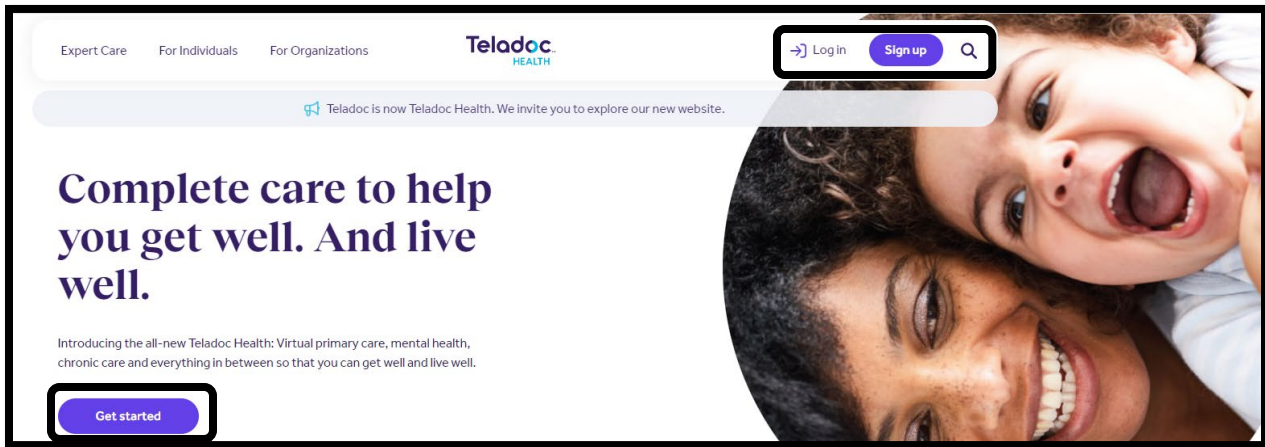


# How to Register an Account

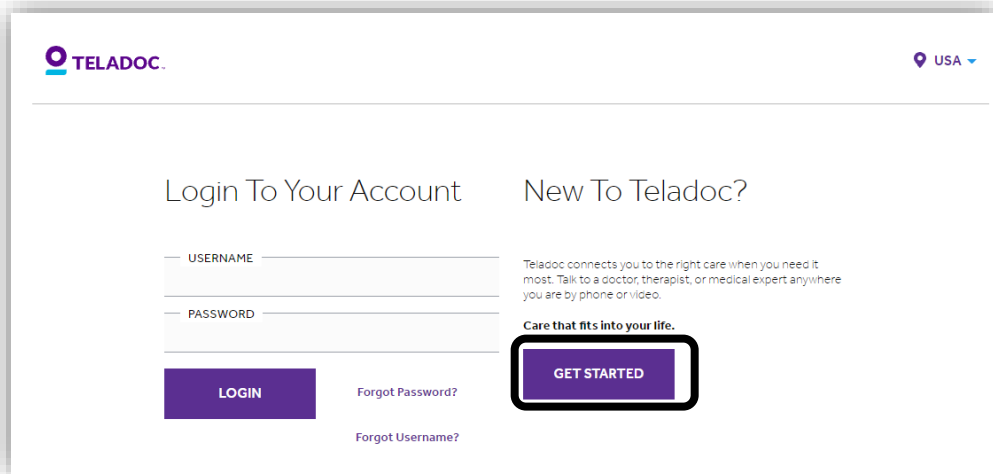
Step 1. Download the Teladoc mobile app  or access [www.teladochealth.com](https://www.teladochealth.com).

Step 2. Click 'Get Started Now' or 'Log in/Register'.



*Users can also register by calling 1-800-TELADOC*

Step 3. Click on 'Get Started'.



# How to Register an Account

Step 4. Fill in the basic demographic information. (Please use LEGAL first name.)

- + First Name
- + Last Name
- + Date of Birth
- + Zip Code
- + Email
- + Preferred Language
- + Gender

CANCEL REGISTRATION ✕

➤ Confirm Benefits
➤ Create Account
➤ Get Care

24/7 Access to Care

Let's get started. Enter a few details and we can see if you are covered.  
Already have an account? Please [sign in](#).

\*All fields are required unless otherwise noted.

FIRST NAME

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

COUNTRY  
United States Of America

ZIP CODE  
11111 or 11111-1111

EMAIL

PREFERRED LANGUAGE  
English

GENDER

☐ (Have a Teladoc Promo Code, Optional)

CONTINUE 1

Step 5. Select the bubble where the name reflects the benefits provider supplying Teladoc.

CANCEL REGISTRATION ✕

➤ Confirm Benefits
➤ Create Account
➤ Get Care

## Your benefits have been found!

We've matched you to a benefits provider. Please confirm below.

You can also contact us at 1-800-Teladoc (1-800-835-2362) for live assistance.

☐ My benefits provider is Group Name  
General Medical, General Medical Labs

**The Group Name "Personify Health" and your medical plan election will appear in the box automatically. If something other than "Personify Health" and your elected plan appears here, please do not complete enrollment and contact Personify Member Services directly.**

Continue

SELECT ANOTHER PLAN

# How to Register an Account

Step 6. Create a username and password. Answer security questions and your registration is complete!

CANCEL REGISTRATION X

Confirm Benefits

Create Account

Get Care

Finish creating your account

Your benefits are confirmed - we just need a little more info.

\*All fields are required unless otherwise noted.

Enter Your Home Address

STREET ADDRESS  
12345 New Home

STREET ADDRESS 2 (OPTIONAL)

CITY  
Some City

COUNTRY  
United States Of America

STATE  
Texas

PREFERRED PHONE NUMBER  
(555) 555-5555

EMAIL ADDRESS  
test@teladoc.com

GENDER  
Male

Create Your Username & Password

USERNAME

PASSWORD

CONFIRM PASSWORD

Your password must follow the guidelines below

- 10-20 characters long
- Contain at least one number and at least one letter
- Use only numbers, letters and standard symbols (standard symbols are limited to !@# \$ % ^ & \* )
- Cannot contain the words "teladoc" or your username

SECURITY QUESTION 1

SECURITY QUESTION 2

SECURITY QUESTION 3

SECURITY ANSWER 1

SECURITY ANSWER 2

SECURITY ANSWER 3

By clicking "Complete Registration" below, I certify that I have read and understand the [Web and Mobile Privacy Policy](#) and agree to be legally bound by the [Web and Mobile Terms and Conditions](#)

COMPLETE REGISTRATION