

Step 1: Visit <https://allstate.benselect.com/zacbrowncollective>

Login using the Employee's login credentials:

Enter SSN and PIN

PIN = Last four digits of your SSN + last two digits of your birth year

Example: SSN 123-45-6789

Birth Year: 1958


PIN = 678958




Welcome

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please call 877-286-2852.

Administrative users: login to the [ADMINISTRATIVE SITE](#).

 123-45-6789



[FORGOT PIN?](#)

Login

By providing your user name and password, you are agreeing to the [Terms of Use Agreement](#)


[HIPAA NOTICE](#) [SECURITY INFO](#) [PRIVACY NOTICE](#)

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. © 2022 Allstate Insurance Company, Portions ©Selerix System, Inc.



Step 2: You will see the 'Welcome Screen' - Click 'Next'

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Welcome to Your Benefit Enrollment

At Zac Brown Collective, we know that benefit requirements change. That's why we are offering an Universal Life plan with Accelerated Death Benefit for Long Term Care.

For this benefit, Initial Enrollment is the only time of year you can take advantage of the Guaranteed Issue offer.

Group Universal Life Insurance Long Term Care Benefits

When you elect Group Universal Life Insurance coverage from Allstate Benefits, the following Long Term Care benefit riders are automatically included if you are 18-70 years of age.

Accelerated Death Benefit for Long Term Care Rider

This rider can provide an advance of the life insurance benefit as monthly cash payments when an insured person receives qualified long-term care services. The insured must be certified by a physician as chronically ill. Chronically ill means you have lost the ability to perform two (2) or more activities of daily living (bathing, continence, dressing, eating, toileting or transferring) or are severely cognitively impaired. Monthly premium payments are not charged while the insured is receiving benefit payments under this rider. The monthly Long Term Care benefit is equal to 4% of the life insurance benefit after a 90-day elimination period and is subject to the pre-existing condition exclusion.

Benefits are not paid for long term care services that are: a result of mental or emotional disorder (except for Alzheimer's Disease, senility or senile dementia that are of organic origin); a result of alcoholism or drug addiction; a result of illness, treatment or medical conditions due to: act of war, declared or undeclared, service in the armed forces or units auxiliary thereto, participation in a felony, riot or insurrection, suicide or attempt at suicide, or intentionally self-inflicted injury; provided in a government facility (unless required by law); services for which benefits are available under Medicare (except for deductibles or co-insurance requirements) or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or motor vehicle no-fault law; received outside the United States or its territories.

Group Universal Life Insurance benefits are provided under policy and rider forms GUL23P, GUL2C2 or state variations thereof.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits representative.

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

[GUL23 with LTC – Max funded premium to age 95](#)

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

Next ➤

Step 3: Confirm Personal Information is Correct and Click 'Next'

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Personal Information

i If any personal information needs to be updated, please contact the HR Department. Click the *Next* button to continue.

Optional items are in *italics*.

Personal Info

Name :
First MI Last Suffix

Date of Birth:

SSN:

Gender : ☐ Male ☒ Female ☐ Other


Contact Info

Address:
Country

Street

Step 4: Add your Spouse/Dependent Partner (if applicable) and Click ‘Next’

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Dependents

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.

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	
No items found.						

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

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Step 5: Verify Employment Information and Verify Hours Worked and Click 'Next'

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Employment

i 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: Headquarters

Department: Default

Job Class: FT

Title:

Salary: \$75,000.00

Pay group: Bi-Weekly

Payroll Frequency: BiWeekly


Hours per Week: 0.00

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Step 6: My Benefits: Click 'Review' for benefit information and to elect coverage

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My Benefits

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

☐ GUL23 with LTC – Max funded premium to age 95

Review

You have to complete enrollment in this plan.

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My Benefits

☐ GUL23 with LTC – Max funded premium \$0.00 to age 95

Total Cost

Per Pay Period

\$0⁰⁰

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Step 7: Review Plan and Rates – Answer the Questions Related to Tobacco Use and Other Individual Life Insurance and then Select the Desired Benefit Amount

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GUL23 with LTC – Max funded premium to age 95



Life Insurance

A death not only leaves behind loved ones, but may also leave significant financial obligations.

Life insurance from Allstate Benefits provides a lump-sum cash benefit upon death. Plus, life-event riders can be added to enhance the life coverage. Life insurance coverage is for the living; those left behind must deal with final expenses, bills, mortgage, and expenses associated with day-to-day life. It can also help provide financial security during life-changing events that occur as the insured ages and financial needs change.

Instructions

Informational Video

Key Features

Select the desired amount of Group Life Insurance or cost from the list below. If you wish you may enter a specific cost per pay period. You may select any optional coverages (if offered) from the list below.

To apply, select *I wish to apply for this coverage*. If you do not wish to purchase this coverage, choose *I wish to DECLINE this coverage*. Press *Next* when you are finished.

Allstate Benefits (ABI) is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

ABJ45A1GA

Insurance for TEST TEST

Has the employee used tobacco in the last 12 months?

No

Is there any other individual life insurance in force or applied for on the proposed insured?

No

My Benefits

☒ GUL23 with LTC – Max funded premium \$0.00 to age 95

Total Cost

Per Pay Period

\$0⁰⁰

Cost per Pay Period	Benefit Amount
<input type="radio"/> \$8.82	10,000
<input type="radio"/> \$16.67	20,000
<input type="radio"/> \$24.51	30,000
<input type="radio"/> \$32.36	40,000
<input type="radio"/> \$40.20	50,000
<input type="radio"/> \$48.05	60,000
<input type="radio"/> \$55.90	70,000
<input checked="" type="radio"/> \$59.82	75,000
<input type="radio"/> \$63.74	80,000
<input type="radio"/> \$71.59	90,000
<input type="radio"/> \$79.44	100,000
<input type="radio"/> \$87.28	110,000
<input type="radio"/> \$95.13	120,000
<input type="radio"/> \$102.97	130,000
<input type="radio"/> \$110.82	140,000
<input type="radio"/> \$118.67	150,000

Step 8: Select 'I wish to apply for this coverage' and click 'Next'


- ☒ I wish to apply for this coverage
- ☐ I wish to DECLINE this coverage

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Step 9: Assign Beneficiaries and Click ‘Next’

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GUL23 with LTC – Max funded premium to age 95

Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.


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

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Step 10: Answer Questionnaire and Click 'Next'

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GUL23 with LTC – Max funded premium to age 95

REPRESENTATION. I have read or had read to me this completed form and understand that any material misstatement or misrepresentation in this form may result in loss of coverage. I represent that statements and answers given on this form are true, complete, and correctly recorded.

ILLUSTRATION CERTIFICATION. Owner. I certify that I did not receive an illustration conforming to the coverage applied for, and I understand that an illustration conforming to the coverage issued will be provided upon delivery of the certificate.


EMPLOYEE ACTIVELY AT WORK. I certify that I am actively at work now, for wage or profit, and I have worked at least 20 hours each week performing all duties of my regular occupation at my regular place of employment for at least the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy.

Important Notice About Privacy:
In processing your application, an investigative report may be made. Information is obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. You may request to be interviewed in connection with the report and may also receive a copy of the report upon request. This inquiry includes information as to your character, general information and personal characteristics. In certain limited circumstances, we are allowed by law to disclose necessary items of personal information to third parties without your specific authorization. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

☒ Yes ☐ No

Step 10: Acknowledge Your Understanding on Delievery of an Illustration and Click 'Next'

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GUL23 with LTC – Max funded premium to age 95


☒ I 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 of the certificate.

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Status

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GUL23 with LTC – Max funded premium to age 95

Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
TEST TEST	Employee	AB Group Universal Life Insurance (GUL23) Max Funded; EO		\$59.82

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
Estate				100.00	Primary

BiWeekly Deduction

Cost:

\$59.82

(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*.

Back

Confirm

My Benefits

GUL23 with LTC – Max funded premium \$0.00 to age 95

Total Cost


Per Pay Period

\$0⁰⁰

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Step 13: Review your Enrollment Forms and Click 'Next'

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Status

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Next

Sign and Submit

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.




- 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 on the left.

Your Benefits

Plan	Description	Pretax Cost	Posttax Cost
GUL23 with LTC – Max funded premium to age 95	AB Group Universal Life Insurance (GUL23) Max Funded; EO	\$0.00	\$59.82
Total		\$0.00	\$59.82

Signatures Required


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

Form Name	Status	Date Signed/Reviewed
 AWD13511 SUMMARY AND DISCLOSURE STATEMENT	Unsigned	
 AWD13513 SUMMARY AND DISCLOSURE STATEMENT	Unsigned	
 Confirmation Form	Unsigned	

Next

Step 14: Place a check mark next to the forms to sign

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Status

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Next >

Review / Sign Forms

Your enrollment will not be complete until you review and sign the forms listed below. By entering your electronic signature below, you are giving your consent to the electronic signature (e-signature) process and authorization to use electronic records and electronic signatures connected with your enrollment. If you decline the e-signature process, you will not be able to complete your enrollment electronically.

Please review each document carefully and place a checkmark next to each before signing.

Form Name	
<input checked="" type="checkbox"/>	AWD13511 SUMMARY AND DISCLOSURE STATEMENT
<input checked="" type="checkbox"/>	AWD13513 SUMMARY AND DISCLOSURE STATEMENT

Employee: By clicking the *Sign Form* button, I am electronically signing the form listed above.

Sign Form

Next >

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Step 15: Click 'Sign Form' – Enter PIN (last four digits of SSN + last two digits of birth year) to Sign

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Total:					0.00	0.00	59.82

Enrollment Agreement / Payroll Deduction Authorization

- To the best of my knowledge and belief, all statements and answers made on this form and all associated application forms are true, complete, and correct.
- I understand that omissions or misrepresentations in the information I have provided may constitute fraud and may result in my coverage being void.
- Pursuant to IRC § 125, 'pre-tax' elections are irrevocable during the plan year. No changes to 'pre-tax' elections are allowed during the plan year unless you experience a qualified change in status event. Qualified change in status events include: change in marital status, change in dependent status, change in employment status. You have 30 days from the date of the change to contact human resources to change your benefit elections.
- Upon acceptance by the insurers, I hereby authorize my Group to deduct from my earnings the amounts indicated above.
- My authorization shall continue thereafter until the earlier of (a) termination of my employment, (b) written notice from me canceling this authorization, or (c) termination of the Payroll Deduction Plan.
- I understand that it is my responsibility to verify the deduction amounts from my paycheck and to notify my Employer immediately of any discrepancies.
- I understand any unused balance in a Dependent Care or Health Care Reimbursement account in which I am enrolled will be forfeited under the "Use It or Lose It" rule. Expenses must be incurred during the plan year for which the election amount was redirected.

Your total
deductions per
pay period...

Total Deductions

\$ 59.82

Employee Signature

Date

[Download Form](#)

Please enter your PIN/Password below and click on "**SIGN FORM**" to complete your enrollment and submit your elections. By entering your PIN/Password, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN/Password.

PIN:

[Sign Form](#)

Step 16: Verify Signing Complete

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Sign/Submit Complete

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

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.**

GUL23 with LTC – Max funded premium to age 95

Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
TEST TEST	Employee	AB Group Universal Life Insurance (GUL23) Max Funded; EO		\$59.82

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
Estate				100.00	Primary

Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.
Press *Logout* to exit the website.

Form Name	Date Signed/Reviewed
<div><div></div><div>AWD13511 SUMMARY AND DISCLOSURE STATEMENT</div></div>	08/09/2022
<div><div></div><div>AWD13513 SUMMARY AND DISCLOSURE STATEMENT</div></div>	08/09/2022
<div><div></div><div>Confirmation Form</div></div>	08/09/2022

Return

Benefit Verification / Deduction Confirmation

Name	SSN	Employee ID	Date of Hire
TEST TEST	123555555	0	01/01/2022
Location	Department	Job Class	Pay Mode
Headquarters	Default	FT	26
Work Phone	Home Phone	E-mail	

Reason for Completing Form
Open Enrollment
Address
123 Easy Street Redmond, WA 98052

Benefit Deduction Summary

Plan	Product	Cvg	Benefit Amount	Ded. Cycle	Employer Cost	Employee Cost Pre-tax	Employee Cost Post-tax
GUL23 with LTC – Max fun	AB Group Universal Life Insur	EO	75,000	26	0.00	0.00	59.82
Total:					0.00	0.00	59.82

Enrollment Agreement / Payroll Deduction Authorization

- To the best of my knowledge and belief, all statements and answers made on this form and all associated application forms are true, complete, and correct.
- I understand that omissions or misrepresentations in the information I have provided may constitute fraud and may result in my coverage being void.
- Pursuant to IRC § 125, 'pre-tax' elections are irrevocable during the plan year. No changes to 'pre-tax' elections are allowed during the plan year unless you experience a qualified change in status event. Qualified change in status events include: change in marital status, change in dependent status, change in employment status. You have 30 days from the date of the change to contact human resources to change your benefit elections.
- Upon acceptance by the insurers, I hereby authorize my Group to deduct from my earnings the amounts indicated above.
- My authorization shall continue thereafter until the earlier of (a) termination of my employment, (b) written notice from me canceling this authorization, or (c) termination of the Payroll Deduction Plan.
- I understand that it is my responsibility to verify the deduction amounts from my paycheck and to notify my Employer immediately of any discrepancies.
- I understand any unused balance in a Dependent Care or Health Care Reimbursement account in which I am enrolled will be forfeited under the "Use It or Lose It" rule. Expenses must be incurred during the plan year for which the election amount was redirected.

Your total
deductions per
pay period...

Total Deductions
\$ 59.82

[*****] Electronic Signature on File

Employee Signature

08/09/2022

Date