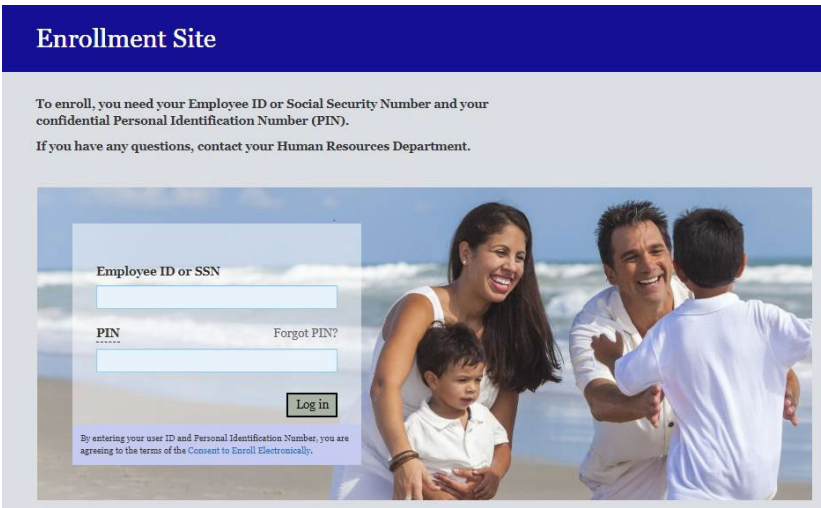
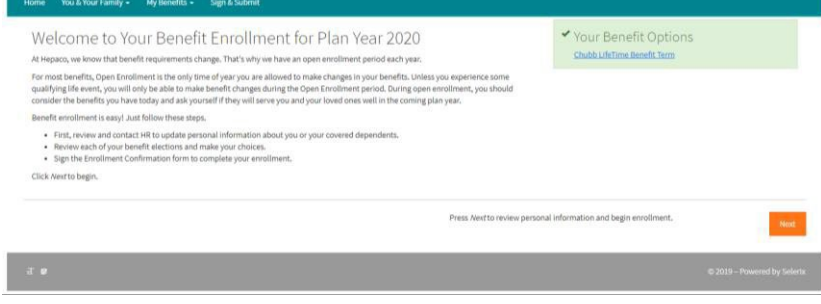
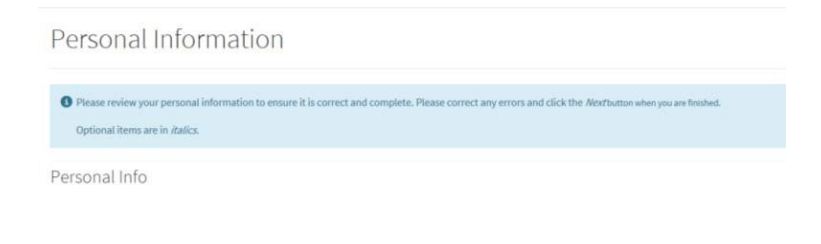



Selerix Enrollment User Guide

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>Username: Employee ID or SSN</p> <p>PIN: varies based on info provided</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>PERSONAL INFO:</p> <p>Please review and update anything that is incorrect.</p> <p>Press NEXT on the bottom right hand corner of the screen to continue.</p>	
<p>DEPENDENT INFO:</p> <p>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.</p> <p>Press NEXT on the bottom right hand corner of the screen to continue.</p>	

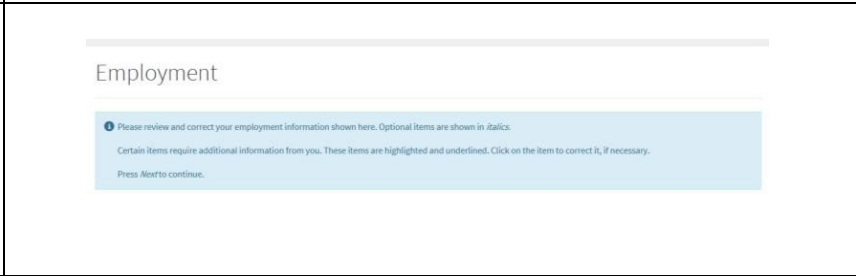
Instructions

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.



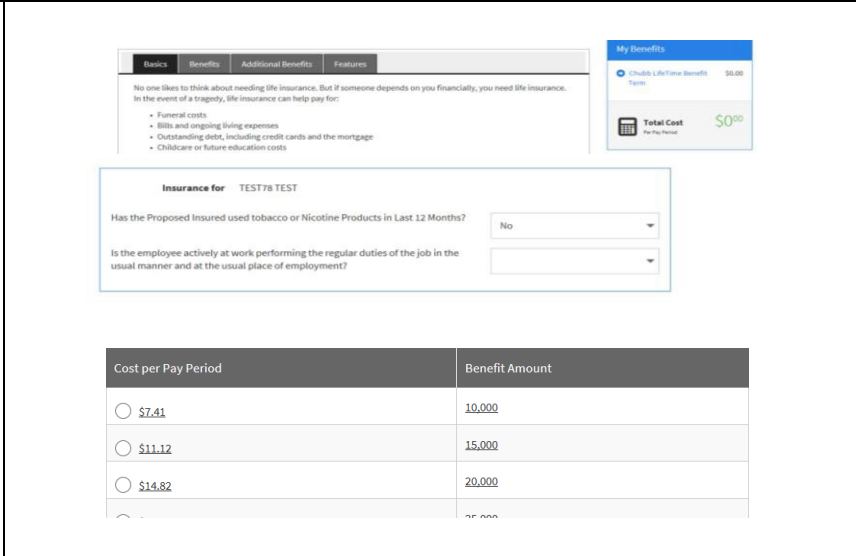
ENROLL:

Answer the two required questions about nicotine use (For Critical Illness and LBT) and if you are actively at work (All Products).

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.

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



ASSIGN BENEFICIARIES:

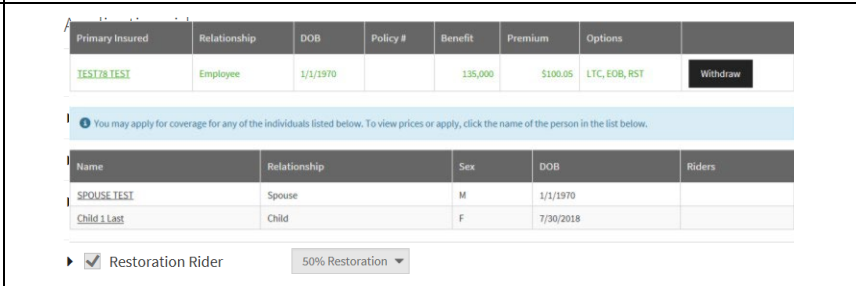
You can add additional people to be beneficiaries – just click the “+” sign.

If primary and contingent beneficiaries are not alive at time of claim, payment will be made to the estate.



ENROLL DEPENDENTS (Individual Certificates):

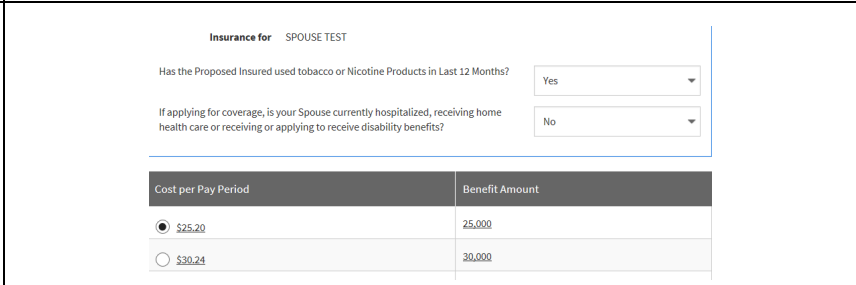
To enroll a spouse (must have been entered on the dependent screen) click on their name to bring up their options for coverage.


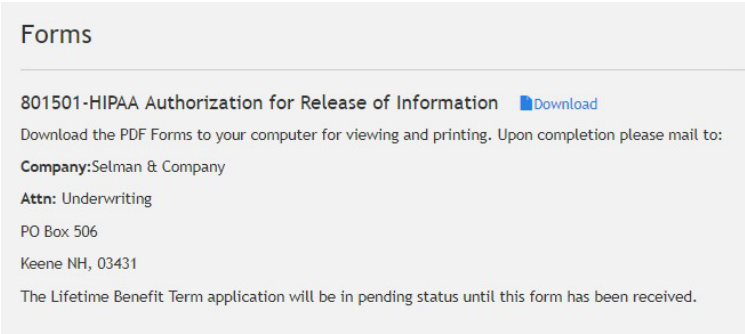
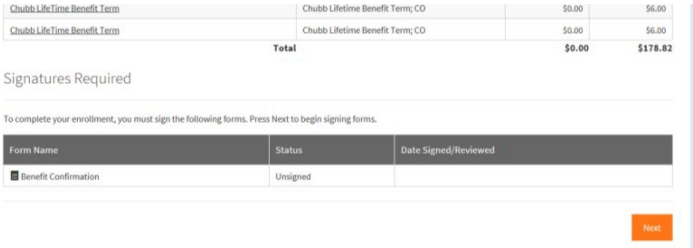


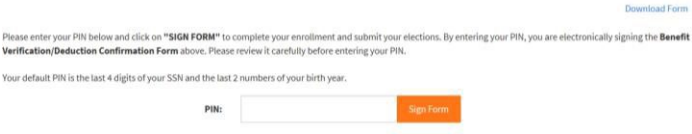
SPOUSE ENROLLMENT:

Once you answer Spouse nicotine and medical question, amounts and rates will appear. Choose amount with radio button.

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



Instructions	Screen Shot																																
<p>CONFIRM ELECTIONS:</p> <p>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.”</p>	 <p>Chubb LifeTime Benefit Term</p> <p>Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.</p> <table border="1"> <thead> <tr> <th>Primary Insured</th> <th>Relationship</th> <th>DOB</th> <th>Policy #</th> <th>Benefit</th> <th>Premium</th> <th>Options</th> <th></th> </tr> </thead> <tbody> <tr> <td>TEST78TEST</td> <td>Employee</td> <td>1/1/1970</td> <td></td> <td>115,000</td> <td>\$85.22</td> <td>LTC, EOB, RST</td> <td>Withdraw</td> </tr> <tr> <td>SPOUSE TEST</td> <td>Spouse</td> <td>1/1/1970</td> <td></td> <td>55,000</td> <td>\$55.44</td> <td>LTC, EOB, RST</td> <td>Withdraw</td> </tr> <tr> <td>Favorite Kid MMMMMMMMM</td> <td>Child</td> <td>3/3/2010</td> <td></td> <td>25,000</td> <td>\$6.00</td> <td></td> <td>Withdraw</td> </tr> </tbody> </table>	Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options		TEST78TEST	Employee	1/1/1970		115,000	\$85.22	LTC, EOB, RST	Withdraw	SPOUSE TEST	Spouse	1/1/1970		55,000	\$55.44	LTC, EOB, RST	Withdraw	Favorite Kid MMMMMMMMM	Child	3/3/2010		25,000	\$6.00		Withdraw
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<p>ANSWER REQUIRED QUESTIONS:</p> <p>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 legally required questions to answer.</i></p>	<p>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.</p> <p>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.</p> <p>SPOUSE TEST <input type="radio"/> YES <input type="radio"/> NO</p> <p>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)?</p> <p>SPOUSE TEST <input type="radio"/> YES <input type="radio"/> NO</p> <p>Has any person proposed for coverage been seen or treated by a licensed physician or other medical practitioner within</p>																																
<p>CONFIRM ELECTIONS:</p> <p>After a few screens of legal disclosures, you will get to the confirmation screen. Review every election. If correct, click “CONFIRM.”</p>	<p>Cost: \$158.66 (post-tax)</p> <p>You have elected coverage under this plan. Please review the summary information above and press <i>Confirm</i> if it is correct. To make changes, press <i>Back</i>. To skip this plan and come back later, press <i>Next</i>.</p> <p>Back Confirm</p>																																
<p>REQUIRED FORMS</p> <p>In some cases, there will be a HIPAA form and/or a Consent form listed.</p>	 <p>Forms</p> <p>801501-HIPAA Authorization for Release of Information Download</p> <p>Download the PDF Forms to your computer for viewing and printing. Upon completion please mail to:</p> <p>Company: Selman & Company Attn: Underwriting PO Box 506 Keene NH, 03431</p> <p>The Lifetime Benefit Term application will be in pending status until this form has been received.</p>																																
<p>SIGNATURE REQUIREMENTS:</p> <p>Most employees just have “Benefit Confirmation.” To sign, click “Next.”</p>	 <table border="1"> <thead> <tr> <th>Chubb LifeTime Benefit Term</th> <th>Chubb LifeTime Benefit Term; CO</th> <th>\$0.00</th> <th>\$6.00</th> </tr> </thead> <tbody> <tr> <td>Chubb LifeTime Benefit Term</td> <td>Chubb LifeTime Benefit Term; CO</td> <td>\$0.00</td> <td>\$6.00</td> </tr> <tr> <td colspan="2">Total</td> <td>\$0.00</td> <td>\$178.82</td> </tr> </tbody> </table> <p>Signatures Required</p> <p>To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.</p> <table border="1"> <thead> <tr> <th>Form Name</th> <th>Status</th> <th>Date Signed/Reviewed</th> </tr> </thead> <tbody> <tr> <td>Benefit Confirmation</td> <td>Unsigned</td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">Next</p>	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	Form Name	Status	Date Signed/Reviewed	Benefit Confirmation	Unsigned															
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Instructions	Screen Shot
<p>TO SIGN, ENTER PIN:</p> <p>To complete elections, enter your PIN and click “Sign Form”.</p>	
<p>FINAL SCREEN:</p> <p>This is the final screen. But, you can always log back in during OE to make changes.</p>	