



# Zenith American

SOLUTIONS



**Registration Manual/Enrollment  
Participant Edge  
Version 1.0**

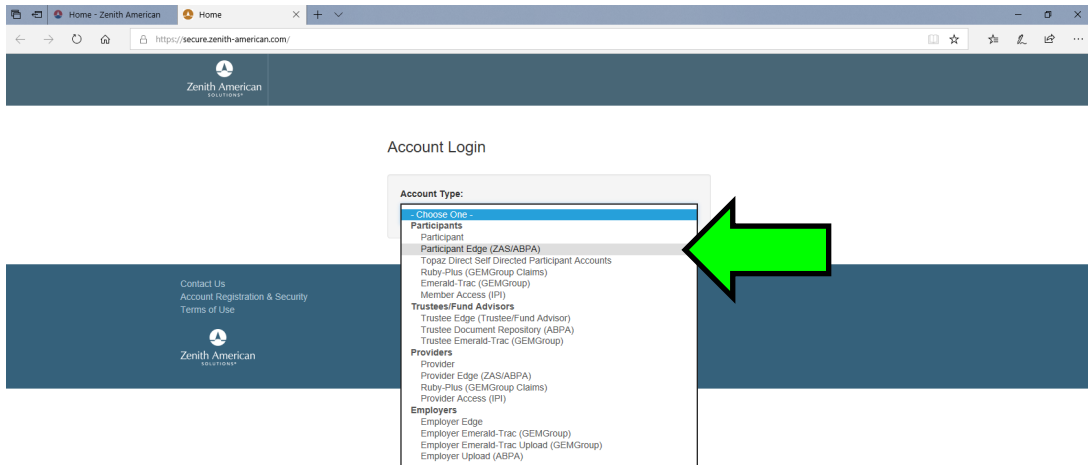


1. Navigate to <http://zenith-american.com/>

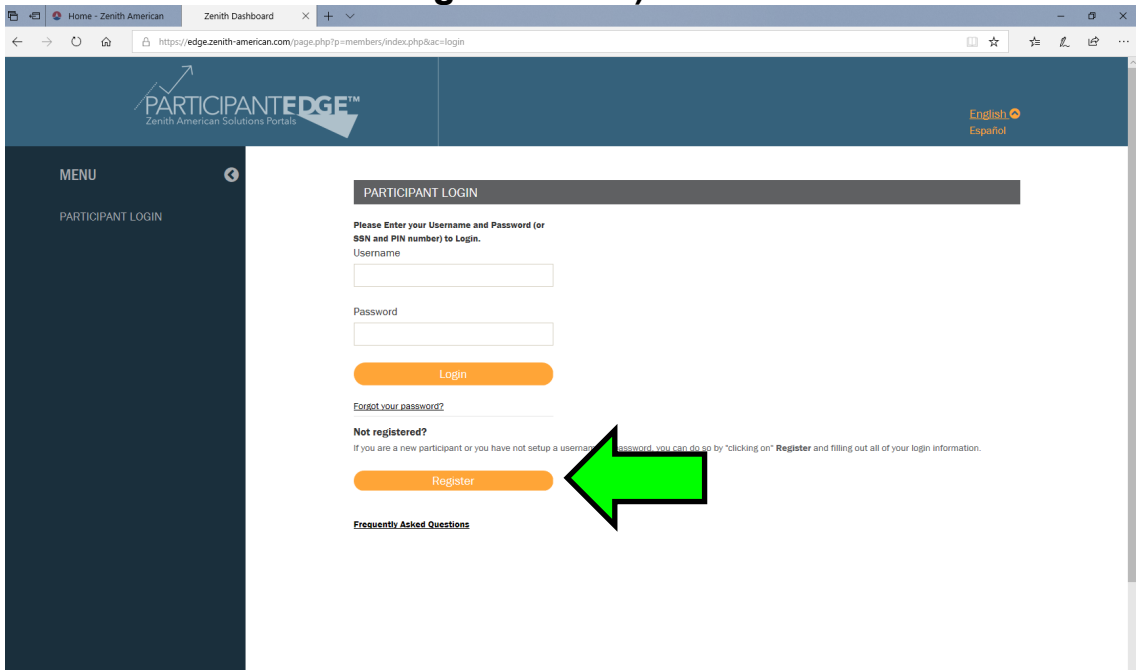
2. Click “Login to your account”



3. Select “Participant Edge (ABPA)” if you use Participant Edge portal (If you are a Zenith American Participant Portal user see the document entitled “ZAS Participant Portal Registration Manual” – and use the “Participant” selection from the drop-down list.)



- Click the “Register” button.  
(If you have previously registered, just enter your username and password and click the “Login” button)



**5. Read the instructions carefully. Fill in the required fields (marked by the asterisk) and click the “Submit Request” button. Note that email is optional.**

The screenshot shows a web browser window displaying the Participant Edge registration form. The browser's address bar shows the URL: `edge.zenith-american.com/page.php?p=members/index.php&ac=login&type=member`. The page header includes the Participant Edge logo and language options for English and Español. A left sidebar contains a 'MENU' and a 'PARTICIPANT LOGIN' link. The main content area is titled 'Register Form' and includes a 'SIGN UP NOW!' section with a link to the Spanish version. Below this, instructions for on-line access are provided. The registration form itself contains several required fields, each marked with an asterisk (\*):

- \* Participant SSN or Alternate ID
- \* Last Name
- \* State
- \* First Name
- \* Date of Birth (MM/DD/YYYY)
- \* ZIP Code
- \* Username
- \* Password
- \* Verify Password
- \* Security Question (with a dropdown menu showing 'What was the name of your first pet?')
- \* Security Answer
- \* Password Hint

Optional fields include 'E-mail'. A 'Submit Request' button is located at the bottom of the form. A security notice at the bottom states: 'Information above will be submitted via a secure connection to protect your confidentiality.' Three large green arrows point to the SSN, Password, and Security Question fields.

**6. If the registration does not complete successfully, please review any messages carefully, make any corrections needed and try to register again. If still unsuccessful, please contact your customer support number for assistance.**

**Some common messages and their meanings are:**

- **Your password must contain 8 to 12 characters and must include a letter and a number**

Make sure your password is the correct length, with both letters and numbers in it

- **The SSN or Alternate ID you entered is not in our records. Please try entering your SSN or Alternate ID again, or, for assistance go to: Contact Us.**

Please double-check your information was typed correctly. If it was entered correctly, please contact your Customer Support staff directly, or click the “Contact Us” link and send an email to the Help Desk address provided. Include which client group you are associated with, and a contact number or email address so our Customer Support staff can assist you.

- **You entered information that does not match the information we have on record. Please correct the information in the highlighted fields below. For assistance go to: Contact Us.**

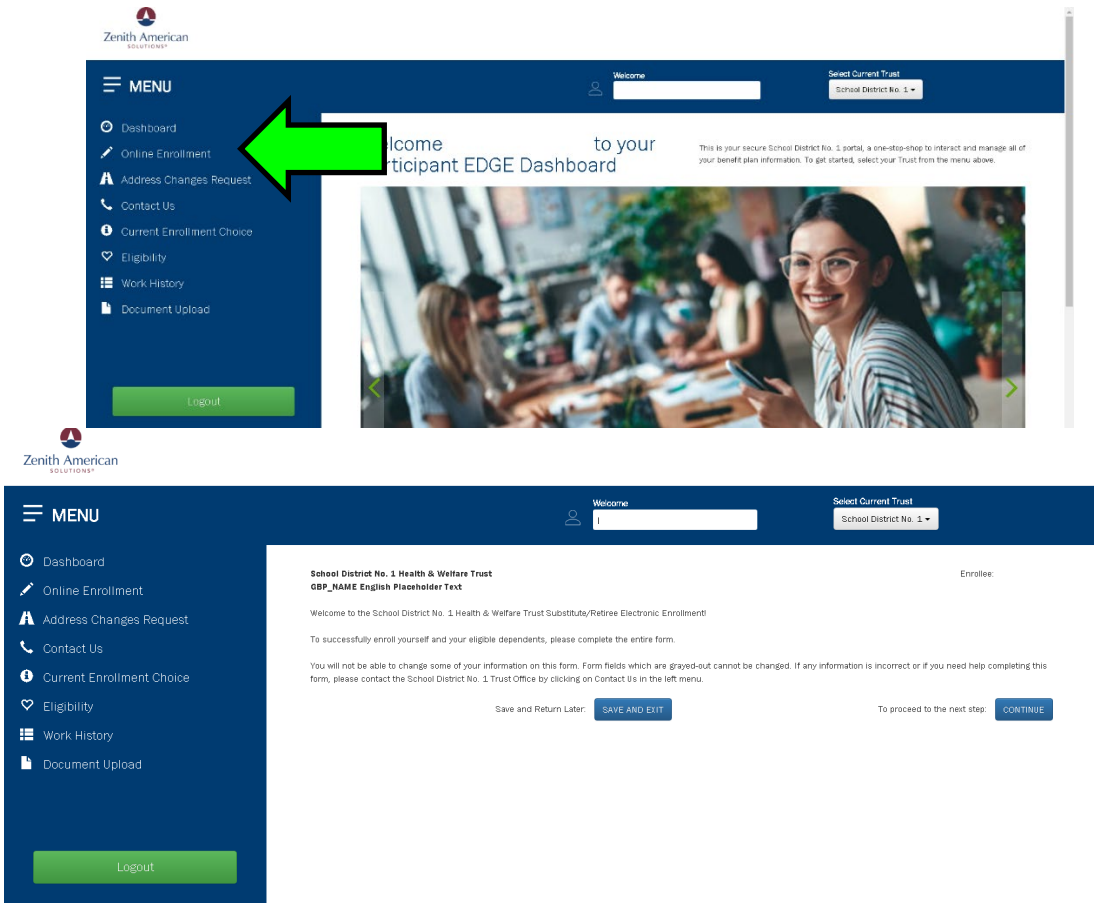
Some part of the identifying information does not match our records. Please review, and if you believe the entered information was correct please contact your Customer Support staff directly, or click the “Contact Us” link and send an email to the Help Desk address provided. Include which client group you are associated with, and a contact number or email address so our Customer Support staff can assist you. NOTE that if you are a member of more than one client group (either currently or in the past), if the information for one group is out of date you may have difficulty registering; if this is the case please update your current information to all client groups you have ever been a member of before attempting to register again.

- **Username is already in use.**

Someone else is using the username you have selected. Please choose a different (more unique) username and try to register again.

## **Enrollment**

- After the participant has successfully logged in
- Select the menu item Online Enrollment
- Select the option Start Enrollment
- Follow the below screenshots for the visual flow of online enrollment



## Personal Information

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First Name:

Middle Initial: *(optional)*

Last Name:

Street Address 1:

Street Address 2:

Country:

City:

State:

Zip:

Birth Date:

Home Phone:

*(At least one phone is required)*

Work Phone:

Other/Cell Phone:

E-mail Address:

Retype E-mail Address:

Save and Return Later:

[SAVE AND EXIT](#)

To proceed to the next step:

[CONTINUE](#)

MENU

- Dashboard
- Online Enrollment
- Address Changes Request
- Contact Us
- Current Enrollment Choice
- Eligibility
- Work History
- Document Upload

Logout

Download the mobile application

Welcome

Select Current Trust  
School District No. 1

**School District No. 1 Health & Welfare Trust**  
GBP\_NAME English Placeholder Text

Enrollee:

Complete this section to enroll for coverage of your spouse, domestic partner and/or eligible children. Eligible dependents include your lawful spouse, domestic partner and your unmarried children, including stepchildren, adopted children, and children for whom you are a court-appointed guardian, up to age 26, according to the Plan.

The School District No. 1 Health & Welfare Trust requires verification of your dependents before they will be eligible for benefits. The Trust works with Secova for this dependent verification. For your spouse, you will need to provide a certified original copy of your marriage certificate. For your domestic partner, you will need to provide an Affidavit of Domestic Partnership. For children, you will need to provide a certified original copy of each child's birth certificate. Any other documents required by the Fund, please contact Secova at 1 (866) 465-1961 or <https://verify.secova.com/SD1Trust> for additional information.

To add a new dependent, click here:

ADD DEPENDENT

Dependent Information							
Name	Sex	Relationship	Birth Date	Effective Date	Termination Date	Individual with Custody	Is Custody Mandated?
TEST H. DUNN	M	Spouse	08/04/2015		08/04/2015		No

Save and Return Later: SAVE AND EXIT

To proceed to the next step: CONTINUE

**OPTIONAL, Self-Pay Dental & Vision (Choose one—you must enroll in a medical plan):**

Kaiser Basic Dental Plan\*

My signature below indicates that I have read and understand this Enrollment Form and descriptive materials provided. This Enrollment Form is binding on me and cannot be revoked or modified except as explained in the descriptive materials provided. I authorize my insurance carriers to obtain, examine, or release any medical or dental records or other information needed to coordinate benefits or process claims for me and my family members. I also authorize any provider having knowledge of my medical history or my dependents to release to my insurance carriers any medical information it requests. I authorize my insurance carriers to share such medical information with me or my dependents' health care providers. I declare that the dependents listed on this form are my eligible dependents. I also declare that the information furnished on this form is correct and complete to the best of my knowledge.

Please type your first and last name:

**Please select a printing method below.**

Print the Letter on my attached printer.

**If you have selected to Print the Letter on your attached printer, please follow the instructions below:**

**Adobe PDF format is the preferred format for printing the report. This requires you to have Adobe Acrobat Reader.**

1. If you do not have Adobe Acrobat Reader installed, please [CLICK HERE](#) to acquire it **FREE** of charge.
2. If you do have Adobe Acrobat Reader installed, please click the "Display PDF" button to open the report in a new window.
3. Then click on the Adobe print icon to print.
4. Close the report window.

**5. If the report has printed successfully, you must click on the "Continue" button to complete the enrollment application.**

An alternate method to Adobe PDF format is the [HTML Version](#) of the report. If you can not install Adobe Acrobat Reader or choose not to install it, you can print the unformatted [HTML Version](#) of the report.

GET ACRABAT READER

DISPLAY PDF

CONTINUE




WELCOME
Select Current Trust  
School District No. 1 ▾

**MENU**

- Dashboard
- Online Enrollment
- Address Changes Request
- Contact Us
- Current Enrollment Choice
- Eligibility
- Work History
- Document Upload

Logout

Download the mobile application



**School District No. 1 Health & Welfare Trust**  
**GBP\_NAME English Placeholder Text**  

- Electronic Enrollment
- Substitute/Retiree Online Enrollment

Enrollee:

Congratulations you have successfully submitted your Substitute/Retiree enrollment form!

If you have enrolled dependents, please note the following:

- Your dependents must be verified. The Trust works with an independent agency, Secova, to confidentially verify eligibility for each enrolled dependent. You'll be asked to securely submit documentation (such as a birth certificate, marriage certificate, etc.) to Secova, which will protect the privacy of your personal information.
- Please respond within the timeframe you're allowed, to ensure your eligible dependents are enrolled in coverage. You must provide Secova a copy of your electronic enrollment form and the appropriate document(s) listed below. Your dependents are not eligible for benefits until they are verified.

Required Documents for Verification	
Relationship	Document(s)
Spouse	Certificate of Marriage
Dependent Children	Certified original copy of each child's birth certificate
Domestic Partner	Affidavit of Domestic Partnership

School District No. 1 Health & Welfare Trust  
12205 SW Tualatin Rd., Ste. 200  
Tualatin, OR 97008  
(503) 486-2107  
[sd1@zenith-american.com](mailto:sd1@zenith-american.com)

Confirmation Number: 582090

VIEW CONFIRMATION
EXIT ENROLLMENT