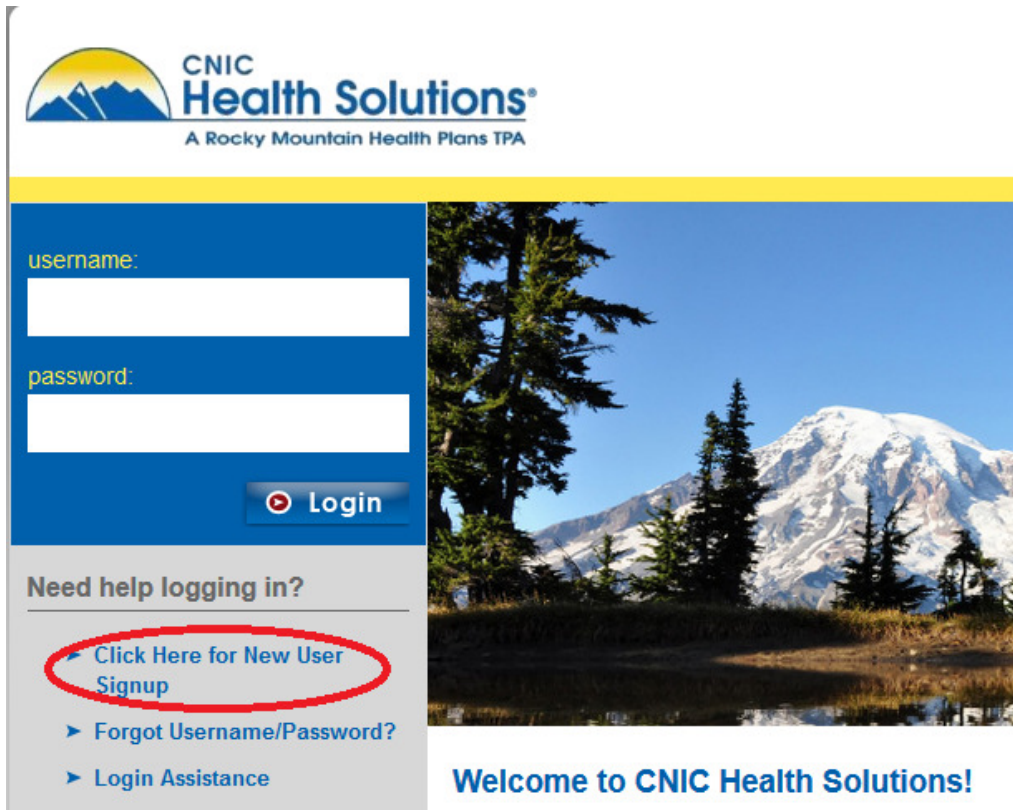


## Dependent Authorization Sign-up

Click on "Click Here for New User Signup".



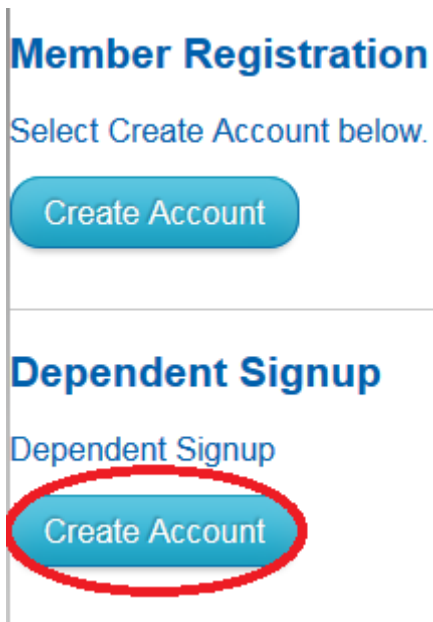
username:  
password:  
Login

Need help logging in?

- ▶ [Click Here for New User Signup](#)
- ▶ [Forgot Username/Password?](#)
- ▶ [Login Assistance](#)

Welcome to CNIC Health Solutions!

Under "Dependent Signup", click the Create Account button.



## Member Registration

Select Create Account below.

Create Account

---

## Dependent Signup

Dependent Signup

Create Account

Read through the License Agreement and click Next.

Step 1 of 4  
Agree to License Agreement

### License Agreement

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**Security.** You are responsible for changing your password upon entering the system for the first time. You are also responsible for safeguarding and maintaining the secrecy of your password at all times. We believe that we have taken all reasonable security steps to encrypt your personal information so that it cannot be read as the information travels over the Internet. However, nothing is entirely foolproof, and as a customer, you accept the risk of conducting financial and private transactions via the Internet.

**Disclosure of Personal Data.** You agree to the disclosure of personal data (including but not limited to your Social Security number, medical treatment and other medical information, name, address, age, date of birth, and credit card or other billing information) to the appropriate health care service provider, your employer's health care benefit administrator staff, health

**Next** Cancel

Forgot

Enter your last name and date of birth, along with the group number and Enrollee ID from your card. Click Next.

Step 2 of 4

Please refer to your ID card to assist you in completing the steps on this screen.  
Enter your Last Name, Date of Birth, Group Number and Member ID from your ID card.

Do NOT enter dashes when entering your Employee Member ID

Enter your Last Name:

Jones

Dependent Date of Birth

02/23/1988

Format mm/dd/yyyy

Group Number

300

Enter ID # from your ID card or the Employee's ID card (9 digits):

●●●●●●●●●

Previous **Next** Cancel

Create a user name (no spaces), enter and confirm your email address, and enter and confirm a password.

Username

BlackCanary

Email Address

blackcanary@superheroes.org

Confirm Email Address

blackcanary@superheroes.org

Password

●●●●●●●●●●

Confirm Password

●●●●●●●●●●

You then need to select and answer 3 security questions. Click Next when finished.

-- Select Question --

- In what city were you born? (Enter full name of city only)
- What was the name of your first pet?
- What is the name of the first company you worked for?
- What is the first name of your oldest nephew?
- What is the first name of your oldest niece?
- In what city were you married?
- What was the first name of your first manager?
- What is your father's middle name?
- What is your mother's middle name?
- Who is your favorite writer?
- What is the first name of your closest childhood friend?
- What is your favorite cartoon character?
- Who is your all-time favorite musical artist or group?
- In what city was your mother born? (Enter full name of city only)
- In what city was your father born? (Enter full name of city only)
- What was your school mascot?

Security Question 1

In what city were you born? (Enter full name of city only)

Metropolis

Security Question 2

What is your favorite cartoon character?

Green Arrow

Security Question 3

What was the name of your first pet?

Tweety

Previous

Next

Cancel

You will see a confirmation screen. Review the information and select Finish if correct.

Step 4 of 4  
Registration Complete

Your registration is complete. Please confirm the information below is correct and press the "Finish" button to finalize the process

### Member Information

Your Name	Address
ELIZABETH JONES	123 MAIN STREET ANYTOWN, CO 81414

### Account Information

Username	Email Address
BlackCanary	blackcanary@superheroes.org

[Previous](#) [Finish](#) [Cancel](#)

At this point you will get a splash page inviting you to sign up for "Paperless EOBs". You can sign up for this eco-friendly service by clicking the "Go Paperless" button. Or you can opt to receive a printed copy in the mail by clicking "No Thanks".

You will then be taken to your home page. Click on the Dependent Access button to grant or deny access to your claims, or to request the ability to view another family member's claims. This only works if others have signed up.



You are currently logged in as: ELIZABETH JONES  
Messages (0) | Profile | Logout

Home Benefits and Coverage View Claims Find a Provider Health and Wellness Forms and Resources Customer Service

Home • Home

Welcome ELIZABETH JONES I  
Group Number: 300  
Member ID: 6666666601



I want to ...

- [Dependent Access](#)
- [Find a Provider](#)
- [Deductible & OOP Accumulators](#)
- [Estimate Health Care Cost](#)
- [Compare Hospitals](#)
- [View Claims](#)
- [Upload Forms & Claims](#)
- [View Prescription Info](#)

### New Functionality

[Benefits and Coverage](#)

[Print Temporary ID Card](#)

### My Recently Paid Claims

Claim Number	Patient Name	Date of Service	Claim Status	Total Billed Charges	Ded	Amount Paid	My Responsibility
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