The Commonwealth of Kentucky
kynect State-Based Marketplace

Benefits Application within kynect
benefits Quick Reference Guide

December 9, 2021
Introduction

This Quick Reference Guide is intended to instruct users on how to navigate the Benefits Application within kynect benefits.

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1 Benefits Application Overview

kynect benefits makes it easy for Residents, kynectors, Agents and other users to apply for benefit programs. Residents may apply for the following benefit programs within kynect benefits:

- Medicaid/KCHIP/Qualified Health Plan (QHP) with Payment Assistance (APTC)
- Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
- QHP (Medical and Dental Insurance plans without Payment Assistance)
- Supplemental Nutrition Assistance Program (SNAP)
- Kentucky Transitional Assistance Program (KTAP)
- Child Care Assistance Program (CCAP)

Agents and kynectors may help Residents with the following within kynect benefits:

- Medicaid/KCHIP/Qualified Health Plan (QHP) with Payment Assistance (APTC)
- Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
- QHP (Medical and Dental Insurance plans without Payment Assistance)
- Report changes in information
- Recertify benefits

2 Benefits Application within kynect benefits

Residents access kynect benefits through the Kentucky Online Gateway (KOG) by creating a new account or through logging into an established account. Residents initiate a benefits application by clicking Apply for Benefits on the Resident Dashboard.

The kynect health coverage or kynect benefits Prescreening Tools may be used before a benefits application is submitted to determine a household’s potential eligibility for benefits. Reference the kynect benefits Prescreening Tool and kynect health coverage Prescreening Tool Quick Reference Guides for more details.

Agents and kynectors must also sign in to KOG to access kynect benefits. Agents and kynectors initiate a benefits application from different points:

- Agents initiate a benefits application after signing into KOG and clicking Launch on the Self-Service Portal (SSP) tile. Agents are navigated to the Agent Portal screen within SSP, where they may click Initiate an Application for Individual.
- kynectors initiate a benefits application after signing into KOG through the kynector Dashboard by clicking Start Benefits Application.

Below are the steps to apply for benefits in kynect benefits.
1. Navigate to the kynect benefits website at kynect.ky.gov/benefits.

**Please note:** Agents initiate a benefits application after signing into KOG and clicking Launch on the Self-Service Portal tile. Agents are navigated to the Agent Portal screen within SSP, where they may click Initiate an Application for Individual. Kynectors initiate a benefits application after signing into KOG through the kynector Dashboard by clicking Start Benefits Application.

2. Click Sign In to navigate to KOG.

**Please note:** If the Resident is new to kynect benefits, click the Sign Up link or Apply for Benefits on the home page to be taken through the steps to create a KOG account.

3. Enter the KOG Email under Citizen or Business Partner Sign In.
4. Enter the KOG Password under Citizen or Business Partner Sign In.
5. Click Sign In to navigate to kynect benefits.
Please note: If a KOG account does not exist, click **Create an Account** to access kynect benefits. Reference the **Kentucky Online Gateway Account** Quick Reference Guide for step-by-step instructions to create an account.

6. Read the **Use of This Website** and click **Yes, I Accept**.
7. Click **Apply for Benefits**.

   Please note: **Add Other Benefits** appears near the top of the **Resident Dashboard** if the Resident has already submitted an application. Click **Add Other Benefits** to apply for other programs.

8. Read the **Get Started** screen and click **Start Benefits Application**.
9. Read the **Information for All Who Apply** pop-up and click **I Agree**.
2.1 Program Selection

The *Program Selection* section is where Applicants select the program(s) they would like to apply for.

10. Select the **program(s)** the Applicant would like to apply for.
11. Click **Next** to navigate to the **Application Summary** screen.

**Please note:** kynect benefits allows Applicants to select more than one program at a time. Applicants are encouraged to contact a kynector if they need help with the Medicaid/KCHIP or KI-HIPP application. Refer to **section 4.2 Add kynector** for details on how to add a kynector.
2.2 Application Summary Screen

The benefits application is divided into sections. When filling out an application, Applicants should enter all information if they have it. If an Applicant does not fill out a field that is mandatory, the system does not let the Applicant move forward to the next page of the application.

kynect benefits returns the Applicant back to the Application Summary screen after each section of the benefits application is completed. The Application Summary screen includes the Progress Bar that updates automatically after each section is completed.

12. Click **Start** to begin the Household Members section.

**Please note:** The sections that appear in the Application Summary screen depend on the programs that were selected. Click **Edit** on a section to edit the information before the application is submitted. Residents must complete the Report a Change process to submit changes after the application is submitted.
2.3 Household Members

The *Household Members* section is where Applicants enter information on household members.

13. Enter the Applicant’s **First Name**.
14. Enter the Applicant’s **Middle Initial**, or check the **box** saying they do not have a middle initial.
15. Enter the Applicant’s **Last Name**.
16. Select the Applicant’s **Sex** from the drop-down.
17. Select the Applicant’s **Date of Birth** from the calendar.
18. Click **Yes** or **No** for *Does this individual have a Social Security Number?*.  
   a. Enter the **Social Security Number** if applicable. If the Applicant does not have a Social Security Number, select a **reason** for *Why doesn’t this individual have a SSN?*.

19. Click **Yes** or **No** for *Is this individual a resident of the Commonwealth of Kentucky?*.

20. Check the appropriate box(es) for **Select this individual’s race(s)**.

**Please note:** More than one race may be selected if the Applicant is biracial.
21. Click **Yes** or **No** for *Is this individual Hispanic/Latino?*.
   a. If **Yes**, select the Applicant’s **Ethnicity**.
22. Check the appropriate **box** for *What programs would this individual like to apply for?*.
23. Click **Yes** or **No** for *Is this individual a U.S. Citizen or a U.S National?*.
24. Click **Yes** or **No** for *Is this individual a naturalized or derived citizen?*.
   a. If **Yes**, enter **Immigrant Information**.
25. Click **Save**.

**Please note:** If the Applicant is not a U.S. Citizen, they may be subject to a 5-year ban before they may be eligible for Medicaid benefits.
26. Check the box for *I attest I have verified the individual’s identity.*
27. Select the Applicant’s **Form of Proof** from the drop-down.
28. Click the **Document Logo** to launch the File Folder and select the **PDF** to upload.
29. Click **Next**.

*Please note:* If the Applicant does not have proof of ID, a signed affidavit may be used as verification. Alternative forms of ID may be accepted on a case-by-case basis.
30. Click **Add Member** to add other household members to the application. Follow steps 13-25 to add the additional household member(s) information.

31. Click **Next** to proceed to the **Contact Information** section.
2.4 Contact Information

The **Contact Information** section is where Applicants enter contact and address information.

32. Enter the Applicant’s **Email**.
33. Enter the Applicant’s **Primary Phone Number**.
34. Select the Applicant’s **Primary Phone Type**.
   a. If **Cell**, click **Yes** or **No** to allow text message alerts.
35. Select the Applicant’s **Preferred Contact Method**.
36. Select the Applicant’s **Preferred Spoken Language**.
37. Select the Applicant’s **Preferred Written Language**.
38. Click **Next**.

Please note: Preferred contact method and preferred language are the only required fields since some Applicants may not have access to a phone and/or computer. Email and text message is the default preferred contact method. Allowing text message alerts keeps Applicants up to date on their benefits and information.
39. Select Yes or No for Does [Applicant Name] have a physical Address?.
40. Enter the Applicant’s Address.
   a. Select the Applicant’s Address from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.
41. Click Yes or No for Does [Applicant Name] have a different mailing address?.
   a. If Yes, enter the Mailing Address.
42. Click Yes or No for Does everyone in [Applicant’s Name] household have the same address information?.
43. Click Next.
44. Check the box if the other household member(s) have the same contact information as the Head of Household. If the other household members have different contact information from the Head of Household, follow steps 32-35 above to enter their contact information.

45. Click Next to proceed to the Reps, kynectors, & Agents section.

Please note: Some situations where Applicants may have a different mailing address include drug treatment facility and/or homelessness.
2.5 Reps, kynectors, & Agents

The Reps, kynectors, & Agents section is where Applicants may assign an Authorized Representative, kynector, or Agent to the application.

46. Click Add an Authorized Representative to add an Authorized Representative to the application.
47. Click Find a kynector to add a kynector to the application.
48. Click Find an Insurance Agent to add an Insurance Agent to the application.
49. Click Next to proceed to the Relationship & Tax Filing section.

Please note: Refer to sections 4.1 Add Authorized Representative, 4.2 Add kynector, and 4.3 Add Agent for details on how to add an Authorized Representative, kynector, or Agent.
Please note: The remaining tiles and screens in the Application Summary are program specific. For example, the Healthcare Coverage section only appears if the Applicant is applying for Medicaid/KCHIP. Additionally, some application questions may vary based on the answers provided.

2.6 Relationship & Tax Filing

The Relationship & Tax Filing section is where information on the household’s relationships and tax filing status is gathered. The Relationship section will not queue if there are no other household members.

50. Select the Applicant’s Current Living Situation from the drop-down.
   a. Depending on the Applicant’s living situation, select the most appropriate response to the conditional questions.

51. Select the Type of In-Home Assistance the Applicant receives from the drop-down if applicable.

52. Click Next.

Please note: Selecting In-home from the current living situation and Waiver or Non-institutionalized Hospice from the type of in-home assistance drop-down triggers the Estate Recovery screen in the Household Information section.
53. Select the Applicant’s **Relationship(s)** to the other household member(s) from the dropdown.
   
   a. If unrelated/other, select the **unrelated/other relationship status**.
   
   i. If other/unrelated relative is selected, select the **legal relationship status**.

54. Click **Next**.
55. Click the box identifying how the Applicant intends to file taxes this year.

56. Check the box for Yes, I reconciled premium tax credits in past years if applicable.
57. Click Yes or No for Will [Applicant’s Name] tax filing status be the same next year?.
   a. If No, select the Applicant’s Tax Filing status for next year.
58. Click Next to proceed to the Household Information section.
2.7 Household Information

The Household Information section is where information on circumstances that apply to the household’s members is gathered.

59. Click Yes or No for Is anyone in the household blind?.
   a. If Yes, select the household member(s).

60. Click Yes or No for Does anyone in this household have a disability?.
   a. If Yes, select the household member(s).
   b. If Yes, click Yes or No for Is anyone in this household expecting a settlement from accident or injury?.

61. Click Yes or No for Does anyone in this household applying for benefits currently have Medicare benefits or is conditionally enrolled in Medicare Part A?.
   a. If Yes, select the household member(s).

62. Click Yes or No for Is anyone in this household pregnant or was pregnant in the last three months?.
   a. If Yes, select the household member(s).

63. Click Yes or No for Has anyone in this household used tobacco at least 4 times in a week in the past 6 months?.
   a. If Yes, select the household member(s).

64. Click Next.
65. Click **Yes** or **No** for *Is anyone in this household eligible for entitled income, such as Social Security Income, unemployment income, Black Lung, or VA pension?*.  
   a. If **Yes**, select the **household member(s)**.  
66. Click **Next**.
67. Click **Yes** or **No** for *Does anyone in the household have job income from employer?*.
   a. If **Yes**, select the **household member(s)**.
68. Click **Yes** or **No** for *Does anyone in this household have self-employment income?*.
   a. If **Yes**, select the **household member(s)**.
69. Click **Yes** or **No** for *Does anyone in this household receive income from Social Security, retirement, or a pension?*.
   a. If **Yes**, select the **household member(s)**.
70. Click **Yes** or **No** for *Does anyone in this household receive income from dividends, interest, or royalties?*.
   a. If **Yes**, select the **household member(s)**.
71. Click **Yes** or **No** for *Does anyone in this household receive support or maintenance income, such as alimony, child support, adoption subsidy payments, or foster care income?*.
   a. If **Yes**, select the **household member(s)**.
72. Click **Yes** or **No** for *Does anyone in this household receive income from an insurance settlement or unemployment benefit?*.  
   a. If **Yes**, select the **household member(s)**.

73. Click **Yes** or **No** for *Does anyone in this household receive any other type of goods, services, or payments?*.  
   a. If **Yes**, select the **household member(s)**.

74. Click **Yes** or **No** for *Does anyone in this household currently receive income from lottery or gambling winnings or has anyone received income from lottery or gambling winnings or has anyone received income from winnings in the last 3 months?*.  
   a. If **Yes**, select the **household member(s)**.

75. Click **Yes** or **No** for *Does anyone in this household receive Medicaid, SNAP, or TANF benefits in another state in the month of [Month] or expect to receive benefits in the month of [Month]?*.  
   a. If **Yes**, select the **household member(s)**.

76. Click **Next**.
77. Click **Yes** or **No** for *Does anyone in your household need help paying for medical bills from the last three months?*.  
   a. If **Yes**, select the **household member(s)**.  
78. Click **Yes** or **No** for *Does anyone in the household have deductible expenses?*.  
   a. If **Yes**, select the **household member(s)**.  
79. Click **Next** to proceed to the *Member Details* section.
2.8 Member Details

The Member Details section is where additional details about the household are gathered.

80. Click Yes or No for Is [Applicant Name] an American Indian or Alaskan Native?.
   a. If Yes, click Yes or No for Is [Applicant Name] a member of a federally recognized tribe?.
      i. If Yes, Enter the Tribe Name and the State the tribe is primarily located in.
   b. If Yes, click Yes or No for Has [Applicant Name] ever received services from any of the following: Indian Health Service, A tribal health program, or an urban Indian health program.
      i. If No, click Yes or No for Is [Applicant Name] eligible to receive services or a referral from any of the following: Indian Health Service, A tribal health program, or an urban Indian health program.

81. Click Next.

Please note: American Indian or Alaskan Native (AI/AN) Applicants have special exceptions that apply to them such as the ability to enroll in a zero Cost-Sharing or limited Cost-Sharing plan at any Qualified Health Plan metal level.
82. Select the Applicant’s **Preferred MCO Plan**.
83. Click **Next**.

84. Enter the Applicant’s **Employer**.
85. Select the Applicant’s **Income Frequency** from the drop-down.
86. Enter the Applicant’s **Biweekly Gross Income**.
87. Enter the Applicant’s **Biweekly Gross Income from Tips** if applicable.
88. Click **Yes** or **No** for *Does [Applicant’s Name] still have this source of income?*.
   a. If **No**, select the **End Date** from the calendar.
89. Click **Save**.

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**Please note:** The *Income & Subsidies Information* and *Expenses Information* subsections only appear under the *Member Details* section if the Applicant indicated they have income and expenses. The Financial Wizard guides Applicants through entering their income and expenses information.
90. Click Yes or No for *Is the estimated yearly income amount of [Yearly Income] a good estimate for your household income in [Year]?*.
   a. If No, enter the correct **Annual Income** and the **Reason** for adjustment.

91. Click Yes or No for *We will use this amount to examine your eligibility for the upcoming coverage year, [Year]. Is this estimated yearly income amount of [Yearly Income] a good estimate of your income in [Year]??*
   a. If No, enter the correct **Annual Income** and the **Reason** for adjustment.

92. Click **Next** to proceed to the **Healthcare Coverage** section.

**Please note:** If the annual income projection needs to be adjusted, click **No** and enter the adjusted income **Amount** and **Reasoning**.
2.9 Healthcare Coverage

The *Healthcare Coverage* section is where information on the household’s healthcare coverage is gathered. This section only displays for Medicaid/KCHIP/KI-HIPP applications.

93. Click **Yes** or **No** for *Is anyone applying for benefits in your household enrolled in healthcare coverage?*.

94. Click **Yes** or **No** for *Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?*.

95. Click **Next** to proceed to the *Employer’s Health Reimbursement Arrangement* section.

**Please note:** Refer to section 4.4 *Health Coverage Selection* for details on how to report health coverage information.
2.10 Employer’s Health Reimbursement Arrangement

The *Employer’s Health Reimbursement Arrangement* section is where information on the household’s Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA) is gathered if applicable.

96. Click **Yes** or **No** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)*?

97. Click **Yes** or **No** for *Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled*?

98. Click **Next** to proceed to the *Sign & Submit* section.

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**Please note:** Refer to section 4.5 *Employer’s Health Reimbursement Arrangement* for details on how to report Employer’s HRA information.
2.11 Sign & Submit

The *Sign & Submit* section is where the Applicant signs and submits the benefits application.

99. Click **Read and agree to Application Statement of Understanding** and click **I Agree**.
100. Click **Read and agree to Medicaid Penalty Warning** and click **I Agree**.
101. Click **Read and agree to Failure to Reconcile Statement of Understanding** and click **I Agree**.
102. Click **I Agree** to allow the kynect system to use income data, including information from tax returns, for the next 5 years.
   a. If **I Disagree**, select the **Number** for *How long would you like your eligibility for help paying for coverage to be renewed?*.

**Please note:** Agreeing to the statement *I agree to allow kynect to use my income date, including information from tax returns, for the next 5 years* allows kynect benefits to use available income data from the IRS for up to 5 years for re-enrollment purposes. If the Applicant disagrees, they may select 0-4 years. If they select 0, that means they do not allow kynect benefits to check tax data which will impact eligibility for coverage renewal.

103. Click **I Agree** to allow the kynect system to disenroll household members if they are found to have other qualifying health coverage.
Please note: Applicants may be eligible for both Medicaid and QHP. If an Individual is enrolled in a QHP, provides appropriate consent to disenroll from their QHP by clicking I Agree, and is later found eligible for Medicaid, they will be disenrolled from their QHP only. The Applicant will not be disenrolled from any other benefits they are enrolled in. A Resident may be enrolled in both Medicaid and QHP at the same time, but it is typically not beneficial for the Resident as they will be paying full price for the QHP premium while they have Medicaid.

104. Enter the Applicant’s First Name.
105. Enter the Applicant’s Middle Initial, or check the box saying they do not have a middle initial.
106. Enter the Applicant’s Last Name.

Please note: The signature must match the Applicant’s name in kynect benefits, or they will not be able to submit the benefits application.

107. Click Yes or No for Would you like to register to vote?
   a. If Yes, Voter Registration Forms will be sent to the Applicant’s mailing address.

108. Click Submit Benefits Application.
2.12 Eligibility Results

The **Eligibility Results** screen details the program(s) the Applicant is approved for.

109. Eligibility results display.
110. Click **Next Steps** to navigate to the **Next Steps** screen.

![Eligibility Results Screen](image-url)
2.13 Next Steps

The **Next Steps** screen provides links for the Applicant to take further action after submitting the benefits application.

111. Click **Go to Document Center** to upload documents as applicable.
112. Click **Download Application Copy** to download a PDF of the application.
113. Click **Apply for Benefits** to apply for additional benefit programs.
114. Click **Go to Enrollment Manager** to shop for health and/or dental plans.
115. Click **Go to Dashboard** to return to the **Dashboard**.
3 Enrollment Manager

The Enrollment Manager is where Applicants may shop for, compare, and enroll in Medicaid and Qualified Health Plans depending on their eligibility. After deciding upon a plan, Applicants may enroll themselves and other household members as applicable in selected plans pending an initial premium payment.

1. Click Health Plans or Enrollment Manager to navigate to the Enrollment Manager.
3.1 Qualified Health Plans

2. Click Qualified Health Plans.

3. Click Add Plan.
4. Check the **box(es)** to select the household member(s) to enroll in a QHP.
5. Check the box for Medical as applicable.
6. Check the box for Dental as applicable.
7. Optional: Click **Buy a Dental Plan**.
8. Optional: Click **Dental Attestation**.
9. Click **Shop for Plans**.

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Please note: **Dental Attestation** populates if one of the household members is a child.
10. Shop for and compare health plans on the **Medical Plan Search** screen.

**Please note:** Applicants click on a **Plan Name** to navigate to the **Medical Plan Details** screen to view additional details.

11. Click **Compare** to select a medical plan.
12. Click **Compare Plans** to compare the selected medical plans.
13. Compare the selected plans on the **Compare Medical Plans** screen.

14. Click any **tab** to view additional plan details.
15. Click **Add to Cart** to add the desired medical plan to the cart.

16. Optional: Shop for and compare dental plans on the **Dental Plans Search** screen.
**Please note:** Some Medical plans include dental coverage which can be determined by reviewing the plan’s details. If the medical plan does not include dental coverage, Applicants may enroll in a stand-alone dental plan.

17. Click **Compare** to select a dental plan.
18. Click **Compare Plans** to compare the selected dental plans.

19. Compare the selected dental plans on the **Compare Dental Plans** screen.
20. Click any **tab** to view additional plan details.

21. Click **Add to Cart** to add the desired dental plan to the cart.
22. The selected medical and dental plans display. Click **Checkout**.

![Image of the website interface showing medical and dental plans]

23. Enter the Applicant’s **First Name**.
24. Enter the Applicant’s **Last Name**.
25. Click **Sign & Submit** to enroll the household member(s) in the selected health and/or dental plans.

![Image of the website interface for signing and submitting]
26. Click **Pay Now** to submit an initial premium payment for the selected medical plan, or click **I understand the payment due date is [Date], but I will pay later**.

27. Click **Pay Now** to submit an initial premium payment for the selected dental plan, or click **I understand the payment due date is [Date], but I will pay later**.

28. Click **Next** to begin shopping for Medicaid plans if there are Medicaid eligible members in the household.
3.2 Medicaid Plans

1. Click **Select MCO Plan**.

2. Click **Add Plan**.
3. Click **Compare** to select a Medicaid plan.
4. Click **Compare** to compare the selected Medicaid plans.

5. Compare the selected Medicaid plans on the **Plan Comparison** screen.
6. Click any **tab** to view additional plan details.

7. Click **Add to Cart** to add the desired Medicaid plan to the cart.
8. Click **Checkout**.

9. Enter the Applicant’s **First Name**.

10. Enter the Applicant’s **Last Name**.

11. Click **Sign & Submit** to enroll in the selected plan.
**Please note:** Applicants with questions regarding Qualified Health Plans (QHPs) and related eligibility for payment assistance may call kynect health coverage at 1-855-4kynect. Applicants with questions regarding food assistance (SNAP), Medicaid, child care assistance (CCAP), and financial aid for children and caregivers (KTAP) may call kynect benefits at 855-306-8959.

4 **Appendix**

The Appendix includes steps on how to add an Authorized Representative, kynector, and Agent. It also includes steps on how to report information related to health coverage and an employer’s HRA.

4.1 **Add Authorized Representative**

Authorized Representatives may be added to an application to take action on behalf of the Primary Applicant whenever needed depending on the level of access they are granted such as reporting changes or applying for benefits.

1. Enter the Authorized Representative’s **First Name**.
2. Enter the Authorized Representatives **Last Name**.
3. Enter the Authorized Representative’s **Email Address**.
4. Click **Search Auth Rep**.

![Add Authorized Representative](image-url)
5. If the Authorized Representative is not found in the system, select their **Sex** from the drop-down.
6. Select the appropriate **Year**, **Month**, and **Day** from the calendar for the Authorized Representative’s Date of Birth.
7. Enter the Authorized Representative’s **Phone Number**.
8. Select the Authorized Representative’s **Preferred Language** from the drop-down.
9. Click **Yes** or **No** for *Does this authorized representative work for an organization that provides you assistance?*.
   a. If **Yes**, enter the **Organization Name**.
10. Click **Next**.
11. Select the Authorized Representative’s **Relationship** to the primary Applicant from the drop-down.
12. Enter the Authorized Representative’s **Address**.
   a. Select the Authorized Representative’s **Address** from the drop-down. The drop-down will automatically populate valid addresses that match the criteria entered.
13. Check the **box** for *Which program(s) do you want this authorized representative to have access to?*.
14. Select the **Level of Access** the Authorized Representative should have access to.
15. Click **Next**.
16. Enter the Applicant’s **First Name**.
17. Enter the Applicant’s **Last Name**.
18. Click **Submit Authorized Representative**.
4.2 Add kynector

If a kynector is assisting an Applicant with a benefits application, they need to receive electronic or verbal consent from the Applicant as detailed below. Kynectors may be added to an application to assist with enrolling the Applicant in health coverage by submitting a benefits application.

1. Click **Request Electronic Consent**.

![Request Electronic Consent](image)

**Please note:** After clicking **Request Electronic Consent** in kynect benefits, the Applicant is sent a consent notification via their preferred contact method and is given three minutes to respond. It is highly encouraged that kynectors receive consent via email and/or phone if possible to keep the Applicant involved in the application process and confirm accurate email/phone number information. While the Applicant is providing electronic consent, the kynector may use the three minutes to complete tasks such as talking with the Applicant, compiling verification documents, or using the kynect health coverage Prescreening Tool.
2. If the Applicant does not respond electronically within three minutes, click **Confirm Verbal Consent**.
3. Click **Acknowledgement of Roles and Responsibilities of kynectors** and click **Agree**.
4. Click **Authorizations** and click **Agree**.
5. Click **Additional Important Information** and click **Agree**.
6. Click **Next** to add the kynector to the application.
4.3 Add Agent

Agents may be added to an application to assist with enrolling the Applicant in health coverage by submitting a benefits application. If an Agent is submitting a benefits application on behalf of an Applicant, their name will automatically appear under the Insurance Agent section.

1. Enter the Agent's **First Name**.
2. Enter the Agent's **Last Name**.
3. Enter the Agent's **Zip Code**.
4. Enter the Agent's **Organization**.
5. Click **Search**.

**Please note**: Not all Agent information must be entered to perform a search. Enter the information known and click **Search** to display matching criteria.
6. Click **View Agent Details**.

7. Click **Select Agent** to add the Agent to the application.
4.4 Health Coverage Selection

4.4.1 Enrolled in Health Coverage

If the Applicant clicks Yes for Is anyone applying for benefits in your household enrolled in healthcare coverage? they will need to report their source of health coverage.

1. Select the Source of health coverage the Applicant is enrolled in.
2. Enter the **Healthcare Coverage Company Name**.
3. Enter the **Address**.
4. Enter the **Insurance Plan Name**.
5. Enter the **Policy ID**.
6. Enter the **Group ID**.
7. Select the **Household Member** for **Who is the policy holder?**.
8. Select the **Household Member(s)** for **Who is enrolled in this plan?**.
9. Click **Save**.
10. Select the **Employer Name**.
11. Click **Yes** or **No** for *Does [Applicant Name] use tobacco?*.
12. Select the **Type of healthcare coverage**.
   a. Select the **Coverage Start Date** from the calendar.
13. Click **Save**.
4.4.2 Offer of Health Coverage

If the Applicant clicks Yes for *Does anyone in your household applying for benefits have an employer that offered healthcare coverage, but has not yet enrolled?* they will need to report the source of the health coverage offer.

1. Select the **Source** of health coverage the Applicant has been offered.
2. Enter the **Healthcare Coverage Company Name**.
3. Enter the **Address**.
4. Enter the **Insurance Plan Name**.
5. Select the **Household Member** for *Who is the policy holder*?
6. Select the **Household Member(s)** for *Who has access to this plan*?
7. Click **Save**.
8. Select the **Employer Name**.
9. Click **Yes** or **No** for Does [Applicant Name] use tobacco?.
10. Select the **Type of healthcare coverage**.
11. Click **Save**.
4.5 Employer’s Health Reimbursement Arrangement (HRA)

4.5.1 Enrolled in Employer’s HRA

If the Applicant clicks **Yes** for *Is anyone in the household currently enrolled in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA)?* they will need to report the HRA details.

1. Select the **Type** of HRA for *Which type of HRA is available?*.
2. Select the **Household Member** for *Whose employer offers HRA?*.
   a. Select the **Employer** for *Which employer offers this HRA?*.
3. Select the **Household Member** for *Select the household members who are covered by this HRA*.
4. Select the **HRA Start Date** from the calendar.
   a. The **HRA End Date** defaults to 12 months after the HRA Start Date.
5. Click **Save**.

![Enrolled in Employer’s HRA Details](image-url)
4.5.2 Offer of Employer’s HRA

If the Applicant click Yes for Does anyone in this household have an offer in an Individual Coverage HRA (ICHRA) or Qualified Small Employer HRA (QSEHRA), and not yet enrolled? they will need to report the HRA offer details.

1. Select the Type of HRA for Which type of HRA is available?.
   a. If ICHRA, click Yes or No for Do you plan to opt-out of this HRA if found eligible for payment assistance?.

2. Select the Household Member for Whose employer offers HRA?.
   a. Select the Employer for Which employer offers this HRA?.

3. Select the Household Member for Select the household members who are covered by this HRA.

4. Click Yes or No for On [Date] will you be able to use the HRA?.

5. Select the HRA Start Date from the calendar.
   a. The HRA End Date defaults to 12 months after the HRA Start Date.

6. Enter the Number for What’s the maximum self-only amount of reimbursement offered by this employer?.

7. Select the Frequency for How often will this amount be made available?.
8. Enter the employer’s **Primary Phone Number**.
9. Enter the employer’s **Email Address**.
10. Enter the **Employer Identification Number (EIN)**.
11. Enter the employer contact **First Name**.
12. Enter the employer contact **Last Name**.
13. Enter the employer’s **Address**.
14. Click **Save**.