

USSMAble Life AccessSMAble ONLINE BENEFITS ENROLLMENT Employee Reference Guide

The site is
available
24/7
during annual
enrollment



WELCOME TO ONLINE BENEFITS ENROLLMENT

Before You Begin

Online benefits enrollment is simple, convenient, paperless, and secure. The process typically takes less than 10 minutes from login to completion. Before getting started, have the following information available:

- Dependent information (Spouse/Children):
 - Social Security numbers
 - Dates of birth
- Health information, such as:
 - Medication and dosage
 - Latest blood pressure readings, in case Evidence of Insurability is required

Contact Information

For assistance with navigation, credentials, or questions regarding your benefits, please contact your employer.



AccessAble is used with the consent of USSMAble Mutual Insurance Company.

1. Getting Started

Navigate to your online benefits enrollment site. A link and PIN will be provided by your employer.

AccessAble Support Create an Account LOG IN

Employee Registration

PIN (provided by employer):

First Name:

Last Name:

Social Security # (last four numbers):

Date of Birth:

☐ I'm not a robot

SUBMIT »

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Verify your identity, create your credentials, and click **Submit** to continue.

AccessAble Support Create an Account LOG IN

Employee Registration

User ID: 6 - 50 alphanumeric characters long

Password / Passphrase: 6 - 15 characters long
Upper and lower case letters
Not and numbers/special characters
At least 5 unique characters
Can't consecutively repeat the same letter more than 4 times

Confirm Password: Passwords must match

Primary Email:

SUBMIT »

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2. Editing Your Information

Your demographic and dependent information (if applicable) are pre-loaded into the system. You can also add dependents if needed.

+ ADD MY DEPENDENT

Update required fields as indicated by red asterisks. (*)

AccessAble Home My Elections Activity Center Help & Support Account Settings (TINA T) LOG OUT

NEW HIRE BY PRODUCT

About Me

Personal Information

Name:

Email Address: *

Used tobacco in the last 30 months? ☒ No ☐ Yes

Dependents

Current # of Dependents: 2

+ ADD MY DEPENDENT

Dependent 1: TINA TRAMPOLINE, 06/09/1990, Spouse, **EDIT**

Dependent 2: TINA TRAMPOLINE, 06/10/2016, Child, **EDIT**

SAVE AND CONTINUE »

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3. Electing Benefits

AccessAble will walk you through your benefit selections. At each screen, your **Total Premium Amount and Current Coverage** information will be displayed. Employer-paid benefits will already be selected.

AccessAble Home My Elections Activity Center Help & Support Account Settings (TINA T) LOG OUT

NEW HIRE BY PRODUCT

Elections as of 06/09/2017

Benefit	Current Coverage	Monthly Cost
Group Term Life	\$50,000.00	\$0.00
Dependent Life	Not Elected	\$0.00
Accidental Death & Dismemberment	\$50,000.00	\$0.00
Employee Voluntary Group Term Life	Not Elected	\$0.00
Employee Voluntary Accidental Death	Not Elected	\$0.00
Total Monthly Cost		\$198.57

Click **More Details** for additional information on each benefit.

Life

Group Term Life

Coverage Level: Monthly Cost:

Accidental Death & Dismemberment

Coverage Level: Monthly Cost:

MORE DETAILS

3. Electing Benefits (continued)

For voluntary benefits, simply choose a coverage amount or decline.

- The site will indicate whether your coverage or increase in coverage will be guaranteed issue or will require answering medical questions
- Age-based rates are calculated based on demographic information

4. Review and Submit

On the **Summary** page, compare your current coverage to your new elections. **Revisit** your benefits to make any desired changes.

NEW ELECTIONS			Elections as of 06/05/2017	
	Selection	Monthly Cost	Selection	Monthly Cost
Life Revisit				
Group Term Life	\$50,000.00	\$0.00	\$50,000.00	\$0.00
Accidental Death & Dismemberment	\$50,000.00	\$0.00	\$50,000.00	\$0.00
Employee Voluntary Group Term Life	\$250,000.00 (5x Salary)	\$22.50	\$250,000.00 (5x salary)	\$22.50
Spouse Voluntary Group Term Life	\$125,000.00 (50% of Voluntary GTL)	\$11.25	\$125,000.00 (50% of Voluntary GTL)	\$9.00

Sign your voluntary applications electronically using your name and the last 4 digits of your SSN followed by the last 2 digits of your birth year.

To complete at a later time, click **Save As Draft**. If you're finished making changes to your elections, click **Submit Elections**.

5. Activity Center

On the **Home Page**, any outstanding items that require attention will appear in your **Activity Center**.

Click **View** and follow the prompts to resolve any outstanding items.

Activity Center					
Open Items					
Event	Event Date	Submit by	Step	Comments	Action
Evidence of Insurability	5/1/2017	6/10/2017	Provide Additional Documentation		VIEW

6. Evidence of Insurability (EOI)

If you are required to answer medical questions, we recommend completing the form online* to expedite the process.

However, you may print the form and submit it to USAble Life within 60 days.

Evidence of Insurability Follow Up

Your Benefits Administrator has requested the additional information indicated below in order to process your request.

Evidence of Insurability
Event Date: 5/1/2017
Respond by: 6/10/2017

Pending Underwriting

Benefit	Pended Amount
Employee Voluntary Group Term Life	\$10,000.00 pending underwriting

Your Benefits Administrator is requesting that you complete the Evidence of Insurability (EOI) form. If benefit amounts elected are over Guaranteed Issue (GI), or you are considered a late enrollment you must submit additional information. You have two options for submitting the additional information needed:
Download and print an EOI form or submit electronically. Click here to [Print EOI form](#), follow the instructions on the form.

[COMPLETE EOI FORM ONLINE](#)

Evidence of Insurability

Section 1 & 2 / Section 3 / Section 4 / Confirmation

Section 1 - Completed By Employer (*) Indicates required field

Group Name	CYCLONES SPORTING GOODS
Group Number	50004204
Date of Hire	06/01/2017
Group Administrator Telephone Number *	(654) 635-1353
Employee's Annual Salary	\$50,000.00
Amount of Insurance Applying for	Employee Voluntary Group Term Life: \$250,000.00 Spouse Voluntary Group Term Life: \$125,000.00

*Online submission of Evidence of Insurability is available in select states.

7. Beneficiaries

You may view, set, or change your beneficiary designations online by selecting **Beneficiaries**.

Your dependents will be listed as **Available Beneficiary**. Select primary or secondary and enter percentages. To add a new beneficiary, click **Add New**.

Beneficiaries
View, set, or change your beneficiaries.

[BENEFICIARIES](#)

Group Term Life: \$50,000.00 (06/01/2017)

Available Beneficiary of	Primary*	Secondary
HENRY HURDLE† (Spouse)	<input checked="" type="checkbox"/> 100	<input type="checkbox"/>
HOPE HURDLE† (Child)	<input type="checkbox"/>	<input checked="" type="checkbox"/> 100
Total	100%	100%

For your convenience, you can also copy beneficiary designations to other benefits.

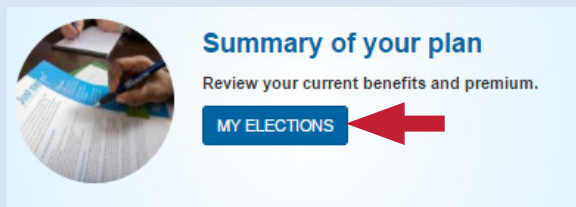
☒ **Copy Beneficiary Designations to other Benefits**

Are you sure you want to copy these allocations?

[YES](#) [NO](#)

8. Review Your Elections

To review your benefit elections and premiums, click **My Elections**.



My Elections			
View Benefits as of: 06/05/2017			
Benefit/Plan	Coverage	Status	Monthly Cost
Life			
Group Term Life	\$50,000.00	Active	\$0.00
Dependent Life	\$10,000 / \$5,000 / \$5,000	Active	\$5.00
	\$10,000.00 pending underwriting approval	Pending	
Accidental Death & Dismemberment	\$50,000.00	Active	\$0.00
Disability			
Short Term Disability	\$692.31 (60% of weekly salary)	Active	\$116.31
Total Monthly Cost			\$121.31

9. Life Events

Should you have a qualifying life event, you may initiate benefit changes by selecting **Life Event** (this feature must be elected by your employer).

LIFE EVENT BY PRODUCT

Life Event

Choose Life Event ▾

☐ Adoption

☒ Birth

☐ Dependent Death

☐ Dependent Gained Other Coverage

☐ Dependent Lost Other Coverage

☐ Divorce/Separation

LIVE LIFE.
YOU'RE COVERED.®