



Department of Human Services

Med-QUEST Division

Kauhale On-Line Eligibility Assistance (KOLEA) Project

MyBenefits.Hawaii.Gov

Online User Guide

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kpmg.com

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1. Introduction

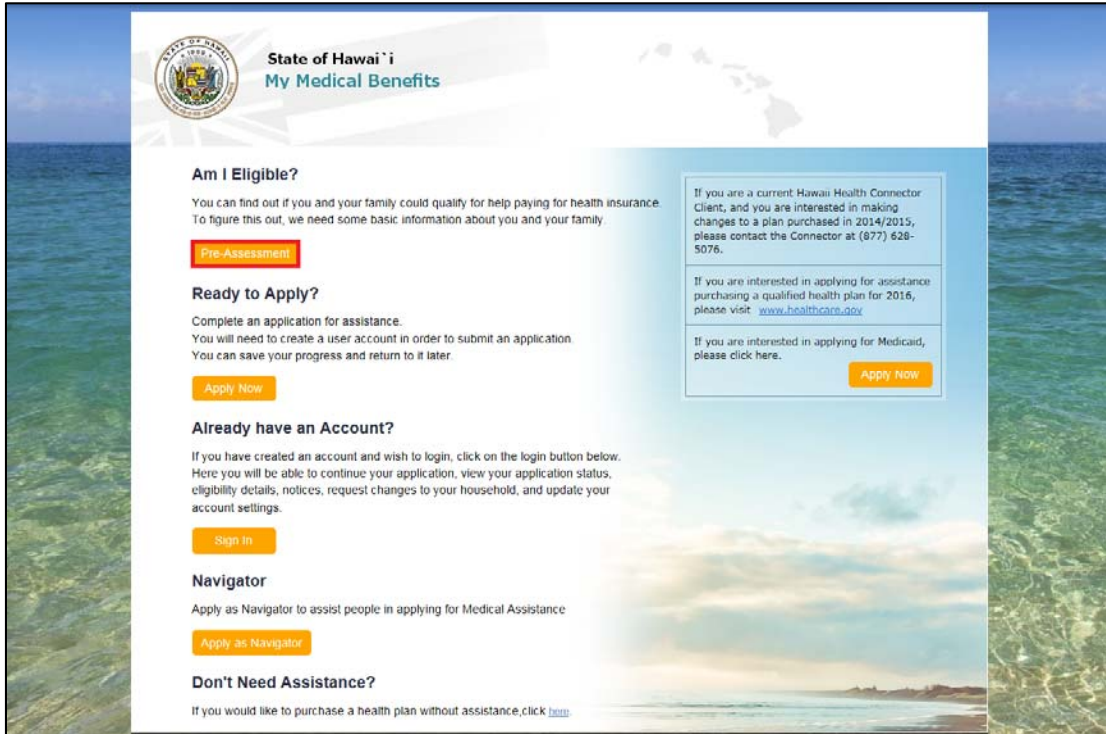
1.1 Document Overview

This document is intended to provide an overview of the Portal for Individuals and Families (the “Portal”). The Portal is divided into three main sections which are outlined below:

- The Application Pre-Assessment section details the Screening tool, which allows you to enter data anonymously to see if you are likely to qualify for assistance including Advance Premium Tax Credits or Medicaid.
- The Application section describes the process for creating a user account, and starting, saving and submitting an application. It includes a walkthrough of the application entry process for a family of three.
- The Account Management section includes walkthroughs of all functionality available to applicants with an existing user account, including viewing application and eligibility information, verification items, uploaded documents, reporting change of circumstance, and appeals.
- For any questions or concerns, refer to the [Contact Us](#) section.

2. Application Pre-Assessment

1. By answering a few questions in the **Application Pre-Assessment**, you can determine if you are eligible to receive assistance to help pay for health coverage. This feature is anonymous and neither a user account or application is required. No information input into the **Application Pre-Assessment** is used for determination, as all eligibility determinations require the submittal of an application. The following section provides an example of the **Application Pre-Assessment** feature. Click on the **Pre-Assessment** button under **Am I Eligible?**



The screenshot displays the 'State of Hawai'i My Medical Benefits' portal. The header includes the state seal and the text 'State of Hawai'i My Medical Benefits'. The main content area is titled 'Am I Eligible?' and provides instructions: 'You can find out if you and your family could qualify for help paying for health insurance. To figure this out, we need some basic information about you and your family.' Below this is a red 'Pre-Assessment' button. Other sections include 'Ready to Apply?' with an 'Apply Now' button, 'Already have an Account?' with a 'Sign In' button, 'Navigator' with an 'Apply as Navigator' button, and 'Don't Need Assistance?' with a link to purchase a health plan without assistance. A sidebar on the right contains additional information for current clients, those interested in applying for assistance, and those interested in applying for Medicaid, each with an 'Apply Now' button.

State of Hawai'i
My Medical Benefits

Am I Eligible?

You can find out if you and your family could qualify for help paying for health insurance. To figure this out, we need some basic information about you and your family.

Pre-Assessment

Ready to Apply?

Complete an application for assistance.
You will need to create a user account in order to submit an application.
You can save your progress and return to it later.

Apply Now

Already have an Account?

If you have created an account and wish to login, click on the login button below. Here you will be able to continue your application, view your application status, eligibility details, notices, request changes to your household, and update your account settings.

Sign In

Navigator

Apply as Navigator to assist people in applying for Medical Assistance

Apply as Navigator

Don't Need Assistance?

If you would like to purchase a health plan without assistance, click [here](#).

If you are a current Hawaii Health Connector Client, and you are interested in making changes to a plan purchased in 2014/2015, please contact the Connector at (877) 628-5076.

If you are interested in applying for assistance purchasing a qualified health plan for 2016, please visit www.healthcare.gov

If you are interested in applying for Medicaid, please click here.

Apply Now

2. Click on **Next** to continue.

The screenshot shows a web application titled "Would you like help paying for your health coverage ?". Below the title is a welcome message: "Welcome to the Health Coverage Eligibility Pre-Assessment tool". It explains that the tool helps determine if a family qualifies for help paying for health insurance. At the bottom of the form, there are two buttons: "Back" and "Next". The "Next" button is highlighted with a red border. Below the form, there are sections for "Already have an Account?", "Navigator", and "Don't Need Assistance?".

3. Answer all questions and click **Next** to continue.

The screenshot shows the same web application, but now with a list of questions to be answered. The questions are:

- Do you or anyone in your household want help paying for health insurance coverage? (Yes)
- Is anyone in your household over 65 years old, receiving Medicare, receiving long-term care, or considered blind or disabled? (Yes)
- How many children aged 18 or younger live in your household? (0)
- How many adults aged 19 or older live in your household? (0)
- If anyone in your household is pregnant, how many babies are expected (total)? (0)
- What is your household monthly income? (Empty text box)

At the bottom of the form, there are two buttons: "Back" and "Next". The "Next" button is highlighted with a red border. Below the form, there are sections for "Already have an Account?", "Navigator", and "Don't Need Assistance?".

4. The Portal will conduct a pre-assessment for eligibility for assistance. If you want to redo the pre-assessment, click the **Back** button. If you want to file an application click the **Close** button and click **Apply Now**. If you want to purchase health insurance without assistance click on the hyperlink under **Don't Need Assistance**.

The screenshot displays a web portal interface with a light blue header and a white main content area. The header contains the text "Would you like help paying for your health coverage?". Below this, a section titled "You may be eligible!" provides information about eligibility for medical assistance. To the right of this text is a blue circular icon with a white document and pencil. Below the text, there are two buttons: a green "Back" button and a green "Close" button, which is highlighted with a red rectangle. Below these buttons, there is a section titled "Sign in" with a yellow button. Below that is a section titled "Navigator" with a yellow button labeled "Apply as Navigator". At the bottom, there is a section titled "Don't Need Assistance?" with a link labeled "here." that is highlighted with a red rectangle. The background of the portal features a scenic view of a beach and ocean.

Would you like help paying for your health coverage?

You may be eligible!

Based on what you have told us, you or a family member may be eligible for help paying for medical insurance. For an accurate determination of your eligibility you will need to apply.

Back Close

If you have created an account and wish to login, click on the login button below. Here you will be able to continue your application, view your application status, eligibility details, notices, request changes to your household, and update your account settings.

Sign in

Navigator

Apply as Navigator to assist people in applying for Medical Assistance

Apply as Navigator

Don't Need Assistance?

If you would like to purchase a health plan without assistance, click [here.](#)

3. Application

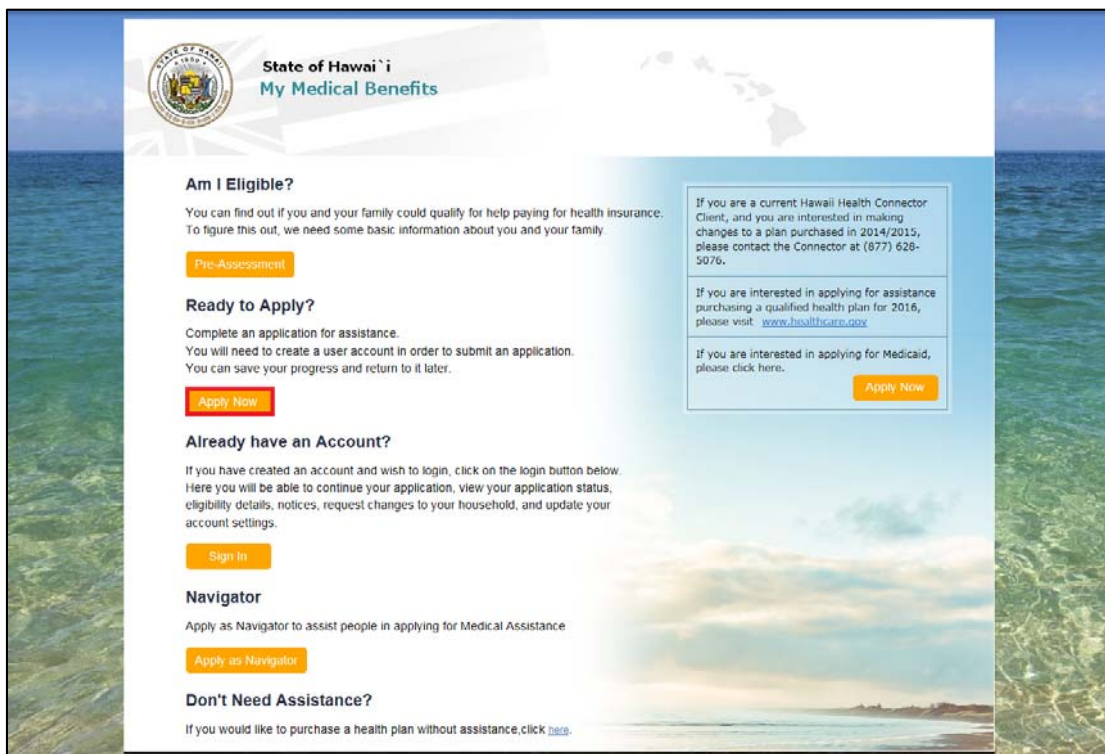
This process describes the process to create, save and submit an application.

Note: If you do not have an email address and want to apply for assistance, you can choose to submit a paper application. Paper applications can be picked up at any **Department of Human Services** office. Once filled out, applications can be faxed or dropped off at any DHS office.

3.1 User Registration

A User Account is required in order to create an application. This process describes the steps to create a new account within the online system.

1. Navigate to the homepage and select **Apply Now**.



The screenshot shows the homepage of the State of Hawai'i My Medical Benefits portal. The header features the State of Hawai'i seal and the text "State of Hawai'i My Medical Benefits". The main content area is divided into several sections:

- Am I Eligible?**: A section with a "Pre-Assessment" button.
- Ready to Apply?**: A section with an "Apply Now" button.
- Already have an Account?**: A section with a "Sign In" button.
- Navigator**: A section with an "Apply as Navigator" button.
- Don't Need Assistance?**: A section with a link to "click here".

On the right side, there is a sidebar with additional information and links, including a box for current Hawaii Health Connector Clients and a box for applying for assistance.

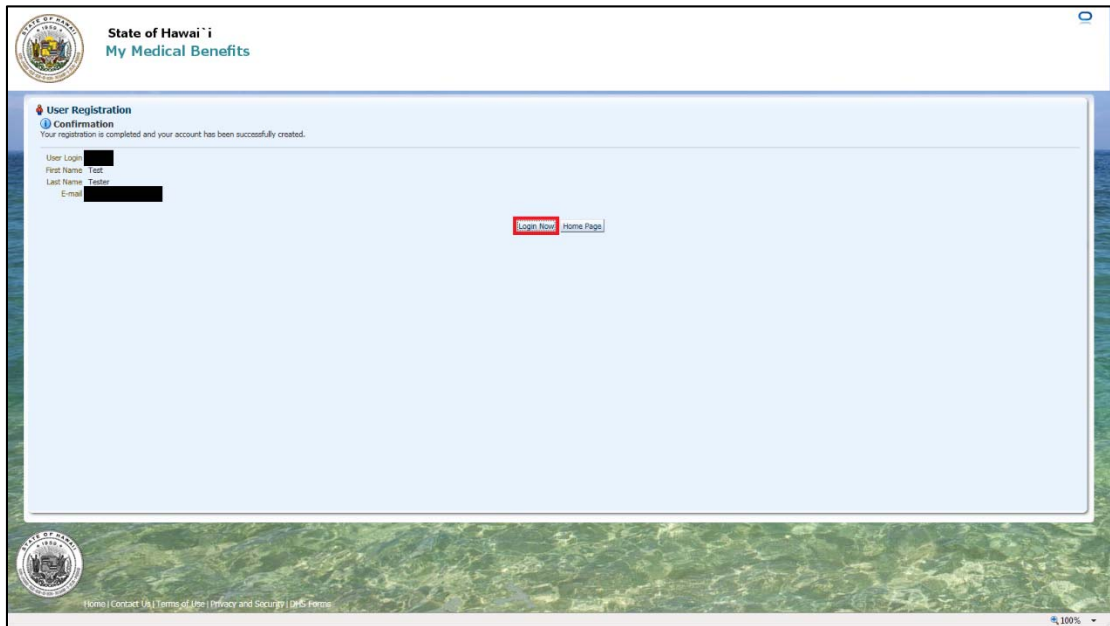
2. Select **Create a New Account**.

The screenshot shows the 'hawaii.gov' website header with a 'Stay Connected' link. The main content area is titled 'State of Hawai'i My Medical Benefits' and features the state seal. Below the title is a 'Sign In:' section with a text prompt 'Enter your user name.' and a 'Username:' label followed by a text input field and a 'Continue' button. Below the input field are three links: 'Where do I enter my password?', 'Create a New Account' (highlighted with a red box), and 'Forgot My Username'. At the bottom of the sign-in section is a footer with links: 'Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms'.

3. Select **Individual** in **User Type** and complete the required information indicated with an asterisk (*). Click the **Register** button.

The screenshot shows the 'User Registration' page on the 'hawaii.gov' website. The page title is 'State of Hawai'i My Medical Benefits'. The registration form is divided into two sections: 'Basic Information' and 'Enter User Id and Password'. In the 'Basic Information' section, the 'User Type' dropdown menu is set to 'Individual' (highlighted with a red box). Below this are fields for 'First Name', 'Middle Name', 'Last Name', 'E-mail', and 'Confirm E-mail', all marked with an asterisk (*) to indicate they are required. The 'Enter User Id and Password' section has fields for 'User Login', 'Password', and 'Confirm Password', also marked with an asterisk (*). A 'Register' button is located at the bottom right of the form, next to a 'Cancel' button. A footer note states: 'If you are looking to buy health insurance without assistance, please visit the Federal Health Insurance Marketplace site at www.healthcare.gov'. The footer also includes the same links as the previous page: 'Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms'.

4. An account has now been created. Select **Login Now** to create an application.



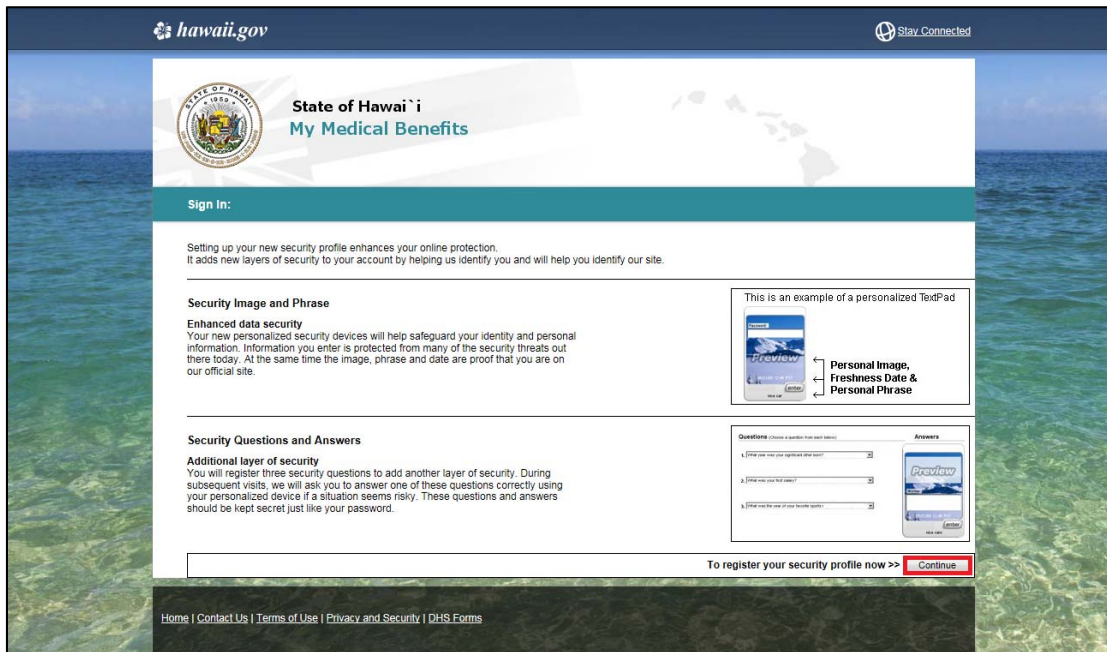
3.2 Apply

1. Enter the username and password created in [User Registration](#).

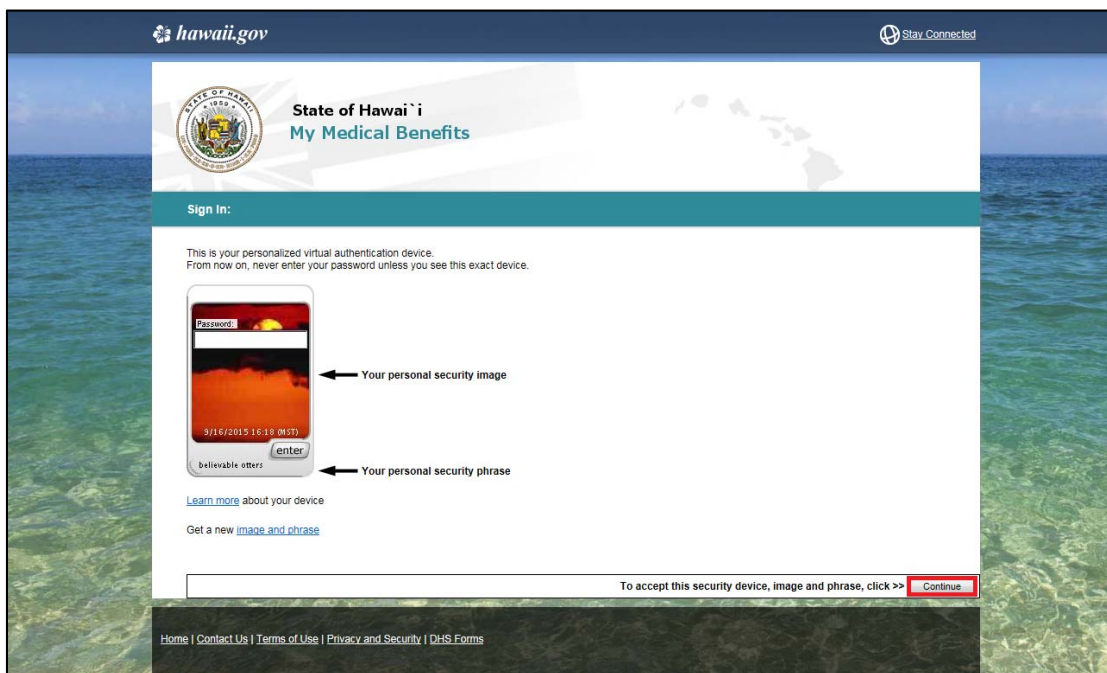
The screenshot shows the 'State of Hawai'i My Medical Benefits' sign-in page. At the top, there is a header with the 'hawaii.gov' logo and a 'Stay Connected' link. Below the header, the page features the state seal and the title 'State of Hawai'i My Medical Benefits'. A 'Sign In:' section prompts the user to 'Enter your user name.' and provides a 'Username:' label next to a text input field, which is highlighted with a red rectangle. Below the input field is a 'Continue' button, also highlighted with a red rectangle. Links for 'Where do I enter my password?', 'Create a New Account', and 'Forgot My Username' are provided. At the bottom, a footer contains links for 'Home', 'Contact Us', 'Terms of Use', 'Privacy and Security', and 'DHS Forms'.

The screenshot shows the password entry page of the 'State of Hawai'i My Medical Benefits' system. It features the same header and title as the previous page. A 'Sign In:' section prompts the user to 'Please use this secure TextPad to enter your password.' Below this prompt is a 'Password:' label next to a secure text input field, which is highlighted with a red rectangle. Below the input field is an 'enter' button, also highlighted with a red rectangle. A 'What's this?' link is provided. At the bottom, a footer contains links for 'Home', 'Contact Us', 'Terms of Use', 'Privacy and Security', and 'DHS Forms'.

2. You will be required to complete the security process the first time you log in. This screen explains the security images and security questions that are available.



3. The image shown here will be the secure image that will be visible during login. You may select another image if you like.



4. You will be asked to pick and answer three security questions for future security use. Please remember the answers to these questions. If you forget your password you will be asked to answer one of these questions in order to reset your password.

hawaii.gov Stay Connected

State of Hawai'i
My Medical Benefits

Sign In:

We will use your security questions and answers to confirm your identity at times when extra safety is needed.

Questions (Choose a question from each list below.)

1) Select One

2) Select One

3) Select One

Answers

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms

5. The Portal uses a federal service to validate your identity. Answer the questions in the required fields.

Please complete the following information to verify the identity of the Primary Applicant:
Fields marked with an asterisk(*) require an answer.

Legal First Name *

Middle Name

Last Name *

Suffix

Social Security Number

Date Of Birth *

Primary Phone Number

Residential Street Address *

Residential Street Address2

City *

State *

Zip Code *

NEXT

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms

6. The federal service will return three challenge questions to confirm your identity. Answer the required questions and click **Next**.

Please answer the following questions

What model car do you drive?

What is the year of your vehicle?

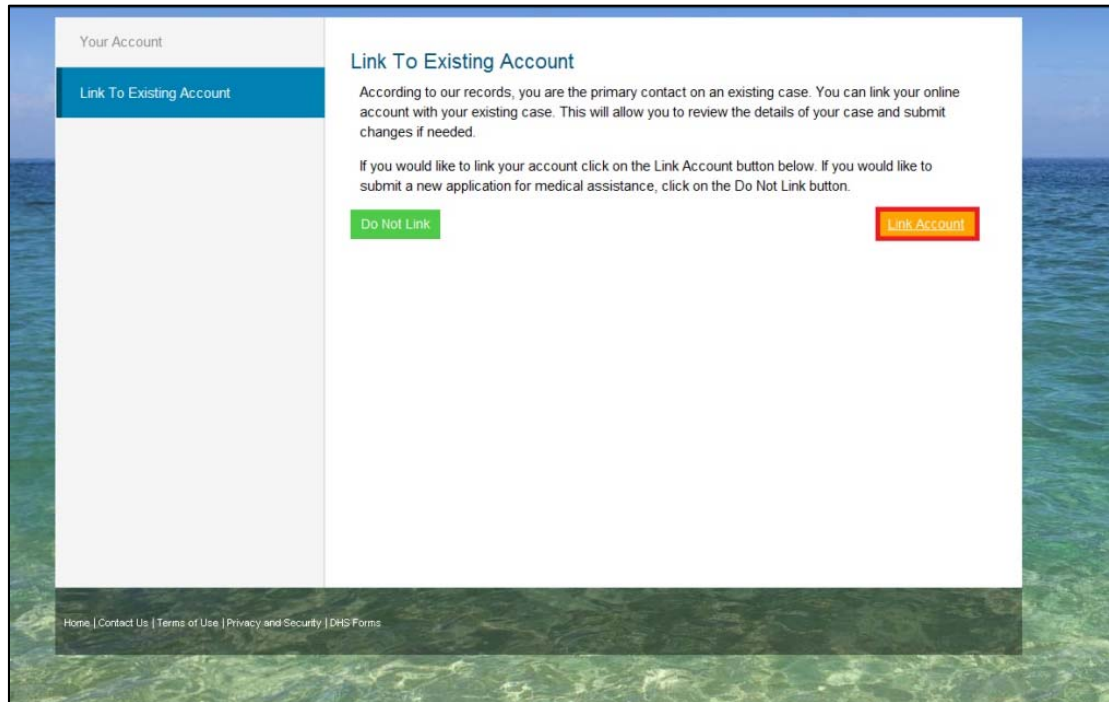
What is the name of the city where you previously lived?

[Back](#) [Next](#)

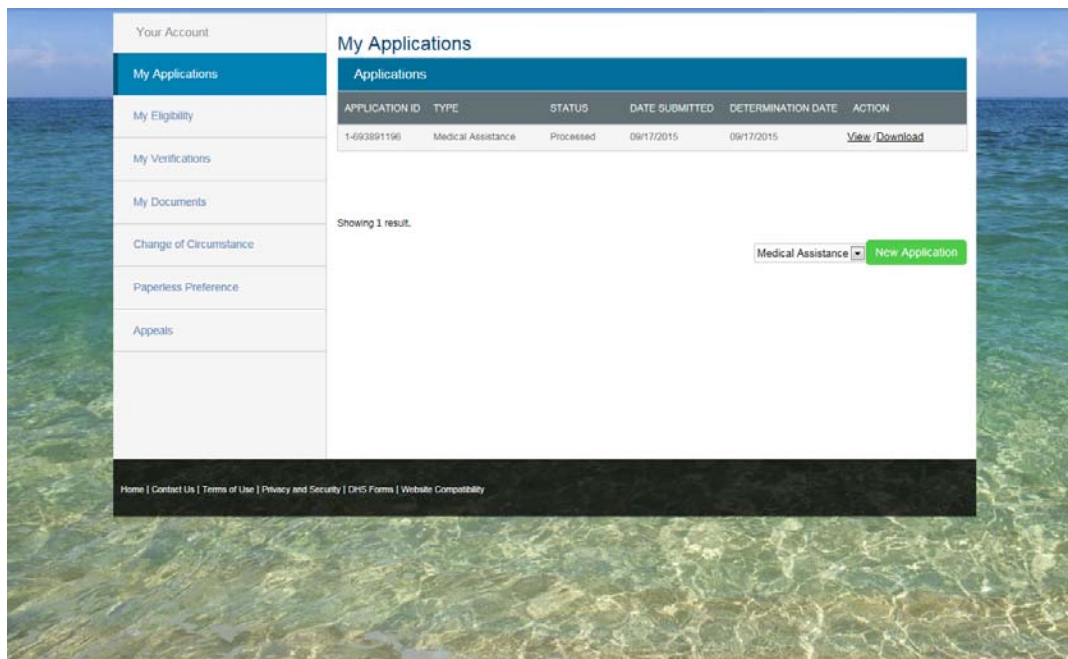
[Home](#) | [Contact Us](#) | [Terms of Use](#) | [Privacy and Security](#) | [DHS Forms](#)

Note: If you are unable to answer the questions correctly in three attempts, you will be presented with a contact number and a reference number. If you want to continue the process, call the number presented and provide the reference number. This is a separate process through a Federal service. The **Department of Human Services** will not be able to help you. Instead of completing this process, you can pick up a paper application from any DHS office. Once filled out, paper applications can be faxed or dropped off at any DHS office.

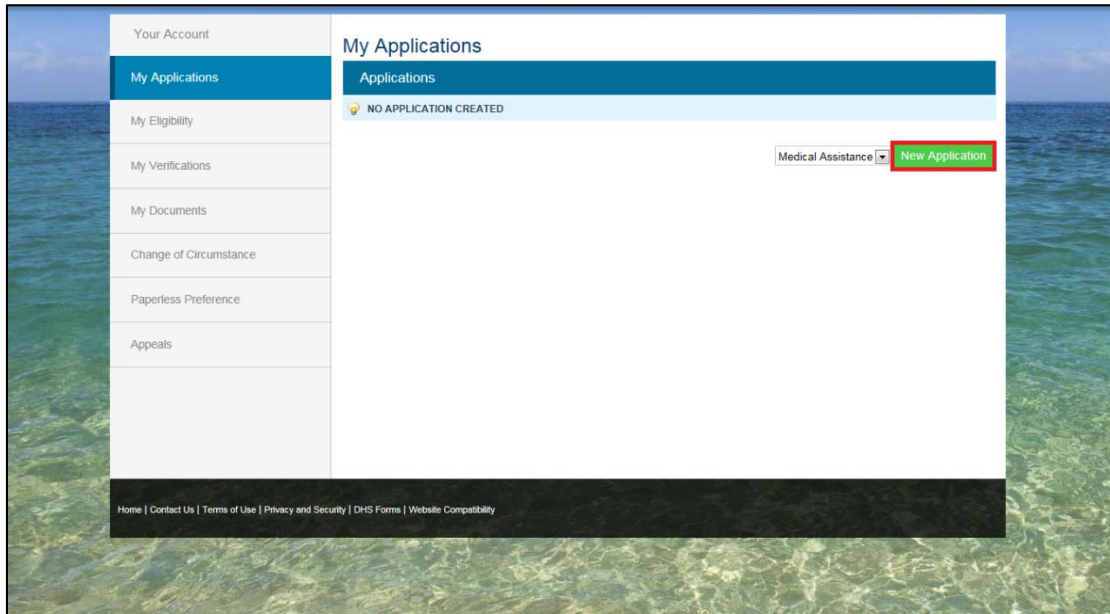
7. Once the security image and questions are selected and answered, and the remote identify proofing is complete, the Portal will search for an existing application. If you already have an existing case, the Portal will give you the option to link your account. Select **Link Account** to do so.



8. Your account is now linked to your existing case. To view what to do next, refer to [Account Management](#).



9. If you choose not to link your account or do not have an existing account, navigate to the **My Applications** tab and click **New Application**.



10. If you successfully completed the remote identity proofing process, the Portal will prepopulate your information in the application. Confirm the information and make changes if necessary. If there is any information missing, enter the information in the required fields. Required fields are annotated with an asterisk (*). You will not be able to continue on until all required fields are complete.

Primary Contact Information

Primary Applicant Details

Household Details

Tax Dependents

Family Health Coverage

Health Coverage from Jobs

AI/AN Information

Authorized Representative

Review, Declare & File

Application Confirmation

Tell us about yourself.

1. First Name * Middle Name Last Name * Suffix

2. Home address (If you are homeless, please enter that you are homeless with appropriate city, state and zip code)

Address Line 1 * 3. Apartment or suite number

4. City * 5. State * 6. Zip code *

Please provide a mailing address if different from your home address.

7. Mailing Address (leave blank if you don't have one)

Address Line 1 8. Apartment or suite number

9. City 10. State 11. Zip code

12. Phone number 13. Other phone number

14. Do you want to get information about this application by email? ☐ Yes ☒ No

15. Preferred Spoken Language 16. Preferred Written Language

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility

Note: If you did not complete the remote identity proofing process you will **NOT** be able to submit an application on-line. Complete the identity proofing process or file a paper application.

11. The Portal matches the address with the U.S. Postal Service and returns a standardized address. You have the option of picking either the provided address or the standardized address. Confirm the correct address and click **Next**.

The screenshot shows a web form titled "Standardized Address" with a light blue header. Below the title is a text box containing instructions: "Please review the standardized address below. If this address is correct, please click on the Next button to update your address. If you like to use the unstandardized address please select the Provided address below and click on the Next button to update the address." Below this is a form section with a "Name" field containing "Test tester" and a "Home Address" section. The "Home Address" section has two columns. The left column, labeled "Provided Address" with a red square icon, contains "123 4th St" and "Honolulu, HI 96818". The right column, labeled "Standardized Address" with a red square icon, contains "123 4th St" and "Honolulu, HI 96818". At the bottom right of the form are two green buttons: "Back" and "Next", with the "Next" button highlighted by a red border. A dark footer bar at the bottom contains links: "Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility".

Standardized Address

Please review the standardized address below. If this address is correct, please click on the Next button to update your address. If you like to use the unstandardized address please select the Provided address below and click on the Next button to update the address.

Name
Test tester

Home Address

<input type="checkbox"/> Provided Address	<input checked="" type="checkbox"/> Standardized Address
123 4th St Honolulu, HI 96818	123 4th St Honolulu, HI 96818

Back Next

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility

12. Enter the required information in the fields for the **Primary Applicant Details**. This is the person who will receive all eligibility notices.

Primary Contact Information

Primary Applicant Details

Household Details

Tax Dependents

Family Health Coverage

Health Coverage from Jobs

AI/AN Information

Authorized Representative

Review, Declare & File

Application Confirmation

PERSON 1 (Start with yourself)

Complete this step for yourself, your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. If you don't file a tax return, remember to still add family member who live with you.

1. First Name * Middle Name Last Name Suffix

2. Relationship to you ? * 3. Date of birth (mm/dd/yyyy) * 4. Sex *

5. Social Security number (SSN)

6. Do you plan to file a federal Tax Return next year? *

8. Do you need health coverage? * ☒ Yes ☐ No

9. Do you have a physical or psychological health condition that causes limitation in activities? *

10. Are you a U.S. citizen or U.S. national? *

12. Do you have any medical bills for eligible medical services in the past ten(10) calendar days immediately prior to the date of application?

13. Do you live with at least one child under the age of 19, and are you the main person taking care of this child?

14. Were you in foster care at age 18 or older in Hawaii?

15. Are you a full time student?

16. If Hispanic/Latino, ethnicity (OPTIONAL - check all that apply.)

☐ Mexican ☐ Mexican American ☐ Chicano/a

☐ Puerto Rican ☐ Cuban

☐ Other

17. Race (OPTIONAL-check all that apply.)

☐ White ☐ Black/African American ☐ American Indian/Alaskan Native

☐ Asian Indian ☐ Chinese ☐ Filipino

☐ Japanese ☐ Korean ☐ Vietnamese

☐ Other Asian ☐ Native Hawaiian ☐ Guamanian/Chamorro

☐ Samoan ☐ Other Pacific Islander

☐ Other

Current Job & Income Information

Type of Employment *

☒ Employed ☐ Not Employed

Employer name * Phone number

Address Line 1 * Apartment or suite number

City * State * Zip code *

Wages/tips (before taxes) * How Often ? *

Income Start Date Income End Date

[Add new Jobs](#)

In the past year, did you:

☐ Self Employed

13. If you have more people in your household, use the **Add Person** button in the **Household Details** section.

Primary Contact Information

Primary Applicant Details

Household Details

Tax Dependents

Family Health Coverage

Health Coverage from Jobs

AI/AN Information

Authorized Representative

Review, Declare & File

Application Confirmation

Warning: If you have 10 or more people applying for insurance on this application you may experience a technical error when trying to submit your completed application. You can still continue to proceed, but if you face any challenges file a paper application.

First Name	Last Name	Relationship	Sex	Date Of Birth	Controls
Test	tester	Self	Male	10/10/1980	

Remove PersonAdd Person

Person 2

Complete this step for yourself, your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. If you dont file a tax return, remember to still add family member who live with you.

1. First Name *

Middle Name

2. Last Name *

Suffix

3. Relationship to you *

3. Date of birth (mm/dd/yyyy) *

4. Sex *

5. Social Security number (SSN)

6. Do you plan to file a federal Tax Return next year? *

7. Does PERSON 2 live at the same address as you?

9. Does PERSON 2 need health coverage? *

Current Job & Income Information

Type of Employment *

Employed

Not Employed

Self Employed

OTHER INCOME THIS MONTH

Receiving SSI Benefits

Income Type

Amount(\$)

How Often ?

Income Start Date

Income End Date

Add more income types

DEDUCTIONS

Type of deduction

Amount(\$)

How Often ?

Deduction Start Date

Deduction End Date

Add more deductions

YEARLY INCOME

PERSON 2's total income this year? (\$)

PERSON 2's total income next year (if you think it will be different)? (\$)

Remove PersonAdd Person

Save & ExitBackNext

14. Once all household members have been entered, the **Household Details** page will provide the option to edit or remove a member. To edit a member, click the blue button. To remove a member, click the red button. To add a member, click the **Add Person** button. The Primary Applicant is editable, but not removable.

Welcome, Test Sign Out

Primary Contact Information

Primary Applicant Details

Household Details

Tax Dependents

Family Health Coverage

Health Coverage from Jobs






AI/AN Information

Authorized Representative

Review, Declare & File

Application Confirmation

Warning: If you have 10 or more people applying for insurance on this application you may experience a technical error when trying to submit your completed application. You can still continue to proceed, but if you face any challenges file a paper application.

First Name	Last Name	Relationship	Sex	Date Of Birth	Controls
Test	tester	Self	Male	10/10/1900	
Test	Wife	Married to	Female	10/20/1900	 
Test	Child	a (step-) child of	Male	10/30/1999	 

Add Person

Save & Exit Back Next

[Home](#) | [Contact Us](#) | [Terms of Use](#) | [Privacy and Security](#) | [DHCF Forms](#) | [Website Compatibility](#)

15. The next screen prompts you to validate the relationships previously built in the **Household Details** section. Validate the relationships and click **Next**. If the relationships are incorrect, use the check boxes provided to correct the relationships.

Primary Contact Information

Primary Applicant Details

Household Details

Tax Dependents

Family Health Coverage

Health Coverage from Jobs

AI/AN Information

Authorized Representative

Review, Declare & File

Application Confirmation

Tax Dependents

Answer these questions for everyone applying for help paying for health insurance.

Does Test tester plan to file a federal income tax return NEXT YEAR? *

Will Test tester file jointly with a spouse? Yes

	First Name	Middle Name	Last Name	Suffix
<input checked="" type="checkbox"/>	Test		Wife	
<input type="checkbox"/>	Test		Child	

Will Test tester claim any dependents on their tax return? Yes

	First Name	Middle Name	Last Name	Suffix
<input checked="" type="checkbox"/>	Test		Wife	
<input checked="" type="checkbox"/>	Test		Child	

Will Test tester be claimed as a dependent on someone's tax return? No

	First Name	Middle Name	Last Name	Suffix
<input type="checkbox"/>	Test		Wife	
<input type="checkbox"/>	Test		Child	

☐ Check here if the tax filer claiming Test tester as a dependent is not part of the household.

How is Test tester related to the tax filer?

Does Test Wife plan to file a federal income tax return NEXT YEAR? *

Does Test Child plan to file a federal income tax return NEXT YEAR? *

Save & Exit **Back** **Next**

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility

16. If a household member has existing health coverage, select **Yes** and enter the required information. If no one in the household has existing health coverage, select **No** and click **Next**.

Your Family's Health Coverage

Is anyone listed on this application enrolled in health coverage now? *

☐ No. If no, skip to next step. [Next](#)

☒ Yes. If Yes, answer the following questions.

Is Test tester enrolled in health coverage now? *

☒ Yes ☐ No

Coverage Details

Type of Health Insurance *

Policy Name *

Policy Number

Policy Start Date *

Policy End Date

Includes medical care? ☐ Yes ☐ No

Includes dental care? ☐ Yes ☐ No

Includes vision care? ☐ Yes ☐ No

Is this a limited-benefit plan (like a school accident policy)? ☐ Yes ☐ No

[Add Coverage](#)

Is Test Wife enrolled in health coverage now? *

☐ Yes ☒ No

Is Test Child enrolled in health coverage now? *

☐ Yes ☒ No

[Save & Exit](#) [Back](#) [Next](#)

17. If a household member has health coverage from an employer, select **Yes** and enter the required information. If that person has health coverage from another employer, click the **Add Employer** button. You will then select which household member is the employee receiving health insurance. If no one in the household has health insurance from an employer, select **No** and click **Next**.

The screenshot shows the 'Health Coverage from Jobs' section of a web application. On the left is a vertical sidebar with navigation links: Primary Contact Information, Primary Applicant Details, Household Details, Tax Dependents, Family Health Coverage, **Health Coverage from Jobs** (highlighted in blue), AI/AN Information, Authorized Representative, Review, Declare & File, and Application Confirmation.

The main content area is titled 'Health Coverage from Jobs' and contains the following elements:

- A question: 'Is anyone listed on this application offered health coverage from a job? *'. Below it are two radio buttons: 'No. If no, skip to next step.' (with a red box around it and a 'Next' button) and 'Yes. If yes, answer the following questions' (which is selected).
- A sub-question: 'Is this a state employee benefit plan? *' with radio buttons for 'Yes' (selected, with a red box) and 'No'.
- A table for employers with columns: Employer name, Employer Identification Number (EIN), Remove Employer, and Add Employer. The table is currently empty.
- A note: 'You DON'T need to answer these questions unless someone in the household is eligible for health coverage from a job. Tell us about the job that offers coverage.'
- A section titled 'Select Employee *' with a table of household members:

	First Name	Middle Name	Last Name
<input (with="" box)<="" checked="" red="" td="" type="radio"/> <td>Test</td> <td></td> <td>tester</td>	Test		tester
<input (with="" box)<="" red="" td="" type="radio"/> <td>Test</td> <td></td> <td>Wife</td>	Test		Wife
<input (with="" box)<="" red="" td="" type="radio"/> <td>Test</td> <td></td> <td>Child</td>	Test		Child

Below the table are 12 numbered input fields, many with red boxes:

- Employer name *
- Employer Identification Number (EIN) *
- Employer phone number *
- Address Line 1 *
- Address Line 2 *
- City *
- State *
- Zip code *
- Who can we contact about employee health coverage at this job? *
- Phone Number *
- Email Address *
- Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months? * (with 'Yes' selected, highlighted in red)

At the bottom are buttons: Remove Employer, Add Employer, Save & Exit, Back, and Next (highlighted in red).

18. If a household member is American Indian or Alaskan Native, select **Yes** and complete the required fields. If no one in the household is American Indian or Alaskan Native, select **No** and click **Next**.

American Indian or Alaskan Native Family Member (AI/AN)

Are you or anyone in your family American Indian or Alaskan Native? *

☐ No. No one in my family is American Indian or Alaskan Native. 11/2/2

☒ Yes. If yes, answer the following questions.

Is test tester an American Indian or Alaskan Native? *

☒ Yes ☐ No

Is Test a member of a Federally recognized Tribe? *

☒ Yes ☐ No

If yes, give the name of the tribe. *

Has Test ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs. *

☐ Yes ☒ No

Is Test eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? *

☐ Yes ☐ No

Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources:

- Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties
- Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)
- Money from selling things that have cultural significance

Amount (\$): How often?

Is Test Wife an American Indian or Alaskan Native? *

☐ Yes ☒ No

Is Test Child an American Indian or Alaskan Native? *

☐ Yes ☒ No

[Save & Exit](#) [Back](#) [Next](#)

19. If you would like to include an Authorized Representative, select **Yes** and complete the required fields. If you would not like to include an Authorized Representative, select **No** and click Next.

The screenshot shows a web form titled "Authorized Representative". On the left is a vertical sidebar with a list of steps: Primary Contact Information, Primary Applicant Details, Household Details, Tax Dependents, Family Health Coverage, Health Coverage from Jobs, AI/AN Information, **Authorized Representative** (highlighted in blue), Review, Declare & File, and Application Confirmation. The main content area has a heading "Authorized Representative" in green. Below it is explanatory text: "You can give a trusted person permission to talk about this application with us, see your information and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an 'authorized representative'. If you ever need to change your authorized representative, call 1-877-628-5076." A question "Would you like to include an authorized representative?*" is followed by two options: "No, I would not like to provide an authorized representative." (with a "Next" button) and "Yes, If Yes, answer the following questions." (which is selected). Below the "Yes" option are several required fields marked with an asterisk: First Name, Middle Name, Last Name, Suffix (a dropdown menu), Address Line 1, Address Line 2, City, State (a dropdown menu), Zip Code, Phone Number, Organization, and ID Number (if applicable). At the bottom right of the form are three buttons: "Save & Exit", "Back", and "Next". The footer of the page contains links: Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility.

20. The Portal matches the Authorized Representative's address with the U.S. Postal Service and returns a standardized address. You have the option of picking either the provided address or the standardized address. Confirm the correct address and click **Next**.

The screenshot shows a web interface for address confirmation. The page has a light blue header and a dark blue footer. The main content area is white. At the top, there's a section titled "Standardized Address" in green. Below this, a message states: "Please review the standardized address below. If this address is correct, please click on the Next button to update your address. If you like to use the unstandardized address please select the Provided address below and click on the Next button to update the address." Below the message, there are two columns of information. The left column is labeled "Name" and "Contact Contact". Below that, it says "Home Address" and "Provided Address" with a red square icon. The address listed is "1234 Main st" and "honolulu, HI 96818". The right column is labeled "Standardized Address" with a red square icon. The address listed is "1234 Main St" and "Honolulu, HI 96818". At the bottom right, there are two buttons: "Back" and "Next". The "Next" button is highlighted with a red border. At the bottom left, there is a footer with links: "Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility".

Standardized Address

Please review the standardized address below. If this address is correct, please click on the Next button to update your address. If you like to use the unstandardized address please select the Provided address below and click on the Next button to update the address.

Name
Contact Contact

Home Address

☒ Provided Address ☐ Standardized Address

1234 Main st
honolulu, HI 96818

1234 Main St
Honolulu, HI 96818

Back Next

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility

21. Read the **Terms and Conditions**, answer the eligibility renewal and parent living outside the home questions, and electronically sign the application. You must agree to the **Terms and Conditions** in order to submit the application.

Primary Contact Information	<p>Read & Sign this application.</p> <ul style="list-style-type: none">I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.I know that I must tell the Department of Human Service or the Hawaii Health Connector if anything changes (and is different than) what I wrote on this application. I can visit mybenefits.hawaii.gov or call 1-877-628-5076 to report any changes. I understand that a change in my information could affect my eligibility for members of my household.I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting: www.hhs.gov/ocr/office/fileI confirm that no one applying for health insurance on this application is incarcerated (Detained or jailed) or residing in a state medical institution. <input type="checkbox"/> If not, the following applicant(s) are incarcerated or institutionalized. <p>We need this information to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), social security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.</p> <p>Renewal of coverage in future years</p> <p>To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Department of Human Services and Hawaii Health Connector to use income data, including information from tax returns. The Department of Human Services or the Hawaii Health Connector will send me a notice, let me make any changes, and I can opt out at any time.</p> <p>Yes, renew my eligibility automatically for the next *</p> <div><input type="text"/></div> <p>If anyone on This application is eligible for medicaid</p> <ul style="list-style-type: none">I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency right to pursue and get medical support from a spouse or parent.Does any child on this application have a parent living outside this home? * <div><input type="radio"/> Yes <input type="radio"/> No</div> <ul style="list-style-type: none">If Yes I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate. <p>My right to appeal</p> <p>If I think the Department of Human Service or Hawaii Health Connector has made a mistake, I can appeal its decision. To appeal means to tell someone at the Department of Human Services or Hawaii Health Connector that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting the someone at 1-877-628-5076. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.</p> <p>Sign this application.</p> <p>The person who filled out Step 1 should sign this application. If you're an authorized representative you may sign here, as long as you have provided the information required in Step 8.</p> <div><input type="checkbox"/> I agree to the Terms and Conditions *</div> <div>Primary Applicant First Name * <input type="text"/></div> <div>Primary Applicant Last Name * <input type="text"/></div>
Primary Applicant Details	
Household Details	
Tax Dependents	
Family Health Coverage	
Health Coverage from Jobs	
AI/AN Information	
Authorized Representative	
Review, Declare & File	
Application Confirmation	

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility

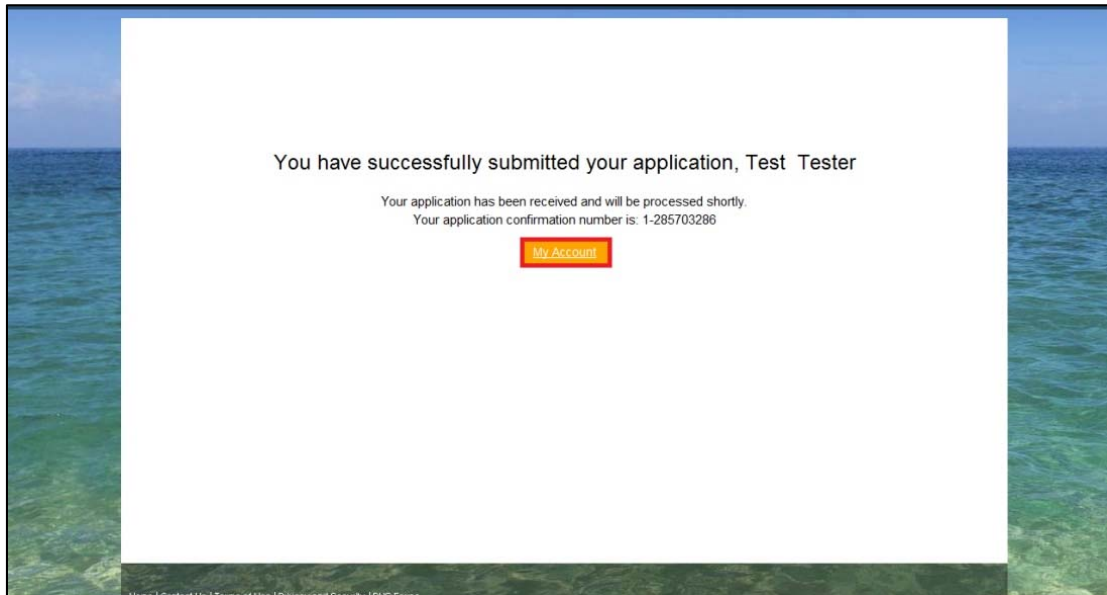
22. You can review all information entered in the application in the **Application Confirmation** screen. To review the information, click on the appropriate section under **Application Confirmation**. The section will expand for you to view the information you entered previously in the application. To edit the information, click on the **Edit** button. After confirmation of the information, click **Finish** to submit the application.

The screenshot displays the 'Application Confirmation' screen. On the left is a sidebar with the following menu items: Primary Contact Information, Primary Applicant Details, Household Details, Tax Dependents, Family Health Coverage, Health Coverage from Jobs, AI/AN Information, Authorized Representative, Review, Declare & File, and Application Confirmation (which is highlighted in blue). The main content area is titled 'Application Confirmation' and contains several expandable sections. The 'Primary Contact Information' section is expanded and highlighted with a red border, showing the following details: Name (Test tester), Home Address (123 4th St, Honolulu, HI 96818), Preferred Spoken Language (English), and Preferred Spoken Language (English). Each section has an 'Edit' button. At the bottom right, there are three buttons: 'Save & Exit', 'Back', and 'Finish' (which is highlighted with a red border).

Section	Details	Action
Primary Contact Information	Name: Test tester Home Address: 123 4th St, Honolulu, HI 96818 Preferred Spoken Language: English	Edit
Primary Applicant Details		Edit
Household Details		Edit
Tax Dependents		Edit
Family Health Coverage		Edit
Health Coverage from Jobs		Edit
AI/AN Information		Edit
Authorized Representative		Edit
Review, Declare & File		Edit

Save & Exit Back Finish

- 23.** The application has been successfully submitted and you are now able to view your account.



3.3 Save and Exit

1. At any point in the application, you have the option to save and exit the application and return later to finish the application. To save and exit the application, click **Save & Exit**. The Portal will only save information provided up to the previous screen before clicking the **Next** button. To avoid losing data on your current screen, click **Next** before clicking **Save & Exit**.

Primary Contact Information

Primary Applicant Details

Household Details

Tax Dependents

Family Health Coverage

Health Coverage from Jobs

AI/AN Information

Authorized Representative

Review, Declare & File

Application Confirmation

Your Family's Health Coverage

Is anyone listed on this application enrolled in health coverage now? *

☒ No. If no, skip to next step **Next**

☐ Yes. If Yes, answer the following questions.

Save & Exit **Back** **Next**

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2. To retrieve the application, find the saved application in the **My Application** tab and click **Continue**.

Your Account

My Applications

My Eligibility

My Verifications

My Documents

Change of Circumstance

Paperless Preference

Appeals

My Applications

Applications

APPLICATION ID	TYPE	STATUS	DATE SUBMITTED	DETERMINATION DATE	ACTION
	Medical Assistance	In Progress			Continue Cancel

Showing 1 result.

Medical Assistance **New Application**

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility

3. You will return to the place in the application where it was last saved.

The screenshot displays a web application interface for the KOLEA FFM Integration Portal. On the left, a vertical sidebar contains a list of navigation items: 'Primary Contact Information', 'Primary Applicant Details', 'Household Details', 'Tax Dependents', 'Family Health Coverage' (highlighted in blue), 'Health Coverage from Jobs', 'AI/AN Information', 'Authorized Representative', 'Review, Declare & File', and 'Application Confirmation'. The main content area is titled 'Your Family's Health Coverage' and contains the question: 'Is anyone listed on this application enrolled in health coverage now? *'. Below this question are two radio button options: 'No. If no, skip to next step.' and 'Yes. If Yes, answer the following questions.' A green 'Next' button is positioned to the right of the 'No' option. At the bottom right of the main content area, there are three green buttons: 'Save & Exit', 'Back', and 'Next'. The footer of the page includes a dark bar with links: 'Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility'.

4. Account Management

You are able to manage your account using the following tabs:

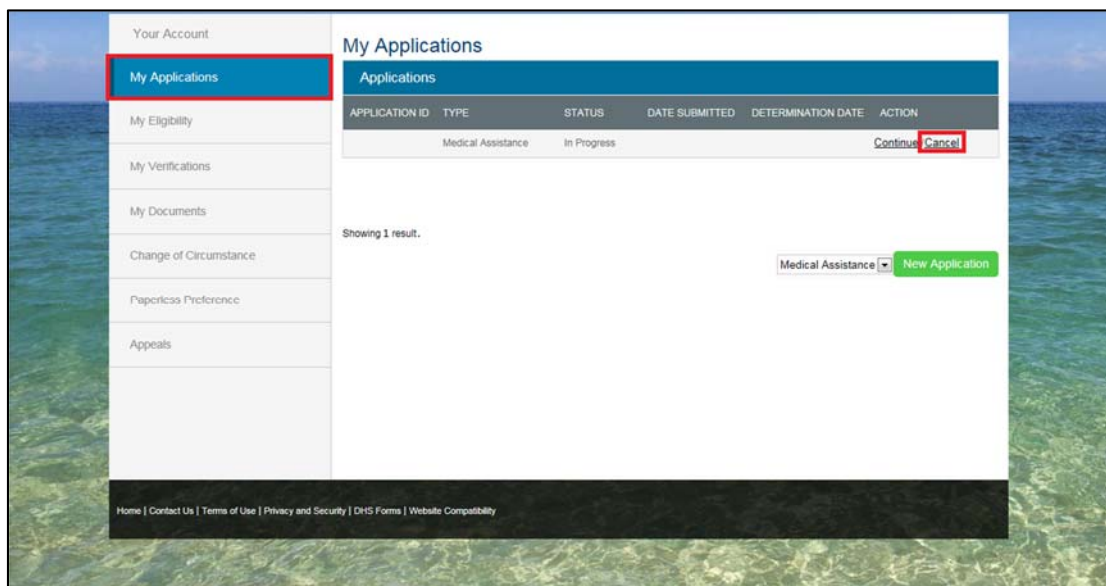
- My Applications
- My Eligibility
- My Verifications
- My Documents
- Change of Circumstance
- Paperless Preference
- Appeals

4.1 My Applications

The **My Applications** tab allows you to view key information about your application:

- Application ID
- Application Type
- Application Status
- Date Submitted

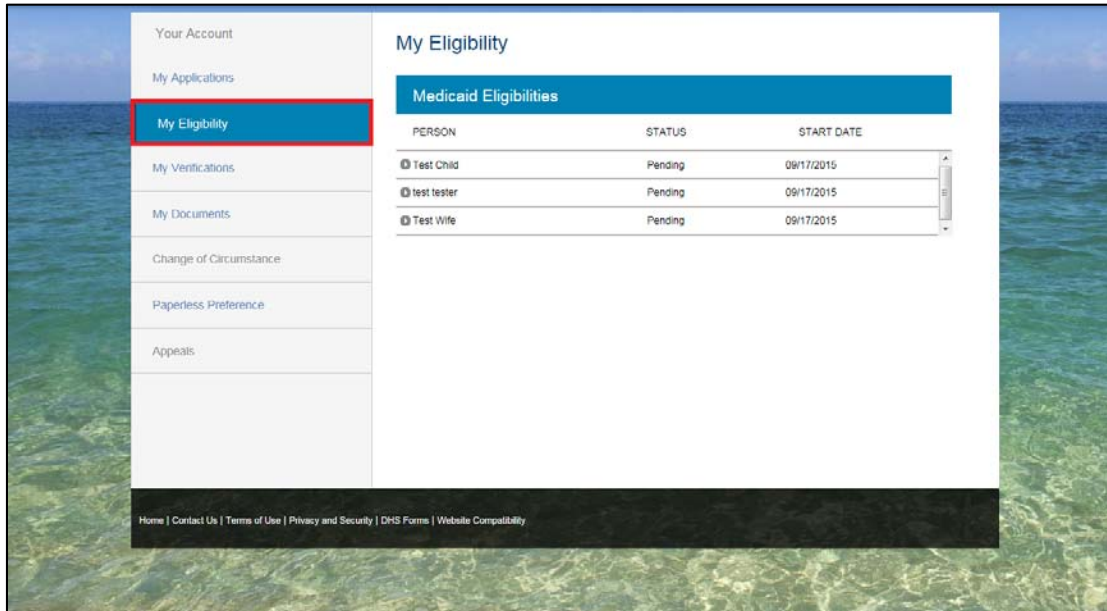
The **My Applications** tab also allows you to cancel your application before it is processed by clicking **Cancel**. You can also retrieve and finish saved applications here.



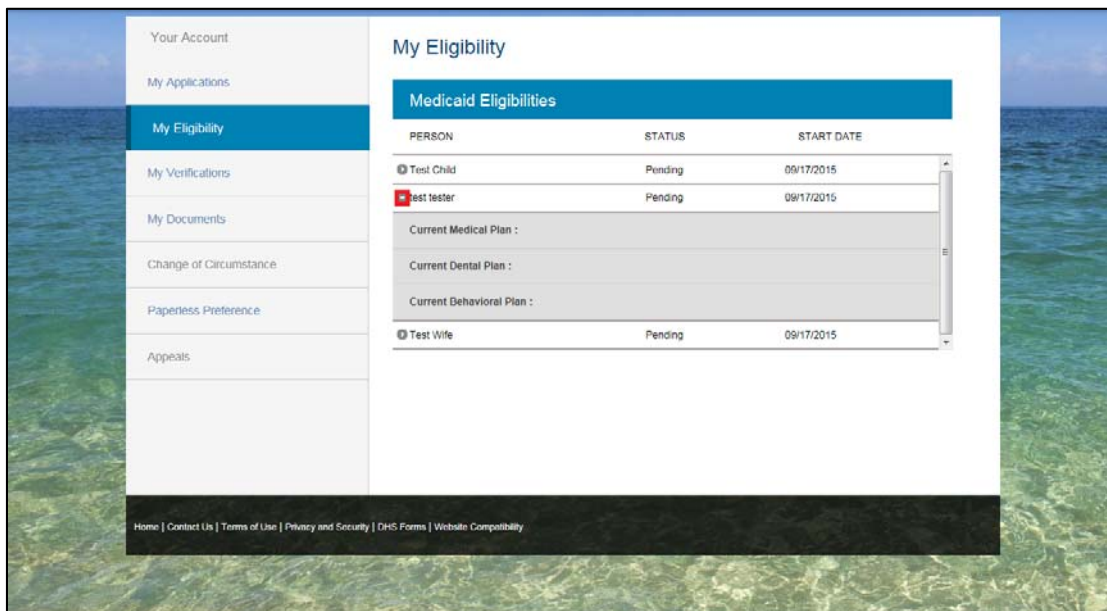
4.2 My Eligibility

The **My Eligibility** tab allows you to view the details of eligibility and the Health Insurance Plans for each member of the household.

1. To access the eligibility description, select the **My Eligibility** tab on the left.



2. To view the description, click the button on the left of the household member.



4.3 My Verifications

The **My Verifications** tab allows you to view verification items for all members in the household. Verification items, such as US Citizenship and Social Security Number documentation, are important to help verify the information provided in your application and determine your eligibility for healthcare. Items that have been verified either electronically, manually or are missing or conflicting will appear the day after processing. For new applications, verification items will appear only after the application has been submitted and processed.

1. To access the verification items, select the **My Verifications** tab on the left side of the screen. This page shows the verification items for each household member including the due date and status of each verification item. To upload outstanding verification items, click **Upload** next to the appropriate verification item. After clicking **Upload**, the Portal will shift to the **My Documents** tab. Refer to [Upload Verification Documents](#) for uploading verification documents.

My Verifications				
Your Verifications				
VERIFICATION TYPE	PERSON	DUE DATE	STATUS	ACTION
Medicare	test tester		Waived	Upload
Income	test tester		Waived	Upload
Other Insurance Coverage	test tester		Waived	Upload
US Citizenship	test tester		Verified	Upload
SSN	test tester		Verified	Upload

Showing 1 - 5 of 25 results. Page 1 of 5 |< first |< previous | next >| last >|

2. You may view uploaded verification items in the **My Documents** tab. To view the uploaded documents, select **Other Documents** in the dropdown. You are able to see the documents that have been uploaded, but are not able to open the document.

My Documents

You are currently **NOT ENROLLED** in paperless delivery.
Click [here](#) to change your enrollment preference or update your email address.

Upload a New Document

If you received a notice requesting a document or form you can upload here.
If you want to download a blank form please click DHS Forms at the bottom of the page. Upload

The section below contains a list of notices sent by DHS and documents you previously provided. Only notices are available for viewing.

Your Documents

Please select the type of documents you would like to view. Other Documents ▾

TYPE	DATE	TYPE	CLIENT NAME
Other Verification Item	09/17/2015	401K	test tester

Showing 1 result.

4.4 My Documents

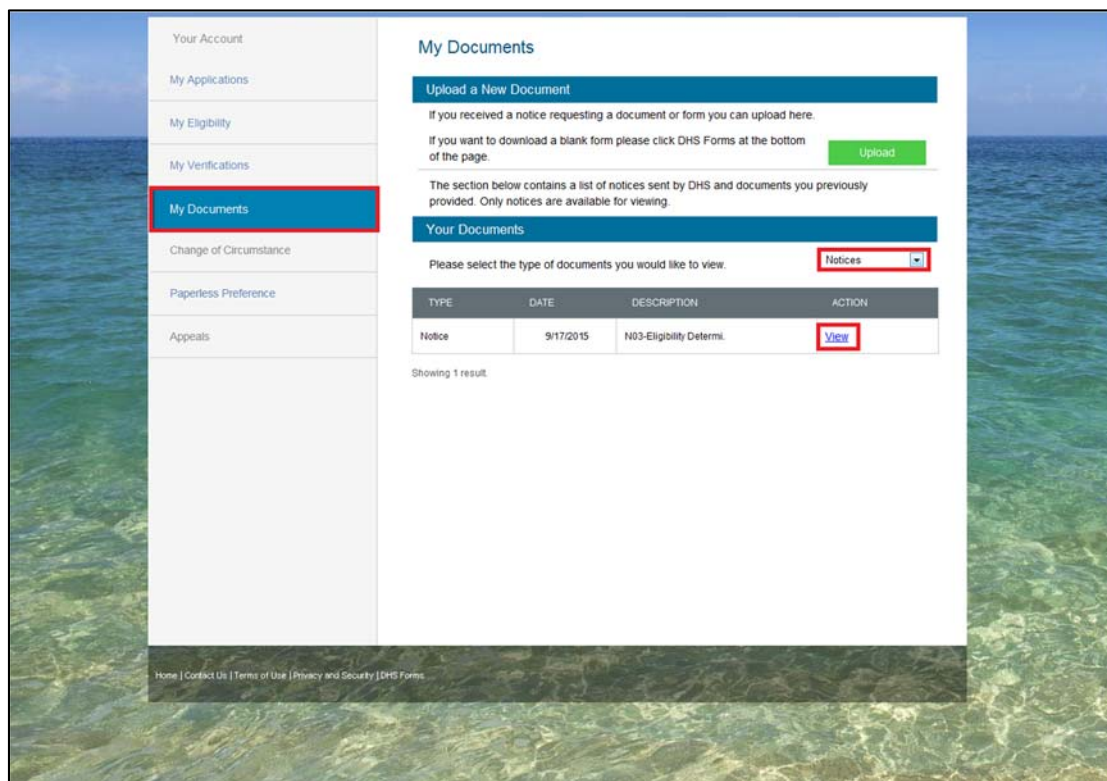
The **My Documents** tab allows you to view notices and upload documents such as verification items and forms. This process describes the steps for viewing notices and uploading forms and verification documents.

Note: Verification items are documents that help verify the information provided in your application. Forms are documents supplied by the Department of Human Services for you to provide additional information or make additional requests and applications.

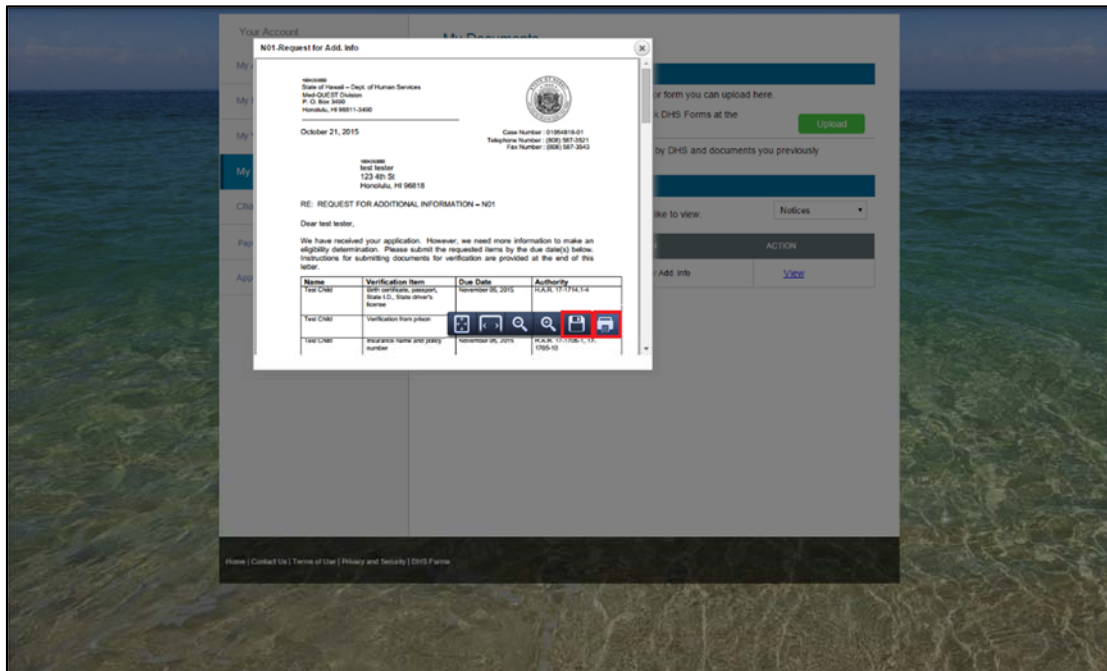
4.4.1 Notices

Notices are sent to communicate eligibility related information to you once you apply for healthcare. Notices are created for purposes that include requests for additional information, communication of eligibility, and other informational purposes. Examples include the **N01 – Request for Additional Information** notice, which asks you to provide additional information to support your application, and the **N03 – Eligibility Determination** notice, which informs you of your healthcare eligibility.

1. You are able to view notices in the **My Documents** tab. To view a notice, click on the **My Documents** tab on the left side of the screen. Select **Notices** as the document type in the dropdown. To open the notice, select **View** next the appropriate notice.

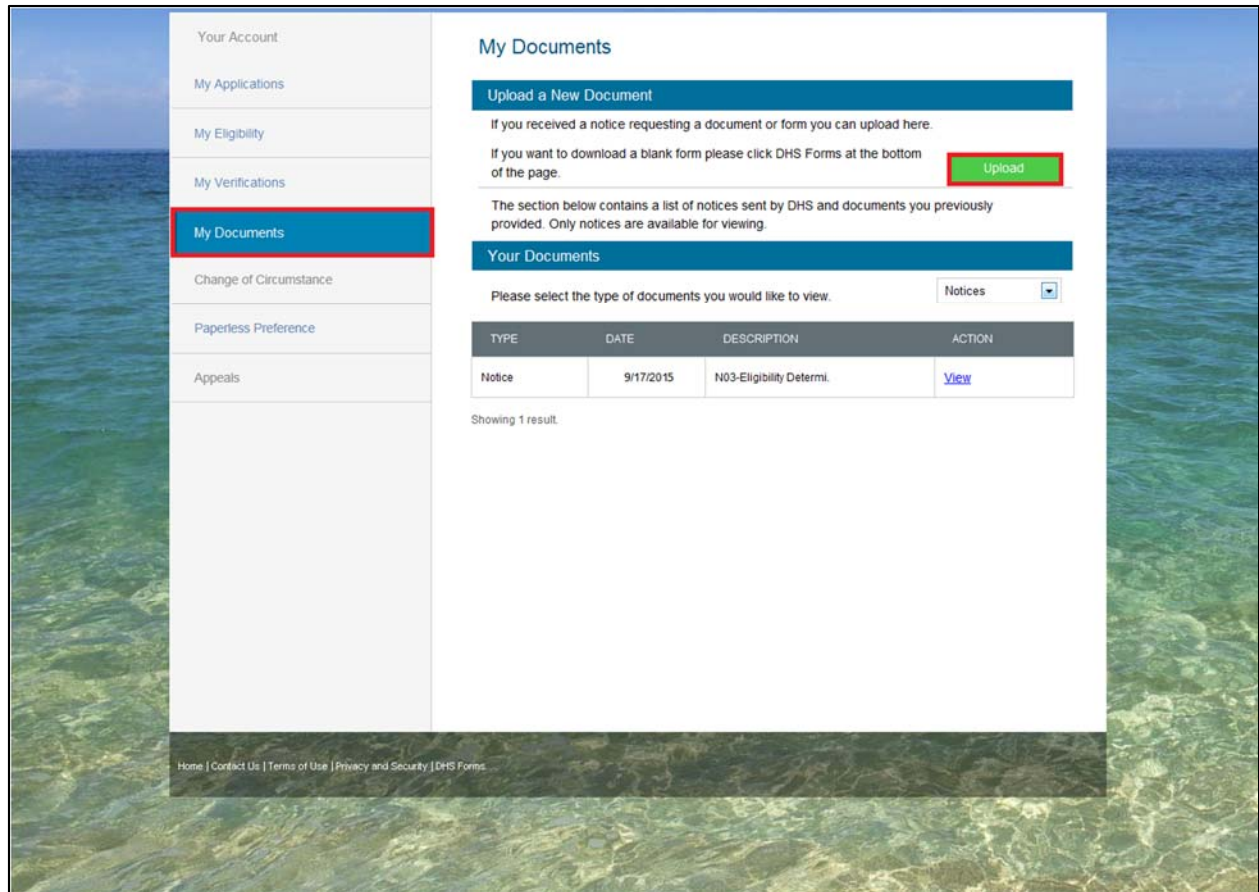


2. From here, you can view the notice and have the option to save or print the document.



4.4.2 Upload Verification Document

1. You are able to upload verification documents and forms. Prior to uploading documents, be sure they are in one of the acceptable file types. Click on the **Upload** button on the **My Documents** tab.



2. Select the appropriate file type. Select the type of verification document that will be uploaded. Select the household member that the verification document applies. If the document applies to more than one household member, select **Yes** and specify the additional information.

Note: Valid file types for documents include .tiff, .tif, .jpeg, .jpg & .pdf.

Your Account

My Documents

Upload

Upload from Your Computer

Please provide some additional information about the file you want to upload.

What does this file contain? *

Verification Document

This file contains Tax Records

For test tester

Does this file contain Document(s) for another person in this case? Yes

Click on the browse button to locate the file you want to upload from your computer.

File Path Browse...

Rules for Uploading Documents:

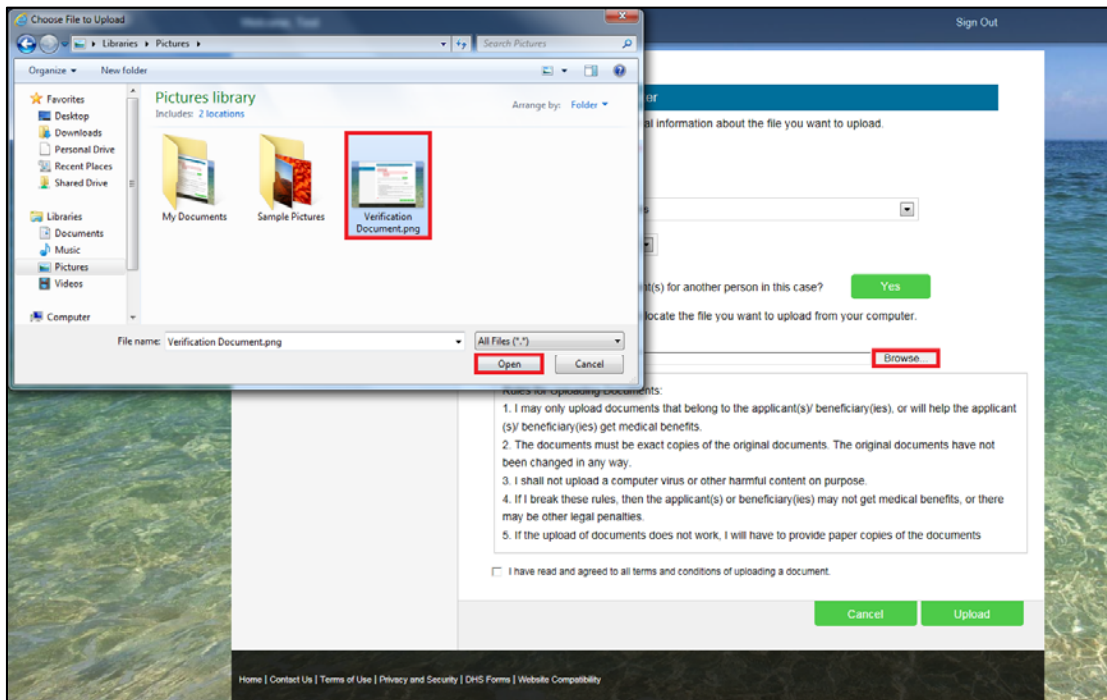
1. I may only upload documents that belong to the applicant(s)/ beneficiary(ies), or will help the applicant (s)/ beneficiary(ies) get medical benefits.
2. The documents must be exact copies of the original documents. The original documents have not been changed in any way.
3. I shall not upload a computer virus or other harmful content on purpose.
4. If I break these rules, then the applicant(s) or beneficiary(ies) may not get medical benefits, or there may be other legal penalties.
5. If the upload of documents does not work, I will have to provide paper copies of the documents.

☐ I have read and agreed to all terms and conditions of uploading a document.

Cancel Upload

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility

3. To upload the document, select the **Browse** button and find the document on the computer.



4. To complete the upload, read the **Rules for Uploading Documents**, click the confirmation of terms and conditions, and click **Upload**. If you make a mistake and want to re-do or cancel the upload, click the **Cancel** button.

Upload From Your Computer

Please provide some additional information about the file you want to upload.

What does this file contain? *

Verification Document

This file contains Tax Records

For test tester

Does this file contain Document(s) for another person in this case? Yes

Click on the browse button to locate the file you want to upload from your computer.

File Path

C:\Users\Public\Pictures\Sample Pictures\Penguins.jpg Browse...

Rules for Uploading Documents:

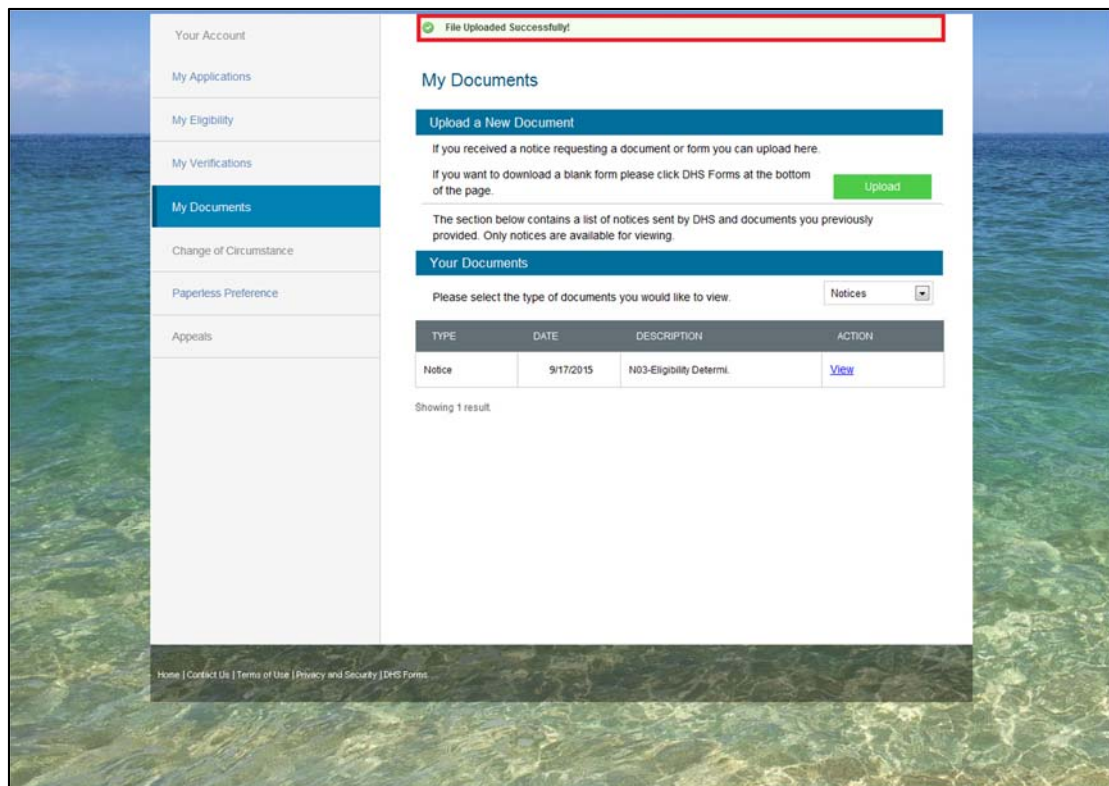
1. I may only upload documents that belong to the applicant(s)/ beneficiary(ies), or will help the applicant(s)/ beneficiary(ies) get medical benefits.
2. The documents must be exact copies of the original documents. The original documents have not been changed in any way.
3. I shall not upload a computer virus or other harmful content on purpose.
4. If I break these rules, then the applicant(s) or beneficiary(ies) may not get medical benefits, or there may be other legal penalties.
5. If the upload of documents does not work, I will have to provide paper copies of the documents

☒ I have read and agreed to all terms and conditions of uploading a document.

Cancel Upload

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms

5. The **Verification Document** has now been successfully submitted.



4.4.3 Upload Form

Forms are documents supplied by the Department of Human Services for you to submit applications and provide additional information with respect to your submitted application. You can download a DHS Form using the link “**DHS Forms**” at the bottom of the screen. Once filled out with relevant information, the electronic form can be uploaded using the following steps.

1. To upload a form, select the **My Documents** tab and click **Upload**. Click **DHS Forms** on the bottom of the page to find the forms for you to complete. Before uploading the form, please confirm that the form is complete and is saved in an acceptable file format.

Note: Valid file types for documents include **.tiff**, **.tif**, **.jpeg**, **.jpg** & **.pdf**.

The screenshot displays the 'My Documents' interface. On the left, a sidebar contains links: 'Your Account', 'My Applications', 'My Eligibility', 'My Verifications', 'My Documents' (highlighted with a red box), 'Change of Circumstance', 'Paperless Preference', and 'Appeals'. The main content area is titled 'My Documents' and includes an 'Upload a New Document' section with instructions and a green 'Upload' button (highlighted with a red box). Below this is a 'Your Documents' section with a dropdown menu set to 'Notices' and a table of documents. The table has columns for TYPE, DATE, DESCRIPTION, and ACTION. One document is listed: 'Notice' on '9/17/2015' with description 'N03-Eligibility Determin.' and a 'View' link. At the bottom, a footer contains links: 'Home | Contact Us | Terms of Use | Privacy and Security' and 'DHS Forms' (highlighted with a red box).

TYPE	DATE	DESCRIPTION	ACTION
Notice	9/17/2015	N03-Eligibility Determin.	View

2. Select the document type in the dropdown, then select the type of document to be uploaded.

Your Account

My Documents

Upload

Upload From Your Computer

Please provide some additional information about the file you want to upload.

What does this file contain? *

Form

Please select the Form

DHS1100...1- MEDICAL ASSISTANCE APPLICATION - INSTRUCTIONS REV.12/11

Click on the browse button to locate the file you want to upload from your computer.

File Path

Browse...

Rules for Uploading Documents:

1. I may only upload documents that belong to the applicant(s)/ beneficiary(ies), or will help the applicant(s)/ beneficiary(ies) get medical benefits.
2. The documents must be exact copies of the original documents. The original documents have not been changed in any way.
3. I shall not upload a computer virus or other harmful content on purpose.
4. If I break these rules, then the applicant(s) or beneficiary(ies) may not get medical benefits, or there may be other legal penalties.
5. If the upload of documents does not work, I will have to provide paper copies of the documents

☐ I have read and agreed to all terms and conditions of uploading a document.

Cancel Upload

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms

3. Follow the steps in [Upload Verification Document](#) to complete the upload.

4. You are able to view uploaded forms and verification items in the **My Documents** tab. To view the uploaded documents, select **Other Documents** in the dropdown. You are able to see which documents have been uploaded, but you are not able to open the document.

My Documents

Upload a New Document

If you received a notice requesting a document or form you can upload here.

If you want to download a blank form please click DHS Forms at the bottom of the page.

[Upload](#)

The section below contains a list of notices sent by DHS and documents you previously provided. Only notices are available for viewing.

Your Documents

Please select the type of documents you would like to view. Other Documents ▾

TYPE	DATE	DESCRIPTION	CLIENT NAME
Other Verification Item	9/18/2015	401K	Test Tester
Form	9/18/2015	DHS8027 - REQUEST FOR ACCOUNTING OF DISCLOSURES OF HEALTH INFORMATION	

Showing 2 results.

[Home](#) | [Contact Us](#) | [Terms of Use](#) | [Privacy and Security](#) | [DHS Forms](#)

4.5 Change of Circumstance

You may use the **Change of Circumstance** tab to report one of seven types of change of circumstance. Additionally, there are eight other options to choose from within Other. Select the change of circumstance option and complete the required information.

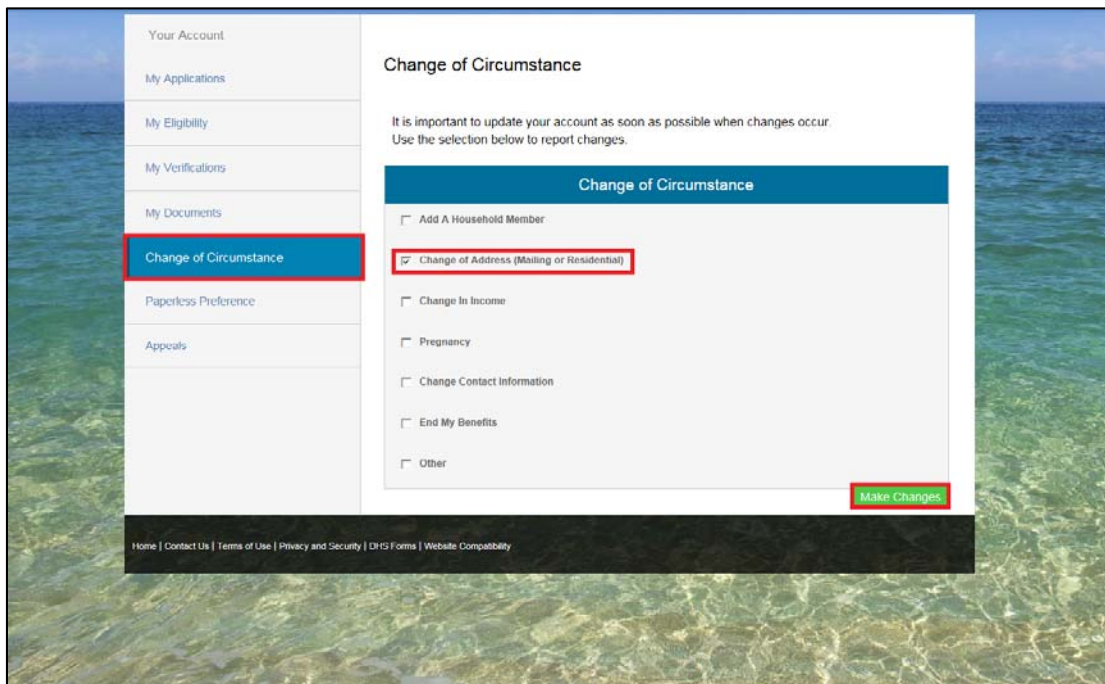
Note: Only the Primary Applicant/Beneficiary is able to make changes and provide updates for all members in the case.

4.5.1 Predefined Change of Circumstance

You have the ability to submit one of six types a of predefined change of circumstance:

- Add A Household Member
- Change of Address (Mailing or Residential)
- Change of Income
- Pregnancy
- Change Contact Information
- End My Benefits

1. This example will describe reporting a change of address. Select **Change of Address (Mailing or Residential)** and click **Make Changes**.



The screenshot displays a web application interface for reporting a change of circumstance. On the left is a vertical sidebar menu with options: 'Your Account', 'My Applications', 'My Eligibility', 'My Verifications', 'My Documents', 'Change of Circumstance' (highlighted with a red box), 'Paperless Preference', and 'Appeals'. The main content area is titled 'Change of Circumstance' and includes a sub-header 'Change of Circumstance' in a blue box. Below this, a list of options is shown with checkboxes: 'Add A Household Member', 'Change of Address (Mailing or Residential)' (checked and highlighted with a red box), 'Change In Income', 'Pregnancy', 'Change Contact Information', 'End My Benefits', and 'Other'. A green 'Make Changes' button is located at the bottom right of the form area. At the very bottom of the page, a footer contains links: 'Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility'.

2. Select the appropriate **Household Member** for the change of circumstance and click **Edit**.

The screenshot shows the 'Change of Address (Mailing or Residential)' form. On the left, a sidebar contains a blue header 'Change of Address (Mailing or Residential)' and two buttons: 'Update Address' and 'Review, Declare & file'. The main content area has a blue header 'Change of Address (Mailing or Residential)' and a sub-header 'Current Address Information'. Below this is the 'Household Members' section, which lists three members: 'Test tester' (selected with a red radio button), 'Test Wife', and 'Test Child'. The 'Test tester' member has a 'Residential Address' field with the text '123 4th St' and 'Honolulu, HI, 96818'. To the right of this address is an 'ACTION' button with an 'Edit' link. At the bottom right of the main content area is a green 'Cancel' button. At the bottom of the sidebar is a footer with links: 'Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility'.

3. Enter the necessary information and click **Next**.

The screenshot shows the 'Change of Address (Mailing or Residential)' form. On the left, a sidebar contains a blue header 'Change of Address (Mailing or Residential)' and two buttons: 'Update Address' (highlighted with a red border) and 'Review, Declare & file'. The main content area has a blue header 'Change of Address (Mailing or Residential)' and a sub-header 'Current Address Information'. Below this is the 'Update Address' section, which contains several input fields: 'Address Line 1 *' with the text '123 5th St', 'Address Line 2' (empty), 'City' with the text 'Honolulu', 'State' with a dropdown menu showing 'HI', and 'Zip code' with the text '96818'. Below these fields is a checkbox labeled 'Apply Residential address to entire household'. At the bottom right of the main content area are two buttons: a green 'Cancel' button and a green 'Next' button (highlighted with a red border).

4. There is no confirmation of a successful submission. After submission, the Portal will redirect back to the **Change of Circumstance** tab.

The screenshot displays a web portal interface for changing an address. On the left is a vertical sidebar with three tabs: 'Change of Address (Mailing or Residential)', 'Update Address', and 'Review, Declare & file'. The 'Review, Declare & file' tab is currently selected and highlighted in blue. The main content area is titled 'Review - Change of Address'. Below this title is a section header 'Current Address Information' in a blue bar, followed by a sub-header 'Update Address'. A paragraph of text instructs the user to review the standardized address and click 'Save' to update it, or select the 'Provided address' to use the unstandardized address. Below this text are two columns of address information, each preceded by a red square icon with a white 'P'. The 'Provided Address' column shows '123 5th St' and 'Honolulu, HI 96810'. The 'Standardized Address' column shows '123 5th St' and 'Honolulu, HI 96810'. At the bottom right of the main content area are two buttons: a green 'Cancel' button and a red 'Save' button.

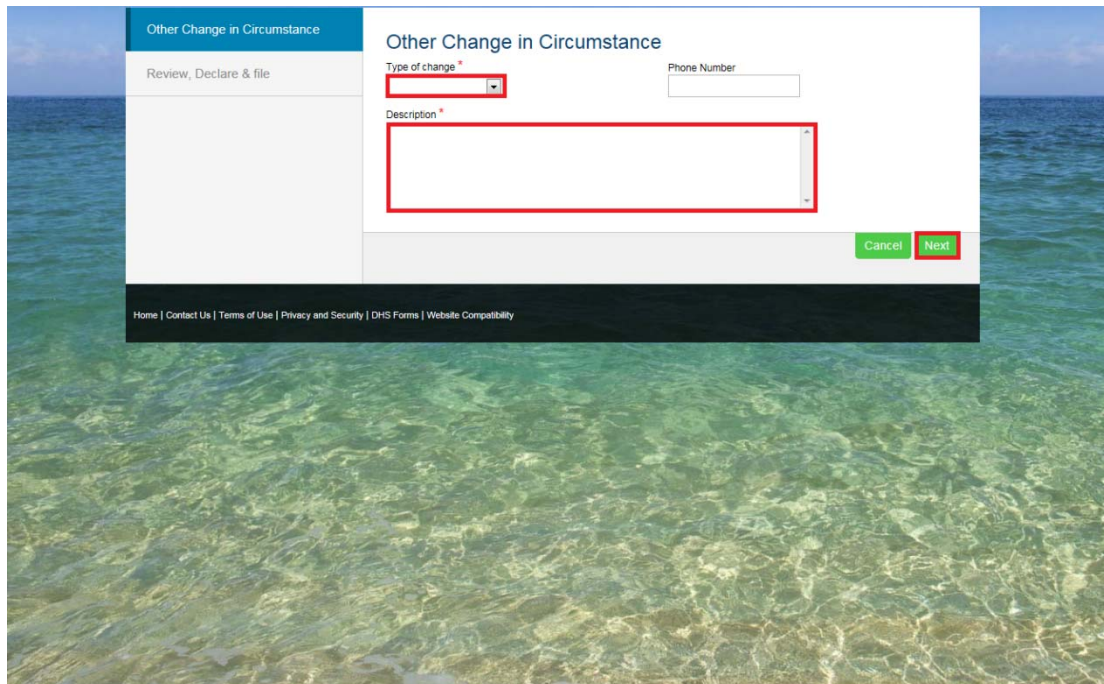
Provided Address	Standardized Address
123 5th St	123 5th St
Honolulu, HI 96810	Honolulu, HI 96810

4.5.2 Other Change of Circumstance

You have the option to submit a change of circumstance that is not included in the predefined list. The **Other** options include reporting:

- Absent Parent
- Authorized Rep
- Death
- Disability
- Expenses
- Incarceration
- Remove a Household Member
- Other

1. You may pick one of these options and enter a explanation of the change of circumstance in the description box. If the **Change of Circumstance** is not listed, select **Other** and enter a description of the change. The eligibility worker assigned to the case will process the change of circumstance.

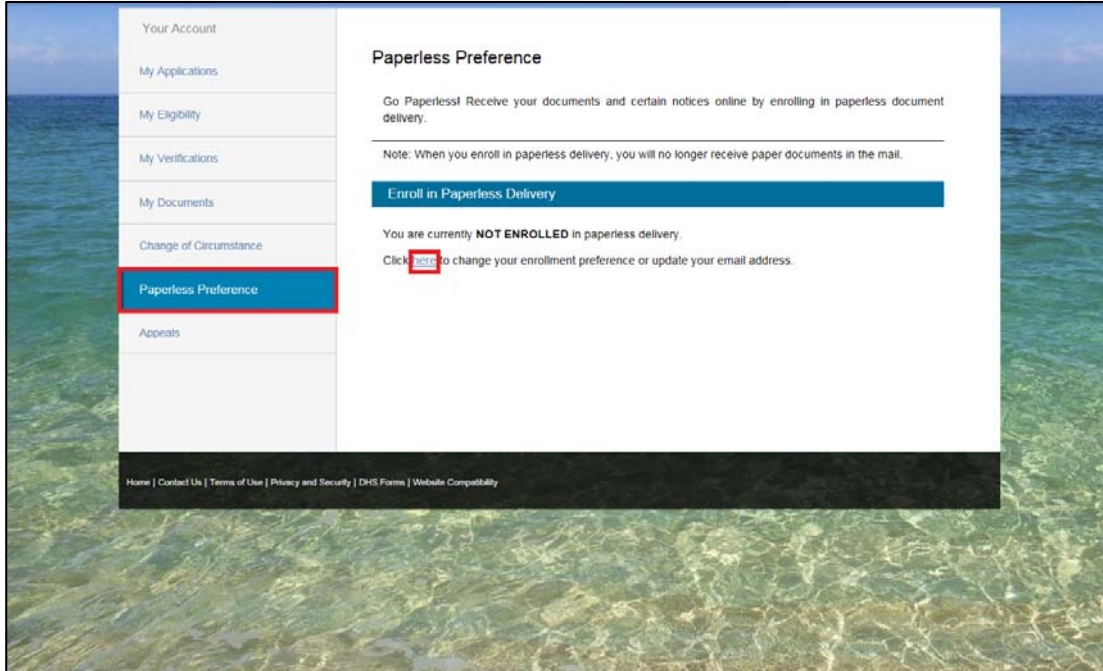


The screenshot displays a web form titled "Other Change in Circumstance". On the left, a sidebar contains a blue header with the title and a grey button labeled "Review, Declare & file". The main content area has the same title and includes a "Type of change" dropdown menu (highlighted with a red box), a "Phone Number" text input field, and a "Description" text area (also highlighted with a red box). At the bottom right of the form are "Cancel" and "Next" buttons. A footer at the very bottom of the page contains links: "Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility". The entire form is overlaid on a background image of clear, shallow water with visible sand and rocks.

4.6 Paperless Preference

You have the option to enroll your account in a **Paperless Preference**. By choosing this option, you will receive your documents and certain notices electronically, and you will no longer receive paper documents in the mail. Select the Paperless Preference option and follow the available links.

1. To change your enrollment preference or update your email address, click the **here** link.



2. Select **Yes** and fill out the required fields. Click **Submit**.

The screenshot shows a web interface with a sidebar on the left containing links: Your Account, My Applications, My Eligibility, My Verifications, My Documents, Change of Circumstance, Paperless Preference (highlighted in blue), and Appeals. The main content area is titled "Paperless Preference" and includes the following text: "Go Paperless! Receive your documents and certain notices online by enrolling in paperless document delivery." and "Note: When you enroll in paperless delivery, you will no longer receive paper documents in the mail." Below this is a blue button labeled "Enroll in Paperless Delivery". The form asks "Enroll in paperless delivery?" with radio buttons for "Yes" (selected and highlighted with a red box) and "No". It then prompts the user to "Please enter the email address you would like to receive electronic communications below." with two input fields: "Email Address:" and "Re-enter Email Address:", both highlighted with red boxes. A checkbox is followed by the text: "I acknowledge that I have read and agree to the [terms and conditions](#) of paperless document and notice delivery. In addition, I give my consent to receive electronic communications at the provided e-mail address." At the bottom right are "Cancel" and "Submit" buttons, with "Submit" highlighted with a red box. A footer bar contains links: Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility.

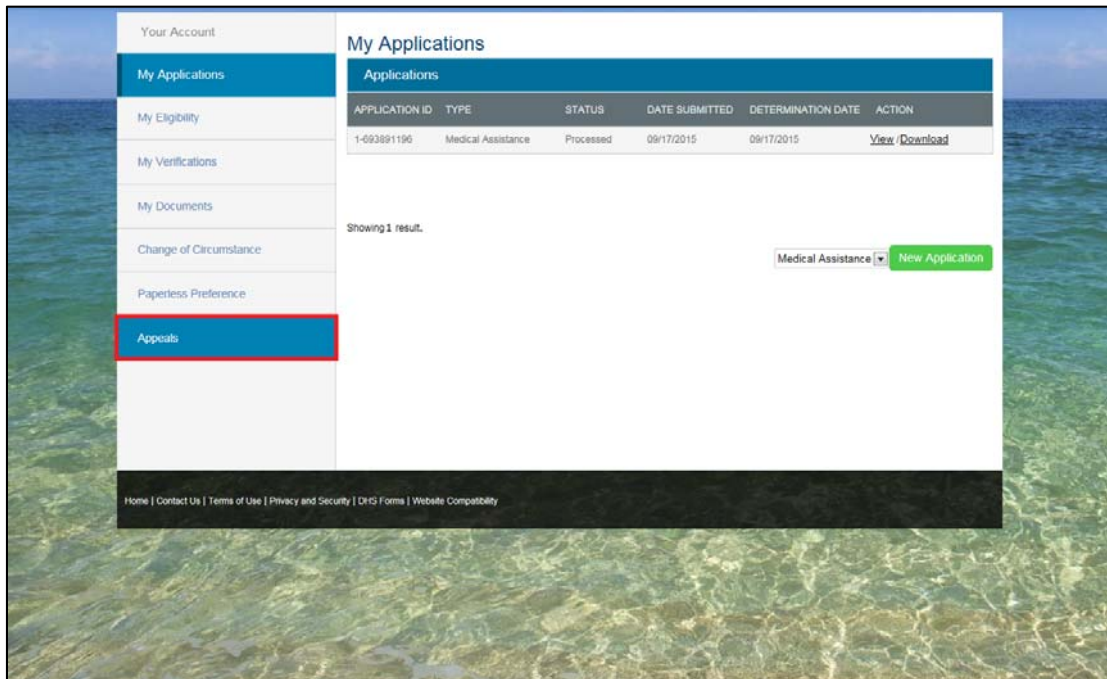
3. View the confirmation and click **My Applications** to return to view your applications.

The screenshot shows the same sidebar as the previous page. The main content area is titled "Paperless Preference" and includes the following text: "Go Paperless! Receive your documents and certain notices online by enrolling in paperless document delivery." and "Note: When you enroll in paperless delivery, you will no longer receive paper documents in the mail." Below this is a blue button labeled "Enroll in Paperless Delivery". The form displays a confirmation message: "Congratulations! You have successfully enrolled in paperless document delivery. You should receive an email confirmation message shortly. You may need to check your Junk or Spam folder to see the message. You may end your enrollment or update your email address at any time by returning to the Paperless Preference tab of your MyBenefits account." At the bottom right is a green button labeled "My Applications". A footer bar contains links: Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility.

4.7 Appeals

You may use the **Appeals** tab to request an appeal if you think an eligibility determination has been applied incorrectly.

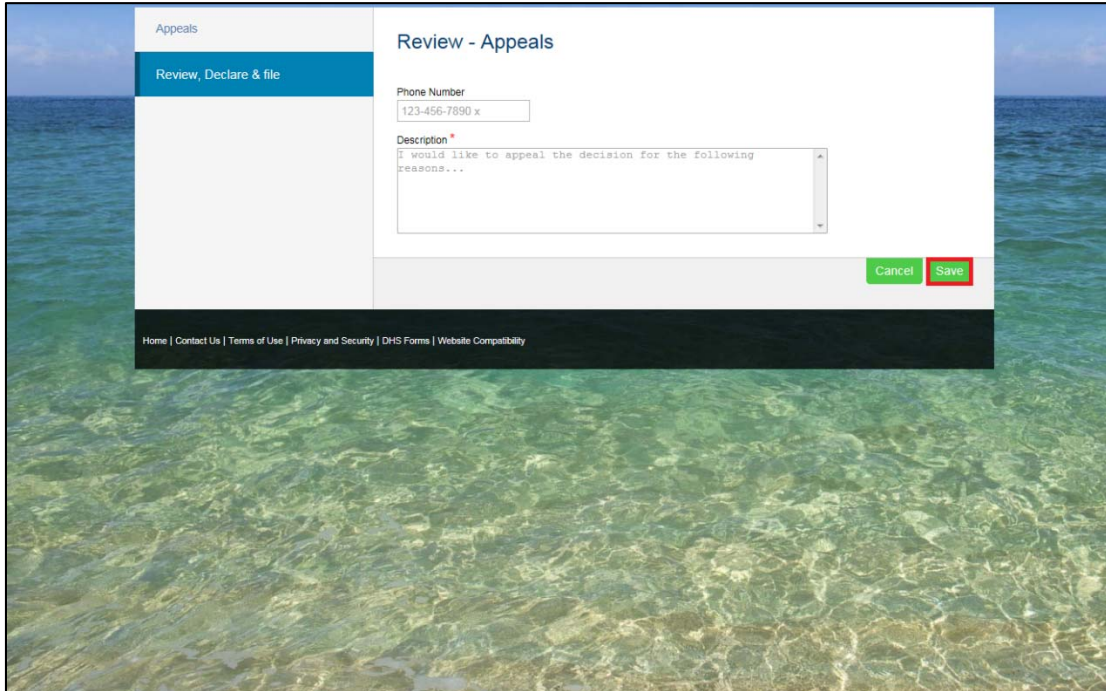
1. To request an appeal, click on the **Appeals** tab on the left side of the screen.



2. Enter your contact information and a description of why you think your appeal should be accepted.

The screenshot shows the 'Appeals' form. The 'Phone Number' field is highlighted with a red box and contains the text '123-456-7890 x'. The 'Description' field is also highlighted with a red box and contains the text 'I would like to appeal the decision for the following reasons...'. The form includes a 'Cancel' button and a 'Next' button. The footer contains links: Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms | Website Compatibility.

3. Review your information and click **Save**. If you have to make any changes, click **Cancel** and make the necessary changes.



The screenshot shows a web form titled "Review - Appeals". On the left, there is a sidebar with a blue header "Appeals" and a sub-header "Review, Declare & file". The main content area has the title "Review - Appeals" and contains two input fields: "Phone Number" with the value "123-456-7890 x" and "Description" with the text "I would like to appeal the decision for the following reasons...". At the bottom right of the form are two buttons: "Cancel" and "Save". The "Save" button is highlighted with a red border. The background of the page is a blue sky and green water.

4. After you click **Save**, the Portal will re-direct you to the **My Applications** tab. You will not receive confirmation of a successful submission. Your request for an appeal will be sent to an eligibility worker to be processed. The eligibility worker will submit your appeal to the Administrative Appeals Office (AAO) where a decision on your appeal will be made. The AAO will contact you once a decision has been made on your appeal.

5. Contact Us

1. To contact us with questions about your eligibility, click on the **Contact Us** hyperlink at the bottom of the page. You can find the address and phone number for the office in your area here. You can submit paper applications at these locations.

