Selerix Enrollment User Guide

Instructions	Screen Shot
ACCESSING THE ENROLLMENT: To enroll in Chubb Products, go to the URL provided for your employer. Log in with your Username and PIN. Username : Employee ID or SSN PIN : varies based on info provided	<section-header><section-header></section-header></section-header>
BEGINNING THE ENROLLMENT PROCCESS: Press NEXT on the bottom right hand corner of the screen to review personal information and begin enrollment.	<section-header><text><text><text><text><text><text><text><list-item><list-item><text></text></list-item></list-item></text></text></text></text></text></text></text></section-header>
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 <i>Nextbutton when</i> you are linewhest. Optional items are in <i>italics</i> . 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. Press NEXT on the bottom right hand corner of the screen to continue.	Dependents Name SSN 008 Sox Relation Uploads Image: Constraint of the second

Instructions	Screen Shot
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 Northe continue.
ENROLL:	
Answer the two required questions about nicotine use (For Critical Illness and LBT) and if you are actively at work (All Products).	totact Benefits Additional levelstis Faitures No net Rate to thick about needing BE Insurance. But II someone depends on your financially, you need II is insurance. In the event of a trapping, the insurance can help pay to: So one Rate to thick about needing reports So one • Bits and range Unling reports • Onliber and range So one So one • Onliber and range • Onliber and range SO On • Childrate or finiture education costs SO On
Your answers will cause the page to update with custom rates applicable to your situation.	Has the Proposed Insured used tobacco or Nicotine Products in Last 12 Months? No Is the employee actively at work performing the regular duties of the job in the usual manner and at the usual place of employment?
Choose desired coverage amount or coverage tier with radio button.	Cost per Pay Period Benefit Amount S7.41 10.000
Press NEXT on the bottom right hand corner of the screen to continue.	\$11.12 15.009 \$14.82 20.000
ASSIGN BENEFICIARIES:	
You can add additional people to be beneficiaries – just click the "+" sign.	Beneficiary Relationship Primary Contrigent Image: Contrigent All Uning Children 0.00% 0.00% 0.00% X
If primary and contingent beneficiaries are not alive at time of claim, payment will be made to the estate.	
ENROLL DEPENDENTS (Individual Certificates):	Primary Insured Relationship DOB Policy # Benefit Premium Options IEST/3 IEST Employee 3/1/1970 135,000 \$100.05 LTC, EOB, RST Webdraw
To enroll a spouse (must have been entered on the dependent screen) click on their name to bring up their options for coverage.	Image: Now may apply for coverage for any of the individuals listed below. To view prices or apply, click the name of the person in the list below. Image: Now Prices or apply, click the name of the person in the list below. Name Relationship Sex DOB Riders SPOUSE TEST Spouse M 1/1/1970 Child F 7/30/2018 Image: Nove Person in the list below.
SPOUSE ENROLLMENT:	Insurance for SPOUSE TEST
Once you answer Spouse nicotine and medical question, amounts and rates will appear. Choose amount with radio button.	Has the Proposed Insured used tobacco or Nicotine Products in Last 12 Months? Yes If applying for coverage, is your Spouse currently hospitalized, receiving home health care or receiving or applying to receive disability benefits? No
Or you can decline coverage for spouse and hit "Next."	© 325.20 25.000 \$ 330.24 30.009

Instructions	Screen Shot
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 Bach person currently covered is listed between statuses to the coverage, click the person's name. Primary Insured Relationship D09 Policy # Benefit Premium Options Image: Click the person's name. IEST/R IEST Employee 1/1/1970 Ist. Status Status Itt. Cr. COB, RST Withdraw Spoulse TEST Spoulse 1/1/1970 Ist. Spoulse Itt. Cr. CoB, RST Withdraw Exercite Kid MMMMMMMMMMM Child 3/3/2010 Ist. Spoulse Ist. Spoulse Withdraw
ANSWER REQUIRED QUESTIONS: 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</i> <i>legally required questions to answer</i> .	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 \nstact 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 \nstact sp
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 Confirmifit 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."	Chudb LifeLine Benefit Term Chubb Lifetime Benefit Term; CO 50.00 56.00 Chubb LifeLine Benefit Term; CO 50.00 56.00 Tetal 50.00 \$178.82 Signatures Required To complete your enrollment, you must sign the following forms. Press Next to begin signing forms. Torm Name Status Date Signed/Reviewed In Benefit Confirmation Umsigned

Instructions	Screen Shot
TO SIGN, ENTER PIN:	Download Ferm
	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.
To complete elections, enter your PIN and	Your default PIN is the last 4 digits of your SSN and the last 2 numbers of your birth year.
click "Sign Form".	PIN: Sign Form
FINAL SCREEN:	
FINAL SCREEN.	Sign/Submit Complete
	Sign/Submit complete
	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
This is the final screen But you can always	• 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.
Les herbin during OF to make allog and	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.
log back in during OE to make changes.	Congestulations
	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.