

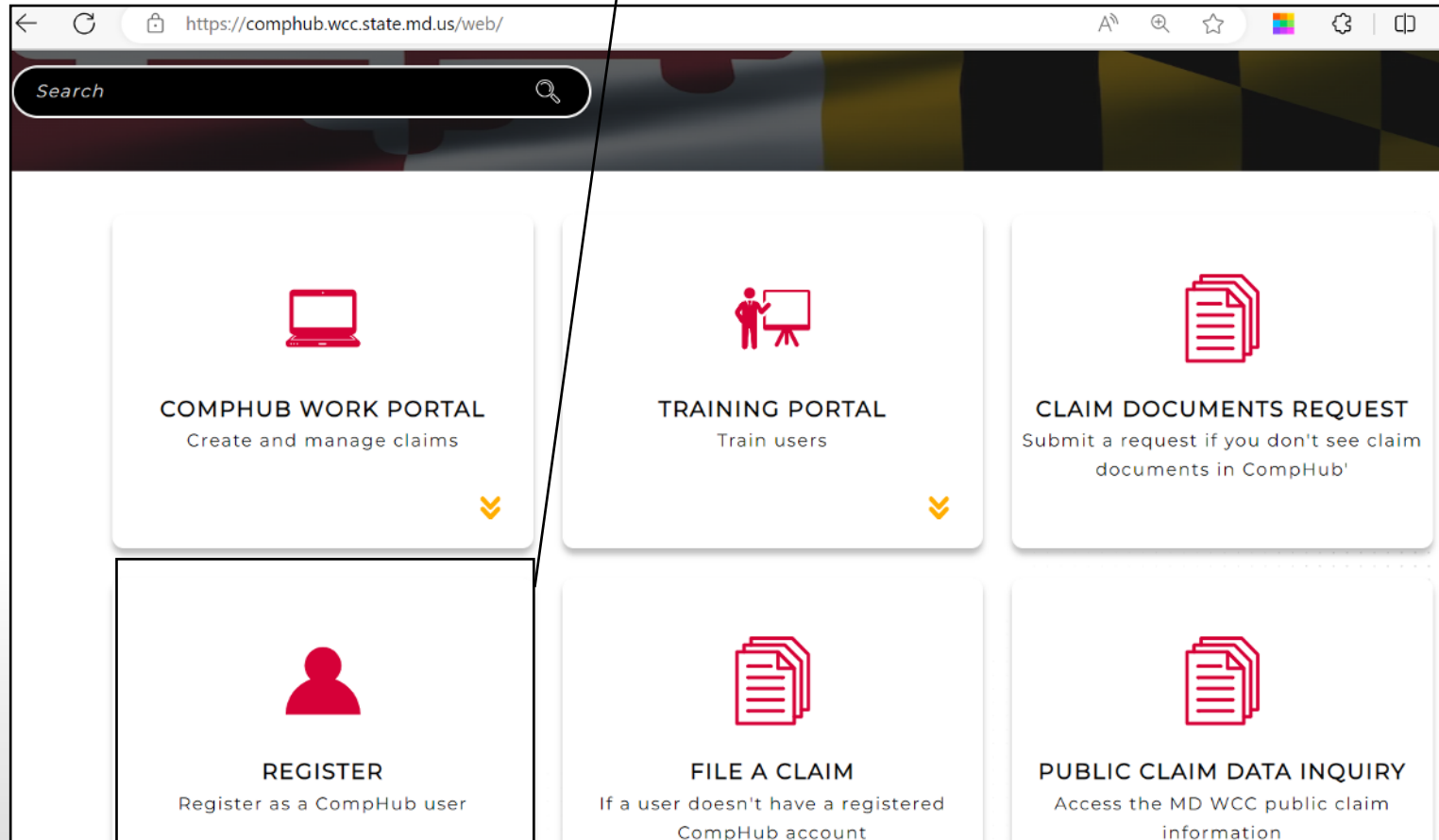
# User Registration - Insurer



## QuickStart Guide

When registering for CompHub, selecting the proper role is crucial to the access you will have in the system. This guide will show you how to register for CompHub and choose your role upfront.

**1** Select Register from our main menu of links and self-services. Alternatively there is a "Register" button by the Log in button.



**2** Enter your email address (will be used as your login) as well as your initial password. Click Next and continue to enter the required information for your account.

### Login Information

You will provide this information to login into CompHub Work Portal.

Email	<input type="text" value="Superinsurance@aol.invalid"/>	<i>*Required</i>
Create Password	<input type="password" value="....."/>	<i>*Required</i>
Confirm Password	<input type="password" value="....."/>	<i>*Required</i>

### Personal Information

This information should match with the identity verification document that you will be providing.

First Name	<input type="text" value="Caleb"/>	<i>*Required</i>
Middle Name	<input type="text"/>	
Last Name	<input type="text" value="Johns"/>	<i>*Required</i>
Gender	<input type="text" value="Unspecified"/>	<i>*Required</i>
SSN	<input type="text" value="999999999"/>	
Date of Birth	<input type="text" value="09/10/2023"/>	<i>*Required</i>
Phone	<input type="text" value="(410) 564-5100"/>	<i>*Required</i>

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If you are requesting the Employer role you will need to provide the code sent to you via mail. If you did not receive a code, you will be prompted to enter the Employer information, which will be verified by the Commission. Registration of the Employer must be done by the Insurer Designee. Insurer Delegates and notification settings can be assigned to the organization with a new or existing CompHub account using the Assign Organization Representatives process.

1 Enter the requested Address information.

### Address Information

This information should match with the identity verification document that you will be providing.

Line 1	<input type="text" value="1 N Charles St"/>	<i>*Required</i>
Line 2	<input type="text"/>	
City	<input type="text" value="Baltimore"/>	<i>*Required</i>
State	<input type="text" value="Maryland"/>	<i>*Required</i>
Country	<input type="text" value="United States"/>	<i>*Required</i>
Postal Code	<input type="text" value="21201"/>	<i>*Required</i>

2 Enter the Role you're requesting access to in the system and select if you received a code in the email. If you received a code enter the code, if you didn't receive a code, please contact [djones@wcc.state.md.us](mailto:djones@wcc.state.md.us) with your organization information ready.

### Role Information

Provide the role you are requesting to access the CompHub Work Portal.

Role	<input type="text" value="Insurer"/>	<i>*Required</i>
Code sent to insurer	<input type="text"/>	<i>*Required</i>

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The final step for all registration processes is to provide documentation to confirm identity.



1 The final step is to upload a proof of identity document. You have the choice of a Driver's License, State ID, or Passport. The address on the document should match up with the user's address.

### Identity Verification & Submit

Identity Document  
Type

Select Identity Document Type

*\*Required*

Upload Identity  
Verification Document

Choose File No file chosen

*\*Required*

By selecting this checkbox, you consent to receive, in electronic form, notification from CompHub Work Portal.

Usage of this system constitutes acceptance of the [Online User Services Agreement](#). WCC retains the right to suspend any user found to be in violation of the [Online User Services Agreement](#).

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Register

SUCCESS!

Your Information Is Registered With The CompHub Work Portal. We Are Reviewing Your Employer Information. Click On The Login Button At The Top Of The Page To Log In To The CompHub Work Portal.

2 Upon successful submission the site will display a confirmation message. *NOTE: EMPLOYERS/VR PRACTITIONERS WITHOUT A CODE HAVE A 24- HOUR TURNAROUND TIME FOR RECEIVING ACCESS*