



Government of the Virgin Islands "Your Security For A Lifetime"

# REGISTER AND MANAGE MEMBERS | USER GUIDE |



In order to gain access to the Employer eServices website, Employers must register via the eServices Portal and clicking the "First Time Users, Click Here To Register" tab.

### Manage Employee/Member Page.

This page is used to search for *existing members*, or *add new members* who have not yet registered for the National Health Insurance (NHI) program, and also *add new members* who have already registered for the NHI Program (the member may have registered by a different employer).

#### Adding New Members who have not yet registered with the NHI Program

1. From the *Home Page* click on the *Register and Manage Members* tab to open the *Manage Members* page.

Welcome to	NHI
Home	Employer Home
Contribution Calculator	Welcome to NHI eServices Portal
Change Request	With EServices, you can manage virtually every aspect of benefits administration or
Register and Manage Members	Features include: Eligibility Management
Change Password	Add, change, remove or inquire on member eligibility Electronic Billing and Payment
Send Comments	Account Management Change your members contact details.
Invoices	Our Portal makes your benefits administration process as simple and convenient. N
FAQ	BVI National Health Insurance Your security for a lifetime
Logout	

2. From the *Manage Members* page click on *ADD NEW MEMBER* to open *Add member* page.

#### Add Member

Bith Date * mm/dd/yyyy Country of bith * Select Gender * MALE    Address * Postal Code * Select Island    Email Phone(Home)* XXX-XXX-XXXX Phone(Other) XXX-XXX-XXXX   Chidren Imm/dd/yyyy Bitth Certificate Country of Birth School Attending   Interverse Valid ID Number Issue Date Expiry Date Country Attachment   DType Valid ID Number Issue Date Expiry Date Country Attachment   DType Valid ID Number Issue Date Expiry Date Country Attachment   DType Valid ID Numbe	NHI Number First Name *			Last Name *				Middle 1	Name		
Address* Postal Code* Select Island     Email Phone(Home)* XXXXXXXXX   Phone(Other) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Birth Date *	mm/dd/yyyy		Country of birth *	Select		•	Gender	*	MALE	•
Email Phone(Home)* XXX-XXX Phone(Other) XXX-XXX   Employment Date mm/dd/yyyy Occupation* Select Marital Status* SINGLE    Children Information   First Name Last Name Middle Name Gender DOB Birth Certificate Country Of Birth School Attending   Marie Male mm/dd/yyyy BRITTISH VI	Address *			Postal Code *	Select		•	Island			
Employment Dale mm/dd/yyyy   Occupation* Select   Children Information   First Name Last Name   Middle Name Gender   DDB Birth Certificate   Country Of Birth   School Attending   Male   ADD MORE   ADD MORE   Provide Information   D Type   Valid ID Number   Issue Date   Expiry Date   Country   Attachment   DType   Valid ID Number   Issue Date   Expiry Date   Country   Attachment   DType   Valid ID Number   Issue Date   Expiry Date   Country   Attachment   DType   Valid ID Number   Issue Date   Expiry Date   Country   Upload file   We hereby apply for registration of this employee under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.	Email			Phone(Home)*	XXX-XXX	-XXXX		Phone(	Other)	XXX-XXX-X	XXXX
Children Information     First Name Last Name     Middle Name     Male     Male <th>Employment Date</th> <th>mm/dd/yyyy</th> <th></th> <th>Occupation *</th> <th>Select</th> <th></th> <th>¥</th> <th>Marital</th> <th>Status *</th> <th>SINGLE</th> <th>۲</th>	Employment Date	mm/dd/yyyy		Occupation *	Select		¥	Marital	Status *	SINGLE	۲
First Name       Last Name       Middle Name       Gender       DOB       Birth Certificate       Country Of Birth       School Attending         ADD MORE       Male       mm/dd/yyyy       BRITISH VI       Image: Country of Birth       School Attending         ADD MORE       Male       mm/dd/yyyy       BRITISH VI       Image: Country of Birth       School Attending         ADD MORE       Image: Country of Birth       Valid ID Number       Issue Date       Expiry Date       Country       Attachment         D Type       Valid ID Number       Issue Date       Expiry Date       Country       Attachment         DRIVERS LICENCE T       mm/dd/yyyy       mm/dd/yyyy       BRITISH VIRGIN IS T       Upload file         We hereby apply for registration of this employee under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.       I Agree	Children Information										
ADD MORE         Aember Identification Information         ID Type       Valid ID Number       Issue Date       Expiry Date       Country       Attachment         DRIVERS LICENCE ▼       mm/dd/yyyy       mm/dd/yyyy       BRITISH VIRGIN IS ▼       Upload file         We hereby apply for registration of this employee under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.       Image	First Name	Last Name	Middle Name	Gender Male T	DOB mm/d	d/yyyy	Birth Cert	ificate	Country BRITIS	Of Birth H VI ▼	School Attending
Member Identification Information         ID Type       Valid ID Number       Issue Date       Expiry Date       Country       Attachment         DRIVERS LICENCE ▼       mm/dd/yyyy       mm/dd/yyyy       BRITISH VIRGIN IS ▼       Upload file         We hereby apply for registration of this employee under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.       Image:	ADD MORE										
ID Type       Valid ID Number       Issue Date       Expiry Date       Country       Attachment         DRIVERS LICENCE ▼       mm/dd/yyyy       mm/dd/yyyy       BRITISH VIRGIN IS ▼       Upload file         We hereby apply for registration of this employee under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.       I Agree	Member Identificati	on Information									
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We hereby apply for registration of this employee under the Social Security (Amendment) Act, 2014 and certify that the information provided is true and correct.	DRIVERS LICEN	ICE V		mm/dd/y	уууу	mm/dd/	уууу	BRITI	SH VIR	RGIN IS 🔻	Upload file
U i Agree	We hereby app that the info	ly for registra rmation provide	ation of thi ed is true a	is employee ur and correct.	nder the	Social S	ecurit	y (Amend	ment)	Act, 2014	and certify
	- I Agree										

- 3. From the *Add member* page, complete the following information for the *new member*:
  - ✓ First Name: Enter the first name of member. This field is required to complete the forms.
  - ✓ *Last Name*: Enter the last name of member. This field is required to complete the forms.
  - ✓ *Middle Name*: Enter member middle name. This field is optional.
  - ✓ Birth Date: Enter member date of birth. This field is required to complete the forms. Date format is two (2) digits month, two (2) digits days and four (4) digits year (mm/dd/yyyy) e.g. 08/11/2015.

- ✓ Country of Birth: Select member country of birth from the drop-down list. The country of birth is required to complete the forms.
- ✓ Gender: Select member gender from drop-down list. Gender is required to complete the forms.
- ✓ Address: Enter member Street Address or any P.O. Boxes. The address is required to complete the forms.
- ✓ Postal Code: Select Address Zip Code from drop-down list. The Zip Code is required to complete forms.
- ✓ *Island:* The Island will be populated automatically after zip code is entered. The island cannot be manually entered.
- ✓ *Email:* Enter member email address. This email address is optional.
- ✓ Phone (Home): Enter member phone number in the ten (10) digits format specified (XXX-XXX-XXXX) and the dash must also be inserted. This field is required to complete the forms.
- ✓ Phone (Other): Enter any other member phone number if available. This field is optional.
- ✓ *Employment Date:* Enter employment date if member is employed.
- ✓ Occupation: Select member occupation from drop-down list. For members who are not employed, choose 'Not applicable'.
- ✓ Marital Status: Select employee or member marital status from the drop-down list. If married is selected, additional information should be provided about spouse.

Following is the additional information that may be required for the **Spouse**:

- ✓ Spouse NHI number-Member spouse NHI number (If Spouse is already registered under NHI).
- ✓ Spouse Date of Birth-Member spouse date of birth.

✓ Spouse First Name-Member spouse first name.

✓ Spouse Last Name-Member spouse last name.

✓ Spouse Middle Name-Member spouse middle name.

✓ Spouse Employment Status-Member spouse employment status.

✓ Date of Marriage-Member marriage date.

[	– Spouse Details –				
	Spouse DOB*	mm/dd/yyyy			
	Spouse First Name *		Spouse Last Name*		Spouse Middle Name
	Spouse Employment Status *	Employed •	Date of marriage*	mm/dd/yyyy	

#### Children Information:

Members who are legal parents or guardians of a child or children, who have not yet reached the age of 18 years, should complete this **Tab** in order to register their child or children in the NHI program. Additionally, Parents or legal guardians seeking coverage for child over the age of 18 years should present proof that the child is currently enrolled in a full-time programme at an accredited college, university or educational institution on an annual basis to the NHI Office. The following **required** information should be completed on the forms:

- ✓ *First Name:* Enter child first name.
- ✓ *Last Name:* Enter child last name.
- ✓ *Middle Name:* Enter child middle name.
- ✓ Gender: Enter child gender.
- ✓ *Date of Birth:* Enter child date of birth.
- ✓ *Birth Certificate: Enter child birth certificate number.*
- ✓ *Country of Birth:* Select country of birth from drop-down list of countries.

✓ School Attending: If applicable enter school attending.

#### Click on ADD MORE to enter the information of another child.

Add Member												
NHI Number												
First Name *				Last	Name *				Middle	Name		
Birth Date *	mm/dd/y	ууу		Coun	try of birth *	Select		•	Gender	*	MALE	•
Address *			1	Posta	I Code *	Select		T	Island			
Email				Phon	e(Home)*	XXX-XXX-	XXXX		Phone(	Other)	XXX-XXX-X	XXX
Employment Date	mm/dd/y	ууу		Occuj	pation *	Select		•	Marital	Status *	SINGLE	T
Children Information												
First Name	Last Name		Middle Name	0	Gender	DOB		Birth Certific	ate	Country 0	Of Birth	School Attending
					Male 🔻	mm/da	і/уууу			BRITISH	+ VI ▼	1
ADD MORE												
Member Identificati	on Informat	lion										
ID Type		Valid ID	Number		Issue Dat	te	Expiry I	Date	Coun	try		Attachment
DRIVERS LICEN	ICE 🔻				mm/dd/	/уууу	mm/de	d/yyyy	BRI	TISH VI	RGIN IS ▼	Upload file
We hereby app that the info	ly for re rmation p	gistra	ation of t ed is true	this em e and c	nployee u correct.	under the	Social	Security	(Amer	idment)	Act, 2014	and certify
I Agree												//
RESET												

#### Member Identification Information

A valid identification (ID) card is required for registration. The required information should be provided on the **TAB** (**Member Identification Information**). An image of the ID card can also be attached to the record.

To add an Identification Card the required steps below must be followed:

- ✓ ID Type: Select approved ID Cards from the list of ID cards in the drop-down list.
- ✓ *Valid ID Number*: Enter the document number or ID card number.
- ✓ Issue Date: Enter the issue date of the document or ID card number. The date format is "mm/dd/yyyy".
- ✓ *Expiry Date:* Enter the expiry date of the ID card. The date format is mm/dd/yyyy".
- ✓ *Country of Issue:* Select country where the document was issued.

Add Member										
NHI Number										
First Name *			Last Name *			Middle	Name			
Birth Date *	mm/dd/yyyy		Country of birth *	Select	•	Gender	*	MALE		•
Address *			Postal Code *	Select	T	Island				
Email			Phone(Home)*	XXX-XXX-XXXX		Phone(	Other)	XXX-XXX-	XXXX	
Employment Date	mm/dd/yyyy		Occupation *	Select	•	Marital	Status *	SINGLE		•
Children Information										
First Name	Last Name	Middle Name	Gender	DOB	Birth Certific	ate	Country O	f Birth	School Atte	nding
			Male 🔻	mm/dd/yyyy			BRITISH	VI 🔻		11
ADD MORE										
Member Identification Inform	ation									
ID Type	Valid ID Number	Issue Date	Expiry Date	Country	Attachment					
DRIVERS LICENCE V		mm/dd/yyyy	mm/dd/yyyy	BRITISH VIRGIN IS 🔻	Upload file					
We hereby apply for that the information	registration of this provided is true and	employee under th d correct.	e Social Security	(Amendment) Act, 2014	and certify					
I Agree										
RESET										

# Upload Image copy or copies of document or ID card.

4. To upload an image copy or copies of document :

Click on "<u>Upload File</u>" at the end of the ID card line to open File Upload pop-up page.

	Add File	
Choose File No fil	e chosen	
	Ok	
		8

Click on the button *Choose File* to open the file search dialog box.

Open	and a construction of	a series over a los	-	1.80		X
G V Libraries + Pictures + Public P	ictures					✓ 4 Search Public Pictures
Organize 🔻 New folder						III 🔹 🔳 🔞
▲ ☆ Favorites	Pictures library Public Pictures					Arrange by: Folder 🔻
Downloads	Name	Date	Tags	Size	Rating	
🚵 Recent Places	20150705_144402	7/5/2015 2:44 PM		3,006 KB	ជំ ជំ ជំ ជំ ជំ	
⊿ 📜 Libraries						
Documents						
🛛 🎝 Music						
4 🔄 Pictures						
🔓 My Pictures 👘						
Public Pictures						
File <u>n</u> ame: 20150705_144402						▼ All Files ▼
						<u>O</u> pen <b>▼</b> Cancel

*From the Open File Dialog box,* navigate to the folder where the scanned image of the file is saved and select file. Only <u>*PDF*</u> and <u>*Image*</u> files are accepted as attachments.

Click on the **OK** button to attach file to document information. To add more files click on **Add File** and follow the steps to attach a file.

**Declaration:** Carefully read declaration and click on the "I **agree**" check box. The *submit* button will be activated.

- **5.** Click on **SUBMIT** button to submit the information to NHI Department of the SSB. To clear all information on the form, click on the **RESET** button.
- **6.** NHI will print and deliver to the Employer a pre-printed Registration Form for each Member based on the information submitted to allow each Member to review and edit the information to ensure accuracy (make edits on the printed form). Submit any changes made on the printed form to NHI. NHI will make the changes and deliver a corrected form to the Employer.
- **7.** Once all data is accurate, the Employer and each Member must sign and return the registration form to NHI which will complete the registration process.

# Add members who have registered in the NHI Program

For members who have already registered in the NHI program and have been given an NHI membership number, but may be moving from one employer to the other or registering with a second employer. The following steps must be followed to add members.

1. From the Manage Member page, click on **ADD Existing Member** to open the Addition **Change Request** page.

\*\*This function will only be available if the registration process was previously completed\*\*.

2. In order to add an existing employee, the NHI membership number and the date of birth are required.

Change Request	t				
			Use this form to a	idd or terminate an existing n	nember
			() A ()	Iditions O Terminations	
DOB	NHI	First Name	Last Name	Compensation	Effective Date
mm/dd/yyyy				\$	mm/dd/yyyy
SUBMIT	ADD MORE				

- ✓ *NHI Number:* Enter member number. This field is required.
- ✓ Date of Birth: Enter member date of birth. This field is required. After supplying the NHI Number and the date of birth, the system will automatically populate the first and last name of employee.
- ✓ *Compensation:* Enter member compensation if any or enter the value of 0.
- ✓ *Effective date:* Enter effective date employee started working with employer.
- ✓ *Click on Add More* to add more members if any.
- ✓ *Click on Submit* to submit the addition change request to NHI.

#### **Terminating Employees**

To terminate an employee under an employer, the following steps must be used:

1. From the left menu bar, click on Change Request to open the Change Request page:

Change Reque	st	
		Use this form to add or terminate an existing member
		Additions I Terminations
Search By	NHI	
NHI		
	SEARCH	

2. From the Change Request page, click on Terminations and use the search criteria to search for the member to terminate, or leave the Search criteria as ALL and click on **SEARCH** to search for all members under employer.

Change Reques	t	
		Use this form to add or terminate an existing member
		Additions I Terminations
Search By	NHI	
NHI		
	SEARCH	

- *3. Enter termination date. All dates are in mm/dd/ yyyy format.*
- 4. Click on SUBMIT to submit the terminations change request to NHI.