LIFESECURE INSURANCE COMPANY

Administration Guide

for List Bills and the Benefit Administrators Portal



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LS-0677 ST 02/21

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11 LIST BILL SAMPLES

- A. SAMPLE OF LIST BILL NOTIFICATION EMAIL
- B. 100% VOLUNTARY (NO EMPLOYER CONTRIBUTION)
- C. PARTIAL EMPLOYER CONTRIBUTION FOR EMPLOYEES AND NO CONTRIBUTION FOR SPOUSES
- D. 100% EMPLOYER CONTRIBUTION GROUPS FOR EMPLOYEES WITH NO CONTRIBUTION FOR SPOUSES
- E. 100% EMPLOYER CONTRIBUTION
- F. MULTIPLE PRODUCTS

Introduction

Welcome to LifeSecure's Worksite Program! This guide provides guidelines and information on generally accepted practices of paying and reconciling a monthly List Bill for your worksite group.

List Bill

Around the 16th of each month, LifeSecure will send your List Bill Contact/Administrator an email when your list bill is available and ready for viewing in the Administrative portal.

The List Bill provides the following information:

- a detailed list of enrollees
- the bill date
- employee name
- spouse name (if applicable)
- employee ID
- last four digits of the employee's social security number (optional)
- employee payroll deduction amounts, payroll frequency and/or the employer monthly contribution amount (if applicable)
- number to call if you have any questions
- premium payment submission address

LifeSecure has made enhancements to reconcile and make payments online in the worksite administrators portal.

- Making changes or identifying interruptions can be made online to employee deductions.
- You must reconcile billing online.
- In making payments, you now have the opportunity to pay online via credit card (Visa or MasterCard) or EFT.
- When submitting, remember, you have the option to electronically pay online or continue to mail your payment to LifeSecure.

Reasons for changes to employee deductions may include voluntary or involuntary termination, unpaid time off, insufficient funds to payroll deductions, terminations due to death, etc.

Benefit Administrators Portal

The LifeSecure Benefit Administrators Portal is your online tool to view, reconcile and pay your monthly list bill, assist with monitoring your group's business and accessing resources. Your administrator can set up an on-line account to gain access to your portal. You will need the following information in order to set up your online account:

- Group Number
- Last 4 digits of the primary contact's phone number
- Group's 5 digit zip code

After the account has been set up, you will have immediate access to your portal.

Creating your online Account

- 1. Go to the LifeSecure website: www.YourLifeSecure.com
- **2.** In the Secure Login drop down, in the upper right corner, select "Benefit Administrators" from the drop down:



3. Select "First-time user?" Click here to set-up your profile.



In order to improve the security of our website, LifeSecure Insurance Company is updating our level of encryption. As a result, effective April 3, 2017, we will be disabling TLS 1.0 encryption, which may impact browser compatibility with our homepage and the LifeSecure Agents & Agencies, Policyholder, and Benefit Administrators portals. To see if your browser is compatible and determine if an upgrade is necessary, please visit https://www.howsmytls.com.

4. To create your online account, please enter your group number, last four digits of the primary contact phone number, and your company's five digit zip code.

| IIFesecure" | | WHO WE ARE | INDIVIDUALS | EMPLOYERS | CONTACT US | FIND AN AGENT |
|---|-----------------------------|----------------------------|-----------------------|--------------------|----------------------|----------------------|
| Welcome to the LifeSecure | Benefit Administrat | or Portal | | | | |
| et's set up your access profile. Pleas | e enter your LifeSecure gro | oup number, the last 4 dig | jits of the primary o | ontact's phone num | ber, and your 5-digi | t Zip Code so we car |
| et's set up your access profile. Pleas letermine who you are. Your Group Number: | e enter your LifeSecure gro | oup number, the last 4 dig | jits of the primary c | ontact's phone num | ber, and your 5-digi | t Zip Code so we car |
| et's set up your access profile. Pleas letermine who you are. Your Group Number: Last 4-digits of the primary contact's phone number: | e enter your LifeSecure gro | oup number, the last 4 dig | jits of the primary c | ontact's phone num | ber, and your 5-digi | t Zip Code so we car |

5. Next, create a user name, password, challenge question and answer. Then you will enter in that user name and password to log into the Benefit Administrators Portal.

6. For returning users, enter your User Name and Password



7. Your Workspace information will be displayed

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The menu on the top of the screen will allow you access to the following tools:

Your Workspace – This is your status screen upon access (shown on previous page)

Your Profile – Provides your company's contact information and the ability to edit the profile. The primary administrator has the authority to grant up to five additional administrators access to the portal.

Your Account – This is the security information for the administer. It provides the ability to reset the username, password and security questions.

Your Members – Identifies all individuals who have submitted an application to LifeSecure. This information includes the policy #, name, application or policy status, and a brief billing summary.

Billing & Receivables – See section **Online Billing & Receivables** of this guide for a detailed description of the information that is available on-line, at your fingertips.

Payment Methods Available: credit card, electronic funds transfer (EFT) or check.

PDF Library - A PDF library containing important information on all of LifeSecure's products

Should you have questions or difficulty accessing your Portal, please contact LifeSecure at listbills@yourlifesecure.com or 810-220-4697.

Billing

List Bills are generated around the 16th of each month (or next business day) for the following month. An Email notification is sent to the Primary Benefit Administrator (as well as any additional authorized administrators) that the next month's billing is available in the portal. Payment for the billed month is expected to be received within 15 days of the last day of the billed month.

Example: On January 16th, the List Bill for February's payroll deductions will be generated and sent to the group. Payment would be expected to be received by March 14th.

List Bill Enrollees

Employees and Spouses – Long Term Care only

Employees and their spouses will be shown separately on the List Bill. Premiums for an employee and spouse may also be shown separately or as a combined amount to show the total amount of the employee's payroll deduction.

An employee does not need to be approved for coverage in order for the spouse to have premiums paid through the employee's payroll. If the spouse is receiving simplified underwriting the employee does need to apply.

Employees and Spouses – Accident, Critical Illness & Hospital Recovery

Employees that have a spouse and/or child rider will be shown as

one line item on the list bill



Changes to the List Bill

Addition/Removal of Policyholders from List Bill

LifeSecure provides an option to reconcile your list bill online. Changes can be made conveniently within your portal.

Additions:

If a policy is issued after the 15th of the month, the employee will be added to the following month's List Bill. **Payroll deductions should NOT begin for a policy UNTIL it is listed on the monthly List Bill.**

Please see the Effective Date Section for details.

Removals:

LifeSecure must be informed of individuals being removed from the List Bill when the monthly premium payment is submitted to LifeSecure **during the online reconciliation**. Once LifeSecure is informed of the removal, the policyholder will appear on the next billing with -0- due. The policyholder will be removed from the following List Bill statement and placed on Direct Billing. The policyholder will then have the option to change the payment mode and method. The employer may also email or call LifeSecure at **listbills@yourlifesecure.com or 810-220-4697** to notify us of the removal.

Requests may also be submitted to LifeSecure by your agent. If your agent will be processing the request on behalf of the employer, a signed request from the employer must be faxed to LifeSecure at 877-226-7319.



Guaranteed Future Purchase Offers – applies to first & second generation Long Term Care policies only, issued prior to 2/01/2018

Under the Guaranteed Future Purchase Offers (available only to policyholders who elected the Lifetime Benefit Option without the inflation rider), the policyholder will be offered the opportunity to increase their Benefit Bank every three years for their Long Term Care policy, without Underwriting.

The employer should anticipate a possible increase in premium amount upon policy anniversary for those policies that include the guaranteed future purchase benefit.

If a guaranteed future purchase offer is accepted by the policyholder and the employer has elected a:

- **Fixed payment contribution per policyholder,** the additional premium due to the benefit acceptance is the responsibility of the policyholder and will be payroll deducted.
- Core benefit package contribution based on defined benefit package paid by the employer, the additional premium due to the benefit acceptance is the responsibility of the policyholder and will be payroll deducted.
- **Percentage of premium contribution,** the additional premium due to the benefit acceptance is the responsibility of both the employer and the policyholder. The additional premium required from the policyholder will be payroll deducted.



Employer and Employee Contact Information

Any change to the **employer's** contact information (including administrator name and phone number) as indicated on the cover letter must be communicated to **listbills@yourlifesecure.com** or **810-220-4697**.

Any change to an **employee's** contact information (including name and phone number) can be changed by the Policyholder in either the Policyholder Portal or by contacting Policyholder Support at **888-575-8246**.

Effective Dates

Common Effective Date

Employer groups may establish a common effective date of not more than two months after the end of the enrollment period, or, as established during the employer group setup. For instance, if an enrollment period is from Jan. 1 through March 31, an effective date may be designated as early as May 1 or as late as June 1 (but no later). This common effective date will apply to those who are eligible for List Bill inclusion for all LifeSecure products. Exception requests to the common effective date rules must be submitted through a Multi-life Sales Specialist for home office approval. The rating age will always be based on the date the application was signed.

It is important to note that our Standard Effective Date Rule applies even for groups that select a Common Effective Date.

For example, a group requests a 3/1 Common Effective Date, but applications are approved as the following examples indicate:

Approval Date is 2/15. Effective Date is 3/1. Approval Date is 2/18. Effective Date is 4/1.

Rolling Effective Date

Groups that do not elect, or are not eligible for, a Common Effective Date will use the Rolling Effective Date Rule which follows our Standard Effective Date Rule. For example, a group selects Rolling Effective Date, so as applications are approved the following examples indicate:

Approval Date is 2/15. Effective Date is 3/1.

Approval Date is 2/18. Effective Date is 4/1.

Payments

Now Available: More payment options with Credit Card, Electronic Fund Transfer (EFT) and by Check. **Payments should be made to LifeSecure Insurance Company and remitted to the following address:**

LifeSecure Insurance Company 16234 Collections Center Drive Chicago, IL 60693

When submitting payment, either through credit card or Electronic Fund Transfer (EFT), the total premium due will automatically reflect any changes made during the reconciliation of the List Bill. If paying by check and the payment does not match the total premium due, the reasons for this variance must be included with the premium payment submission.

One check should be written to encompass all policyholders on the List Bill, and should match the exact balance due on the invoice. If the check does not match the total premium due, reasons for this variance must be included with the premium payment submission. When submitting a payment option, a printable remittance statement should accompany your issued check:

| Billing Cycle: 11/01/2016 | - 11/30/2016 | |
|---|--|--|
| Check Amount Check Date Check Number | \$438.50 08/06/2018 1234 | |
| | | |
| Please print and remit a | long with your check to the below address. | |
| LifeSecure Insurance Co 16234 Collections Cente Chicago, IL 60693 | ompany er Drive | |

For security purposes, your online credit card and online EFT transactions will not be saved month to month.

Please note: Due to policy changes, the total premium due on the List Bill is subject to change from month to month. Therefore, it is required to thoroughly reconcile the List Bill on a monthly basis.

Refunds & Overpayments

If premiums are 100% employee-paid, any refunds of unearned premium will be paid directly to the policyholder.

If any portion of premium is paid by the employer, all unearned premium will be returned to the employer. It is the employer's responsibility to disperse the refund accordingly between the employee and employer.

Overpayments for policyholders on the List Bill will be applied to the next premium payment. Therefore, employers are urged to always send in premium payments per the payroll deduction amount for each employee as stated on the List Bill.

Payroll Deductions

Payroll deductions are the responsibility of the employer and their employees. The group is responsible to start and stop the employee's deductions. Therefore, it's important to review and reconcile your List Bill each month.



Unpaid List Bills

List Bills are generated on the 16th day of each month (or next business day) for the following month.

Payment for the billed month is expected to be received within 15 days of the last day of the billed month.

Example:

On January 16th, the List Bill for February's payroll deductions will be generated and sent to the group. Payment would be expected to be received March 14th.

If no payment has been received from the Group for premium owed on the List Bill, the following process will be followed:

LifeSecure Guidelines for Delayed Payment

- **45 Days Past Month End:** Courtesy call (or email) will be made to the benefit administrator to advise that payment has not been received.
- **60 Days Past Due:** If no payment has been received, all policyholders on the List Bill will be changed to Direct Bill. Letters will be sent to the policyholders accordingly stating that all premium payments are now the employee's responsibility. The Lapse period begins from the point the method changes from List Bill to Direct Bill. The initial Premium Due stated on the first Direct Bill sent to the policyholder will include the funds required that were not sent to LifeSecure from the employee, in addition to any funds to make the policy current. If the initial Direct Bill is paid in full by the employee, subsequent monthly Direct Bill premium amounts will only reflect the monthly amount due.

On-Line Billing & Receivables

Billing & Receivables – Provides access to billing information for your group and its members. Select the "Billing & Receivables" tab.

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| Current Status | 6 | | | | | | |
| | Client Name | | Acme Manufact | uring | | | |
| | Client Number | | 11262V | | | | |
| | Contact Name | | Brian Snow | | | | |

Billing & Receivables Summary – On the Billing & Receivables Summary screen, you will see a listing of each billing month. The most recent list bill will appear first. Your Open Billing Cycles will display. Select the Billing Cycle you wish to view/pay by clicking on the Billing Cycle link or by clicking on the "Paper & Pencil" icon.

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| Prompt payment by the If statements are not re | end of the billing cy conciled monthly, re | vcle is expected and eimbursement refur | appreciate | ed. e at risk. | | | | | View All Billing Cycles |
| Billing Cycle ▼ | List Bill | | File Creation Date | Billed Amount | Paid Amount | Payment Submit Date | Payment Type | Payment Status | |
| <u>11/01/2016 - 11/30/20</u> | 1126200001 Acme Manufact | turing | 10/16/2016 | \$323.60 | \$438.50 | 08/06/2018 | <u>Check</u> | Submitted | |
| <u>10/01 5 - 10/31/20</u> | 1126200001 Acme Manufact | turing | 09/15/2016 | \$323.60 | \$0.00 |) | | Not Submitted | D 🖸 |
| 04/01. 5 - 04/30/20 | 1126200001 Acme Manufact | turing | 03/15/2016 | \$323.60 | \$0.00 |) | | Not Submitted | D 🖸 |

Reconcile Online - Your bill will display. You have the option to export into Excel or convert to a PDF. When you are ready to reconcile and submit payment, please click on "Process Payment"

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| Product | Monthly Employee Deduction | Monthly Employer Contribution |
|-------------------|-------------------------------|----------------------------------|
| Hospital Recovery | \$323.60 | \$0.00 |

If there are no adjustments and you want to pay as billed, please make sure the "Pay As Billed" radio button is set to "Yes" then click the "Pay Now" button.

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If you have adjustments, please make sure the "Pay As Billed" field is set to "No" and click in the Payment Amount box to open and edit the employee's payment amount then select an Adjustment Reason.

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| Emplovee Name | Updates 🔻 | Employee ID | SSN | Employer Monthly Contrib | Employee Per Payroll Deduction | Billed Amount | Payment Amount | Adjustment | Reason | | |
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| EESPCH 1, TEST | | 12 | ***-**-1807 | \$0.00 | \$105.82(M) | \$105.82 | \$105.82 | | | | |

For multiple employee changes, adjust the Payment Amount and select the Adjustment Reason and click "Save All" which will save all the changes on the page. Then select "Pay Now"

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| Employee Name Updates ▼ Employee ID SSN Employee Nothing Octation Employee Per Payroll Billed Deduction Amount Payment Adjustment Reason EECH 2, TEST 11 ***.=**.1806 \$0.00 \$51.50 (M) \$51.50 Other ✓ EECH 3, TEST 12 ***.=**.1806 \$0.00 \$51.50 (M) \$51.50 ✓ EESP 1, TEST 111 ***.=**.1805 \$0.00 \$114.78 (M) \$114.78 \$229.00 Catch Up Payment ✓ EESP 1, TEST 12 ***.=**.1807 \$0.00 \$105.82 \$105.82 ✓ | | | | | | | | | . 1 | Billing Cyclo | uctions this | Number of Monthly Dec |
| EECH 2, TEST 11 ************************************ | rees 1 to 4 o | 1 • Employ | ment: | Included in Pay | Deduction | Monthly | lumber of | ľ | . 1 | bining cycle | | Search Employees |
| EECH 3, TEST 12 *******1809 \$0.00 \$51.50 \$51.50 //////////////////////////////////// | vees 1 to 4 o | <u>1</u> ▼ Employ | ment: | Included in Pays | Deduction Payment Amount | Monthly Billed Amount | Employee Per Payroll Deduction | Employer Monthly Contrib | SSN | Employee ID | Updates V | Search Employees |
| EESP 1, TEST 111 ****_***_1805 \$0.00 \$114.78(M) \$114.78 <u>\$229.00 Catch Up Payment ▼</u> ✓ ★ | vees 1 to 4 o | Employ | ment: | Included in Pays djustment Reason Dther | Payment Amount 55.00 | Billed Amount \$51.50 | Employee Per Payroll Deduction \$51.50(M) | Employer Monthly Contrib \$0.00 | SSN ***-**-1806 | Employee ID | Updates V | Search Employees Employee Name EECH 2, TEST |
| FESPCH 1. TEST 12 ****_**-1807 \$0.00 \$105.82(M) \$105.82 | vees 1 to 4 o | Employ | ment: | Included in Payı djustment Reason Dther | Payment Amount \$5.00 \$51.50 | Billed Amount \$51.50 \$51.50 | Employee Per Payroll Deduction \$51.50(M) \$51.50(M) | Employer Monthly Contrib \$0.00 \$0.00 | SSN ***-**-1806 ***-**-1809 | Employee ID 11 12 | Updates V | Search Employees |
| | vees 1 to 4 o | Employ | ment: | Included in Pays djustment Reason Dther Catch Up Payment | Payment Amount 55.00 \$51.50 \$229.00 | Billed Amount \$51.50 \$114.78 | Employee Per Payroll Deduction \$51.50(M) \$51.50(M) \$114.78(M) | Employer Monthly Contrib \$0.00 \$0.00 \$0.00 | SSN ***_**-1806 ***_**-1809 ***_**-1805 | Employee ID 11 12 111 | Updates V | Search Employees Employee Name EECH 2, TEST EECH 3, TEST EESP 1, TEST |

Payments Options - Credit Card, Electronic Fund Transfer (EFT) or Check



Credit Card Payment Option

Please select the card type (Visa & MasterCard only), enter the credit card number and the expiration date. Then click "Submit".

| lifesec | ure | | | | | | |
|---------------------------------------|---|------------------------|------------------------|---------------------------|--------------------|------------------|-----|
| | | | | | н | ello, Brian Snow | Log |
| OUR WORKSPACE | YOUR PROFILE | YOUR ACCOUNT | YOUR MEMBERS | BILLING RECEIVABLES | GROUP INFO | PDF LIBRARY | |
| Billing & Rec | eivables | | | | | | |
| 1126200001 - Ac Billing Cycle: 11/ | cme Manufacturing 01/2016 - 11/30/2016 | Payn | nent Status: Not Subm | itted | | | |
| Payment Amoun | t \$438.50 | | | | | | |
| Credit Card | | - | | | | | |
| | Credit Card Type | | Visa 🔽 | | | | |
| | Confirm Credit Card N | lumber | | | | | |
| | Expiration Date | | 1 | | | | |
| | * For security purpos | es, credit card inform | ation will be used for | this transaction only and | will not be stored | for future use. | |
| OEFT | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| ○ Check | | | | | | | |
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Electronic Fund Transfer (EFT) Payment Option

Please select Checking or Savings, enter the account number and routing number. Then click "Submit".

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| OUR WORKSPACE | YOUR PROFILE | YOUR ACCOUNT | YOUR MEMBERS | BILLING RECEIVABLES | GROUP INFO | PDF LIBRARY | |
| Billing & Rec | eivables | | | | | | |
| 1126200001 - Ad Billing Cycle: 11/ | cme Manufacturing 01/2016 - 11/30/2016 | Payn | nent Status: Not Subm | itted | | | |
| Ocredit Card | st \$438.50 | | | | | | |
| © EF1 | ○ Checking ○ Saving Payor Account |]5 | | | | | |
| | Routing Number Confirm Routing Nun | ber | | | | | |
| ○ Check | * For security purpos | es, bank account info | rmation will be used | for this transaction only ar | nd will not be store | ed for future use. | |
| | | | | | C | ancel Sub | mit |

Check Payment Option

Enter the Check Date and Check Number. The Check Notes Section should be used if more than one check will be submitted for the monthly billing. Then click "Submit".

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| | | | | | | н | ello, Brian Snow | Log Out |
| YOUR W | ORKSPACE | YOUR PROFILE | YOUR ACCOUNT | YOUR MEMBERS | BILLING RECEIVABLES | GROUP INFO | PDF LIBRARY | |
| istbill Lookup List | bill Approval | 1 | | | | | | |
| Billing & Re | ceivable | es | | | | | | |
| 1000100001 - (Billing Cycle: 04 | CorpCoom 4/01/2018 | pany Defined B - 04/30/2018 | enefit F | Payment Status: | Not Submitted | | | |
| Payment Amou | unt ş | 1431.26 | | | | | | |
| Credit Card EFT | | | | | | | | |
| | Check D | ate | | | | | | |
| | Check N Check N | lumber | | | | | | |
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Submitting the payment

After the payment information is entered and submitted, the system will ask "Are you sure", before the payment is processed. Click "OK, if the payment information is correct; Click "No" if you need to go back and edit the payment.

| Billing & Receiv | vables | | |
|---|---|-------------------------------|---------------|
| 1126200001 - Acme Billing Cycle: 10/01/ | Manufacturing 2016 - 10/31/2016 | Payment Status: Not Submitted | |
| Payment Amount | \$323.60 | | |
| ○ Credit Card ○ EFT ● Check | | | |
| Ch Ch | eck Date0 eck Number1 | 8/01/2018 234 | |
| | | Are you sure? | |
| | | | Cancel Submit |
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List Bill Remittance Form - Required to be included with check.

After the check payment information is confirmed, the following List Bill Remittance Form will generate. Please print a copy of the form and remit with the check.

| Billed: OYes ONo | | Ex |
|---|--|-------|
| ******* 1126200001 - Acme Ma Billing Cycle: 10/01/2016 | ********* List Bill Remittance Form ************* nufacturing - 10/31/2016 | **** |
| Check Amount Check Date Check Number | \$323.60 08/01/2018 1234 | |
| Please print and remit LifeSecure Insurance C 16234 Collections Cent Chicago, IL 60693 | along with your check to the below address. ompany er Drive | |
| | | Print |

Contact Information

List Bill/Payroll Inquires

- For questions pertaining to the List Bill, please contact LifeSecure at 810-220-4697 or listbills@yourlifesecure.com.
- For any questions the employee may have about the insurance policy, please call Policyholder Support at 888-575-8246.
- Mailing Address for Premium Payments:

LifeSecure Insurance Company 16234 Collections Center Drive Chicago, IL 60693

FAQs

Q: What is a List Bill?

A: List Bill is an on-line invoice specifying the amount due for each policyholder (from the policyholder and/or the employer) for a specific pay frequency.

Q: When is the List Bill notification sent to the employer?

A: The List Bill is generated on the 16th day of every month (or next business day) for the upcoming billing month. The Benefit Administrator(s) will receive an email when the list bill is available and ready for viewing. The Benefit Administrator will then be able to retrieve the list bill by logging into the Benefit Administrators Portal.

Q: Who receives a copy of the List Bill?

A: The Benefit Administrator(s) is notified via email when the list bill is available and ready for viewing.

Q: When should employers begin to take payroll deductions?

A: Payroll deductions should not begin until the employer receives the List Bill.

Q: If a Worksite Group is set up as List Bill, do all applicants have to be on the statement?

A: All employees and spouses will be on the List Bill.

Q: How can the employer indicate changes to the List Bill?

A: The employer must reconcile the List Bill in the portal. Once reconciled, the List Bill is ready for payment submission.

Q: When will a recently approved policyholder be added to the List Bill?

A: Applicants issued before the 16th of every month will appear on the next List Bill statement. Any applicants issued on or after the 16th of the month, will be listed on the following month's List Bill statement.

For example:

Applicant issued 4/1 – appears on List Bill with a bill date of 5/1.

Applicant issued 4/16 – appears on List Bill with a bill date of 6/1.

Q. Can I the employer make payments online?

A. Yes, in 3 ways: payments can be made via credit card (Visa or MasterCard) or electronic fund transfer (EFT) or check.

Q: What is the procedure for List Bills that are not paid in full?

A: List Bills must be reconciled in the portal before payment is submitted documenting any changes during the month.

Q: Will I receive notices in the mail concerning delinquent billing?

A: No. However, you may receive an email or phone call from LifeSecure.

Q: Who should be contacted for issues regarding the List Bill?

A: For questions about the List Bill, the employer should contact LifeSecure at 810-220-4697 or listbills@yourlifesecure.com.

Q: How do I change the email address to which list bill notifications are sent to?

A: Contact LifeSecure at 810-220-4697 or listbills@yourlifesecure.com.

List Bill Samples

- A. Sample of List Bill Notification Email
- **B. 100% Voluntary (No Employer Contribution)**
- C. Partial Employer Contribution for Employees and No Contribution for Spouses
- D. 100% Employer Contribution Groups For Employees with No Contribution for Spouses
- E. 100% Employer Contribution
- F. Multiple Products

A – Sample of List Bill Notification Email



Greetings Brian Snow;

There have been changes to your bill since the last billing cycle. Please log into your portal to view the changes.

To view your most recent list bill please,

- Go to the LifeSecure website
- Enter your User Name and Password and click the "Log In" button
- Select the "Billing & Receivables" tab and select the desired billing cycle

In the portal you will find a list bill providing the per payroll deduction amount for the employees listed. The deduction amount may be for the employee, his/her spouse, or both. There may be an employer monthly contribution listed, if applicable. The bill can be exported to Excel or converted to a PDF.

You can now retrieve, reconcile and pay your bill online - all in one convenient location!

Please click on this <u>link</u> for a brief training video regarding LifeSecure's new online billing reconciliation and payment options.

Available payment options:

- Credit Card (MasterCard or Visa)
- EFT
- Check mail to:

LifeSecure Insurance Company 16234 Collections Center Drive Chicago, IL 60693

You must reconcile your billing each month in your portal to ensure that the correct and appropriate payment is submitted/applied for each employee.

Prompt payment by the end of the billing cycle is expected and appreciated.

Should you have any questions or need further assistance with your list bill, we welcome you to contact us at <u>listbills@yourlifesecure.com</u> or 810-220-4697.

Thank you for your business!

B – 100% Voluntary (No Employer Contribution)

If there are any changes or interruptions to employee deduction amounts, please include the name and reason for interruption on the list bill and remit along with your check to the below address.

LifeSecure Insurance Company 16234 Collections Center Drive Chicago, IL 60693

Should you have any questions or need further assistance, please contact us at listbills@yourlifesecure.com or 810-220-4697.

Prompt payment within 15 days of the close of the Billing Cycle is expected and appreciated.

Note:

* Includes employees and spouses ** Includes employees,spouses and dependents if applicable

| Client Summary: | |
|------------------------------|-------------------------|
| Group Number | 00000E |
| Group Name | ABC Company |
| Billing Cycle | 06/01/2014 - 06/30/2014 |
| Number Of Policyholders * | 20 |
| Number Of Employees | 15 |

| Monthly Summary: | |
|---------------------------------|------------|
| Monthly Employee Deduction ** | \$2,418.50 |
| Monthly Employer Contribution | \$0.00 |
| Monthly Total (Pay this Amount) | \$2,418.50 |

| Product | Monthly Employee Deduction ** | Monthly Employer Contribution | | |
|----------------|----------------------------------|----------------------------------|--|--|
| Long Term Care | \$2,418.50 | \$0.00 | | |

| Employee Name | Spouse Name | SSN | Payroll Frequency | Deduction Amount |
|------------------|------------------|--------------|----------------------|---------------------|
| GAINES, GREG | | ***-**-1111 | Bi-Weekly | \$117.47 |
| ADAMS, AMY | ADAMS, ADAM | ***-**-2222 | Bi-Weekly | \$81.38 |
| COLLINS, CRAIG | | ***-**-3333 | Bi-Weekly | \$27.33 |
| PETERS, PAUL | PETERS, PATRICIA | ***-**-4444 | Bi-Weekly | \$78.32 |
| HATCH, HENRY | | ***-**-5555 | Bi-Weekly | \$33.31 |
| JOHNSON, JAMES | | ***-**-6666 | Bi-Weekly | \$57.28 |
| SADLER, SADIE | | ***-**-7777 | Bi-Weekly | \$29.10 |
| KIM, KELLY | | ***-**-8888 | Bi-Weekly | \$75.54 |
| KNAPP, KEVIN | | ***_**-99999 | Bi-Weekly | \$98.49 |
| DALLAS, DOUG | | ***-**-0101 | Bi-Weekly | \$135.90 |
| LEE, LEONARD | | ***-**-0202 | Bi-Weekly | \$44.62 |
| KANE, KERI | KANE, KENNETH | ***-**-0303 | Bi-Weekly | \$97.77 |
| BECKETT, BAXTOR | | ***-**-0404 | Bi-Weekly | \$75.30 |
| WALKER, WALTER | WALKER, WINONA | ***-**-0505 | Bi-Weekly | \$117.55 |
| JIFFY, JACQUELYN | JIFFY, JED | ***-**-0606 | Bi-Weekly | \$139.89 |

C – Partial Employer Contribution for Employees and No Contribution for Spouses

If there are any changes or interruptions to employee deduction amounts, please include the name and reason for interruption on the list bill and remit along with your check to the below address.

LifeSecure Insurance Company 16234 Collections Center Drive Chicago, IL 60693

Should you have any questions or need further assistance, please contact us at listbills@yourlifesecure.com or 810-220-4697.

Prompt payment within 15 days of the close of the Billing Cycle is expected and appreciated.

Note: * Includes employees and spouses and spouses and

** Includes employees, spouses and dependents if applicable

| Client Summary: | |
|------------------------------|-------------------------|
| Group Number | 00000E |
| Group Name | ABC Company |
| Billing Cycle | 06/01/2014 - 06/30/2014 |
| Number Of Policyholders * | 13 |
| Number Of Employees | 11 |

| Monthly Summary: | |
|---------------------------------|----------|
| Monthly Employee Deduction ** | \$280.52 |
| Monthly Employer Contribution | \$335.93 |
| Monthly Total (Pay this Amount) | \$616.45 |

| Product | Monthly Employee Deduction ** | Monthly Employer Contribution | | |
|----------------|----------------------------------|----------------------------------|--|--|
| Long Term Care | \$280.52 | \$335.93 | | |

| Employee Name | Spouse Name | SSN | Payroll Frequency | Employee Per Payroll Deduction | Spouse Per Payroll Deduction | Total Per Payroll Deduction | Employer Monthly Contribution |
|-----------------|----------------|--------------|----------------------|--------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| WILLIS, WILLIAM | | ***_**-1111 | Bi-Weekly | \$10.87 | \$0.00 | \$10.87 | \$25.57 |
| BREWER, BRIAN | | ***-**-2222 | Bi-Weekly | \$4.89 | \$0.00 | \$4.89 | \$24.47 |
| BUSH, BARBARA | | ***-**-3333 | Bi-Weekly | \$15.90 | \$0.00 | \$15.90 | \$37.37 |
| MCARTY, MATILDA | MCARTY, MARKUS | ***-**-4444 | Bi-Weekly | \$10.80 | \$23.51 | \$34.31 | \$25.24 |
| LOWE, LINDA | | ***-**-5555 | Bi-Weekly | \$3.51 | \$0.00 | \$3.51 | \$37.84 |
| HANSON, HENRY | HANSON, HANNA | ***-**-6666 | Bi-Weekly | \$12.36 | \$25.86 | \$38.22 | \$30.19 |
| LONG, LARRY | | ***-**-7777 | Bi-Weekly | \$3.67 | \$0.00 | \$3.67 | \$39.55 |
| CLARK, CHESTER | | ***_**=8888 | Bi-Weekly | \$6.80 | \$0.00 | \$6.80 | \$33.99 |
| CHASE, CONRAD | | ***_**-99999 | Bi-Weekly | \$6.40 | \$0.00 | \$6.40 | \$32.00 |
| PATRICK, PATTI | | ***-**-0101 | Bi-Weekly | \$10.80 | \$0.00 | \$10.80 | \$25.24 |
| BANKS, BART | | ***_**-0202 | Bi-Weekly | \$4.89 | \$0.00 | \$4.89 | \$24.47 |

D – 100% Employer Contribution Groups For Employees with No Contribution for Spouses

If there are any changes or interruptions to employee deduction amounts, please include the name and reason for interruption on the list bill remit along with your check to the below address.

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Should you have any questions or need further assistance, please contact us at listbills@yourlifesecure.com or 810-220-4697.

Prompt payment within 15 days of the close of the Billing Cycle is expected and appreciated.

Note:

Includes employees and spouses

** Includes employees, spouses and dependents if applicable

| Client Summary: | |
|------------------------------|-------------------------|
| Group Number | 000005 |
| Group Name | ABC Company |
| Billing Cycle | 06/01/2014 - 06/30/2014 |
| Number Of Policyholders * | 18 |
| Number Of Employees | 14 |

| Monthly Summary: | |
|---------------------------------|------------|
| Monthly Employee Deduction ** | \$806.52 |
| Monthly Employer Contribution | \$3,516.02 |
| Monthly Total (Pay this Amount) | \$4,322.54 |

| Product | Monthly Employee Deduction ** | Monthly Employer Contribution | |
|----------------|----------------------------------|----------------------------------|--|
| Long Term Care | \$806.52 | \$3,516.02 | |

| Employee Name | Spouse Name | SSN | Payroll Frequency | Employee Per Payroll Deduction | Spouse Per Payroll Deduction | Total Per Payroll Deduction | Employer Monthly Contribution |
|------------------|------------------|-------------|----------------------|--------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| DIXON, DAVID | | ***_**-1111 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$293.23 |
| PUTNAM, PETER | PUTNAM, PATRICIA | ***-**-2222 | Monthly | \$0.00 | \$366.83 | \$0.00 | \$318.87 |
| DORSETT, DONALD | | ***-**-3333 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$251.37 |
| FRANKLIN, FRANK | | ***_**-4444 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$326.65 |
| GRIFFITH, GERALD | | ***-**-5555 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$256.02 |
| SMITH, SALLY | | ***-**-6666 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$242.02 |
| COLLINS, CHRIS | COLLINS, COLLEEN | ***_**-7777 | Monthly | \$0.00 | \$99.05 | \$99.05 | \$249.79 |
| ANDERSON, ALLIE | | ***-**-8888 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$181.20 |
| ANDREWS, AL | ANDREWS, ANNE | ***_**-9999 | Monthly | \$0.00 | \$175.82 | \$175.82 | \$188.75 |
| HARRIS, HANK | | ***-**-0101 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$275.87 |
| GIBSON, GIRARD | GIBSON, GAIL | ***-**-0202 | Monthly | \$0.00 | \$164.82 | \$164.82 | \$177.13 |
| REYNOLDS, RICH | | ***-**-0303 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$236.95 |
| CHANDLER, CHAD | | ***_**-0404 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$265.99 |
| O'CONNOR, OLLIE | | ***-**-0505 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$252.18 |
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E – 100% Employer Contribution

If there are any changes or interruptions to employee deduction amounts, please include the name and reason for interruption on the list bill and remit along with your check to the below address.

LifeSecure Insurance Company 16234 Collections Center Drive Chicago, IL 60693

Should you have any questions or need further assistance, please contact us at listbills@yourlifesecure.com or 810-220-4697.

Prompt payment within 15 days of the close of the Billing Cycle is expected and appreciated.

Note:

Includes employees and spouses
 ** Includes employees, spouses and dependents if applicable

| Client Summary: | |
|------------------------------|-------------------------|
| Group Number | 0000E |
| Group Name | ABC Company |
| Billing Cycle | 06/01/2014 - 06/30/2014 |
| Number Of Policyholders * | 13 |
| Number Of Employees | 7 |

| Monthly Summary: | |
|---------------------------------|------------|
| Monthly Employee Deduction ** | \$0.00 |
| Monthly Employer Contribution | \$3,835.81 |
| Monthly Total (Pay this Amount) | \$3,835.81 |

| Product | Monthly Employee Deduction ** | Monthly Employer Contribution | |
|----------------|----------------------------------|----------------------------------|--|
| Long Term Care | \$0.00 | \$3,835.81 | |

| Employee Name | Spouse Name | SSN | Payroll Frequency | Employee Per Payroll Deduction | Spouse Per Payroll Deduction | Total Per Payroll Deduction | Employer Monthly Contribution |
|----------------|----------------|-------------|----------------------|--------------------------------------|------------------------------------|-----------------------------------|-------------------------------------|
| GETTY, GAVIN | GETTY, GINA | ***_**-1111 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$568.29 |
| BROWN, BETTY | BROWN, BILL | ***_**-2222 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$525.10 |
| KASEY, KATHY | KASEY, KEN | ***-**-3333 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$604.91 |
| DAVIS, DEVIN | DAVIS, DOROTHY | ***-**-4444 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$479.03 |
| JAMES, JAKE | JAMES, JACKIE | ***-**-5555 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$450.72 |
| BAKER, BETSY | | ***-**-6666 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$401.20 |
| CRALL, CAMERON | CRALL, CATE | ***-**-7777 | Monthly | \$0.00 | \$0.00 | \$0.00 | \$806.56 |

F – Multiple Products

If there are any changes or interruptions to employee deduction amounts, please include the name and reason for interruption on the list bill and remit along with your check to the below address.

LifeSecure Insurance Company 16234 Collections Center Drive Chicago, IL 60693

Should you have any questions or need further assistance, please contact us at listbills@yourlifesecure.com or 810-220-4697.

Prompt payment within 15 days of the close of the Billing Cycle is expected and appreciated.

Note: * Includes employees and spouses ** Includes employees,spouses and dependents if applicable

| Client Summary: | |
|------------------------------|-------------------------|
| Group Number | 00000E |
| Group Name | ABC Company |
| Billing Cycle | 06/01/2014 - 06/30/2014 |
| Number Of Policyholders * | 5 |
| Number Of Employees | 5 |

| Monthly Summary: | |
|---------------------------------|----------|
| Monthly Employee Deduction ** | \$148.40 |
| Monthly Employer Contribution | \$0.00 |
| Monthly Total (Pay this Amount) | \$148.40 |

| Product | Monthly Employee Deduction ** | Monthly Employer Contribution | |
|-------------------|----------------------------------|----------------------------------|--|
| Hospital Recovery | \$31.13 | \$0.00 | |
| Personal Accident | \$117.27 | \$0.00 | |

| Employee Name | Product | SSN | Payroll Frequency | Employee Per Payroll Deduction | Employer Monthly Contribution |
|-----------------|-------------------|-------------|----------------------|--------------------------------------|-------------------------------------|
| JONES, JOSH | Personal Accident | ***_**-1111 | Monthly | \$37.66 | \$0.00 |
| DOWNS, DONALD | Personal Accident | ***-**-2222 | Monthly | \$12.11 | \$0.00 |
| JEFFERSON, JESS | Hospital Recovery | ***-**-3333 | Monthly | \$9.81 | \$0.00 |
| JEFFERSON, JESS | Personal Accident | ***-**-4444 | Monthly | \$23.13 | \$0.00 |
| MICK, MADELINE | Hospital Recovery | ***-**-5555 | Monthly | \$21.32 | \$0.00 |
| MICK, MADELINE | Personal Accident | ***-**-6666 | Monthly | \$26.15 | \$0.00 |
| MAYS, MARIO | Personal Accident | ***_**=7777 | Monthly | \$18.22 | \$0.00 |

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About LifeSecure

LifeSecure Insurance Company was founded in 2006 as a Michigan-based insurance company, which quickly expanded to a national presence. LifeSecure is dedicated to providing a different kind of insurance experience to help create a better future for our customers.



For questions contact our list bill department at 810.220.4697 or email at listbills@yourlifesecure.com.