



WELCOME TO DEARBORN NATIONAL™

UNDERWRITTEN BY FORT DEARBORN LIFE INSURANCE COMPANY® OF NEW YORK

Guide to Self-Administered Web Billing

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SELF-ADMINISTERED WEB BILLING

The following guide is designed to assist you in the administration of your group insurance plan. Successful administration of your plan depends upon the accuracy with which you record changes. Please be sure to include your group and account number on all communications.

For many customers, Self-Administered Web Billing is a popular billing method. It allows you to control your changes and generate your billing remittance using our Benefits Manager secure portal. By electing Self-Administered Web Billing, you agree to:

- ▲ Complete all necessary enrollment forms and maintain records of your employees' enrollments, changes and terminations.
- ▲ Manage your employees' eligibility in accordance with your Group Insurance Plan.
- ▲ Communicate changes to us only when necessary. For example, you may be required to have an employee complete an Evidence of Insurability form and you would need to communicate this to Medical Underwriting for approval prior to an employee's coverage becoming effective.
- ▲ Update your employees' enrollments, terminations and changes, including salary changes, using our secure portal.
- ▲ Print a copy of the Billing Statement Remittance Page (Summary) from our secure portal and send to us along with your payment.

GETTING FORMS AND CERTIFICATE BOOKLETS

WEB SITE

On our Web site, www.dearbornnational.com, you can obtain forms by clicking the "Forms" tab or the "Forms Download" section on the Home page.

BENEFITS MANAGER POLICIES AND DOCUMENTS

Visit www.dearbornnational.com. In the Login section, select "Benefits Manager" and enter your user ID and password to access our secure portal. Under Benefits Manager, select Policies and Documents and follow the on-screen instructions to access your group's Certificate Booklets, Policy and Amendments.

Registration is required to access our secure portal. Once your registration has been processed, you will receive an e-mail notifying you of your user ID and password.

IDENTIFYING EMPLOYEE ELIGIBILITY

Any employee who is actively at work, working the minimum number of hours, and in a class shown in the Group Policy will become eligible for coverage on the day following any waiting period. If an employee is not actively at work on the date coverage is to begin, the effective date will be deferred until the day the employee returns to active work.

The waiting period for new employees is shown in the Group Application of your Policy.

MANAGING GROUP MEMBERSHIP

As a Self-Administered Web Billed group, you maintain all employee eligibility and enrollment records in your office. Self-Administered Web Billing also requires you to update employee additions, terminations and other changes to your group insurance plan online using our Benefits Manager secure portal. In cases where evidence of insurability is required, the Enrollment form and Evidence of Insurability form must be submitted to and approved by Dearborn National before applicable coverage becomes effective.

While we do not require you to submit employee eligibility and enrollment records, we have the right to examine such records at any time. We will require these records in the event of a claim. In addition, we require that you promptly comply with our request to provide access to, or copies of, these records for inspection upon reasonable notice.

NEW EMPLOYEE ENROLLMENT

Please have new employees complete and sign an Enrollment form within 31 days after the waiting period has been satisfied (even if the employee is declining all coverage). You can download forms from any page on our Web site, www.dearbornnational.com. Print and complete the Employee Enrollment and Change form with the employee.

NEW ENROLLMENT FORM

- ▲ Review the Enrollment form for completeness and signature.
- ▲ Ensure the Enrollment form contains:
 - The employer name as shown on the group policy
 - Group Number/Account Number
 - Location, if applicable
 - The employee's class designation as indicated in the group policy
- ▲ Retain the original for your records (do not send to us unless Guarantee Issue limits apply and employee is applying for coverage in excess of the limit).
- ▲ Begin withholding employee contributions (if applicable) as of that employee's effective date.

The first premium will generally be due the first of the month following the effective date.

If Guarantee Issue limits apply, and the employee is applying for coverage in excess of the limit, please provide the employee with a Disclosure form and have the employee also complete and sign an Evidence of Insurability form.

Important: Do not begin withholding employee contributions for the amount in excess of the Guarantee Issue limit until you receive our approval.

EVIDENCE OF INSURABILITY FORM

If evidence of insurability is required, download the Evidence of Insurability form. The employer should fill out PART I completely. Employees (and spouses, if applicable) must answer all questions completely and accurately. Please make sure each applicant has:

- ▲ Provided his or her current height and weight.
- ▲ Answered "yes" or "no" to all questions.
- ▲ Included his or her physician's name and full address for each condition listed.
- ▲ Provided complete details for every "yes" answer.
- ▲ Received the Disclosure form.
- ▲ Included signatures of all applicants (including spouse and dependent children, if applicable).
- ▲ Signed and dated the form (even if he or she is not applying for coverage).

Make a copy of the Evidence of Insurability form and Enrollment form for your records, and send the original signed copies of both forms to us.

Dearborn National must receive the completed Employer and Employee sections of this form within 30 days of the signature date.

The information on this form is considered current for no longer than 90 days.

Our medical underwriting decision will be communicated to the applicant and to you in writing, along with an effective date, if approved. The first premium will generally be due the first of the month following the approval date.

Please note: An incomplete form will delay processing an applicant's insurance request.

EMPLOYEE MATERIALS

After you have completed the New Employee Enrollment process, explained the waiting period (if applicable) to the employee, communicated any evidence of insurability to us and received any necessary approvals, please give the enrolled employee:

- ▲ A Certificate Booklet
- ▲ A copy of the Employee Enrollment form
- ▲ A copy of the Evidence of Insurability form (if applicable)

A supply of booklets was provided to you as part of your New Case Submission Materials.

LATE EMPLOYEE ENROLLMENT

A late employee enrollee is one who previously waived his/her insurance, or one who fails to enroll for insurance within 31 days after the waiting period has been satisfied. These employees are subject to the following:

- ▲ If the employee does not contribute to the cost of the insurance, the coverage effective date will be determined based upon the provisions of your Group Policy.
- ▲ If the employee chooses coverage under a voluntary or contributory plan, the employee may not be allowed to enroll late and must wait until the next Annual Enrollment period.
 - Review your Group Policy or contact us for more specific information.
- ▲ If the employee is contributing to the cost of the insurance, the employee must complete and submit an Evidence of Insurability form along with an Enrollment form for underwriting approval.
 - Review forms for completeness and signature.
 - Make a copy of the Evidence of Insurability form and Enrollment form for your records, and send us the original signed copies of both forms.
 - **Do not begin withholding employee contributions in this situation until you receive our approval.**

Our medical underwriting decision will be communicated to the applicant and to you in writing, along with an effective date, if approved. The first premium will generally be due the first of the month following the approval date.

ANNUAL ENROLLMENT

Annual Enrollment applies if your Group Policy includes an Annual Enrollment period. During this period, eligible employees may apply for voluntary coverage or additional coverage, or they may request changes to existing coverage. Employees who were declined coverage during the initial enrollment or during past enrollment periods may re-apply during this period.

Evidence of insurability or pre-existing condition limitations may apply. Please refer to your policy for “change in family status” revisions that occur outside of the Annual Enrollment timeframes (if applicable).

**MANAGING ONGOING
MAINTENANCE OF GROUP
MEMBERSHIP**

COMMUNICATING NEW EMPLOYEE ENROLLMENT TO DEARBORN NATIONAL

Since you elected Self-Administered Web Billing, you do not need to submit your member enrollments to us; however, you do need to submit your changes online on our Benefits Manager secure portal. See Page 9 to assist you in this process.

If the change you are submitting requires you to provide evidence of insurability, you may:

- ▲ Fax the forms to (312) 240-0143
- ▲ E-mail forms to membership@dearbornnational.com
- ▲ Send the completed forms to:
Dearborn National
ATTN: Membership
Administrative Office
1020 31st Street
Downers Grove, IL 60515-5591

Please retain copies of all forms and records that document any changes.

TERMINATIONS AND OTHER CHANGES

To effectively manage your Group Membership on an ongoing basis, you must record changes in a timely fashion. Examples of changes you must keep include:

- ▲ Name changes
- ▲ Salary changes (see below)
- ▲ Dependent Life insurance coverage changes
- ▲ Class changes
- ▲ Coverage or employee terminations

These changes may be recorded by having the employee complete a new Employee Enrollment form. Simply indicate "Change" at the top of the form. Since you elected Self-Administered Web Billing, you do not need to notify us of your membership changes; however, you do need to submit your changes online on our Benefits Manager secure portal. See Page 9 to assist you in this process.

BENEFICIARY CHANGES

You must also maintain records regarding beneficiary changes. The Beneficiary Change forms can be found in the Employee Enrollment & Change Forms section of our Web site. Have the employee complete the form and keep it with your records. This form will be required in the event of a death claim.

**YOUR POLICY ANNIVERSARY
DATE AND POLICY RENEWAL**

**REMITTING PREMIUM
PAYMENTS**

SALARY CHANGES

If your benefit plan includes salary-based products (benefit amounts based on a multiple of salary), then you record salary changes as they occur.

- ▲ Determine if you have salary-based products by reviewing your Group Policy.
- ▲ Review the definition of “salary” in your policy to determine what you should report (e.g., commissionable employees).
- ▲ If your insurance plan contains a Guarantee Issue limit, and the salary change will result in an insurance amount in excess of the Guarantee Issue limit, the employee must complete an Evidence of Insurability form the first time the benefit exceeds the limit.
- ▲ If approved, future salary increases are not subject to evidence of insurability unless the salary change results in a benefit increase of more than \$50,000.
- ▲ Review forms for completeness and signature.
- ▲ Make a copy of the Evidence of Insurability form and Enrollment form for your records, and send the original signed copies of both forms to us.
- ▲ **Do not begin withholding employee contributions for the amount in excess of the Guarantee Issue limit until you receive our approval.**

Our medical underwriting decision will be communicated to the applicant and to you in writing, along with an effective date, if approved. The first premium will generally be due the first of the month following the approval date.

Your policy anniversary date is listed on your Group Policy. We will notify you at least 30 days before your policy anniversary date of any rate adjustments.

Since you elected Self-Administered Web Billing, you will not receive a detailed billing statement of all insured employees. Rather, after you have submitted your membership changes for the modal period on our secure portal, you need to print the Remittance page (Summary) statement and return it to us along with your premium payment to our payment address, shown on the remittance page.

For your assistance, an example of the Billing Statement Remittance page (Summary) is displayed on the following page.

A Billing Notice e-mail reminder will be sent to the e-mail address provided (and shown on the remittance page) on a monthly basis reminding you to remit your premium.

Billing Statement

Group Number: MSAMPLE 1 1

Beginning of Period: 1/01/2006 2

End of Period: 1/31/2006

Remittance Page (Summary)

Group Administrator	Phone Number	Fax Number	Email Address
BENEFITS COORDINATOR	8005555555	2167770000	msample@msample.com 4

	Total Lives	Total Volume	Total New Premium	Total Renewal Premium	Total Premium
VLTD- ALTERNATE	1	1000.00	0.00	23.81	23.81
VDPL - \$10,000	1	1.00	0.00	2.00	2.00
LTD - 60% TO \$6000	2	3433.00	0.00	12.02	12.02
AD&D - \$25,000	1	25000.00	0.00	1.25	1.25
STD - 66-2/3% BWE	1	100.00	0.00	3.50	3.50
LIFE - \$10,000	10	96500.00	2.10	60.60	62.70
PVLIFE - PORTABLE 99	3	170000.00	0.00	18.80	18.80
		Premium Totals:	2.10	121.98	124.08
		5 Adjustments:		Termination - John Smith effective 05/01/2008	-2.40
		6 Total:			121.68

3 **Please remit payment to our Billing Address only:**
Fort Dearborn Life Ins Co of New York
26012 Network Place
Chicago, IL 60673-1260

Group Name: SAMPLE GROUP

**BILLING STATEMENT
REMITTANCE**

A Billing Notice e-mail reminder will be sent to your e-mail address on a monthly basis reminding you to generate your Remittance Page and submit it along with your premium payment.

For your assistance, we have provided a sample billing statement. Please be aware of the following:

1. Your Group and Account Number. Please use these when communicating with Dearborn National. Also, be sure to include with your payments.
2. The modal period for which premiums are due.
3. The premium remittance address. Please be sure this address is correct in your records.
4. The e-mail address where e-mail notifications and reminders are sent.
5. The adjustment amount reflected in the Remittance Report Adjustment field and the reason for the adjustment.
6. The total premium due for this billing period.

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GETTING STARTED IN BENEFITS MANAGER

Benefits Manager provides an easy way to maintain membership information and perform bill remittance for your group's insurance plan.

If you change your e-mail address or need assistance with Benefits Manager, you may contact 1-800-406-3356.

MAINTAINING GROUP MEMBERSHIP INFORMATION

After you have logged into Benefits Manager, click on "Enrollment Management" or "View Group Detail" to review basic information about your group's plan, including class information, waiting period, benefit amount, reduction schedules and rate table information.

Click on "Insured Listing" in the Enrollment Management table or under your Group Name at the top of the View Group Details page to be directed to a listing of your Active Insureds. From this screen, you have the ability to view, add or update membership.

ADDING AN INSURED

To add an Insured, select "Add A New Insured" from the secondary navigation to the left of the main screen. The New Insured Record screen is a two-part screen. The top of the screen is Insured Information. Complete this portion of the screen and click on "Save and Continue" to save your progress. Once saved, the Plan Information portion becomes available for completion based on the class selected for that insured.

To enroll the Insured for specific coverage(s), check the box next to the coverage you wish to select. System calculations are performed based on the system plan information. The effective date and maximum benefit allowed (based on salary) has been completed for you. If the benefit amount requires evidence of insurability, after approval has been received from our medical underwriting department, check the EOI box. If the Insured has elected an amount less than the maximum, change the volume to the elected amount. After the volume has been entered, select "Save and Continue" to save the changes. **Important: If the box next to the coverage is not selected, the member will not appear on the billing statement.**

UPDATE AN INSURED'S SALARY

You can update an Insured's salary by selecting the Insured from the Insured List page, updating the salary field on the View/Edit Insured Record screen, and clicking on "Update Insured Record" to save the changes. To update several Insureds at once, select "Update Group Insured Salaries" from the navigation bar at the top of the screen. After the salaries have been updated, select "Update Salaries" to save the changes. If your group policy has an open enrollment, members can elect to increase benefits; therefore, it is important that salary information is current.

TERMINATE A MEMBER

To terminate an existing member, click the member's last name on the "Group Insured List" screen. On the "View/Edit Insured Record" screen, enter the Date of Termination (employee's actual last day of work) and change the status from Active to Terminated. After entering this information, select "Update Insured Record" to save the changes.

REPORTS

There are a number of reports available that will assist you in the administration of your group benefits plan. Each report is listed below along with a brief description. In Benefits Manager, click on "Billing Statement and Reports" to list the various reports.

Note: Please change your printer options to landscape so that all information appears on the printed page.

BILLING STATEMENT REPORT

Allows you to view a breakdown of your members and their coverages based on the class and other information that was provided.

While you are not required to send the Billing Statement Report, we suggest you either print or save a copy of it for your records.

REMITTANCE REPORT

Allows you to view your group coverage, lives, volume and the total premium due. This report must be printed based on your group's billing mode (i.e. monthly, quarterly, semi-annual, annual) and remitted along with your premium payment. You may make a group level manual adjustment to the premium due before the remittance page is printed. The adjustment can represent a previous overpayment, underpayment or a retroactive member adjustment. The adjustment appears only on the remittance page and is not recorded as historical information. Credits should be reflected as negative amounts (e.g., -10.00). If there are no adjustments, leave this section blank.

PAYROLL DEDUCTION REPORT

Allows you to view, for your internal purposes, the breakdown of the individuals and the estimated amount of premium per individual, based on your payroll frequency (i.e. weekly, bi-weekly, semi-weekly, semi-monthly, etc.).

GROUP CENSUS REPORT

Allows you to view detailed information about your employees' coverages and employment histories.

AGE CHANGE REPORT

Allows you to review Benefit Reductions and Benefit Changes due to contract language, such as Anniversary Date and Birth Date.

Benefit Reductions (Life/AD&D, if applicable) are reflected as of the next modal period following the insured's birthday.

For groups that have products with age-banded rates, this report will display premium changes for the employees affected as of their birthdays, but the change will not go into effect until the group's next anniversary. This will allow enough time to notify the employees of the change in premium amount and time to adjust the payroll deductions.