

MIBS

Midwest Insurance
Brokerage Service, Inc.



Midwest Insurance Brokerage Service Inc. *DocuSign* Guide

3/21/2018

DocuSign Guide

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Streamline your BCBS IL group enrollment With DocuSign



DocuSign emails the group enrollment package to your client, where they will electronically fill out and sign the appropriate documents. DocuSign then automatically emails the agent the completed and signed forms for the agent's electronic signature. No more handwritten forms being scanned, emailed or faxed. No more missing information or forgotten forms. Agents using DocuSign will save time and see a faster turnaround time on their group submissions.

Agents interested in additional hands on training, please contact Patty Kretschmar at patty@midwestga.com.

Benefits:

- Streamline & securely complete group level paperwork & employee applications
- DocuSign can be completed anytime, anywhere on any device
- Improved accuracy & legibility of documents
- Faster turnaround time for group submissions

How it works:

1. Log into Blue Access for Producers at bcbsil.com.

2. Click on the **Group** icon

BlueCross BlueShield of Illinois | blueaccess for Producers | Contact Us | Help Center | Feedback

blueaccess for Producers | Change Security Information | Logout

Welcome, Company: GLACIER GROUP LLC, Producer #: 000607673, License Renewal: 05/31/2018

COMMISSIONS

You do not have permission to view this page!

PDFs & RELATED INFORMATION

- > Enterprise Standard Producer Agreement Amendment
- > Enterprise Standard Producer Agreement Addendum
- > Group Markets Producer Agreement Commission Schedule - Group
- > Consumer Markets Producer Agreement Commission Schedule - Individual
- > Quick Reference Guide
- > ACA Small Group Quoting Guide

COMMISSIONS

GROUP (highlighted with red arrow)

INDIVIDUAL

MEDICARE

HELP DESK: (888) 706-0583

Weekday Hours: Mon-Fri 7:00 a.m.-10:00 p.m. (CST)

Weekend Hours: Sat 7:00 a.m.-3:30 p.m. (CST)

3. Click on **Products & Forms**

BlueCross BlueShield of Illinois | blueaccess for Producers | Contact Us | Help Center | Feedback

blueaccess for Producers | Change Security Information | Logout

GROUP

Group Tools

- Quote a Group**: Quote rates for New Business Prospects
- Enroll A Group**: Enroll a group in coverage
- Track A Group**: Track the progress of your group enrollment applications
- Plan Benefits and Rates**: A tool for accessing member-level rates
- Management Reports**: Access Management Reports
- Blue Directions for Small Business**: Small Business Medical and Ancillary Private Exchange

GROUP DOCUMENTS

- PRODUCTS & FORMS** (highlighted with red arrow)
- MARKETING & SALES**
- TRAINING & ADMIN**
- LEGISLATIVE UPDATES**

Welcome, Company: GLACIER GROUP LLC, Producer #: 000607673, License Renewal: 05/31/2018

COMMISSIONS

GROUP (Products & Forms, Marketing & Sales, Training & Admin, Legislative Updates)

INDIVIDUAL

MEDICARE

HELP DESK: (888) 706-0583

Weekday Hours: Mon-Fri 7:00 a.m.-10:00 p.m. (CST)

Weekend Hours: Sat 7:00 a.m.-3:30 p.m. (CST)

4. Under Group Tools, click on **Downloadable Forms**

The screenshot shows the 'blueaccess for Producers' website. The user is logged in as 'GLACIER GROUP LLC'. The main navigation bar includes 'Home > Products And Forms'. The central area is titled 'GROUP PRODUCTS & FORMS' and lists various product categories such as 'Blue Distinction Total Care Benefit Differential', 'HMOs', 'BlueEdge HSA', etc. On the right, a 'GROUP TOOLS' sidebar is visible, containing links like 'Quote a Group', 'Enroll A Group', and 'Downloadable Forms'. A red arrow points to the 'Downloadable Forms' link in this sidebar.

5. Click on the link for the small group 2-50 market size

The screenshot shows the 'Downloadable Forms' page. It lists several options: 'Group Forms Test', 'Forms for Regulated Small Business (2-50)', 'Forms for Mid-Market (51-150)', and 'Forms for 151+ Employees'. A red arrow points to the 'Forms for Regulated Small Business (2-50)' link.

6. Click **Sign Now** for the 2018 Enrollment Package for Employer

Welcome Employers **Producers** Providers Feedback Text Size: A A A

BlueCross BlueShield of Illinois **blueaccess for Producers** Company Information

Home Individual Products Country Agency Prospective Producer Provider Finder® Prescription Drugs Contact Us Log In

Downloadable Forms

- Forms for Individual Products
- Forms for Regulated Small Business (2-50)
- Forms for Mid-Market (51-150)
- Forms for 151+ Employees

Downloadable Forms for Regulated Small Group Business (2-50 Employees)

Here are some commonly used forms for conducting business with Blue Cross and Blue Shield of Illinois (BCBSIL). To access more downloadable forms, please log in to [Blue Access for Producers](#).

To review and sign your request now electronically, select the **sign now** option below. Or you can download and save the form, to review and sign at a later date.

New Business/Enrollment Forms

Form Name	Digital Form	Download
Underwriting Reference Guide for Brokers	N/A	download form
Affordable Care Act (ACA) Small Group New Business Checklist	N/A	download form
2018 Enrollment Package – includes Benefit Program Application (BPA), Benefit Plan Selection (BPS) Form, Employer Group Information (EGI) Form, and Artifacts Documentation	sign now	download form
2018 Benefit Program Application (BPA) – For new accounts effective 1/1/18 and after	sign now	download form
2018 Benefit Plan Selection (BPS) Form – For new accounts effective 1/1/18 and after	sign now	download form
2018 Group Enrollment Application/Change Form – use this form to apply for group coverage effective 1/1/2018	sign now	download form
2017 Enrollment Package – includes Benefit Program Application (BPA)	sign now	N/A



7. Complete the PowerForm Information page

PowerForm Signer Information

*Required
Please enter your name and email
To begin the signing process.

Your Role

Submitter

Your Name:

Your Email:

Please provide information for any other
Signers needed for this document.

Role:

Group

Name:

Email:

Role:

Producer

Name:

Email:

Role:

GA

Name:

Email:

← Enter your name and email address here

← Enter the name & email address of the group here

← Enter producer name and email address

← Enter Glacier Group & your CSRs email address here

← Click Begin Signing

8. The producer or submitter will check off that they agree to use electronic records and signatures which will allow them to click the **CONTINUE** button.

Please Review & Act on These Documents

ACA Small Group Enrollment Support
Digital Document

Please review & sign your document. To begin the process of reviewing and signing your documents, please click the button above. Signing will not be complete until you have reviewed the agreement and you have confirmed your signature.
[View More](#)

BlueCross BlueShield of Illinois
Powered by DocuSign

Please read the [Electronic Record and Signature Disclosure](#).
 I agree to use electronic records and signatures.

CONTINUE OTHER ACTIONS ▾

BlueCross BlueShield of Illinois **Dearborn National**
A Subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company

BENEFIT PROGRAM APPLICATION ("BPA")
(All items are applicable to Grandfathered and Non-Grandfathered Insured Small Group Accounts unless otherwise specified.)
(All items are applicable to the HMO plan and the Non-HMO plan unless otherwise specified.)

Employer Group No. (s): Section No. (s):

9. The actual enrollment or application documents will appear and the agent has the option to enter in any information he has for the group and then click **FINISH**.

Done! Select Finish to send the completed document.

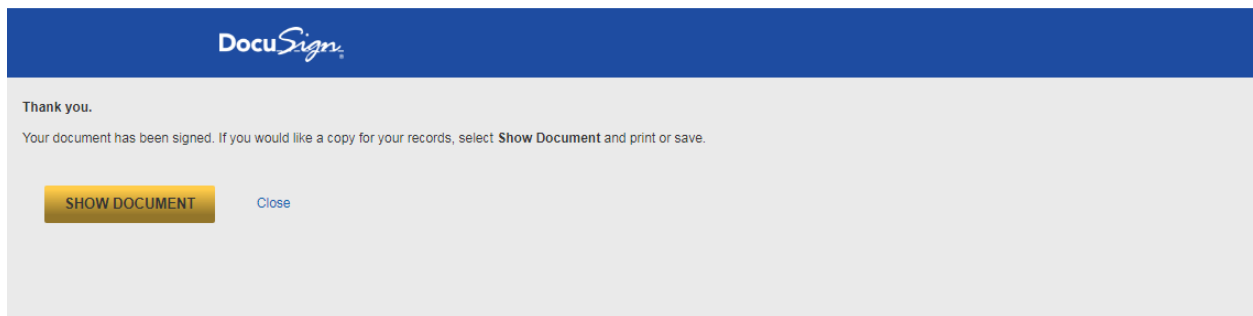
FINISH OTHER ACTIONS ▾

BlueCross BlueShield of Illinois **Dearborn National**
A Subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company

BENEFIT PROGRAM APPLICATION ("BPA")
(All items are applicable to Grandfathered and Non-Grandfathered Insured Small Group Accounts unless otherwise specified.)
(All items are applicable to the HMO plan and the Non-HMO plan unless otherwise specified.)

Employer Group No. (s): Section No. (s):
Account No. (BlueStar): Customer No. (if different, for existing business only):
Employer Name:
(Specify the employer applying for coverage and list the names of any subsidiary or affiliated companies to be covered below.)
Address: City: State: Zip Code:
Billing Address (if different from above): City: State: Zip Code:
Employer Identification Number ("EIN"):
Wholly Owned Subsidiaries:
Affiliated Companies:

The enrollment envelope has been created and emailed to the group for the next step.



The group will now receive an email from: DocuSign System –
[\[mailto:dse@docusign.net\]](mailto:dse@docusign.net).

subject line: Please review & sign your 2018 document. IL Group Contact: name

1. The group will click on the **REVIEW DOCUMENTS** button.

From: DocuSign System [mailto:dse@docusign.net]
Sent: Monday, February 12, 2018 11:53 AM
To: Test Group <info@midwestga.com>
Subject: Please review & sign your 2018 document. IL Group Contact: Test Group



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association




ACA Small Group Enrollment Support sent you a document to review and sign.



REVIEW DOCUMENTS

2. The group will check off that they agree to use electronic records and signatures which will allow them to click the **CONTINUE** button.


Please Review & Act on These Documents

 **ACA Small Group Enrollment Support**
Digital Document



Please review & sign your document. To begin the process of reviewing and signing your documents, please click the button above. Signing will not be complete until you have reviewed the agreement and you have confirmed your signature.

[View More](#)

 Please read the [Electronic Record and Signature Disclosure](#).
 I agree to use electronic records and signatures.



CONTINUE

OTHER ACTIONS ▼



BlueCross BlueShield of Illinois

Dearborn National
A Subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company


BENEFIT PROGRAM APPLICATION ("BPA")

(All items are applicable to Grandfathered and Non-Grandfathered Insured Small Group Accounts unless otherwise specified.)
(All items are applicable to the HMO plan and the Non-HMO plan unless otherwise specified.)

Employer Group No. (s): Section No. (s):

3. The group will enter the required information into all data fields outlined in red for all documents.

4. At the end of each document, the employer will be able to electronically sign by clicking on the gold Sign icon:

<input type="text"/>	
Producer Agency Representative	Signature of Employer/Authorized Purchaser
Signature of Producer Agency Representative	<input type="text" value="owner"/>
Producer Agency Name	Title
<input type="text"/>	3/21/2018
Producer Address	Date
<input type="text"/>	Witness
Producer Phone No.	
<input type="text"/>	
Producer Number	
<input type="text"/>	
Contracted Producer Tax ID No.	\$ <input type="text"/> Amount Submitted (for initial enrollment only)
<input type="text"/>	Other Information: <input type="text"/>
HCSC Sales Representative	<input type="text"/>
District / Cluster	<input type="text"/>

UNDERWRITING AUTHORIZATION	
INTERNAL USE ONLY	Benefit program and premium notification letter included: <input type="radio"/> Yes <input type="radio"/> No Date of Letter: _____

5. A pop up will appear allowing where you can adopt your signature. Confirm name is spelled correctly and then click the **Adopt and Sign** button.

Adopt Your Signature



Confirm your name, initials, and signature.

* Required

Full Name* **Initials***

SELECT STYLE **DRAW**

PREVIEW [Change Style](#)

DocuSigned by:  DS 
D5BE2C8B9F1044A...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

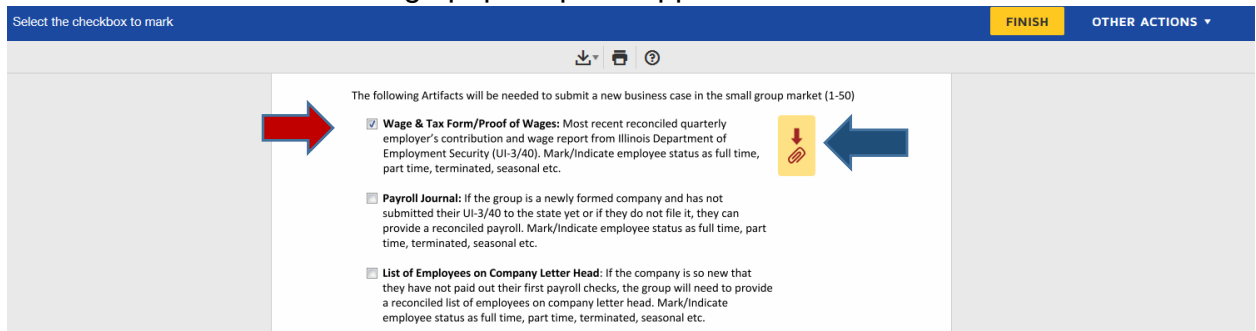
ADOPT AND SIGN **CANCEL**

As the employer continues to move through the remaining documents, they will be able to electronically sign each document by clicking on the gold **Sign** button.

The last two pages of the group enrollments packet will be the list of artifacts that can be uploaded.

1. Wage & Tax form
2. Payroll journal
3. List of employees on company letter head
4. Articles of incorporation/EIN form
5. Full time status certification for owners, partners, proprietors
6. Owners/certification FT form/Partners K1
7. IL 1065 Partnership K1 for husband wife group
8. PEO letter
9. Prior carrier bill
10. Collective bargaining agreement
11. Binder check
12. Routing sheet

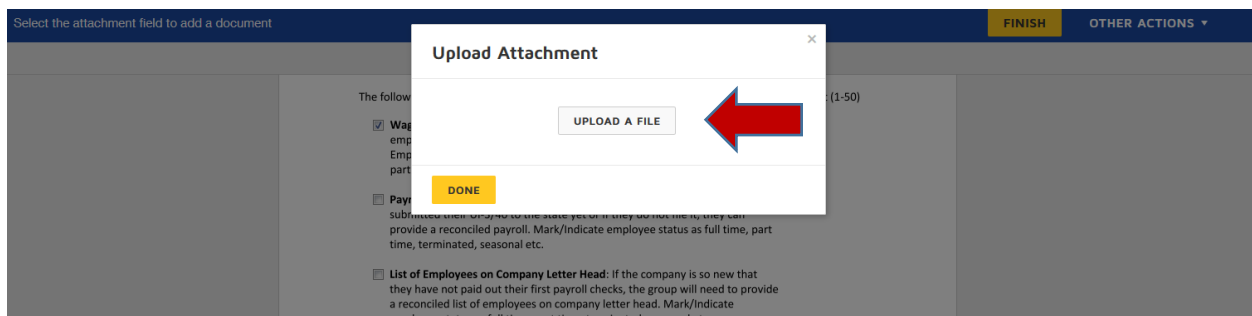
6. For those attachments that are required for you group, click on the box before the attachment title and an orange paperclip will appear.



In the example above, the box checked, is the Wage and Tax. (red arrow) This is where you would upload the Quarterly Wage and Tax. Check the next box that matches the next document and upload until all documents have been uploaded.

Click on the orange paperclip (blue arrow) and a pop up will appear allowing the group to upload the selected document.

6. The group will click on **UPLOAD A FILE** and they will select the saved document from their computer and click **OPEN**. For each additional required document that needs to be attached, the group will check the box for the specific document and upload until all documents have been uploaded. Then click **DONE**.



7. If anything is missing, the system will automatically take you to the field with the missing information for completion. The **FINISH** button will not become available until all required data fields have been completed.

Enter text FINISH OTHER ACTIONS ▾

L-SG-HP-BPA (Rev. 05/17) - 9 -
2018_IL_SG_BPA.doc 9 of 9

BENEFIT PLAN SELECTION (BPS) - ACA SMALL GROUP

Please complete & return this form in its entirety, including the required signatures

Section 1- Account Information:

A. Employer Name: B. SIC Code:

C. BlueSTAR Account #: D. Effective Date: Anniversary Date:

Billing Method Selection
Please select one of the following billing methods.
(For Existing Accounts: If no selection is made, your plans will default to their current billing method.)

Composite Billing
 Single Billing

Section 2a- Renewing Groups Only: (*If New Business, skip to section 3)

Current Plan: Please list current plan(s) below	Retaining Plan:	Replacing Plan: Please list replacement plan in space below.
1. <input type="text" value="N/A"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text" value="N/A"/>
2. <input type="text" value="N/A"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text" value="N/A"/>
3. <input type="text" value="N/A"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text" value="N/A"/>
4. <input type="text" value="N/A"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text" value="N/A"/>
5. <input type="text" value="N/A"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text" value="N/A"/>
6. <input type="text" value="N/A"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="text" value="N/A"/>

All empty red boxes need to have something entered. You can enter NA if not applicable. When all field are entered, the finish button will process. Click on the **FINISH** button.

You're done!

Thanks for using DocuSign.

After all recipients finish signing, you will receive an email with a link to the document.

An email, similar to the one the group received, will be sent to the agent for agent's information and signature.

1. Agent will click on **REVIEW DOCUMENTS**.
2. The documents will open and the agent will need to check the box to agree to use electronic records and signature and then click **CONTINUE**.
3. The documents the group completed will open and the producer can review but not edit.
4. The producer will go to the last page of the BPA and enter their agent information and electronically sign by clicking on the two gold tabs. Make sure the producer's BCBS ID number is 9 digits. If needed, use leading zeroes to make 9 digits.

The screenshot shows a document review interface. At the top, a blue header contains the text "Please review the documents below." and buttons for "FINISH" and "OTHER ACTIONS". Below the header, there are navigation icons for back, forward, and search. On the left side, there is a vertical sidebar with a yellow "START" button. The main content area displays a form with several fields, some of which are redacted with a red box. A Docusign signature overlay is present, showing a signature of "patty" and a "Sign" button. The form fields include: "Producer Agency Representative", "Signature of Producer Agency Representative", "Producer Agency Name", "Producer Address", "Producer Phone No.", "Producer Number", "Contracted Producer Tax ID No.", "District / Cluster", and "Other Information". At the bottom, there is a section for "UNDERWRITING AUTHORIZATION" with a table for "INTERNAL USE ONLY".

UNDERWRITING AUTHORIZATION		
INTERNAL USE ONLY	Benefit program and premium notification letter included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Letter: _____

13. The agent will complete the Adopt your Signature and click **ADOPT AND SIGN**. This will be done twice, one for each gold tab.
14. The agent will scroll through all of the documents until they reach the bottom and click **FINISH**.
15. You are done.

Once MIBS signs as well, Docusign will automatically send the completed documents to:

The Group

The Agent

The GA

Thu 2/22/2018 2:56 PM

DocuSign System <dse@docusign.net>

Completed: Please review & sign your 2018 document. IL Group Contact: patty

up

problems with how this message is displayed, click here to view it in a web browser.



**BlueCross BlueShield
of Illinois**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association



Your document has been completed



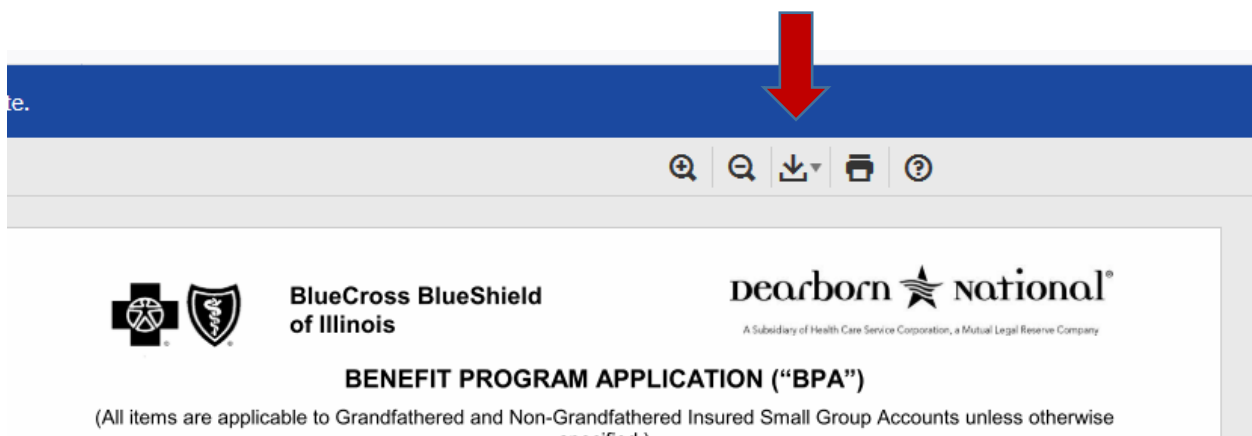
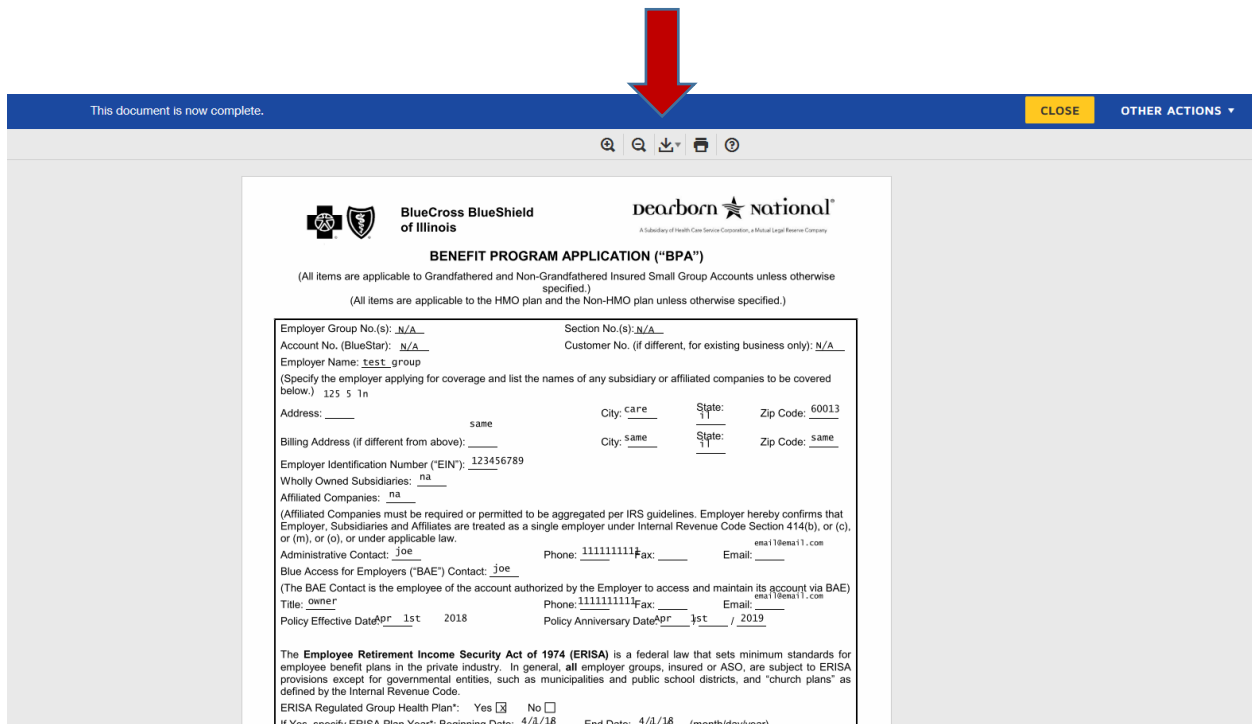
VIEW COMPLETED DOCUMENTS

ACA Small Group Enrollment Support
acasmallgroupenrollmentsupport@bcbsil.com

All parties have completed Please review & sign your 2018 document. IL Group Contact:
patty.

Click on **VIEW COMPLETED DOCUMENTS** to open.

You can download the documents for your records by clicking on the download icon. A larger view is seen in the second screen shot. Remember, you do not need to send these forms to your CSR at MIBS as we will automatically receive it after the agent finishes.

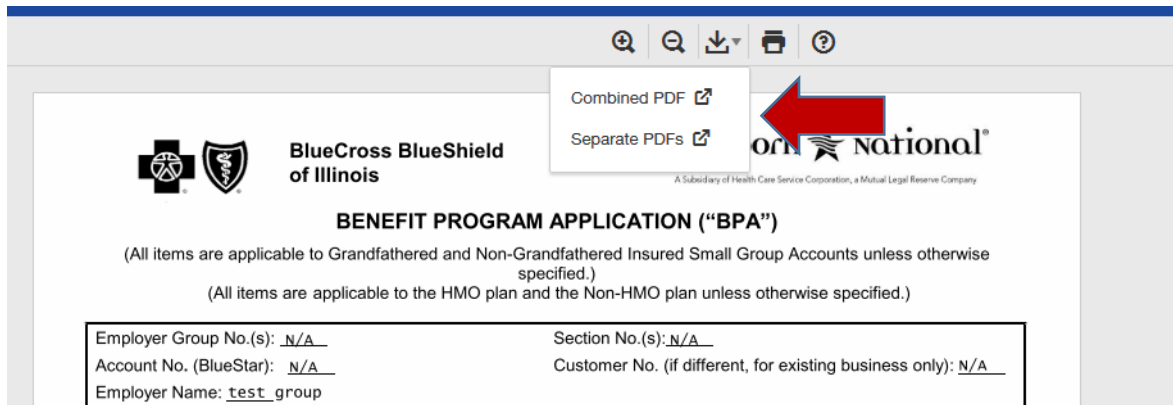


A pop up will appear offering two download options:

Combined PDF

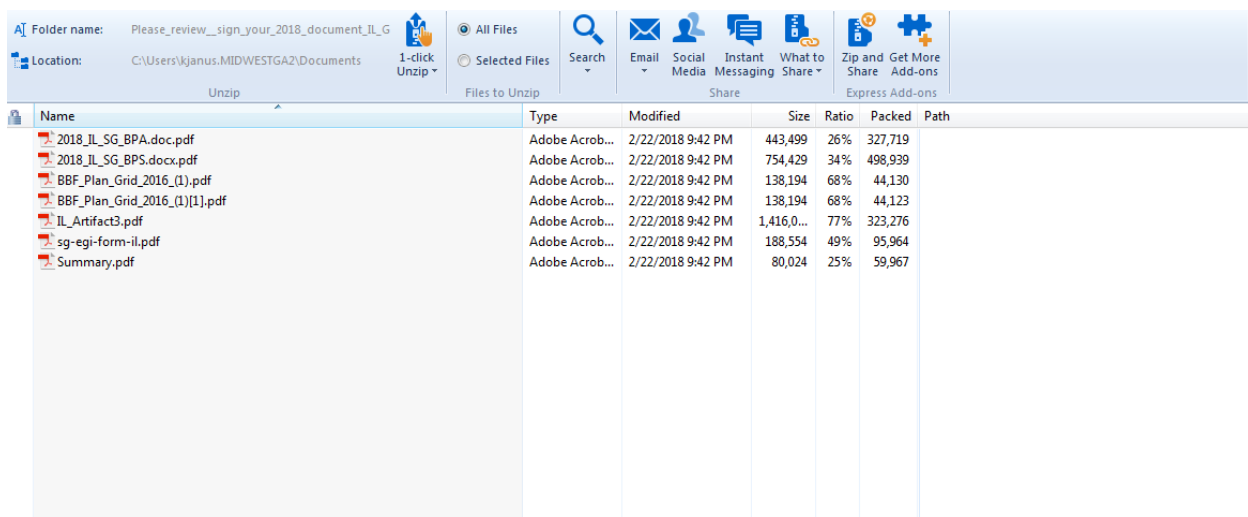
Separate PDF

Click on the option you want.



Follow the directions of the pop screen to download.

If electing separate PDFs, a zip file will open showing separate PDFs to open and save or print.



If electing combined PDF, the system will create one PDF document to save or print.

If you have any questions or need to make any changes to the documents, please contact your MIBS customer service rep. for assistance.

DocuSign and Employee Applications

Employee applications can be collected in the following ways:

Employee applications (for initial enrollment and new hires) are necessary to document the employee selections of members enrolling and plan selection or waiver with reason. All applications should be signed and dated.











1. The agent can use DocuSign to send the employee application to each individual employee using a separate **PowerForm** for each employee. You will need the name of the employee as well as the email address for each employee.

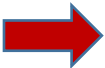
Downloadable Forms for Regulated Small Group Business (2-50 Employees)

Here are some commonly used forms for conducting business with Blue Cross and Blue Shield of Illinois (BCBSIL). To access more downloadable forms, please log in to [Blue Access for Producers](#).

To review and sign your request now electronically, select the **sign now** option below. Or you can download and save the form, to review and sign at a later date.

New Business/Enrollment Forms

Form Name	Digital Form	Download
Underwriting Reference Guide for Brokers	N/A	download form 
Affordable Care Act (ACA) Small Group New Business Checklist	N/A	download form 
2018 Enrollment Package – includes Benefit Program Application (BPA), Benefit Plan Selection (BPS) Form, Employer Group Information (EGI) Form, and Artifacts Documentation	sign now 	N/A
2018 Benefit Program Application (BPA) – For new accounts effective 1/1/18 and after	sign now 	download form 
2018 Benefit Plan Selection (BPS) Form – For new accounts effective 1/1/18 and after	sign now 	download form  download form 
2018 Group Enrollment Application/Change Form – use this form to apply for group coverage effective 1/1/2018	sign now 	download form 



Agent will complete a separate **PowerForm** Signer document for each employee with employee's contact information.

PowerForm Signer Information

*Required

Please enter your name and email
To begin the signing process.

Your Role

Submitter

Your Name:

Your Email:

Please provide information for any other
Signers needed for this document.

Role:

Employee

Name:

Email:
Role:

Producer

Name:

Email:
Role:

GA

Name:

Email:

← Enter your name and email address here

← Enter the name & email address of the employee here

← Enter producer name and email address

← Enter Glacier Group & your CSRs email address here

← Click Begin Signing

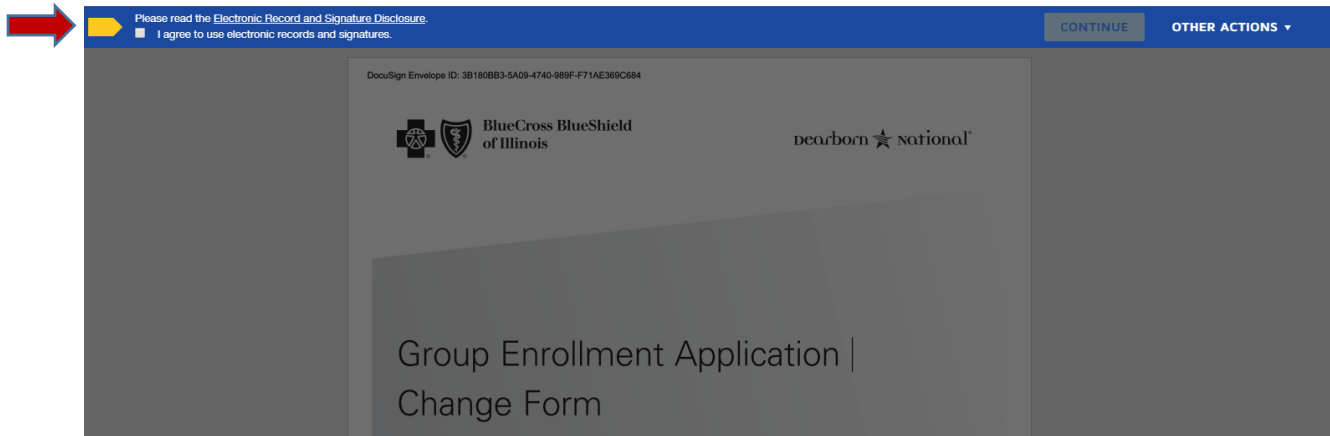
The screen below will appear and the agent will need to check the box agreeing to use electronic records and signatures. The **CONTINUE** button will turn gold and you can click on it then.

Please Review & Act on These Documents

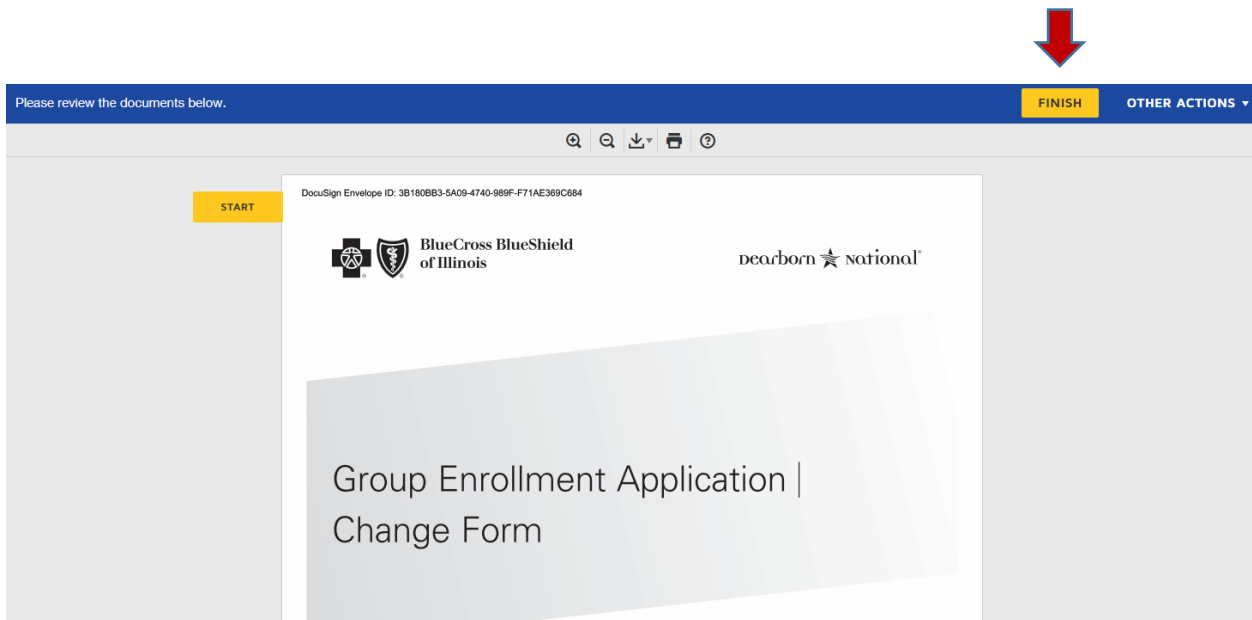
ACA Small Group Enrollment Support
Digital Document



Powered by DocuSign



The agent will enter the group information and then click **FINISH**.



The employee will now receive the email with the application. They will also need to check the box that they agree to use electronic records and signatures. They will

complete the application and electronically sign. The completed application will automatically go to all emails listed on the PowerForm submission.

The agent will need to confirm that all applications are returned.

2. The other option is to collect hand written and signed applications from each employee.

Using the employee applications, the agent can enter the information into the BCBS enrollment spreadsheet instead of using the individual applications for enrolling employees.

Benefits of using enrollment spreadsheet:

1. Very easy to enter data into spreadsheet.
2. Creates a one page document of all eligible employees and dependents, with contact information and plan selection. So less paperwork to send to your customer service rep.
3. If employer approves, this will be another list of prospects to sell other products.
4. Spreadsheet can be used as an easy resource for the future when you get questions regarding who is enrolled and in which plan.

Using the new and updated Census Import Template Enrollment (CITE)

Determine what your Excel Version is.

- Excel 1997-2009 is not compatible with the new spreadsheet.
- Excel 2010 is mostly compatible (Have only one window open when working on a document)
- Excel 2013-2016 is compatible

Consider turning on **Enable Macros** feature

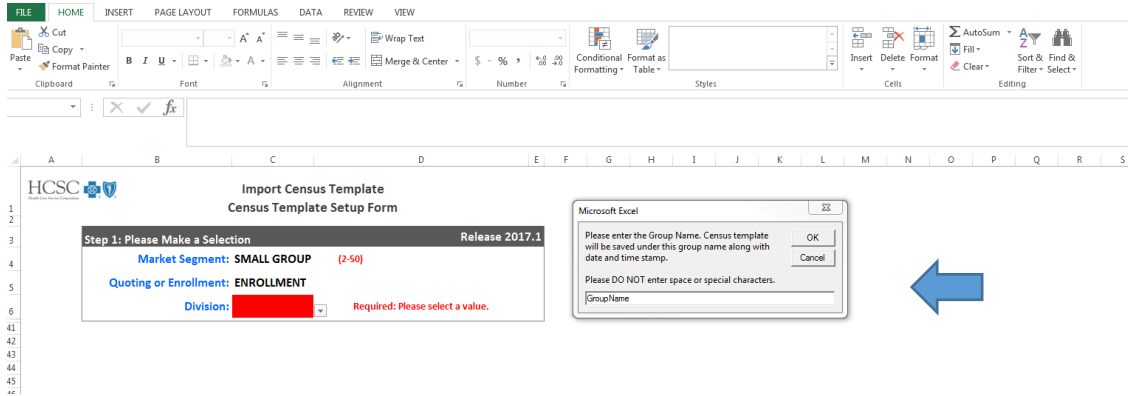
Save the CITE document to your local/network drive first **before** using.

Click on the link below to open the CITE document.


[{Link to document}](#)

Steps for Entering a Group's Census

1. Open the CITE document and save on your desktop or network using the Group's name to lable file. Do not use any spaces or special characters.



2. Enter the Division for the Group - IL and enter the information into the red blocks. As you click on the red block, a drop down may appear and you can select the correct option or just type in the information if a drop down does not appear. Click on the green **Go To Census Template** button.

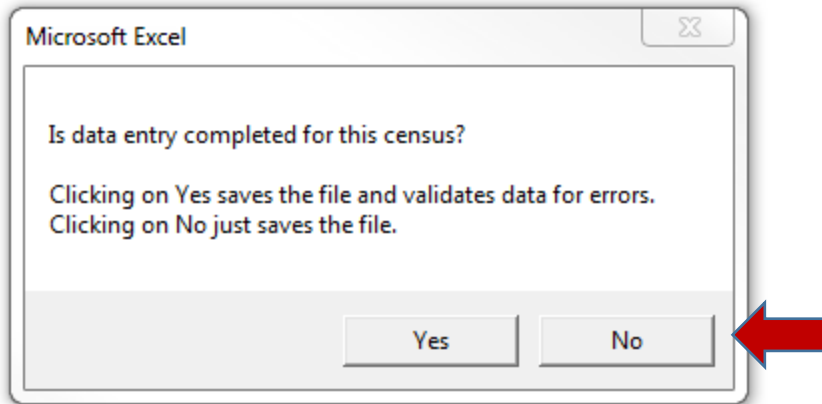
Step 1: Please Make a Selection		Release 2017.1
Market Segment:	SMALL GROUP	(2-50)
Quoting or Enrollment:	ENROLLMENT	
Division:	IL	<input type="checkbox"/>
Step 2: Enter Group Benefits Information		
Has Group Selected Health?	<input style="background-color: red; color: red;" type="text"/>	Required: Please select a value.
HMO Plan?		
Plan 1:		
Plan 2:		
Plan 3:		
Plan 4:		
Plan 5:		
Plan 6:		
Has Group Selected Dental?	<input style="background-color: red; color: red;" type="text"/>	Required: Please select a value.
Plan 1:		
Plan 2:		
Has Group Selected Life?	<input style="background-color: red; color: red;" type="text"/>	Required: Please select a value.
Is Life or STD		
Salary Based?		
Click on Green button for Census Data Entry		Help tab
<p>Please Note:</p> <ul style="list-style-type: none"> - Health/Dental/Life census template columns display/hide based on above Y or N selection. 		
 <input type="button" value="Go To Census Template for Data Entry"/>		

3. Enter the employee information into the red blocks which are required. The spreadsheet will respond based on the data entered and may open additional data fields.

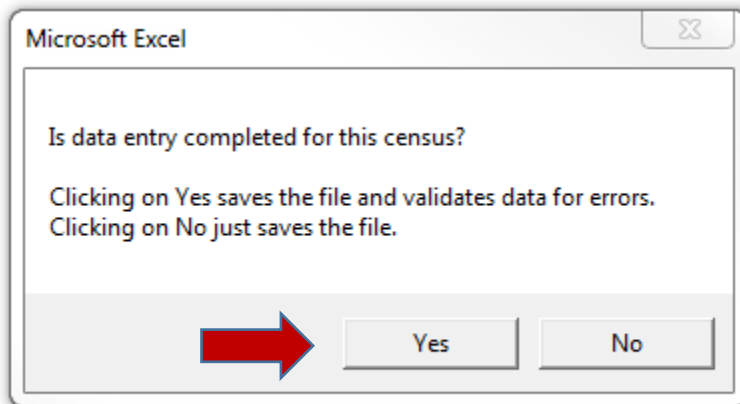
Example: Column B enter Y or N for enrolling or waiving. If you enter Y for waiving, then the box in column C turns red requiring the reason waiving. If you enter N to enroll employee, then different data fields will turn red for required information.

The spreadsheet is designed to make sure all information needed to enroll or waive an employee is entered.

4. If you have entered data into the spreadsheet but are unable to complete at the present time, you can click **File Save** and a pop up box will display. *Is data entry completed for this census?* Click **No** to just save the data. Then you can come back later to finish.



5. Once data entry is complete, click **File Save** and a pop up will appear. Click **Yes** to save the file and validate the data for errors.



If there are any errors detected during the save, they will be displayed in the **Error List** tab at the bottom of the Excel sheet.

A	B
Row Nbr	Error Description
3	First Name is required for all Relationship Codes.
3	Last Name is required for all Relationship Codes.
3	DOB is required for Employee with Coverage.
3	Gender is required for Employee with Coverage.
3	SSN is required for Employee with Coverage.
3	Address 1 is required for Employee with Coverage.
3	City is required for Employee with Coverage.
3	State is required for Employee with Coverage.
3	Zip Code is required for Employee with Coverage.
3	Employment Status is required for Employee with Coverage.
3	Hire Date is required for Employee with Coverage.
3	Health Coverage is required for Employee with Coverage.
3	Signature Date is required for Employee.

To correct, click on the **Import Census Template** tab at the bottom of the Excel sheet and correct as needed.

When all data is entered and validated with no errors, save and email to your MIBS customer service rep.

Helpful hints:

1. Zip codes with leading zeroes can create a problem when validating. Enter something into the data field but note row and column and when you email, include the correct zip code and MIBS will fix at our end.

2. When a group offers life insurance and you check Y, the data fields in columns AW, AX, AY and AZ turn red. AW is job class so do not enter anything in this field and when you validate or save, it will automatically populate with "All Active Full Time".



AT	AU	AV	AW	AX	AY	AZ
		Life Coverage				
Dental Waive Reason Code	Dental Waive Description	Life Coverage (Y/N)	Job Class Type (2-9 - Max 3 Life Classes & 10+ Max 6 Life Classes)	Term Life	Dependent Life	Short Term Disability
		y		Y	N	N

If you want training on this new procedure, please contact Patty Kretschmar at patty@midwestga.com.

If you have any questions or issues, please feel free to contact your customer service representative.