# Step 1: Visit: Login | BenSel

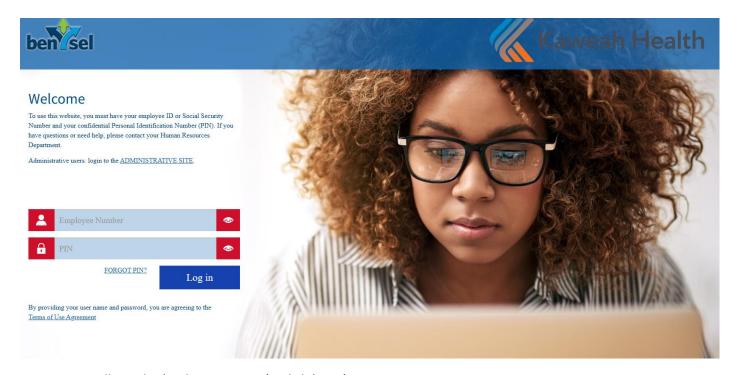
**Enter EEID and PIN** 

PIN = Last 4 of your EEID + full birth year

Example: EEID 456789

Birth Year: 1958

PIN = 67891958



Step 2: You will see the 'Welcome Screen' - Click 'Next'

#### Welcome LTCS Test Test.

Kaweah Health Care District is excited to announce our new employee benefit, Allstate Group Whole Life Plan with Accelerated Death Benefit for Long Term Care (LTC)! This benefit is designed to help you and your family plan for the high cost of Long Term Care by combining the benefits of Life Insurance with Long Term Care which can be used during your living years.

Allstate.
BENEFITS

Group Whole Life Complete with Restoration of Benefits and Extension of Benefits

✓ Your Benefit Options

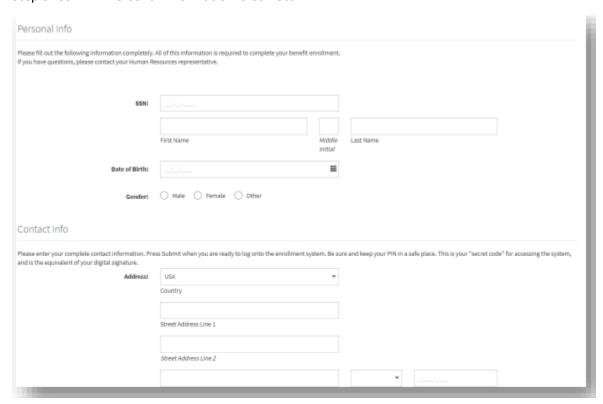
GWL with LTC

Enrolling for additional coverage is easy as 1,2,3!

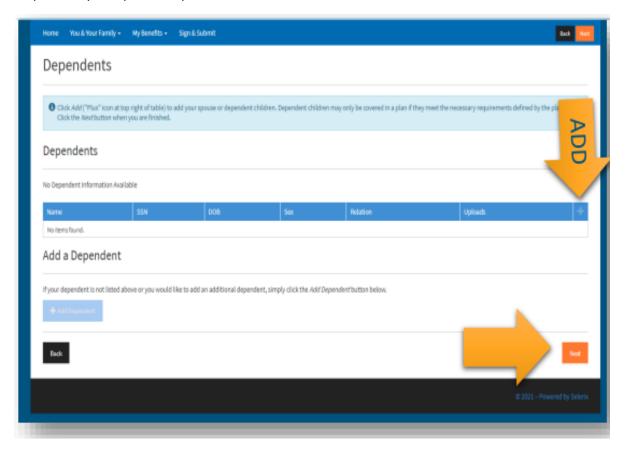
- 1. Review personal information
- 2. Provide your tobacco status and choose your additional benefit
- 3. Sign and submit enrollment form

Click Next to begin.

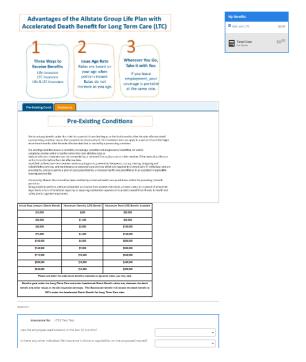
Step 3: Confirm Personal Information is Correct



Step 4: Add your Spouse/Dependent - Click 'Next'



Step 5: Confirm Tobacco Status



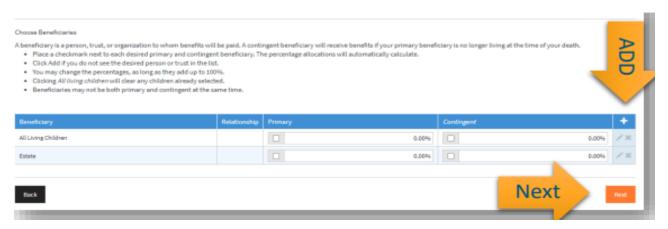
Step 6: Review Plan/Rates and select coverage amount



#### Application riders



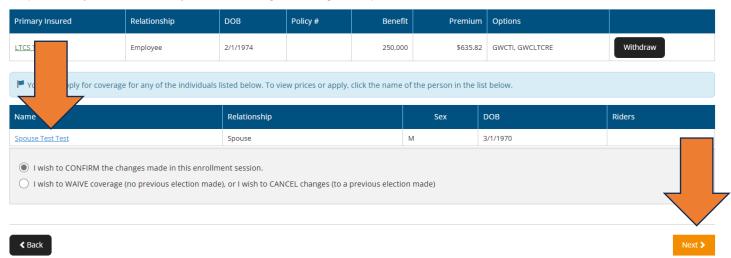
## Step 7: Choose Beneficiaries



Step 8: Submit spouse application or click "Next" if not applying for spouse coverage.

#### GWL with LTC

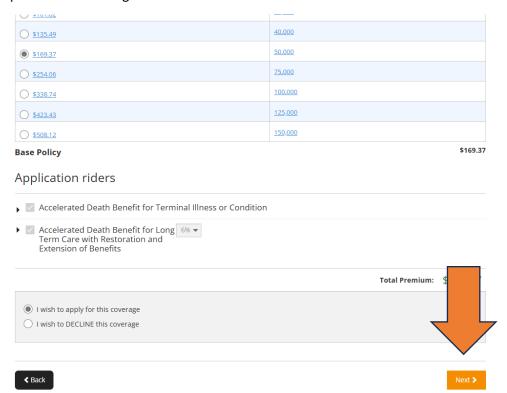
Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.



Step 9: If applying for spouse - answer Spouse Tobacco/Eligibility questions

Insurance for Test Spouse		
Has the employee's spouse used tobacco in the last 12 months?	No	•
Is the employee's spouse actively at work now, for wage or profit, and has he/she worked at least 20 hours each week performing all duties of his/her regular occupation at his/her regular place of employment for at least the last 3 months except for minor illness or injury of 1 week or less, or normal pregnancy?	Yes	•

## Step 10: Select coverage amount and choose "Next"



# Step 11: If applying for spouse - choose beneficiaries for spouse policy

Choose Beneficiaries

A beneficiary is a person, estate, trust, or organization to whom benefits will be paid in the event of the primary insured's death. Proceeds due shall be paid in a lump sum to the Primary Beneficiaries, if any are living; otherwise to the Contingent Beneficiaries, if any are living; otherwise as provided in the policy/certificate.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking All living children will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.



## Step 12: Confirm selections or change by clicking on the applicants name

#### **GWL** with LTC

Each person currently covered is listed below. If you wish to make a change to the coverage, click the person's name.

Primary Insured	Relationship	DOB	Policy #	Benefit	Premium	Options	
LTCS Test Test	Employee	2/1/1974		250,000	\$635.82	GWCTI, GWCLTCRE	Withdraw
Spouse Test Test	Spouse	3/1/1970		50,000	\$169.37	GWCTI, GWCLTCRE	Withdraw
I wish to CONFIRM the changes made in this enrollment session.      I wish to WAIVE coverage (no previous election made), or I wish to CANCEL changes (to a previous election made)							

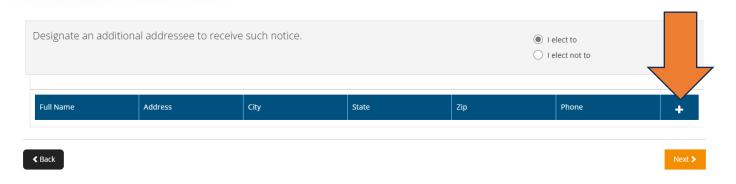
## Step 13: Read statement and click "Next"

Protection Against Unintended Lapse: I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of my coverage for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

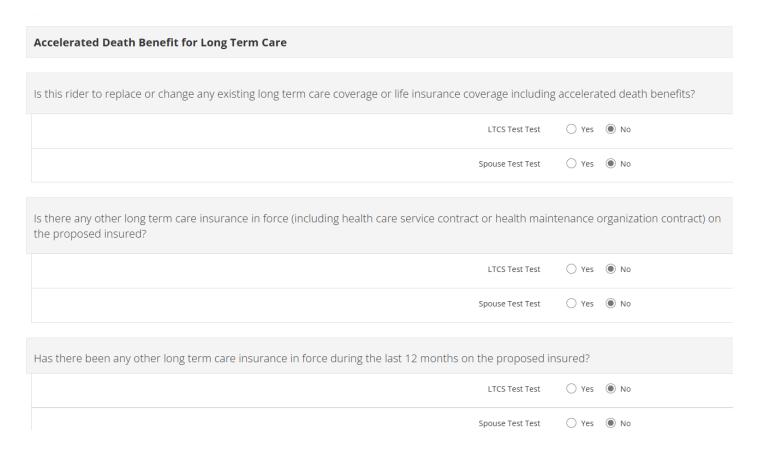
I understand that I have the right to designate, change or revoke an additional addressee at any time, with timely notice to the Company.

Next >

Step 14: Elect an additional addressee to receive unintentional lapse notice



Step 15: Answer Questionnaire



# Step 16: Document List

Accelerated Death Benefit for Long Term Care Rider Checklist. You will receive the following documents as part of this enrollment:

Accelerated Death Benefit for Long Term Care Rider Outline of Coverage

Accelerated Death Benefit for Long Term Care Rider Summary and Disclosure Statement

Summary of Accelerated Death Benefit for Long Term Care Rider

Important Notice to Applicant

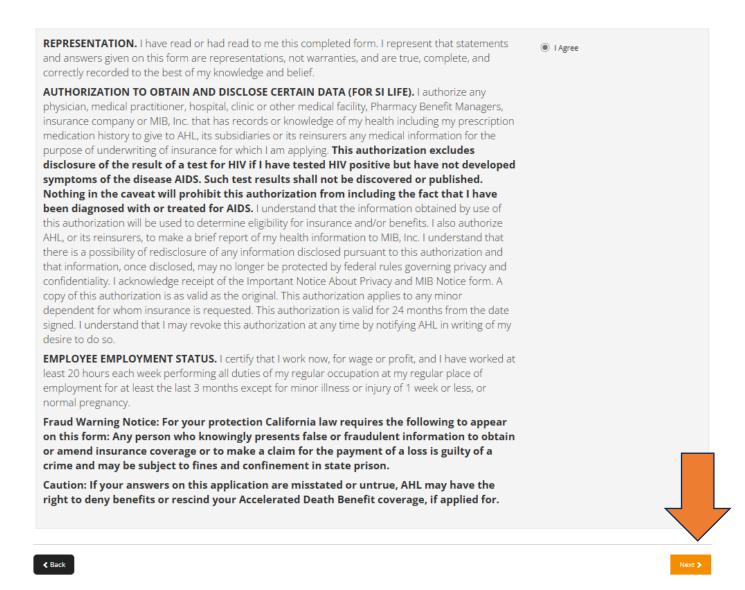
Notice to Applicant Regarding Replacement of Long-Term Care Insurance or Life Insurance Including Accelerated Death Benefits

This contract for long term care rider is not intended to be a federally qualified long term care insurance contract.

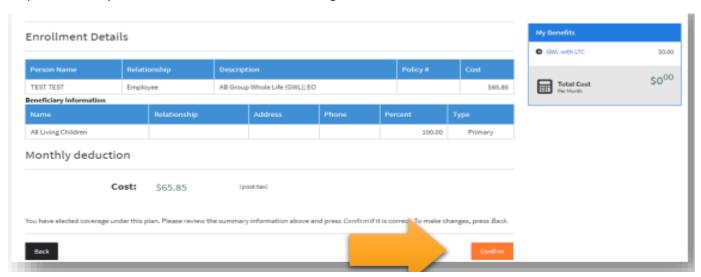
**∢** Back

# Step 17: Answer underwriting questions if applying above Guarantee Issue limits

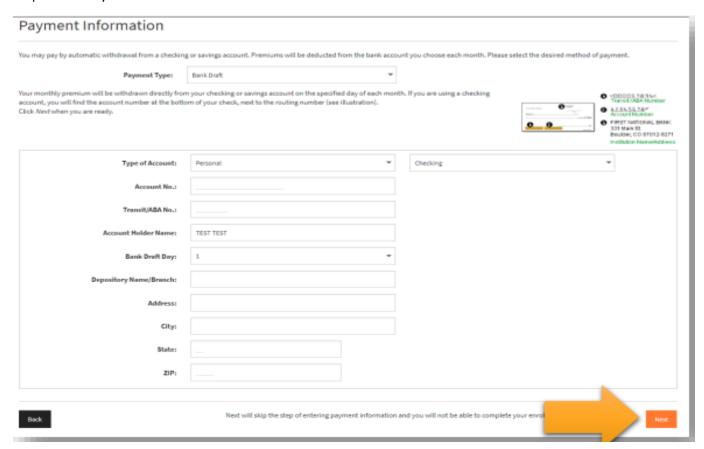
Underwriting Questions		
To the best of your knowledge, in the last 5 years, hor treated the person(s) to be insured for Acquired law prohibits an HIV test from being required condition of obtaining health insurance.	Immune Deficiency Syndrome (AIDS)? California	○ Yes ○ No
To the best of your knowledge, in the last 6 months hospitalized for anything other than lacerations or pregnancy?		○ Yes ○ No
To the best of your knowledge, in the last 2 years, he diagnosed, treated, or counseled the person(s) to be a Anemia (other than iron deficiency)  Anxiety, depression or other mental or nervous illness (that resulted in hospitalizations, disability from work, or suicide attempts)  Asthma (only if taking steroidal medication and/or have been hospitalized)  Cancer, except basal cell carcinoma	•	○ Yes ○ No



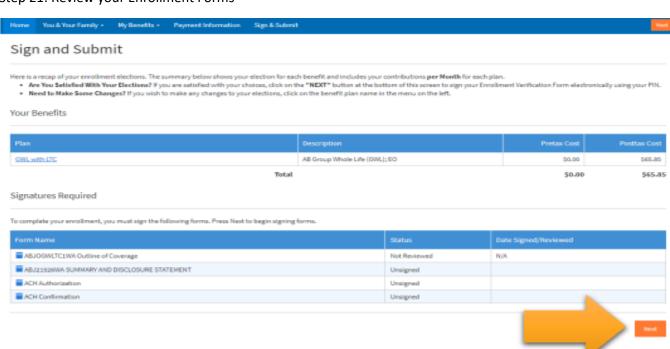
Step 19: Review your Benefits Section – To make changes, click Back. Click 'Confirm' when finished.



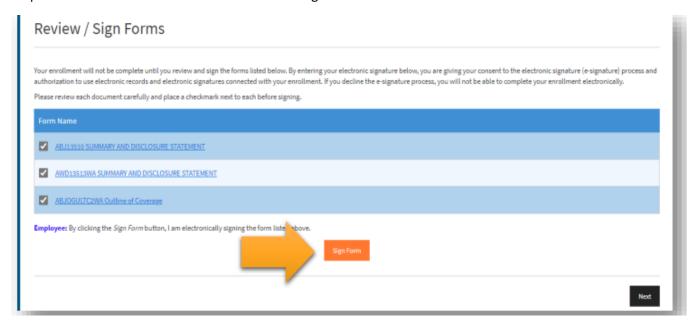
# Step 20: Enter your Bank Account Information



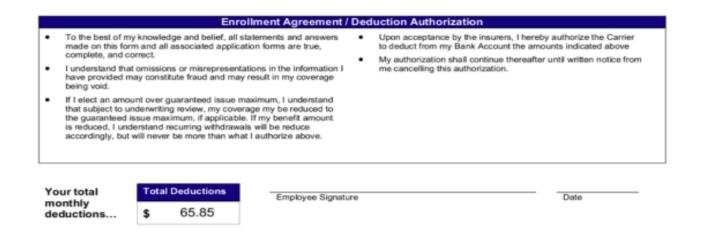
# Step 21: Review your Enrollment Forms



## Step 22: Place a check mark next to the forms to sign



Step 23: Click 'Sign Form' – Enter PIN to Sign



Down

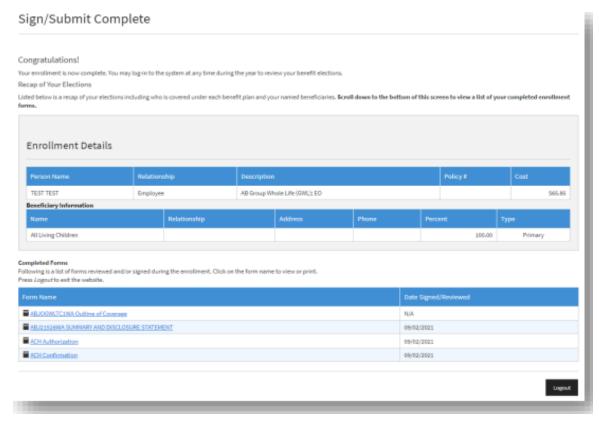
Please enter your PIN\Password below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN\Password, you are electronically signing the Benefit Verification/Deduction Confirmation Form abov

Please review it carefully before entering your PIN\Password.

PIN:

Sign Form

Step 24: Verify Signing Complete



Step 25: Print ACH Confirmation for your Record

