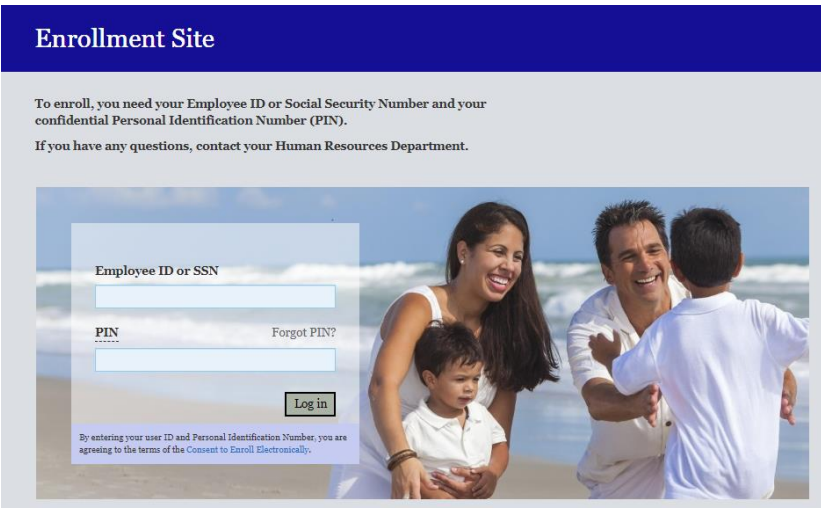
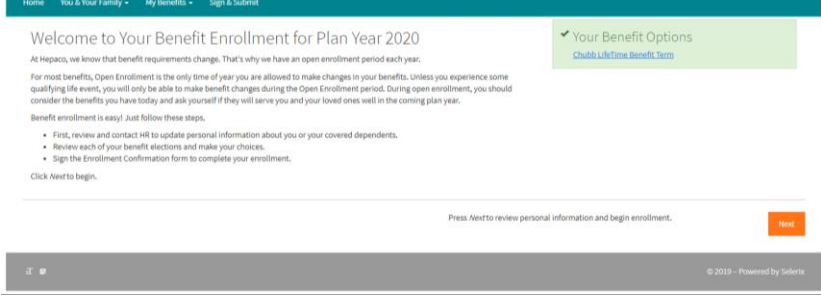
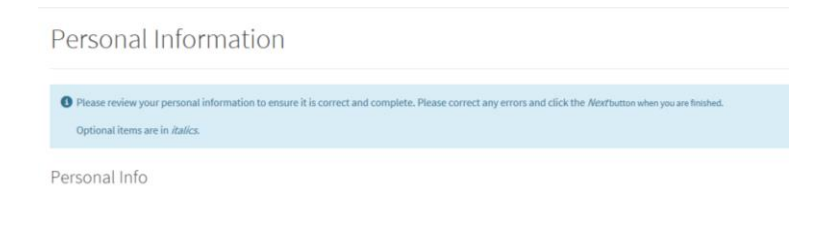
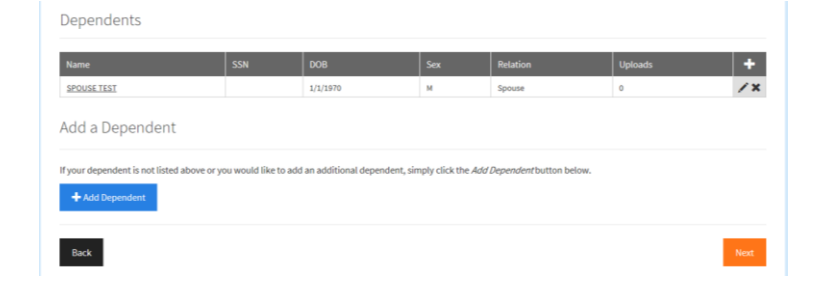


# Selerix Enrollment User Guide

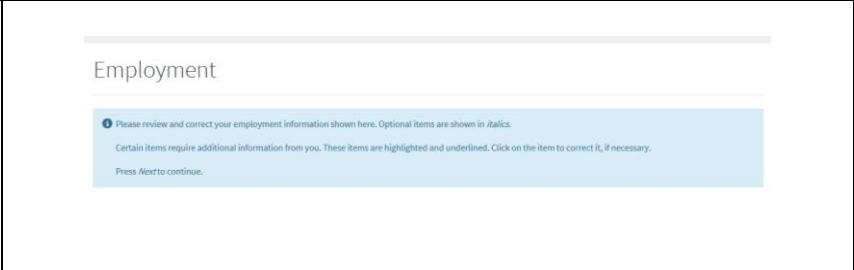
Instructions	Screen Shot
<p><b>ACCESSING THE ENROLLMENT:</b></p> <p>To enroll in Chubb Products, go to the URL provided for your employer. Log in with your Username and PIN.</p> <p><b>Username:</b> Employee ID or SSN</p> <p><b>PIN:</b> varies based on info provided</p> <p>*If you are not found in the system with your Employee ID or SSN, click the “New Employee” link and you will be prompted to enter your information and create a PIN.</p>	
<p><b>BEGINNING THE ENROLLMENT PROCESS:</b></p> <p>Press <b>NEXT</b> on the bottom right hand corner of the screen to review personal information and begin enrollment.</p>	
<p><b>PERSONAL INFO:</b></p> <p>Please review and update anything that is incorrect.</p> <p>Press <b>NEXT</b> on the bottom right hand corner of the screen to continue.</p>	
<p><b>DEPENDENT INFO:</b></p> <p>To add a dependent, click the blue “+ Add Dependent” Button. To edit a dependent click on the pencil icon. To delete a dependent click on the X icon.</p> <p>Press <b>NEXT</b> on the bottom right hand corner of the screen to continue.</p>	

Instructions	Screen Shot
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**EMPLOYMENT INFO:**

Please update and/or verify. You cannot change some fields, like eligibility date.

Press NEXT on the bottom right hand corner of the screen to continue.



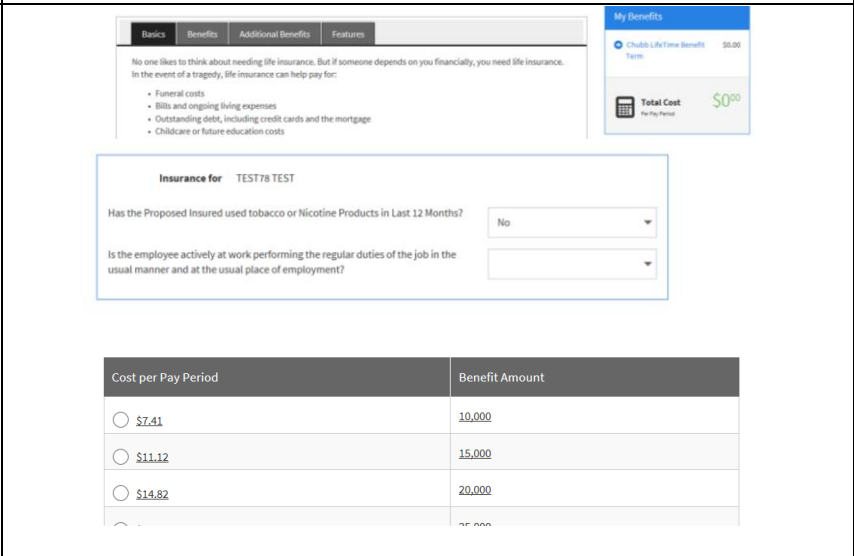
**ENROLL:**

Answer the two required questions about nicotine use (For Critical Illness and LBT) and if you are actively at work (All Products).

Your answers will cause the page to update with custom rates applicable to your situation.

Choose desired coverage amount or coverage tier with radio button.

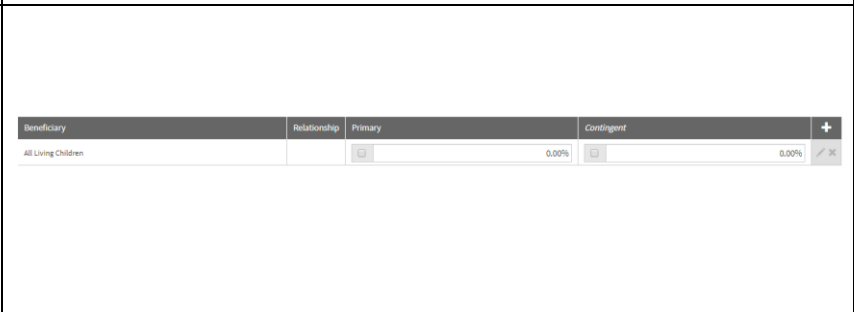
Press NEXT on the bottom right hand corner of the screen to continue.



**ASSIGN BENEFICIARIES:**

You can add additional people to be beneficiaries – just click the “+” sign.

If primary and contingent beneficiaries are not alive at time of claim, payment will be made to the estate.



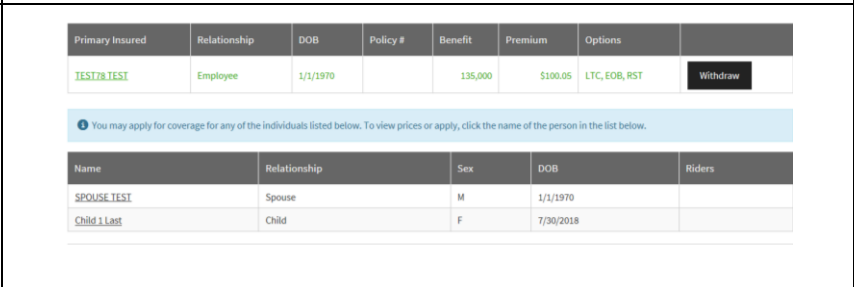
**DEPENDENT RIDER OPTION:**

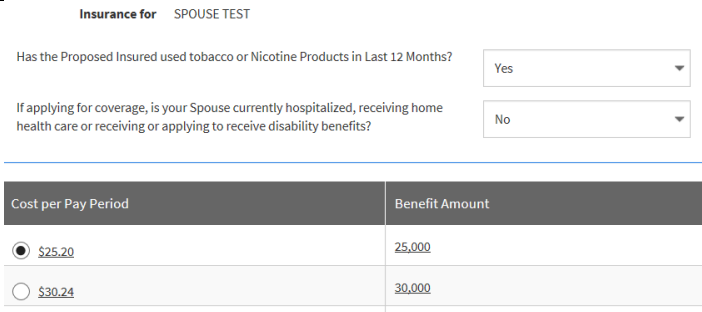
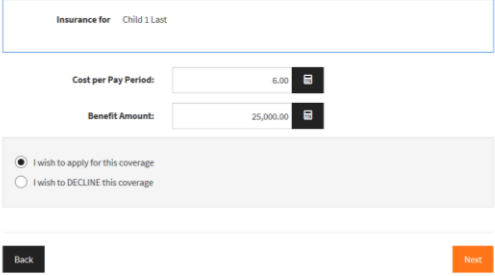
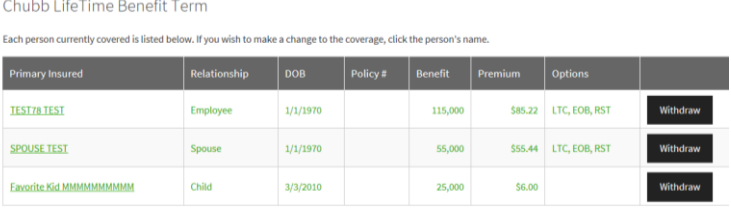
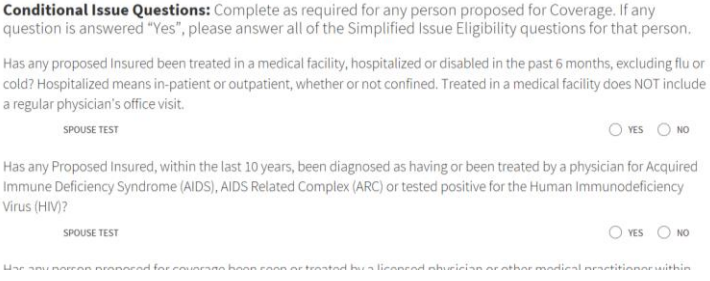
Click box for Dependent Child Rider if you want to cover all children with \$25K of life insurance.

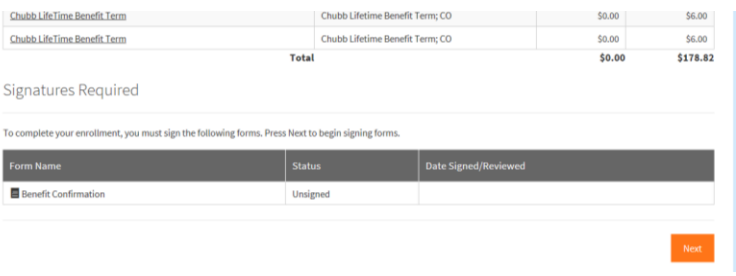
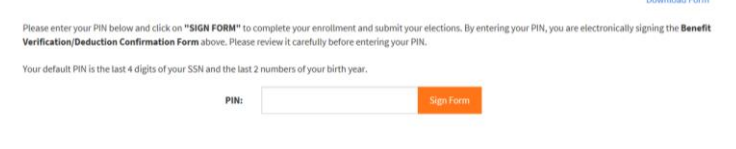


**ENROLL DEPENDENTS (Individual Certificates):**

To enroll a spouse and/or child(ren) (must have been entered on the dependent screen) click on their name to bring up their options for coverage.



Instructions	Screen Shot																																
<p><b>SPOUSE ENROLLMENT:</b></p> <p>Once you answer Spouse nicotine and medical question, amounts and rates will appear. Choose amount with radio button.</p> <p>Or you can decline coverage for spouse and hit “Next.”</p>	 <table border="1" data-bbox="760 346 1458 472"> <thead> <tr> <th>Cost per Pay Period</th> <th>Benefit Amount</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="radio"/> \$25.20</td> <td>25,000</td> </tr> <tr> <td><input type="radio"/> \$30.24</td> <td>30,000</td> </tr> </tbody> </table>	Cost per Pay Period	Benefit Amount	<input checked="" type="radio"/> \$25.20	25,000	<input type="radio"/> \$30.24	30,000																										
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<p><b>CHILD POLICY ENROLLMENT:</b></p> <p>If you don’t select “dependent child rider,” you can cover children with <u>individual policies</u> instead. If you want to apply for an individual policy for a child, click on their name and you will see option to enroll in an individual \$25K policy.</p>																																	
<p><b>CONFIRM ELECTIONS:</b></p> <p>After you enroll in policies you will always go back to this screen. You can see who has policies and who does not. If you change your mind about any of them, click “WITHDRAW.” If correct, click “NEXT.”</p>	 <table border="1" data-bbox="776 949 1502 1102"> <thead> <tr> <th>Primary Insured</th> <th>Relationship</th> <th>DOB</th> <th>Policy #</th> <th>Benefit</th> <th>Premium</th> <th>Options</th> <th></th> </tr> </thead> <tbody> <tr> <td>TEST78.TEST</td> <td>Employee</td> <td>1/1/1970</td> <td></td> <td>115,000</td> <td>\$85.22</td> <td>LTC, EOB, RST</td> <td>Withdraw</td> </tr> <tr> <td>SPOUSE.TEST</td> <td>Spouse</td> <td>1/1/1970</td> <td></td> <td>55,000</td> <td>\$55.44</td> <td>LTC, EOB, RST</td> <td>Withdraw</td> </tr> <tr> <td>Favorite Kid MMMMMMMMM</td> <td>Child</td> <td>3/3/2010</td> <td></td> <td>25,000</td> <td>\$6.00</td> <td></td> <td>Withdraw</td> </tr> </tbody> </table>	Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options		TEST78.TEST	Employee	1/1/1970		115,000	\$85.22	LTC, EOB, RST	Withdraw	SPOUSE.TEST	Spouse	1/1/1970		55,000	\$55.44	LTC, EOB, RST	Withdraw	Favorite Kid MMMMMMMMM	Child	3/3/2010		25,000	\$6.00		Withdraw
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Favorite Kid MMMMMMMMM	Child	3/3/2010		25,000	\$6.00		Withdraw																										
<p><b>ANSWER REQUIRED QUESTIONS:</b></p> <p>If you apply for coverage for your spouse, you will need to answer at least one medical question for them. The number and type of questions are driven by the amount of coverage elected. <i>There will also be various legally required questions to answer.</i></p>	 <p><b>Conditional Issue Questions:</b> Complete as required for any person proposed for Coverage. If any question is answered “Yes”, please answer all of the Simplified Issue Eligibility questions for that person.</p> <p>Has any proposed Insured been treated in a medical facility, hospitalized or disabled in the past 6 months, excluding flu or cold? Hospitalized means in-patient or outpatient, whether or not confined. Treated in a medical facility does NOT include a regular physician’s office visit.</p> <p>SPOUSE TEST <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span></p> <p>Has any Proposed Insured, within the last 10 years, been diagnosed as having or been treated by a physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)?</p> <p>SPOUSE TEST <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span></p>																																
<p><b>CONFIRM ELECTIONS:</b></p> <p>After a few screens of legal disclosures, you will get to the confirmation screen. Review every election. If correct, click “CONFIRM.”</p>	 <p><b>Cost: \$158.66</b> (post-tax)</p> <p>You have elected coverage under this plan. Please review the summary information above and press <i>Confirm</i> if it is correct. To make changes, press <i>Back</i>. To skip this plan and come back later, press <i>Next</i>.</p>																																

Instructions	Screen Shot
<p><b>REQUIRED FORMS</b></p> <p>In some cases, there will be a HIPAA form and/or a Consent form listed.</p>	<p><b>Forms</b></p> <p><b>801501-HIPAA Authorization for Release of Information</b> <a href="#">Download</a></p> <p>Download the PDF Forms to your computer for viewing and printing. Upon completion please mail to:</p> <p><b>Company:</b>Selman &amp; Company</p> <p><b>Attn:</b> Underwriting</p> <p>PO Box 506</p> <p>Keene NH, 03431</p> <p>The Lifetime Benefit Term application will be in pending status until this form has been received.</p>
<p><b>SIGNATURE REQUIREMENTS:</b></p> <p>Most employees just have “Benefit Confirmation.” To sign, click “Next.”</p>	 <p>The screenshot shows a summary table for Chubb Lifetime Benefit Term with columns for the form name, status, and date signed/reviewed. Below the table, it states 'Signatures Required' and provides instructions to complete enrollment by signing forms. A 'Next' button is visible at the bottom right.</p>
<p><b>TO SIGN, ENTER PIN:</b></p> <p>To complete elections, enter your PIN and click “Sign Form”.</p>	 <p>The screenshot shows a 'PIN:' label followed by a text input field and a 'Sign Form' button. Above the input field, there is a 'Download Form' link and instructions to enter the PIN to complete enrollment.</p>
<p><b>FINAL SCREEN:</b></p> <p>This is the final screen. But, you can always log back in during OE to make changes.</p>	<p><b>Sign/Submit Complete</b></p> <p>Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions <b>per pay period</b> for each plan.</p> <ul style="list-style-type: none"> <li><b>Are You Satisfied With Your Elections?</b> If you are satisfied with your choices, click on the “NEXT” button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.</li> <li><b>Need to Make Some Changes?</b> If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.</li> </ul> <p><b>Congratulations!</b></p> <p>Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.</p> <p><b>Recap of Your Elections</b></p> <p>Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. <b>Scroll down to the bottom of this screen to view a list of your completed enrollment forms.</b></p>