

Hooray Health

Direct Pay Enrollment Portal

Job Aid

This job aid is designed to support you in answering any questions that may arise during the enrollment process on the Hooray Health platform. Inside, you'll find detailed steps outlining the entire employee enrollment journey from start to finish. If, after assisting an employee, they are still experiencing difficulties, please direct them to contact our benefits advisors at **855-479-4008**.

Please have your employees use the enrollment link we've provided to access the enrollment page. From there, they can review available plan options and, when ready, click "Start Your Enrollment" to begin the enrollment process. After completing the "Eligibility Verification," they can follow the steps to either enroll in or decline coverage.

Please Note:

- Payments are made with your debit or credit card and will be charged at the time of enrollment. Once enrolled, the card you place on file will be charged on the 15th of each month.
- The plan will become effective on the 1st of the following month.

Select Language

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Eligibility Verification

has partnered with Hooray Health to offer you affordable, quality benefit plans. To review plan information, please see the [Benefit Guide](#).

Please enter your eligibility information in the correct format to enter the enrollment site. Once you login, you will be able to make your enrollment selection(s).

- **SSN:** XXX-YY-ZZZZ
- **Date of Birth:** MM/DD/YYYY

For enrollment assistance or plan questions, please contact a Hooray Health Benefits Advisors at **(855) 479-4008**.



Social Security Number XXX-YY-ZZZZ



Date of Birth MM/DD/YYYY

Any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud. By accepting this agreement, I am stating that the information provided is true and correct.

☐ I accept and agree to the above Acknowledgement Statement.

Submit Information

Once an employee is ready to begin the enrollment process, they will select "**Start Your Enrollment**" on the enrollment site. Before making their benefit election, they will first need to verify their eligibility by entering their **Social Security Number** and **Date of Birth** in the format shown in the screenshot. This verification step ensures their enrollment or coverage declination is accurately captured and recorded.

Select Language

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Employee: Test Test 100 [This is not me?](#)

Enroll Now!

Benefit Plans: (Please select one of the plans below)

HH Advantage - Max \$5,000 Lite 

[View Product Details](#)

- ☐ \$65.52 per Month Employee Only
- ☐ \$89.78 per Month Employee + Spouse
- ☐ \$95.59 per Month Employee + Child(ren)
- ☐ \$120.81 per Month Employee + Family

HH Advantage - Max \$15,000 

[View Product Details](#)

- ☐ \$113.07 per Month Employee Only
- ☐ \$185.77 per Month Employee + Spouse
- ☐ \$189.43 per Month Employee + Child(ren)
- ☐ \$272.99 per Month Employee + Family

Decline Medical Coverage 

[View Product Details](#)

- ☐ \$0.00 one-time Employee Only

[Choose Option](#)

[Clear Selection](#)

Once the eligibility verification page has been submitted, employees will be directed to the next page, shown here, where they will see the list of benefit products available to them based on your organization's offerings. At this stage, employees can review their options and choose to enroll or actively decline coverage.

To Enroll:

- Choose the correct radial for the designated tier level of coverage for the health plan.

OR

Choose the radial under Decline Medical Coverage if you do not wish to enroll.

- Select "Choose Option" to move to the next screen.

HOORAY HEALTH

Member

Member ID 687489493

Company Name

First Name

Last Name

Address

Address

Address 2

City

State

Zip Code

[Verify Address](#)

Contact

Phone Number - -

Email Address

Attributes

Social Security #

Date of Birth

Gender

Enroller

Beneficiary

Relationship

Name

Address

City

State

Zip Code

Phone - -

Date of Birth

Enrollment

HH Advantage - Max \$15,000

per Month for Employee Only \$113.07

Post Date

Effective Date

Recurring Date

Total \$113.07

Payment Method

☒ Credit Card

Credit Card Number

Card Expiration Date

Security Code/CVV2

☐ Same as Member information

First Name

Last Name

Street Address

City

State

Zip Code

If the decision has been made to enroll in a Hooray Health Plan, on the previous screen, you will then be brought here to begin inputting your demographic information.

Please Note:

- Fill out each field where you see a red asterisk (Under Attributes section, the SSN and DOB should be pre-populated).
- Input your Credit Card information before moving to the Authorization and Disclosure section.

Authorization

Product Terms & Disclosures for Hooray Health Advantage Plan

- I understand I have selected this insurance coverage underwritten by Zurich American Insurance Company.
- I understand that my enrollment application must first be accepted and processed and payment received, prior to me receiving any benefits under the plan.
- I confirm I have reviewed the details of the Accident coverage I selected, including the limitations and exclusions, and I accept the terms and conditions of the coverage as described within the Sample Certificates made available during the selection process. I also understand I may review my fulfillment materials in my member portal which is provided at time of enrollment in a Welcome message email, if I have questions or need more information about the benefits, I can contact customer service at 866-746-6729.
- I confirm I have reviewed the details of the Hospital Indemnity coverage I selected, including the limitations and exclusions, and I accept the terms and conditions of the coverage as described within the Sample Certificates made available during the selection.

Payment Authorization:
By submitting my benefit choices, you acknowledge that you are authorizing Hooray Health, LLC or its approved affiliate/marketing partner(s) to charge the debit card, credit card or ACH bank account as indicated in this authorization on behalf of the Insurance Companies and benefit providers, and their respective plans which you have selected through this enrollment website. Furthermore, you acknowledge and agree that future payments will be charged to the debit card, credit card or ACH bank account you have provided on a recurring monthly basis with your full authorization for the amount associated with the products and services selected above.

Recurring Monthly Payments:
Recurring monthly premium payments are billed in advance of the next coverage period. If the recurring payment date falls on a weekend or holiday, you understand that the payment may be executed on the prior or the next business day. In the case of a recurring credit/debit card transaction being declined you acknowledge that Hooray Health, LLC may at its discretion attempt to reprocess the charge one or more times within 40 days. In the event your payment is unsuccessful, your coverage will be subject to termination for nonpayment. You understand that this authorization will remain in effect until you cancel it in writing via email or mailed letter. You agree to make any account changes within your secure online portal or by notifying Hooray Health, LLC in writing of any changes to your account information.
You certify that you are an authorized user of this debit card, credit card or bank account and that you will not dispute the scheduled payments with your Credit Card Company or bank, provided the transactions correspond to the terms indicated in this authorization form.

Cancellation Policy:
You may cancel the service at any time. All notices of cancellation must be submitted in writing only, via email or mailed letter. All cancellation notifications must be made by the primary account holder. To avoid billing for unwanted services, all cancellation notices must be received prior to the upcoming coverage period. Upon receipt of your cancellation notice, coverage for the services/products listed will be terminated as of your coverage paid through date. If a cancellation notice is sent via first class mail, your requested date of cancellation is the mail carrier's postmarked date of your letter/notice.
Submit cancellation notice to:
Email: customerservice@hoorayhealthcare.com
OR
Hooray Health, LLC
Attn: Member Services
5625 Addison Circle Ste 508
Addison, TX 75001-3388

Refund Policy:
You may only receive a refund, if applicable, provided you have submitted a written notice of cancellation. All refund requests MUST be submitted in writing.

- If you are canceling your coverage BEFORE your effective date, you are entitled to a FULL REFUND of the monthly premium or fee for coverage previously paid.
- You are not entitled to a refund if any claims have been filed by the policyholder or his/her dependents during the coverage months.
- Refunds will not be applicable for cancellations submitted AFTER the coverage period has begun.

Billing Questions:
Any questions regarding billing should be directed to (866) 746-6729 Monday-Friday 8 AM to 8 PM CST or via email at: customerservice@hoorayhealthcare.com

Policy / Benefit Notification:
You authorize Hooray Health, LLC to contact you with digital communications regarding policy updates, benefit changes, and current enhancements of our products and services. You agree to update Hooray Health, LLC, with any changes to your email address or phone number through the "Member Portal" at members.mhhoorayhealth.com or by emailing membersupport@hoorayhealthcare.com to continue receiving plan notifications.
This authorization shall remain in effect until revoked by you in writing. You understand and agree that this authorization, an updated email address and phone number is required to receive important updates regarding your enrolled benefits and insurance coverage; and that revoking this authorization will result in missing important notification(s) that may adversely affect your coverage, including termination of benefits. Hooray Health, LLC shall not be held responsible or liable for any missed notifications due to an incorrect contact email address or phone number that results in a change to or loss of coverage or benefits.

Privacy Practices:
I acknowledge receipt of Hooray Health's Privacy Practices located at: [Notice of Privacy Practices](#)

☐ By executing the enrollment for the products / services selected, I hereby attest that all enrollment information is true and correct; and I fully accept and agree to the terms and conditions of the policy(s) which I have chosen; and to the terms and conditions set forth in this authorization agreement without exception.



I'm not a robot
To help us protect your privacy, we ask you to verify you are not a robot.



Signature

Please sign

Start New Enrollment

Submit

You will now review the Authorization and Disclosure information. After reviewing the details, select the box under **Privacy Practices**, then complete the verification step by checking the box confirming that you are not a robot. You will then provide your electronic signature before submitting your enrollment selection.

Confirmation

July 31, 2026 at 9:48 AM - 687489493 - Test Test 100

Member	Products	Summary
Name: Test Test 100	HH Advantage - Max \$15,000	\$113.07 Total
Address: 1724 saint john, IN 46373	Active: August 1, 2026	
Phone: (815)	\$113.07 per Month for Employee Only	
Email:		

Congratulations on purchasing a **Hooray Health** plan! Your coverage will be effective **August 1, 2026**.

You will receive a Welcome Email that will provide additional information about accessing your member portal. You will receive an ID card in the mail within 10-15 days after your effective date.

Please note: subsequent payments for your plan(s) are charged on the 15th of the month for the upcoming coverage month.

Next Billing Date: August 15, 2026
Payment Method on File: xxxx-xxxx-xxxx-1111

This is an example of the confirmation page that will appear after the enrollment selection has been submitted.



THANK YOU FOR YOUR PAYMENT!

Hello Test,

Your transaction has been successfully processed and your benefits remain active. Below is a summary of your enrolled plans and payment details.

Coverage Summary

- HH Advantage - Max \$5,000 Lite

Transaction Details

- Payment Amount: \$65.52
- Payment Method: xxxx-xxxx-xxxx-1111
- Card Expiration: 02/2029
- Transaction ID: FF21E56AAB62095C159538036E6A279B

Please do not reply to this message. Replies to this message are routed to an unmonitored mailbox.

Need Assistance?

Hours of Operations:

Monday - Friday 8 am-6 pm CST | Saturday 9 am-5 pm CST

Phone: 855-479-4008

[Send Us a Message](#)



Finding a doctor has never been easier.
Download the Free Hooray Health Mobile App!



Thank you,

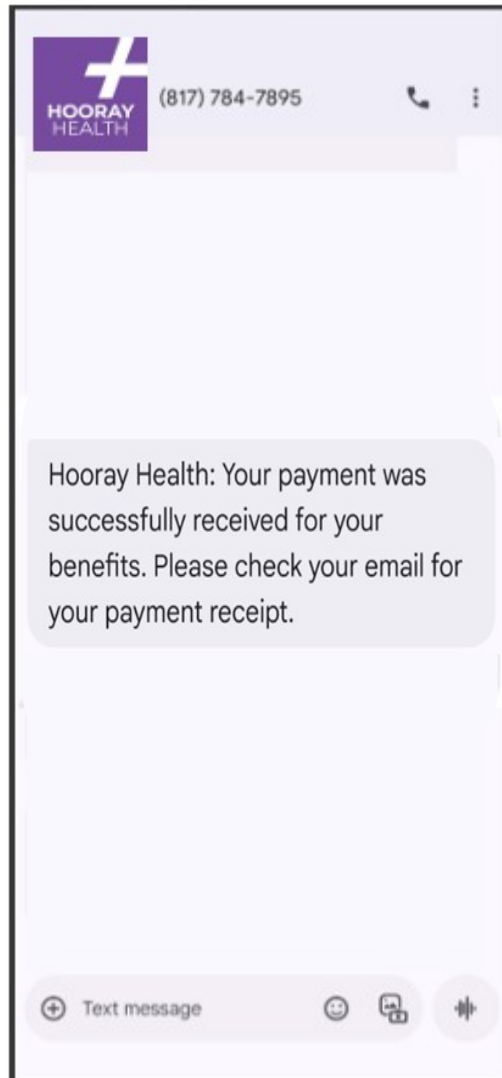
The Hooray Health Team

5015 Addison Circle, Suite 508 | Addison, TX 75001-4805

Hooray Health Plans provide limited essential accident and sickness coverage and are not a substitute for major medical insurance.

HOORAY
HEALTH
hoorayhealth.com

This is an example of the confirmation email that will be sent once the enrollment has been processed.



This is an example of the text message that will be sent once the enrollment request has been submitted and payment has been successfully processed.

Cancelling coverage, questions about your benefits, or help with the enrollment process

If you wish to cancel coverage, have questions about the plan offerings or need help with the enrollment process, please our Benefit Advisor Team.

- Call 855-479-4008
- Hours of Operation:
 - Monday—Friday (8:00 am to 6:00 pm CST)
 - Saturday (9:00 am to 5:00 pm CST)

Cancellation & Refund Process

- Call our Benefit Advisor Team by calling 855-479-4008.
- If an employee enrolls in a Hooray Health Plan and decides to cancel BEFORE their coverage becomes effective, they will receive a full refund of the premium paid.
- If an employee enrolls in a Hooray Health and decides to cancel, AFTER the plan has become effective, they will have coverage for the remainder of that month and will need to contact our Benefit Advisor Team to request cancellation no later than the 14th of the month to ensure the automatic draft for the following month's premium is not processed.