

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

Accident Insurance

Hospital Indemnity

Dental

Vision Care

Cancer Insurance

Employee Life

Spouse Life

Child Life

Short-Term Disability

Long-Term Disability

Identity Theft Protection

Legal Services

2 Enter Information

Your Info

Your Family's Info

Your Beneficiaries

3 Check Out

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If a serious illness (such as heart attack, cancer, or stroke) happens to you or a loved one, critical illness insurance provides you with a lump-sum payment that can be used to pay for expenses not usually covered by medical or disability income plans.

Critical illness can be difficult – recovery doesn't have to be. When a serious illness strikes, help your employees focus on getting better, and worry less about medical bills.

Even with medical coverage, out-of-pocket expenses such as travel, room and board, childcare or treatment options can quickly add up. Supplemental health benefits such as critical illness coverage can offer a cost-effective solution to provide the additional coverage employees and their families need to bounce back from a health setback so they can be whole again – body, mind and wallet.

Coverage features:

- **Guaranteed acceptance** for you and other eligible family members, no medical review needed during open enrollment*
- **\$10,000, \$20,000 or \$30,000** benefit payment made directly to you for diagnosis of a covered illness
- **\$50 wellness incentive benefit**, once per year, per covered person
- **Convenient payroll deduction**

Download additional information here:

- Critical Illness Benefit Summary
- Critical Illness Wellness Incentive Benefit
- Make the Most of Your Plan

1. Your Date of Birth

1/1/1970

Please answer the following question(s) to obtain pricing information.

2. Has any person to be insured (employee or spouse) used tobacco in the last 12 months?

☐ Yes ☒ No

Select who should be covered:	Cigna. \$10,000	Cigna. \$20,000	Cigna. \$30,000
Employee Only	<input checked="" type="radio"/> \$16.39 /month	<input type="radio"/> \$32.78 /month	<input type="radio"/> \$49.17 /month
Employee and Spouse	<input type="radio"/> \$34.79 /month	<input type="radio"/> \$69.58 /month	<input type="radio"/> \$104.37 /month
Employee and Child(ren)	<input type="radio"/> \$18.89 /month	<input type="radio"/> \$37.78 /month	<input type="radio"/> \$56.67 /month
Family	<input type="radio"/> \$37.29 /month	<input type="radio"/> \$74.58 /month	<input type="radio"/> \$111.87 /month

*Covered children receive 50% of your benefit amount

No Thanks

Enroll & Continue >>

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customer@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.”



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Your Beneficiaries


3 Check Out

Your Information

Employee ID	First Name	Last Name
testxxx	Test	User
Email	Social Security Number	Phone Number
TestUser@corestream.com	123455678	(234) 567-8900

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Continue >>

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



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Your Family's Information

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Spouse Life

Child Life

Identity Theft Protection

Legal Services

Employee Only - \$10,000

Employee Only - Base Plan

Employee Only - Base Plan

Employee Only - MAC Plan

Employee Only - Low Plan

Employee Only - Base Plan

Standard Life Employee - \$10,000

Standard Life Spouse - \$5,000, Spouse \$5,000 Coverage

Standard Life Dependents - \$5,000

Employee Only - Identity Protection Pro

LegalShield Legal Services

Relationship

First Name

Last Name

Date of Birth

Gender

Enter family member's first n

Enter family member's last n

mm/dd/yyyy

Add +

The following family members will be covered according to the selection made for each product.

Test User

Joe Hancock

Jane Hancock

(you)

(Spouse)

(Child)

Edit


Remove

Edit

Remove

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



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1 Pick Products

Critical Illness

Accident Insurance

Hospital Indemnity

Dental

Your Beneficiary Information.

First Name / Name

Last Name / Details

Jane


Hancock

Remove -

Add +

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1 Pick Products

Critical Illness

Accident Insurance

Hospital Indemnity

Dental

Vision Care

YOUR BENEFICIARY INFORMATION.

Please enter a percentage distribution for each beneficiary such that the total distribution for each product is 100%.

Employee Life

Jane Hancock

100

%


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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.



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Your Beneficiaries

3 Check Out

Confirm Details and Check Out

Critical Illness Insurance

Plan type	Employee Only - \$10,000
Cost	\$16.39 / month
Effective Date	01/01/2021

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Accident Insurance

Plan type	Employee Only - Base Plan
Cost	\$5.83 / month
Effective Date	01/01/2021

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Hospital Indemnity

Plan type	Employee Only - Base Plan
Cost	\$10.45 / month
Effective Date	01/01/2021

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Unum Dental

Plan type	Employee Only - MAC Plan
Cost	\$22.44 / month
Effective Date	01/01/2021

By electing coverage, I am confirming that I am actively at work. If electing spouse coverage I am also confirming that my spouse currently lives in the U.S.

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Unum Vision

Plan type	Employee Only - Low Plan
Cost	\$5.20 / month
Effective Date	01/01/2021

By electing coverage, I am confirming that I am actively at work. If electing spouse coverage I am also confirming that my spouse currently lives in the U.S.

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Group Cancer Insurance

Plan type	Employee Only - Base Plan
Cost	\$24.81 / month
Effective Date	01/01/2021

ACCEPTANCE/AUTHORIZATION: I hereby request all coverage(s) checked "yes" above for which I am or may become eligible under the group coverages issued by AHL. **I AUTHORIZE** my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverages requested. **EFFECTIVE DATE:** I understand that the "effective date" of my elected coverages will be the effective date recorded on my Certificate, not the date this Enrollment form is signed. **WAIVER/DECLINATION:** I understand that if I refuse any coverage for which I am eligible, satisfactory proof of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such application may be declined on the basis of such proof. **FRAUD NOTICE:** Any person who knowingly and willfully presents a false or fraudulent 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 Jacksonville FL) a subsidiary of The Allstate Corporation.

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.



Standard Life Employee Insurance

Plan type Standard Life Employee - \$10,000
Cost \$2.39 / month
Effective Date 01/01/2021
Beneficiaries Jane Hancock 100%

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Standard Life Spouse Insurance

Plan type Standard Life Spouse - \$5,000, Spouse \$5,000 Coverage
Cost \$1.20 / month
Effective Date 01/01/2021

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Standard Life Child Insurance

Plan type Standard Life Dependents - \$5,000
Cost \$0.80 / month
Effective Date 01/01/2021

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Standard Short-Term Disability

No Thanks

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Standard Long-Term Disability

No Thanks

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Allstate Identity Protection

Plan type Employee Only - Identity Protection Pro
Cost \$7.95 / month
Effective Date 01/01/2021

Thank you for choosing Allstate to protect your identity and privacy. You will be receiving an email from Allstate within 48 hours of the effective date of your policy that confirms your enrollment and outlines how to access your online account, what to expect, and how to activate beneficial tools within your service. If you have any questions before then, call 1-800-789-2720 anytime 24/7. For more complete information on our Terms and Conditions, please visit <http://www.myprivacyarmor.com/terms-and-conditions-for-services/>.

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

LegalShield Legal Services

Plan type LegalShield Legal Services
Cost \$18.25 / month
Effective Date 01/01/2021

☒ You acknowledge that these details are correct. Acknowledgement is required in order to continue.

Payroll deduction approval

☒ I, Test User, hereby authorize ULS-Monroe to withhold funds from my wages per pay period for the purpose of making payments towards my voluntary benefit elections. I acknowledge that payroll deductions will begin on or after the plan effective date. I further agree that, in the event my employment shall terminate, either voluntarily or involuntarily, the company may withhold any amount owed from my final pay, except to the extent prohibited by federal or state minimum wage law. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

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Enroll >>

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



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Your voluntary benefits submission has been saved.

Thank you for submitting your voluntary benefits elections. Your election submission number is d18a3ff1-246e-11eb-80e1-000d3a3e8292. You will be sent an email from Corestream confirming your voluntary benefits elections. If you have any further questions or concerns, please contact customer care at (844) 521-1924 or via email at enrollmentcustomer@corestream.com.
Enrollment summary for Test User :

- Critical Illness Insurance - Enrolled Employee Only - \$10,000
Cost \$16.39/month
Effective Date 01/01/2021
- Accident Insurance - Enrolled Employee Only - Base Plan
Cost \$5.83/month
Effective Date 01/01/2021
- Hospital Indemnity - Enrolled Employee Only - Base Plan
Cost \$10.45/month
Effective Date 01/01/2021
- Unum Dental Insurance - Enrolled Employee Only - MAC Plan
Cost \$22.44/month
Effective Date 01/01/2021
- Unum Vision Insurance - Enrolled Employee Only - Low Plan
Cost \$5.20/month
Effective Date 01/01/2021
- Allstate Cancer Insurance - Enrolled Employee Only - Base Plan
Cost \$24.81/month
Effective Date 01/01/2021
- Standard Employee Life Insurance - Enrolled Standard Life Employee - \$10,000
Cost \$2.39/month
Effective Date 01/01/2021
Beneficiaries: Jane Hancock 100%
- Standard Life Spouse - Enrolled Standard Life Spouse - \$5,000, Spouse \$5,000 Coverage
Cost \$1.20/month
Effective Date 01/01/2021
- Standard Life Dependents - Enrolled Standard Life Dependents - \$5,000
Cost \$0.80/month
Effective Date 01/01/2021
- Short-Term Disability Insurance - No Thanks
- Long-Term Disability Insurance - No Thanks
- Allstate Identity Protection - Enrolled Employee Only - Identity Protection Pro
Cost \$7.95/month
Effective Date 01/01/2021
- LegalShield Legal Services - Enrolled LegalShield Legal Services
Cost \$18.25/month
Effective Date 01/01/2021

INTERESTED IN WHOLE LIFE WITH LTC COVERAGE?

Click [here](#) to learn more and enroll in this valuable Allstate Benefits plan

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