UNUM EOI Bridge Setup



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Overview

Unum is a Chattanooga, Tennessee-based insurance company previously named UnumProvident, which was formed from the merger of two competing insurance companies, Unum of Portland, Maine, and Provident Life and Accident Insurance Company of Chattanooga. Unum's predecessor, Union Mutual Life Insurance Company, was founded in 1848, making it one of the oldest continuously operating insurance companies in the United States.

This document provides instructions on how to set up a bridge for Unum 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 bridge facilitates.

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

UNUM Products

The EOI bridge supports the following products:

- Voluntary Life
- Short Term Disability
- Long Term Disability

UNUM Contacts

Please contact the following for cases with more than 2000 lives:

Jan Hunter Manager, NCG Operations Unum Phone: 207-575-3847 Email: jehunter@unum.com

Please contact the following for cases with fewer than 2000 lives:

Lisanne Hodges Service Consultant Launch Unum Direct: 423-294-1471 Email: <u>Ihodges@unum.com</u>

For case setup support: Selerix Technical Support Phone: 214-856-4290 Email: <u>Support@Selerix.com</u>

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 bridge will be used.

The following are the required items:

- Bridge parameters This is preset for all cases (ID and key do not change); this will be prepopulated in the plugin, but listed here for reference.
 - o Partner ID same for all cases: 506a571b-34f8-46f8-886b-f2cf1c06ebd1
 - API Key Production (same for all cases): iszX89AYnPFNF1b31UCkNO+Gk/4xRaMXd4ytIJJFzFQ=
 - API Key UA/TEST (same for all cases): OPy1zrVCkSnUjAPAIZeO0GGeeU0SiBW+qVkykEbF6ls=
- EDI parameters UNUM provides the following group information, which is used to set up the EDI parameters.
 - Policy: An 8-digit code. Example: 00136424. Map to Master Group Number.
 - Reporting Division (if needed for the case): A 4-digit code. Example: 0001 (default to Billing Division unless otherwise noted.)
 Map to Plan SubCode.
 - **Billing Division:** A 4-digit code. Example: 0001 Map to Plan Code.
 - Eligibility Class Code: A 3-digit code. Example: 105 Map to Network ID.
 - Sub Eligibility Class Code: A 3-digit code. Example: 105 Map to Subnetwork ID.

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

Step 1: Add the Bridge Plug-in to the Case

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

To add the Unum EOI bridge 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.

Home Enrollment - Reports - Access -	Case Setup 🔻	Data Management 🔻	Session -
ABC Company SBK - 20	New Case Case Info Product Lib ar	, poard	
ABC Company SBK - 2018 Administrative Site	Benefit Plaus Locations Eligibility		
Search for employee	Pay Group Decision Supp	15 Days Left	0 Follo
SSN	EDI Form Library		
EID	Plug-Ins 🔻		
Job Class	Text Bank Edit	or	
Emp Status	Error Check		
Enroll Status			
Non Edit Life Event	Enrol		And the second s

3. Click the **New** button.

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.

Reports	Aeria Loi	Create New
Imports		
Engines	AIG EOI	
Engine Extensions		Create New
Form Providers		
Payment Methods	Hartford EOI	
External Plugins	-	Create New
Delivery	LFG EOI	
More		Create New
	MetLife EOI	Create New
	Prudential EOI	
		Create New
	Standard EOI	
	-	Create New
	Unum EOI	
		Create New

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

The Plug-In Configuration screen displays setup options.

6. In the **Template Name** field, type a name for the Unum EOI bridge, such as Unum EOI.

Plugin: New Form Provider configuration; Typ	pe: Unum EOI
General Options Change Control	
Form Providers - Unum EOI	
Template Name:	Unum EOI
Configuration Notes:	
	Update the current Plug-in. Allowed file types: *,plugin.
	Select File
Save Save & Peturn Cancel Changes are	not finalized until you click 'Save'
Save Save Reduin Candel Changes are	

- 7. Click the **Save** button.
- 8. Click the *Options* tab.
- 9. For the **Description section**, complete fields as necessary:
 - a. Environment which environment are you trying to access? Select:Testing or Production.
 - b. Selerix certificate Select when the Selerix certificate expires.
 - c. Allow employee skip EOI process? Select Do not allow the employee to skip SSO enrollment or Allow the employee to skip SSO enrollment.
 - d. Partner ID Enter the Partner ID: 506a571b-34f8-46f8-886b-f2cf1c06ebd1. This is the same for all cases.
- 10. Api Key Enter the API key, which only changes for the environment:
- a. Production iszX89AYnPFNF1b31UCkNO+Gk/4xRaMXd4ytIJJFzFQ=
- b. UA/Test environment OPy1zrVCkSnUjAPAIZeO0GGeeU0SiBW+qVkykEbF6ls=

11. Complete setup for each of the products that are on the case, selecting the plan that applies to the Unum product.

General Options Change Control	
Description	Value
Environment	Production -
Selerix certificate	Selerix Production (expires 11/15/2019)
Allow employee skip EOI process?	Do not allow the employee to skip SSO enrollment.
Partner ID	506a571b-34f8-46f8-886b-f2cf1c06ebd1
Арі Кеу	iszX89AYnPFNF1b31UCkNO+Gk/4xRaMXd4ytIJJFzFQ=
LTD Plan	Empty
STD Plan	Short Term Disability
Employee Life Plan	Employee Voluntary LIfe
Spouse Life Plan	Empty
Child Life Plan	Empty 💌
All None	

12. Click the **Save** button.

Step 2: Add the Form to the Benefit Plan

A Unum Confirmation form must be added to each plan that needs underwriting.

To add the form to the benefit plan:

- 1. Select *Benefit Plans* from the *Case Setup* menu.
- 2. Select the Unum 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.

ate Group	Enrollment rules	Eligibility	Rates	Questions	Life events	Presentation	Forms	Dependence Rules	Alias	JScript	Properties	
	Rate	Group Name:	Salary	Rule								
		Stylesheet:	Default				•					
		Custom Field:	<no cu<="" td=""><td colspan="4"><no custom="" field=""></no></td><td></td><td></td><td></td><td></td><td></td></no>	<no custom="" field=""></no>								
	Custo	m Field Value:										
			 Inhe Inhe Inhe Loca 	rit presentation rit forms from P rit event scripts ation name as er	s from Product Li roduct Library from Product Lib nployer	brary rary						
			Core Li	Core Life/AD&D - Hourly Rule 🔻				Copy From				

- 5. Click the **Save** button.
- 6. Click the *Forms* tab.
- 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 **Unum EOI.**
 - b. Document Provider: Choose Unum EOI.
 - c. Document type: Choose **Other.**
 - d. XML Tag Name: Type in **Unum_EOI**.
 - e. File Name: add the URL "ProductLib/Unum/Forms/Unum_SOH_Confirmation.pdf" without quotes.
 - f. Product: Choose the **payer product** that is selected for this benefit plan.
 - g. Form Type: Choose Application.
 - h. Deselect the **Do not merge** option under Number of children per form.

Becription Unum EDI Document Provide: Unum EDI Unum EDI International inspression Bocument Provide: Unum EDI Unum EDI International inspression Kith Tag Name Unum EDI File Name ProductLip/Unum/FormyUnum_SDH_Confirmation.pdf Product All ProductLip Form type: Application Signature modified International inspression International inspression International inspression Number of pages: International inspression International inspression International inspression International inspression International inspression Sposes signature required International inspression International inspression International inspression Sposes signature required International inspression International inspression International inspression </th <th>States Special Instructions Alter</th> <th>native Text JScript</th> <th></th> <th></th> <th></th>	States Special Instructions Alter	native Text JScript			
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File Name ProductLiblyUnum/Forms/Unum_SOH_Confirmation.pdf Products Implication Porter Application Signature mode Digitized (Topax) Implication Implication Signature mode Digitized (Topax) Implication Implication Signature mode Digitized (Topax) Implication Implication Implication Implication Number of pages Implications per form Implications per form Implications per form <	XML Tag Name:	Unum_EOI		Spanish English (Canadian)	
Product: Application Signature mode Digitized (Topa): PiN Click to Accept Volceprint Allow one-step signature Order number 1 Number of children per form: 0 on ot merge 0 on ot merge plans Employee signature required No signature required Iso signature required Iso signature required Iso signature required Iso requires Iso required Iso requires Iso requires Iso requires Iso requires Iso required Iso requires Iso requires Iso required Iso requires 	File Name:	ProductLib/Unum/Forms/Unum_SOH_C	Confirmation.pdf	French (Canadian)	
Form type: Application Signature mode: Digitized (Topa) PiN Citck to Accept Citck to Accept None-step signature Allow one-step signature 1 Number of pages: 1 Number of children per form: 0 Do not merge plans 0 Employee signature required • No signature required • Do not merge plans •	Product:	<all products=""></all>	•		
Signature mode Digitized (Topax) P IN Click to Accept Voiceprint Allow one-step signature Order number 1 Number of children per form Do not merge 00 applications per form Do not merge plans Employee signature required No signature required Incoller signature required Encoller signature required Concent 	Form type:	Application	•		
Allow one-step signature Order number: Number of pages: Number of children per form: Do not merge 0 Do not merge plans Employee signature required No signature required Employee signature required Employee signature required For equi number Image: Image: <td>Signature mode:</td> <td>Digitized (Topaz) PIN Click to Accept Voiceprint</td> <td></td> <td></td> <td></td>	Signature mode:	Digitized (Topaz) PIN Click to Accept Voiceprint			
Number of pages: 1 Number of children per form: 0 Do not merge 100 applications per form Do not merge plans Employee signature required Spouse signature required No signature required Employee signature required For every insured	Order number:	Allow one-step signature	1		
Number of children per form: 0 Do not merge 100 applications per form Do not merge plans 0 Employee signature required • Spouse signature required • Enroller signature required • Enroller signature required • For every insured •	Number of pages:		1		
Employee signature required Spouse signature required Enroller signature required For every insured	Number of children per form:		٥		
100 applications per form Do not merge plans Employee signature required: No signature required Image: Spouse signature required Image: Enroller signature signature signature signature signature signature signature signature signature signatur		Do not merge			
Do not merge plans Employee signature required No signature required No signature required Enroller signature required Enternal Document For every insured		100	applications per form		
Employee signature required No signature required No signature required Enroller signature required External Document For every insured 		Do not merge plans			
Spouse signature required Enroller signature required External Document For every insured	Employee signature required:	No signature required	-		
Enroller signature required External Document For every insured	Spouse signature required:	No signature required	-		
		Enroller signature required External Document For every insured			

- 9. Click the Save button.
- 10. On the *States* tab, select the states to which the form applies.

Pla	n:	Employe	e Voluntary Life 🔻											
	0	ieneral	Payer products	Service Area	Deducti	on processing								
							Life events	Presentation	Forms		Alias	JScript	Properties	
		Form	For Product	In States										
	~	Unum E	OI Any	AK, AL, AR, AZ, C	A, CO, CT, D	C, DE, FL, GA, HI,	IA, ID, IL, IN, KS, F	<y, la,="" ma,="" md,="" me,<="" th=""><th>MI, MN, MO, M</th><th>IS, MT, NC, ND, NE, NH, N</th><th>IJ, NM, NV, I</th><th>NY, OH, OK, C</th><th>PR, PA, RI, SC, SD</th><th>, TN, TX, UT, VA, VT, WA,</th></y,>	MI, MN, MO, M	IS, MT, NC, ND, NE, NH, N	IJ, NM, NV, I	NY, OH, OK, C	PR, PA, RI, SC, SD	, TN, TX, UT, VA, VT, WA,
	<													*
		lew 0	Copy Edit	Delete Del	ete All	View Clea	an Plan: Chil	d Voluntary Life	 Copy F 	rom				

- 11. Click the Save button.
- 12. Click the *JScript* tab to add scripting that ensures that the underwriting questions are asked when the benefit will pend for underwriting.
- 13. Click the JScript icon next to the Visible event.

```
Add the following script to the scripting window:
Event.Value =
Selerix.ETIExtension.FormProvider.UnumEOIFormProvider.IsConfigured(Event
.Case)
```

&& Event.Application.IncreaseBenefitAmount > 0;

14. Click the **Save** button in the scripting window.



15. Click the **Save** button.

Step 3: Setting up EDI Parameters

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

To set up EDI:

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

Case Setup 👻 🛛 Data	
New Case	
Case Info	
Product L brary	
Benefit Plans	
Locations	
Eligibili y	
Pay Group	
Decision Support	
EDI	
Form Library	
Plug-Ins	
Text Bank Editor	
Error Check	

The EDI screen displays tabs for setting EDI options.

- 2. Click the **Save** button.
- 3. Click the *Group Numbers* tab.
- 4. 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.
- 5. Select the product from the **Product** drop-down list.
- 6. Select the Unum payer. This must be the Unum payer, and not an associated payer.
- 7. Type a **Description** for the payer.
- 8. For the Master Group Number, enter the Policy Number.
- 9. For the Plan Code, enter the Billing Division.
- 10. For the Plan Subcode, add the Reporting Division.
- 11. For the Network ID, enter the Product Eligibility Group.
- 12. For the Subnetwork ID, enter the Sub Eligibility Class.

Cont	trol (Account) Nur Gro	up Numbers	Deduction Cod	es Agent IDs								
Locatio	All Location 🔻											
ASSUC	lated Payers									Filter		۹
	Product				Payer							
~	Unum Child Life - DB1	(Unum)	-		Unum	Ŧ						×
	Unum LTD (Unum)				Unum							×
	Unum STD (Unum)				Unum							×
	Unum Vol Life - DB1 (Unu	ım)			Unum							×
	Unum Vol Spouse Life - E	B1 (Unum)			Unum						×	
Group	numbers for - Unun	n Child Life - I	DB1									
		Master (Number	iroup M	aster Group umber Label								
		002169	88		0001		001			0002	000	
FT (FI	Г) 12											
PT (P	T) Any											
All Lo	Delete	All Group Number	5									
Same f	for all locations Save	Cancel	Import	Export Templa	ite							

13. 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 bridge, you should test to ensure that the bridge is invoked correctly.

Use a test employee, and walk through the enrollment. To test the EOI bridge, 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 Unum 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:

Home You & Your Family 🖌 My Benefits 👻 Sign & Su	bmit Lo	ogout			Next							
Sign and Submit	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 iach 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				Employee Pretax Cost	Employee Posttax Cost							
Employee Voluntary Life		\$50,000		\$0.00	\$76.00							
Spouse Voluntary Life		\$25,000		\$0.00	\$47.25							
Child Voluntary Life		\$5,000		\$0.00	\$6.15							
Short Term Disability		\$400; EO		\$0.00	\$7.92							
Long Term Disability		Unum LTD; \$100		\$0.00	\$2.50							
To complete your enrollment, you must sign the following forms.	Total Press Next to	o begin signing forms.		\$0.00	\$139.82							
Form Name	Status											
Unum EOI	Not Revie	wed										
Benefit Confirmation	Unsigned											
	Next											

Underwriting questions display in the Enrollment site window:

Home	You & Your Family 🛩	My Benefits 🐱 Sign & Submit Logout			Next
		List your current Height	Employee Spouse	ft in ft in	
		List your current Weight	Employee Spouse	lbs lbs	
		Within the past 2 years, have you used any controlled substances with the exception of those prescribed by a physician, received medical advice or sought treatment for drug or actorel abuse, or pled guilty, pled no contest to or been convicted of a felony, misdemeanor, or a charge of operaring a motor vehicle under the influence of drugs and/or alcohol?	Employee Spouse	⊖Yes ○No ⊖Yes ○No	
		Within the past 2 years, have you been prescribed three or more medications to be taken concurrently for high blood pressure?	Employee Spouse	⊖Yes ⊖No ⊖Yes ⊖No	
		Within the past 5 years, have you received medical advice or sought treatment for psychosis, internal cancer including melanoma, leukemia or Hodgkin's disease, ALS, muscular dystrophy, angina, or had heart surgery, heart attack or transient ischemic attack (TIA)?	Employee Spouse	⊖Yes ∩No ⊖Yes ∩No	
		Within the past 10 years, have you received medical advice or sought treatment for stroke, congestive heart failure, chronic lung disease including emphysema, diabetes treated with insulin or oral medications, heapthis (other than type A), cirthosis of the liver, chronic renal disease including hypertension or failure, systemic lupus or any connective tissue disease?	Employee Spouse	⊖Yes ONo ⊖Yes ONo	
		Are you confined to a wheelchair for reasons other than paraplegia?	Employee Spouse	⊖Yes ∩No ⊖Yes ∩No	
		Please know that if you have questions during this time, we are here to help. You can contact us at $1-800-421-0344$ between the hours of 8 a.m. and 8 p.m. $\theta \ge 2017$ Unum Group. Unum is a registered trademark and the marketing bra- subsidiaries.	h. Eastern Time. nd for Unum Group and its insuring	Next	

Answer the questions and click Next.

Here is a sample EOI form in PDF format:

Employee ID		Name				Title			
00001		NewHire	Test			test			
Job Class		Locatio	n			Depart	ment		
FT		All Locati	on			F			
			_	Ded	Effective	Requ	ested	Appro	ved
Plan	Product		lier	Cycle	Date	Benefit	Cost	Benefit	Cost
Employee Voluntary Life	Unum Vol Life - DB1		EO	12	04/01/2017	200,000	304.00	50,000	76.00
Spouse Voluntary Life	Unum Vol Spouse Life	e - DB1	so	12	04/01/2017	100,000	189.00	25,000	
Child Voluntary Life	Unum Child Life - DB	1	со	12	04/01/2017	10,000	12.30	5,000	6.15
Short Term Disability	Unum STD		EO	12	04/01/2017	1,038	20.56	400	7.92
Long Term Disability	Unum LTD		EO	12	04/01/2017	5,250	2.50	100	2.50
	-					Total:	0.00		0.00

The UNUM EOI Bridge accepts/Rejects or Pends in real time. The following are some reasons an appropriately answered EOI process may still PEND:

- anything over 200k requiring UW pends regardless of EOI answers (UW decision for large amounts)
- anything over 500k total coverage per EE will pend
- LTD anything over 50k salary will always result in pend

Appendix A: Handling Multiple Division or Eligibility Classes

If your case has multiple divisions and/or sub eligibility classes, you will need to set up multiple job classes to accommodate the sub eligibilities, and then ensure that the divisions and sub eligibilities are set appropriately in the EDI parameters.

Here's a sample setup for a case with multiple divisions and sub eligibility classes, using the following **FICTIONAL** example:



On the Eligibility screen (Case Setup >> Eligibility), an eligibility class is created for each waiting period.

Home Enrollment + Reports + Case Setup + Data Ma	anagement + Session +		í
Eligibility			
 At a given location, eligibility for benefit enrollment is generally de description) for each job class. Place a check mark next to each prive to add a job class click Add. To change a job class, select the class and click Save after minimum. To delete a class, select the class and press Delete. 	termined by the employee's job class. Job oduct available to members of the job class hakit created 4 eligibility classes	classes are unique to each location. For each location, s. <u>Use the All and None buttons to change check or unc</u> to for each wait period	you must specify the name (and an optional encoded and a specify the name (and an optional encoded and a specify the specify t
Location: <all locations=""></all>			
FT 30 Days (30 day waiting period) FT Zero Days (0 Days Waiting Period)	Job Class Name:	PT 9 Days	
PT 6mth (6mth wait period) PT 9 Days (9 day waiting period)	Description:	9 day waiting period	
	Note:		
	Benefit type:	Payroll	•
	Eligibility:	Employee Voluntary Life:	default 🗸
		Unum Vol Life - DB1	
		Spouse Voluntary Life:	default 💌
		Unum Vol Spouse Life - DB1	
		Child Voluntary Life:	default 👻
		Unum Child Life - DB1	
		Short Term Disability:	default 👻 🗸

For each location, set up the EDI parameters, which include the Plan Code and Subnetwork ID.

Control (Account) Nur	Group Numbers	Deduction Codes	Agent IDs					
Location: Atlanta	•							
Associated Payers							Filter	٩
Product			Payer		Description			+
✓ Unum Vol Life - DE	31 (Unum)	*		-				×
Group numbers for - Ur	num Vol Life - DB:	L	Atlanta division				Sub-elig	
JobClass	Ded Freq	Master Group Number	Mas Num	Plan Code	Network ID	Subgroup Number	Plan Su	onetwork ID
FT 30 Days (30 day waiting period)	Any	00965978		0100	001		0100	004
FT Zero Days (0 Days Waiting Period)	Any	00965978		0100	001		0100	001
PT 6mth (6mth wait period)	Any	00965978		0100	001		0100	003
PT 9 Days (9 day waiting period)	Any	00965978		0100	001		0100	002
Chattanooga 🔻 👔	Delete All Group Number	3						

Atlanta Location and Division:

Baltimore Location and Division:

ocation: Baltimore	•								Filter	
Product				Payer			Description		The	+
✓ Unum Vol Life - DB	1 (Unum)	¥	_	Unum	Ŧ					×
Group numbers for - Ur	num Vol Life - DB1			limore						
JobClass	Ded Freq	Master Group Number	Maste Di Numl	vision	lan Code	Netw	ork ID	Subgroup Number	F Sub eligibility	ıbnetwork ID
FT 30 Days (30 day waiting period)	Any	00965978			0102	001			0102	004
FT Zero Days (0 Days Waiting Period)	Any	00965978			0102	001			0102	001
PT 6mth (6mth wait period)	Any	00965978			0102	001			0102	003
PT 9 Days (9 day waiting	Any	00965978			0102	001			0102	002

Chattanooga Location and Division:

Control (Account) N	ur Group Numbers	Deduction Codes	Agent IDs									
Location: Chattand	ooga 🔻								Fil	ter		Q
Product			1	Payer		Descrip	otion				+	
✓ Unum Vol Life	e - DB1 (Unum)	-		Unum	•						×	
Group numbers for	r - Unum Vol Life - DB	1				Chattanooga Division			Sub Eligibilit	<i>'</i>		
JobClass	Ded Freq	Master Group Number	Master Grou Number Lai	Jp bel	Plan Code			Subgroup N		ノ	Subnetwork ID	
]
FT 30 Days (30 day waiting period)	Any	00965978			0104	001			0104		004	
FT Zero Days (0 Days Waiting Period)	Any	00965978			0104	001			0104		001	
PT 6mth (6mth wait period)	Any	00965978			0104	001			0104		003	
PT 9 Days (9 day wait period)	ing Any	00965978			0104	001			0104		002	
All Location 💌 👔	Delete All Group Numbe	rs										

Portland Location and Division:

Control (Account) Nur	Group Numbers	Deduction Codes	Agent IDs						
Location: Portland	•								
Associated Payers								Filter	(
Product									+
✓ Unum Vol Life - DE	31 (Unum)	*	U	num 🔻				Sub-eligibility	×
Group numbers for - Ur	num Vol Life - DB1	L						classes	
JobClass	Ded Freq	Master Group Number	Master Group Number Label	Plan Code	Portland	ID	Subgroup Nu		Subnetwork ID
FT 30 Days (30 day waiting period)	Any	00965978		0105	001			0105	004
FT Zero Days (0 Days Waiting Period)	Any	00965978		0105	001			0105	001
PT 6mth (6mth wait period)	Any	00965978		0105	001			0105	003
PT 9 Days (9 day waiting period)	Any	00965978		0105	001			0105	002
All Location	Delete All Group Number	5							