



Member Portal User Guide



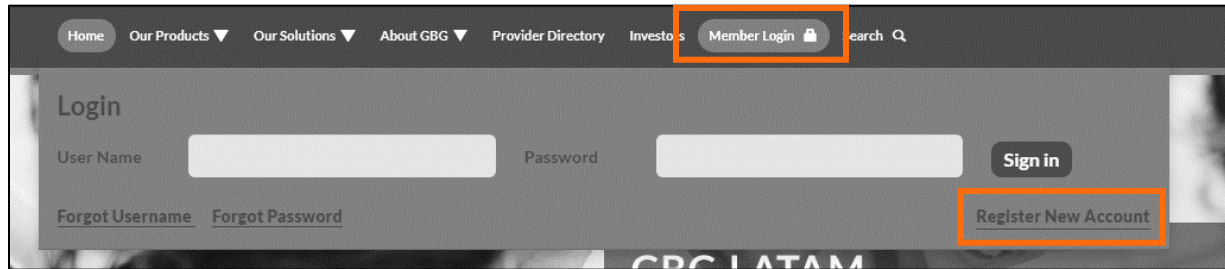
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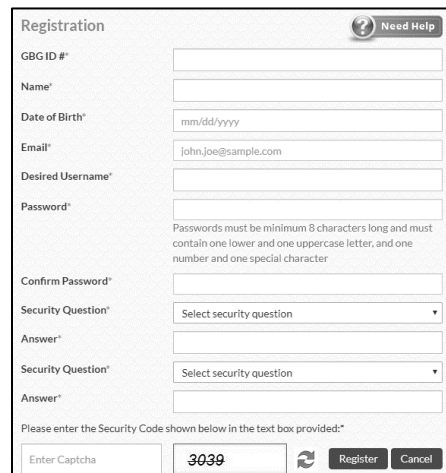
My GBG member portal

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# (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*
Passwords must be minimum 8 characters long and must contain one lower and one uppercase letter, and one number and one special character

Confirm Password*

Security Question*

Answer*

Security Question*

Answer*

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

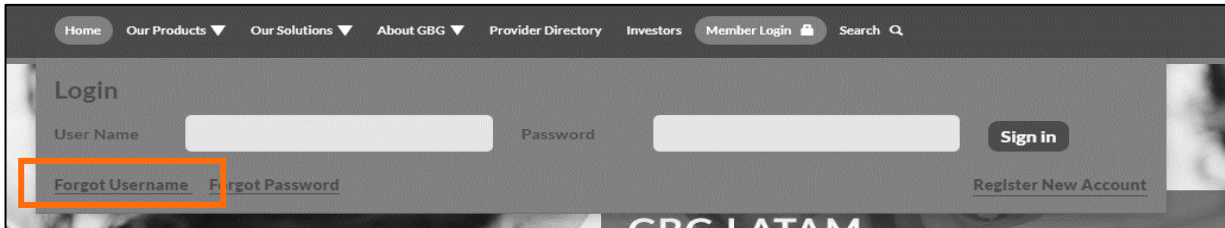
3. After successful registration, you will receive an activation email. Once you activate your account via the link in the email, you are all set to sign in and begin experiencing your new Member Portal.

How to restore GBG online account username and password

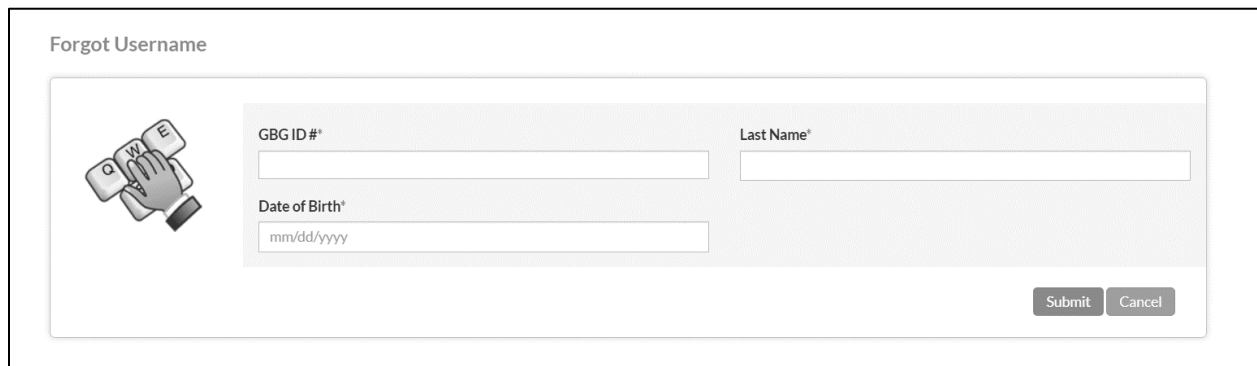
Recover username

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**.



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



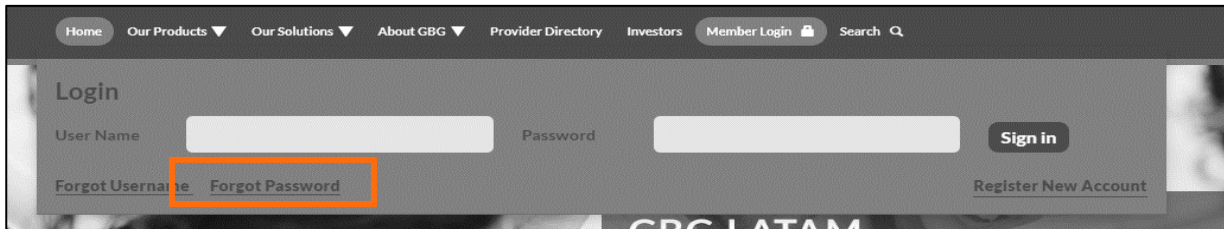
The screenshot shows the 'Forgot Username' form. On the left, there is an icon of a hand holding a card with letters Q, W, E. The form has three input fields: 'GBG ID#', 'Last Name*', and 'Date of Birth*' (with a placeholder 'mm/dd/yyyy'). At the bottom right, there are 'Submit' and 'Cancel' buttons.

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

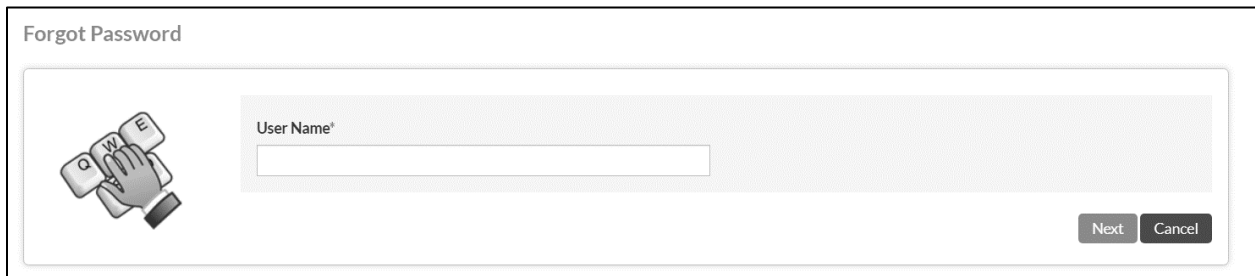
Reset password

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

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

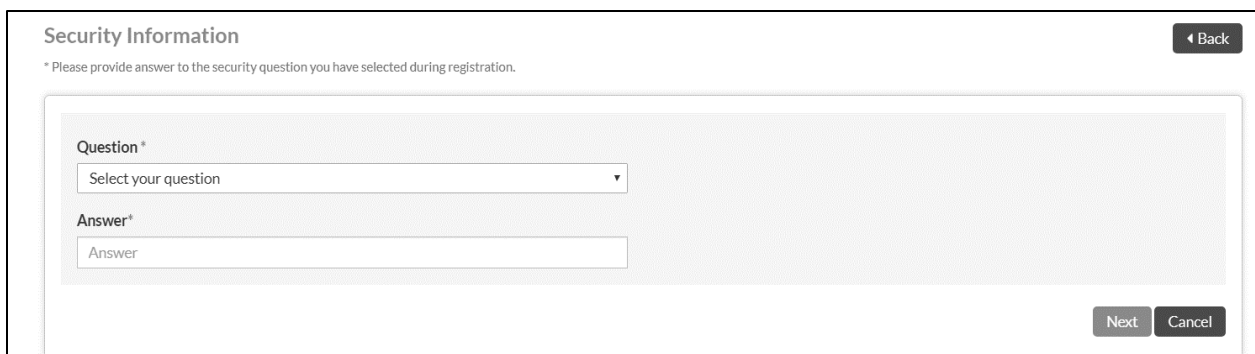


2. Enter your **Username** and click **Next**.



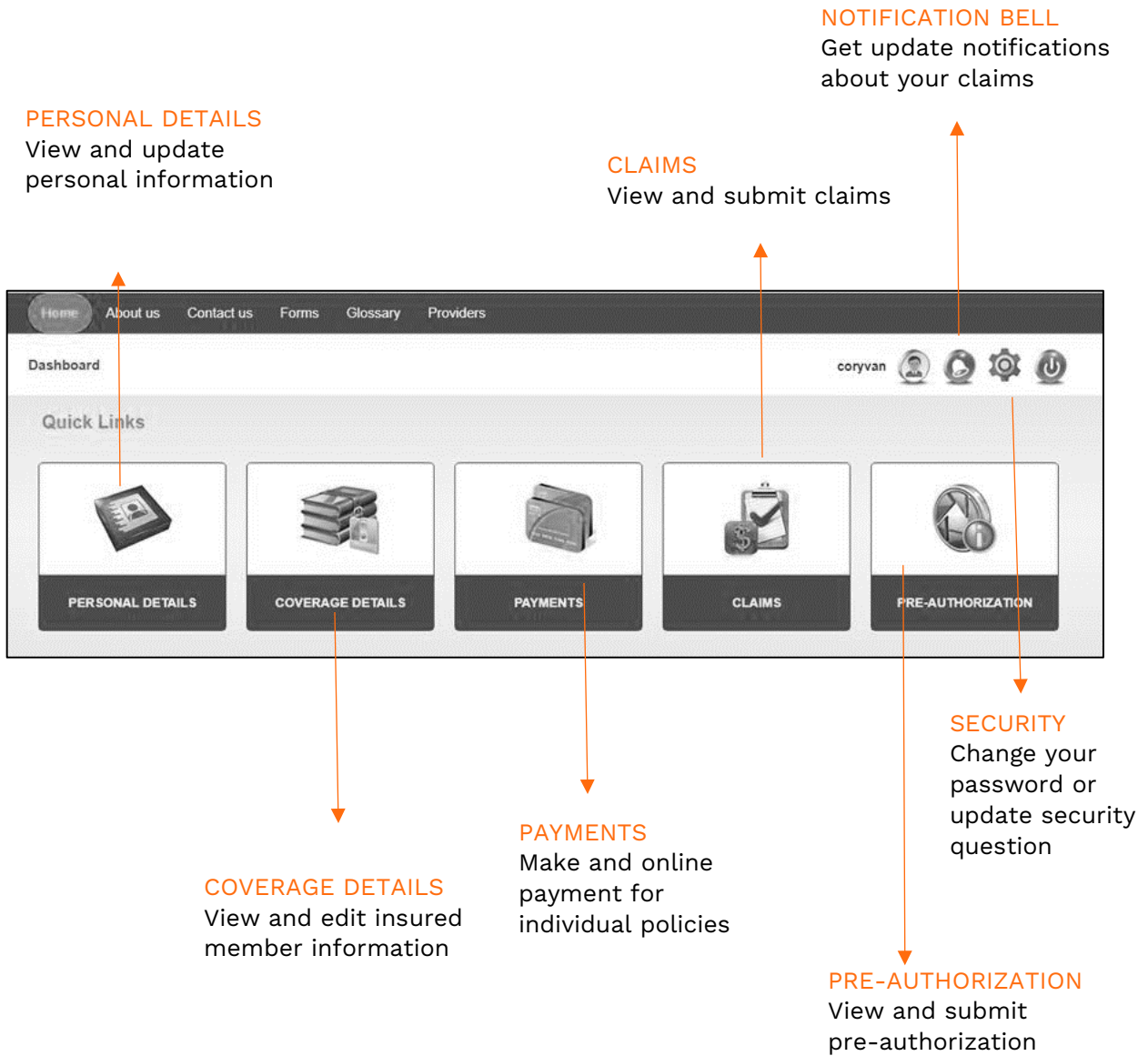
The screenshot shows the 'Forgot Password' page. On the left, there is an illustration of a hand holding a keyboard. To the right, there is a 'User Name' input field. Below the input field are 'Next' and 'Cancel' buttons.

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



The screenshot shows the 'Security Information' page. At the top right, there is a 'Back' button. Below it, there is a note: '* Please provide answer to the security question you have selected during registration.' The main form area contains a 'Question' dropdown menu with the text 'Select your question' and an 'Answer' input field. At the bottom right, there are 'Next' and 'Cancel' buttons.

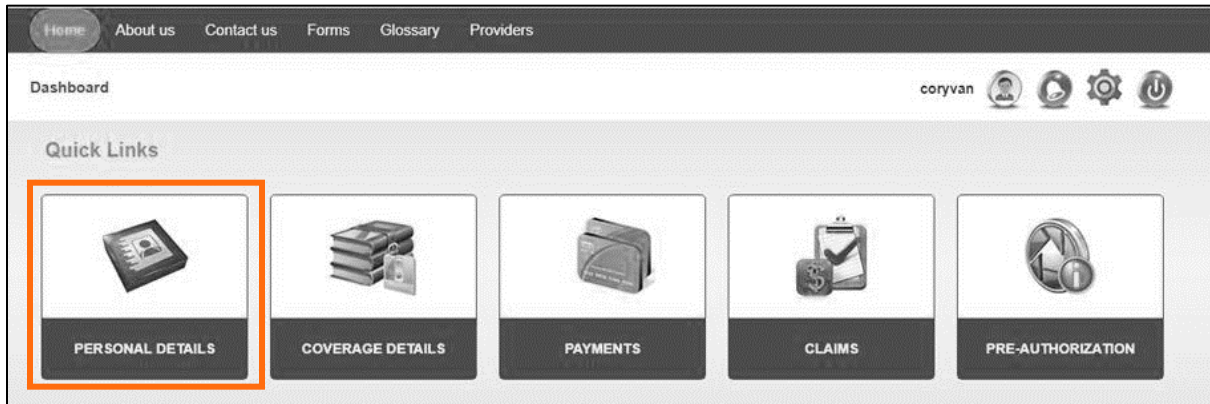
Navigating your homepage



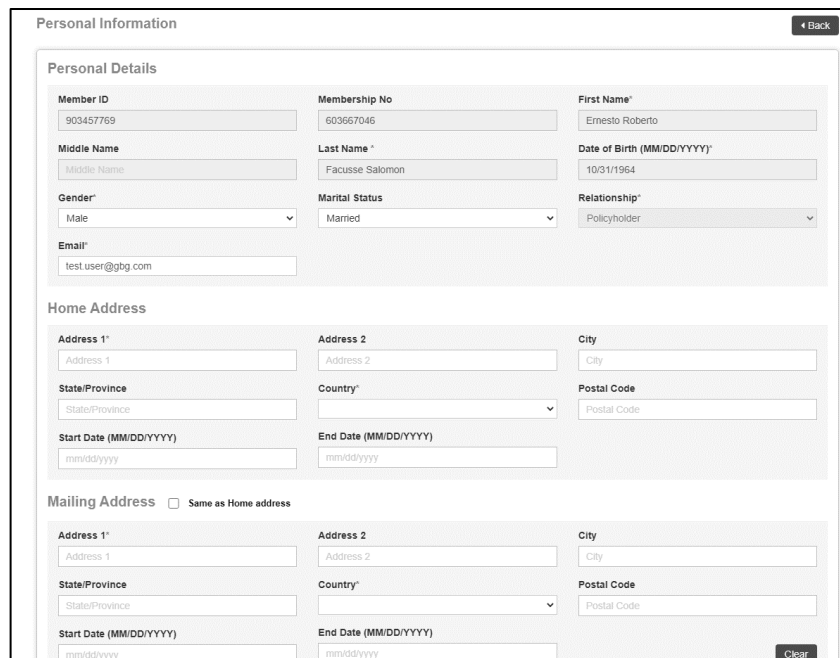
Update personal details

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.

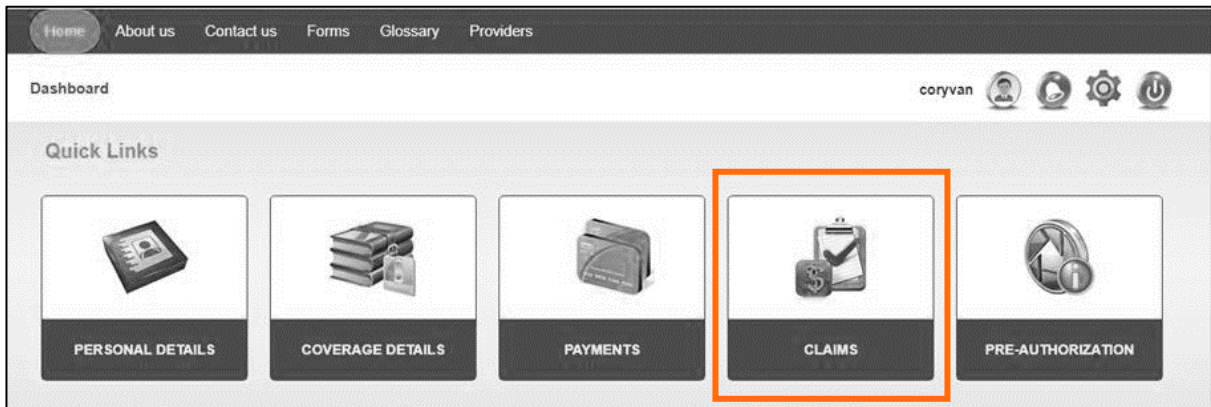


The screenshot shows the 'Personal Information' form. It is divided into three main sections: Personal Details, Home Address, and Mailing Address. The 'Personal Details' section contains fields for Member ID (903457769), Membership No (603667046), First Name (Ernesto Roberto), Middle Name, Last Name (Facusse Salomon), Date of Birth (10/31/1964), Gender (Male), Marital Status (Married), Relationship (Policyholder), and Email (test.user@gbg.com). The 'Home Address' section includes Address 1, Address 2, City, State/Province, Country, and Postal Code, along with Start and End Date fields. The 'Mailing Address' section is identical to the Home Address section but includes a checkbox for 'Same as Home address'. A 'Clear' button is located at the bottom right of the form.

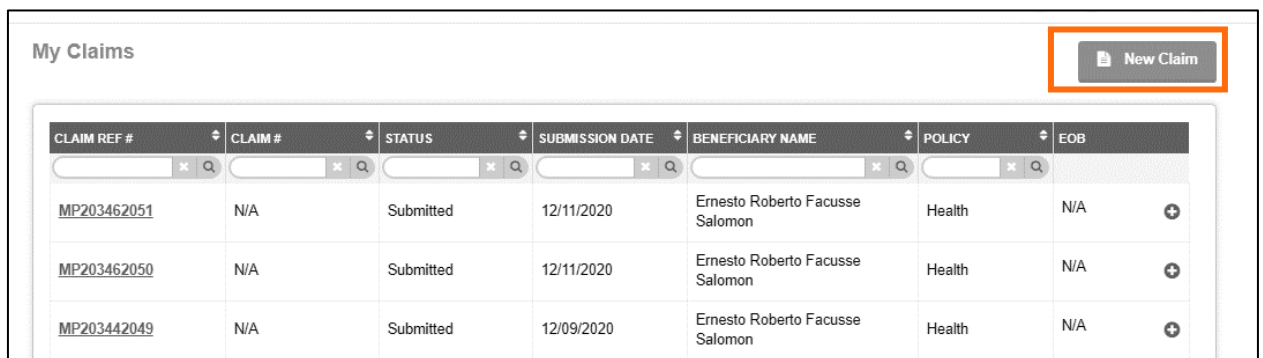
Submit an online claim form

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:

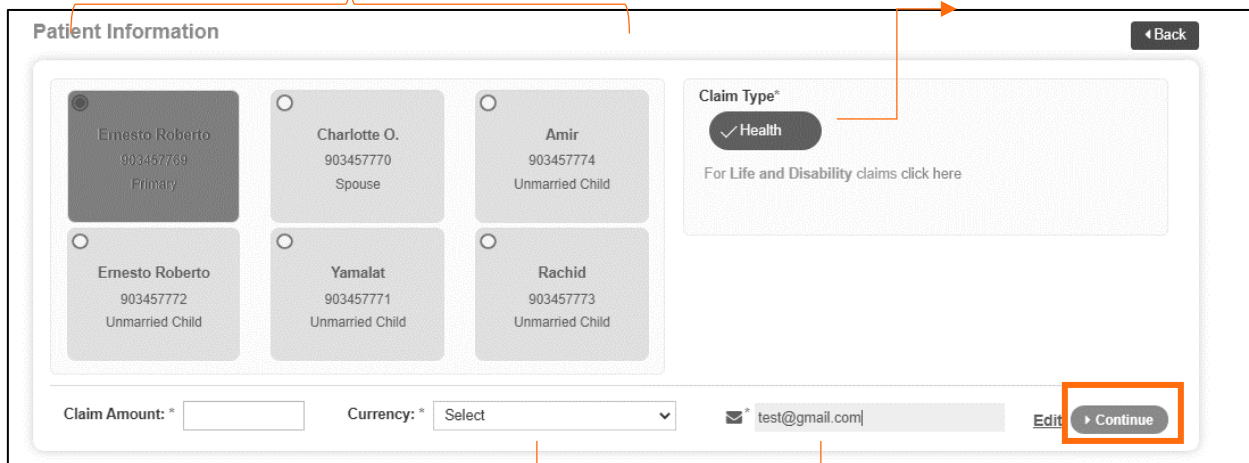
- Click on the **Patient** you want to submit a claim form for. A primary member can submit a claim for any dependent. However, if a dependent is over 16 years old, once a claim is submitted, the primary member **can't** view claim details.
- Click on the **Claim Type** you are submitting (this will 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 for that patient.



The screenshot shows a web form titled "Patient Information" with a "Back" button in the top right corner. On the left, there are six patient selection cards arranged in a 2x3 grid. The first card is selected and highlighted in grey. It contains the name "Ernesto Roberto", ID "903457769", and relationship "Primary". The other cards are: "Charlotte O." (Spouse), "Amir" (Unmarried Child), "Ernesto Roberto" (Unmarried Child), "Yamalat" (Unmarried Child), and "Rachid" (Unmarried Child). To the right of the grid is a "Claim Type*" dropdown menu with "Health" selected. Below the grid are three input fields: "Claim Amount: *" (text box), "Currency: *" (dropdown menu), and "Email" (text box containing "test@gmail.com"). An "Edit" link is next to the email field. A "Continue" button is at the bottom right, highlighted with an orange box.

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: * Currency: * [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

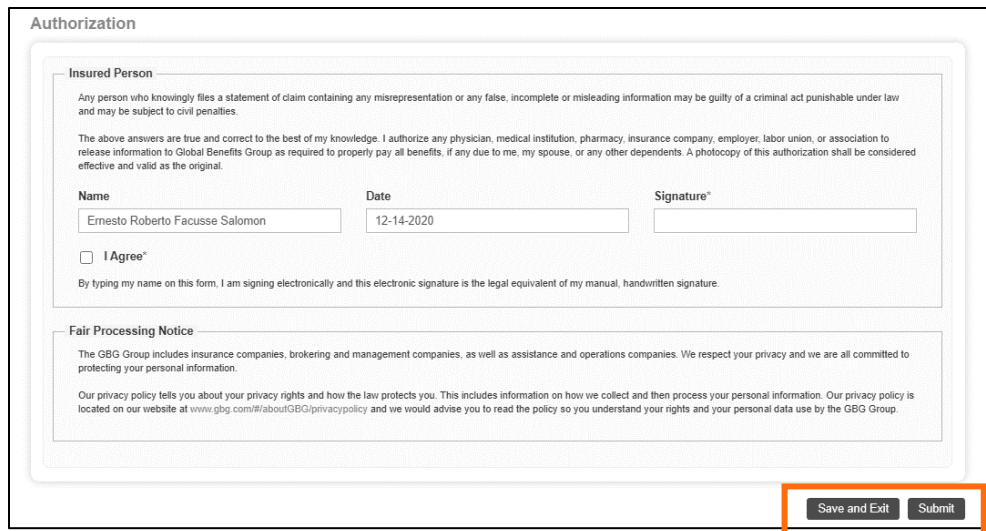
City

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***

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.

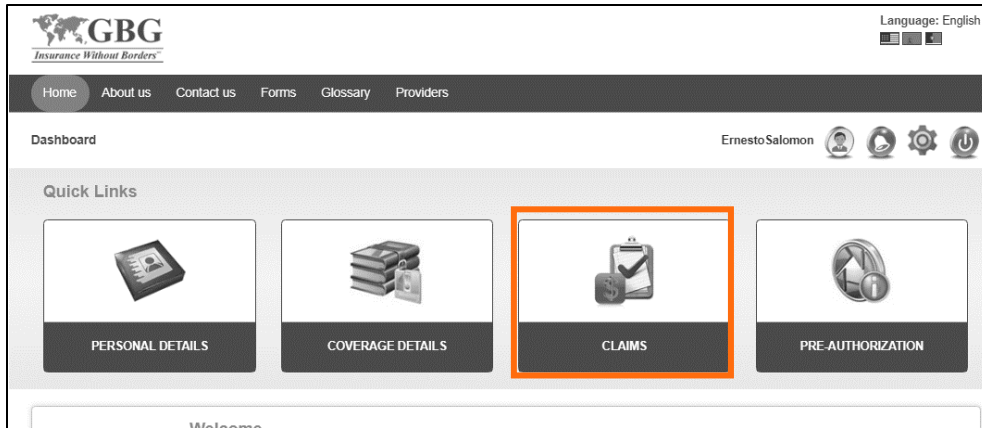
Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at www.gbg.com/#/aboutGBG/privacypolicy and we would advise you to read the policy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

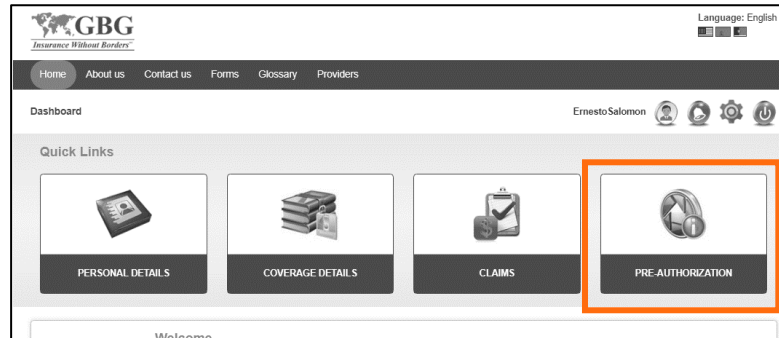
CLAIM REF #	CLAIM #	STATUS	SUBMISSION DATE	BENEFICIARY NAME	POLICY	EOB
Not Submitted	N/A	Not Submitted	12/14/2020	Ernesto Roberto Facusse Salomon	Health	N/A +
MP203492053	N/A	Submitted	12/14/2020	Ernesto Roberto Facusse Salomon	Health	N/A +
MP203462051	N/A	Submitted	12/11/2020	Ernesto Roberto Facusse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

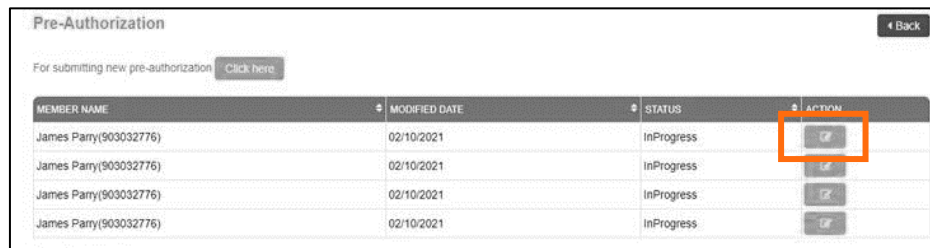
Submit a pre-authorization

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:

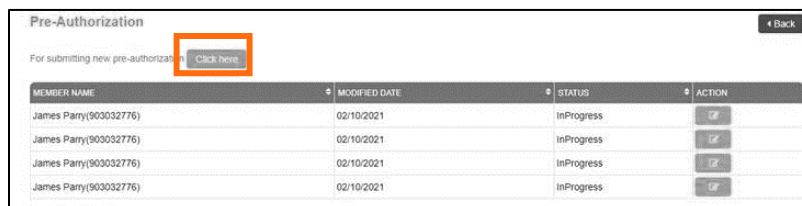
1. From your Member Portal homepage, click on the **Pre-Authorization** icon.



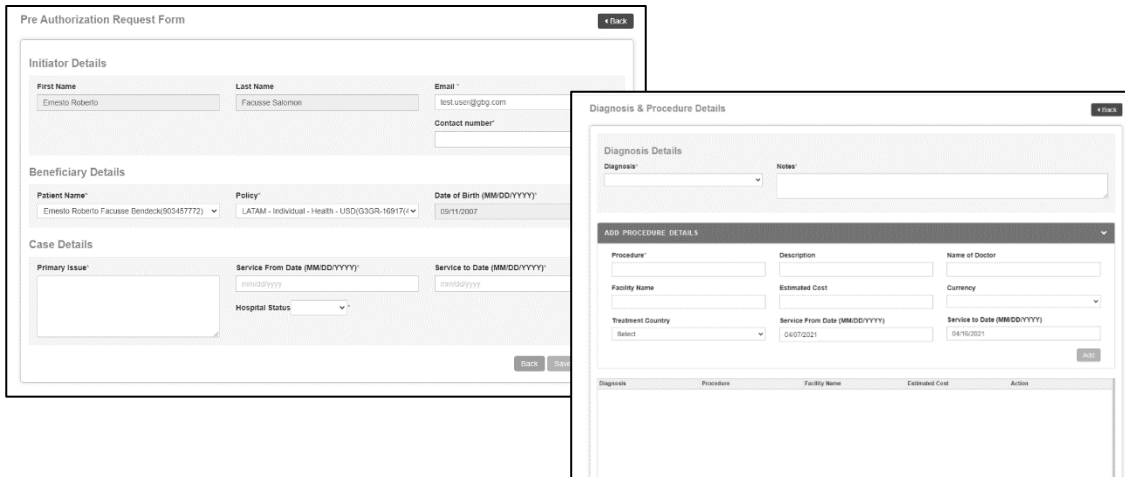
2. A list of previous submitted pre-authorization requests will be listed. If any previous requests were not submitted; you can click on **Edit** button under **Action** to update the request and submit.



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



- 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: testuser@gbg.com | Contact number: [empty]

Beneficiary Details

Patient Name: Ernesto Roberto Facusse Bendeck(903457772) | Policy: LATAM - Individual - Health - USD(03GR-16917) | Date of Birth (MM/DD/YYYY): 09/11/2007

Case Details

Primary Issue: [empty] | Service From Date (MM/DD/YYYY): mm/dd/yyyy | Service to Date (MM/DD/YYYY): mm/dd/yyyy | Hospital Status: [empty]

Diagnosis & Procedure Details

Diagnosis Details

Diagnosis: [empty] | Notes: [empty]

ADD PROCEDURE DETAILS

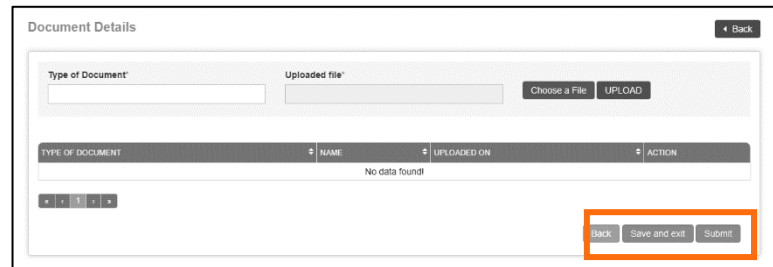
Procedure: [empty] | Description: [empty] | Name of Doctor: [empty]

Facility Name: [empty] | Estimated Cost: [empty] | Currency: [empty]

Treatment Country: [empty] | Service From Date (MM/DD/YYYY): 04/07/2021 | Service to Date (MM/DD/YYYY): 04/16/2021

Diagnosis	Procedure	Facility Name	Estimated Cost	Action

- 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**.



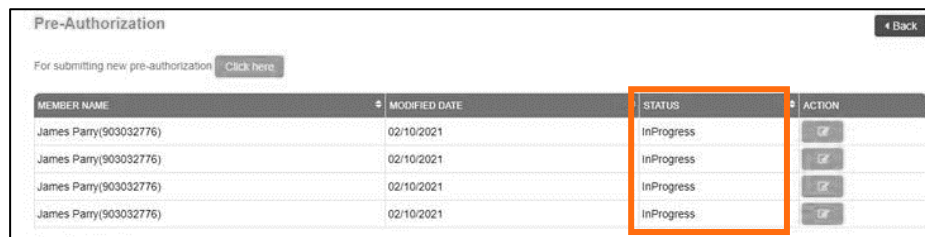
Document Details

Type of Document: [empty] | Uploaded file: [empty] | Choose a File | **UPLOAD**

TYPE OF DOCUMENT	NAME	UPLOADED ON	ACTION
No data found!			

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](#)

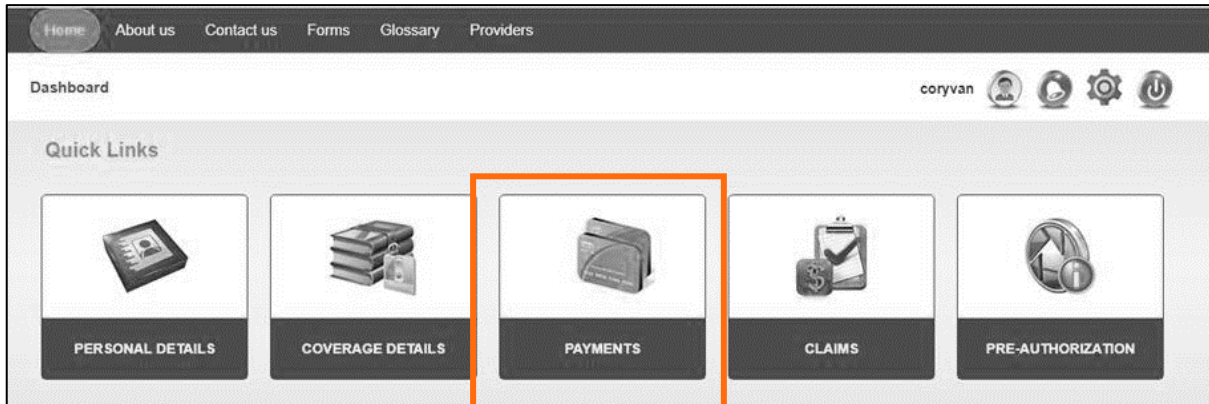
MEMBER NAME	MODIFIED DATE	STATUS	ACTION
James Parry(903032776)	02/10/2021	InProgress	[icon]
James Parry(903032776)	02/10/2021	InProgress	[icon]
James Parry(903032776)	02/10/2021	InProgress	[icon]
James Parry(903032776)	02/10/2021	InProgress	[icon]

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

Submit an online premium payment

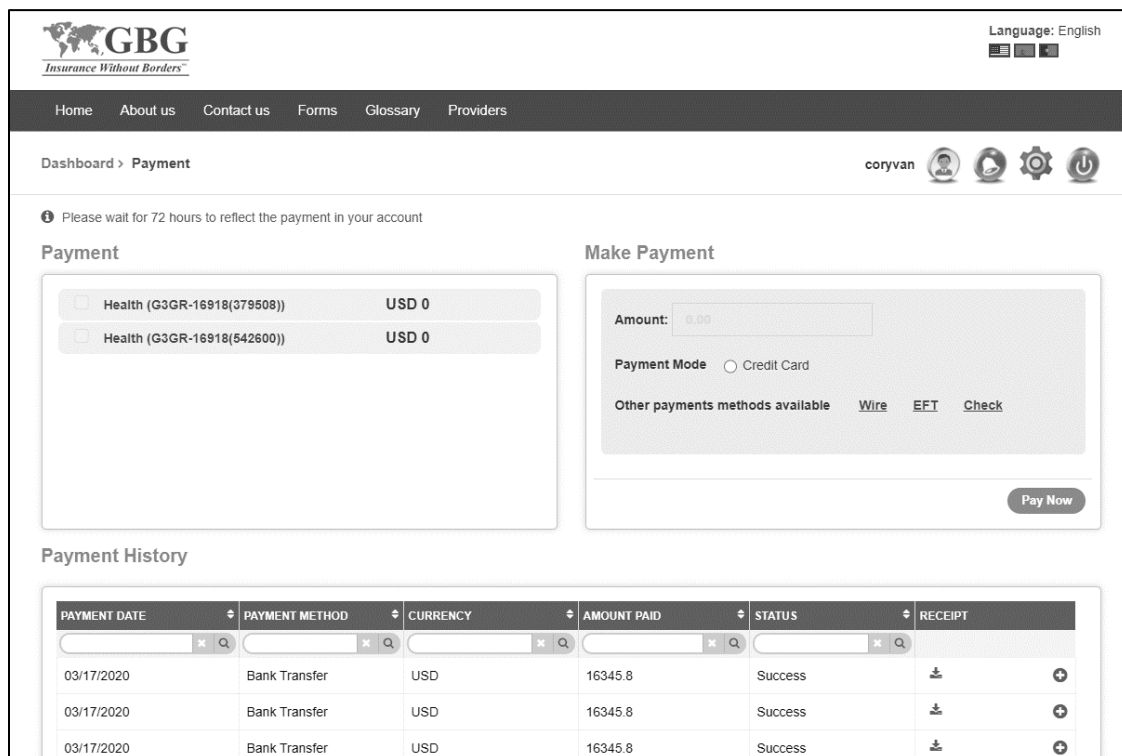
Please note: Online premium payment in the Member Portal is only available for individual policies. This functionality is not available for corporate and enterprise policies or clients who make payments directly to brokers.

1. To make an online premium payment, log into your Member Portal and click on **Payments**.



2. **Premium Payment Screen**

The premium payment screen is where you can pay your premium online. This screen has 3 sections: **Payment**, **Make Payment**, and **Payment History**, all detailed below.



Payment

List of your individual policies (including those with no balance due). If you have multiple policies with payment due in the same currency, you can select multiple policies and make a single payment.

Home About us Contact us Forms Glossary Providers

Dashboard > Payment coryvan

Payment

Please wait for 72 hours to reflect the payment in your account

Health (G3S-17853(449700)) USD 0

Travel (TC34-15599(506943)) USD 329

INVOICE#	INVOICE DATE	DUE AMOUNT
235042	03/01/2019	USD 329

Travel (TC34-15599(347169)) USD 0

Amount to pay USD 329.00

Make Payment

Amount:

Payment Mode Credit Card

Other payments methods available [Wire](#) [EFT](#) [Check](#)

[Pay Now](#)

Make payment

This is where you will enter payment information to make payment for selected policies.

- **Amount Due:** Amount owed based on policy or policies selected. Changing the payment amount is allowed only when paying for a single policy. In cases where you are paying for multiple policies, the payment amount cannot be changed.
- **Payment Mode:** Click here to pay by credit card.
- **Other payment methods available:** Links to instructions to pay by Wire, EFT, or Check
- **Pay Now button:** Enabled only when you select Credit Card as your payment option. Upon clicking Pay Now, you will be taken to the payment page, where you can enter credit card details to complete the payment.

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Dashboard > Payment coryvan

Payment

Please wait for 72 hours to reflect the payment in your account

Health (G3S-17853(449700)) USD 0

Travel (TC34-15599(506943)) USD 329

INVOICE#	INVOICE DATE	DUE AMOUNT
235042	03/01/2019	USD 329

Travel (TC34-15599(347169)) USD 0

Amount to pay USD 329.00

Make Payment

Amount: USD

Payment Mode Credit Card

Other payments methods available [Wire](#) [EFT](#) [Check](#)

[Pay Now](#)

Payment history

Shows any premiums paid online or offline. You can also download payment receipts, search for any payment by Payment Date, Payment Method, Status, and Amount Paid. You can view the details of a payment—such as Policy Type and Policy Number— by clicking the + icon for a record.

PAYMENT DATE	PAYMENT METHOD	CURRENCY	AMOUNT PAID	STATUS	RECEIPT
07/10/2020	NA	USD	17436.9	Success	
Policy Type: Health Policy Number: G3S-17853(449700) Effective Date: 07/01/2018					
07/10/2020	NA	USD	17436.9	Success	
07/10/2020	NA	USD	17436.9	Success	
08/13/2019	NA	USD	1	Success	
08/13/2019	NA	USD	1	Success	
08/13/2019	NA	USD	1	Success	
06/22/2018	Bank Transfer	USD	1	Success	
06/22/2018	Bank Transfer	USD	1	Success	
06/22/2018	Bank Transfer	USD	1	Success	
06/19/2017	Claim Reimbursement	USD	184	Success	

3. Payment Information page

Once you pay now, you will be taken to the payment information page where you can enter credit card details such as **Card Type** (Visa, Master Card, American Express, or Discover), **Name on Card**, **Card Number**, **Expiry Date**, **CVV**, and **Billing Address**. You can pay the premium using up to 3 different credit cards by clicking the **Add Credit Card** button. Please note that this button is enabled only when the amount entered for a credit card is less than total amount due. When you add an additional credit card, the remaining amount is automatically calculated and filled in the next credit card amount input box. When you are ready to pay, click the **Submit** button at the bottom of the page.

PAYMENT INFORMATION
Fields marked with * are mandatory.

CARD INFORMATION

Card Type: * VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Name On Card * Card Number *

Expiry Date: * / CVV/CVV2: *

Amount *

BILLING INFORMATION

Address * City *

Country * Zipcode *

State Email *

Order Information

Membership ID : 903175781

First Name : Janet Cohen

Last Name : Baum

Policy Type : Travel

Total Amount : 100 (USD)

SECURITY INFORMATION


Please enter the Verification Code shown below in the text box provided: *


Input symbols

Cancel
Submit

4. Payment Status page

After clicking submit, a confirmation code and payment status will appear here.

 PAYMENT STATUS
◀ Back



Thank you for your Payment











You Have Paid
USD 200

Transaction Details

Confirmation Code	Date/Time	Card Number	Card Type	Currency	Amount	Status
M_2021041607292972400	04/16/2021 14:29:46	XXXXXXXXXXXX1111	Visa	USD	200	Success

Clicking the **Back** button on this page takes you back to the premium payment screen. Your recent payment status will appear under **Payment History**, with an option to download the receipt.

Payment History

PAYMENT DATE	PAYMENT METHOD	CURRENCY	AMOUNT PAID	STATUS	RECEIPT
07/10/2020	NA	USD	17436.9	Success	
<p>Policy Type: Health Policy Number: G3S-17853(449700) Effective Date: 07/01/2018</p>					
07/10/2020	NA	USD	17436.9	Success	
07/10/2020	NA	USD	17436.9	Success	
08/13/2019	NA	USD	1	Success	
08/13/2019	NA	USD	1	Success	
08/13/2019	NA	USD	1	Success	
06/22/2018	Bank Transfer	USD	1	Success	
06/22/2018	Bank Transfer	USD	1	Success	
06/22/2018	Bank Transfer	USD	1	Success	
06/19/2017	Claim Reimbursement	USD	184	Success	

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