

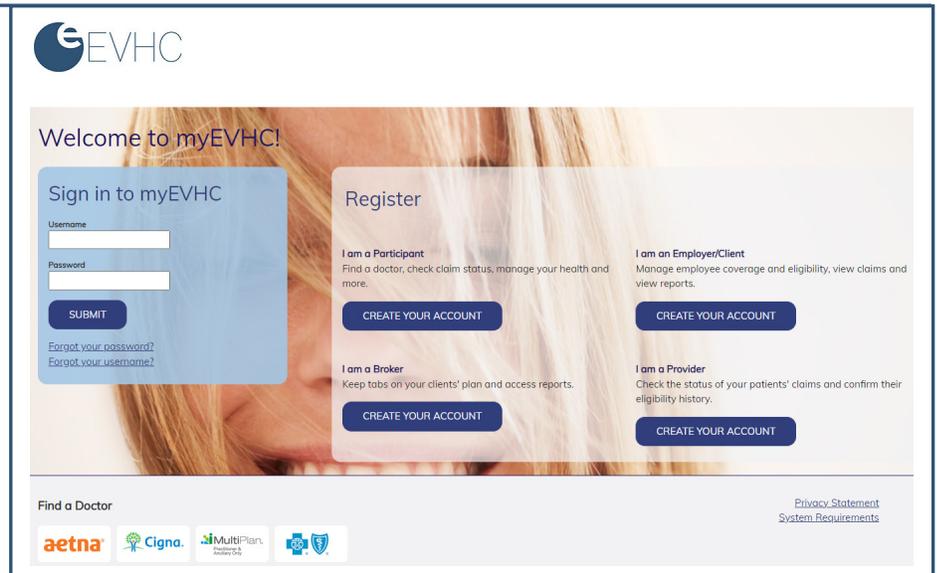
A Member's Guide To Registering on myevhc.com

To register as a member on myevhc.com for the first time, you will need to follow these steps:

1

Create an Account

Go to myevhc.com and select the **Create My Account** button in the “I am a Participant” box. Each plan member will need to create their own account.



The screenshot shows the myEVHC website interface. At the top left is the EVHC logo. Below it, the text "Welcome to myEVHC!" is displayed. The main content area is divided into two primary sections: "Sign in to myEVHC" and "Register".

The "Sign in to myEVHC" section includes a "Username" input field, a "Password" input field, a "SUBMIT" button, and two links: "Forgot your password?" and "Forgot your username?".

The "Register" section is organized into a grid of four options, each with a "CREATE YOUR ACCOUNT" button:

- I am a Participant:** Find a doctor, check claim status, manage your health and more.
- I am an Employer/Client:** Manage employee coverage and eligibility, view claims and view reports.
- I am a Broker:** Keep tabs on your clients' plan and access reports.
- I am a Provider:** Check the status of your patients' claims and confirm their eligibility history.

At the bottom left, there is a "Find a Doctor" section with logos for Aetna, Cigna, MultiPlan, and another logo. At the bottom right, there are links for "Privacy Statement" and "System Requirements".

2

Activation

- Fill the required fields with information to obtain your ID card.
- Click **Next**.



ACTIVATION

Let's get started!
To keep this simple, all of the fields below are required.

Your Member ID or SSN ?

Your Last Name

Your ZIP/Postal Code

Your Date of Birth

Next

3

Provide Your Consent

- Click "I agree" to accept the consent to electronic signatures and communications and terms and conditions.



CONSENT

Provide your consent.
To continue, please agree to the terms below.

CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS

Under certain laws, Trustmark Health Benefits, Inc. and its vendors are required to obtain your authorization and consent to obtain your electronic signature on any documents related to the services that Trustmark Health Benefits or its vendors provide ("Services") and to receive electronically copies of such documents. As a result, we are providing this notice to you in order to obtain your agreement and consent to conduct our business with you electronically, including your consent to sign electronically any documents we ask you to sign and all other documents related to the Services and to confirm your consent to provide you with electronic copies of the same. You may otherwise print or save a copy of these documents for your records.

Scope of Your Consent

An "electronic signature" may be clicking a check box, orally stating "I Agree", or otherwise taking any other action that indicates your agreement to and receipt of a document. By indicating your consent below, you are agreeing that any electronic signatures that you may provide are legally binding signatures with the full legal force of a handwritten signature, which does not need to be verified, validated or certified by any third party. By indicating your consent below you are also agreeing that we can send you and you will receive electronically disclosures, communications, notices, forms, applications, policies and modifications to the same, which we choose to provide you electronically, unless and until you withdraw your consent as set forth below.

I Agree **I Decline**

4

Contact Information

Enter your contact information in the fields below. You must enter your email address and at least one phone number.

COMMUNICATION

Enter your contact information.
You must enter your email address and at least one phone number.

Email Address: person@email.com

Mobile Phone: 555-555-1212

Alternate Phone: 555-555-1212

Select the information below that you would like to receive electronically.

Yes, I request to receive my Explanation of Benefit Statements (EOBs) notifications electronically via email.

Next

5

Verification

- Click "Start" next to the communication method you would like to verify and a code will be sent to the email, address or mobile phone number you provided.
- Enter the verification code in the indicated field.
- Click "Next" to continue.



VERIFICATION

We will need to verify your information before continuing.
Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

Email Address: person@email.com Start

Mobile Phone: Start



VERIFICATION

We will need to verify your information before continuing.
Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

Please enter the verification code that has been sent to your Mobile Phone in the field below.

Email Address: person@email.com Start

Mobile Phone: Start

Verification Code: 470473 Verify



VERIFICATION

We will need to verify your information before continuing.
Select ONE method below to verify. A code will be sent to the email address or mobile phone number you provided.

Please enter the verification code that has been sent to your Mobile Phone in the field below.

Email Address: person@email.com Start

Mobile Phone: Start

Verification Code: 470473 Verify

Only one more step to EVHC

6

Personalization

- a. Create your profile by choosing a user name and password. Answer three security questions then click “Next.”



Once you're registered on this site, please be sure to bookmark it as a favorite, and return directly to myevhc.com for all future visits.



www.myevhc.com



The Last Healthcare Plan Your Clients Will Ever Need