PART 1: PICK PRODUCTS - For each product, select plan type/tier and click "Enroll & Continue" to move to the next page. (You may waive coverage by clicking "No Thanks.")

Critical Illness cancer, c one, criti Accident Insurance for expe	ous illness (such as heart attact or stroke) happens to you or a l tical illness insurance provides y sum payment that can be used enses not usually covered by me y income plans. illness can be difficult – recover have to be. When a serious illne help your employees focus on p	oved you with to pay edical or			
Accident Insurance for expe	enses not usually covered by me y income plans. illness can be difficult – recover have to be. When a serious illne	edical or			
	have to be. When a serious illne				
	help your employees focus on a				
	and worry less about medical bil			🧟 Cigna.	
Vision Care can quic to provid	th medical coverage, out-of-poo ckly add up. Supplemental healt de the additional coverage emp whole again – body, mind and w	h benefits such as c loyees and their fam	ritical illness coverage can o	ffer a cost-effective solution	
Cancer Insurance Coverage	ge features:				
Employee Life enroll • \$10,0	anteed acceptance for you and Iment* 000, \$20,000 or \$30,000 benefit	t payment made dire	ectly to you for diagnosis of a		
Spouse Life • Conve	vellness incentive benefit, once enient payroll deduction		d person		
Child Life	ad additional information here: Critical Illness Benefit Summar Critical Illness Wellness Incenti	у			
Short-Term Disability	Make the Most of Your Plan				
Long-Term Disability	70	\	6 1		
	answer the following question(s ny person to be insured (employee o				
	Select who build be covered:	Cigna. \$10,000	Cigna. \$20,000	Cigna. \$30,000	
2 Enter Information Your Info Employ	iyee Only o	\$16.39 /month	• \$32.78	• \$49.17	
Your Family's Info	yee and Spouse	\$34.79 /month	• \$69.58 /month	• \$104.37	
Your Beneficiaries Employ	yee and Child(ren)	\$18.89 /month	• \$37.78	• \$56.67	
3 Check Out	•	\$37.29 /month	• \$74.58	• \$111.87	
*Covered d	children receive 50% of your benefit amou	nt			
			No Thanks	Enroll & Continue >>	
	Contact Us FAQ & Help Da Copyright ©2020 by Corestream. Some o Portal ID: 373	content & media ©2020 ULS		SUPPORT 24 /7 (888) 935-9595 customercare@corestream.com	

PART 2: ENTER INFORMATION - After making each product election, view the "Your Information" page and confirm correct. Fields will be prepopulated with the employee's profile/information coming in the eligibility file. Click "Continue."

Pick Products Your	Information		
Emplo	oyee ID	First Name	Last Name
Critical Illness test		Test	User
Email		Social Security Number	Phone Number
A sold set to success a	User@corestream.com	123455678	(234) 567-8900
Hospital Indemnity			
	<< Back		Continue >>
Dental			
Vision Care			
Cancer Insurance			
Employee Life			
Spouse Life			
Child Life			
Short-Term Disability			
Long-Term Disability			
Identity Theft Protection			
Local Oraciona			
Legal Services			
Enter Information			
Enter Information			
Your Info			
Your Family's Info			
Your Beneficiaries			
Your Beneficiaries			

"Your Family's Info" page -If coverage has been elected for dependents, add members here as needed.

1 Pick Products	Your Family's Information			
Critical Illness	Critical Illness Accident Insurance Hospital Indemnity		Employee Only - \$10,000 Employee Only - Base Plan Employee Only - Base Plan	
Accident Insurance	Dental Vision Care Cancer Insurance		Employee Only - MAC Plan Employee Only - Low Plan Employee Only - Base Plan	
Hospital Indemnity	Employee Life Spouse Life Child Life Identity Theft Protection		Standard Life Employee - \$10,000 Standard Life Spouse - \$5,000, Spo Standard Life Dependents - \$5,000 Employee Only - Identity Protection	
Dental	Legal Services		LegalShield Legal Services	
Vision Care	Relationship	First Name Enter family member's first n	Last Name Enter family member's last n	
Cancer Insurance	Date of Birth mm/dd/yyyy	Gender -		
Employee Life				Add +
Spouse Life	The following family mem	bers will be covered according	to the selection made for each prod	uct.
Spouse Life	Test User Joe Hancock Jane Hancock		(you) (Spouse)	Edit Remove
Child Life	Jane Hancock		(Child)	Edit Remove
Short-Term Disability	<< Back			Continue >>
Long-Term Disability				
Identity Theft Protection				
Legal Services				
	-			
2 Enter Information				
2 Enter Information Your Info				
Enter Information Your Info Your Family's Info				

Complete "Your Beneficiaries" section as well if elected plans that require this. Click "Continue."

	🏶 Home 🗘 Voluntary Benefits 🏾 🧮 Discount Shopping 🛛 & My Tools 👘 Log Out
1 Pick Products	Your Beneficiary Information.
Critical Illness	First Name / Name Last Name / Details Remove - Jane Hancock
Accident Insurance	Add +
Hospital Indemnity	<< Back Continue >>
Dental	
	希 Home 🛛 Voluntary Benefits 🛛 🧮 Discount Shopping 🛛 🌩 My Tools 🔅 Թ Log Out
1 Pick Products Critical Illness	YOUR BENEFICIARY INFORMATION. Please enter a percentage distribution for each beneficiary such that the total distribution for each product is 100%.
Accident Insurance	Employee Life Jane Hancock 100 %
Hospital Indemnity	
Dental	<< Back Continue >>
Vision Care	

PART 3: CHECK OUT -

Review elections and confirm all correct. You must click the box agreeing to terms for each product to complete your enrollment.

Once all boxes are checked, including the Payroll Deduction Approval statement, click "Enroll" to complete the whole enrollment process.

	Confirm Details and Check Out	
Pick Products	Critical Illness Insurance	
Critical Illness	Plan type	Employee Only - \$10,000
	Cost	\$16.39 / month
Accident Insurance	Effective Date You acknowledge	01/01/2021 that these details are correct. Acknowledgement is required in order to continue.
Hospital Indemnity	Accident Insurance	
	Plan type	Employee Only - Base Plan
Dental	Cost	\$5.83 / month
Dentar	Effective Date	01/01/2021
Vision Care	You acknowledge	hat these details are correct. Acknowledgement is required in order to continue.
	Hospital Indemnity	
Cancer Insurance	Plan type	Employee Only - Base Plan
	Cost	\$10.45 / month
	Effective Date	01/01/2021
Employee Life	You acknowledge	hat these details are correct. Acknowledgement is required in order to continue.
Spouse Life	Unum Dental	
	Plan type	Employee Only - MAC Plan
	Cost	\$22.44 / month
Child Life	Effective Date	01/01/2021
	that my spouse currently live	onfirming that I am actively at work. If electing spouse coverage I am also confirming is in the U.S.
hort-Term Disability		
	You acknowledge	that these details are correct. Acknowledgement is required in order to continue.
ong-Term Disability	Unum Vision	
	Plan type	Employee Only - Low Plan
entity Theft Protection	Cost	\$5.20 / month
	Effective Date	01/01/2021
		onfirming that I am actively at work. If electing spouse coverage I am also confirming
Legal Services	that my spouse currently live	is in the U.S.
er Information	You acknowledge	that these details are correct. Acknowledgement is required in order to continue.
	Group Cancer Insurance	
Your Info	Plan type	Employee Only - Base Plan
	Cost	\$24.81 / month
Your Family's Info	Effective Date	01/01/2021
		FION: I hereby request all coverage(s) checked "yes" above for which I am or may
		oup coverages issued by AHL. I AUTHORIZE my employer to deduct from my salary or
Your Beneficiaries		essary premium for the coverages requested. EFFECTIVE DATE: I understand that the
		d coverages will be the effective date recorded on my Certificate, not the date this /AIVER/DECLINATION : I understand that if I refuse any coverage for which I am eligible,
1.0.1		ility may be required, at my own expense, should I desire to apply for it at a later date.
eck Out		edeclined on the basis of such proof. FRAUD NOTICE: Any person who knowingly and
	willfully presents a false or f	raudulent claim for payment of a loss or benefit or knowingly and willfully presents false
	information in an application	for insurance is guilty of a crime and may be subject to fines and confinement in prison.
	*Allstate Benefits (AB) is the	marketing name used by American Heritage Life Insurance Company (Home Office
		y of The Allstate Corporation.
	Jacksonville PL) a subsidial	,

	😤 Home	e 🗘 Voluntary Benefits 🛛 🏲 Discount Shopping	My Tools De Log Out
	Standard Life Employee Insurance Plan type Cost Effective Date Beneficiaries Vou acknowledge that these	Standard Life Employee - \$10,000 \$2.39 / month 01/01/2021 Jane Hancock 100% details are correct. Acknowledgement is required in	n order to continue.
	Standard Life Spouse Insurance Plan type Cost Effective Date Vou acknowledge that these	Standard Life Spouse - \$5,000, Spouse \$5,000 Co \$1.20 / month 01/01/2021 details are correct. Acknowledgement is required i	
	Standard Life Child Insurance Plan type Cost Effective Date Vou acknowledge that these	Standard Life Dependents - \$5,000 \$0.80 / month 01/01/2021 details are correct. Acknowledgement is required in	n order to continue.
	Standard Short-Term Disability No Thanks You acknowledge that these	details are correct. Acknowledgement is required i	n order to continue.
	Standard Long-Term Disability No Thanks You acknowledge that these Allstate Identity Protection	details are correct. Acknowledgement is required i	n order to continue.
	Plan type Cost Effective Date Thank you for choosing Allstate to pro within 48 hours of the effective date o online account, what to expect, and ho	Employee Only - Identity Protection Pro \$7.95 / month 01/01/2021 tect your identity and privacy. You will be receiving a f your policy that confirms your enrollment and outl w to activate beneficial tools within your service. If me 24/7. For more complete information on our Ter	ines how to access your you have any questions
	visit http://www.myprivacyarmor.com/	terms-and-conditions-for-services/. details are correct. Acknowledgement is required in	n order to continue.
	LegalShield Legal Services Plan type Cost Effective Date Vou acknowledge that these	LegalShield Legal Services \$18.25 / month 01/01/2021 details are correct. Acknowledgement is required in	n order to continue.
	of making payments toward begin on or after the plan eff either voluntarily or involunta the extent prohibited by fede	ULS-Monroe to withhold funds from my wages per s my voluntary benefit elections. I acknowledge that ective date. I further agree that, in the event my em rilly, the company may withhold any amount owed f ral or state minimum wage law. I represent that this made as a condition of my continued employment.	t payroll deductions will ployment shall terminate, from my final pay, except to s authorization is executed
∛ *corestreom	<< Back Contact Us FAQ & Help D	sta Use Policy Terms of Use	Enroll >> SUPPORT 24/7

CONFIRMATION PAGE: You will receive summary of elections on the screen and via email to the email address in your enrollment profile.

<text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text><text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text></text>	email from Corestream confirming your volu	ofte elections. Your election submission number in d19a2ff1 246a 11ab 90a1 000d2a2a9202. You will be cent on
1924 or via email at emollementoustomercare@corestream.com. Errollment summary for Test User: • Ortical illness insurance - Enrolled Employee Only - \$10,000 Core \$16.39/month Effective Date 01/01/2021 • Accident Insurance - Enrolled Employee Only - Base Plan Core \$16.39/month Effective Date 01/01/2021 • Inceptal Indemnity - Enrolled Employee Only - Base Plan Core \$16.36/month Effective Date 01/01/2021 • Umore Dental Insurance - Enrolled Employee Only - MAC Plan Core \$22.44/month Effective Date 01/01/2021 • Umore Vialon Insurance - Enrolled Employee Only - Low Plan Core \$25.24/month Effective Date 01/01/2021 • Altrate Concer Insurance - Enrolled Employee Only - Base Plan Core \$2.39/month Effective Date 01/01/2021 • Standard Life Spouse - Enrolled Employee Only - Base Plan Core \$2.39/month Effective Date 01/01/2021 • Standard Life Spouse - Enrolled Standard Life Employee - \$10,000 Core \$2.39/month Effective Date 01/01/2021 • Standard Life Spouse - Enrolled Standard Life Dependents - \$5,000 Core \$2.39/month Effective Date 01/01/2021		
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