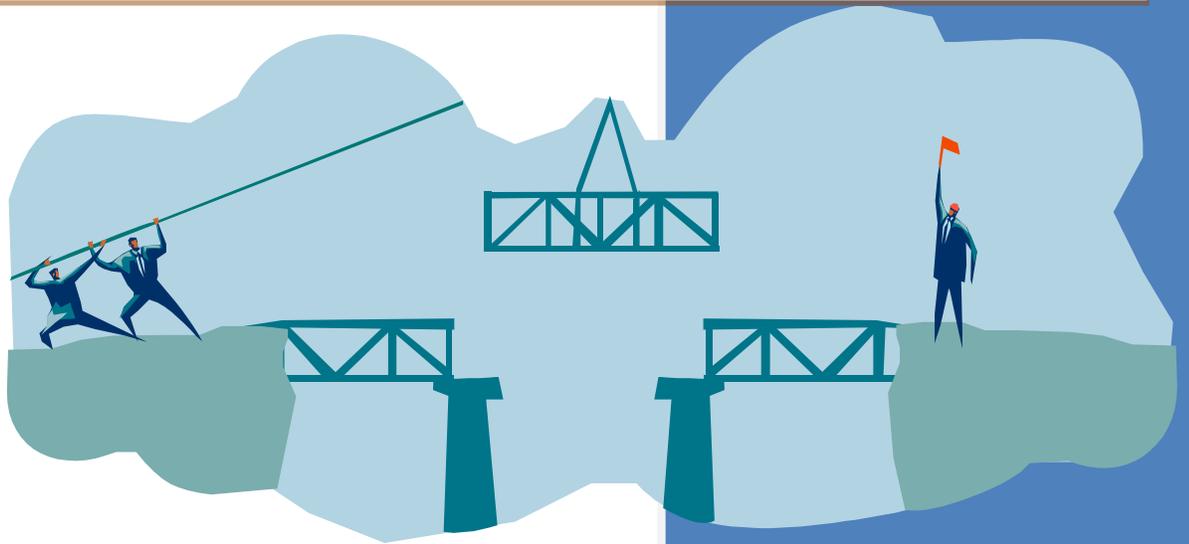


LFG EOI Form Provider Setup



selerix ✓

Form Provider Documentation
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Overview

Lincoln Financial Group (LDG) offers products and services to help people feel in control, confident and financially prepared. Selerix provides the BenSelect platform, which goes beyond BenAdmin; it includes a library of insurer products, easily configured for each case including underwriting provisions. In some cases a bridge or form provider is needed to collect evidence of insurability information for specific products.

This document provides instructions on how to set up a form provider for LFG products where the coverage requested exceeds the guaranteed issue limit for those products. In this instance, these products require an Evidence of Insurability (EOI) form to be completed, which is what setting up this form provider facilitates.

The form provider must be set up properly to display the window so that the employee can complete the EOI form.

LFG Products

The EOI form provider supports the following products:

- Short Term Disability
- Voluntary Short Term Disability
- Long Term Disability
- Voluntary Long Term Disability
- Voluntary Life – Employee
- Voluntary Life – Spouse
- Voluntary AD&D – Employee
- Voluntary AD&D – Spouse

LFG Contacts Information

Candice Peter | Sr. Business Analyst

Mobile: 402-404-0687

Email: candice.peter@lfg.com

For case setup support:

Selerix Technical Support

Phone: 214-856-4290

Email: Support@Selerix.com

Pre-Requisites

This document does not provide information on setting up the payer, product(s) and any benefit plans in a case; it assumes these are already set up and configured correctly (i.e. the guaranteed issue limits are properly set per the carrier's instructions) in the case for which the EOI form provider will be used.

The following are the required items:

- **Form provider parameters** – These parameters are provided by LFG for the Employer Group.
 - **Employer ID:** Use the Lincoln Employer ID provided by the Employer.
 - **Employer name:** Use the name provided by LFG for the Employer Group.
- **EDI parameters** – LFG provides the following group information, which is used to set up the EDI parameters.
 - Master Group Number Label >> Employee's Job Class Code (JobClassCd)
 - Master Group Number >> Employee's Pay Group ID (PayGroupID)
 - Plan Sub Code >> Product ID (ProdID)
 - SubGroup Number >> Plan ID (SponsPlanID)

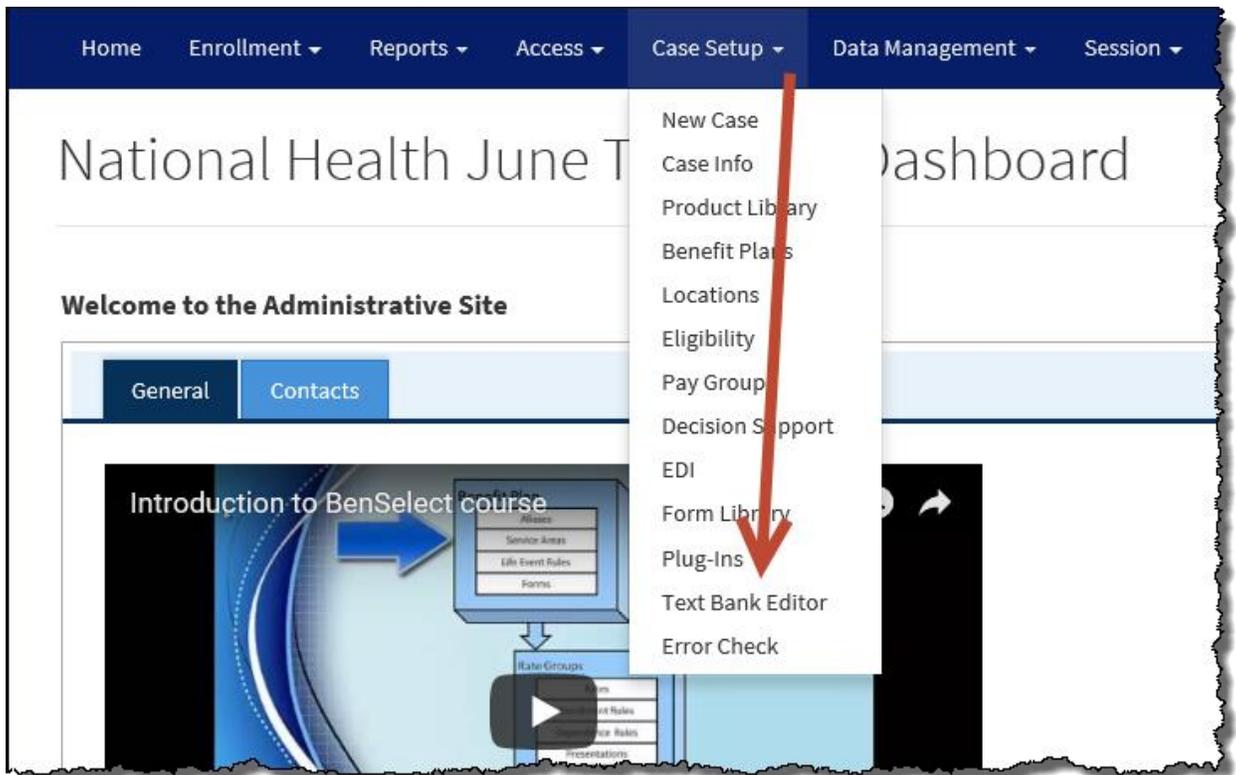
NOTE: If you have difficulty obtaining information from LFG, then contact the appropriate person from the LFG Contacts section.

Step 1: Add the Form Provider Plug-in to the Case

You must first add the form provider plug-in to the case, then configure it with the settings provided in this document.

To add the LFG EOI form provider plug-in:

1. Login to the **Admin site** that is being used for the enrollment and go to your case.
2. Select **Plug-ins** from the **Case Setup** menu.

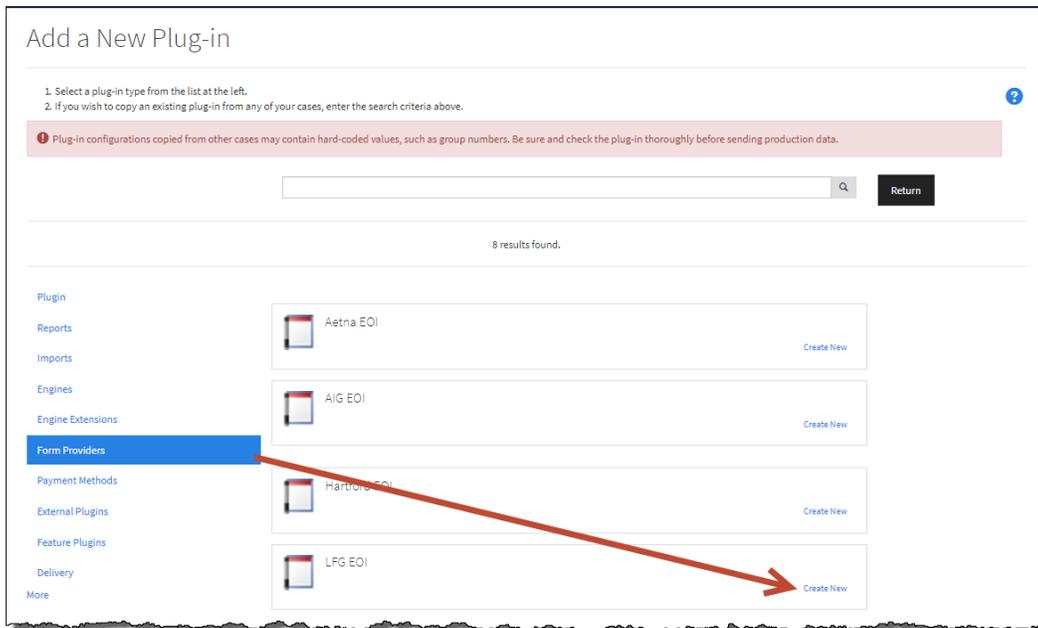


3. Click the **New** button. [+ New](#)

The *Add a New Plug-in* screen displays options for you to create a new plug-in.

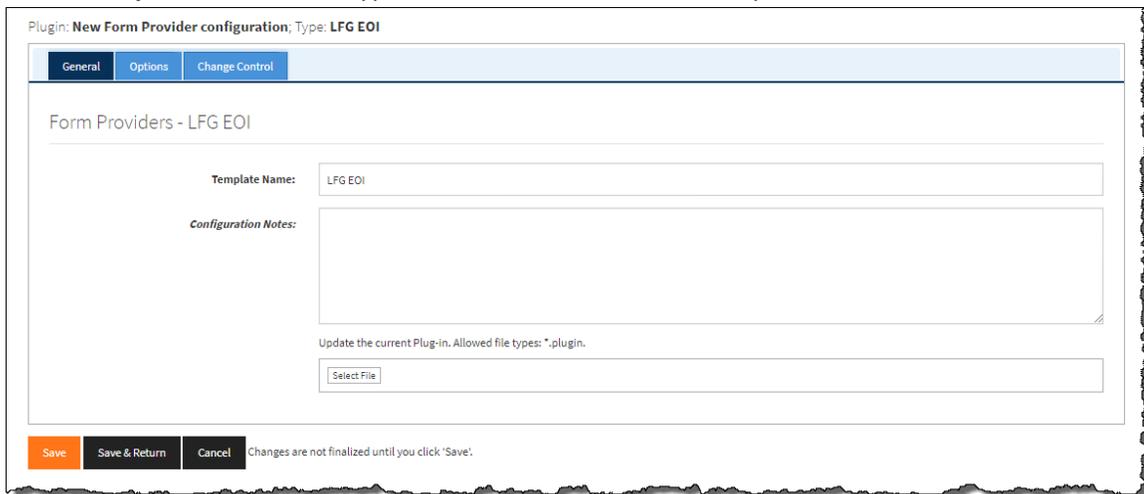
4. In the **left Nav bar** of the *Add a New Plug-in* screen, select **Form Providers**.

5. Click **Create New** under the name of the LFG EOI plug-in.



The Plug-In Configuration screen displays setup options.

6. In the **Template Name** field, type a name for the LFG EOI form provider, such as LFG EOI.



7. Click the **Save** button.
8. Click the *Options* tab.
9. For the **Description section**, complete fields as necessary:
- Environment** – which environment are you trying to access?
Select: Production.
 - Employer ID** – Type the Employer ID provided by LFG for the employer group.
 - Employer name** – Type the Employer name provided by LFG for the employer group.
 - Bridge embedded in iFrame or Popup Window** – Select iframe or Popup Window.
 - Selerix certificate** – Select the certificate that is applicable (i.e., not expiring during the OE).
 - Allow employee skip EOI process?** – Select Do not allow the employee to skip SSO enrollment or Allow the employee to skip SSO enrollment.

- Complete setup for each of the products that are on the case, selecting the plan from the dropdown that applies to (i.e., maps to) the LFG product.

Plugin: **LFG EOI**; Type: **LFG EOI**

Description	Value
LFG EOI Environment	Development
Employer ID	
Employer name	
Bridge embedded in iFrame or Popup Window?	Iframe
Selerix certificate	Selerix Production (expires 11/15/2019)
Allow employee skip EOI process?	Do not allow the employee to skip SSO enrollment.
Short Term Disability	Short Term Disability
Voluntary Short Term Disability	Empty
Long Term Disability	Empty
Voluntary Long Term Disability	Empty
Voluntary Life - Employee	Empty
Voluntary Life - Spouse	Empty
Voluntary AD&D - Employee	Empty
Voluntary AD&D - Spouse	Empty
Critical Illness - Employee	Empty
Critical Illness - Spouse	Empty

Changes are not finalized until you click 'Save'.

- Click the **Save** button.

Save

Step 2: Add the Form to the Benefit Plan

A LFG Confirmation form must be added to each plan that needs evidence of insurability.

To add the form to the benefit plan:

1. Select **Benefit Plans** from the **Case Setup** menu.
2. Select the LFG plan to which you want to add the EOI form.
3. Click the **Rate Group** tab.
4. Deselect **Inherit forms from Product Library**. This allows you to set up a new form.

5. Click the **Save** button. 
6. Click the **Forms** tab.
7. Click the **New** button to create a new form.
The **Info tab** displays blank fields for setting up the form.
8. Complete the fields as follows:
 - a. Description: Add a name, such as **LFG EOI Form**.
 - b. Document Provider: Choose **LFG EOI**.
 - c. Document type: Choose **Unknown**.
 - d. XML Tag Name: Type in **LFG_EOI**.
 - e. File Name: add the URL "ProductLib/Lincoln_Financial/forms/EOI_Confirmation.pdf" without quotes.
 - f. Product: Choose the **payer product** that is selected for this benefit plan.
 - g. Form Type: Choose **Application**.
 - h. Signature mode: Select the methods of signature used for this form, such as PIN.
 - i. Order number: Set the order in which you want this form to display. Set to 1 if you want this form to display before all other forms.
 - j. Number of pages: Type the number of pages in the EOI form.
 - k. Number of children per form: Set to zero (for EO coverage forms).

I. Employee Signature Required: Choose **One signature required.**

Info	States	Special Instructions	Alternative Text	JScript
Description:	LFG EOI Form			Languages:
Document Provider:	LFG EOI			<input checked="" type="radio"/> Any
Document type:	Unknown			<input type="radio"/> Only the following language(s)
XML Tag Name:	LFG_EOI			<input type="checkbox"/> English
File Name:	ProductLib/Lincoln_Financial/forms/EOI_Confirmation.pdf			<input type="checkbox"/> Spanish
Product:	Short Term Disability			
Form type:	Application			
Signature mode:	<input type="checkbox"/> Digitized (Topaz)			
	<input checked="" type="checkbox"/> PIN			
	<input type="checkbox"/> Click to Accept			
	<input type="checkbox"/> Voiceprint			
	<input type="checkbox"/> Allow one-step signature			
Order number:	1			
Number of pages:	1			
Number of children per form:	0			
	<input checked="" type="checkbox"/> Do not merge			
	1 applications per form			
	<input type="checkbox"/> Do not merge plans			
Employee signature required:	No signature required			
Spouse signature required:	No signature required			
	<input type="checkbox"/> Enroller signature required			
	<input type="checkbox"/> External Document			
	<input type="checkbox"/> For every insured			

Save

Cancel

9. Click the **Save** button.

Save

10. On the **States** tab, select the states to which the form applies.

Info States Special Instructions Alternative Text JScript

Show U.S. States Only

<input checked="" type="checkbox"/> AK (Alaska)	<input checked="" type="checkbox"/> ID (Idaho)	<input checked="" type="checkbox"/> MT (Montana)	<input checked="" type="checkbox"/> RI (Rhode Island)
<input checked="" type="checkbox"/> AL (Alabama)	<input checked="" type="checkbox"/> IL (Illinois)	<input checked="" type="checkbox"/> NC (North Carolina)	<input checked="" type="checkbox"/> SC (South Carolina)
<input checked="" type="checkbox"/> AR (Arkansas)	<input checked="" type="checkbox"/> IN (Indiana)	<input checked="" type="checkbox"/> ND (North Dakota)	<input checked="" type="checkbox"/> SD (South Dakota)
<input checked="" type="checkbox"/> AZ (Arizona)	<input checked="" type="checkbox"/> KS (Kansas)	<input checked="" type="checkbox"/> NE (Nebraska)	<input checked="" type="checkbox"/> TN (Tennessee)
<input checked="" type="checkbox"/> CA (California)	<input checked="" type="checkbox"/> KY (Kentucky)	<input checked="" type="checkbox"/> NH (New Hampshire)	<input checked="" type="checkbox"/> TX (Texas)
<input checked="" type="checkbox"/> CO (Colorado)	<input checked="" type="checkbox"/> LA (Louisiana)	<input checked="" type="checkbox"/> NJ (New Jersey)	<input checked="" type="checkbox"/> UT (Utah)
<input checked="" type="checkbox"/> CT (Connecticut)	<input checked="" type="checkbox"/> MA (Massachusetts)	<input checked="" type="checkbox"/> NM (New Mexico)	<input checked="" type="checkbox"/> VA (Virginia)
<input checked="" type="checkbox"/> DC (District of Columbia)	<input checked="" type="checkbox"/> MD (Maryland)	<input checked="" type="checkbox"/> NV (Nevada)	<input checked="" type="checkbox"/> VT (Vermont)
<input checked="" type="checkbox"/> DE (Delaware)	<input checked="" type="checkbox"/> ME (Maine)	<input checked="" type="checkbox"/> NY (New York)	<input checked="" type="checkbox"/> WA (Washington)
<input checked="" type="checkbox"/> FL (Florida)	<input checked="" type="checkbox"/> MI (Michigan)	<input checked="" type="checkbox"/> OH (Ohio)	<input checked="" type="checkbox"/> WI (Wisconsin)
<input checked="" type="checkbox"/> GA (Georgia)	<input checked="" type="checkbox"/> MN (Minnesota)	<input checked="" type="checkbox"/> OK (Oklahoma)	<input checked="" type="checkbox"/> WV (West Virginia)
<input checked="" type="checkbox"/> HI (Hawaii)	<input checked="" type="checkbox"/> MO (Missouri)	<input checked="" type="checkbox"/> OR (Oregon)	<input checked="" type="checkbox"/> WY (Wyoming)
<input checked="" type="checkbox"/> IA (Iowa)	<input checked="" type="checkbox"/> MS (Mississippi)	<input checked="" type="checkbox"/> PA (Pennsylvania)	

All None

Save Cancel

11. Click the **Save** button.



The form now displays on the Forms tab.

Plan: Short Term Disability

General Payer Products Rate Group Enrollment Rules

Dependence Rules Rates Eligibility Deduction Processing Life Events Engage JScript Presentations **Forms** Questions Service Area Properties Alias

Form	For Product	In States
<input checked="" type="checkbox"/> LFG EOI Form	Short Term Disability	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

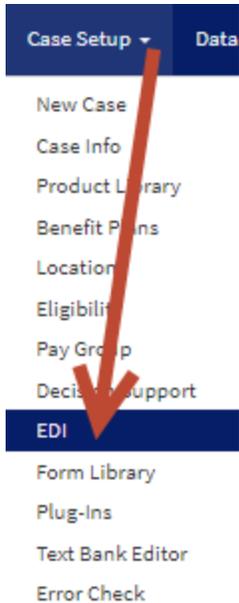
New Copy Edit Delete Delete All View Clean Plan: HSA Copy From

Step 3: Setting up EDI Parameters

The last steps before testing the form provider form includes setting up EDI control and group numbers.

To set up EDI:

1. Select **EDI** from the **Case Setup** menu.



The **EDI** screen displays tabs for setting EDI options.

2. Click the **Group Numbers** tab.
3. Click the **Add** button (green plus sign at the end of the table). A new line entry is added to any existing EDI group numbers.
4. Select the product from the **Product** drop-down list.
5. Select the **LFG** payer. **This must be the LFG payer, and not an associated payer.**
6. Type a **Description** for the payer.
7. For the Master Group Number, enter the code for the employee's Pay Group (as provided by LFG).
8. For the Master Group Number Label, enter the code for the employee's Job Class (as provided by LFG).
9. For the Subgroup Number, enter the Plan ID (as provided by LFG).
10. For the Plan Subcode, enter the Product ID (as provided by LFG).
11. Click the **Save** button. 

Step 4: Testing/Sample Enrollment

After you have attached the EOI form to each benefit plan that is using the EOI form provider, you should test to ensure that the form provider is invoked correctly.

Use a test employee, and walk through the enrollment. To test the EOI form provider, ensure you select over Guaranteed Issue (GI) for the appropriate benefit plan.

Note: Ensure you use an SSN that starts with 999 for the test employee. This indicates to LFG that this is a test enrollment, and data will not be sent to the Production environment.

At the end of the enrollment process, you will see the Sign & Submit page:

Sign and Submit

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.

- **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 at the left.

Plan	Description	Pretax Cost	Posttax Cost
Short Term Disability		\$0.00	\$0.08
Medical	BCBS PPO; EO	\$20.00	\$0.00
Dental	Waived		
HSA	N/A		
Total		\$20.00	\$0.08

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
LFG EOI Form	Not Reviewed	N/A
Enrollment Confirmation	Unsigned	

Click **Next** to begin signing forms.

Underwriting questions display in the Enrollment site window:

Home You & Your Family My Benefits Sign & Submit **Next**

Lincoln
Financial Group
You're In Charge®

Welcome, test **Continue** **Logoff**

INTRODUCTION **COVERAGE** **PERSONAL INFO** HEALTH QUESTIONS REVIEW / CONFIRM SUBMIT CONFIRMATION

Personal Information

Please verify that the personal information below is correct. Click continue to proceed to the Health Questionnaire.
If this information is not correct, please update as needed or contact your plan administrator.
Thank You.

Your Information

First Name * test
Middle Name
Last Name * STD
Date of Birth * 08/15/1985

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Answer the questions and click **Next**.