



How to Register on MyCompBenefits.com

From PIN Registration – Step I

- User Name:** Create and enter your User Name. It must be a minimum of 5 and a maximum of 25 characters. It can be made up of letters or numbers, or both. *For example: 123ABC*
- Password:** Create and enter your Password. It must be a minimum of 5 characters. It can be made up of letters or numbers, or both. *For example: MINNIE3*
- Re-enter Password:** Re-enter the same password that you entered above.
- Email address:** Enter your e-mail address. This is the e-mail address CompBenefits will use to contact you.
- Re-enter Email address:** Re-enter the same e-mail address that you entered above.
- User Type:** Select your appropriate user type. If you are a member, select “Member”. If you are a broker/agent, select “Agent”. If you are a Participating Provider, select either “Dentist” or “Eye Care Professional”.
- Security Question 1:** Select a Security Question. This is one of two questions we will ask you for security verification purposes.

Answer: Enter your answer to the Security Question you chose above. This is the answer you must provide in response to the security question.

Security Question 2: Select a Security Question that is different than Security Question 1. This is the second of two questions we will ask you for security verification purposes.

Answer: Enter your answer to the Security Question you chose above. This is the answer you must provide in response to the security question.

From Member Registration – Step II

Member ID: Enter the Subscriber's identification number. This is either the Subscriber's Social Security number or some other number (Alternate ID number*). The ID number may be shown on the Subscriber's identification card.

*If you have requested an Alternate ID number, this number should be shown on your ID card. If you don't have an ID card or your ID card does not show a number and you don't remember your ID number, please contact us.

Demographic Information: Enter the Subscriber's name, date of birth and zip code in the spaces where indicated. Enter this information as it appears on the Subscriber's initial enrollment materials.

From Agent Registration – Step II

Profile Information: All fields marked with an asterisk "*" must be completed.

***Agent Code:** Please refer to your commission statement for your Agent Code. It is shown in the upper left corner of your statement. Enter the code exactly as it is shown on your statement.

***Work Phone:** Enter the work phone number that you have on file with us.

***Tax ID #:** Enter your business tax ID number (FEIN) or Social Security Number (SSN) that you have on file with us. This will be the same number you gave us for 1099 tax reporting purposes.

***City:** Enter your city as shown in your records with us.

***ZIP:** Enter your zip code as shown in your records with us.

Dental Provider Registration – Step II

Profile

Information: All fields marked with an asterisk “*” must be completed.

***Facility #:** Enter the “Master Facility” identification number.

***Work Phone:** Enter the work phone number that you have on file with us.

***Tax ID #:** Enter your business tax ID number (FEIN) or Social Security Number (SSN) that you have on file with us.

***ZIP:** Enter your zip code as shown in your records with us.

Vision Provider Registration – Step II

Profile

Information: All fields marked with an asterisk “*” must be completed.

***Work Phone:** Enter the work phone number that you have on file with us.

***Tax ID #:** Enter your business tax ID number (FEIN) or Social Security Number (SSN) that you have on file with us.

***ZIP:** Enter your zip code as shown in your records with us.