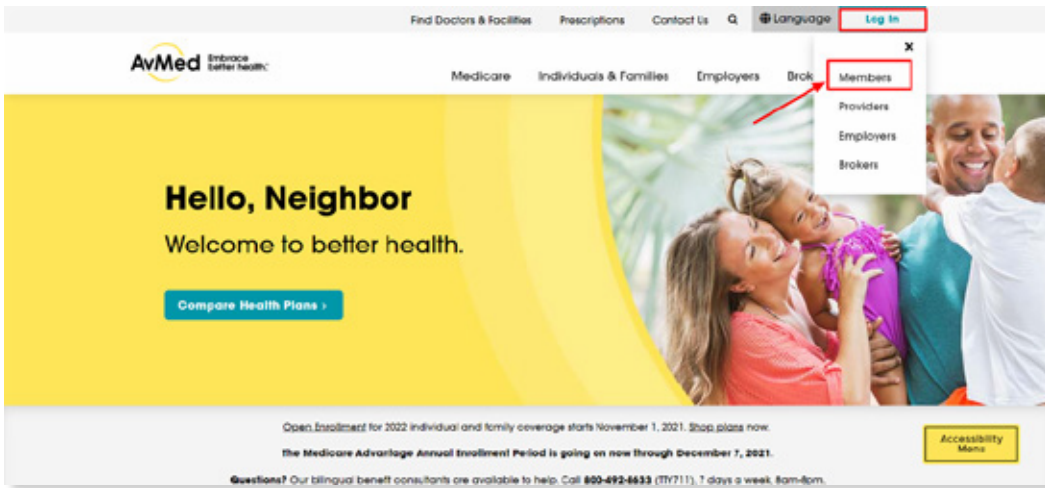


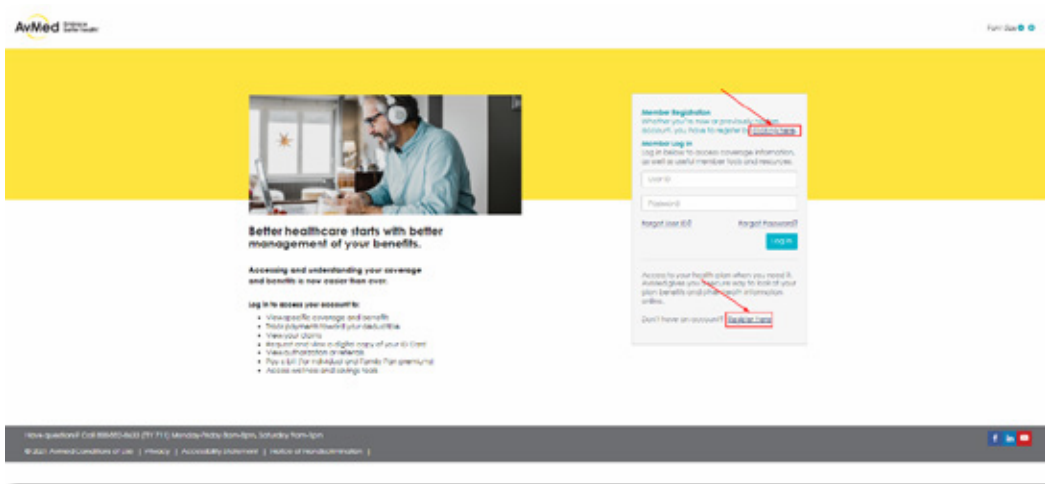
# How to Register to the MEMBER PORTAL



1. Go to [www.AvMed.org](http://www.AvMed.org) and click on "Log In" in the upper right-hand corner and select "Member."



2. Click on "Register" on either of the Register buttons on this screen.



3. Complete all fields on the form, review the Terms & Conditions and check the box. Then click "Register."

By continuing, you represent and acknowledge that you are at least 13 years old and you are an AvMed member or the authorized representative, parent or legal guardian of the AvMed member whose personal information will be accessed through this website.

Required fields are indicated with asterisk (\*)

[Learn more about our account.](#)

I am registering for a Member portal account for my dependent child that has a Child only plan with AvMed.

\* Member ID  \* Social Security Number

\* Date of Birth

**Demographic Information**

If you need to change your demographic information, please raise the request via the "Update Personal Information" link once you log in to the portal or contact the Member Engagement Center at the number located on your Member ID card.

First Name  Last Name

Address (No. & Street)  Suite/Apt Number

City  State  Zip Code

Home Phone  Mobile Phone

I agree that AvMed may send text messages to me in unencrypted form as explained in the [Terms and Conditions](#) when AvMed believes such texts are appropriate for the message.

**Sign up Information**

Create a Member Account using my Enrollment Portal Account Information

Create a Member Account

\* Email Address  User ID  Use email address as user ID

I agree that AvMed may send emails to me in unencrypted form as explained in the [Terms and Conditions](#) when AvMed believes such emails are appropriate for the message.

\* Password  Password must contain:

- Minimum of 8 characters & maximum of 30 characters.
- Must contain at least 1 upper case character.
- Must contain at least 1 lower case character.
- Must contain at least 1 number.
- Must contain at least 1 of these special characters: !@#%&\*~.
- You cannot change your password more than once per day.

\* Re-enter Password

Security Question 1: Please Select a Question  Answer 1:

Security Question 2: Please Select a Question  Answer 2:

Security Question 3: Please Select a Question  Answer 3:

I agree to the [Terms and Conditions](#).

By default, the opt-in checkbox will be selected next to your email address. The opt-in checkbox next to your mobile phone number will populate once you enter a mobile number. You will receive email notifications and text messages when AvMed believes such notifications are appropriate. If you do not want to receive these communications, you may opt-out by deselecting the opt-in checkbox. If you decide later to receive email and/or mobile communications from AvMed you may do so by logging into the Member portal and selecting the opt-in checkbox on the My Preferences page.

4. Once you register, you will receive a pop-up screen that indicates your account is established. Click "Ok" and then go back to the Log In screen to immediately log in using your Username and Password that you just created.