ENROLLMENT INSTRUCTIONS/TEMPLATE

**Instructions**

* Please email enrollments with email subject in the following format: New Member\_Employer ie. “New Member\_Mercy” to **Yesenia Perez, Rita Ravenna, and Cindy Moro**
* Fill out all boxes below
* Bold sections are mandatory (If the member does not have an email address, please write “No Email”)
* Italic sections are employer specific – Please leave blank if unnecessary.
* In the Notes section, please include the Preferred Contact Method followed by the Program in the format shown. Any additional notes go in parenthesis ie. Preferred Time, “Goes by nickname” etc. which goes after the Method and Program
	+ If member requests specifics for coach assignment please provide note in parenthesis BEFORE Method and Program ie. Requests a specific coach, “Spanish Speaker”, “Requested RD” etc.
* Multiple enrollments may be sent in the same email by copying multiple tables below – Please ensure all multiples are within the same employer group that is listed in the subject line
* Please continue to send enrollments over as best as possible in real time (ie. Do not wait until the end of the day to send all)

**Sample**

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| **PARTNER** | **EMPLOYER** | **FIRST NAME** | **LAST NAME** | **DATE CONTACTED MARQUEE** | **MEMBER CONTACTED US METHOD** |
| WellRight | Mercy | John | Smith | 2/2/2022 | Phone |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTES - Phone/Email. Program.** *(Additional notes)* | **EMAIL** | **PHONE** | *ID NUMBER* | **EE/SPOUSE** | **DOB** | *SSN* | **EE NAME** | **EE DOB** | **City, State, Country** |  |
| Phone. UBreathe RAS. (Prefers 3p CST) | John.smith@email.com | 555.555.5555 | 555555 | Spouse | 5/5/1955 |   | Jane Smith | 6/6/1966 | Chicago, IL |  |

**Template**

This template may be saved for your convenience and it will copy back and forth in the same format.

When capturing info, please fill in the blank boxes below the headings with no (Enter) or (Tab) functions as that messes up the formatting.

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| **PARTNER** | **EMPLOYER** | **FIRST NAME** | **LAST NAME** | **DATE CONTACTED MARQUEE** | **MEMBER CONTACTED US METHOD** |
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| **NOTES - Phone/Email. Program.** *(Additional notes)*  | **EMAIL** | **PHONE** | *ID NUMBER* | **EE/SPOUSE** | **DOB** | *SSN* | **EE NAME** | **EE DOB** | **City, State, Country** |
|  |  |  |  |  |  |   |  |  |   |