Life and Disability
Group Administrator Manual

How to administer your company’s life and disability coverage

The contents of this manual should not be considered legal advice or recommendations. You should work with your company’s attorney when interpreting your company’s legal responsibilities, including any requirements under your employee health care plan(s). You should also review applicable state and federal laws and regulations. The contents of this manual may change or be updated at any time. In the event of a conflict between this manual and the contract documents (Certificate and Policy), the contract documents will prevail.
Dear Group Administrator:

We strive to provide your employees with superior life and disability coverage — so you can spend less time on administration and more time on your business.

For the most up-to-date information, go to www.anthemlife.com. You’ll find the latest version of this manual. You’ll also find all the forms you need there.

You made the important decision to offer your employees protection for their families with group life and disability products. Thank you for choosing us to provide a vital piece of your comprehensive benefits package.

We compiled important information in this manual to help you administer your life and disability plan. With your help, we can quickly and effectively:

- Apply premiums.
- Process contract changes.
- Process claims.

Thank you for placing your trust in us. We look forward to working with you!
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Your plan administration responsibilities

We need your help to make sure your employees receive outstanding service on their life and disability plans. See your group contract for details about your specific benefit plan. This manual describes our standard provisions and procedures. These may vary from your specific group contract.

As the group administrator for your company, you:

- Serve as the primary contact between Anthem Life Insurance Company (Anthem Life) and your employees.
- Distribute Anthem Life material to your employees.
- Inform employees when they become eligible to enroll in life and/or disability coverage.
- Ensure all eligible employees are enrolled in benefits if benefits are 100% employer paid.
- Obtain and submit applications for eligible employees within the required time frames.
- Distribute certificates and other information to insured employees.
- Report employee and status changes as they occur, like names, classes, employment status and dependents’ status. If the benefit amount is based on salary, report employee earnings changes as they occur.
- Send all other communications (notices, inquiries, etc.) from eligible employees to us.
- Pay the full amount due stated on the bill without adjusting it.
- Pay premiums on or before the premium due date, even if the insured employees are required to make a contribution toward the premium.
- Report taxes that are withheld from disability benefits (unless we are withholding the employer FICA tax match for your group).
How to contact us

Administration services, billing, account inquiries, enrollment, member changes

Our phone lines are staffed from 8 a.m. to 5 p.m., EST.

If you are located in CT, ME, NH, or VA:
- Phone: 1-866-551-0326
- Fax: 1-614-433-8849
- Email: EastRegion@anthem.com

If you are located in IN, KY, MO, OH, or WI:
- Phone: 1-866-551-0315
- Fax: 1-614-433-8302
- Email: CentralRegion@anthem.com

Mailing address (all states):
Anthem Life
Group Administration Service Center
P.O. Box 182361
Columbus, OH 43218-2361

Premium payments
Mail premium payments to the address shown on your billing statement/payment coupon

Claims
Claims Customer Service hours are from 8 a.m. to 8 p.m., EST.

Life insurance claims:
- Phone: 1-800-813-5682
- Fax: 1-877-305-3901
- Email: lifeanddisabilityclaims@anthem.com
- Mailing address:
  Life Claims Service Center
  P.O. Box 105448
  Atlanta, GA 30348-5448

Disability insurance claims:
- Phone: 1-800-232-0113
- Fax: 1-800-850-0017
- Email: lifeanddisabilityclaims@anthem.com
- Mailing address:
  Disability Claims Service Center
  P.O. Box 105426
  Atlanta, GA 30348-5426

Medical evidence Underwriting (evidence of insurability)
Customer Service hours are from 8 a.m. to 5 p.m., EST.
- Phone: 1-800-551-7265
- Fax: 1-614-880-3529
- Email: lifedisuw_meu@anthem.com
- Mailing address:
  Anthem Life
  Medical Evidence Underwriting
  P.O. Box 182361
  Columbus, OH 43218-2361

Group Life conversion and portability services
Customer Service hours are from 8 a.m. to 5 p.m., EST.
- Phone: 1-800-801-6142
- Fax: 1-614-433-8316
- Email: L&DConversion@anthem.com
- Mailing address:
  Anthem Life
  Group Conversion Service Team
  P.O. Box 182361
  Columbus, OH 43218-2361

Employer Self-Service Online Administration
Customer Service hours are from 8 a.m. to 5 p.m., EST.
- Phone: 1-866-792-0065
- Email: compassicustomersupport@anthem.com
Your online source for plan administration help

You’ll find applications, forms and helpful information at www.anthemlife.com to help you administer your life and disability plan. And we’ve included information to help your employees understand the importance of their life and disability insurance coverage.

You’ll find valuable information for you — and your employees:

- **Life and Disability Group Administrator Manual.** There’s an online link to this manual so you don’t have to hunt for paper copies.

- **Forms.** You’ll find all the employee applications, employee change forms and administrative forms you need for your life and disability plan in one place. You can download a PDF of forms, fill them out onscreen and print what you need.

- **Submit claims and check status.** You can initiate claims online — our simple system lets you enter all the information we need to start the claim. And you can download any additional forms you need to get completed. And, you can check the status of claims for your employees and get claims statistics reports. Your broker and your employees can also submit claims online.

- **Track Underwriting status.** You can track the Underwriting status of your employees here. Please tell us who you are and where to communicate with you. Then, enter the date range for the employees’ applications you want to review. We’ll send you a list of employees whose applications we received in that date range and the status of their applications. If identified as an authorized group contact, a report will be emailed to you. If you want a report of all status for the lifetime of the group, do not enter a date range.

- **Life and Disability Learning Center.** Information to help your employees understand the importance of their life and disability benefits. It helps them understand what amount of coverage they need with resource guides, videos and links to educational websites on life and disability insurance topics. Be sure to tell your employees about this valuable resource we designed just for them.

- **Resource Advisor.** You can view information about our robust member and beneficiary assistance program, included with life and disability plans, and a link to the Resource Advisor website.

- **Travel Assistance.** You can find information about travel assistance services included with group life and accidental death and dismemberment (AD&D) plans.
Online Employer Self Service

This section does not apply for self-administered groups. Our Employer Self Service online tools make it easy and efficient to do business with us — saving you time and money.

With Employer Self Service, you can manage benefits and day-to-day benefit administration tasks in real time. This easy-to-use online tool can help you better manage the life and disability plans of your company’s employees.

Please note: You will need to submit an Evidence of Insurability/Insurance Information Request form for new employees whose benefit is above the guaranteed issue limit for your benefit plan and or for employees applying for coverage after their initial eligibility period (late entrant). Employees’ benefit amount above the guaranteed issue limit will not be effective until approved by Underwriting. Employee to have benefits in excess of the guaranteed issue limit or is applying after their initial eligibility period (late entrant).

To register for Employer Self Service
Contact us to schedule training or get help desk support.

- Phone: 1-866-792-0065
- Email: compassicustomersupport@anthem.com

Employer Self Service is easy, saves time and is the “green” option for plan changes:

- By using Employer Self Service, you can submit changes at your convenience. You can make plan changes throughout the month as you are notified of the changes.
- Employer Self Service also saves you time. Your changes are updated quicker, which means your monthly billing statement will be more accurate.
- Employer Self Service cuts out mailing forms back and forth between you and Anthem Life. You input your changes directly into our system — there are no forms to complete. This saves paper, mailing, even fuel costs of shipping. Because we care about our environment, we offer this paperless option.

Online services allow you to:

- Enroll new hires.
- Terminate employees’ and/or their dependents’ coverage.
- View enrolled employees.
- Change employee name.
- Change employee marital status.
- Change employee class.
- Change employee salary.
- Change the number of hours an employee works each week.
- Correct employee Social Security number.
- View your billing statement.

For complete details of what you can do online, be sure to view the Employer Self Service Demo at www.anthemetlife.com.

We can even provide a user ID and password for each of your administrators. If you use a third-party administrator (TPA) for your plan, just send us a written request if you’d like a TPA to have access on your behalf. We need to approve the use of the TPA and will confirm to you that the TPA can have access.

Processing time

Most transactions you enter on Employer Self Service are processed immediately. You’ll receive a confirmation screen in Employer Self Service that your changes were successfully completed. For the few transactions that don’t process immediately, we ensure that the changes are processed within 48 hours. You’ll receive a notification screen in Employer Self Service when you enter transactions that we need to process.

You don’t have to submit forms to us for changes you enter on Employer Self Service, except Evidence of Insurability/Insurance Information Request forms when they are required.
Eligibility guidelines

Here’s what you need to know to make sure your group continues to meet participation requirements and that employees and their dependents are eligible for coverage.

Participation requirements

If the employer pays 100% of the premium:

- All eligible employees must be enrolled in the plan.
- If the employer also pays the full cost of dependent coverage, all eligible employees with eligible dependents must be enrolled in the plan.
- One life groups may not be eligible for coverage.
- If an employee wants to waive coverage, he or she must complete the enrollment application, select Waive coverage and sign the form.

If employees pay part of the premium:

- Seventy-five percent of eligible employees must be enrolled in the plan.
- If employees pay part or all of the premium for dependent coverage, 75% of eligible employees with eligible dependents must be enrolled in the plan.
- One life groups may not be eligible for coverage.

Supplemental, optional or voluntary participation requirements vary. See your group contract and proposal for specific requirements for these benefits.

Employee eligibility

To be eligible for benefits, employees must:

- Be actively at work.
- Work the required number of hours per week as stated on the employer application and as documented on your group’s federal or state payroll records (unless otherwise approved by us).
- Be a member of an eligible class.
- Have met the eligibility waiting period as stated on your employer application.
- Be a citizen or legal resident of the U.S. or Canada. Legal residents of the U.S. or Canada become ineligible if they leave the U.S. or Canada for 180 or more consecutive days.

See your group contract for specific details about who is eligible.

Retirees under your group’s formal retirement program are not eligible unless retiree coverage is approved by us and included in your group contract.

Dependent eligibility

If your group contract includes dependent life coverage, eligible dependents include:

- Employee’s spouse.
- Employee’s domestic partner (see section below).
- Children of the employee or spouse, including natural, adopted or stepchildren.

Children must be within the age limit and criteria defined in your group contract. See your group contract for specific details about eligible dependents.

Domestic partner eligibility

Dependent life coverage is generally available for domestic partners, subject to any state laws, if spouse coverage is included. A domestic partner may be eligible for dependent life coverage if he or she meets the definition of domestic partner in the group policy.

Generally, domestic partner means an individual in a relationship with an employee who meets the following:

- Have been together for at least six consecutive months prior to the effective date of Domestic Partner Dependent Life Insurance. The employee and domestic partner are and have been each other’s only domestic partner during that time and have maintained the same principal place of residence; and
- The domestic partner is at least 18 years of age; and
- The employee and domestic partner are not married or related by blood; and
- The employee and domestic partner are jointly responsible for each other’s welfare and financial obligations; and
- The employee and domestic partner are not married to anyone else.

See your group contract for important details about domestic partner eligibility.
Annual Census Request

Once a year, typically around your group’s anniversary date, we might ask you for a complete census of all insured employees. We need this information to evaluate your group coverage. The information here will help you to understand why this information is needed and how and when it will be requested.

Your group will receive a census request letter if your group’s life and disability insurance coverage includes one or more of the following:

- Long-term disability
- Self-administered benefits
- Voluntary and/or optional lines of business
- Salary-based benefit plans

We need accurate and current information about the employees covered by your plan to help us properly rate your group. Current census information helps us make sure we provide the most affordable coverage possible. This census also helps us make sure we’re paying claims accurately and quickly.

We’ll ask for the annual census about nine months prior to your group’s disability and/or life insurance policy renewal date. We’ll send a letter with instructions on the way to submit the information we need.

Email the information, or mail a CD, to the Underwriting office on the census request letter.

We prefer Excel format, but can accept other formats.

We need the following in the census:

- Employee name (also includes covered retirees and other non-active employees with their status identified)
- Gender
- Birth date
- Class assignment (if your plan has multiple class benefits)
- Annual salary (for salary-based benefits)
- Job titles (required for long-term disability coverage only)
- ZIP code by worksite location

If we don’t get the census information, we’ll use assumptions of general census changes to determine your rate. For example, we’ll determine all employees aged one year.

We also use the census to verify employee eligibility. If we don’t have a current census, claims could be delayed or processed using inaccurate information.
**Enrollment**

This section does not apply for self-administered groups.

Employee applications and other important forms are available online at www.anthemlife.com.

After you confirm employees and/or dependents are eligible, then complete an application. You need to:

- Completely fill out the employer/group section of the Employee Application or Employee Application with medical and activities questions
- Ask the employee to fill out all other sections completely, including the medical information section (if required) and, for life and AD&D coverage, the beneficiary designation section.
- Keep a copy of the application for your records.
- After the employee completes and signs the application, email, fax or mail it to us at:

  **Anthem Life**  
  **Group Administration Service Center**  
  **PO Box 182361**  
  **Columbus, OH 43218-2361**
  
  - Phone: 866-551-0326 (in IN, KY, MO, OH, or WI: 866-551-0315)
  - Fax: 614-433-8849 (in IN, KY, MO, OH, or WI: 614-433-8302)
  - Email: EastRegion@anthem.com (in IN, KY, MO, OH, or WI: CentralRegion@anthem.com)

If the application is completed and submitted properly, coverage will be effective as described further in this section.

**Late enrollees**

Employees must enroll when first eligible, as stated in your group contract, because generally there is no open enrollment for life and disability coverage.

If an application is submitted after that time, then the coverage may be subject to Underwriting approval. The employee must fill out the medical questions on the application. If the questions are not filled out completely, the effective date could be delayed or the coverage could be declined.

If 100% employer-paid coverage was previously waived, evidence of insurability is required. For 100% employer-paid coverage, late applications are subject to retroactive premium charges from the effective date of coverage.

**Submitting evidence of insurability (when required)**

These forms provide medical information we use to determine if an employee applying for insurance will be approved for coverage. We will notify you and the employee of all approvals and denials.

These situations require the employee and/or dependent have evidence of insurability:

- Applying for coverage more than 31 days after becoming eligible, when the employee pays all or a portion of the premium
- Electing to increase an optional, supplemental or voluntary benefit selection
- Moving to a different class (subject to employer approval) depending on your plan or reason, that will increase the benefit above the guaranteed issue limit
- An increase due to salary change of insurance, if we are not informed within 31 days of the change
- Electing voluntary, supplemental or optional benefits, depending on your plan
- If the employee was eligible but not covered under a replaced group plan and is applying for the new coverage
- If the employee is applying for an amount of coverage above the guaranteed issue limit
- If the insurance ended at the employee’s request or because the premium was not paid on the employee and he or she is reapplying for coverage

**Waiving coverage**

Employees who waive coverage should complete the sections as directed on the application, and sign and date the application. This acknowledges that the employee was given the opportunity to enroll. Be sure to keep a copy for your records.
Effective date — new (timely) enrollees

If the newly eligible employee enrollment application is received on time and the coverage amount requested is within the guaranteed issue amount, coverage will become effective after the eligibility waiting period is satisfied, as stated in your contract. Please note: Employee coverage will not be effective until the employee completes his or her eligibility waiting period.

Coverage above the guaranteed issue amount will be effective the first of the month following Underwriting approval. If the employee is not actively at work on the day coverage would become effective, his or her effective date will be the date he or she returns to full-time employment.

If Underwriting approves coverage after the group effective date, the first premium for the employee’s coverage above the guaranteed issue amount will be due on the first premium due date following Underwriting approval.

Effective date for late enrollees — when employees pay part of the premium (contributory coverage)

If an employee’s enrollment application is late and the employee is contributing to the cost of the plan, the medical questions on the application must be filled out or an Evidence of Insurability/Insurability Information Request form must be completed and submitted to us. Coverage will become effective the first of the month following Underwriting approval.

The first premium for the employee’s coverage will be due the first premium due date following Underwriting approval.

Effective date for late enrollees — 100% employer contribution plan

If an employee’s enrollment application is late and the coverage amount requested is within the guaranteed issue amount, coverage will become effective on the original employee eligibility effective date. The first premium for the employee’s coverage within the guaranteed issue amount will include retroactive charges from the effective date of coverage.

If the coverage amount requested is above the guaranteed issue amount, the medical questions on the application must be filled out or an Evidence of Insurability/Insurability Information Request form must be completed and submitted to us. The amount of coverage above the guaranteed issue limit will be effective on the first of the month following Underwriting approval.

Please note: For late enrollees, you may be required to pay retroactive charges from the effective date of coverage.
Newborn children

When dependent life coverage is already in effect
If the employee has dependent life insurance coverage that is in effect on the date of birth, coverage will begin for the newborn child when he or she reaches age 15 days (unless stated otherwise in the group certificate).

When the employee did not have any dependents before the newborn child
If an employee didn’t have an eligible dependent (spouse, domestic partner or child) before the newborn child (so he or she did not have dependent life coverage), he or she must submit an application to add dependent life coverage within dependent days days of birth. Then, coverage for the newborn will begin at age 15 days (unless stated differently in the Certificate). If the employee waits until after the first dependent days days following birth to submit an application to add dependent life coverage, then the newborn will be treated as a late enrollee and the employee must submit evidence of insurability for the child to get Underwriting approval.

If an employee had an eligible dependent (spouse, domestic partner or child) before the newborn child but did not elect dependent life coverage before the time of birth, then the newborn is treated as a late enrollee and the employee must submit evidence of insurability for the child to get Underwriting approval. Birth of a child does not entitle the employee to add dependent life coverage with no medical Underwriting if the employee didn’t elect dependent life coverage when he or she was first eligible for it.

Exceptions for dependents:
- Dependent coverage will not become effective before employee coverage.
- Dependent life insurance for a child will not become effective before the child is 15 days old (unless it’s stated otherwise in the Certificate).
- For a dependent confined in a hospital on the day before the effective date, coverage will begin on the date he or she is released from the facility, and the dependent is able to perform the usual and customary duties or activities of an individual in good health and of the same age and sex. This does not apply to a newborn child.

Effective date for changes in coverage
A change in coverage can be due to:
- The employee’s change in class.
- A change in earnings (for benefits based on earnings).
- An employee’s or dependent’s request for increased coverage.

If the change is due to a change in class or earnings, and would increase the coverage without exceeding the guaranteed issue limit, the change is effective on the date requested.

If the employer waits more than 31 days after the change to tell us, or any change would exceed the guaranteed issue limit, increased coverage is effective on the first day of the month after the date we approve the increase. Any decrease in coverage due to a change in class or earnings will become effective immediately on the date requested. The first premium for coverage is not due until the first premium due date following the change or our Underwriting approval (if required).

If the change is due to an employee’s or dependent’s request for an increased amount, Underwriting is required and the change will become effective the first of the month following Underwriting approval.
Making changes in employee coverage

Employee change form

We know change is inevitable. It's important for you to submit employee changes promptly so we can meet your employee's needs. You can find employee change forms online at www.anthemlife.com.

If you submit changes using Employer Self Service, you do not need to also submit change forms. Most changes will become effective on the first billing due date after we receive the change request or Underwriting approval, if necessary. If requests are late, the employee may be required to submit evidence of insurability for review and approval of the change.

Completing the change form

The change form should always include:

Group information:
- Group name
- Group number
- Your email address
- Your phone number
- Group division/location name and number, if applicable

Employee information:
- Employee's full name
- Social Security number
- Type of change requested
- Effective date of change
- Reason for change

Submit employee changes as they occur. Be sure to use separate lines on the change form if you are making multiple changes for the same employee. All changes should be received at least 16 days prior to the date of your next billing statement to make sure the changes appear on your upcoming billing statement.

When to use the change form

Use the Employee Change Form for:
- Terminating an employee’s or dependent’s coverage.
- Changing class (may require evidence of insurability and Underwriting approval).
- Changing salary (may require evidence of insurability and Underwriting approval).
- Dropping an employee’s or dependent’s benefits (doesn’t apply if coverage is 100% employer paid).
- Changing division or location.
- Changing employee’s name.
- Changing Social Security or identification number.
- Correcting date of birth.
- Changing the employee’s address.

When to use an Employee Enrollment Application

Use the Employee Application or Employee Application with medical and activities questions to:
- Enroll eligible employees for benefits.
- Enroll new dependents.
- Increase or add benefits.
- Re-enroll rehired employees.

Please note: When changing a beneficiary, please use the Beneficiary Designation Form. You can find this form online at www.anthemlife.com. Please keep the form with your employee benefit records.
## Actions and forms — list billed groups

Please note: When sending any forms to us, please also keep a copy for your records.

<table>
<thead>
<tr>
<th>Employee change</th>
<th>Required employee action</th>
<th>Required employer action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terminating coverage</td>
<td>• Document termination date in your plan files.</td>
<td>• Submit Employee Change Form.</td>
</tr>
<tr>
<td></td>
<td>• Submit Employee Change Form.</td>
<td>• Provide employee with conversion and/or portability form, if applicable.</td>
</tr>
<tr>
<td></td>
<td>• Provide employee with conversion and/or portability form, if applicable.</td>
<td></td>
</tr>
<tr>
<td>Death of employee</td>
<td>• Document date of death as termination date.</td>
<td>• Notify dependents of their conversion rights, if applicable.</td>
</tr>
<tr>
<td></td>
<td>• Notify dependents of their conversion rights, if applicable.</td>
<td>• File a claim form. (See Claims section).</td>
</tr>
<tr>
<td></td>
<td>• Submit a claim form.</td>
<td>• Immediately submit a change form to terminate the employee’s coverage.</td>
</tr>
<tr>
<td>Dropping or reducing coverage</td>
<td>• Submit written request to drop coverage.</td>
<td>• Keep the employee’s written request in your plan files.</td>
</tr>
<tr>
<td></td>
<td>• Keep the employee’s written request in your plan files.</td>
<td>• Submit Employee Change Form.</td>
</tr>
<tr>
<td>Changing salary or class</td>
<td>• Submit Employee Change Form.</td>
<td>• Submit Employee Change Form.</td>
</tr>
<tr>
<td>Changing a beneficiary</td>
<td>• Complete a beneficiary designation form. Form must be signed and dated to be valid.</td>
<td>• Keep the form in your plan files. It is not necessary to forward a copy to us.</td>
</tr>
<tr>
<td>Marriage of an employee</td>
<td>• Apply to add spouse and any new dependent children within dependent days days of the marriage date.</td>
<td>• Send Employee Change Form to us.</td>
</tr>
<tr>
<td></td>
<td>• Send Employee Change Form to us.</td>
<td>• Please note: If the application is received more than dependent days after the marriage date, the spouse and/or dependents may have to submit evidence of insurability.</td>
</tr>
<tr>
<td>Adding a dependent</td>
<td>• Apply to add eligible dependent within dependent days days of birth.</td>
<td>• Send Employee Change Form to us.</td>
</tr>
<tr>
<td></td>
<td>• Send Employee Change Form to us.</td>
<td>• Please note: If the application is received more than dependent days after birth date, the spouse and/or dependents may have to submit evidence of insurability.</td>
</tr>
<tr>
<td>Death of spouse/dependent</td>
<td>• File a death claim immediately.</td>
<td>• Assist employee with claim form and submit the claim.</td>
</tr>
<tr>
<td></td>
<td>• Submit written request to cancel dependent coverage, if employee has no other eligible dependents.</td>
<td>• Submit Employee Change Form.</td>
</tr>
<tr>
<td>Divorce of employee</td>
<td>• Submit written request to drop divorced spouse.</td>
<td>• Keep the employee’s written request in your plan files.</td>
</tr>
<tr>
<td></td>
<td>• Keep the employee’s written request in your plan files.</td>
<td>• Submit Employee Change Form. (Select dropping benefits for type of change requested.)</td>
</tr>
<tr>
<td></td>
<td>• Submit Employee Change Form.</td>
<td>• Provide employee with conversion form, if applicable.</td>
</tr>
<tr>
<td>Re-enrolling employees (rehire)</td>
<td>• Complete an Enrollment Application and provide the rehire date.</td>
<td>• Send enrollment application to us.</td>
</tr>
</tbody>
</table>

*For agency adoptions, the adoption date is the date of adoptive placement as specified in the placement agreement. For independent adoptions, the adoption date is the later of the date the child is placed in the physical custody of the employee or the date the petition is filed for adoption with the probate court.*
Terminating coverage

Employee and dependent coverage

Coverage for employees and their dependents will end automatically if employees:

- No longer meet the eligibility requirements.
- Are no longer actively at work.
- Reach the end of the continuation of coverage period, even if you continue to pay the premium for them.

Please note: Either the employee or the group must notify us immediately when employees no longer meet the eligibility requirements.

Dependent life insurance benefit does not automatically terminate when the last covered dependent is no longer eligible. The employee must request that the employer terminate the dependent life insurance benefit. The employer must notify us to terminate the employee’s dependent life coverage.

Retroactive terminations

We must be notified immediately of all terminations. Premium credit for retroactive terminations may be limited to a maximum of 90 days from the date the termination is reported to us.

Group plan termination

Your group plan will continue unless terminated by you or Anthem Life. Details regarding rights of termination, including notice requirements, are contained in your group insurance contract.

Group plan reinstatement

If we terminate your group insurance policy for nonpayment of premium, you may be able to reinstate it. If your group was terminated for nonpayment of premium three or more times, it is not eligible for reinstatement.

If it is eligible and you want to reinstate the policy:

1. Send a letter requesting that we reinstate the group policy and include a brief explanation as to why the account was delinquent.
2. Send a check for all outstanding premiums (including the current month). Please write your group number in the memo field of your check.
3. Send a detailed employee census if your group insurance program includes disability benefits or individual life insurance amounts in excess of $300,000.
4. Mail the letter, payment coupon and check within 30 days of the termination date to the address shown on the payment coupon.

All reinstatement requests are subject to Underwriting approval.
Continuing coverage

Coverage during layoff and leave of absence
In the event of a layoff or an approved leave of absence, you may typically continue an employee’s group life and disability insurance for up to three consecutive months by paying the required premium unless otherwise stated in your contract. Please refer to your contract for specific plan provisions.

Continuation of coverage time periods, insurance benefits and requirements may vary. Refer to your group’s contract for specific guidelines. If the employee has not returned to active, full-time work by the end of the continuation period, coverage will be terminated. Fill out an Employee Change Form to terminate coverage.

Continuing coverage due to disability
What happens if an employee becomes disabled due to an illness or injury and is no longer actively at work? You can typically continue his or her coverage under the group plan for up to six consecutive months by paying the required premium. After that, the employee’s coverage should be terminated, unless covered under a waiver of premium or extension of benefits provision. Fill out an Employee Change Form to terminate coverage.

We will deny claims incurred by the employee after the end of the continuation period (except as described in the next sections) even if you don’t fill out an Employee Change Form to terminate coverage.

Life waiver of premium and extension of benefits
If your group’s plan includes a waiver of the premium or extension of benefits, the employee must file a claim within 12 months of the date of disability in order to qualify for these benefits. Please refer to your contract for details about waiver of premium or extension of benefits. Refer to the life insurance claims section of this manual for information on filing claims.

At the end of the waiting period for the waiver of premium benefit, or at the end of the extension period for extension of benefits, fill out an Employee Change Form to terminate coverage. This will remove the employee from your bill.

Generally, a waiver of premium benefit is only available if the total disability begins prior to age 60. Typically waiver of premium benefits end at age 65.

See your group contract for more plan provisions.

Converting group term life coverage to an individual policy
When coverage terminates, employees may have the right to convert their group term life insurance to an individual life policy for an amount up to the current benefit amount. Coverage for dependents may also be converted at the same time. They are not required to submit evidence of insurability and be approved to convert coverage.

Employers are responsible for notifying eligible employees of their conversion right as part of your termination procedures:

1. Notify employees immediately when their life insurance terminates. Your group life contract has all the details about when employees’ group life insurance terminates.
2. Complete the top portion of the Request for Group Life Conversion Information Form found online at www.anthemlife.com. Give the form to the employee.
3. The employee should send the form to us if he or she is interested in converting his or her coverage that’s terminated. Our address is on the form.

When we get a completed Request for Group Life Conversion Information Form from an employee, we’ll mail him or her information about premium rates for the conversion policy. We’ll also include an Application for Conversion of Group Life Insurance. This information does not imply coverage nor bind the employee to purchase coverage.

If the employee decides to purchase the conversion coverage, we must receive his or her completed Application for Conversion of Group Life Insurance and a check for the first premium payment within 31 days of the last day of their group coverage. If we receive it any later than the 31 days or longer period if specified in the contract, the application will be denied.

Typically, there is no extension of the conversion period if you do not promptly provide the Request for Group Life Conversion Information Form to employees. We may grant an extension to employees in certain states who weren’t notified within the 31-day notice period. Please refer to your group’s contract for your state’s specific conversion notice period and guidelines.

The conversion policy will be effective on the 32nd day following the day the group life insurance terminates, provided that the employees apply for coverage and pay the premium on time.

Premiums for the conversion policy are based on the employee’s age and class of risk.
Life insurance conversion is also available when an employee loses coverage because the group plan ends or changes, but additional limitations may apply as specified in the Certificate:

- Coverage is limited to the amount stated in the certificate.
- The employee must have been covered under the policy for at least five years.

If an employee dies within the time period allowed for conversion, we may pay the benefit he or she could have converted, unless benefits are payable under another provision of your group plan.

**Portability of group life coverage**

When coverage terminates, employees may have the right to keep their group life insurance in force by exercising the portability option. If the Plan has the portability option, the Plan Sponsor should notify terminating employees that they may have the right to port their coverage.

Portability is included in optional group term life and voluntary group term life and may be included in some basic group term life contracts. Check your contract for specific provisions. For some plans, coverage for dependents may also be continued under the portability option at the same time. Employees and their dependents do not have to submit evidence of insurability in order to keep coverage in force under the portability option.

Employees must submit a portability application and a check for the first premium within 31 days of the date their life insurance coverage terminates. They must be younger than age 65 at the time in order to get portability coverage, and their coverage must be terminating for a reason other than disability or retirement. They must have been covered by the policy for at least 12 months. You can find a Portability Application online.

Portability coverage is billed at group portability pooled rates, in five-year age bands. Employees who elect portability coverage pay the group portability pool rates. Group life rates tend to be substantially lower than individual life insurance rates.

Employees can choose to continue their full group life insurance coverage and the full amount of their spouse’s and child’s group life coverage, if spouse and child coverage is available under their group life plan, or choose to continue a lower amount. Employee coverage must be continued in order for spouse or child coverage to be continued. Dependent coverage continued under a portability option may be limited to 50% of the amount of employee life coverage that is continued.

Once portability coverage is elected, changes cannot be made to the amount of coverage, except reductions outlined in the Certificate will continue.

Employees can keep their group life insurance coverage under a portability option until the earlier of the employee’s age of retirement or age 70. Their spouse can keep coverage in place under a portability option until the earlier of the date the employee’s coverage terminates or the spouse’s 70th birthday. Insureds terminating portability coverage may be eligible to convert to individual life insurance coverage, subject to the “Conversion of Life Insurance” provision.

We can bill for portability coverage premiums annually, semi-annually or quarterly. When employees keep their group life coverage under a portability option, they continue to have access to valuable services like our Resource Advisor program. Employees will also continue to have access to our Living Benefits (Accelerated Death Benefit) program that can provide an early payout of life insurance benefits if the employee is terminally ill.

Notify eligible employees of their portability option as part of your termination procedures.

1. Notify employees immediately when their life insurance terminates. Your group life contract has all the details about when employees’ group life insurance terminates.

2. Complete the top portion of the Portability Benefit Request Form found online at www.anthemlife.com. Give the form to the employee.

3. The employee must send the form with a check for the first premium to us if he or she is interested in continuing his or her coverage under the portability option. Our address is on the form.

We must receive his or her completed Portability Benefit Request Form and a check for the first premium payment within 31 days of the day the group insurance coverage terminates, or within any extended notice period under the Group Policy, if later. If notice is received late, the application will be denied.

There is no extension of the portability option period if you do not promptly provide the Portability Benefit Request Form to employees.
Billing and payments

Paying your premiums

Premiums should be paid in full by the due date to avoid cancellations. There is a grace period of 31 days after each premium due date, unless your group policy or Certificate allows a longer grace period.

Please mail your premium payment with the payment coupon to the address shown on the payment coupon.

If any overdue premium is not paid by the end of the grace period, your group’s life insurance ends as of the date of the last premium payment. Unless we receive notice of termination from the group, any life insurance death benefit that becomes payable during the grace period will be paid. Your group will be liable to pay the premium for any life insurance death benefit coverage continued during the grace period.

The employer is responsible for notifying all employees when the coverage is terminated due to the employer’s failure to pay the required premium.

Understanding your billing statement

Your billing statement will be mailed to you approximately 10 to 15 days before the due date. The statement will list all employees enrolled for coverage at the time the bill was prepared.

Make sure all members listed on the billing statement are active employees, working at least the required number of hours per week, and are still eligible to remain covered by your plan. Always pay the total amount due on each billing statement, knowing that adjustments will be reflected on subsequent statements.

The billing statement cannot be used to:

- Add employees to the plan.
- Terminate employees.
- Make employee changes.

An application or change form must be filled out and submitted for all changes. See the Changing Employee Records chart in this manual to decide which form to use for each type of change.

Remember, do not add or subtract premium amounts for these changes. The adjustments will appear on the next billing statement after the change is processed or effective, whichever is later.

Understanding your premium calculations

Before establishing routines for calculating premiums, be sure to review your insurance contracts and related materials. These documents provide information regarding the employee classes, benefit minimum and maximum amounts, reduction schedules and rounding rules specific to your insurance plan.

Premium calculations for life and AD&D insurance

The following items should be considered when completing your premium calculations:

- Minimum and maximum benefit limits may vary by class.
- If the insured has exceeded the maximum benefit level, the benefit must be capped at the maximum allowable benefit amount.
- When calculating the number of benefit units, please adjust for any applicable employee benefit reduction schedule.

Earnings-based benefits may be rounded. (Please see your group’s proposal for the rounding formula.)

Premiums for life and accidental death and dismemberment (AD&D) insurance are calculated on a per-unit basis. One unit of life and AD&D is equal to $1,000 of benefit. To calculate the premium, simply follow these steps:

1. For salary based benefits, round annual salaries to the next higher 1,000. Example: Annual salary is $40,555.68. Rounded salary=$41,000.
2. Determine the total benefit amount for each employee and divide that amount by 1,000 to obtain the number of benefit units.
3. Multiply the number of benefit units by the employee’s monthly premium rate to obtain the monthly premium amount due.

Example:

$20,000 (benefit) x $0.16 (rate) ÷ $1,000 = $3.20 (monthly premium) x 12 = $38.40 annual premium

Premium rates for life, supplemental life, optional life, voluntary life, AD&D and supplemental AD&D, optional AD&D and voluntary AD&D will typically be different. Be sure to use the correct premium rate for each insurance benefit.
**Premium calculations for short-term disability insurance**

Premiums for short-term disability (STD) insurance are calculated on a per-unit basis. One unit of short-term disability insurance is equal to $10 of weekly benefit. To calculate the premium, simply follow these steps:

1. Determine weekly earnings for each employee (annual earnings divided by 52).
2. Multiply weekly earnings by benefit percentage (e.g., 60% of weekly earnings).
3. Typically, you should round the benefit amount to the next $10 to get the weekly benefit amount.
4. Divide the weekly benefit amount by 10 to get the number of benefit units.
5. Multiply the number of benefit units by the employee’s monthly premium rate to obtain the premium amount due.

**Example:**

\[ \$750 \text{ (benefit)} \times 0.58 \text{ (rate)} \div 10 = \$43.50 \text{ (monthly premium)} \times 12 = \$522 \text{ annual premium} \]

Please note: Be careful to watch for MAXIMUM benefit amounts on short-term disability.

Consider the following when completing your premium calculations for short-term disability insurance:

- Our standard short-term disability premium is based on $10 of weekly benefit.
- Earnings-based short-term disability benefits are rounded to the next $10, unless otherwise stated in your Certificate.
- Minimum and maximum benefit limits may vary by class.
- If the insured has exceeded the maximum benefit level, the benefit must be capped at the maximum allowable benefit amount.
- If the insured has not reached the minimum benefit level, the premium must be calculated on the minimum allowable benefit amount.

**Premium calculations for long-term disability insurance**

Premiums for long-term disability insurance are calculated on a per-unit basis. One unit of long-term disability insurance is equal to $100 of monthly earnings. To calculate the premium, follow these steps:

1. Determine monthly earnings for each employee (annual earnings divided by 12) and divide that amount by 100 to get the number of earning units on which the premium will be calculated.
2. Multiply the number of earning units by the monthly premium rate to obtain the premium amount due.

**Example:**

\[ \$50,000 \text{ (annual salary)} \div 12 = \$4,166 \times 0.81 \div 100 = \$33.75 \times 12 = \$405 \text{ annual premium} \]

Please note: When the maximum benefit amount is reached, divide the maximum benefit by the factor, times the LTD rate divided by 100 = monthly premium.

LTD plan = 60% to $3,000 - $3,000 (max benefit)/60% (factor) = $5,000 (maximum monthly benefit) - Maximum annual salary for an employee is capped at $60,000 ($5,000 x 12)

Consider these items when completing your premium calculations for long-term disability insurance:

- Long-term disability premiums are based on $100 of monthly earnings, not the monthly benefit amount.
- Minimum and maximum benefit limits may vary by class.
- If the insured has exceeded the maximum benefit level, the monthly earnings amount must be capped at the earnings amount that will yield the maximum allowable benefit amount.
- If the insured has not reached the minimum benefit level, the monthly earnings amount must be increased to the earnings amount that will yield the minimum allowable benefit amount.
Self-administered groups

Easy application process

You selected the self-billing option for your life and disability plan. Self-billing allows you to maintain all administrative employee records such as enrollment applications, changes, corrections and terminations, instead of submitting them to us.

In situations where an employee is required to submit evidence of insurability, such as when enrollments are completed late or when benefit amounts exceed the guaranteed issue limit of your group policy, an employee application (including medical questions or an employee application along with an Evidence of Insurability/Insurability Information Request form) must be submitted to us for Underwriting review and approval. See the Enrollment section of this manual to learn more.

Employee applications and other important forms are available online at www.anthemlife.com.

Following confirmation of an employee’s and/or dependent’s eligibility, the second step in the application process is to complete an application.

- Fill out the employer/group section of the employee application and give it to your employee.
- Ask the employee to fill out all other sections completely, including the medical information section and the beneficiary designation section (if enrolling for life coverage). Keep all employee applications on file.
- If medical information is required, keep a copy of the application for your records and send the original application to us. Missing information will result in coverage being delayed or declined.

Complete and attach the Underwriting Worksheet.

Mail, fax or email it at:

- Anthem Life
  Medical Evidence Underwriting
  P.O. Box 182361
  Columbus, OH 43218-2361
- Phone: 1-800-551-7265
- Fax: 1-614-880-3526
- Email: lifedisuw_meu@anthem.com

If the application is completed and submitted properly, coverage will be effective as described in the Enrollment section of this manual.
Actions and forms — Self-administered groups

Please note: Maintain the original for your files

<table>
<thead>
<tr>
<th>Employee change</th>
<th>Required employee action</th>
<th>Required employer action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terminating coverage</td>
<td>Document termination date in your plan files. Provide employee with Request for Group Life Conversion Information Form and/or Portability Benefit Request Form, if applicable. Changes in number of lives and benefit volume should be reflected on your self-bill worksheet.</td>
<td></td>
</tr>
<tr>
<td>Death of employee</td>
<td>Document date of death as termination date. Notify dependents of their conversion rights, if applicable. File a claim form. (See Claims section.) Changes in number of lives and benefit volume should be reflected on your self-bill worksheet.</td>
<td></td>
</tr>
<tr>
<td>Dropping coverage</td>
<td>Submit written request to drop coverage. Keep the employee’s written request in your plan files. Note the effective date of benefit termination, reason for change (dropping benefits) and type of coverage being terminated. Does not apply if coverage is 100% employer paid. Changes in number of lives and benefit volume should be reflected on your self-bill worksheet. Provide employee with conversion form, if applicable.</td>
<td></td>
</tr>
<tr>
<td>Changing salary or class</td>
<td>Note the correct number of lives in each class on the self-billed statement. Please note: Evidence of Insurability/Insurability Information Request Form may be required.</td>
<td></td>
</tr>
<tr>
<td>Changing a beneficiary</td>
<td>Complete a beneficiary designation form. Form must be signed and dated to be valid. Keep the form in your plan files. Changes in number of lives and benefit volume should be reflected on your self-bill worksheet.</td>
<td></td>
</tr>
<tr>
<td>Marriage of an employee</td>
<td>Complete an application to add spouse and any new dependent children within 31 days of the marriage date. Keep the application in your plan files. If your contract includes Dependent Life coverage, and the employee is now electing it, add one life/unit to the self-billed statement. Please note: If the application is received more than 31 days after the marriage date, the spouse and/or dependents may have to submit evidence of insurability.</td>
<td></td>
</tr>
<tr>
<td>Adding a dependent</td>
<td>Complete an Employee Change Form and list all dependents currently covered as well as those applying for coverage.* Keep the application in your plan files. Changes in number of lives and benefit volume should be reflected on your self-bill worksheet.</td>
<td></td>
</tr>
<tr>
<td>Death of spouse/dependent</td>
<td>File a death claim immediately. Submit written request to cancel dependent coverage, if employee has no other eligible dependents. Assist employee with claim form and submit the claim. Keep the written request in your plan files. Changes in number of lives and benefit volume should be reflected on your self-bill worksheet.</td>
<td></td>
</tr>
<tr>
<td>Divorce of employee</td>
<td>Submit written request to drop dependent coverage (if there are no remaining dependents to cover). Keep the employee’s written request in your plan files. Provide employee with conversion form, if applicable.</td>
<td></td>
</tr>
<tr>
<td>Re-enrolling employees (rehire)</td>
<td>Complete an enrollment application. Changes in number of lives and benefit volume should be reflected on your self-bill worksheet.</td>
<td></td>
</tr>
<tr>
<td>Report variances</td>
<td>Please provide a brief description if the premium, volume and membership decreases and/or increases by 10%.</td>
<td></td>
</tr>
</tbody>
</table>

*For agency adoptions, the adoption date is the date of adoptive placement as specified in the placement agreement. For independent adoptions, the adoption date is the later of the date the child is placed in the physical custody of the employee or the date the petition is filed for adoption with the probate court.
Claims

Life insurance claims
To submit life insurance claims online, go to www.anthemlife.com.

Choose the Employer tab and then Submit a Disability and/or Life claim. Choose Life as the type of claim.

Our online claim submission tool will guide you through the steps and information needed for life insurance claims.

To file life insurance claims by mail or fax:
- Complete the Group Policyholder’s Statement in full. Missing or incomplete information can delay processing.
- Remember to include a copy of the enrollment form or beneficiary designation form.
- Give the beneficiary the remaining pages of this package.
- The beneficiary must complete the Beneficiary Claim Form in full and return it to you.
- If there is more than one beneficiary, each one must complete a separate form.
- If the beneficiary has a funeral home assignment, please have him or her include the assignment with the claim form.
- If the claim is being filed by an executor or administrator of an estate, he or she must sign the Beneficiary Claim Form, enter the estate’s Tax ID number and include copies of the appointment papers.
- The beneficiary must submit a death certificate. Only one death certificate is needed. We can accept a photocopy of the certificate in most cases. In certain circumstances, we will require an original, certified death certificate. The beneficiary will need to submit an original, certified death certificate if there is:
  - An accidental death.
  - A homicide (murder) or suicide.
  - A death outside of the United States or Canada.
  - A benefit amount greater than $100,000.
- We may find there are other circumstances that are specific to the claim that will require an original, certified death certificate. If so, we will contact you and the beneficiary as quickly as possible to let you know.
- Send the Group Policyholder’s Statement, enrollment form/ beneficiary designation, Beneficiary Claim Form(s) and death certificate to:
  Life Claims Service Center  P.O. Box 105448  Atlanta, GA 30348-5448
- You may also fax everything to us at 1-877-305-3901 or send an email to lifeanddisabilityclaims@anthem.com. If you fax or email the claim and we require an original, certified death certificate, you will need to mail the death certificate to us.
- Please call the Life Claims Service Center with any questions at 1-800-813-5682.

Life insurance benefit payments
For proceeds of less than $10,000, we will mail a check to the beneficiary.

For proceeds of $10,000 or more, beneficiaries can choose to receive a check or to have their proceeds deposited into an Access Advantage Account. The beneficiary makes the choice on the Beneficiary Claim Form.

If a beneficiary chooses the Access Advantage Account, we mail to the beneficiary drafts after we approve the claim. This gives him or her access to the funds for immediate needs but relieves him or her of making important investment decisions during a time of stress. The account begins earning a competitive interest rate starting the day it is opened.

Accidental dismemberment claims

Accidental dismemberment
To submit accidental dismemberment claims online, go to www.anthemlife.com. Choose the Employer tab and then Submit a Disability and/or Life claim.

Submit accidental dismemberment claims by selecting Accidental Dismemberment as the type of claim. Our online claim submission tool will guide you through the steps and information needed for accidental dismemberment claims.

To file claims by mail, download the AD&D Claim Form at www.anthemlife.com. You can download the form and print it.

As soon as you learn that an insured person suffered any loss covered under the accidental dismemberment benefit, complete the Employer Statement section of the Accidental Dismemberment or Loss of Sight Claim Form. Give the form to the insured person to fill out. His or her doctor must also complete the Proof of Accidental Dismemberment Attending Physician’s Statement. Benefits are paid by check directly to the employee.

Send us:
- The add claim form.
- Proof of Accidental Dismemberment Attending Physician’s Statement.
- Employee’s enrollment form.
Send all information to:

Life Claims Service Center
P.O. Box 105448
Atlanta, GA 30348-5448

You may also fax everything to us at 1-877-305-3901 or send an email to lifeanddisabilityclaims@anthem.com. If you fax or email the claim and we require an original, certified death certificate, you will need to mail the death certificate to us. Please call the Life Claims Service Center at 1-800-813-5682 with any questions.

Life waiver of premium claim
To submit life waiver of premium claims online, go to www.anthemlife.com. Choose the Employer tab and then Submit a Disability and/or Life claim. Choose Life Waiver of Premium as the type of claim.

Our online claim submission tool will guide you through the steps and information needed for life waiver of premium claims.

To file claims by mail, download the LIFE WAIVER CLAIM FORM LINK at www.anthemlife.com. Complete the employer section, and then have the employee and the employee’s physician complete their sections. Send all completed forms within 12 months of the date of disability to:

Life Claims Service Center
P.O. Box 105448
Atlanta, GA 30348-5448

Living Benefit/Accelerated Death Benefit claim
For Living Benefit/Accelerated Death Benefit claims online, go to www.anthemlife.com. Choose the Employer tab and then Submit a Disability and/or Life claim. Choose Living Benefit as the type of claim.

Our online claim submission tool will guide you through the steps and information needed for Living Benefit claims. To file claims by mail, download the Living Benefit Claim Form at www.anthemlife.com. Complete the employer section then have the employee and the employee’s physician complete their sections. Send all forms to:

Life Claims Service Center
P.O. Box 105448
Atlanta, GA 30348-5448

Short-term disability claims
For customers with administrative services only (ASO) disability plans, some of this information may not apply. Refer to your ASO Agreement for specific claim information.

This information applies if your short-term disability plan includes the telephonic claim intake feature.

To submit a short-term disability claim over the phone, employees can call us at 1-800-232-0113 to initiate their short-term disability claim. For details, see the short-term disability claim brochure at www.anthemlife.com, then click on the Employer tab.

Submitting short-term disability claims online or by mail
To submit short-term disability claims online, go to www.anthemlife.com. Choose the Employer tab, then select Submit a Disability and/or Life claim. Choose “Short-term Disability” as the Type of Claim.

Our online claim submission tool will guide you through the steps and information needed for short-term disability claims. To file claims by mail, download the Short-term Disability as the type of claim at www.anthemlife.com. You can download the form and print it.

Complete the employer section, and then have the employee and the employee’s physician complete their sections. Send all completed forms to:

Disability Claims Service Center
P.O. Box 105426
Atlanta, GA 30348-5426

Please call the Disability Claims Service Center with any questions at 1-800-232-0113.

Short-term disability claims are then paid weekly unless you, the employer, requested an alternative payment schedule. Checks are mailed to the employee.

Long-term disability claims
Short-term to long-term disability claims when both plans are with Anthem Life
When you have both short- and long-term disability plans with Anthem Life, your employees experience a seamless transition from short- to long-term disability benefits.

When it’s evident that a disability leave will extend into long-term disability benefits, we begin gathering information for the transition 60 days before the end of the short-term disability period.
We work proactively with you, your employee and the employee’s doctor, so the employee will have a continuous income while he or she is unable to work.

**Long-term disability claims when you have a different short-term disability carrier**

To submit long-term disability claims online, go to www.anthemlife.com. Choose the Employer tab and then **Submit a Disability and/or Life claim**. Choose **Long-Term Disability** as the type of claim.

Our online claim submission tool will guide you through the steps and information needed for long-term disability claims. To file claims by mail or fax, download the **Long-Term Disability Claim Form** at www.anthemlife.com.

To submit a long-term disability claim, complete the **Long-Term Disability Claim Form**.

Give the remaining part of the form to the employee for completion.

If the claimant has more than one treating physician, give the claimant extra forms to complete.

All portions of the **Long-Term Disability Claim Form** package must be completed to avoid any delay in processing the claimant’s request for benefits.

Send completed forms to:
Disability Claims Service Center
P.O. Box 105426
Atlanta, GA 30348-5426
Phone: 1-800-232-0113
Fax: 1-800-850-0017
Email: lifeanddisabilityclaims@anthem.com

We make monthly payments for approved long-term disability claims unless the employer requested an alternate payment schedule. Checks are mailed to the employee.

We will ask for evidence of continued disability to determine ongoing eligibility for benefits.

**Failure to complete all employee, physician and employer questions for any claim could delay claim processing and determination.**

**Checking claim status online**

Group benefit administrators can log in to our secure portal to:

- Check claim status for disability and life claims
- View basic statistics reports for life claims
- View basic statistics reports for disability claims.

You can download the User Agreement from the Employer tab at www.anthemlife.com. Complete all the information, sign it and return it to us at:

Email the signed agreement to: dl-socerreporting@anthem.com.

Or mail the signed agreement to:
Life and Disability Service Center
3350 Peachtree Road NE, Suite 700
Atlanta, GA. 30326

Call 1-800-232-0113 ext. 4044798627

The person who signed the group contract must sign the User Agreement.

To log on and check the status of claims, go to www.anthemlife.com and click on the Employer tab. Then click on “Log on to Online Claims Administration Tools.”

More than one benefit administrator can have access. Just fill out the User Agreement with the information for all administrators. The person who signed your group contract must sign the request for additional access.

If you use a Third Party Administrator (TPA), you can also give them access to check the status of claims. When you complete the user agreement, list the TPA as an authorized user if you’d like a TPA to have access on your behalf. We need to approve the use of the TPA and will confirm to you that the TPA can have access. We'll send the TPA a user ID and password.

**Submitting claims online**

You, your employees, and your broker/TPA can submit life and disability claims online. Go to www.anthemlife.com.

- Employers can click on the Employer tab to find the link to the online claim tool
- Employees can click on the Employee tab to find the link to the online claim tool
- Brokers can click on the Producers tab to find the link to the online claim tool

Just click on the link and follow the simple instructions to submit your claim. You can also print any forms needed for your claim during the claim submission process. You can then fill out, sign and upload the forms during the submission process.

Once your claim is submitted you’ll receive a reference number and you can also receive a confirmation email.

You can call Customer Service for help at any time while submitting a claim online:

- For life claims: 800-552-2137
- For disability claims: 800-813-5682

These numbers are also on each screen of the online claim application, so you know help is just a phone call away.

You will be prompted to print any additional forms needed while you’re submitting the claim. You can upload completed forms and other supporting documents while you’re submitting your claim online. If you need to submit forms or other information later, you can email or mail the information to us.
Claim appeal procedures

For customers with administrative services only (ASO) disability plans, some of this information may not apply. Refer to your ASO Agreement for specific claim information.

If we deny a claim, the claimant/beneficiary, or someone acting on his or her behalf, can appeal the decision. Appeals must be submitted in writing and include the reason we should reconsider the claim decision. The person asking for the appeal also can submit additional documents or information relevant to the claim. For some benefit types, there may be a limit to the time allowed for filing an appeal. See the contract for important details on appealing a denied claim.

For disability claims
Send appeal letters to:
Disability Claims Service Center
Attn: Appeal Coordinator
P.O. Box 105426
Atlanta, GA 30348-5426

For life claims
Send appeal letters to:
Life Claims Service Center
Attn: Appeal Coordinator
P.O. Box 105448
Atlanta, GA 30348-5448
Sample Billing Statement

Billing Statement Summary for JULY 01, 2010 TO AUGUST 01, 2010

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding Balance</td>
<td>$75.83</td>
</tr>
<tr>
<td>Account Credit</td>
<td>$0.00</td>
</tr>
<tr>
<td>Beginning Balance</td>
<td>$75.83</td>
</tr>
<tr>
<td>Current Period Premium</td>
<td>$75.83</td>
</tr>
<tr>
<td>Current Period Adjustments</td>
<td>$0.00</td>
</tr>
<tr>
<td>Administrative Fees</td>
<td>$0.00</td>
</tr>
<tr>
<td>Current Billed Balance</td>
<td>$75.83</td>
</tr>
<tr>
<td>TOTAL AMOUNT DUE</td>
<td>$151.66</td>
</tr>
</tbody>
</table>

PLEASE PAY THIS AMOUNT

Your premium payment grace period expires 31 days after the premium due date unless otherwise agreed to by us. Please remember, we have no liability for claims incurred on or after the due date of your earliest outstanding bill, except as outlined in your policy/certificate.

RETURN EACH BILLING COUPON WITH PAYMENT

DUE DATE: 07/01/2010
AMOUNT DUE: $151.66
REMIT AMOUNT: $
INVOICE NBR: 0000
BILL PAYER: SURVEYING, INC.
GROUP NBR: 00199
BILL GROUP: 0000

GROUP ENROLLMENT & BILLING
Department L-8111
Columbus, OH 43268-8111
EMPLOYER RESPONSIBILITIES

As an employer your responsibilities include

- Giving notice of eligibility to each employee who is or will become eligible for enrollment.
- Obtaining applications for eligible employees wishing to enroll.
- Sending to Anthem Life all applications for eligible employees wishing to enroll.
- Distributing Anthem Life certificates and other information to insured employees.
- Paying premiums on or before the premium due date, even if insured employees are required to make a contribution toward the premium. Unless otherwise provided, all premium must be paid no later than 31 days after the premium due date to prevent a lapse in coverage.
- Maintaining an insurance records file for each employee, along with any changes to classification, benefit amounts, beneficiary and other relevant details (we may periodically request information that would be contained in the insurance file).
- Reporting to Anthem Life the following employee changes and the effective dates:
  - Classification, dependent status, name change, employment status
  - Change in earnings (if benefit amounts are affected)
  - Assisting insured employees in filing claims.
  - Notifying employees of their conversion right upon termination of employment or coverage.
  - Reporting taxes withheld from disability benefits.
- Producing W-2’s for any disability benefits (Short Term or Long Term) received by employees.

CHANGING EMPLOYEE RECORDS

To add an employee or make a change to an employee’s record

- Have the employee complete an employee application/change form.
- Complete the employer section of the form.
- Send a copy of the application to your Administrative Contact at P.O. Box 182361, Columbus, OH 43218-2361.

To terminate an employee or drop benefits:

- Send a copy of the change in writing to your Administrative Contact at P.O. Box 182361, Columbus, OH 43218-2361.
- Make sure to include the effective date for any changes.
- Advise the employee of any conversion rights. Refer to your group administration manual for details.

Please pay the amount billed. Charges and/or Credits for all billing adjustments will appear on the first available billing statement after the changes are processed.

Please Note: If the premium for any benefit is 100% paid by the employer, all eligible employees must be enrolled for that coverage.

<table>
<thead>
<tr>
<th>New Physical Address</th>
<th>New Billing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
<tr>
<td>Street Address</td>
<td>Street Address</td>
</tr>
<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
<td>Zip</td>
</tr>
<tr>
<td>Phone No.</td>
<td>Phone No.</td>
</tr>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Class Number</td>
<td>Class Description</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>01</td>
<td>ALL ELIGIBLE EMPLOYEES</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Life and Disability Group Administrator Manual

**AnthemLife**

**SURVEYING, INC.**  
Group #: 09199  
Bill Group Number: 0000  
Due Date: 07/01/2010  
Region: CENTRAL

<table>
<thead>
<tr>
<th>Insured Name</th>
<th>Employee #</th>
<th>Plan</th>
<th>Benefit</th>
<th>Premium</th>
<th>Total Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH, JAMES</td>
<td>XXXXX2021</td>
<td>LIFE</td>
<td>20,000</td>
<td>4.20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>AD&amp;D</td>
<td>20,000</td>
<td>$1.20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>STD</td>
<td>240</td>
<td>$21.36</td>
<td></td>
</tr>
<tr>
<td>JONES, TIM</td>
<td>XXXXX2180</td>
<td>LIFE</td>
<td>20,000</td>
<td>$4.20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>AD&amp;D</td>
<td>20,000</td>
<td>$1.20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>STD</td>
<td>300</td>
<td>$26.70</td>
<td></td>
</tr>
<tr>
<td>THOMPSON, JOHN</td>
<td>XXXXX4086</td>
<td>LIFE</td>
<td>20,000</td>
<td>$4.20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>AD&amp;D</td>
<td>20,000</td>
<td>$1.20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>STD</td>
<td>130</td>
<td>$11.57</td>
<td></td>
</tr>
</tbody>
</table>

**Summary**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefit</th>
<th>Premium</th>
<th>Total Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIFE</td>
<td>60,000</td>
<td>$12.60</td>
<td></td>
</tr>
<tr>
<td>AD&amp;D</td>
<td>60,000</td>
<td>$3.60</td>
<td></td>
</tr>
<tr>
<td>STD</td>
<td>670</td>
<td>$59.63</td>
<td></td>
</tr>
</tbody>
</table>

**Current Period Premium Due**  
$75.83

*Indicates change from prior billing statement. (See Adjustment Details)*
**AnthemLife**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning Balance</strong></td>
<td><strong>$75.83</strong></td>
</tr>
</tbody>
</table>

**Adjustment Detail**

<table>
<thead>
<tr>
<th>Insured Name</th>
<th>Cert No</th>
<th>Adjustment Reason</th>
<th>Effective Date of Change</th>
<th>Premium Adjustment</th>
</tr>
</thead>
</table>

**Total Adjustments**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Premium Due</strong></td>
</tr>
</tbody>
</table>

**SURVEYING, INC.**
- Group Nbr: 00199
- Bill Group Nbr: 0000
- Due Date: 07/01/2010
- Region: CENTRAL
Sample self-bill worksheet

Life & Disability Self-Bill Statement

<table>
<thead>
<tr>
<th>Case/Bill Name</th>
<th>Sample Group Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case/Bill Number</td>
<td>Sample Group Number</td>
</tr>
<tr>
<td>Division Name:</td>
<td></td>
</tr>
<tr>
<td>Contact Phone#:</td>
<td></td>
</tr>
<tr>
<td>Premium Due Date:</td>
<td></td>
</tr>
<tr>
<td>Date Prepared: 1/24/2014</td>
<td></td>
</tr>
</tbody>
</table>

Forward Payment and a copy of the Anthem Life Insurance Company Dept.
self-billed statement to: L8111
Columbus, OH 43268

Please include group name & number on your check plus invoice month, to insure premium is applied properly.
Please include a copy of your completed worksheet with your payment.

<table>
<thead>
<tr>
<th>Lives /Units</th>
<th>Volume</th>
<th>Rate</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Employee Life:</td>
<td>10</td>
<td>10,000</td>
<td>$0.12</td>
</tr>
<tr>
<td>Basic Employee AD&amp;D:</td>
<td>10</td>
<td>10,000</td>
<td>$0.03</td>
</tr>
<tr>
<td>Basic Dependent Life:</td>
<td>10</td>
<td>1,500</td>
<td>$1.50</td>
</tr>
<tr>
<td>STD:</td>
<td>10</td>
<td>2,900</td>
<td>$0.360</td>
</tr>
<tr>
<td>LTD:</td>
<td>10</td>
<td>20,833</td>
<td>$0.580</td>
</tr>
<tr>
<td>ASO STD:</td>
<td>10</td>
<td>3,000</td>
<td>$0.30</td>
</tr>
</tbody>
</table>

STD Volume is based on cumulative weekly benefits
LTD Volume is based on cumulative monthly covered payroll

Optional Employee Life: Under 25 | 10 | 10,000 | $0.070 | $0.70 |
| 25-29 | 10 | 10,000 | $0.090 | $0.90 |
| 30-34 | 10 | 10,000 | $0.130 | $1.30 |
| 35-39 | 10 | 10,000 | $0.190 | $1.90 |
| 40-44 | 10 | 10,000 | $0.220 | $2.20 |
| 45-49 | 10 | 10,000 | $0.320 | $3.20 |
| 50-54 | 10 | 10,000 | $0.790 | $7.90 |
| 55-59 | 10 | 10,000 | $0.940 | $9.40 |
| 60-64 | 10 | 10,000 | $1.350 | $13.50 |
| 65-69 | 10 | 10,000 | $2.640 | $26.40 |
| 70-74 | 10 | 10,000 | $4.430 | $44.30 |
| 75+ | 10 | 10,000 | $8.900 | $89.00 |

Optional Spouse Life: Under 25 | 10 | 10,000 | $0.070 | $0.70 |
| 25-29 | 10 | 10,000 | $0.090 | $0.90 |
| 30-34 | 10 | 10,000 | $0.130 | $1.30 |
| 35-39 | 10 | 10,000 | $0.190 | $1.90 |
| 40-44 | 10 | 10,000 | $0.270 | $2.70 |
| 45-49 | 10 | 10,000 | $0.370 | $3.70 |
| 50-54 | 10 | 10,000 | $0.790 | $7.90 |
| 55-59 | 10 | 10,000 | $0.940 | $9.40 |
| 60-64 | 10 | 10,000 | $1.350 | $13.50 |
| 65-69 | 10 | 10,000 | $2.640 | $26.40 |
| 70-74 | 10 | 10,000 | $4.430 | $44.30 |
| 75+ | 10 | 10,000 | $8.900 | $89.00 |

Total Optional Employee Life: 120 | 120,000 | $204.90 |

Total Optional Spouse Life: 120 | 120,000 | $204.90 |

Optional Child Life: 10 | 10,000 | $0.100 | $1.00 |

Optional Employee AD&D: 120 | 120,000 | $3.60 |

Voluntary Employee AD&D: 10 | 100,000 | $0.300 | $30.00 |

Voluntary Employee & Family AD&D: 10 | 100,000 | $0.300 | $30.00 |

Voluntary STD: Under 25 | 1 | 250 | $0.320 | $9.60 |
# Life & Disability Self-Bill Statement

**Case/Bill Name:** Sample Group Name  
**Case/Bill Number:** Sample Group Number  
**Division Name:**  
**Division State:**  
**Contact Phone#:**  
**Premium Due Date:**  
**Date Prepared:** 1/24/2014  
**Prepared By:**  
**Period:**

Forward Payment and a copy of the self-billed statement to:  
**Anthem Life Insurance Company Dept L8111**  
**Columbus, OH 43268**

Please include group name & number on your check plus invoice month, to insure premium is applied properly. Please include a copy of your completed worksheet with your payment.

<table>
<thead>
<tr>
<th>Lives /Units</th>
<th>Volume</th>
<th>Rate</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.541 /$100</td>
</tr>
<tr>
<td>25-29</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.563 /$100</td>
</tr>
<tr>
<td>30-34</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.585 /$100</td>
</tr>
<tr>
<td>35-39</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.396 /$100</td>
</tr>
<tr>
<td>40-44</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.321 /$100</td>
</tr>
<tr>
<td>45-49</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.368 /$100</td>
</tr>
<tr>
<td>50-54</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.418 /$100</td>
</tr>
<tr>
<td>55-59</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.565 /$100</td>
</tr>
<tr>
<td>60-64</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.698 /$100</td>
</tr>
<tr>
<td>65-69</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.703 /$100</td>
</tr>
<tr>
<td>70+</td>
<td>1</td>
<td>10,000</td>
<td>$ 0.759 /$100</td>
</tr>
</tbody>
</table>

**Total Voluntary LTD:**  
<table>
<thead>
<tr>
<th>Lives /Units</th>
<th>Volume</th>
<th>Rate</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11</td>
<td>110,000</td>
<td>$ 591.70</td>
</tr>
</tbody>
</table>

**Voluntary LTD Volume is based on cumulative weekly benefits**  
**Voluntary LTD Volume is based on cumulative monthly covered payroll**

Please Explain: new group  
adj: $ -

Please explain the difference between prior and current month premiums. Enter detailed information on the 'Adjustments' tab.

**Prior Month Premium:** $ -  
**Current Month Premium:** $ 1,641.75  
**Difference in Premiums:** $ 1,641.75

Authorized Signature:  

*(It is the policyholder’s responsibility to ensure that this form is completed and/or reviewed by an authorized representative.)*

**REMINDERS:**  
- Volumes for employees age 65 and over may be subject to a reduction in the amount. Apply appropriate reduction schedule before entering volume. All discrepancies will be addressed at time a claim is filed.  
- Do not report the number of lives or volume amounts for employees who have been approved for waiver of premium.*