

USABle LifeSM

AccessABleSM

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

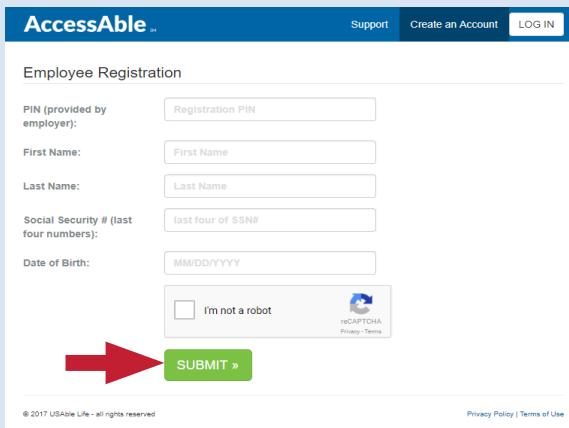
For assistance with navigation, credentials, or questions regarding your benefits, please contact your employer.



AccessABle is used with the consent of USABle Mutual Insurance Company.

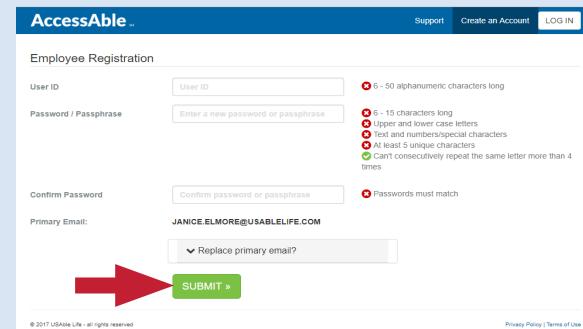
1. Getting Started

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



The screenshot shows the 'Employee Registration' page of the AccessAble website. It includes fields for PIN (provided by employer), First Name, Last Name, Social Security # (last four numbers), Date of Birth, and a CAPTCHA. A red arrow points to the 'SUBMIT »' button at the bottom.

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



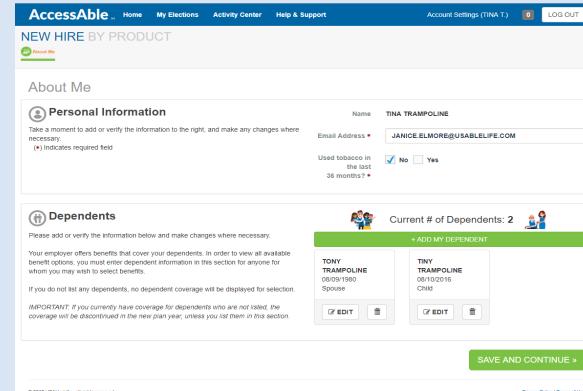
The screenshot shows the 'Employee Registration' page with validation rules for User ID and Password. A red arrow points to the 'SUBMIT »' button at the bottom.

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. (*)



The screenshot shows the 'About Me' and 'Dependents' sections of the AccessAble website. It includes fields for personal information, tobacco use, and dependent details. A red arrow points to the '+ ADD MY DEPENDENT' button at the bottom right.

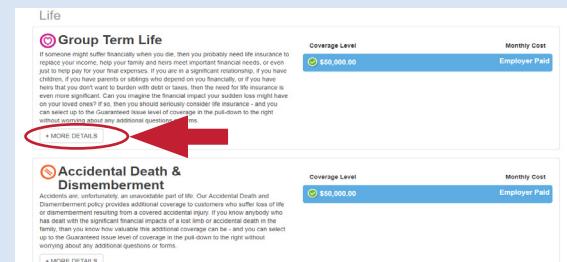
3. Electing Benefits

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.



The screenshot shows the 'Elections as of 08/09/2017' section of the AccessAble website. A red arrow points to the 'Total Monthly Cost \$198.57' label.

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



The screenshot shows two benefit election forms: 'Group Term Life' and 'Accidental Death & Dismemberment'. Each form includes coverage levels, monthly costs, and employer-paid options. Red arrows point to the '+ MORE DETAILS' links at the bottom of each section.

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

Coverage Level	Semi Monthly Cost
<input checked="" type="radio"/> Select coverage	\$0.00
<input type="radio"/> Decline Coverage	\$0.00

Employee Voluntary Group Term Life
What means the world to you, means the world to us. Let us help secure the future for those who matter most to you. Life Insurance provides financial protection in the event of an untimely death. Our plan extends beyond daily expenses; our coverage provides support for future needs.
[MORE DETAILS](#)

Spouse Voluntary Group Term Life
What means the world to you, means the world to us. Let us help secure the future for those who matter most to you. Life Insurance provides financial protection in the event of an untimely death. Our plan extends beyond daily expenses; our coverage provides support for future needs.

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
<input checked="" type="radio"/> Life Revisit	\$50,000.00	\$0.00	\$50,000.00
Group Term Life	\$50,000.00	\$0.00	\$0.00
Accidental Death & Dismemberment	\$50,000.00	\$0.00	\$0.00
Employee Voluntary Group Term Life	\$250,000.00 (5x Salary)	\$22.50	\$250,000.00 (5x salary)
Spouse Voluntary Group Term Life	\$125,000.00 (50% Of Voluntary G/L)	\$11.25	\$125,000.00 (50% of Voluntary G/L)

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.

Confirmation (*) Indicates required field
Please read the important agreement below before agreeing, and providing your electronic signature.

In signing below, I (a) represent that the statements and answers given on all pages of this application are true, complete, and correctly recorded to the best of my knowledge and belief; (b) state that I have read and understand the "Important Note" and the "Insurance Fraud Warning" below; (c) authorize USable Life or its insurer to make a brief report of my personal health information to MIB; (d) authorize any physician, medical practitioner, hospital, clinic, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, to have information on me or any member of my family (only those who have applied for coverage) to be used in connection with any application for insurance, including information concerning my medical history, medical condition, and vocation to give to USable Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (e) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (f) agree that this authorization shall be valid for two (2) years from the application date; (g) agree that a photocopy of this authorization shall be as valid as the original and understand that a copy is available to me or my representative upon request; (h) acknowledge receipt of written notice/notice describing the use of the information.

I have read and understand the above statements and agreements *

By typing in your full name in the boxes below and clicking Submit, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual signature, and you certify that all of the information you provided is accurate and true.

Name On File **EMPLOYEE ONE**
First Name Last Name
PIN (Last 4 digits of SSN + 2 digit birth year)

[GO BACK](#) [START OVER](#) [SAVE AS DRAFT](#) [SUBMIT ELECTIONS](#)

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.

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 until 6/10/2017

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 evidence of insurability. 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, and mail it to us.

COMPLETE EOI FORM ONLINE 

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

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**.

Beneficiaries

View, set, or change your beneficiaries.

BENEFICIARIES 

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

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.

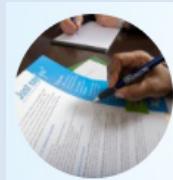
Copy Beneficiary Designations to other Benefits

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**.



Summary of your plan

Review your current benefits and premium.

MY ELECTIONS



My Elections			
Benefit/Plan	Coverage	Status	Monthly Cost
<input checked="" type="radio"/> 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		
Accidental Death & Dismemberment	\$50,000.00	Active	\$0.00
<input checked="" type="radio"/> 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.®**