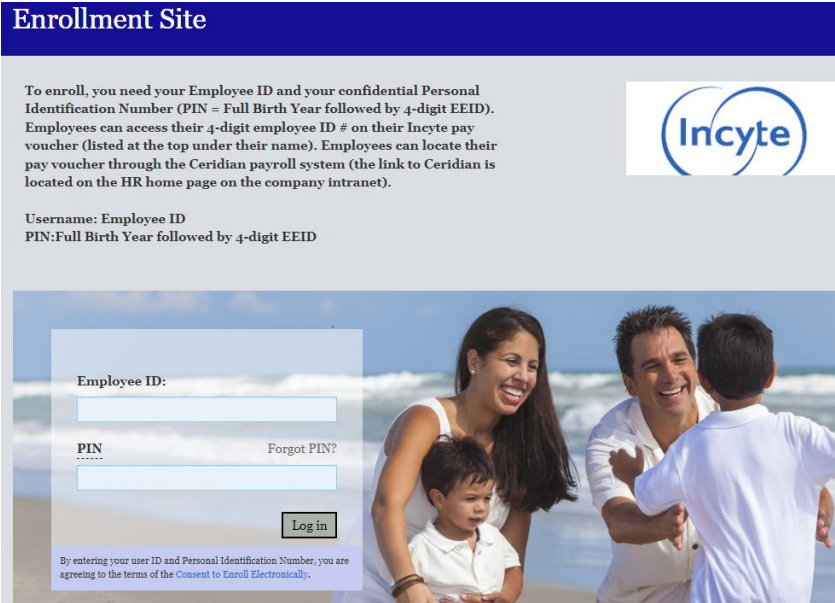



Selerix Enrollment User Guide

Instructions	Screen Shot
<p>ACCESSING THE ENROLLMENT:</p> <p>To enroll in Chubb Products, go to the URL provided for your employer. Log in with your Username and PIN.</p> <p>https://chubb.benselect.com/Incyte</p> <p>Username: Employee ID</p> <p>PIN: Full Birth Year + 4-digit EEID</p> <p>Example:</p> <p>EEID = 6789 Birth Year = 1965 PIN = 19656789</p> <p>You can access your 4-digit employee ID # on your Incyte pay voucher (listed at the top under your name). You can locate your pay voucher through the Ceridian payroll system (the link to Ceridian is located on the HR home page on the company intranet).</p>	 <p>The screenshot shows the 'Enrollment Site' header. Below it, a text block explains that users need their Employee ID and a confidential Personal Identification Number (PIN), which is the full birth year followed by a 4-digit EEID. It also mentions that employees can find their 4-digit employee ID on their Incyte pay voucher or through the Ceridian payroll system. The login fields are labeled 'Employee ID' and 'PIN', with a 'Forgot PIN?' link. A 'Log in' button is present. A disclaimer states that by entering the ID and PIN, the user agrees to the terms of the 'Consent to Enroll Electronically'. The background features a family photo.</p>
<p>BEGINNING THE ENROLLMENT PROCESS:</p> <p>Press NEXT on the bottom right hand corner of the screen to review personal information and begin enrollment.</p>	 <p>The screenshot shows the 'Incyte' logo and a progress bar indicating '(50% Complete)'. The navigation bar includes 'Home', 'You & Your Family', 'My Benefits', and 'Sign & Submit'. The main content area displays a 'Welcome Test5' message and an announcement about the 'Chubb Lifetime Benefit Term with Long Term Care (LTC)'. Below this is a video player titled 'Life Insurance with Long Term Care'. At the bottom, a list of steps for enrolling for additional coverage is provided: 1. Review personal information, 2. Choose your benefit, and 3. Sign and submit enrollment form. A 'Next' button is located in the bottom right corner.</p>

PERSONAL INFO:

Please review and update anything that is incorrect.

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

Personal Information

Please review your personal information to ensure it is correct and complete. Please correct any errors and click the *Next* button when you are finished.
Optional items are in *italics*.

Personal Info

DEPENDENT INFO:

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.

If your spouse or domestic partner will be applying for coverage, you must enter them here. At the end of the employee application, you will be able to apply for spouse/domestic partner coverage.

Children entered as “Dependents” are not eligible to apply for the Life + LTC benefit. Entering children as Dependents on this screen allows the system to pre-populate them as Beneficiary options later in your application. You do not need to enter children as Dependents on this screen – you will be prompted to add/select Beneficiaries at a later step in your application and can add them at that time if you prefer.

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

Dependents

Name	SSN	DOB	Sex	Relation	Uploads	
SPOUSE TEXT		1/1/1970	M	Spouse	0	 

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

[+ Add Dependent](#)

[Back](#)

[Next](#)

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.

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.

REVIEW RATES AND COVERAGE OPTIONS:

Select the “Review” button.

[Home](#) [You & Your Family](#) [My Benefits](#) [Sign & Submit](#) [Back](#) [Next](#)

My Benefits

Below is a list of your current benefit elections. Click “Review” for benefit information and to elect or decline coverage.

☐ Chubb LifeTime Benefit Term
You have to complete enrollment in this plan.

[Review](#)

My Benefits

☐ Chubb LifeTime Benefit Term \$0.00

Total Cost Per Pay Period \$0⁰⁰

[Back](#) [Next](#)

ENROLL:

Answer the two required questions about nicotine use and if you are actively at work.

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 **or type your preferred amount into the ‘Cost per Pay Period’ or ‘Benefit Amount’ fields and click the icon to calculate your customized selection.**

Select “I wish to apply for this coverage”.

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

Cost per Pay Period	Benefit Amount
<input type="radio"/> \$7.41	10,000
<input type="radio"/> \$11.12	15,000
<input type="radio"/> \$14.82	20,000
<input type="radio"/> \$18.53	25,000

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.

Beneficiary	Relationship	Primary	Contingent	
All Living Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.00%

ENROLL DEPENDENTS (Individual Certificates):

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

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options	
TEST78 TEST	Employee	1/1/1970		135,000	\$100.05	LTC, EOB, RST	Withdraw

Name	Relationship	Sex	DOB	Riders
SPOUSE TEST	Spouse	M	1/1/1970	
Child 1 Last	Child	F	7/30/2018	

☒ Restoration Rider 50% Restoration

SPOUSE/DOMESTIC PARTNER ENROLLMENT:

Once you answer Spouse/DP nicotine and medical question, amounts and rates will appear. Choose amount with radio button or type your preferred amount into the ‘Cost per Pay Period’ or ‘Benefit Amount’ fields and click the icon to calculate your customized selection.

Or you can decline coverage for spouse and hit “Next.”

Cost per Pay Period	Benefit Amount
<input checked="" type="radio"/> \$25.20	25,000
<input type="radio"/> \$30.24	30,000

CONFIRM ELECTIONS:

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.”

Chubb LifeTime Benefit Term

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options	
TEST78 TEST	Employee	1/1/1970		\$15,000	\$85.22	LTC, EOB, RST	Withdraw
SPOUSE TEST	Spouse	1/1/1970		\$5,000	\$55.44	LTC, EOB, RST	Withdraw
Favorite Kid MMMMMMMMMMMM	Child	3/3/2010		25,000	\$6.00		Withdraw

ANSWER REQUIRED QUESTIONS:

If you apply for coverage for your spouse/DP, 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. *There will also be various legally required questions to answer.*

Conditional Issue Questions: 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.

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.

SPOUSE TEST

☐ YES ☐ NO

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)?

SPOUSE TEST

☐ YES ☐ NO

Use any names proposed for coverage here even if tested by a licensed physician or other medical professional within

CONFIRM ELECTIONS:

After a few screens of legal disclosures, you will get to the confirmation screen. Review every election. If correct, click “CONFIRM.”

Cost: \$158.66 (post-tax)

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*.

Back

Confirm

REQUIRED FORMS

In some cases, there will be a HIPAA form and/or a Consent form listed.

Forms

801501-HIPAA Authorization for Release of Information [Download](#)

Download the PDF Forms to your computer for viewing and printing. Upon completion please mail to:

Company:Selman & Company

Attn: Underwriting

PO Box 506

Keene NH, 03431

The Lifetime Benefit Term application will be in pending status until this form has been received.

SIGNATURE REQUIREMENTS:

Most employees just have “Benefit Confirmation.” To sign, click “Next.”

Chubb LifeTime Benefit Term	Chubb LifeTime Benefit Term, CO	\$0.00	\$6.00
Chubb LifeTime Benefit Term	Chubb LifeTime Benefit Term, CO	\$0.00	\$6.00
Total		\$0.00	\$178.82

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input checked="" type="checkbox"/> Benefit Confirmation	Unsigned	

Next

<p>TO SIGN, ENTER PIN:</p> <p>PIN: Full Birth Year + 4-digit EEID</p> <p>Example:</p> <p>EEID = 6789 Birth Year = 1965 PIN = 19656789</p> <p>To complete elections, enter your PIN and click “Sign Form”.</p>	<div>Download Form</div> <p>Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.</p> <p>Your default PIN is the last 4 digits of your SSN and the last 2 numbers of your birth year.</p> <div><div>PIN:</div><div><input type="text"/></div><div>Sign Form</div></div>
<p>FINAL SCREEN:</p> <p>This is the final screen. You can log back in during OE to make changes.</p>	<div>Sign/Submit Complete</div> <hr/> <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 per pay period for each plan.</p> <ul style="list-style-type: none">• Are You Satisfied With Your Elections? 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.• Need to Make Some Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left. <p>Congratulations!</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>Recap of Your Elections</p> <p>Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of this screen to view a list of your completed enrollment forms.</p> <hr/>