

Teladoc Member Registration

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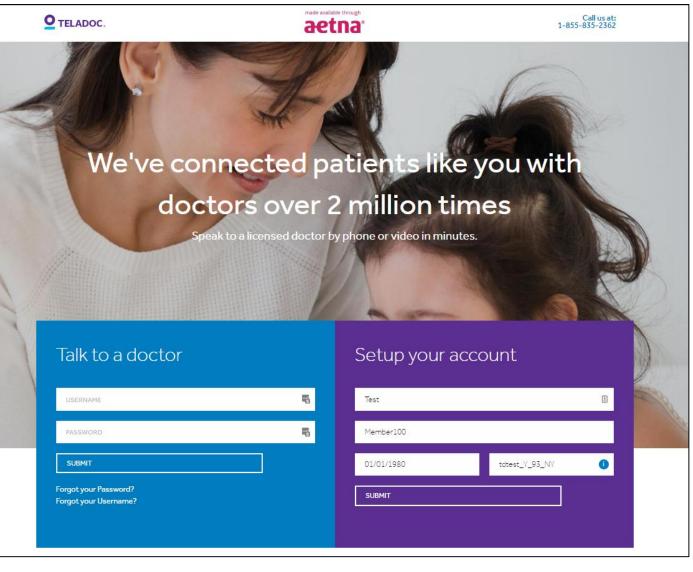
Member website registration experience

Under 'Setup your account', enter your first and last names, date of birth and Aetna Member ID, then click 'Submit'

Medical Group # 863123	Pharmacy
(509)534-0600 / (800)872-8979 www.aetna.com	Bin # 995123 / Group # IBEW76 (166) 233-IBEW (4234) www.savrx.com
aetna NAP choice POS II	
This card does not guarantee	e eligibility or benefits. v 2.0

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Member website registration experience

Member account information is automatically pulled into the application based on Aetna eligibility

Complete the remaining fields, and click 'Complete Registration' to create your Teladoc member account

1. Check I	Eligibility > 2. Enter Accou	ant Information 3. Next Steps	
F	- inish creatin	g your account	
		little more information to create you	ur account.
Enter Your Home Address			
- STREET ADDRESS			Ē
123 Fake Street			۵
 STREET ADDRESS 2 —— Apt 301 			
— CITY —			
Faketown			
New York			
PREFERRED PHONE NUMBI	ER	Hearing Impaired (Relay Required)	
EMAIL ADDRESS			
GENDER		PREFERRED LANGUAGE	
Create Your Username & Passwo	rd		
PASSWORD			P
CONFIRM PASSWORD			P
SECURITY QUESTION 1			
Select One	∀ ▼	SECURITY ANSWER 1	
SECURITY QUESTION 2			
Select One	v v	SECURITY ANSWER 2	
Select One		SECURITY ANSWER 3	
Select One By clicking "Complete Registre be legally bound by the Web a		ead and understand the Web and Mobile P	'rivacy Policy and agree to



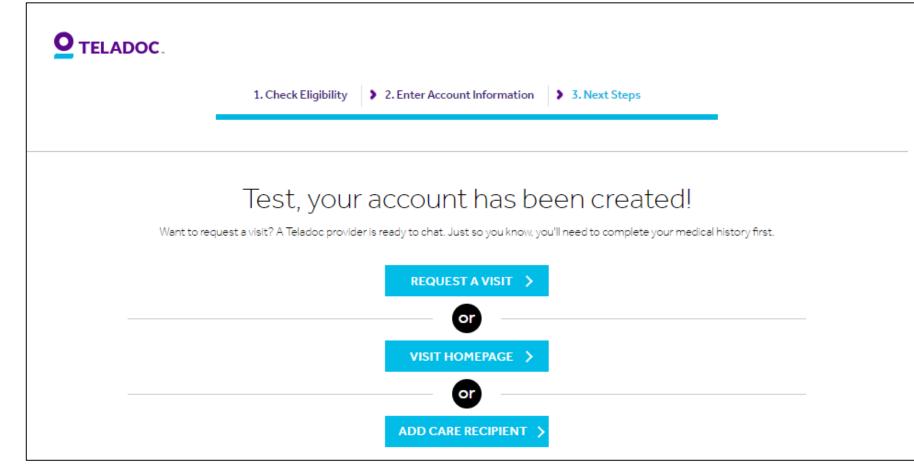
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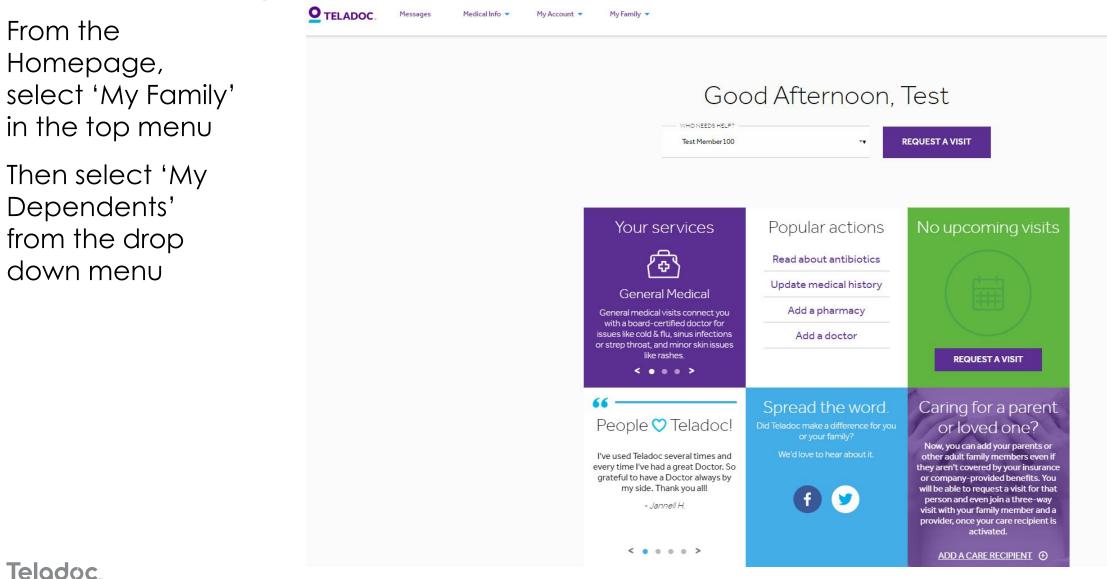
Member website registration experience

Your account has been successfully created!

To add a dependent, first click 'Visit Homepage'



Member website registration experience



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Member website registration experience

Select 'Add New Dependent' on the right-hand side of the screen.

P TELADOC. Message	es Medical Info 🔻 My Account	: 🔹 My Family 💌		? increase Contrast
	Always on call! Teladoc your symptoms 24/7/365 Request a visit anytime »	My Family		Adult dependents must log in to their own account to complete their medical history disclosure or update their personal information.
		My Dependents		ADD NEW DEPENDENT >
	Notice of Non-Discrimination English عراي hшյերեն 中文 हिंदी Hmong 日本語 فارسی ਪੰਜਾਬੀ русский Español ТАGALOG ไทย Tiế		© 2002-2018 Teladoc, Inc. All right reserved. Last Login: 10/30/2018 11:28AM CDT	Test Video Capabilities Cookie Policy Web and Mobile Privacy Policy Web and Mobile Terms and Conditions Increase Contrast



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Member website registration experience

Enter your dependent's first and last names, Aetna member ID, and date of birth.

The system will verify the dependent's eligibility.

Notice of Non-Discrimination English (عرى الطيابال 中文) दिरो (Hmong) 日本語 (한국어 (유율업) فارس ਪੰਜਾਬੀ русский Español TAGALOG ใหม Tiếng Việt	© 2002-2018 Teladoc, Inc. All right reserved. Last Login: 10/30/2018 01:31PM CDT	Test Video Capabilities Cookie Policy Web and Mobile Privacy Policy Web and Mobile Terms and Conditions Increase Contrast
sensitive. Examples:	V123456789 or BBBB5010. If your -03, etc. it is not necessary to .)*	
* Last Name (as it appe *	ars on your Aetna member ID card) ars on your Aetna member ID card) aryour Aetna member ID card, case	

Member website registration experience

Complete the form fields, click 'Add New Dependent', and repeat this quick process for your dependents. (Note: any dependent age of 18 or over will need to set up their own Teladoc account and create a unique username and password.)

Your Teladoc account is now ready to use when you need care

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Add Dependent		Asterisk (*) indicates a required field.
The Basics		
Relationship: * Prefix: First Name: * Middle Name: Last Name: * Suffix: Date of Birth: * Gender: * Language: *	▼ ▼ Select ▼ Select ▼	
Contact Information		
Primary Phone * Primary Phone Type *	(480) 999-8888 Ext. Home ▼	
Secondary Phone Secondary Phone Type	Ext.	
Hearing Impaired (Relay Required)		
Email * Confirm Email *		
ADD NEW DEPENDENT * Message and data rates may apply		

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