

## **BecomeAnEx.org** Instructions and Key Highlights

Through your organization, you have a new way to quit smoking! BecomeAnEX.org is an innovative cessation program available FREE to all of your organization's employees.

## **To Register**

1. Go to <u>www.becomeanex.org</u> and click the red "Register now" button in the upper righthand corner.

**Register Now** 

- 2. A tobacco user will need to answer some simple questions to better tailor the information provided on BecomeAnEX.org:
  - a. Have you smoked 100 cigarettes in your life?
  - b. How often do you smoke? (Every day, some days, not at all)
  - c. What is your age group?
  - d. What is your gender?
  - e. What is your zip code?

About Me
Tell us a little about yourself so we can get to work on your EX Plan to quit tobacco.
Have you smoked at least 100 cigarettes in your entire life?*
Yes No
How often do you smoke? <sup>*</sup>
Every Day Some Days Not At All
What is your age group?*
O under 18 18-24 25-30 31-44 45-64 65 or over
What is your gender? <sup>*</sup>
Male Female

- 3. Next, enter contact information to use the various features of EX:
  - a. Email address (everyone registering will need to provide an email)
  - b. Username (don't use your real name for privacy purposes)
  - c. Password
  - d. Mobile phone number (if you want to receive supportive text messages designed to help you quit. Standard text messaging rates apply.)

mail address <sup>*</sup>	Password <sup>*</sup>	$\odot$
name@example.com	Passwords are case-sensitive.	۹
Jsername <sup>*</sup>	Mobile phone number	0

- 4. Finally, to access the premium features of BecomeAnEX sponsored by your organization, enter:
  - a. Employer/Sponsor (Note: you must enter your organization's name)
  - b. Health plan (Note: you can enter ANY health plan, or check the box "not referred")
  - c. Your first name, last name, and birthdate.



- d. For "Relationship" if you are employed by your organization, select "employee." If you are married to, or a dependent of an employee, and are eligible for the program, select "Adult Dependent."
  - i. Adult dependents should also enter the first name, last name, and birthdate of you, the employee, when prompted.

If you were referred by your e	mployer, health insurance provider, or anoth	er sponsor, that means they have paid for you to access premi	um feat <mark>u</mark> res
Please provide the informatio	n below to access those features.		
If you were not referred to Be	comeAnEX, simply check the boxes below ear	:h field.	
Employer or Sponsor <sup>*</sup>	Health Insurance Pro	vider (Aetna, Blue Cross, etc) <sup>*</sup>	
ABC Company			
Not referred	✓ Not referred		
Legal First Name*	Legal Last Name*	Birthdate*	
		Date former MM/DD/WW	
Relationship <sup>*</sup>			
Select	•		
Select			
Employee			
Employee Insured Sponsored Member			

5. Make sure to select either supportive emails or text messages (or both) in the green box to qualify for your incentive through your organization, if your organization offers an incentive to participate.



- 6. Don't forget to click the "Terms of Use and Privacy Policy" box and the "I'm not a robot" box.
- 7. Click on "Create my EX Plan" and you're done!