

GBG Member Portal User Guide

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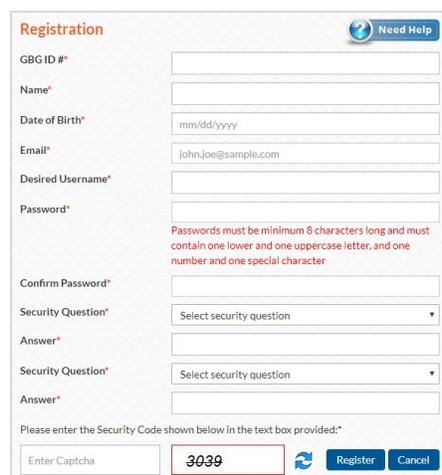
My GBG Member Portal

My Member Portal is an online service portal where you can access forms, submit claims, view your claims, and utilize many other tools and services. Follow these steps to register a new account:

1. Visit www.gbg.com and select **Member Login**, then **Register New Account**.



2. You will need to fill out the following information.
 - Your GBG ID# or UHC ID# (located on your Member ID Card)
 - Your First Name and Last Name as they appear on your ID card (**Do not** enter middle name or middle initial)
 - Your Date of Birth (format – MM/DD/YYYY)
 - Currently active Email address
 - Establish a desired Username and Password
 - Select security questions and enter an appropriate response
 - Enter security code
 - Click "register" to complete registration



Registration [Need Help](#)

GBG ID #*

Name*

Date of Birth*

Email*

Desired Username*

Password*

Confirm Password*

Security Question*

Answer*

Security Question*

Answer*

Please enter the Security Code shown below in the text box provided.*

Enter Captcha

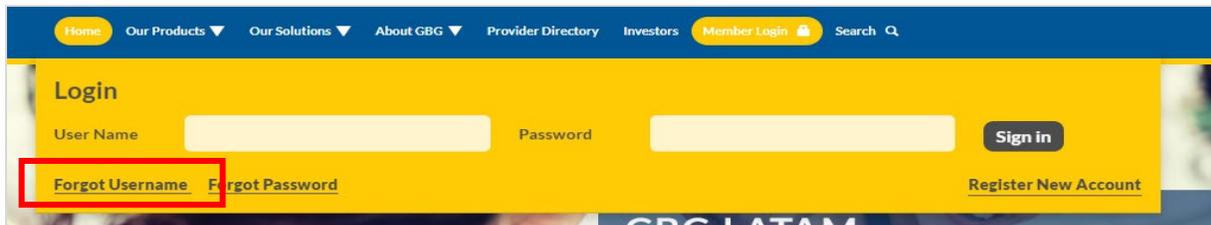
3. After successful registration, you will receive an activation email. Once you activate your account via the link in the email, you are all set to sign in and begin experiencing your new Member Portal.

How to Restore GBG online account Username and Password

Recover Username

In the case that you forgot your Username, follow these steps to recover your GBG account.

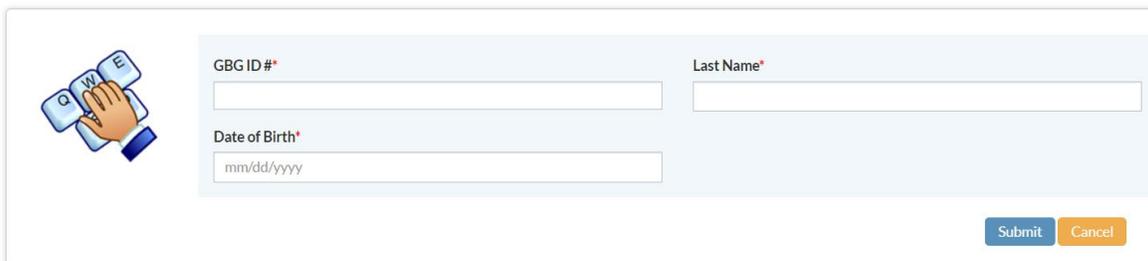
1. Visit www.gbg.com and click **Forgot Username**.



The screenshot shows the GBG Member Login page. The navigation bar includes links for Home, Our Products, Our Solutions, About GBG, Provider Directory, Investors, Member Login, and Search. The main content area is titled 'Login' and contains input fields for 'User Name' and 'Password', a 'Sign in' button, and links for 'Forgot Username', 'Forgot Password', and 'Register New Account'. The 'Forgot Username' link is highlighted with a red rectangular box.

2. Enter **GBG ID or UHC ID Number, Last Name, and Date of Birth** as shown on your member ID card and click **Submit**.

Forgot Username



The 'Forgot Username' form is displayed. It features an icon of a hand holding keys on the left. The form contains three input fields: 'GBG ID#*', 'Last Name*', and 'Date of Birth*' (with a placeholder 'mm/dd/yyyy'). At the bottom right, there are 'Submit' and 'Cancel' buttons.

Your Username will be sent to the email address provided during registration.

Reset Password

In the case that you forgot your Password, follow these steps to reset your Password.

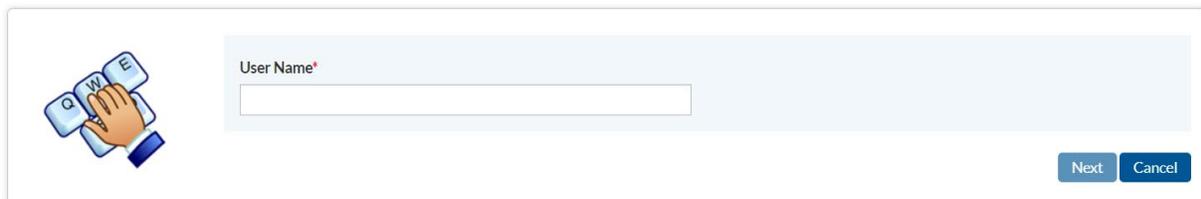
1. Visit www.gbg.com and click **Forgot Password**.



The screenshot shows the GBG Member Login page. The navigation bar includes links for Home, Our Products, Our Solutions, About GBG, Provider Directory, Investors, Member Login, and Search. The main content area has a yellow background with a 'Login' section. It contains input fields for 'User Name' and 'Password', a 'Sign in' button, and links for 'Forgot Username' and 'Forgot Password' (highlighted with a red box). A 'Register New Account' link is also present.

2. Enter your **Username** and click **Next**.

Forgot Password



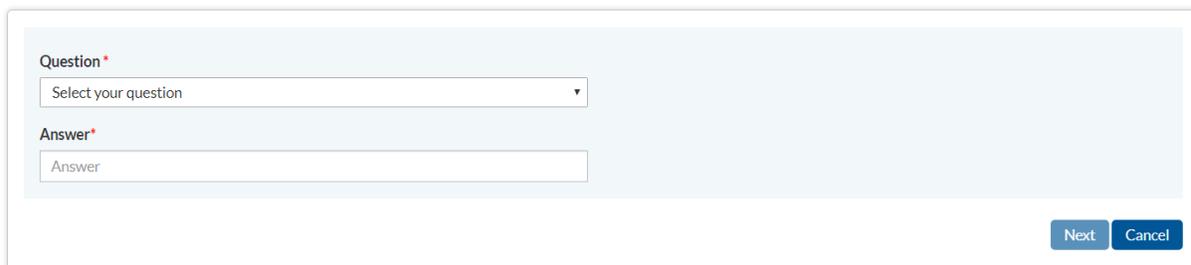
The 'Forgot Password' form includes an illustration of a hand holding a smartphone. To the right, there is a 'User Name*' input field. At the bottom right, there are 'Next' and 'Cancel' buttons.

3. Answer the security question and click **Next** to reset your password.

Security Information

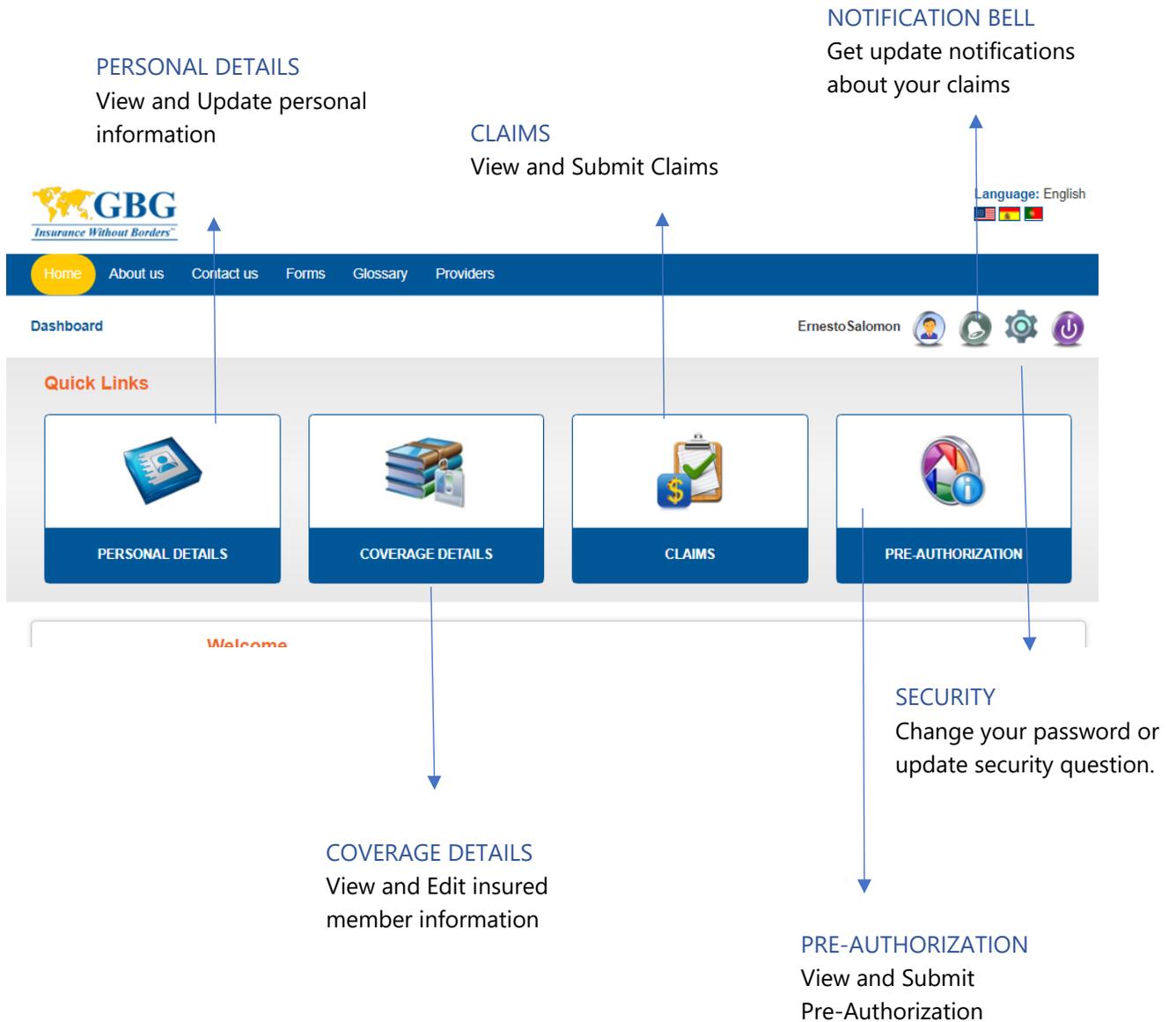
[← Back](#)

* Please provide answer to the security question you have selected during registration.



The 'Security Information' form contains a 'Question*' dropdown menu with the text 'Select your question'. Below it is an 'Answer*' input field. At the bottom right, there are 'Next' and 'Cancel' buttons.

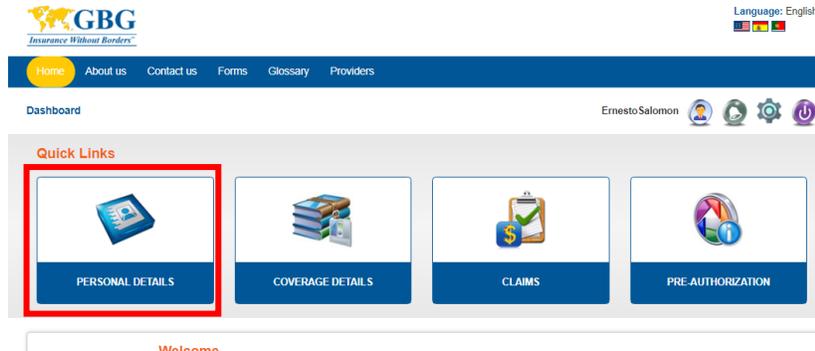
Navigating your Homepage



Update Personal Details

In the case you need to update your personal details, follow these steps:

1. From your Member Portal homepage, click on the **Personal Details** icon.



2. Here, you will be able to make changes to any field that is **not** greyed out. Click **Submit**; to receive a confirmation. Please allow up to 2 business days before your new information will appear.

Personal Information ← Back

Personal Details

<p>Member ID</p> <input type="text" value="903457769"/>	<p>Membership No</p> <input type="text" value="603667046"/>	<p>First Name*</p> <input type="text" value="Ernesto Roberto"/>
<p>Middle Name</p> <input type="text" value="Middle Name"/>	<p>Last Name *</p> <input type="text" value="Facusse Salomon"/>	<p>Date of Birth (MM/DD/YYYY)*</p> <input type="text" value="10/31/1964"/>
<p>Gender*</p> <input type="text" value="Male"/>	<p>Marital Status</p> <input type="text" value="Married"/>	<p>Relationship*</p> <input type="text" value="Policyholder"/>
<p>Email*</p> <input type="text" value="test.user@gbg.com"/>		

Home Address

<p>Address 1*</p> <input type="text" value="Address 1"/>	<p>Address 2</p> <input type="text" value="Address 2"/>	<p>City</p> <input type="text" value="City"/>
<p>State/Province</p> <input type="text" value="State/Province"/>	<p>Country*</p> <input type="text" value=""/>	<p>Postal Code</p> <input type="text" value="Postal Code"/>
<p>Start Date (MM/DD/YYYY)</p> <input type="text" value="mm/dd/yyyy"/>	<p>End Date (MM/DD/YYYY)</p> <input type="text" value="mm/dd/yyyy"/>	

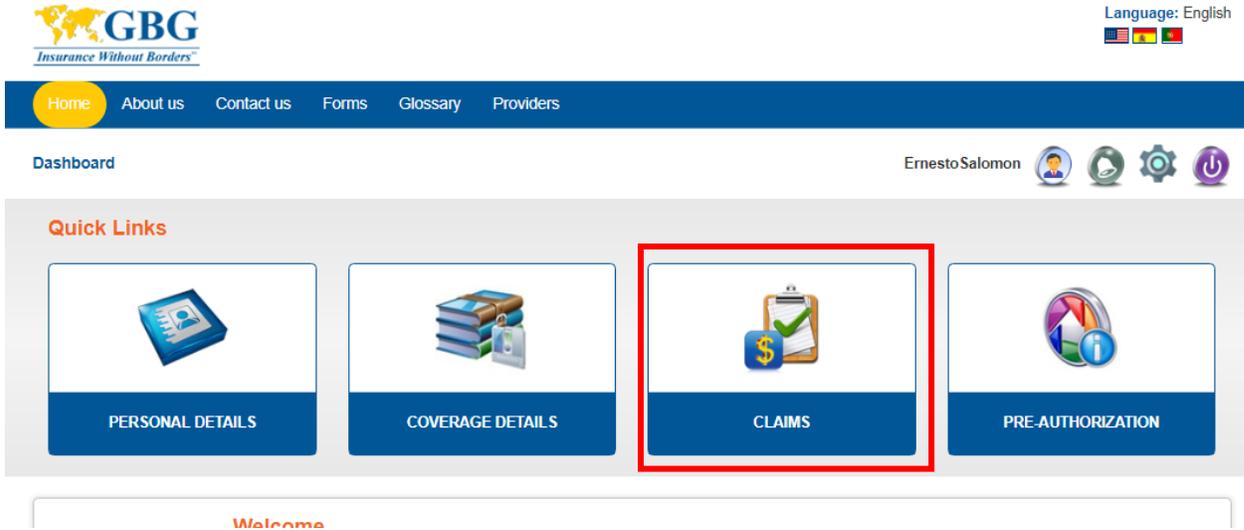
Mailing Address Same as Home address

<p>Address 1*</p> <input type="text" value="Address 1"/>	<p>Address 2</p> <input type="text" value="Address 2"/>	<p>City</p> <input type="text" value="City"/>
<p>State/Province</p> <input type="text" value="State/Province"/>	<p>Country*</p> <input type="text" value=""/>	<p>Postal Code</p> <input type="text" value="Postal Code"/>
<p>Start Date (MM/DD/YYYY)</p> <input type="text" value="mm/dd/yyyy"/>	<p>End Date (MM/DD/YYYY)</p> <input type="text" value="mm/dd/yyyy"/>	

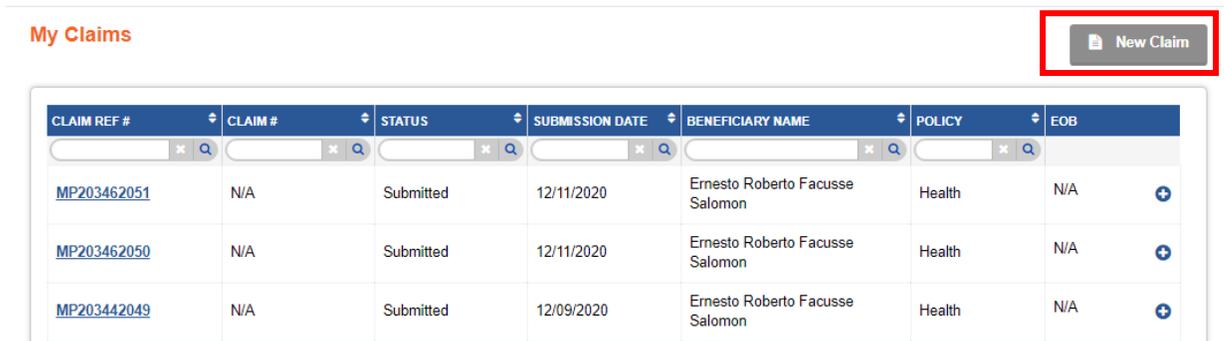
Submit an Online Claim Form

Follow these steps to submit a Claim Form.

1. From your Member Portal homepage, click on the **Claims** Icon.



2. Here, you will find details of all your submitted claims (See [Managing Your Claims](#) section for more details). Click **New Claim** to submit your claim form.



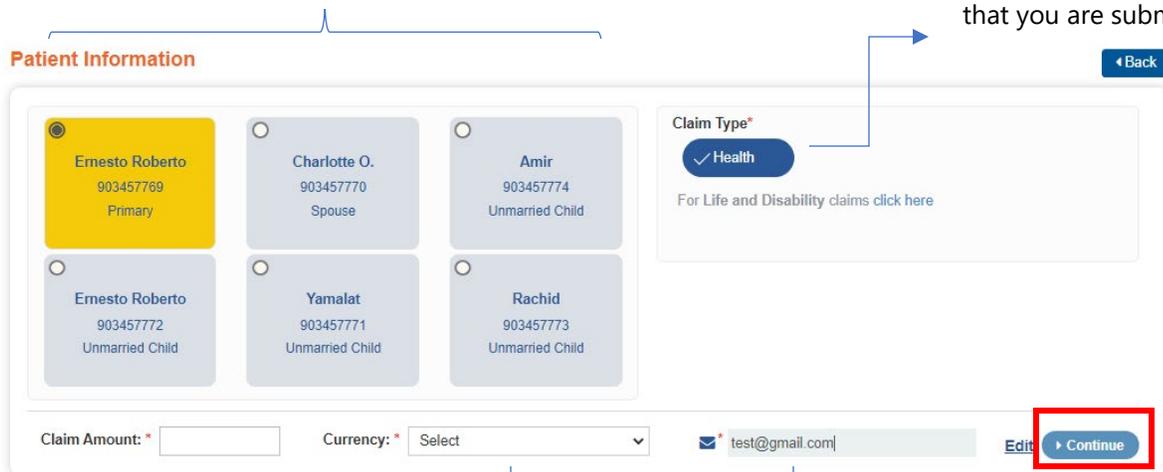
3. To file a claim, you need to:
 - Click on the **Patient** you want to submit a claim form for. A primary member can submit a claim for any dependent. However, if a dependent is over 16 years old, once a claim is submitted, the primary member **can't** view claim details.
 - Click on the **Claim Type** you are submitting (this will change depending on what the patient is enrolled in)
 - Type in your **Claim Amount** and **Currency**.
 - Type in your **Email** and press **Continue**

PATIENT INFORMATION

Select the patient you want to file a claim form for.

CLAIM TYPE

Select the type of claim that you are submitting



The screenshot shows a web form for filing a claim. On the left, under the heading "Patient Information", there are six selectable patient cards. The first card, for Ernesto Roberto (ID: 903457769, Primary), is highlighted in yellow. To the right, under "Claim Type*", the "Health" option is selected with a checkmark. Below the patient and claim type sections are three input fields: "Claim Amount: *" (a text box), "Currency: *" (a dropdown menu showing "Select"), and "EMAIL" (a text box containing "test@gmail.com"). A "Continue" button is located at the bottom right of the form, highlighted with a red box. A "Back" button is in the top right corner. Blue arrows point from the text labels below to their respective form elements.

CLAIM AMOUNT
Enter your claim amount.

CURRENCY
Enter your current currency.

EMAIL
Enter your email address

- For your claim to be submitted, you must provide the appropriate documents such as receipts, copies of invoices, and other relevant information for review. You can upload files under 30 MB.

Claim Amount: * 99 Currency: * USD - US Dollars test@gbg.com [Edit](#) [Continue](#)

Health Claim Documents

In order for your claim to be submitted, we require the appropriate receipts, copies of invoices, and other relevant information for review.

Please Note: You can upload up to 30 MB of files. Supported file types are: TXT, JPEG, JPG, JPE, BMP, GIF, PNG, TIF, TIFF, DOCX, DOC, XLS, XLSX, ZIP, PDF, XPS & XPS.

Required Documents*

Invoice/Receipt* ?	<input type="text" value="Select File"/> UPLOAD	Prescription ?	<input type="text" value="Select File"/> UPLOAD
Treatment Notes ?	<input type="text" value="Select File"/> UPLOAD	Other Notes ?	<input type="text" value="Select File"/> UPLOAD

[Continue](#)

- If a prior claim was paid, the system would default to the recent claim **reimbursement method**. If you would like to select a different reimbursement method, select **Change Method** and fill out new banking information.

Reimbursement Method

Reimbursement will be issued to the following method*

ACH - Acc 1812186533 [✉](#)

[Change Method](#)

Reimbursement Method

Reimbursement will be issued to the following method*

Make Payment To: *
 Member Provider

Mail Check To: *
 Primary Insured Address Other Mailing Address

Wire - Non US Bank EFT (US Bank only; USD)
 ACH - US Bank Only; USD
 NOTE: All ACH transactions must be paid to a US bank

Beneficiary Bank Information

ACCOUNT NUMBER	NAME ON ACCOUNT	BANK NAME	SWIFT CODE	ACTION
5465456	test	test		Select

Beneficiary Name:

Account or IBAN Number:

Bank Name:

ABA/Routing:

Currency:

Bank Address:

Bank ID:

Type:

SWIFT Code:

Beneficiary Address

Address:

City:

Postal Code:

State:

Country*:

6. Fill out the Authorization page. Be sure to type your name as listed on your ID card to apply your electronic signature and click on **I Agree**. If you would like to complete your form later, click **Save and Exit**. If you are ready to submit your form, click **Submit**.

Authorization

Insured Person

Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

The above answers are true and correct to the best of my knowledge. I authorize any physician, medical institution, pharmacy, insurance company, employer, labor union, or association to release information to Global Benefits Group as required to properly pay all benefits, if any due to me, my spouse, or any other dependents. A photocopy of this authorization shall be considered effective and valid as the original.

Name	Date	Signature*
<input type="text" value="Ernesto Roberto Facusse Salomon"/>	<input type="text" value="12-14-2020"/>	<input type="text"/>

I Agree*

By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature.

Fair Processing Notice

The GBG Group includes insurance companies, brokering and management companies, as well as assistance and operations companies. We respect your privacy and we are all committed to protecting your personal information.

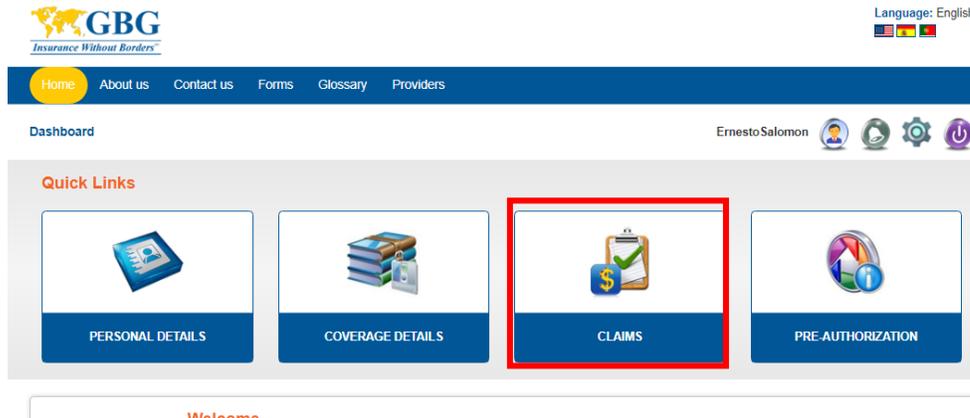
Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at www.gbg.com/#/aboutGBG/privacypolicy and we would advise you to read the policy so you understand your rights and your personal data use by the GBG Group.

7. If your **Claim Amount** is **more than** 100 USD, you may need to provide additional information. Follow the on screen prompts to submit your claim.

Once you successfully submit a claim, you will be provided with a confirmation of the submission along with the reference number to help you track your claim.

Managing Your Claims

Once you submit a claim, you can manage it by clicking the **Claims** icon on the homepage.



View My Claims List

You will be taken to a page that lists all your claims and the current status of the claims. A link to your EOB will be available once the claim has been adjudicated.

My Claims

[New Claim](#)

CLAIM REF #	CLAIM #	STATUS	SUBMISSION DATE	BENEFICIARY NAME	POLICY	EOB
Not Submitted	N/A	Not Submitted	12/14/2020	Ernesto Roberto Facusse Salomon	Health	N/A +
MP203492053	N/A	Submitted	12/14/2020	Ernesto Roberto Facusse Salomon	Health	N/A +
MP203462051	N/A	Submitted	12/11/2020	Ernesto Roberto Facusse Salomon	Health	N/A +
MP203462050	N/A	Submitted	12/11/2020	Ernesto Roberto Facusse Salomon	Health	N/A +
MP203442049	N/A	Submitted	12/09/2020	Ernesto Roberto Facusse Salomon	Health	N/A +
MP203442048	N/A	Submitted	12/09/2020	Ernesto Roberto Facusse Salomon	Health	N/A +
MP203292012	N/A	Submitted	11/24/2020	Ernesto Roberto Facusse	Health	N/A +

To speak with someone about your claim:

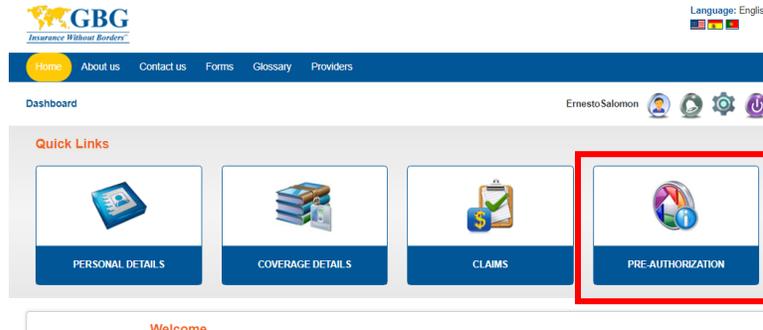
USA/Canada Toll-Free: +1.866.914.5333 | Worldwide Collect: +1.786.814.4125

customerservice@gbg.com

Submit a Pre-Authorization

In a case where you need to submit a pre-authorization request to GBG and get a pre-approval on a future claim, follow these steps:

1. From your Member Portal homepage, click on the **Pre-Authorization** Icon.



1. A list of previous submitted pre-authorization requests will be listed. If any previous requests were not submitted; you can click on **Edit** button under **Action** to update the request and submit.

Pre-Authorization ← Back

For submitting new pre-authorization [Click here](#)

MEMBER NAME	MODIFIED DATE	STATUS	Action
James Parry(903032776)	02/10/2021	InProgress	
James Parry(903032776)	02/10/2021	InProgress	
James Parry(903032776)	02/10/2021	InProgress	
James Parry(903032776)	02/10/2021	InProgress	

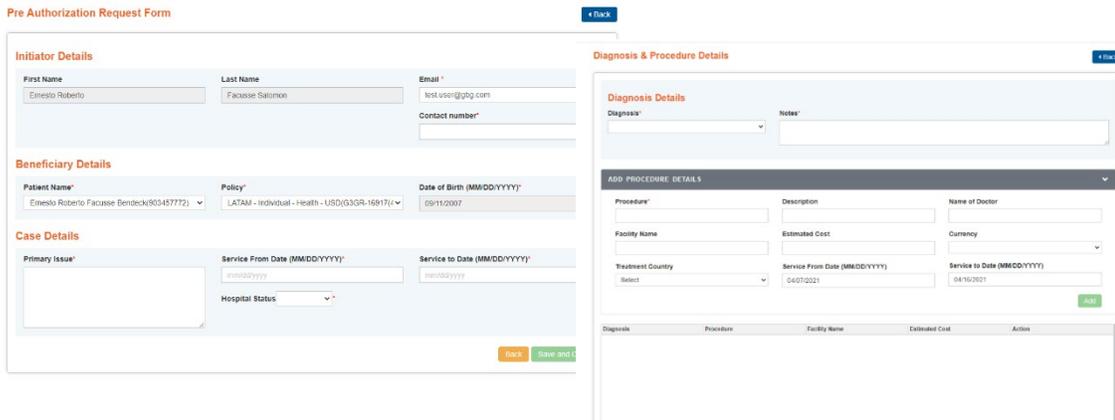
2. To submit a new pre-authorization request; select the **Click Here** button.

Pre-Authorization ← Back

For submitting new pre-authorization [Click here](#)

MEMBER NAME	MODIFIED DATE	STATUS	ACTION
James Parry(903032776)	02/10/2021	InProgress	
James Parry(903032776)	02/10/2021	InProgress	
James Parry(903032776)	02/10/2021	InProgress	
James Parry(903032776)	02/10/2021	InProgress	

- Fill out all the required information on the **Initiator details** and **Diagnosis/Procedure Details** page.



Pre Authorization Request Form

Initiator Details

First Name: Ernesto Roberto, Last Name: Facusse Salomon, Email: text.user@gbg.com, Contact number: [input field]

Beneficiary Details

Patient Name: Ernesto Roberto Facusse Bendeck(90345772), Policy: LATAM - Individual - Health - USD(03QR-16917), Date of Birth: 09/11/2007

Case Details

Primary Issue: [input field], Service From Date: [input field], Service to Date: [input field], Hospital Status: [dropdown]

Diagnosis & Procedure Details

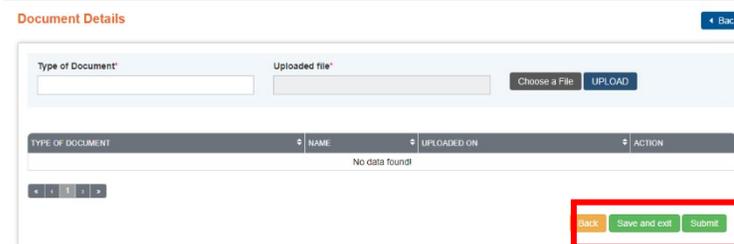
Diagnosis: [dropdown], Notes: [input field]

ADD PROCEDURE DETAILS

Procedure: [input field], Description: [input field], Name of Doctor: [input field], Facility Name: [input field], Estimated Cost: [input field], Currency: [dropdown], Treatment Country: [dropdown], Service From Date: 04/07/2021, Service to Date: 04/16/2021

Buttons: Back, Save and Exit, Submit

- Upload all the necessary **documents**. If you would like to complete your form later, click **Save and Exit**. If you are ready to submit your form, click **Submit**.



Document Details

Type of Document: [input field], Uploaded file: [input field], Choose a File: UPLoad

TYPE OF DOCUMENT	NAME	UPLOADED ON	ACTION
No data found!			

Buttons: Back, Save and exit, Submit

- To find the status of your pre-authorization, click on the **Pre-Authorization** Icon on the homepage.



Pre-Authorization

For submitting new pre-authorization: [Click here](#)

MEMBER NAME	MODIFIED DATE	STATUS	ACTION
James Parry(903032776)	02/10/2021	InProgress	[icon]
James Parry(903032776)	02/10/2021	InProgress	[icon]
James Parry(903032776)	02/10/2021	InProgress	[icon]
James Parry(903032776)	02/10/2021	InProgress	[icon]

To speak with someone about your claim:
USA/Canada Toll-Free: +1.866.914.5333 | Worldwide Collect: +1.786.814.4125
customerservice@gbg.com