

**Step 1:**

[Click Here to Apply](#)

Enter SSN and PIN  
PIN = Last 4 of your SSN + last 2 of your birth year  
Example: SSN 123-45-6789  
Birth Year: 1958  
PIN = 678958

CHUBB

## Enrollment Site

To enroll, you need your Employee ID or Social Security Number and your confidential Personal Identification Number (PIN).  
If you have any questions, contact your Human Resources Department.

Employee ID or SSN  
PIN [Forgot PIN?](#)  
New Employee? Click here

By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#).

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[Security Info](#) [Privacy Policy](#) [Admin Site](#)

**Step 2:** Click 'Next'

HRL LABORATORIES

Home You & Your Family My Benefits Sign & Submit

## Welcome to Your Benefit Enrollment for Plan Year 2023

At HRL Laboratories LLC, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

[Your Benefit Options](#)  
[Chubb LifeTime Benefit Term](#)

Press *Next* to review personal information and begin enrollment.

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**Step 3:** Verify Personal Information, then click 'Next'.

The screenshot shows the 'Personal Information' section of the HRL Laboratories enrollment portal. At the top left is the HRL Laboratories logo. Below it is a navigation bar with 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. The main heading is 'Personal Information'. A blue informational box states: 'If any personal information needs to be updated, please contact the HR Department. Click the Next button to continue. Optional items are in *italics*.' Below this is the 'Personal Info' section with fields for Name (First: Jennifer, Middle: M, Last: TestEE, Suffix: ), Date of Birth: 01/01/1973, SSN: \*\*\*-\*\*-7893, and Gender: Male, Female (selected), Other. The 'Contact Info' section includes Address (Country: USA, Street: 123 Test Ave, City: Battle Ground, State: WA, Zip: 98604), Home Phone: (206) 123-4567, Work Phone, Mobile Phone, and Email: jmarch@hc-solutions.com. At the bottom are 'Back' and 'Next' buttons, and a footer: '© 2022 - Powered by Selerix'.

**Step 4:** Add a dependent if your spouse/domestic partner/child/grandchild are also applying for coverage, then click 'Next'. You can complete your application and re-enter to add Dependents at any time during the enrollment period.

The screenshot shows the 'Dependents' section of the HRL Laboratories enrollment portal. At the top left is the HRL Laboratories logo. Below it is a navigation bar with 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. The main heading is 'Dependents'. A blue informational box states: 'Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.' Below this is the 'Dependents' section with the text 'No Dependent Information Available'. A table with columns: Name, SSN, DOB, Sex, Relation, Uploads, and a '+' icon. The table contains one row with the text 'No items found.' Below the table is the 'Add a Dependent' section with the text: 'If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.' A blue button with a '+' icon and the text 'Add Dependent' is visible. At the bottom are 'Back' and 'Next' buttons, and a footer: '© 2022 - Powered by Selerix'.

**Step 5:** Verify Employment Information, then click 'Next'.

**HRL LABORATORIES**

Home You & Your Family My Benefits Sign & Submit

### Employment

Please review and correct your employment information shown here. Optional items are shown in *italics*.  
Certain items require additional information from you. These items are highlighted and underlined. Click on the item to correct it, if necessary.  
Press *Next* to continue.

#### Employment Info

Date of Hire: 1/1/2022

Eligibility Date: 1/1/2022

Location: All EEs ✓

Department: All EEs ✓

Job Class: All EEs ✓

Pay group: All EEs ✓

Payroll Frequency: BiWeekly

Hours per Week: 40

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**Step 6:** Click 'Review' to see rates and plan designs

**HRL LABORATORIES**

Home You & Your Family My Benefits Sign & Submit

### Benefit Summary

Below is a list of your current benefit elections.  
For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

Chubb LifeTime Benefit Term **Review**

You have to complete enrollment in this plan.

#### My Benefits

<input type="radio"/> Chubb LifeTime Benefit Term	\$0.00
<b>Total Cost</b> Per Pay Period	<b>\$0<sup>00</sup></b>

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## Step 7: Confirm Tobacco Status



Home You & Your Family My Benefits Sign & Submit

### Chubb LifeTime Benefit Term

**Your Benefits** | Features | Exclusions

**Guaranteed Premiums**  
Life Insurance premiums will never increase and are guaranteed to age 100. Thereafter no additional premium is due while the coverage can continue.

**Guaranteed Benefits during your Working Years**  
Your Death Benefit is guaranteed 100% when it is needed most - during your working years when your family is relying on your income. While the policy is in force, the death benefit is 100% guaranteed for the longer of 25 years or age 70.

**Guaranteed Benefits after Age 70**  
Even after age 70, when income is less relied upon, the benefit is guaranteed to never be less than 50% of the original death benefit.

**Paid-up Benefits**  
After 10 years, paid-up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

To review **Taking Care of Tomorrow** [Click Here](#)

My Benefits	
Chubb LifeTime Benefit Term	\$0.00
<b>Total Cost</b> Per Pay Period	<b>\$0<sup>00</sup></b>

**Insurance for** Jennifer TestEE

Has the Proposed Insured used tobacco or Nicotine Products in Last 12 Months?

Is the employee actively at work performing the regular duties of the job in the usual manner and at the usual place of employment?

**Cost per Pay Period:**

**Benefit Amount:**

### Application riders

- Accidental Death Benefit Rider
- Accelerated Death Benefit for Long Term Care
- Extension of Long Term Care Benefits

**Total Premium:** \$0.00

I wish to apply for this coverage

I wish to DECLINE this coverage

[← Back](#)

[Next →](#)

**Step 8:** Review Plan and Rates. The Long-Term Care Rider (LTR) Accelerated Death Benefit for LTC are built into the plan offering and cannot be changed. The Accidental Death Benefit Rider is an optional rider that you can choose to add to your policy Confirm Benefit Amount/Cost per Pay Period by selecting one of the pre-set options, or type either your desired Cost or Benefit Amount into the fields below the table and click the calculator icon to set your policy amounts.

**Insurance for** Jennifer TestEE

Has the Proposed Insured used tobacco or Nicotine Products in Last 12 Months?

Is the employee actively at work performing the regular duties of the job in the usual manner and at the usual place of employment?

Cost per Pay Period	Benefit Amount
<input checked="" type="radio"/> \$72.26	<u>25,000</u>
<input type="radio"/> \$44.52	<u>50,000</u>
<input type="radio"/> \$66.78	<u>75,000</u>
<input type="radio"/> \$89.04	<u>100,000</u>
<input type="radio"/> \$111.30	<u>125,000</u>
<input type="radio"/> \$133.56	<u>150,000</u>
<input type="radio"/> \$155.82	<u>175,000</u>
<input type="radio"/> \$178.08	<u>200,000</u>

Cost per Pay Period:

Benefit Amount:

### Application riders

- Accidental Death Benefit Rider
- Accelerated Death Benefit for Long Term Care
- Extension of Long Term Care Benefits:

Total Premium: \$22.26

I wish to apply for this coverage

I wish to DECLINE this coverage

[← Back](#)

[Next →](#)

**Step 9:** Select 'I wish to apply for this coverage' and click 'Next'

I wish to apply for this coverage

I wish to DECLINE this coverage

[← Back](#)

[Next →](#)

**Step 10:** Choose Beneficiaries, then click 'Next'. You can complete your application and re-enter to add or change Beneficiaries at any time during the enrollment period.

The screenshot shows the 'Chubb LifeTime Benefit Term' page. At the top left is the HRL LABORATORIES logo. Below it is a navigation bar with links: Home, You & Your Family, My Benefits, and Sign & Submit. The main heading is 'Chubb LifeTime Benefit Term'. Below the heading is the section 'Choose Beneficiaries'. A paragraph explains that a beneficiary is a person, trust, or organization to whom benefits will be paid, and that a contingent beneficiary will receive benefits if the primary beneficiary is no longer living at the time of death. A list of instructions follows: place a checkmark next to each desired primary and contingent beneficiary; click 'Add' if the desired person or trust is not in the list; change percentages as long as they add up to 100%; clicking 'All living children' clears any children already selected; clicking 'Estate' clears any other beneficiary types; and beneficiaries may not be both primary and contingent at the same time. Below the text is a table with columns: Beneficiary, Relationship, Primary, Contingent, and a plus sign. The table has one row with 'All Living Children' in the Beneficiary column, an empty cell in the Relationship column, a checkbox in the Primary column, a percentage input field set to 0% in the Contingent column, and a plus sign in the final column. Below the table are two buttons: 'Back' and 'Next'. At the bottom right of the page is the copyright notice: © 2022 - Powered by Selerix.

**Step 11:** Complete the Question about current/pending insurance, then click 'Next'

The screenshot shows the 'Chubb LifeTime Benefit Term' page. At the top left is the HRL LABORATORIES logo. Below it is a navigation bar with links: Home, You & Your Family, My Benefits, and Sign & Submit. The main heading is 'Chubb LifeTime Benefit Term'. Below the heading is a question: 'Does any Person proposed for coverage have any life insurance in force or is any application for life insurance or reinstatement now pending?'. To the right of the question are two radio buttons: 'Yes' and 'No'. Below the question are two buttons: 'Back' and 'Next'. At the bottom right of the page is the copyright notice: © 2022 - Powered by Selerix.

**Step 12:** Complete the Accelerated Death Benefit for LTC Questions, then click 'Next'



## Chubb LifeTime Benefit Term

The coverage for which you have applied includes the Accelerated Death Benefit for Long Term Care. People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid.

Do you have another long term care policy or certificate in force (including health care service contract, health maintenance organization contract)?

Yes  No

Did you have any long term care insurance policy or certificate lapse during the last 12 months?

Yes  No

Do you intend to replace any of your medical or health insurance coverage with this certificate?

Yes  No

Are you covered by Medicaid?

Yes  No

### *Protection Against Unintended Lapse*

I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care or limited benefit insurance coverage for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid. I elect \_\_\_ designate a person to receive such notice.

TO  
 NOT TO

*Combined Insurance Company of America may change premium rates only if We change them on all Benefits on this form in the state where the Benefit was issued. Combined Insurance Company of America has sold the Accelerated Death Benefit for Long Term Care Rider since 2013. The company has not raised rates for any long-term care insurance sold in this state or any other state in the last ten years.*

[← Back](#)

[Next →](#)

**Step 13:** Review the Declaration, Agreement and Authorization to Release Information, then click 'Next'.

**Declaration, Agreement and Authorization to Release Information:** I/We declare that each answer given to the questions contained in this enrollment form is complete and true to the best of our knowledge and belief. I understand and agree that the company will rely on these answers, and the answers and statements I may give in any other form taken as part of this Group Enrollment Form. I also understand that The Company reserves the right to accept or deny this coverage after taking into account whatever information may be available to it. **The insurance being applied for will be effective as of the Coverage Effective Date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for.** I/We authorize any physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical or medically related facility, insurance or reinsurance company, MIB, Inc. or employer to give to Combined Insurance Company of America any information they might have regarding the diagnosis, treatment, prescription and prognosis of any physical or mental condition as applicable. To facilitate the rapid transmissions of such information, I authorize all said sources, except MIB, Inc., to give such records or knowledge to any agency employed by The Company to collect and transmit such information. I agree that this authorization shall remain in effect for two years (24 months) from the date that it is signed and that a copy of it shall be as valid as the original. I understand that the information obtained with this authorization shall be used to evaluate my request for insurance or to evaluate a claim during the time that this authorization is valid. I also understand that I, or someone I authorize to act on my behalf, may obtain a copy of this authorization. I/We authorize The Company or its reinsurers to make a brief report of my protected health information to MIB, Inc. **If coverage cannot be issued as applied for under the rules of The Company, I/We authorize Combined Insurance Company of America to issue available reduced benefits and adjust premiums to match the coverage issued.** I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am applying allows for alternate methods to pay insurance premiums). The Certificateholder/Insured and the agent certify that no illustration conforming to the coverage applied for was provided, but that an illustration conforming to the coverage issued will be provided upon delivery. **Caution: If your answers on this enrollment form are misstated or untrue, the insurer may have the right to deny benefits or rescind your coverage.**

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**Step 14:** Review the LTC Rider requirements, then click 'Next'. (If you select "yes" to disclose your personal financial information Chubb will mail you a Personal Worksheet to complete separate from this application.)

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive, and may not be right for everyone.

By state law, Combined Insurance Company of America must obtain certain information to help you and Combined Insurance Company of America decide if you should buy this Accelerated Death Benefit for Long Term Care Rider.

I choose to provide information that describes my financial situation.  Yes  No

I acknowledge that Combined Insurance Company of America and/or its agent has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this rider may increase in the future.**  Yes  No

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**Step 15:** Acknowledge that you have reviewed the [Outline of Coverage, HICAP notice](#), and the [Taking Care of Tomorrow brochure](#), then click 'Next'. (The HICAP notice is embedded within the Outline of Coverage document.)

The screenshot shows the 'Chubb LifeTime Benefit Term' page. At the top left is the HRL LABORATORIES logo. Below it is a navigation bar with 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. The main heading is 'Chubb LifeTime Benefit Term'. A large grey box contains the following text: 'I acknowledge that I have reviewed the Outline of Coverage, The HICAP Notice, the Taking Care of Tomorrow brochure and if replacement is involved I have reviewed the Notice to Applicant Regarding Replacement of Accident and Sickness for Long-Term Care Insurance.' To the right of this text are two radio buttons, 'Yes' and 'No'. At the bottom left is a 'Back' button and at the bottom right is a 'Next' button. The footer contains '© 2022 - Powered by Selerix'.

**Step 16:** Review the enrollment details and your BiWeekly deduction, then click 'Next'

The screenshot shows the 'Chubb LifeTime Benefit Term' page with enrollment details. At the top left is the HRL LABORATORIES logo. Below it is a navigation bar with 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. The main heading is 'Chubb LifeTime Benefit Term'. Below the heading is the 'Enrollment Details' section. It contains a table with the following data:

Person Name	Relationship	Description	Policy #	Cost
Jennifer TestEE	Employee	Chubb Lifetime Benefit Term 2019; ED, Accelerated Death Benefit for Long Term Care, Extension of Long Term Care Benefits		\$22.26

Below the table is the 'Beneficiary Information' section with a table:

Name	Relationship	Address	Phone	Percent	Type
All Living Children				100.00	Primary

To the right of the enrollment details is a 'My Benefits' summary box:

My Benefits	
Chubb LifeTime Benefit Term	\$0.00
<b>Total Cost</b> <small>(Per Pay Period)</small>	<b>\$0<sup>00</sup></b>

Below the enrollment details is the 'BiWeekly Deduction' section. It shows 'Cost: \$22.26 (post tax)'. Below this is a message: 'You have elected coverage under this plan. Please review the summary information above and press Confirm if it is correct. To make changes, press Back. To skip this plan and come back later, press Next.' At the bottom left is a 'Back' button and at the bottom right is a 'Confirm' button. The footer contains '© 2022 - Powered by Selerix'.

