How to update a Change of Address

1. Under Member Management select View/Modify Members.

VINN											
BENEFIT BOARD	Quick Search ID										
System Codes	Last Name	. F	irst Name			MI	SSN	Gen	der	Birth Date	
Address Setup	Last Hamo		inot Hamo						-	Dirtir Dato	
Contact Setup											
Security Setup	Home Phone		Work Pho	ne	E	xt					
Plan Management	Personal Email				Work Emai	1					
Contact Management	Liser Name		Pa	brower			Confirm Pas	sword			
Enrollment Management				354014			ooniiniin us	511010			
Enrollment Requests	Addresses										
Member 11 may ant	Address Type	▼ <u>Hi</u>	story								
View/Modify Members	Address Line 1										
Addition memoers	Address Line 2										
COBRA Approval	City		📓 🛛 State	Oregon		•	Zip Code		國		
Sell Pay Approval	County			Country U	nited States				-		
Utilities	Address Effectiv	Date 11-26-2013	1	Address Evoir	ation Date						
Home Page Alerts	Address Encent	e Date per co cono		Address Expir	ation bate						
Run Carrier Invoice Report	Ethnicity and Medica	re Eligibility									
Report Mart	Ethnicity		•					Medicare	Eligibi	lity 🔹	
BHS Interface	Race										
Reports	🗖 Aslan	Black/African Ame	erican	American	Indian/Alaska	Native	🔲 N	ative Haw	alian/C	ther Pacific Isl	lander
Payroll Interface	🔲 White	Other		Refused	(Can only pick	one)	🗆 U	Inknown			
	Tobacco Usage										
	How would you desc	ribe your tobacco habits'	?								
	 Currently use toba 	cco products									
	Haven't used toba	cco products over the las	t 12 month	IS							
	O Have never used t	obacco products									
						_		_	_		
			-							1	
	Member IDs	Dependents	Em	ployment	View Enr	olment	s Othe	er Group (Cov.	QSC	Events
		-									
	Search Reset Lo	ck									

2. Enter employee Enumber in Quick Search and click Enter. If you do not have the Enumber you can enter the last and first name then click on Search.

System Codes	Last Name		First Name		M	SSN	Gender	Birth Date	
Contact Setup							-		
Security Setup	Homesey		Work Pho		Ext				
Plan Management	Borconal Email				Mark Email				
Contact Management	Personal Email			_	WORK Email				_
Enrollment Management	User Name		Pa	ssword		Confirm Pass	word		
Enrollment Requests	Addresses								
Member Management	Address Type	•	History						
View/Modify Members	Address Line 1								
Add New Members	Address Line 2								
COBRA Approval				Oregon	-	- 71- 0- da			
Self Pay Approval	City		State	Oregon	•	Zip Code			
Document Management	County		E	Country Unit	ed States		•		
▶ Utilities	Address Effective	Date 11-26-2013	0	Address Expirati	on Date				
Home Page Alerts	Ethnicity and Medica	re Eligibility							
Run Carrier Invoice Report	Ethnicity		•			- N	ledicare Eligi	hility 🔻	
Report Mart	- Lunicky						iculture Eligi	onity	
BHS Interface	Race								
Reports	Asian	Black/African A	merican	American Ir	ndian/Alaska Native	🔲 Na	itive Hawaiian,	Other Pacific Is	lander
Payroll Interface	White	Other		Refused (C	an only pick one)	🔲 Ur	known		
l									
	Member IDs	Dependents	Emp	loyment	View Enrollment	s Other	Group Cov.	QSC	Events

3. This will open the member's demographics page. To change the address you first must click on the Address Type you wish to change. Enter the Address Expiration date and Click Save. This will open a new address window.

Last Name		First Name		MI	SSN	Gender	Birth Date	
Disney		Mickey			******	Male 🔻	10-31-1960	
Home Phone	5039712323	Work Phone	5033623344	Ext 225				
Personal Email	mdisney@yahoo.com			Work Email disney	.mickey@state.	or.us		
User Name		Passv	vord		Confirm Passw	vord		
Addresses								
Address Type	Residence	History						
Address Line 1	1234 Happy Lane							
Address Line 2								
City	Salem	State	regon	•	Zip Code 9	7302		
County			Court, on	ieu states		-		
Address Effection	ve Date 10-31-2013	Ad Ad	dress Expirati	on Date				
Ethnicity and Medic	are Eligibility							
Ethnicity	Unknown	•			■ M	edicare Eligib	ility No 🔻	
Race								
Race Asian	Black/Africar	American	American I	Indian/Alaska Native	na Na	itive Hawaiian	/Other Pacific I	slander
Race Asian White	Black/AfricarOther	American	American I Refused (0	Indian/Alaska Native Can only pick one)	Na V Ur	itive Hawaiian Iknown	/Other Pacific I	slander
Race Asian White Tobacco Usage	Black/Africar Other	American [American I Refused (0	Indian/Alaska Native Can only pick one)	□ Na Vr	itive Hawaiian Iknown	/Other Pacific I:	slander
Race Asian White Tobacco Usage How would you des	Black/Africar Other scribe your tobacco ha	Mmerican	American I Refused (0	Indian/Alaska Native Can only pick one)	□ Na ☑ Ur	ative Hawaiian Iknown	/Other Pacific I	slander
Race Asian Vhite Tobacco Usage How would you des Currently use to	Black/Africar Other	American	American I Refused (0	Indian/Alaska Native Can only pick one)	In Na In Na Na In Na Na Na Na Na Na Na Na Na Na Na Na Na N	itive Hawaiian Iknown	/Other Pacific I	slander
Race Asian Asian White Tobacco Usage How would you de: Currently use to Haven't used tol	Black/Africar Other scribe your tobacco ha bacco products bacco products over ti	American (bits? e last 12 months	American	Indian/Alaska Native Can only pick one)	I Na	itive Hawaiian Iknown	/Other Pacific I	slander
Race Asian Asian How would you des Currently use to Haven't used tol Have never used	Black/Africar Other scribe your tobacco ha bacco products bacco products over ti tobacco products	DAmerican []]]]]]]]]]]]]]]]]]]	American 1	(ndian/Alaska Native Can only pick one)	C Na	itive Hawaiian Iknown	/Other Pacific I:	slander
Race Asian Asian How would you des Currently use to Haven't used tol Have never used Member IQs	Black/Africar Other scribe your tobacco ha bacco products bacco products ubacco products Dependents	i American [] libits? ne last 12 months Emplo	American 1	Indian/Alaska Native Can only pick one) View Enrollmet	Na V Ur	itive Hawaiian Iknown	/Other Pacific I	slander

4. Enter the new address and Click Save.

Home Contact U	s Help Logout		User: Mordica-	Admin Tami		Tuesday , November 26, 201
New Addres	s					
Member : Disney ,	, Mickey					
Please Type in N	ew Address below					
Address Type	Residence					
Address Line 1	1235 SE Spice Lane					
Address Line 2						
City	Salem [State Oregon	•	Zip Code 97302		
County	, I	Country Unit	ed States		•	
Address E	ffective Date 11-27-2013	Address Expiration Date				
Save Clear	Back					

5. This will bring you back to the member information page. If there is a mailing address, you will see another box with the current mailing address asking if you wish to change it.

Note: The old address will still show on the screen with the Address Expiration date filled in. It takes 24 hours for the system to accept the change of address and display on the screen.

How to change or add a mailing Address:

1. Click on the Address Type drop down and select Mailing. Enter the new mailing address then click

on Save.	
BENEFIT BOARD	Member : Doe , Jane
System Codes	Please Type in New Address below
Address Setup	Advess Type Residence
Contact Setup	Address Line 1
Security Setup	Address Line 2
Plan Management	
Contact Management	
 Enrollment Management 	
Enrollments	Address Effective Date 02-01-2015 Address Expiration Date
Unsaved Enrollments	Would you like to change/expire the below mailing address? Please note that mailings, if any, will be sent to Mailing address. If a member does not have mailing address, then it
Termination Approval	is sent to the residential address.
Affidavit Fulfillment	O Expire 🖲 Change O Keep Existing
Email Notifications	Please Type in New Address below
Member QSC Request(0)	
Enrollment Requests	A miness type Malang
Member Management	Address Line 1
Document Management	Address Line 2
▶ Utilities	🛾 Cíty 🖉 🖉 State Oregon 🗸 🖉 Zip Code
Home Page Alerts	Country United States
▶ Reports	
Payroll Interface	
Report Mart	Save Clear Back
BHS Interface	

How to Change Both a Residence address and Mailing Address

Enter the expiration date and click Save. This will open a new window that will allow you to enter the option to change the residence address information.

- 2. Enter the new address information under Residence. If the member has a mailing address you will see both address. Follow the below instructions if you would like to keep, change or expire the mailing address listed below the residence address.
 - a. If Keeping the mailing address check "Keep Existing"
 - b. If expiring the mailing address check "Expire"
 - c. If you are changing the mailing address check "Change". If you check this it will clear the old address and allow you to enter the new mailing address.
- 3. When Complete Click Save.
- 4. You will see "Record Saved Successfully".
- 5. You are done, the new address will show the following day.

MyOEBB – How to Change an Address

	View/Modify Mombare Record Saved Successfully Quick Search ID			
System CodesAddress Setup	Last Name First N Doe Jane	ame M	II SSN Gender	■ Birth Date ✓ 05-30-1982
Contact Setup Security Setup	Home Phone Work	: Phone Ext		
 Plan Management Contact Management 	Personal Email	Work Email Password	Confirm Password	
 Enrollment Management Enrollments Unsaved Enrollments 	Addresses Address Type Mailing History			
Termination Approval Affidavit Fulfillment	Address Line 2			
Email Notifications Member QSC Request(0)	City Salem	State Oregon Country United States	Zip Code 97303	
Enrollment Requests	Address Effective Date 01-30-2015	Address Expiration Date		

How to expire a Mailing Address

Enter the mailing Address Expiration Date and click Save. This will open a new window that will allow you to enter the new mailing address information.

BENEFIT BOARD	Quick Search ID	
System Codes	Last Name MI SSN Gender Birth Date	
Address Setup	Doe Jane ★******* Female ✔ 05-30-1982	
Contact Setup		
Security Setup	Home Phone Ext	
Plan Management	Personal Email Work Email	
Contact Management	User Name Password Confirm Password	
Enrollment Management	Addrosses	_
Enrollments		
Unsaved Enrollments		
Termination Approval		
Affidavit Fulfillment	Address Line 2	
Email Notifications	City Salem State Oregon V Zip Code 97301	
Member QSC Request(0)	County United States	
Enrollment Requests	Address Effective Date 10-23-2014	
Member Management	Ethnicity and Medicare Eligibility	