

# User Guide

# Employees

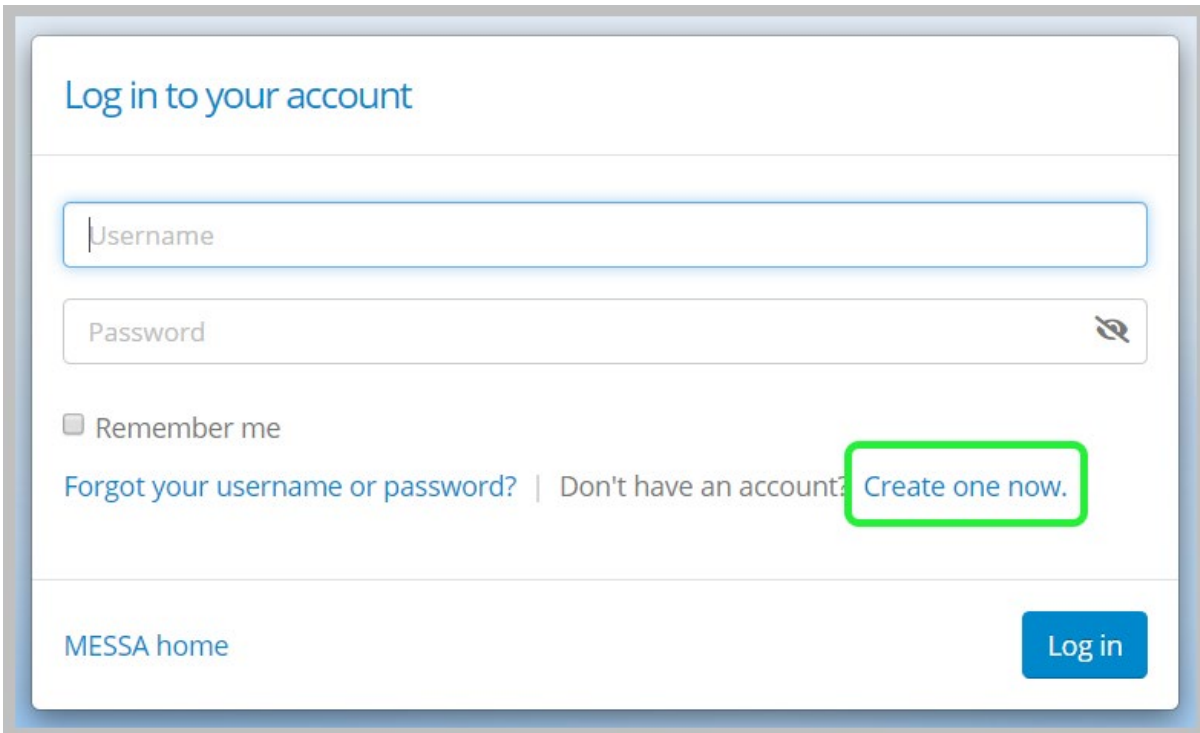
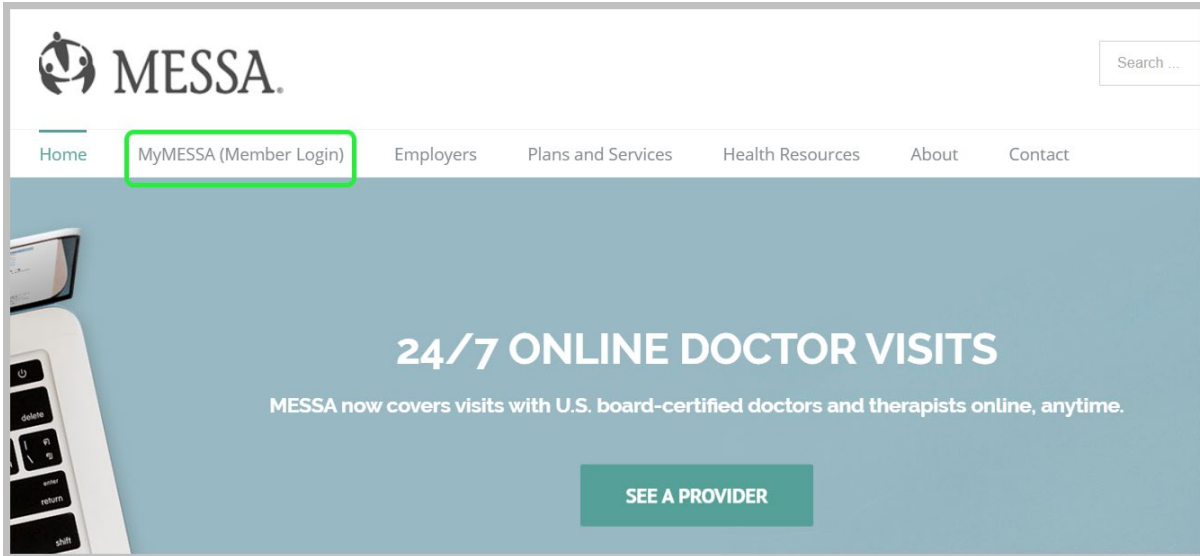


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## Creating a MyMESSA Member Account on messa.org

- Go to [www.messa.org](http://www.messa.org).
- Click on “Create One Now”.



## Step 1 - User Information

- Enter the following information to create a messa.org account:
  - Last four digits of your Social Security Number
  - Date of birth
  - Employer
  - Home zip code
- Click **“Next”**.

The screenshot shows the 'MyMESSA. Create Your Account' page. A progress bar at the top indicates four steps: 'Enter Your Information' (checked), 'Verify Identity' (checked), 'Create Your Login' (checked), and 'Complete' (checked). Below the progress bar, the heading 'Enter your information' is followed by a form with four input fields: 'Last 6 of SSN', 'Date of Birth', 'First Name', and 'Last Name'. Each field is circled in green. At the bottom right of the form are 'Cancel' and 'Next' buttons, with the 'Next' button also circled in green.

## Step 2 – Confirm Your Identity

- Confirm your identity either by an email or text or by answering security questions.
- Click **“Next”**.

The screenshot shows the 'MyMESSA. Create Your Account' page. The progress bar now shows 'Enter Your Information' (checked), 'Verify Identity' (checked), 'Create Your Login' (checked), and 'Complete' (checked). Below the progress bar, the heading 'Confirm Your Identity' is followed by a message: 'To verify your identity and protect your account, we're going to send you a one-time access code.' Below this is the instruction 'Select your delivery method:' followed by two radio button options: 'w\*\*\*\*\*r@messa.org' and another redacted email address, both with 'Email' labels. At the bottom, there is a link for 'security questions' and three buttons: 'Skip', 'Cancel', and 'Next'.

- A confirmation code will be sent to the email address you used when creating your account.
- Enter the Confirmation code.
- Click “**Confirm**”.

The screenshot shows the My MESSA website interface. At the top left is the logo "My MESSA.". Below it, the text "Welcome to MESSA!" is displayed. A light blue instruction box contains the text: "Please enter the confirmation code sent to [redacted] for registration confirmation in the box below and select 'Confirm'." Below this, it says "To resend the code select 'Resend'". There is a text input field labeled "Confirmation code" with a green circle around the label. Below the input field are two buttons: "Resend" and "Confirm", with a green circle around the "Confirm" button.

### Step 3 – Username and Password

1. Create a username.
2. Create a password.
3. Click Next

The screenshot shows the "Create Your Account" page on the My MESSA website. At the top is the logo "My MESSA.". Below it is the heading "Create Your Account". A progress bar shows four steps: "Enter Your Information", "Verify Identity", "Create Your Login", and "Complete". The first three steps are marked with blue checkmarks, and the "Create Your Login" step is currently active. Below the progress bar is the "Create login" section. It features a "Password Requirements" box with four criteria: "Ten characters or more", "Number", "Lowercase letter", and "Uppercase letter". Below this are input fields for "Username" and "Password". The "Username" field has a "Suggested username:" label. At the bottom right of the form are three buttons: "Skip", "Cancel", and "Next".

- You are now registered and can log in to your account.

## Accessing MESSA's Online Benefits Website

- Once logged in to your account, click on the “**Select your benefits**” link in blue box. (If you do not see this link, logout and log back in and it will appear.)

The screenshot shows the MyMESSA website interface. At the top, there is a navigation bar with 'Hi, SECURE MESSAGING 0 | 800.336.0013', 'HOME | LOGOUT', and a search bar. The MyMESSA logo is on the left, and 'HOME', 'MANAGE ACCOUNT', and 'CONTACT US' buttons are on the right. The main content area is divided into several sections: 'Member information' with a blurred profile, a 'SELECT NEW BENEFITS' button, and a 'Waterford School District Effective 8/1/2020' button. Below these are utility links: 'Find Care', 'Secure messaging', 'Printable forms', and 'Plan Comparison Tool'. A 'Welcome to MESSA!' message is displayed, followed by instructions on how to select benefits and a checkbox for electronic communication. A large blue button labeled 'Select your benefits' with an external link icon is prominently displayed.

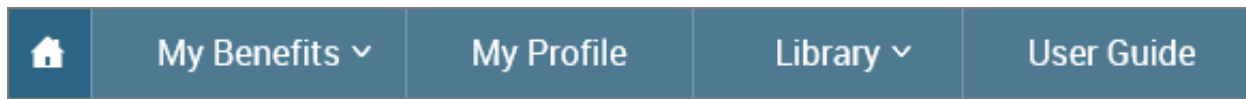
You will receive a pop-up letting you know that you are going to another website.

- Click “**Continue**”.
- This will take you directly to MESSA’s Online Benefits Website.

The screenshot shows a warning pop-up box titled 'You Are Going to Another Website'. The text inside reads: 'You are going to a website that is not affiliated with MESSA and may offer a different privacy policy and level of security. MESSA is not responsible for and does not endorse, guarantee or monitor content, availability, viewpoints, products or services that are offered or expressed on other websites. If you are logged in to our secure areas, your secure session may time out while you are visiting another website.' At the bottom right, there are two buttons: 'Cancel' and 'Continue', with the 'Continue' button highlighted with a green border.

## Home Page

This website has been created to provide you with information about your benefits. You will have the ability to enroll online and update your personal and dependent information. The tabs at the top of the page have the following information:



### **My Benefits**

- Current Benefits – shows the details of all current benefits.
- Life Events – used to create an enrollment window if you have a qualifying event (within MESSA's eligibility guidelines of 30 days) that allows benefit changes.

### **My Profile**

- Personal Information – View/edit address information
- Family Information – View/edit dependent information
- Beneficiaries – View/edit beneficiary information
- Security Question – do not use this section
- Life Event – Create a “Life Event” (see page 26 for instructions).
- Employee File – Upload documents to your Employee File
- Personalized Forms – View a confirmation statement for any effective date

### **Library**

- Content – Access/view documents your employer has placed in the Library

### **User Guide**

- The “Online Benefits Website User Guide for Employees” will open in another web window. This provides instructions on how to use MESSA's Online Benefits Website.

## Creating a Life Event

- When you have a qualifying event **within 31 days\***, a “Life Event” will need to be created to be able to make benefit and/or dependent changes to your policy.
- Directions on how to create a Life Event for each qualifying event are below.
- **After creating the Life Event, enrollment MUST be completed in order to make the benefit/dependent changes.**
- During enrollment, you will be asked for dependent’s birth dates and social security numbers, beneficiary information, and if you have other medical coverage, you will be asked to provide information from your other insurance card.

***\*If the Life Event is outside of MESSA’s eligibility guidelines of 31 days, you will need to contact your Benefits Administrator for further assistance.***

### Step 1 – Select Your Life Event

- In the blue bar at the top, hover over “My Benefits” and click on Life Events.
- Choose one of the following Life Events
  - Birth
  - Marriage
  - Divorce
  - Legal Guardianship
  - Child Becomes Eligible
  - Child No Longer Eligible
  - Family Status Change

Life Event

If you had a recent life event such as a birth of a child, or a marriage, you may be eligible to change your benefit elections. Please fill out all information requested to complete your change in coverage.

STEP 1 Please select your life event

> Birth

> Marriage

Other life events... ▾

- Other life events...
- Divorce
- Legal Guardianship
- Child Becomes Eligible
- Child No Longer Eligible
- Family Status Change-Other

### Birth

1 – From the left hand menu click Birth

Life Events ^

- Birth
- Marriage
- Divorce
- All other Life Events

2 – Enter the date of your life event, add dependent, and click Continue

Birth [Change life event](#)

When did your life event take place?

Enter a date: 02/28/2020

Enter your new dependent's information:

Name	Relationship	Date of Birth	Age	Gender
Add at least one dependent to continue				

[Add Dependent](#)

[Continue](#) [Cancel](#)



3 – Confirm your information, select “I verify that all the above Life Event information is correct”, select “Save and Start Life Event Enrollment. Continue to Step 2 to finish enrollment.

### Marriage

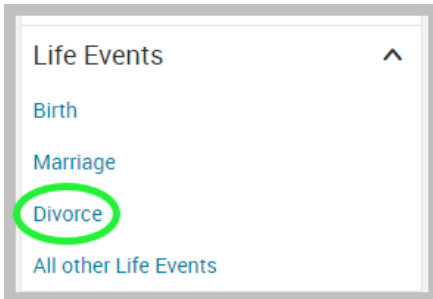
1 – From the left hand menu click Marriage.

2 – Enter the date of your life event, add dependent and click continue.

3 – Confirm your information, select “I verify that all the above Life Event information is correct”, select “Save and Start Life Event Enrollment. Continue to Step 2 to finish enrollment.

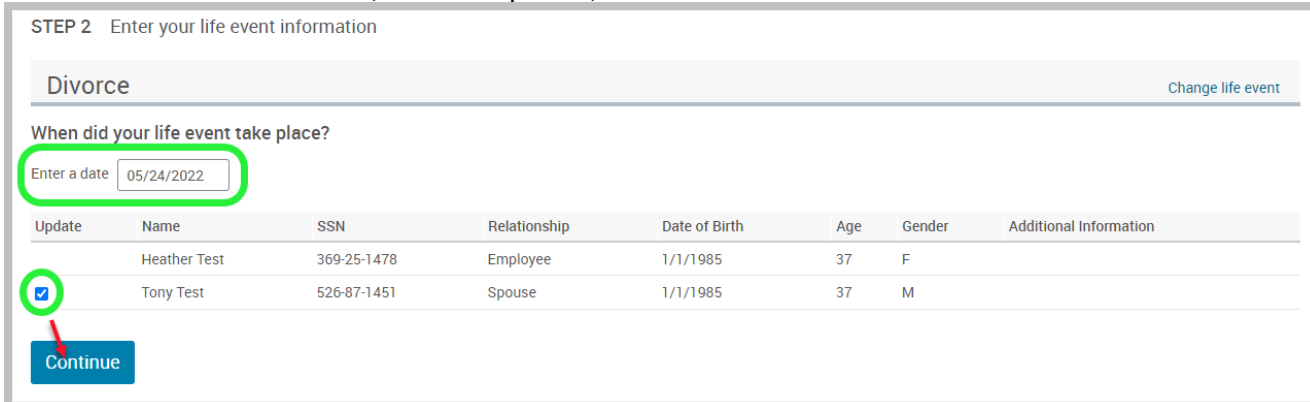
## Divorce

1 – From the left hand menu click Divorce.



A screenshot of a web application's left-hand navigation menu. The menu is titled "Life Events" and contains four items: "Birth", "Marriage", "Divorce", and "All other Life Events". The "Divorce" item is circled in green.

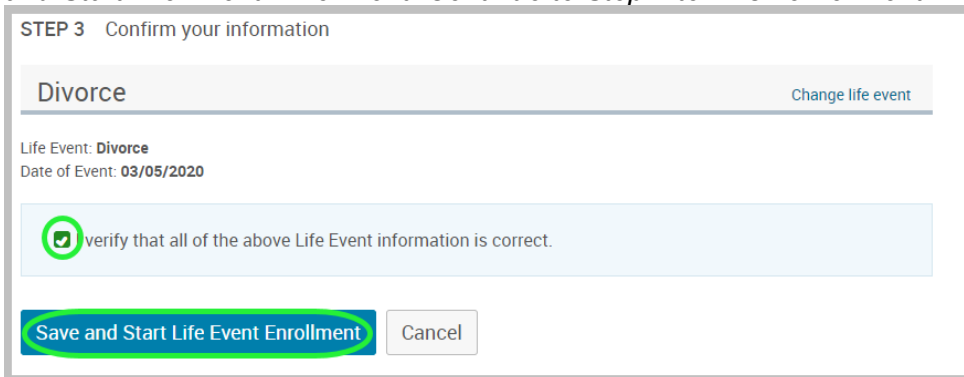
2 – Enter the date of divorce, choose Spouse, and click continue.



A screenshot of a web application form titled "STEP 2 Enter your life event information". The form is for a "Divorce" event. It includes a "When did your life event take place?" section with a date input field containing "05/24/2022". Below this is a table with columns: Update, Name, SSN, Relationship, Date of Birth, Age, Gender, and Additional Information. The table has two rows: one for "Heather Test" (Employee) and one for "Tony Test" (Spouse). A checkbox next to the "Tony Test" row is checked. A "Continue" button is at the bottom left.

Update	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
	Heather Test	369-25-1478	Employee	1/1/1985	37	F	
<input checked="" type="checkbox"/>	Tony Test	526-87-1451	Spouse	1/1/1985	37	M	

3 - Confirm your information, select "I verify that all the above Life Event information is correct", select "Save and Start Life Event Enrollment. Continue to Step 2 to finish enrollment.

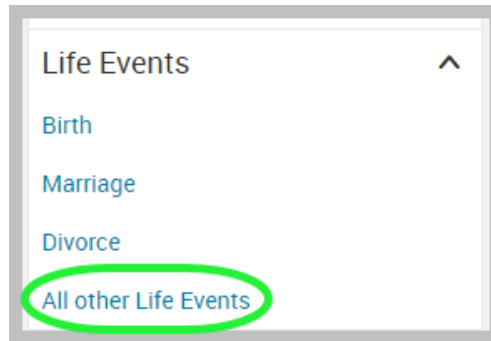


A screenshot of a web application form titled "STEP 3 Confirm your information". The form is for a "Divorce" event. It shows the "Life Event: Divorce" and "Date of Event: 03/05/2020". There is a checkbox with a checkmark and the text "I verify that all of the above Life Event information is correct." Below this are two buttons: "Save and Start Life Event Enrollment" and "Cancel".

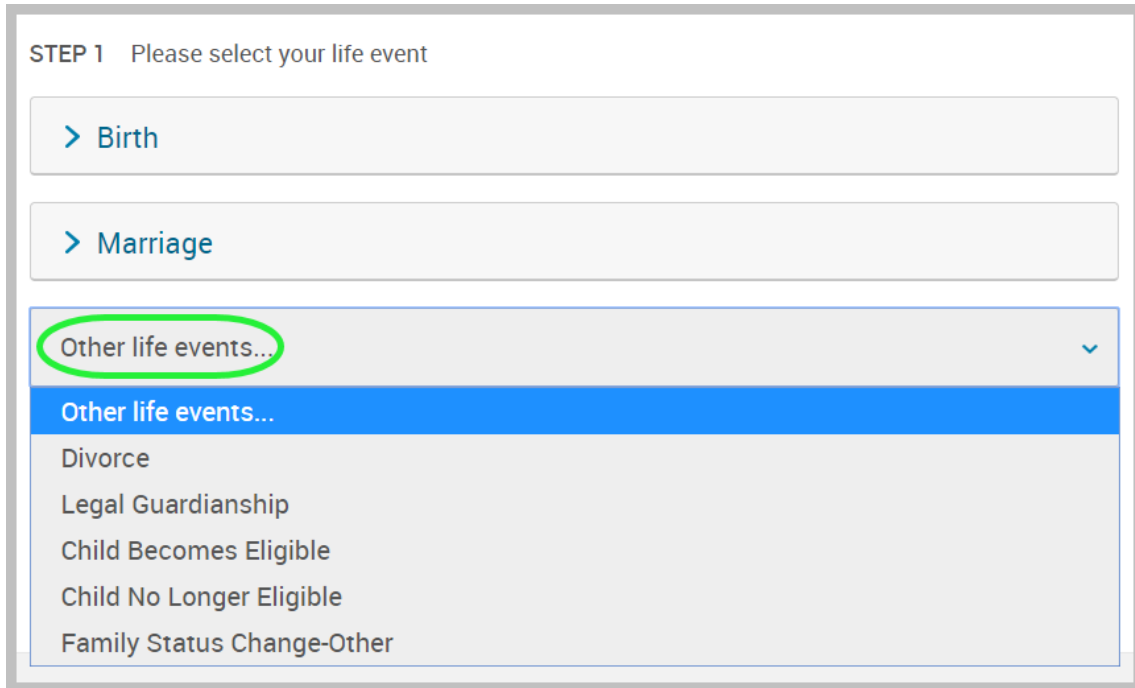
- Coverage ends on the actual date of divorce – court signed documentation.
- Effective dates should be Monday through Friday as courts are not in session on weekends.
- If the divorce decree states the member must provide coverage to the ex-spouse, the ex-spouse must go on COBRA. Payment structure will be determined between the member and employer.

All other Life Events

1 – From the left hand menu click All other Life Events



2 – Select Other life events, chose your life event, and follow the prompts to finish enrollment.



## Step 2 – Demographics

- Review your Demographic Information and make any necessary updates.
- When finished, click the “I agree” box and click “Continue”.

Prior to beginning your enrollment, all of your personal and family information must be complete. Please complete the required fields below, or, if the information has already been entered, make sure it is accurate.

**If you are using Google Chrome, please do not use the auto-fill feature.**

### Demographics

\* Fields are required

\* First Name

Middle Initial

\* Last Name

Suffix

Social Security Number **000-87-1111**

\* Date of Birth

\* Gender  Male  Female

### Address

\* Fields are required

\* Address 1

Address 2

\* City

\* State

\* Zip

Home Phone

Cell Phone

Block SMS/Text Messages

Home Email

### WORK CONTACT INFORMATION

Work Phone

Work Phone Ext.

\* Work Email

Preferred Email  Home Email  Work Email  None

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

I agree

1 Your Info  
Employee Information  
Family Info

2 Your Benefits

3 Enroll

4 Complete

**Continue**

### Step 3 – Family Information

- Review/add/edit your Family Information.
- When finished, click the “I agree” box and click “Continue”.

## Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person’s name.


**Note: If you or any of your family members have a foreign (non-USA issued) SSN, please contact your Benefits Administrator or MESSA Group Services at 888-888-4167.**

**If you are using Google Chrome, please do not use the auto-fill feature.**

**Adam Tests**  
Male Employee  
35 years old (1/1/1985)  
SSN: 000-87-1111  
[Edit >](#)

**Sally Tests**  
Female Spouse  
35 years old (1/1/1985)  
SSN: 888-77-6765  
[Edit >](#)

**Chloe Tests**  
Female Daughter  
4 years old (1/1/2016)  
SSN: 444-65-3333  
[Edit >](#)

  
Add Dependents

1 Your Info  
Employee Information  
Family Info

2 Your Benefits

3 Enroll

4 Complete

**Continue**

### Dependent Information Notice

If you are covered, your eligible dependents include:

- Your spouse
- Your children (including stepchildren, adopted children, and children for whom you are legal guardian; however, foster children are not included) until a maximum of the end of the calendar year of their 26th birthday.

NOTE: Your child’s spouse and your grandchildren are not covered under this plan.

- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are developmentally disabled or physically handicapped, dependent upon you for a majority of their support and who are incapable of self-sustaining employment by reason of their developmental disability or physical handicap. (Under no circumstance will mental illness be considered a cause of incapacity nor will it be considered as a basis for continued coverage.) Please contact MESSA to obtain the appropriate form to continue coverage.
- Your children beyond the end of the calendar year of their 26th birthday (if covered under this program at the end of the calendar year of their 26th birthday and continuously thereafter) who are full-time students and dependent on you for a majority of their support.
- Your sponsored dependents who are members of your family, either by blood or marriage, who qualify as your dependents under the Internal Revenue Code, were declared as dependents on your federal tax return for the preceding tax year and are continuing in that status for the current tax year. (Children who are no longer eligible for coverage as dependent children cannot be covered as sponsored dependents.)


I agree

## Step 4 – Electing Benefits

- To elect benefits, click on “**View Plan Options**” to the right of each plan name.

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

MESSA is not responsible for the costs shown.

 **Medical** NO PLAN SELECTED

\* Selection Required

[I don't want this benefit \(waive\)](#) [View Plan Options](#)

- To cover a dependent, check the box next to their name and click continue.
- To remove a dependent, uncheck the box next to their name.
- Click “**Continue**”.

Who will be covered by this plan?

Adam Tests (Employee)  Sally Tests (Spouse)  Chloe Tests (Daughter) [+ Add Dependents](#)

Not Covered

[Back to Benefits](#) [Continue](#)


- Select the benefit plan by clicking “**Select**”. When finished electing all benefits, click “**Continue**” on the right-hand side.

Who will be covered by this plan?

Adam Tests (Employee)  Sally Tests (Spouse)  Chloe Tests (Daughter) [+ Add Dependents](#)

Not Covered

[View All Plans Side-by-Side](#)

<b>MESSA ABC Plan 1</b> Blue Cross Blue Shield of Michigan <a href="#">View plan details</a> <a href="#">Plan Brochure</a>	Your Cost per month: <b>\$0.00</b> Tier: Employee + Dependent <a href="#">Select</a>
<b>MESSA Choices \$2,000/\$4,000 deductible w/20% coinsurance, Saver Rx</b> Blue Cross Blue Shield of Michigan  PPO <a href="#">View plan details</a> <a href="#">Plan Brochure</a>	Your Cost per month: <b>\$0.00</b> Tier: Employee + Dependent <a href="#">Select</a>

- Your Info
- Your Benefits**
- Enroll
- Complete

Your Cost per month **\$0.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

[Save and Finish Later](#)

## Step 5 – Beneficiaries

- It's recommended that a primary beneficiary be designated.
  - To add a dependent as a beneficiary, click 'Add Beneficiary'.

**Basic Term Life**  
Please choose your beneficiaries

**Primary Beneficiaries**  
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

! There are no beneficiaries added to this plan. If this was made in error, click on "Add Beneficiary" button below.

[+ Add Beneficiary](#)

**Negotiated Life**  
Please choose your beneficiaries

**Primary Beneficiaries**  
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

! There are no beneficiaries added to this plan. If this was made in error, click on "Add Beneficiary" button below.

[+ Add Beneficiary](#)

- Add a beneficiary to this plan from your dependents or add a new beneficiary.
- Click 'Add Selected'.
- Percentage total must equal 100%.
- When finished click 'Continue'.

**Basic Term Life**

Add Beneficiary for Basic Term Life

Add a beneficiary to this plan from your dependents or other beneficiaries on file, or add a new beneficiary.

[+ Add New Beneficiary](#)

<input type="checkbox"/>	Name
<input type="checkbox"/>	My Estate (Employee)
<input checked="" type="checkbox"/>	Sally Test (Spouse)

[Add Selected](#) [Cancel](#)

**Basic Term Life**  
Please choose your beneficiaries

**Primary Beneficiaries**  
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

Name	Percentage	Remove
My Estate (Employee)	100.0	<a href="#">-</a>

Total: 100.0000%

[+ Add Beneficiary](#)

Secondary Beneficiaries (optional):  
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

[+ Add Beneficiary](#)

**Negotiated Life**  
Please choose your beneficiaries

**Primary Beneficiaries**  
If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

Name	Percentage	Remove
My Estate (Employee)	100.0	<a href="#">-</a>

Total: 100.0000%

[+ Add Beneficiary](#)

Secondary Beneficiaries (optional):  
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

[+ Add Beneficiary](#)

**Progress Indicator:**  
1 Your Info  
2 Your Benefits  
3 Enroll  
4 **Beneficiaries**  
5 Other Coverages  
6 Review and Confirm  
7 Complete

Your Cost per month: \$0.00

[Continue](#)

## Step 6 – Other Medical Insurance

- If you and/or a dependent are enrolled in MESSA medical coverage and have other medical coverage, you will be required to enter information about the other coverage.
- Click “**Yes**” next to “Current or Prior Coverages” and enter the following information.
- Once you have entered the information, click “**Save**”.
- If you do not have other medical coverage, keep “Current or Prior Coverages” as “**No**” and click “**Continue**”.

If you have coverage from another health insurance company, please fill out the information below.

### Medical

Kevin Test (Employee)

Other Medical Insurance Coverage:

Current or Prior Coverages  Yes  No  
Other Insurance

\*Policyholder Name

\*Policy Number

Policyholder's Employer

\*Insurance Carrier's Name

\*Insurance Carrier's Phone

Coverage Start Date

Coverage End Date

State/Country of Coverage

Coverage Level

Additional Info

Medicare:

Current or Prior Coverages  Yes  No

\*Medicare Number

\*Medicare Part A  Yes  No

\*Medicare Part A Effective Date

\*Medicare Part B  Yes  No

\*Medicare Part B Effective Date

\*Reason for Entitlement

Your Cost per month **\$0.00**

**Continue**

- 1 Your Info
- 2 Your Benefits
- 3 Enroll  
Beneficiaries  
**Other Coverages**
- 4 Review and Confirm  
Complete



## Step 7 – Review and Confirm

- Now that you have elected all of your benefits, review your selections and scroll to the bottom of the page to view the “Participation” statement. Check the “I agree, and I’m finished with my enrollment” box.

### Review and Confirm

**Please Review All of Your Selections**

Once you have completed your review, click the “Complete Enrollment” button at the right side of the page.

CHANGED BENEFITS: [Medical](#) [Dental](#) [Vision](#) [Basic Term Life](#) [Optional Supplemental Term Life](#) [Optional Basic Term Life](#)  
[Optional Survivor Income Insurance](#) [Optional Dependent Life](#)

\*INDICATES CHANGED BENEFITS

Your Total Cost **\$0.00**  
Per Month

#### Medical\*

Your cost per month: **\$0.00**

**⚠ This benefit election is pending until approved by your Benefits Administrator**

**MESSA ABC Plan 1** Blue Cross Blue Shield of Michigan  
Coverage: **Employee • Dependent**

Cost Details Per Month  
Your Cost: **\$0.00**

Who will be covered on this plan:

Name	Relationship	Coverage
Adam Tests	Employee	Cover
Sally Tests	Spouse	Cover
Chloe Tests	Daughter	No Coverage

[Edit Selection](#)

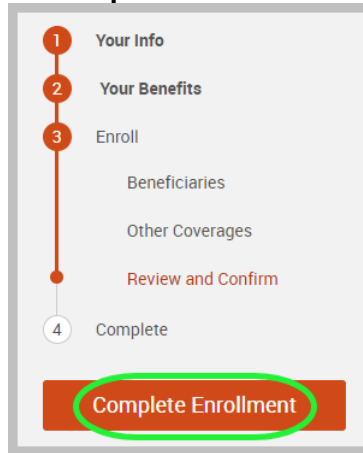
### Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny a claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions for the coverages listed above are required, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

- On the right side of the screen click **“Complete Enrollment”**.



### Step 9 – Confirmation Statement

- You may view, email, or print your confirmation statement.

**Your enrollment is complete!**

You may make changes to your elections until: **March 21, 2020**

Please view your enrollment confirmation statement and verify that your selections are correct.

Click the "Print" button to print a copy of your enrollment confirmation statement for your records, click "Email" to email yourself a copy of the statement. If you would like to make changes to your enrollment selection, click the "Edit Selection" button located under each plan.

MESSA is not responsible for the costs shown.

**Your Confirmation Statement is ready**

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW

EMAIL

PRINT

**REMINDER: All benefit elections must be accepted by your Benefits Administrator.**

### Beneficiaries

When you have life insurance with MESSA, whether it be Negotiated, Non-Negotiated or Optional, a Beneficiary Designation is recommended. You are able to update beneficiary information without having to make changes to your benefits.

- Step 1** – It’s recommended that a primary beneficiary be designated.
  - To add a dependent as a beneficiary, click ‘Add Beneficiary’.

**Basic Term Life**

Please choose your beneficiaries

**Primary Beneficiaries**

If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

! There are no beneficiaries added to this plan. If this was made in error, click on "Add Beneficiary" button below.

Add Beneficiary

**Negotiated Life**

Please choose your beneficiaries

**Primary Beneficiaries**

If you list your estate as beneficiary, the proceeds will go through probate. Probate is the process by which a court verifies estate funds and property are distributed to the correct beneficiaries.

! There are no beneficiaries added to this plan. If this was made in error, click on "Add Beneficiary" button below.

Add Beneficiary

- Add a beneficiary to this plan from your dependents or add a new beneficiary.
- Click 'Add Selected'.
- Percentage total must equal 100%.
- When finished click 'Continue'.

## Confirmation Statements

### Step 1 – My Forms

- From the left hand menu, under “My Forms”, click “Enrollment Confirmation Form”
- Your confirmation statement will be displayed as a PDF document

**MESSA**

New Elections, Confirmation Statement for Adam Tests

We are pleased to provide you with this personalized summary of your benefit enrollment elections and payroll deductions. For more information about your benefits, please log into [www.messa.org](http://www.messa.org) and click on My Benefits. If you have any questions, call MESSA at 800.336.0013.

Your Benefits as of **3/6/2020**

**TOTAL COSTS PER MONTH**

Your Cost **\$0.00**

**Medical** Waived

No Coverage

**Dental** Your cost per month **\$0.00**

Dent80/80/80/80:1300/1500:2 Cost Details Per Month

Coverage: Employee + Dependent Your Cost **\$0.00**

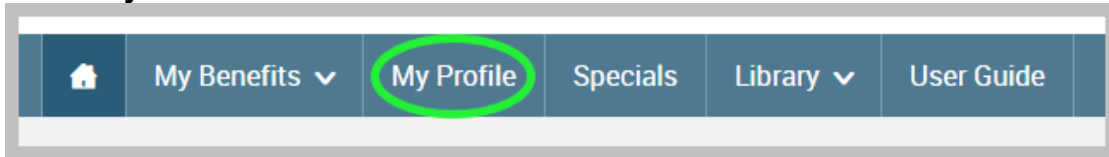
Effective Date : 2/19/2020

Who will be covered on this plan

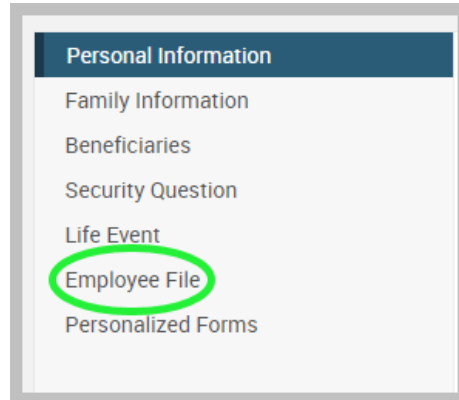
Name	Relationship	Coverage	Effective Date
Adam Tests	Employee	Covered	2/19/2020 - 4/30/2020
Sally Tests	Spouse	Covered	2/19/2020 - 4/30/2020
Chloe Tests	Daughter	No Coverage	2/19/2020 - 4/30/2020
Joey Tests	Son	NOT COVERED	

## Uploading Documents

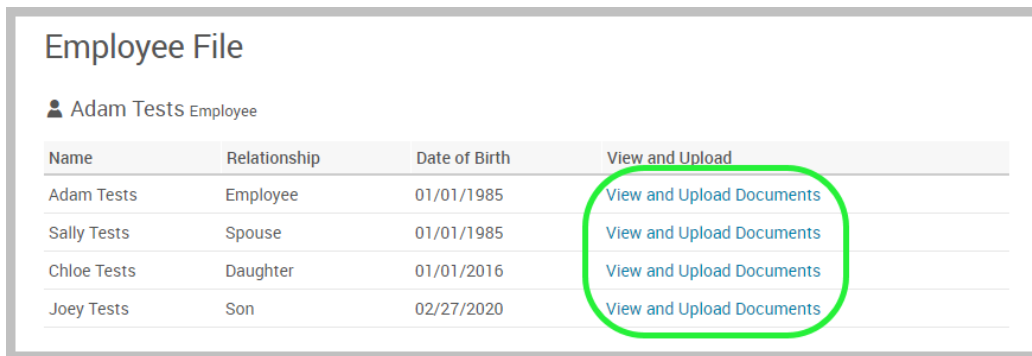
### Step 1 – Click on “My Profile”



### Step 2 – Click on “Employee File”



### Step 3 – To upload a file for yourself or a dependent, click on “View and Upload Documents” next to their name



### Step 4 – File Upload

- Title – Name your document
- Description – Describe your document (i.e. marriage certificate, birth certificate, etc.)
- Document Type
- Choose File
- Once file is uploaded, click Save.

Once your file is uploaded, the following will appear.

# File Upload

✔ Employee File information was saved successfully.

👤 Sally Tests spouse

\* Fields are required

\* Title

Description

\* Document Type

\* File  No file chosen

10 items per page   1 to 1 of 1 rows

<input type="checkbox"/>	Title	Description	Document Type	Saved On	Saved By	View
<input type="checkbox"/>	Test	Test Certificate	Unspecified	3/6/2020 11:04:01 AM	Eric Larsen MESSA	<a href="#">View</a>