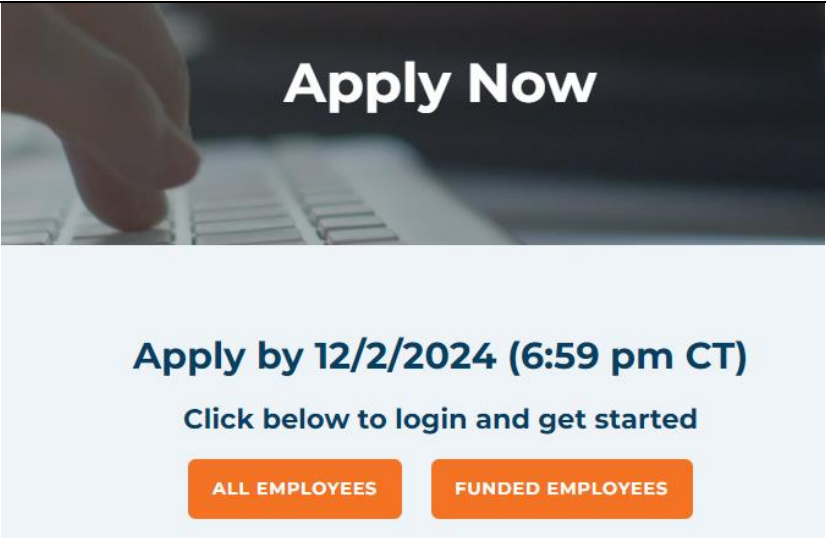
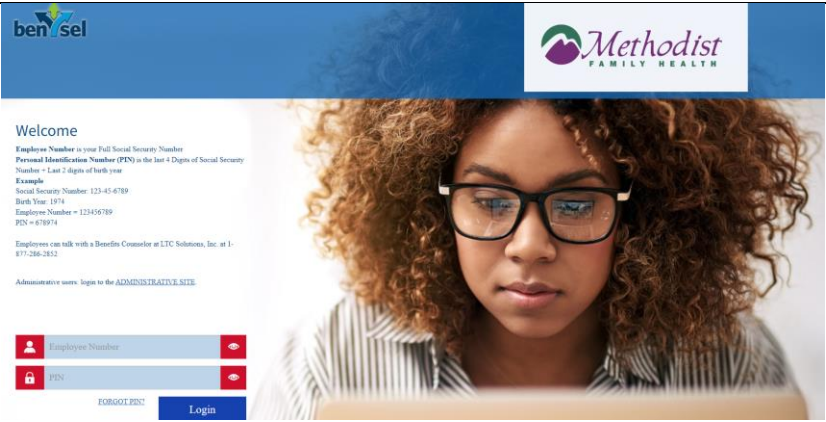
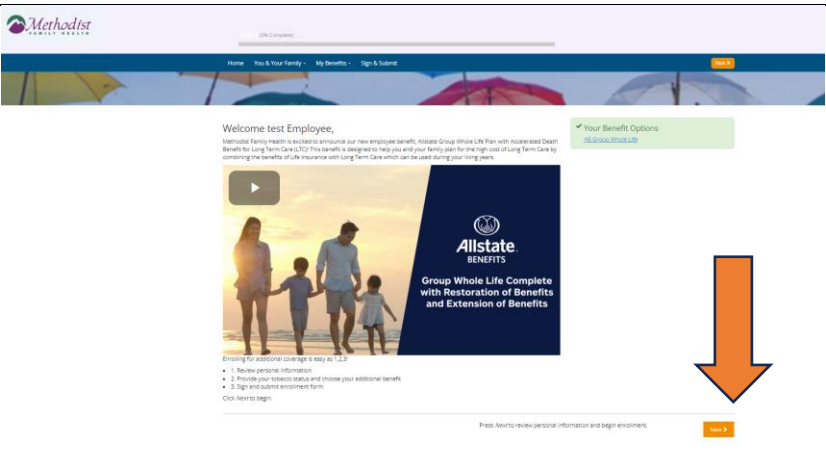
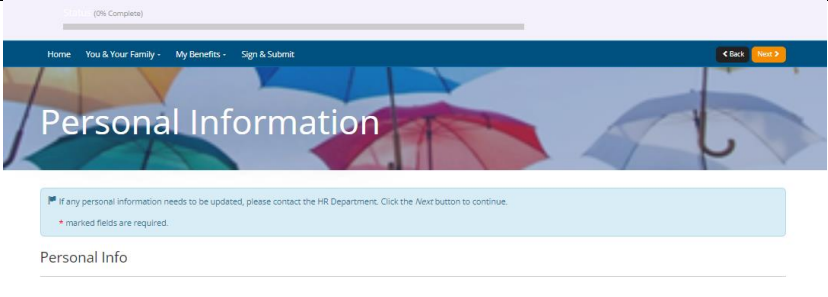
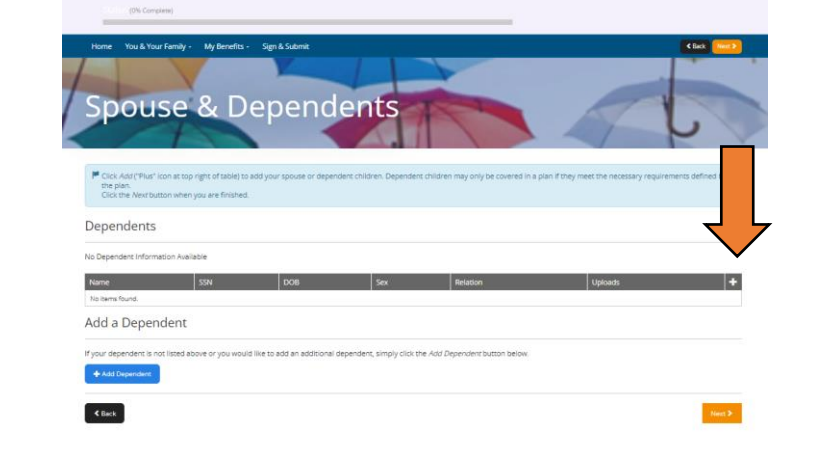
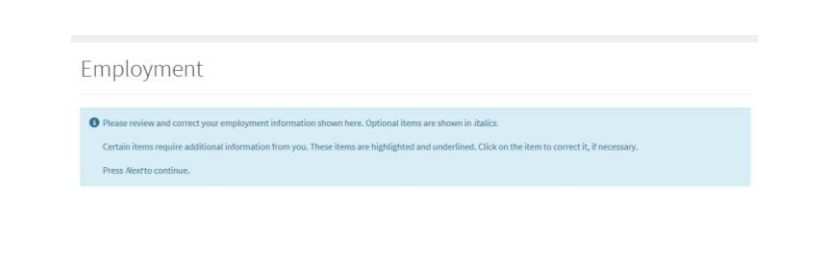
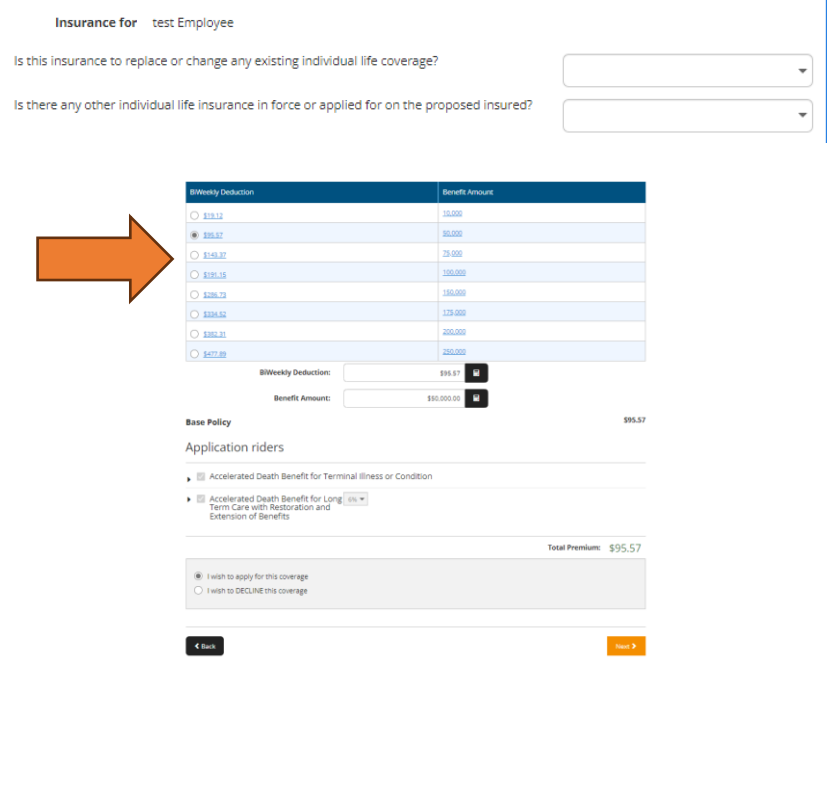
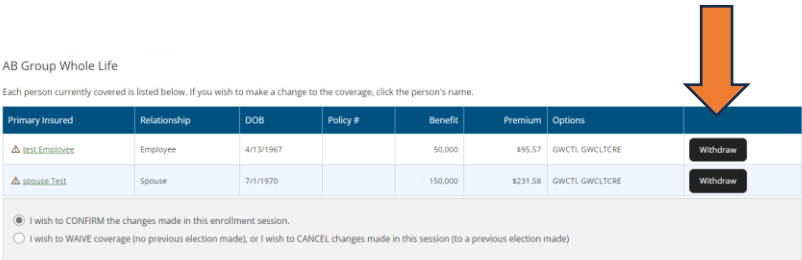
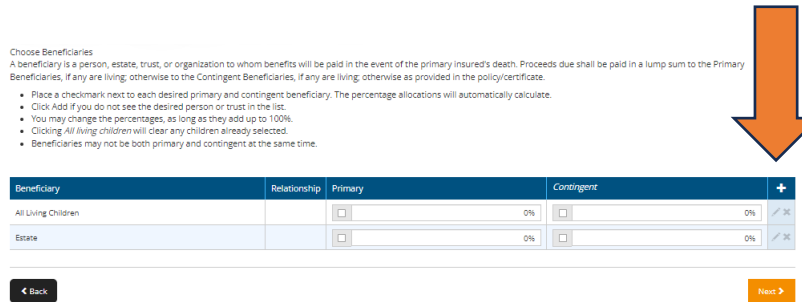
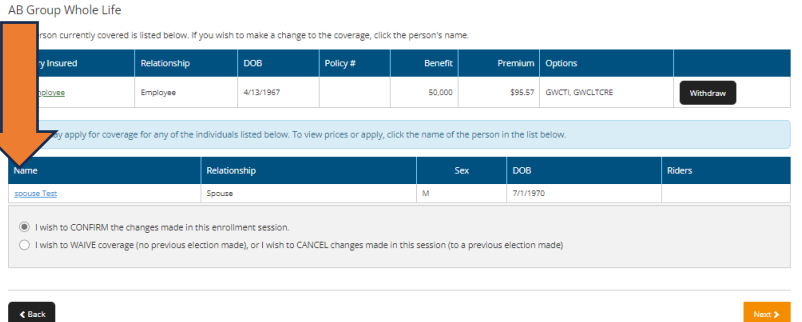
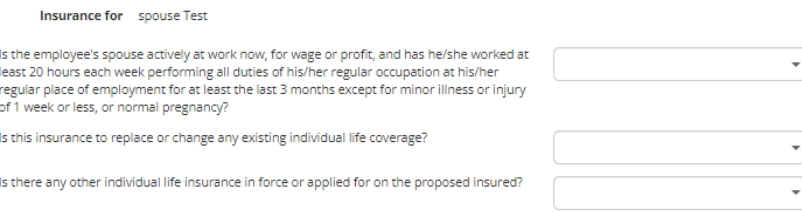
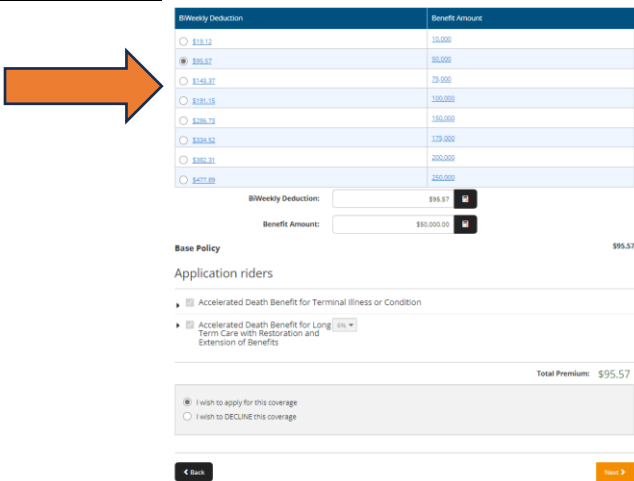
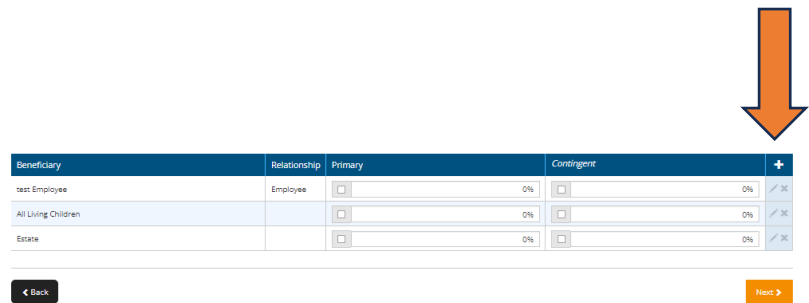
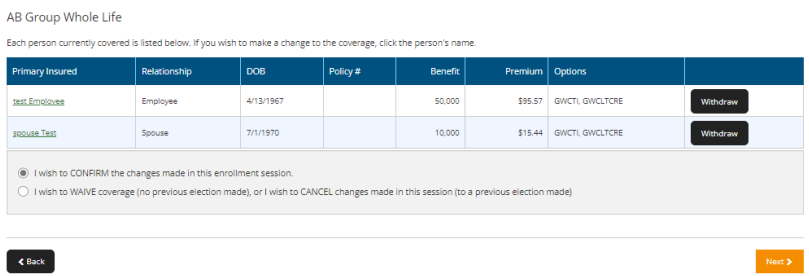
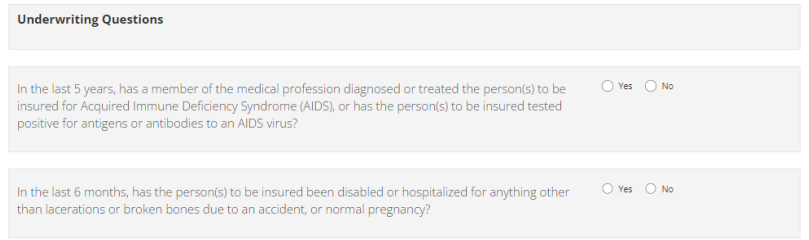


Methodist Family Health | Allstate Enrollment User Guide

Instructions	Screen Shot
<p>ACCESSING THE ENROLLMENT:</p> <p>To enroll in Allstate Life + LTC, go to: www.myltcguide.com/methodistfamily and click on ALL EMPLOYEES or FUNDED EMPLOYEES (if you are not sure which one you are, contact your HR department).</p>	
<p>ACCESSING THE ENROLLMENT:</p> <p>Log in with your Username and Password.</p> <p>Username: Employee SSN</p> <p>PIN: 6 Digits – Last 4 SSN/ Last 2 Birth Year</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>	

Instructions	Screen Shot
<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>If you would like to enroll your spouse, you will need to add them as a dependent. To add a dependent, click the + icon. 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>	
<p>EMPLOYMENT INFO:</p> <p>Please update and/or verify. You cannot change some fields, like eligibility date.</p> <p>Press NEXT on the bottom right hand corner of the screen to continue.</p>	
<p>ENROLL:</p> <p>Answer the two required questions about replacement.</p> <p>Your answers will cause the page to update with custom rates applicable to your situation.</p> <p>Choose desired life insurance coverage amount. If you would like an amount that is not shown, enter that amount in the Benefit Amount box and click the calculator to view the premium.</p> <p><i>*For spouse coverage ONLY see next section.</i></p> <p>Press NEXT on the bottom right-hand corner of the screen to continue.</p>	

Instructions	Screen Shot
<p>*SPOUSE ONLY COVERAGE:</p> <p><i>If you ONLY wish to apply for spouse coverage with no employee coverage and no additional coverage to a funded policy, click WITHDRAW on the employee line. This will waive your opportunity to purchase coverage and allow you to apply for your spouse. If your policy is funded, this will not waive your funded policy, only your opportunity to purchase additional coverage.</i></p>	
<p>ASSIGN BENEFICIARIES:</p> <p>You can add additional people to be beneficiaries – just click the + icon.</p> <p>If primary and contingent beneficiaries are not alive at time of claim, payment will be made to the estate.</p> <p>Press NEXT on the bottom right-hand corner of the screen to continue.</p>	
<p>ENROLL SPOUSE:</p> <p>To enroll a spouse (must have been entered on the dependent screen) click on their name to bring up their options for coverage.</p>	
<p>SPOUSE ENROLLMENT:</p> <p>Answer the three required questions.</p> <p>Your answers will cause the page to update with custom rates applicable to your situation.</p> <p>Choose desired life insurance coverage amount. If you would like an amount that is not shown, enter that amount in the Benefit Amount box and click the calculator to view the premium.</p>	

Instructions	Screen Shot
<p>Press NEXT on the bottom right-hand corner of the screen to continue.</p>	 <p>The screenshot shows the 'Base Policy' selection interface. At the top, there's a table for 'BiWeekly Deduction' and 'Benefit Amount'. Below this, the 'Base Policy' is set to '\$95.57' with a 'Benefit Amount' of '\$90,000.00'. Under 'Application riders', there are two options: 'Accelerated Death Benefit for Terminal Illness or Condition' and 'Accelerated Death Benefit for Long Term Care with Restoration and Extension of Benefits'. The 'Total Premium' is '\$95.57'. At the bottom, there are two radio buttons: 'I wish to apply for this coverage' (selected) and 'I wish to DECLINE this coverage'. A 'Back' button is on the bottom left, and a 'Next' button is on the bottom right, highlighted by an orange arrow.</p>
<p>ASSIGN SPOUSE BENEFICIARIES:</p> <p>You can add additional people to be beneficiaries – just click the + icon.</p> <p>If primary and contingent beneficiaries are not alive at time of claim, payment will be made to the estate.</p> <p>Press NEXT on the bottom right-hand corner of the screen to continue.</p>	 <p>The screenshot shows the 'Beneficiary' assignment screen. It features a table with columns: 'Beneficiary', 'Relationship', 'Primary', 'Contingent', and a '+' icon. Three beneficiaries are listed: 'test Employee' (Employee), 'All Living Children', and 'Estate'. Each row has checkboxes for 'Primary' and 'Contingent' status, and a '+' icon in the final column. At the bottom, there are 'Back' and 'Next' buttons. An orange arrow points to the 'Next' button.</p>
<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>The screenshot shows the 'CONFIRM ELECTIONS' screen for 'AB Group Whole Life'. It states: 'Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.' Below is a table with columns: 'Primary Insured', 'Relationship', 'DOB', 'Policy #', 'Benefit', 'Premium', 'Options', and 'Withdraw'. Two rows are shown: 'test Employee' (Employee, 4/13/1967, \$0,000 benefit, \$95.57 premium) and 'spouse Test' (Spouse, 7/1/1970, \$0,000 benefit, \$15.44 premium). Both have 'Withdraw' buttons. Below the table are two radio buttons: 'I wish to CONFIRM the changes made in this enrollment session.' (selected) and 'I wish to WAIVE coverage (no previous election made), or I wish to CANCEL changes made in this session (to a previous election made)'. At the bottom are 'Back' and 'Next' buttons.</p>
<p>ANSWER REQUIRED QUESTIONS:</p> <p>If you apply for coverage for your spouse, you will need to answer at medical questions for them.</p> <p>Press NEXT on the bottom right-hand corner of the screen to continue.</p>	 <p>The screenshot shows the 'Underwriting Questions' screen. It contains two questions, each with 'Yes' and 'No' radio buttons. The first question is: 'In the last 5 years, has a member of the medical profession diagnosed or treated the person(s) to be insured for Acquired Immune Deficiency Syndrome (AIDS), or has the person(s) to be insured tested positive for antigens or antibodies to an AIDS virus?'. The second question is: 'In the last 6 months, has the person(s) to be insured been disabled or hospitalized for anything other than lacerations or broken bones due to an accident, or normal pregnancy?'.</p>

Instructions	Screen Shot																																					
<p>ADDITIONAL INFORMATION:</p> <p>Click the I Agree radio button.</p> <p>Press NEXT on the bottom right-hand corner of the screen to continue.</p>	<div><p>REPRESENTATION. I have read or had read to me this completed form and understand that any misstatement or misrepresentation in this form may result in loss of coverage. I represent that statements and answers given on this form are true, complete, and correctly recorded.</p><p>AUTHORIZATION TO OBTAIN AND DISCLOSE CERTAIN DATA (FOR SI LIFE). I authorize any physician, medical practitioner, hospital, clinic or other medical facility, Pharmacy Benefit Managers, insurance company, MIB, Inc. or other organization, institution or person, that has records or knowledge of me or my health including my prescription medication history to give to AHL, its subsidiaries or its reinsurers any information. I also authorize AHL, or its reinsurers, to make a brief report of my health information to MIB, Inc. I understand that there is a possibility of redisclosure of any information disclosed pursuant to this authorization and that information, once disclosed, may no longer be protected by federal rules governing privacy and confidentiality. I acknowledge receipt of the Important Notice About Privacy and MIB Notice form. A copy of this authorization is as valid as the original. This authorization applies to any minor dependent for whom insurance is requested. This authorization is valid for 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying AHL in writing of my desire to do so.</p><p>EMPLOYEE ACTIVELY AT WORK. I certify that I am actively at work now, for wage or profit, and I have worked at least 20 hours each week performing all duties of my regular occupation at my regular place of employment for at least the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy.</p><p>FRAUD NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p></div> <div><div><input checked="" type="radio"/> I Agree</div><div></div></div> <div><div>◀ Back</div><div>Next ▶</div></div>																																					
<p>QUALIFYING EVENT QUESTION:</p> <p>Answer the question with the radio button.</p> <p>Press NEXT on the bottom right-hand corner of the screen to continue.</p>	<div><p>Are you applying for coverage or changing existing coverage due to a qualifying event?</p><table><tr><td>test Employee</td><td><input type="radio"/> Yes</td><td><input checked="" type="radio"/> No</td></tr><tr><td>spouse Test</td><td><input type="radio"/> Yes</td><td><input checked="" type="radio"/> No</td></tr></table></div> <div><div>◀ Back</div><div>Next ▶</div></div>	test Employee	<input type="radio"/> Yes	<input checked="" type="radio"/> No	spouse Test	<input type="radio"/> Yes	<input checked="" type="radio"/> No																															
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spouse Test	<input type="radio"/> Yes	<input checked="" type="radio"/> No																																				
<p>SIGN AND SUBMIT:</p> <p>If you are satisfied with your choices, press NEXT on the bottom right-hand corner of the screen to electronically sign the forms.</p> <p>If you wish to make any changes to your elections, click on the benefit plan name AB GROUP WHOLE LIFE on the left.</p>	<div><h2>Sign and Submit</h2><p>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 each plan.</p><ul style="list-style-type: none">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.Need to Make Some Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.<p>Your Benefits</p><table><tr><th>Plan</th><th>Description</th><th>Employee Pretax Cost</th><th>Employee Posttax Cost</th></tr><tr><td>AB Group Whole Life</td><td>AB Group Whole Life (DWL): EO</td><td>\$0.00</td><td>\$95.57</td></tr><tr><td>AB Group Whole Life</td><td>AB Group Whole Life (DWL): SO</td><td>\$0.00</td><td>\$231.58</td></tr><tr><td colspan="2">Total</td><td>\$0.00</td><td>\$327.15</td></tr></table><p>Signatures Required</p><p>To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.</p><table><tr><th>Form Name</th><th>Status</th><th>Date Signed/Reviewed</th></tr><tr><td>ABJ21536-1 SUMMARY AND DISCLOSURE STATEMENT</td><td>Unsigned</td><td></td></tr><tr><td>ABJ21536-1 SUMMARY AND DISCLOSURE STATEMENT</td><td>Unsigned</td><td></td></tr><tr><td>HL-MIB-S</td><td>Not Reviewed</td><td>N/A</td></tr><tr><td>ABJ21526 SUMMARY AND DISCLOSURE STATEMENT</td><td>Unsigned</td><td></td></tr><tr><td>ABJ21526 SUMMARY AND DISCLOSURE STATEMENT</td><td>Unsigned</td><td></td></tr><tr><td>Benefit Confirmation</td><td>Unsigned</td><td></td></tr></table></div> <div><div>◀ Back</div><div>Next ▶</div></div>	Plan	Description	Employee Pretax Cost	Employee Posttax Cost	AB Group Whole Life	AB Group Whole Life (DWL): EO	\$0.00	\$95.57	AB Group Whole Life	AB Group Whole Life (DWL): SO	\$0.00	\$231.58	Total		\$0.00	\$327.15	Form Name	Status	Date Signed/Reviewed	ABJ21536-1 SUMMARY AND DISCLOSURE STATEMENT	Unsigned		ABJ21536-1 SUMMARY AND DISCLOSURE STATEMENT	Unsigned		HL-MIB-S	Not Reviewed	N/A	ABJ21526 SUMMARY AND DISCLOSURE STATEMENT	Unsigned		ABJ21526 SUMMARY AND DISCLOSURE STATEMENT	Unsigned		Benefit Confirmation	Unsigned	
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<p>REVIEW AND SIGN FORMS</p> <p>After reviewing each form, click on the box to place a checkmark next to each.</p> <p>Click SIGN FORM</p>	<div><h2>Review / Sign Forms</h2><p>Your enrollment will not be complete until you review and sign the forms listed below. By entering your electronic signature below, you are giving your consent to the electronic signature (e-signature) process and authorization to use electronic records and electronic signatures connected with your enrollment. If you decline the e-signature process, you will not be able to complete your enrollment electronically.</p><p>Please review each document carefully and place a checkmark next to each before signing.</p><table><tr><th>Form Name</th></tr><tr><td><input checked="" type="checkbox"/> ABJ21536-1 SUMMARY AND DISCLOSURE STATEMENT</td></tr><tr><td><input checked="" type="checkbox"/> ABJ21536-1 SUMMARY AND DISCLOSURE STATEMENT</td></tr><tr><td><input checked="" type="checkbox"/> ABJ21526 SUMMARY AND DISCLOSURE STATEMENT</td></tr><tr><td><input checked="" type="checkbox"/> ABJ21526 SUMMARY AND DISCLOSURE STATEMENT</td></tr><tr><td><input checked="" type="checkbox"/> HL-MIB-S</td></tr></table><p>Employee: By clicking the Sign Form button, I am electronically signing the form listed above.</p><div>Sign Form</div></div> <div><div>◀ Back</div><div>Next ▶</div></div>	Form Name	<input checked="" type="checkbox"/> ABJ21536-1 SUMMARY AND DISCLOSURE STATEMENT	<input checked="" type="checkbox"/> ABJ21536-1 SUMMARY AND DISCLOSURE STATEMENT	<input checked="" type="checkbox"/> ABJ21526 SUMMARY AND DISCLOSURE STATEMENT	<input checked="" type="checkbox"/> ABJ21526 SUMMARY AND DISCLOSURE STATEMENT	<input checked="" type="checkbox"/> HL-MIB-S																															
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Instructions	
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Screen Shot

SIGNATURE REQUIREMENTS:

This is your Benefit Confirmation. You may click **DOWNLOAD FORM** to keep a copy.


To sign, click enter your login PIN in the box.

FINAL SCREEN:

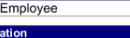
This is the final screen. You can always log back in during enrollment to make changes.

Benefit Verification / Deduction Confirmation

Name	SSN	Employee ID	Date of Hire	Reason for Completing Form
test Employee		0	11/01/2024	Open Enrollment
Location	Department	Job Class	Pay Mode	Address
MBH	Default	FT	26	test street Test city, FL 25154
Work Phone	Home Phone	E-mail		

 [Download Form](#)

Please enter your PIN/Password below and click on **"SIGN FORM"** to complete your enrollment and submit your elections. By entering your PIN/Password, you are electronically signing the **Benefit Verification/Payment Confirmation Form** above. Please review it carefully before entering your PIN/Password.



PIN:

Congratulating!

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.**

AB Group Whole Life

Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
test Employee	Employee	AB Group Whole Life (GWL) EO		\$96.57
spouse Test	Spouse	AB Group Whole Life (GWL) SO		\$231.58

Beneficiary Information

test Employee

Name	Relationship	Address	Phone	Percent	Type
All Living Children				100.00	Primary

spouse Test

Name	Relationship	Address	Phone	Percent	Type
test Employee	Employee	test street, Test city, FL 25154		100.00	Primary

Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.
Press **Logout** to exit the website.

Form Name	Date Signed/Reviewed
AB01536-1 SUMMARY AND DISCLOSURE STATEMENT	11/07/2024
EO-MIB-5	N/A
AB01526 SUMMARY AND DISCLOSURE STATEMENT	11/07/2024
AB01536-1 SUMMARY AND DISCLOSURE STATEMENT	11/07/2024
AB01526 SUMMARY AND DISCLOSURE STATEMENT	11/07/2024
Benefit Confirmation	11/07/2024

Return