

Enrollment Website

www.myltcguide.com/ltcallsstateplan101

The screenshot shows the top portion of a website. At the top, a teal banner reads "Attention WA State Residents" and "New WA State Payroll Tax for Long Term Care Services" with a "CLICK HERE FOR MORE INFORMATION" button. Below this is a navigation bar with the Allstate logo, a location selector, and a "LTC SOLUTIONS ALLSTATE GROUP WHOLE LIFE PLAN" header. Navigation links include "LTC RESOURCES", "CURRENT POLICYHOLDERS", "APPLY NOW", "WHY SIGN UP", "HOW IT WORKS", and "PLAN AND RATES". The main content area features a large illustration of a squirrel with a pile of acorns. Text on the page reads "SECURE YOUR TOMORROW - Today - LIKE A Squirrel PREPARES FOR Winter" and includes a "PLAN AHEAD" button.



Enrollment Website

Open then **enrollment instructions** and the link to access your **enrollment site**

How to Start Your Application



Click **here** to view enrollment instructions

Click **here** to enroll

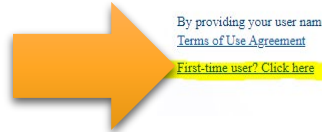
Need Assistance? (877) 286-2852 or LTCiBenefitsTeam@ltc-solutions.com

Enrollment Website

Profile = Setting up your Account
Enter personal information
Set up your employee ID (SSN without dashes)
PIN (you determine)

To create your profile click
“First Time User? Click Here”

After you have set up your profile
At anytime in the future, you need to
revisit your profile or application you can
do that by entering your
employee ID (SSN) and PIN.



Welcome

Please select the [First Time User](#) link below to enter your information and begin your enrollment. If you have any questions, please contact LTC Solutions at (877) 286-2852 or LTCiBenefitsTeam@ltc-solutions.com.

If you need to login again after you complete the registration, your Social Security Number will be used as the Employee Number below. The PIN, or password, is the PIN you created when you registered.

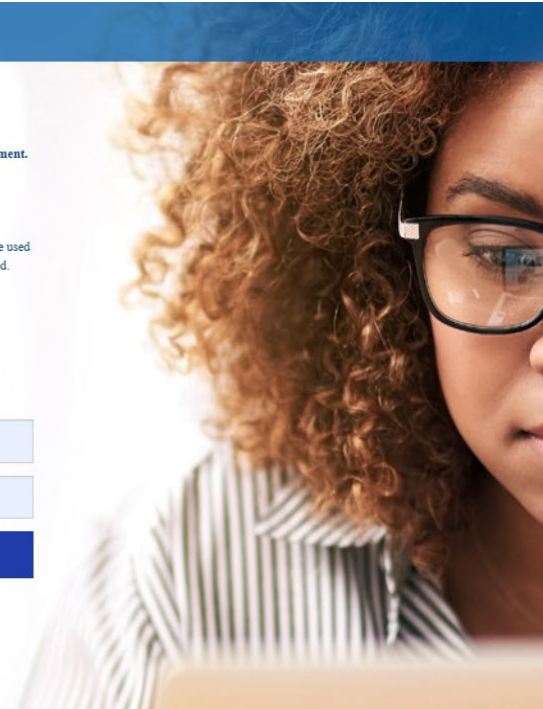
You will not need to access the Administrative Site.

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

[FORGOT PIN?](#)

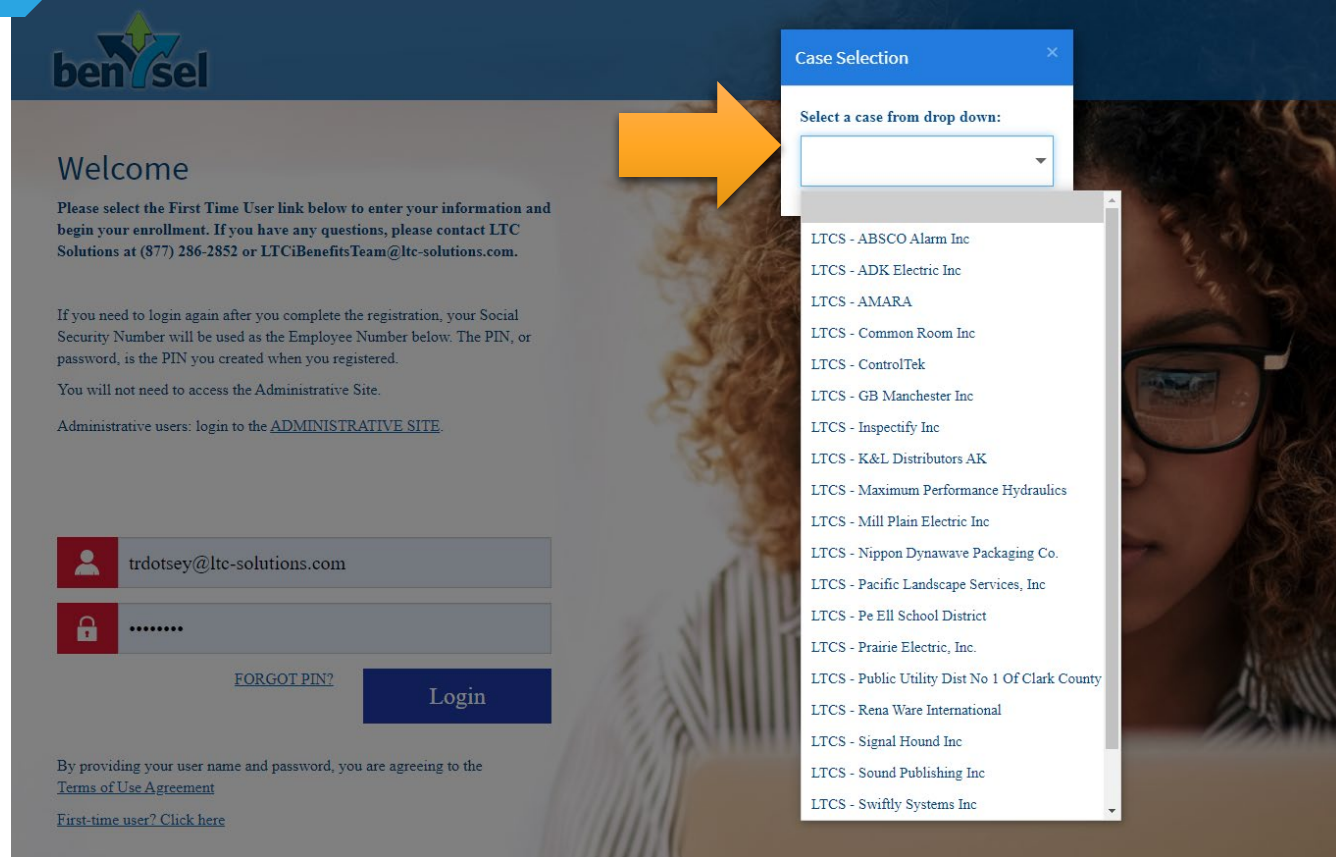
By providing your user name and password, you are agreeing to the [Terms of Use Agreement](#)

[First-time user? Click here](#)



Enrollment Website

Scroll through the listing and click on your employer



The screenshot shows the benysel enrollment website. The header features the benysel logo. The main content area includes a 'Welcome' message, instructions for first-time users, and a login form with fields for email and password. A 'Login' button is present. Below the login form are links for 'FORGOT PIN?' and 'First-time user? Click here'. A 'Case Selection' dropdown menu is open on the right side, displaying a list of employers. An orange arrow points to the dropdown menu.

benysel

Welcome

Please select the **First Time User** link below to enter your information and begin your enrollment. If you have any questions, please contact LTC Solutions at (877) 286-2852 or LTCiBenefitsTeam@ltc-solutions.com.

If you need to login again after you complete the registration, your Social Security Number will be used as the Employee Number below. The PIN, or password, is the PIN you created when you registered.

You will not need to access the Administrative Site.

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

[FORGOT PIN?](#)

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

[First-time user? Click here](#)

Case Selection

Select a case from drop down:

- LTCS - ABSCO Alarm Inc
- LTCS - ADK Electric Inc
- LTCS - AMARA
- LTCS - Common Room Inc
- LTCS - ControlTek
- LTCS - GB Manchester Inc
- LTCS - Inspectify Inc
- LTCS - K&L Distributors AK
- LTCS - Maximum Performance Hydraulics
- LTCS - Mill Plain Electric Inc
- LTCS - Nippon Dynawave Packaging Co.
- LTCS - Pacific Landscape Services, Inc
- LTCS - Pe Ell School District
- LTCS - Prairie Electric, Inc.
- LTCS - Public Utility Dist No 1 Of Clark County
- LTCS - Rena Ware International
- LTCS - Signal Hound Inc
- LTCS - Sound Publishing Inc
- LTCS - Swiftly Systems Inc

Enrollment Website



Enter your
personal information
contact information
employment information
PIN (you determine)

Click Next

New Employee

Personal Info

Please fill out the following information completely. All of this information is required to complete your benefit enrollment. If you have questions, please contact your Human Resources representative.

SSN:

First Name

Middle Initial

Last Name

Date of Birth:

Gender: Male Female Other

Contact Info

Please enter your complete contact information. Press Submit when you are ready to log onto the enrollment system. Be sure and keep your PIN in a safe place. This is your "secret code" for accessing the system, and is the equivalent of your digital signature.

Address:

Country

Street Address Line 1

Street Address Line 2

City

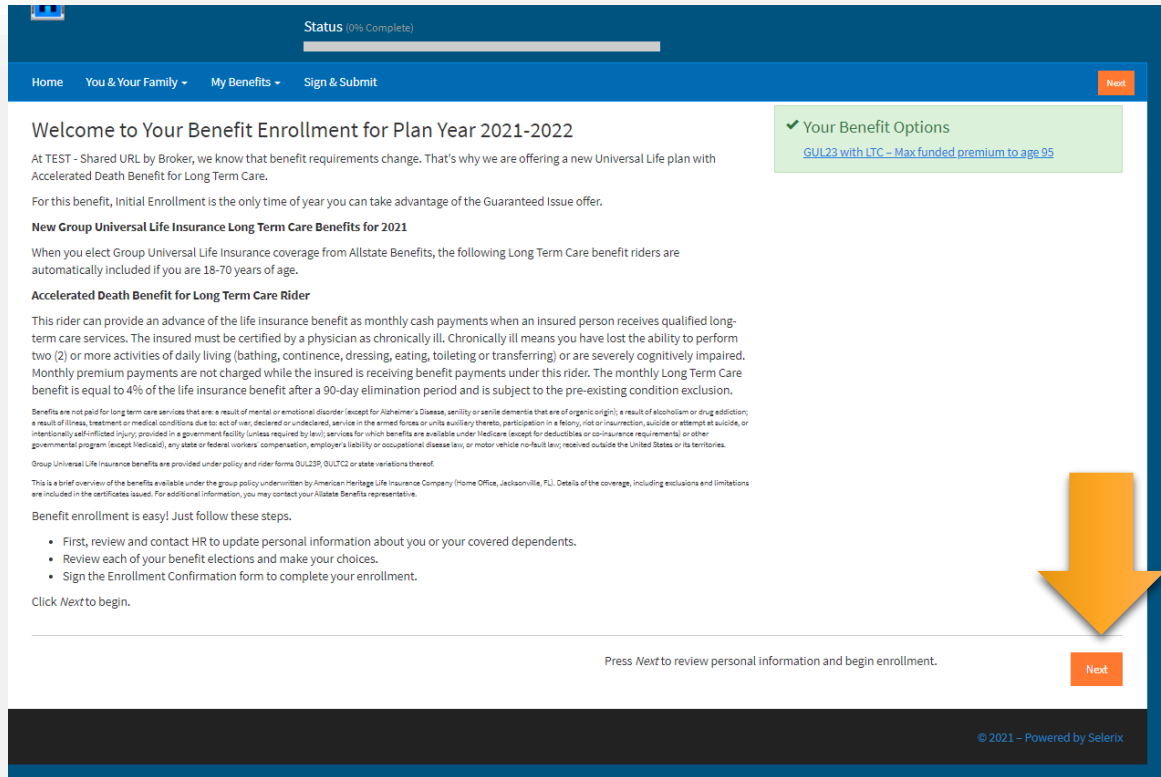
State

ZIP

Enrollment Website

You will see the
Welcome Screen

Click Next



The screenshot shows a web browser window with a blue header. The status bar at the top indicates "Status (0% Complete)" with a progress bar. The navigation menu includes "Home", "You & Your Family", "My Benefits", and "Sign & Submit". A "Next" button is visible in the top right corner. The main content area features a green callout box with a checkmark and the text "Your Benefit Options" and a link "GUL23 with LTC - Max funded premium to age 95". The main heading is "Welcome to Your Benefit Enrollment for Plan Year 2021-2022". Below this, there are several paragraphs of text, including a section titled "New Group Universal Life Insurance Long Term Care Benefits for 2021" and another titled "Accelerated Death Benefit for Long Term Care Rider". A list of bullet points provides instructions for the next 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.", and "Sign the Enrollment Confirmation form to complete your enrollment." A "Next" button is located at the bottom right of the main content area. A large orange arrow points downwards from the "Next" button in the main content area to the "Next" button in the footer. The footer contains the text "© 2021 - Powered by Selerix".

Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit Next

Welcome to Your Benefit Enrollment for Plan Year 2021-2022

At TEST - Shared URL by Broker, we know that benefit requirements change. That's why we are offering a new 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.

New Group Universal Life Insurance Long Term Care Benefits for 2021

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 while 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 GUL23D, GUL23C 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.

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

Next

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Enrollment Website

Confirm
personal information
contact information
is correct.

Click **Next** when finished

Personal Info

Please fill out the following information completely. All of this information is required to complete your benefit enrollment. If you have questions, please contact your Human Resources representative.

SSN:

First Name

Middle
Initial

Last Name

Date of Birth:

Gender:

Male Female Other

Contact Info

Please enter your complete contact information. Press Submit when you are ready to log onto the enrollment system. Be sure and keep your PIN in a safe place. This is your "secret code" for accessing the system, and is the equivalent of your digital signature.

Address:

Country

Street Address Line 1

Street Address Line 2

Enrollment Website

Click **Add**
to add your spouse/Domestic
Partner.

Click **Next** when finished

Home You & Your Family My Benefits Sign & Submit Back Next

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

Back Next

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Enrollment Website





Confirm
employment information
is correct

Click **Next** when finished

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:	1/1/2012
Eligibility Date:	1/1/2012
Location:	Headquarters 
Department:	Default 
<u>Job Class:</u>	FT 
<i>Title:</i>	<input type="text"/>
Salary:	<input type="text" value="\$0.00"/>
Pay group:	Monthly 
Payroll Frequency:	Monthly
Hours per Week:	<input type="text" value="40.00"/>

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



Enrollment Website

Plan and rates section

Select tobacco status
Scroll down to view rates

GWL with LTC



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

ABJ4542WA

Insurance for TEST TEST

Has the employee used tobacco in the last 12 months?

Monthly Cost: \$0.00

My Benefits

GWL with LTC \$0.00

Total Cost
Per Month \$0⁰⁰

Enrollment Website

Select
Plan design amount
OR
Premium cost

To apply
Select I wish to apply for this
coverage

To decline
Select I wish to DECLINE this
coverage.

Click **Next** when finished

Monthly Cost	Benefit Amount
<input type="radio"/> \$5.67	10,000
<input type="radio"/> \$11.35	20,000
<input type="radio"/> \$17.02	30,000
<input checked="" type="radio"/> \$22.70	40,000
<input type="radio"/> \$28.37	50,000
<input type="radio"/> \$34.05	60,000
<input type="radio"/> \$39.72	70,000
<input type="radio"/> \$45.40	80,000
<input type="radio"/> \$51.07	90,000
<input type="radio"/> \$56.75	100,000

Application riders

- Accelerated Death Benefit for Terminal Illness or Condition
- Accelerated Death Benefit for Long Term Care

Total Premium: \$22.70

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

Back

Next



Enrollment Website

Choose Beneficiaries

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 in the list.

You may change the percentages, and they must add up to 100%.

Click Next when finished

GWL with LTC



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%	/ ✕
Estate		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	/ ✕

Back Next



Answer Questionnaire

Click **Next** to continue to the next page

Secondary Addressee Designation. 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 insurance rider for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid. Would you like to designate at least one additional person to receive notification of a possible lapse or termination of coverage? If yes, please provide full name and mailing address.

Yes No

Is this rider to replace or change any existing accident and health or long term care coverage?

Yes No

Is there any long term care insurance in force (including health care service contract or health maintenance organization contract) on the proposed insured?

Yes No

Has there been any other long term care insurance in force during the last 12 months on the proposed insured?

Yes No

Are you covered by Medicaid?

Yes No

Enrollment Website

Review your benefits section

To make changes **click back**

Click Confirm when finished

GWL with LTC

Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
TEST TEST	Employee	AB Group Whole Life (GWL); EO		\$65.85

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
All Living Children				100.00	Primary

Monthly deduction

Cost: \$65.85 (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

GWL with LTC \$0.00

Total Cost Per Month \$0⁰⁰

Enrollment Website

Enter your bank account information

Premiums will be deducted monthly from this bank account

Click Next when finished

Payment Information

You may pay by automatic withdrawal from a checking or savings account. Premiums will be deducted from the bank account you choose each month. Please select the desired method of payment.

Payment Type:

Your monthly premium will be withdrawn directly from your checking or savings account on the specified day of each month. If you are using a checking account, you will find the account number at the bottom of your check, next to the routing number (see illustration). Click *Next* when you are ready.



① 0000578944
Transit/ABA Number
② 123456789
Account Number
③ FIRST NATIONAL BANK
331 Main St
Boulder, CO 87012-8271
Institution Name/Address

Type of Account:	<input type="text" value="Personal"/>	<input type="text" value="Checking"/>
Account No.:	<input type="text"/>	
Transit/ABA No.:	<input type="text"/>	
Account Holder Name:	<input type="text" value="TEST TEST"/>	
Bank Draft Day:	<input type="text" value="1"/>	
Depository Name/Branch:	<input type="text"/>	
Address:	<input type="text"/>	
City:	<input type="text"/>	
State:	<input type="text"/>	
ZIP:	<input type="text"/>	

Back

Next will skip the step of entering payment information and you will not be able to complete your enrollment.



Next

Enrollment Website

Review your enrollment elections
Click Next

To make changes to your election
Click My Benefits
Click GWL with LTC



Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your contributions **per Month** 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
GWL with LTC	AB Group Whole Life (GWL); EO	\$0.00	\$65.85
Total		\$0.00	\$65.85

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"/> ABJOGWLT1WA Outline of Coverage	Not Reviewed	N/A
<input checked="" type="checkbox"/> ABJ21526WA SUMMARY AND DISCLOSURE STATEMENT	Unsigned	
<input checked="" type="checkbox"/> ACH Authorization	Unsigned	
<input checked="" type="checkbox"/> ACH Confirmation	Unsigned	



[Next](#)

Review and Sign Forms

Click Sign Form

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

- [ABJ13510 SUMMARY AND DISCLOSURE STATEMENT](#)
- [AWD13513WA SUMMARY AND DISCLOSURE STATEMENT](#)
- [ABJOGULTC2WA Outline of Coverage](#)

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

Sign Form

Next

Sign Forms

Enter PIN

Click Sign Form

Enrollment Agreement / 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.
- If I elect an amount over guaranteed issue maximum, I understand that subject to underwriting review, my coverage may be reduced to the guaranteed issue maximum, if applicable. If my benefit amount is reduced, I understand recurring withdrawals will be reduced accordingly, but will never be more than what I authorize above.
- Upon acceptance by the insurers, I hereby authorize the Carrier to deduct from my Bank Account the amounts indicated above
- My authorization shall continue thereafter until written notice from me cancelling this authorization.

Your total
monthly
deductions...

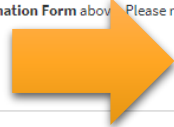
Total Deductions
\$ 65.85

Employee Signature _____

Date _____

[Download Fo](#)

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

Enrollment Website

Sign/Submit Complete

Click ACH Confirmation

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.**

✔ GWL with LTC

Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
TEST TEST	Employee	AB Group Whole Life (GWL); EO		\$65.85

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
All Living Children				100.00	Primary

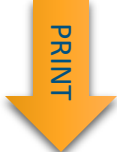
Completed Forms

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
ABJOGWLTG1WA Outline of Coverage	N/A
ABJ21526WA SUMMARY AND DISCLOSURE STATEMENT	09/02/2021
ACH Authorization	09/02/2021
ACH Confirmation	09/02/2021

Logout



ACH Confirmation

Print for your records

1 of 1

Benefit Verification / ACH Confirmation

Name	SSN	Employee ID	Date of Hire	Reason for Completing Form
TEST TEST	454545454	0	01/01/2012	Open Enrollment
Location	Department	Job Class		
Headquarters	default	Full Time		
Work Phone	Home Phone	E-mail	Address	
			14715 NE 95th Street Suite 200 Redmond, WA 98052	

Benefit Deduction Summary

Plan	Product	Cvg	Cost
GWL with LTC	AB Group Whole Life (GWL)	EO	65.85
Total			65.85

Enrollment Agreement / 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.
- If I elect an amount over guaranteed issue maximum, I understand that subject to underwriting review, my coverage may be reduced to the guaranteed issue maximum, if applicable. If my benefit amount is reduced, I understand recurring withdrawals will be reduced accordingly, but will never be more than what I authorize above.
- Upon acceptance by the insurers, I hereby authorize the Carrier to deduct from my Bank Account the amounts indicated above.
- My authorization shall continue thereafter until written notice from me cancelling this authorization.

Your total monthly deductions... **Total Deductions** \$ 65.85

[*****] Electronic Signature on File
Employee Signature

09/02/2021
Date

Questions?

Toll Free: 877.286.2852

Email: LTCiBenefitsTeam@ltc-solutions.com

This provides a brief description of your benefits and is not a contract. Benefits, exclusions and limitations may vary by state, or may be named differently. Please consult your policy for complete information. A complete policy illustration will be delivered with your policy or certificate.