PPO 0/15 + Child Dental INF

**Dental:** Family Dental HMO

**Renewal Date:** Jun 1, 2022

**Payments** – The payments tab is where the employer can view invoices and make payments. These payments can either be a one-time payment, or recurring payments.

#### Payment Dashboard

##### Current Activity

Activity Date	Name	Trans Type	Description	Coverage Month	Subscriber Contr	Amount
No recent activity.						

##### Payments

-\$366.73

Last Payment:

05/28/2021

Last Payment Date:

**Agent** – The agent tab will show any agent who is attached to your employer account. Agents can be removed from the account or changed at any time. Agent changes will be reflected in the system on the 1<sup>st</sup> of the following month; however, the employer can continue to work with the new agent as soon as the change is made.

##### Agent

Search Agents:

Search

##### Agent History

**Documents** – The documents tab is where you will upload your required documentation during your initial application and throughout the time the employer carries insurance with Covered California for Small Business. This area also allows you to view any letters which generate on the account.



## Review Documents

Upload Date

MM/DD/YYYY

File Name

File Name

Search

Upload Date	File Name	Employer Name	Action
05/24/2021	Tax.docx	Lilys Farm	<a href="#">View</a>

**Company Profile** – The company profile page is where the demographics for your company are stored. You can update the business legal information, the company contact, and the authorized representative contact details.

### Company Details

Doing Business As\*

Lilys Farm

Business Legal Name

Organization Type

Non-Profit

Class of Business

Corporation

Preferred Language (written/spoken - if not English)

Do you want to go paperless?\*

No

☐ Same as Business Address\*

## TO MAKE A PAYMENT

### One-Time Payments

For a one-time payment, under the payments tab select one-time from the drop down.

**Payment amount** – Will be the amount due on the last invoice. This is not a changeable field.

**Routing Number** – Locate the bank routing number and input into the routing number box. The Bank Name should appear in the Bank Name box.

**Account Number** – Locate the account number and fill in the account number box.

### Payment Details

Customer Name

Lilys Farm

Payment Amount:

\$

1120.19

Routing Number\*

Bank Name\*

Account Number\*

Verify Account Number\*

Select the Terms and Conditions arbitration box and submit to make the one-time payment.



## Recurring Payments

To make recurring payments, go to the payments tab and select recurring.

The following note should appear towards the top of the payments screen:

**Note!** Employers who set up recurring payment will have their payments pulled on the 18th of each month. The next recurring payment sweep will be on the 18th of current month. If your due date occurs before the next sweep, please make sure you make a one-time payment to avoid loss of coverage.

Payment Details

**Note!** Employers who set up recurring payment will have their payments pulled on the 18th of each month. The next recurring payment sweep will be on the 18th of current month. If your due date occurs before the next sweep, please make sure you make a one-time payment to avoid loss of coverage.

Customer NameLilys Farm

Routing Number\*

Bank Name\*

Account Number\*

Verify Account Number\*

**Routing Number** – Locate the bank routing number and input into the routing number box. The Bank Name should appear in the Bank Name box.

**Account Number** – Locate the account number and fill in the account number box. You will have to verify the account number in the following box.

Select the Terms and Conditions arbitration box and submit to set up your recurring monthly payments.

Monthly payments can take up to 24 hours to show on your payment's dashboard. The recurring payments will be the same amount on the company invoice, or less depending if any changes due to employee terminations occurred prior to the invoice.

**Please Note:** *Recurring payments will never be more than the invoiced amount. Recurring payments occur on the 18<sup>th</sup> of every month, and can take 24 hours to process within the portal.*



## HOW TO ADD A NEW EMPLOYEE –

### Under Employees – Select View Roster

Select the Add Employee Button at the bottom right hand corner of the screen to start the add process.

Enter in the employee's demographics. Once demographics are submitted click add employee with New Plan.

**Please Note:** If you are adding a spouse or dependent child, select the light blue buttons on the top right of the employee demographic screen.

First Name	Middle Name	Last Name	Suffix	Birth Date	Actions
Emp. John		Doe		10/01/1990	<a href="#">+ Spouse/DomesticPartner</a> <a href="#">+ Child</a>

**Employee #3-Details**

SSN: 111-11-1112 Re-Ent SSN: 111-11-1112 Phone: ( ) - Phone Type: Home Secondary Phone: ( ) -  
Phone Type:   
Add1: 1601 Exposition Blvd Add2: Zip: 95815 City: Sacramento  
State: California (CA)   
Secondary Add1: 1 Hill Street Add2: Zip: City:   
State: California (CA)   
Gender: Male Group: Group 1 Email: john.doe@yopmail.com ☒ Enrolling in Medical Insurance  
☒ Enrolling in Dental Insurance ☐ Is Native American

Once the employee is added, the Update Enrollment screen will ask for the Qualifying Life Event.

**Please note:** If the date of the event is not available, please submit the Employee change form via e-mail to [CCSBEligibility@covered.ca.gov](mailto:CCSBEligibility@covered.ca.gov). This form and instructions on how to submit are located on the CCSB website, <https://www.coveredca.com/forsmallbusiness/applications-and-forms/>.

After selecting the Qualifying Life Event date, Open Employee Dashboard to Complete Enrollment which will move into the employee dashboard to process the application and for the employee plan selections.

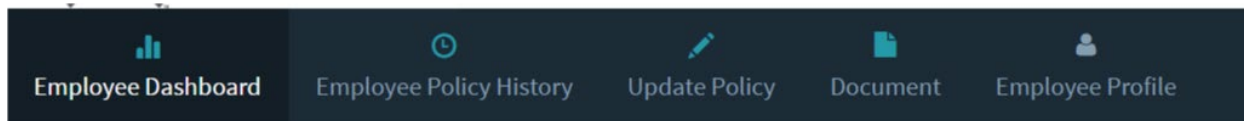
In the Employee dashboard, select Apply for Coverage button for the employees' plan selection.



## TO ADD A SPOUSE OR DEPENDENT

From the employer dashboard, select Employees and then the Employee roster.

Locate the employee who wants to add a spouse or dependent and select Update/View Employee Dashboard. From this page locate and select Update Policy in the Dark Blue Banner.



Once selected choose **Changing or Adding Coverage** –

**Please note:** A list of Qualifying Life Events is located in the [Employer Guide](#).

What update are you making?

☐ Ending coverage for one or more members

☐ Changing or adding coverage

✕ Cancel

Next >

**Please note:** The ability to add a dependent or spouse is only available within the past 30 days from today's date. If the spouse or dependent's Qualifying Life Event was more than 30 days from today's date, please submit an Employee Change form via e-mail, to [CCSBEligibility@covered.ca.gov](mailto:CCSBEligibility@covered.ca.gov). The Employee Change form and instructions on how to submit are available online at <https://www.coveredca.com/forsmallbusiness/applications-and-forms/>.

After inputting the date of the Qualifying Life Event, enter the effective date for the Qualifying Life Event. Enter the spouse or dependent demographics, and then select **Next**. Confirm the change.





Dependents Being Added

Dependent	First	Last	DOB	Gender	Medical	Dental
child	Johnnie	Walker	06/16/2021	Male	✓	✓

New Estimated Costs Starting 07/01/2021

Plan Name: **Platinum 90**  
**EPO 0/15 + Child Dental**  
INF

**oscar**

Employee Monthly Cost:  
**\$359.07**

Employer Monthly Cost:  
**\$578.24**

Total Monthly Cost:  
**\$937.31**

Plan Name: **Family Dental**  
**PPO**

**DELTA DENTAL**

Employee Monthly Cost:  
**\$83.98**

Employer Monthly Cost:  
**\$0.00**

Total Monthly Cost:  
**\$83.98**

Estimated Grand Totals

Employee Monthly Cost: **\$443.05**

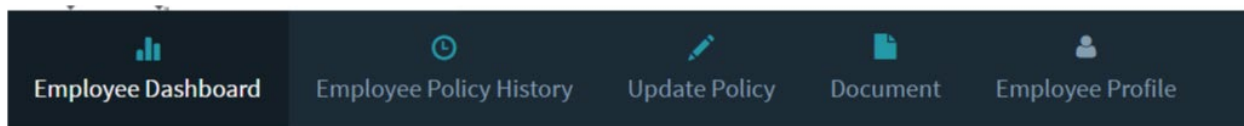
Employer Monthly Cost: **\$578.24**

Total Monthly Cost: **\$1,021.29**



## TO TERMINATE AN EMPLOYEE, SPOUSE, AND/OR DEPENDENT (OR ALL OF THE ABOVE)

From the Employer Dashboard, locate the employee roster under the Employee section. Identify the employee who wants to terminate a spouse and/or dependent and select Update/View Employee Dashboard.



Once selected choose **Ending Coverage for one or more members –**

**Please note:** A list of Qualifying Life Events is in the [Employer Guide](#).

What is the reason for the termination ?

Termination of Coverage

« Redo

< Back

Next >

What is the date of the event?

07/14/2021

Termination of Coverage

July 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	01	02	03
04	05	06	07	08	09	10
11	12	13	14	15	16	17

Next >

**Please note:** The termination date, should be the last day the Employee worked and qualified for health coverage.

Once the date of termination is provided, their coverage will end the first day of the following month.



### When will the coverage termination **take effect** ?

Termination of Coverage on 07/14/2021

For an event of *Termination of Coverage* on 07/14/2021, the last day of coverage would occur on:

**07/31/2021**

Any coverage under an altered policy would begin on:

**08/01/2021**

« Redo

« Back

Okay, Next >

Select the individuals who will no longer be eligible for coverage. If terminating the subscriber, then all dependents will also be removed from coverage.

On 07/31/2021, which members are losing **all** coverage due to this event?

Termination of Coverage on 07/14/2021

Select	Member	First	Last	DOB	Gender	Medical	Dental
<input type="checkbox"/>	Employee	Jimmy	Sands	01/09/1986	Male	✓	✓
<input type="checkbox"/>	Spouse	Tyler	Loan	02/03/1984	Male	✓	✓

« Redo

« Back

Next >

Confirm the termination for the applicable employee or dependents to ensure the termination is processed.

## Please Review

Type of event: **Termination of Coverage**

Date of event: **07/14/2021**

Members losing all coverage: **07/31/2021**

Event available for a special enrollment period: **NO**

Remains eligible for re-enrollment: **NO**

Members terminating coverage in **red**

	Member	First	Last	DOB	Gender	Medical	Dental
⊘	Employee	Jimmy	Sands	01/09/1986	Male	✓	✓
⊘	Spouse	Tyler	Loan	02/03/1984	Male	✓	✓

« Redo

« Back


✓ Confirm





## NOTIFICATIONS

When logged into the employer system, there will be a small bell on the top right-hand corner of the screen, which may have a red circle with a numeric within. This is the notifications section, which will showcase any updates which may have occurred in your account. For every notification that is received an e-mail will be sent detailing what occurred.

**Please note:** This section will update when employees enroll in their policies, along with many other types of brief notifications. These notifications will also be sent via e-mail, and if applicable, a paper copy will be sent in the mail.



COVERED CALIFORNIA  
SMALL BUSINESS

Customer Service: 1-855-683-6757  LFarms 

Llame a nuestro centro de ayuda gratis al (855) 777-6782. Para obtener una copia de este formulario en Español, llame (855) 777-6782.

Dashboard

Employees

Applications


Payments


Agent

Documents


Company Profile

Notification Center

Notification Date: 07/08/2021 

 Search

New contact information for Kenny Rodgers  
6 days ago



COVERED CALIFORNIA  
SMALL BUSINESS

New contact information for Kenny Rodgers

Your employee Kenny Rodgers has just updated their contact information.

If you think this is a mistake, please contact our Covered California for Small Business Service Center at (855)777-6782 or contact your agent.

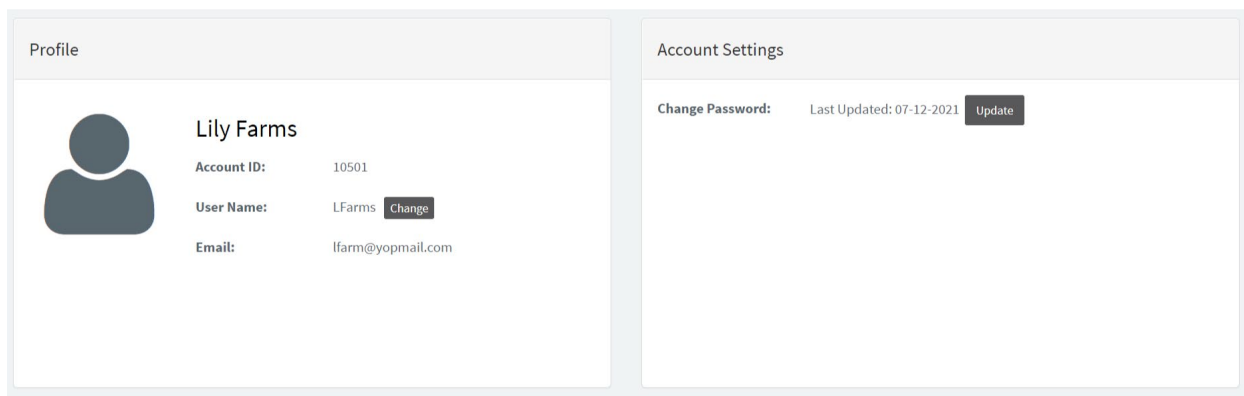


## ACCOUNT SETTINGS

Select the username at the top right-hand side of the screen, which will populate a drop-down box with multiple options. Select the option to go into Account Settings.



Once selected, the Account Settings page populates, and this shows the user profile. From here the employer can update the Username or the Password. Click the change or update button, and a box will appear, to change the Username or Password.



**Please note:** Usernames must be unique; you are not allowed the same Username as another user on the system.