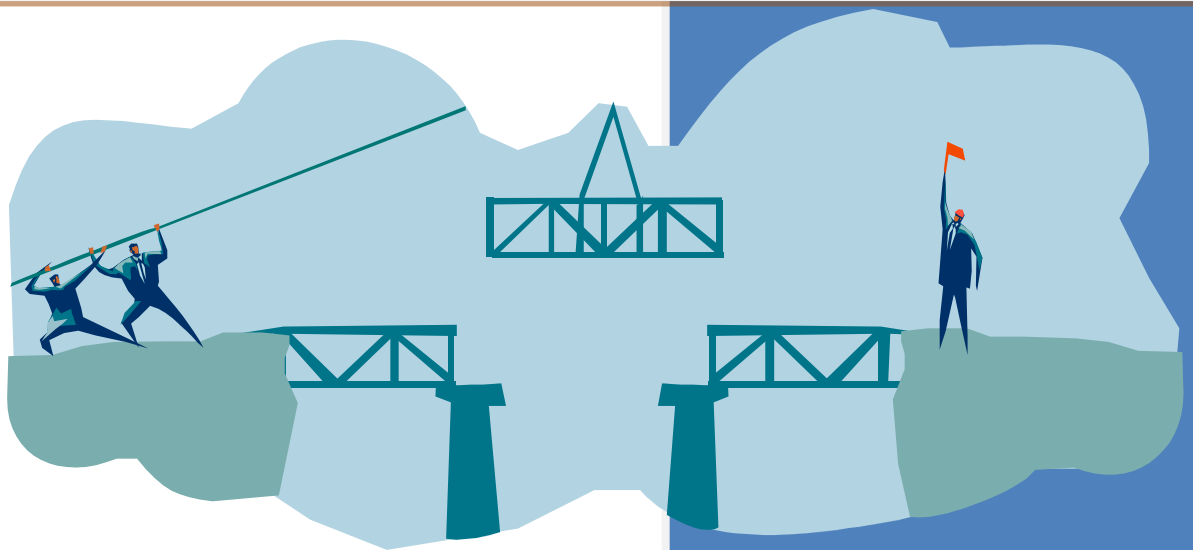


# Prudential EOI Bridge Setup



Form Provider Documentation  
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## Overview

A bridge is an interface between Selerix and a carrier's system, in this case Prudential. The interface facilitates the exchange of enrollment data between the two systems.

The Prudential EOI bridge allows for the enrollee to complete in real-time an Evidence of Insurability form. The process for this begins after the enrollee has completed their enrollment and they are at the "SIGN & SUBMIT" screen in the BenSelect system. By selecting "Next" the enrollee will be taken to the Prudential system to complete an Evidence of Insurability form.

<b>Note:</b> There may still be the need for the spouse to fill out the form physically or through email.
---

This document provides instructions on how to setup a bridge for the Prudential EOI Bridge.

**Note:** The option is available to allow the enrollee to skip the EOI for a product. This is an option on the plug-in setup.

## Prudential Products

The EOI form provider supports the following products:

- Employee Life
- Spouse Life
- Short Term Disability
- Long Term Disability

## Prudential Contact Information

The main point of contact for Prudential setup and testing is:

[PlatformTeam@prudential.com](mailto:PlatformTeam@prudential.com)

For additional case setup support:

Selerix Technical Support

Phone: 214-856-4290

Email: [Support@Selerix.com](mailto: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 Prudential for the Employer Group.
  - **Employer name:** Use the name provided by Prudential for the Employer Group.
- **EDI parameters** – Prudential provides the following group information, which is used to set up the EDI parameters.
  - **Control Account Number:** Prudential has provided the Control (Account) Number, which identifies the group involved.

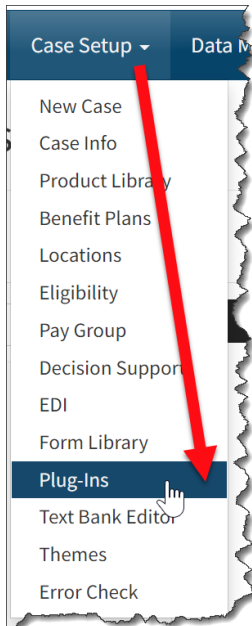
**NOTE:** If you have difficulty obtaining information from Prudential, then contact the appropriate person from the Prudential Contacts section.

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

The bridge to the Prudential EOI form is enabled by a form provider plug-in. 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 Prudential 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 Local** button.

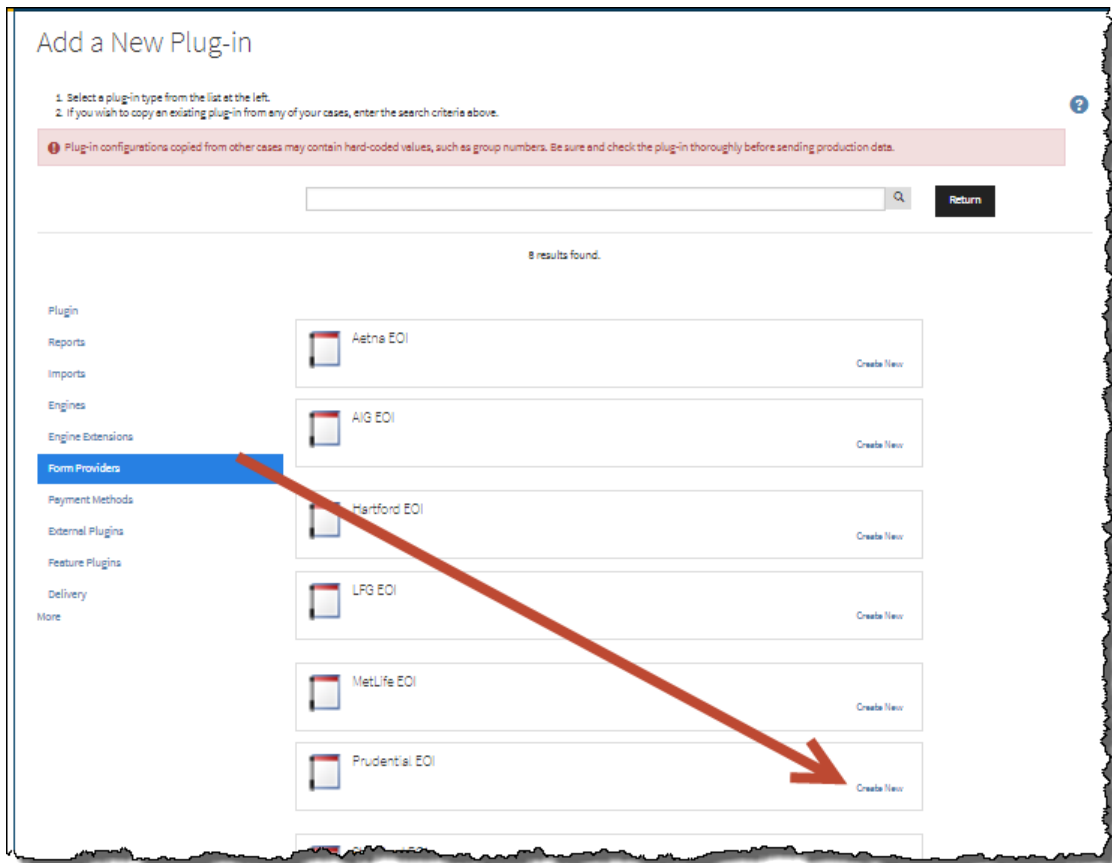
[+ New Local](#)

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 Prudential EOI plug-in.



The Plug-In Configuration screen displays setup options.

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

7. Click the **Save** button.

Save

8. Click the *Options* tab.

Plugin: **Prudential EOI**; Type: **Prudential EOI**; Location: **Local**

General Options Change Control	
Description	Value
Environment	PRUDENTIAL_ENVIRONMENT_PRODUCTION
Employee Life Plan	Employee Voluntary Term Life
Spouse Life Plan	Spouse Voluntary Term Life
Short Term Disability Plan	Empty
Long Term Disability Plan	Empty
Allow employee to skip EOI SSO?	Do not allow the employee to skip SSO enrollment.
Selerix Production Signing Key	Selerix Production (expires 09/22/2022)

Changes are not finalized until you click 'Save'.

9. For the **Description** section, complete fields as necessary:

- a. **Prudential Environment** – which environment are you trying to access?  
Select: Test for testing, and Production when you are ready to send files.
- b. **Prudential Plan Type** – Select to assign the type of plan used.
- c. **Prudential Spouse Life** – Assign the name of the Prudential Spouse Life plan from the dropdown list if the plan needs the EOI form.
- d. **Prudential STD** – Assign the name of the Prudential STD plan from the dropdown list if the plan needs the EOI form.
- e. **Prudential LTD** – Assign the name of the Prudential LTD plan from the dropdown list if the plan needs the EOI form.
- f. **Prudential Allow Skip EOI** – Select Do not allow the employee to skip SSO enrollment or Allow the employee to skip SSO enrollment.
- g. **Selerix Production Signing Key** – Select the most recent key in the drop-down list.

10. Click the **Save** button.

## Step 2: Add the Form to the Benefit Plan

A Prudential EOI form must be added to each plan that needs evidence of insurability. The form is stored in the Product Library, and the link is included in the instructions.

**To add the form to the benefit plan:**

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

The screenshot shows the 'Rate Group' configuration page in the Prudential EOI Bridge Setup. At the top, there are dropdowns for 'Plan: Short Term Disability' and 'Rate group: default'. Below these are two rows of tabs: 'General', 'Payer Products', 'Rate Group' (selected), 'Enrollment Rules', 'Dependence Rules', 'Rates', 'Eligibility', 'Deduction Processing' in the first row, and 'Life Events', 'Engage', 'JScript', 'Recommend', 'Presentations', 'Forms', 'Questions', 'Service Area', 'Properties', 'Alias' in the second row. The main content area contains several fields: 'Rate Group Name' (text box with 'default'), 'Stylesheet' (dropdown with 'Default'), 'Custom Field' (dropdown with '<No Custom Field>'), and 'Custom Field Value' (text box). Below these are four checkboxes: 'Inherit presentations from Product Library' (checked), 'Inherit forms from Product Library' (unchecked), 'Inherit event scripts from Product Library' (checked), and 'Location name as employer' (unchecked). At the bottom, there is a dropdown for 'Basic Life/AD&D - Salary' and a 'Copy From' link. At the very bottom, there are four buttons: 'Save' (orange), 'Cancel' (black), 'New' (black), and 'Delete' (red).

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 **Prudential EOI Form**.
  - b. Document Provider: Choose **Prudential EOI**.
  - c. Document type: Choose **Other**.
  - d. XML Tag Name: Type in **Prudential\_EOI**.
  - e. File Name: Enter this link:  
**ProductLib/Prudential/forms/Prudential\_EOI\_Confirmation.pdf**
  - 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.  
If you have issues, select **No signature required**.
  - 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 **No signature required.**

**Info** States Special Instruction Alternative Text JScript

Description: Prudential EOI

Document Provider: Prudential EOI

Document type: Other

XML Tag Name: Prudential\_EOI

File Name: ProductLib/Prudential/forms/Prudential\_EOI\_Confirmation.pdf

Product: Voluntary Life - Employee

Form type: Application

Signature mode:
 ☒ Digitized (Topaz)
 ☒ PIN
 ☐ Click to Accept
 ☐ Voiceprint
 ☐ Allow one-step signature

Order number: 1

Number of pages: 1

Number of children per form: 0

☒ Do not merge

1 applications per form

☐ Do not merge plans

Languages:
 ☒ Any
 ☐ Only the following language(s)
   
☐ English
   
☐ Spanish

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.

Save

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	Recommend	Presentations	Forms	Questions	Service Area	Properties	Alias

Form	For Product	In States
✓ Prudential EOI	Prudential STD	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

## Step 3: Setting up EDI Parameters

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

For the Prudential Bridge you will need to add the Control (Account) Number on the Control (Account) Numbers tab on the *EDI* screen. This value will be supplied by Prudential but the test Number is 000001.

### To set up EDI:

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



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

2. On the **Control (Account) Numbers** tab, locate the field for Prudential.
3. Type the number provided by Prudential for the Employer group. The “testing” number is: 000001. You will have a different number for Production.

 A screenshot of the 'EDI' screen with the 'Control (Account) Numbers' tab selected. The screen has a header with four tabs: 'Control (Account) Numbers', 'Group Numbers', 'Deduction Codes', and 'Agent IDs'. Below the tabs is a 'Group number' label and a 'Filter' search box. A table with two columns, 'Payer' and 'Control Number', lists several payers. The 'Prudential' row has the value '000001' entered in the 'Control Number' field. At the bottom of the screen are five buttons: 'Save' (orange), 'Cancel', 'Import', 'Export', and 'Template'.
 

Payer	Control Number
ADP	
BCBS	
Delta Dental	
Discovery Benefits	
Guardian	
Prudential	000001

4. Click the **Save** button.

Save

## 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:** Contact Prudential for examples of sending a test enrollment.

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

National Health - 2018 | Mano Amana (0) | shannon.krakosky@selerix.com ( Logout )
English

### 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
<a href="#">Medical</a>	BCBS PPO; EO	\$10.00	\$0.00
<a href="#">HSA</a>	N/A		
<a href="#">Dental</a>	PPO; EO	\$2.50	\$0.00
<a href="#">Short Term Disability</a>	Prudential STD; \$6.35	\$0.00	\$0.08
<a href="#">Prudential Voluntary Life</a>	\$50,000	\$0.00	\$2.00
<b>Total</b>		<b>\$12.50</b>	<b>\$2.08</b>

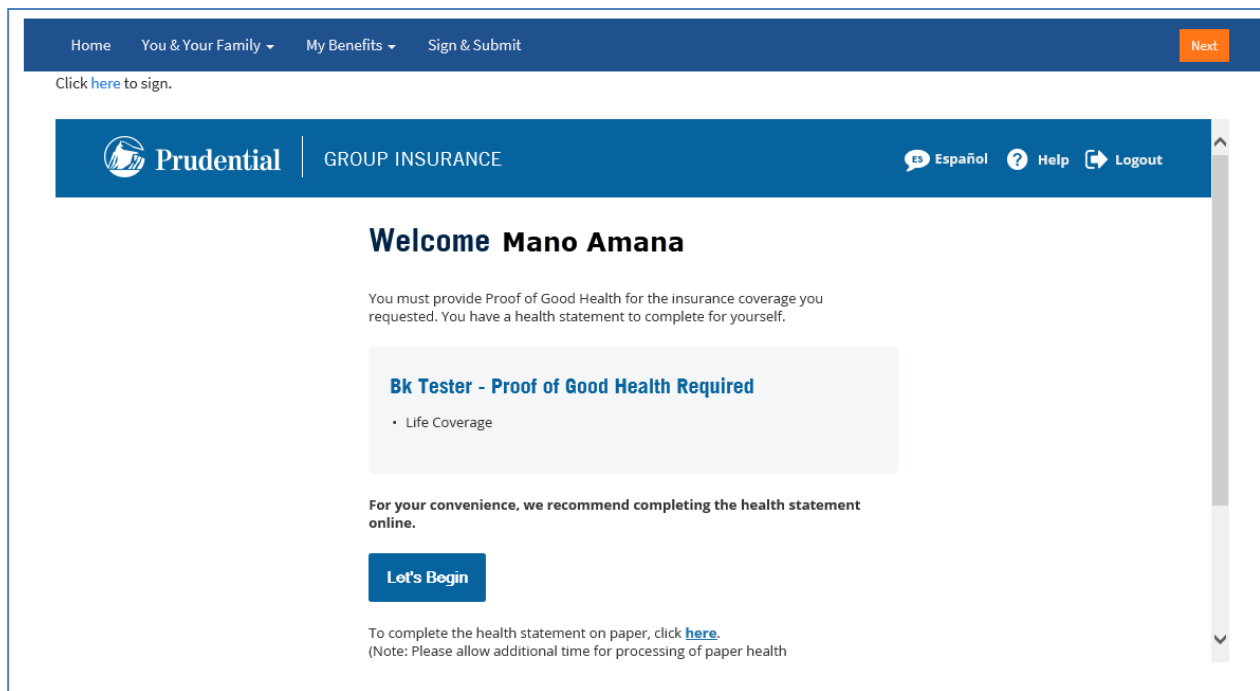
### Signatures Required

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

Form Name	Status	Date Signed/Reviewed
Prudential EOI	<a href="#">Reviewed</a>	N/A
Prudential EOI	Not Reviewed	N/A
Enrollment Confirmation	Unsigned	

Next

Click **Next** to begin signing forms.



Home You & Your Family ▾ My Benefits ▾ Sign & Submit [Next](#)

Click [here](#) to sign.

**Prudential** | GROUP INSURANCE [Español](#) [Help](#) [Logout](#)

## Welcome Mano Amana

You must provide Proof of Good Health for the insurance coverage you requested. You have a health statement to complete for yourself.

**Bk Tester - Proof of Good Health Required**

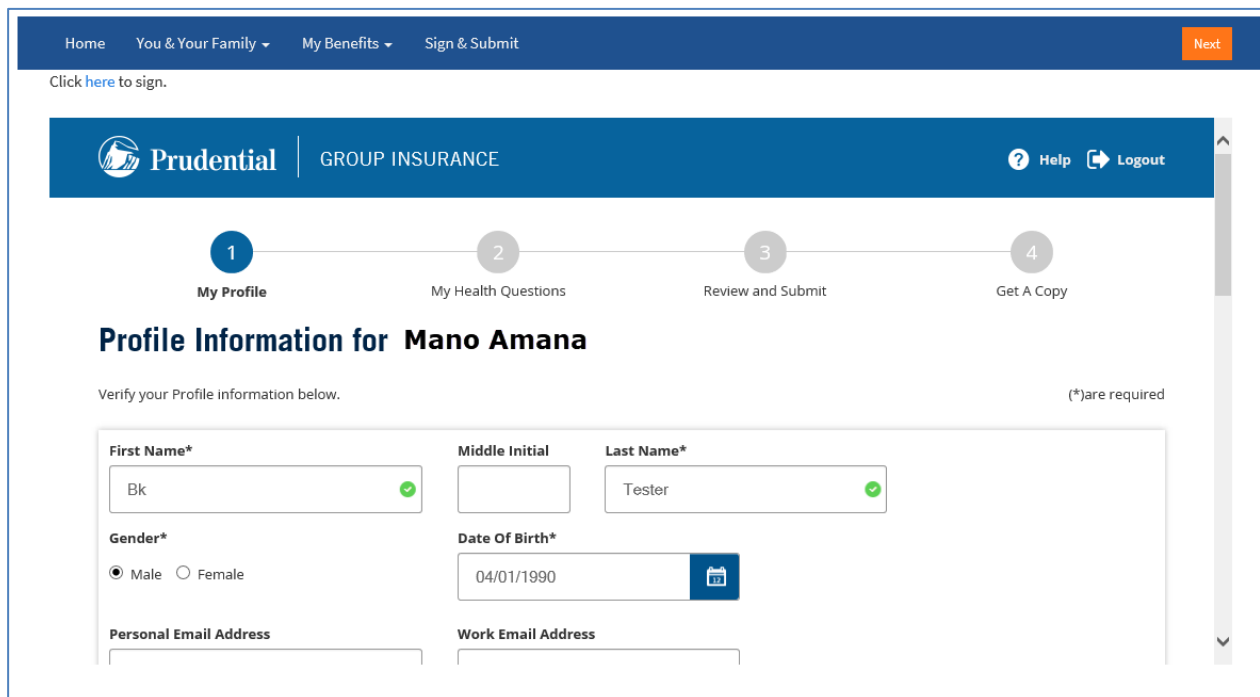
- Life Coverage

For your convenience, we recommend completing the health statement online.

**Let's Begin**

To complete the health statement on paper, click [here](#).  
(Note: Please allow additional time for processing of paper health)

Click Let's Begin to start the process.



Home You & Your Family ▾ My Benefits ▾ Sign & Submit [Next](#)

Click [here](#) to sign.

**Prudential** | GROUP INSURANCE [Help](#) [Logout](#)

1

2

3

4

My Profile

My Health Questions

Review and Submit

Get A Copy

## Profile Information for Mano Amana


Verify your Profile information below. (\*)are required

**First Name\***  
Bk ✓

**Middle Initial**

**Last Name\***  
Tester ✓

**Gender\***  
☒ Male ☐ Female

**Date Of Birth\***  
04/01/1990 

**Personal Email Address**

**Work Email Address**

Complete the Profile Information, then click **Continue** to move to the next screen.



Underwriting questions display in the Enrollment site window:

Home You & Your Family My Benefits Sign & Submit [Next](#)

Click [here](#) to sign.

**Prudential** | GROUP INSURANCE [Profile Preferences](#) [Help](#) [Logout](#)

1 **My Profile** 2 **My Health Questions** 3 Review and Submit 4 Get A Copy

## Basic Health Questions for Mano Amana

Please answer these questions by checking "Yes" or "No". Note: In this section, "you" refers to the person for whom the insurance is being requested.

**Life Coverage**

**Height**   ft   in **Weight**  lbs

1. **Do you currently** have any disorder, condition, or disease or are you currently taking prescription

Answer the questions and click **Continue**.

Home You & Your Family My Benefits Sign & Submit [Next](#)

Click [here](#) to sign.

**Prudential** | GROUP INSURANCE [Profile Preferences](#) [Help](#) [Logout](#)

1 **My Profile** 2 **My Health Questions** 3 **Review and Submit** 4 Get A Copy

## Review & Submit

**Your Responses**

▼ **My Basic Health Statement: Life Coverage** [Edit](#)

**Height** 6 ft 0 in **Weight** 180 lbs

**Do you currently** have any disorder, condition, or disease or are you currently taking prescription medication for any disorder, condition, or disease (other than: acid reflux; allergies; cold; cough; herniated disc; high cholesterol; nonrheumatoid arthritis; overactive or underactive thyroid; or pregnancy)? **NO**

**In the last five years** have you been diagnosed with, treated for, had any symptoms of, or been in a hospital or other facility for any of the following? **NO**

Click **Submit** to submit the application to Prudential.