

Your MEMBER SITE USER REGISTRATION

QUICK START GUIDE

1 GO TO YOUR MEMBER WEBSITE

Click **Register Now**.



2 COMPLETE THE REGISTRATION FORM

Follow the instructions on the form.

REGISTER

Get the most from your Membership

You've made a good choice about your Medicare coverage! Take this next step to get personalized information about your coverage and claims, sign up for special programs and learn more about staying healthy.

MEMBER INFORMATION

* Required

* Tell us about yourself:

Select One

* Member ID:
ID CARD#/SSN

* Relationship to Policyholder
Select One

* First Name:
Your First Name

* Street Address:
120 Fifth Avenue

* Last Name:
Your Last Name

* City:
Pittsburgh

* Date of Birth:
MM/DD/YYYY

* Zip:
15222

* Email:
salesdemonstration@gmail.com

Phone:
 Home Work Mobile

* Re-Enter Email:
salesdemonstration@gmail.com

Member Information

Create Login

CANCEL NEXT

3 CREATE LOGIN

Create a login ID, password and choose a security question.

REGISTER

Get the most from your Membership

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CREATE LOGIN

* Required

* Login ID
6-16 alphanumeric characters

* Password
Letters and numbers

* Verify Password

* Security Question:
Select One

* Security Answer:
[Text Field]

Member Information

Create Login

BACK NEXT

Highmark Blue Shield

DISCOVER SHOP FIND A DOCTOR MEDICARE

ADDITIONAL LINKS
Customer Service
Find a Direct Store
About Highmark
Privacy Policy
Medical Billing
Accessibility
SMS Texting
Terms of Service
Fraud Prevention
HHS

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