To enroll in CHPConnect visit <u>https://capitalhealth.com/members</u> and select *Member Tools:*



Then, select CHPConnect:



	Email Customer Service
User ID	Help
	<u>1-877-814-9909</u>
	New User Registration
Password	> <u>Provider</u>
	> Employer
	> Broker
Sign In	> <u>Member</u>
Sign in	Visitor Sign In
Forgot your password? Forgot your username?	
Unauthorized use of this system is strictly prohibited and will be p	prosecuted to the fullest extent of the law.

From the sign in page, under New Member Registration, select Member:

powered by HealthTrio®uc

Next, select Capital Health Plan from the drop-down box:

Capital Health Plan	~	
	Next	

Next, you will enter your member ID and date of birth:

Member ID		
Your 8 digit Capital	Health Plan Member ID can be found on the left side of your	
ID card under the n	ame, only the numerical portion should be entered	
Date of Birth		
Enter your date of I	irth in the following format: MM/DD/YYYY	
Enter User Infor	nation	
Enter User Infor	nation	
Enter User Infor Please enter the requ	nation	
Enter User Inform Please enter the reque	nation ired information in the fields below.	
Enter User Inform Please enter the reque Member ID *	ired information in the fields below.	
Enter User Inform Please enter the requence Member ID * Birth Date *	ired information in the fields below.	
Enter User Inform Please enter the reque Member ID * Birth Date *	ired information in the fields below.	
Enter User Infor Please enter the requ Member ID * Birth Date *	ired information in the fields below.	

Then, follow the security prompts to create your user ID and password:

An indep	apital Health	
Creating Your Usernan Your username can be at least six characters	e any combination of letters and numbers and should be long	
For security reasons, i	t is best to avoid using your full name as your username	
Creating Your Password Passwords must cons at least one character Z), English lowercase I character (asterix, pour Passwords must not c and must not be one o Password must be cha For security reasons, in password Enter Login Inform	d st of at least eight alphanumeric characters and contain from each of the following: English uppercase letters (A- etters (a-z), and at least 1 numerals (0-9) and 1 special nd sign, etc.). ontain the User's name or any part of the User's full name f the past six passwords used for the account. nged every 90 days. t is best to avoid using your name as part of your ation	
lease enter the required	nformation in the fields below.	
Name:		
Member ID:		
Birth Date:		
Birth Date: Choose User Name *		
Birth Date: Choose User Name * Choose Password *		
Birth Date: Choose User Name * Choose Password * Confirm Password *		
Birth Date: Choose User Name * Choose Password * Confirm Password * Security Question 1 *		
Birth Date: Choose User Name * Choose Password * Confirm Password * Security Question 1 * Security Answer 1 *	Your answer may not contain your username.	
Birth Date: Choose User Name * Choose Password * Confirm Password * Security Question 1 * Security Answer 1 * Security Question 2 *	└ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └	۲.
Birth Date: Choose User Name * Choose Password * Confirm Password * Security Question 1 * Security Answer 1 * Security Question 2 *	Your answer may not contain your username.	
Birth Date: Choose User Name * Choose Password * Confirm Password * Security Question 1 * Security Answer 1 * Security Answer 1 * Security Answer 2 * E-Mail *	Your answer may not contain your username.	×

Your registration will be confirmed within 72 business hours, and a confirmation letter with your access code for CHPConnect will be mailed directly to you.