

Central States Health & Life Co. of Omaha and Affiliates 1212 No. 96th Street - Omaha, NE 68114 1-800-826-6587 www.cso.com

## CREDIT UNION DEBT PROTECTION PROGRAM ADMINISTRATION MANUAL

Debt Protection Program Administration 1212 North 96<sup>th</sup> Street Omaha, NE 68114

## **Table of Contents**

Page
3
4
4 5 7 7 8 9 10 11
15
14 14 15 16 17 19 19 20 22 23 23 23 23 23 23 23 23

#### 4. Program Descriptions

Back Pocket

# Who is Central States Health & Life Co. of Omaha and Affiliates?

Central States Health & Life Co. of Omaha (CSO) and its affiliates are engaged in the development and servicing of Debt Protection Programs. Debt Protection Programs can include Credit Insurance, Debt Cancellation or a mixture of both types of protection. CSO is the administrator of your Debt Protection Program(s) including your converted block of business from your prior carrier, if any, and your new Debt Protection business. CSO will provide expertise in such areas as program development, benefit request/claim adjudication, actuarial service, and program management reporting and will obtain your contractual liability policy (CLP) through its subsidiary, Censtat Casualty Company (CCC) if applicable. CSO is also contracted with CCC to administer any program CLP for your Credit Union. As CCC's CLP administrator, CSO will adjudicate any claims submitted under your CLP. Below is key contact information. CSO looks forward to giving you the best service possible.

## **Important Contacts**

<u>Department</u>	Phone Number	<u>E-mail</u>
Debt Protection Program Administration	1-800-826-6587 Fax: 1-888-453-5126	dcc.administrator@cso.com
Debt Cancellation Benefit Requests	1-888-453-5124 Fax: 1-800-325-9116	csoclaims@cso.com
Credit Insurance Claim Requests	1-800-826-6587 Fax: 1-800-325-9116	csoclaims@cso.com
Technical Support	1-800-826-6587 ext 3475 Fax: 1-800-325-9116	CSO.Support@cso.com
Mailing Address	Central States Health & Life Co. of Omaha PO Box 34350 Omaha, NE 68134	Central States Health & Life Co. of Omaha 1212 North 96 <sup>th</sup> Street Omaha, NE 68114

Phone Hours: 7:30 - 5:00 Central, Monday - Friday

## **Program Instructions**

## DEFINITIONS

**Debt Protection Program** means your Credit Union's Debt Cancellation or Credit Insurance program for new business and for converted business from a prior carrier, if any. The converted business may include debt cancellation, credit insurance, or a combination of the two.

**Contract** means any new or converted Optional Debt Cancellation Program Contracts being offered by your Credit Union, if any.

**Certificate** means any new or converted Credit Insurance Certificate of Insurance being offered by your Credit Union, if any.

**Program Fees** as used in this Manual, mean debt cancellation fees and/or credit insurance premiums for Contracts/Certificates paid by a Member.

## ISSUING NEW PROGRAM CONTRACTS & CERTIFICATES

Optional Debt Cancellation Program Contracts and Credit Insurance Certificates (Contracts/Certificates) must be offered and issued in accordance with the eligibility requirements, benefit triggers, limitations and exclusions, underwriting requirements, age and amount limitations for your Credit Union's New Debt Protection Program. This information can be found on the Product Descriptions included with this Manual. There is a Product Description for each Contract/Certificate offered by your Credit Union.

When issuing new protection, it is very important you follow these steps. Refer to the Contract/Certificate and applicable Product Description for complete information.

- 1. Ensure the loan and Member are eligible for protection.
- 2. Use the correct forms.
- 3. For Debt Cancellation programs, comply with disclosure requirements see **Required Debt Cancellation Disclosures** section in this manual.
- 4. Ensure the Contract/Certificate is completed correctly.
- 5. If the Member(s) is unable to satisfy the eligibility requirements in the Contract/Certificate, do not issue protection.
- 6. If the Member(s) is able to satisfy the eligibility requirements have the Member(s)

sign the Contract/Certificate.

- 7. Provide the applicable copy of the Contract/Certificate to the Member(s).
- 8. File the applicable copy of the Contract/Certificate with the loan documents and be able to provide to CSO as requested.
- 9. As you code the loan in your system, assign the correct Program Option Code and charge the correct Program Fee see **Billing Procedure**.

## <u>REQUIRED DEBT CANCELLATION DISCLOSURES</u> (Not applicable for credit insurance programs)

The Office of the Comptroller of the Currency (OCC) has adopted regulations governing debt cancellation products, which the National Credit Union Association has adopted as best practices. These regulations require credit unions to give the following verbal and written disclosures.

#### Face to Face Solicitation Disclosures:

Both the verbal (short form) and written (long form) disclosures are required to be given to the Member at the time the Credit Union first solicits debt cancellation.

*Verbal Disclosures* are required to be given orally to the Member. The Credit Union must give verbal disclosures substantially similar to the following:

- The purchase of debt cancellation protection is optional. Whether or not you purchase debt cancellation protection will not affect your application for credit or the term of any existing loan agreement you have with the Credit Union.
- We will give you additional information before you are required to pay for the debt cancellation protection. This information will include a copy of the Optional Debt Cancellation Program Contract containing the terms of the debt cancellation protection.
- There are eligibility requirements, conditions, limitations and exclusions that could prevent you from receiving benefits under the debt cancellation protection. You should carefully read the Optional Debt Cancellation Program Contract for a full explanation of the terms of the debt cancellation protection.

*Written Disclosures,* for this program, are incorporated into the Optional Debt Cancellation Program Contract. The Member is to be provided a copy of the entire Optional Debt Cancellation Program Contract containing the written disclosures.

#### **Telephone Solicitation Disclosures:**

Both the verbal (short form) and written (long form) disclosures are required to be given to the Member when doing telephone solicitation.

*Verbal Disclosures* are required to be given orally to the Member at the time the Credit Union first solicits debt cancellation. The Credit Union must give verbal disclosures substantially similar to the following:

- The purchase of debt cancellation protection is optional. Whether or not you purchase debt cancellation protection will not affect your application for credit or the term of any existing loan agreement you have with the Credit Union.
- We will give you additional information before you are required to pay for the debt cancellation protection. This information will include a copy of the Optional Debt Cancellation Program Contract containing the terms of the debt cancellation protection.
- There are eligibility requirements, conditions, limitations and exclusions that could prevent you from receiving benefits under the debt cancellation protection. You should carefully read the Optional Debt Cancellation Program Contract for a full explanation of the terms of the debt cancellation protection.

*Written Disclosures* are to be provided to the Member within 3 business days of the telephone solicitation, via mail or electronic media provided in a manner consistent with the requirements of the Electronic Signatures and Global and National Commerce Act, 15 USC 7001 et seq. For this program, the written disclosures are incorporated into the Optional Debt Cancellation Program Contract. The Member is to be provided a copy of the entire Optional Debt Cancellation Program Contract containing the written disclosures within 3 business days of the telephone solicitation.

#### Written Mail Inserts or "Take One" Brochure Solicitation Disclosures:

If the Optional Debt Cancellation Program Contract is solicited through written materials such as mail inserts or a "take one" brochure, the Credit Union is to provide the short form disclosures in the written materials and then the Credit Union must mail the Optional Debt Cancellation Program Contract containing the long form disclosures to the Member within 3 business days, beginning on the first business day after the Member contacts the Credit Union to respond to the solicitation.

Short form disclosures to be used in the written materials are as follows:

• The purchase of debt cancellation protection is optional. Whether or not you purchase debt cancellation protection will not affect your application for credit or

the term of any existing loan agreement you have with the Credit Union.

- We will give you additional information before you are required to pay for the debt cancellation protection. This information will include a copy of the Optional Debt Cancellation Program Contract containing the terms of the debt cancellation protection.
- There are eligibility requirements, conditions, limitations and exclusions that could prevent you from receiving benefits under the debt cancellation protection. You should carefully read the Optional Debt Cancellation Program Contract for a full explanation of the terms of the debt cancellation protection.

**Long form disclosures,** for this program, are incorporated into the Optional Debt Cancellation Program Contract. The Member is to be provided a copy of the entire Optional Debt Cancellation Program Contract, containing the long form disclosures within 3 business days beginning on the first business day after the Member contacts the Credit Union to respond to the solicitation.

#### **Excluded Loan Types**

#### **Debt Cancellation**

Program Contracts cannot be offered or issued on the following loans or loans with the following characteristics: irregular scheduled loan payment amounts and loans with payment frequency of greater than 60 days. The Final Payment on a balloon loan or lease is excluded from benefits resulting from a Disability, Involuntary Unemployment or Family Leave as set out in the Periodic Payment Provision contained in the Optional Debt Cancellation Program Contract. Involuntary Unemployment protection is not available on loans for commercial, fleet or corporate vehicles.

#### **Credit Insurance**

Certificates cannot be offered or issued on the following loans or loans with the following characteristics: irregular scheduled loan payment amounts and loans with payment frequency of greater than 60 days. The Final Payment on a balloon loan or lease is excluded from benefits resulting from a Disability.

#### **Guidelines for Choosing Correct Program Contract/Certificate**

The following are the relevant guidelines for which Program Contract/Certificate a Member must complete and when. There are two contract forms, the Standard Application and the Late Enrollment Application. (For TX Credit Insurance Programs – there are two contract forms for open end loans and two separate contract forms for closed end loans.)

#### **First Time Applicants**

• When the initial application occurs on or within 30 days of the loan closing, use

the Standard Application.

• When the initial application occurs 31 or more days following loan closing, use the Late Enrollment Application.

#### **Debt Cancellation/Credit Insurance Contract Changes**

#### Within the first 30 days of loan closing use Standard Application:

- For Debt Cancellation Protection: Members can make changes to the Program Options. A Member who has already obtained protection may change from one Program Option to a different Program Option during the life of the loan.
- Add a Joint Member.
- In either case, a new Program Contract/Certificate must be completed. The Standard Application can be used but the Subsequent Election box must be checked above the Member's signature and the Enrollment Date box must be completed with the effective date of the change.

#### 31 or more days after loan closing use

- Standard Application to:
  - Eliminate one or more protection types
  - Add Family Leave and/or Involuntary Unemployment protection.
  - If there has been an employment status change and the Borrower has disability, involuntary unemployment or family leave protection and is not employed full time and does not anticipate returning to work full time at some point during the Program Contract term, the Borrower may want to change to a Life only Protection Option or terminate the Program Contract.
  - In all cases, a new Program Contract must be completed. The Subsequent Election box must be checked above the Borrower's signature and the Enrollment Date box must also be completed with the effective date of the change in program options.
- Late Enrollment Application to:
  - Add Life or Disability protection.
  - Add Joint Member.
  - In either case, a new Program Contract/Certificate must be completed. The Late Enrollment Application must be used but the Subsequent Election box must be checked above the Member's signature and the Enrollment Date box must be completed with the effective date of the change (Debt Cancellation only).

## **BILLING PROCEDURES**

- 1. Billing flags must be set up for each new or converted Contract/Certificate.
- 2. If a Member's outstanding loan balance exceeds the maximum amount of

protection as set forth on the Contract/Certificate, the Credit Union must compute and bill the Program Fee based only on the maximum protection amount allowed, not on the outstanding loan balance.

- 3. If the Member is changing program options, making subsequent elections, or has a change of employment status that affects their program option, the new Program Fee must be charged for the Member's loan.
- 4. If the consumer loan is secured by a dwelling, the Credit Union's systems must not finance the Program Fee. See **Dwelling Secured Loans** section in this manual.

#### When to Turn Off Billing

Credit Union must stop billing and notify CSO whenever a Contract/Certificate automatically terminates. Implement the following only as it applies to your Credit Union's Debt Protection Program, and the provisions of the applicable Contract/Certificate:

- 1. When the loan is paid off.
- 2. On the last day of the month the Member reaches the termination age.
- 3. Termination date of insurance or the maximum term of insurance has lapsed.
- 4. When any portion of the Program Fee is past due for 90 days or more.
- 5. When a Contract/Certificate is issued in error and the Credit Union recognizes the error before a protected event has occurred.
- 6. When a Contract is issued in error and the Credit Union recognizes the error <u>after</u> a protected event has occurred. Benefits if eligible will be provided for that protected event; however, the Contract will terminate as of the date the protected event occurred.

Credit Union must also stop billing and notify CSO:

- 1. When termination of a Contract/Certificate is requested in writing by the Member.
- 2. When the Credit Union terminates any or all of the Debt Protection Program. If Debt Protection Program is terminating, Credit Union is required to provide written notice to the Member at least 30 days prior to the program termination date (or as required by law).

## **DWELLING SECURED LOANS**

In connection with consumer loans secured by a dwelling, the Credit Union may charge the Member a Program Fee for debt protection, but it may not *finance* the Program Fees. This limitation is the result of a Consumer Financial Protection Bureau regulation, which prohibits the Credit Union from financing, directly or indirectly, Program Fees in

9

connection with: (1) consumer credit transactions *secured by* a dwelling or residential real property that includes a dwelling; or (2) any open-end consumer credit plan *secured by* the principal dwelling of the Member.

This regulation applies only to loans secured by a dwelling; it does not affect any other consumer loan/line of credit. Note, however, the regulation is not limited to mortgage loans/lines of credit – it applies to *any* consumer loan *if it is secured by a dwelling.* The Credit Union needs to evaluate its systems and determine what, if any, changes are necessary to comply with the regulation. Contact CSO or your Program Representative if you would like to discuss this system issue further.

## **COMPLAINT HANDLING**

Credit Union will coordinate with CSO for responding to Member complaints relating to the Debt Protection Program. Any complaints received by Credit Union should be forwarded to CSO as soon as possible.

## **BENEFIT REQUESTS/CLAIMS**

The Benefit Request/Claim Department is here to serve your Members who are protected by a Contract/Certificate under the Credit Union's new and/or converted Debt Protection Program. In order for us to give you the best service possible, all Benefit Request/Claim Forms should be completed in their entirety. Incomplete forms can cause delays.

#### Benefit Request/Claim Overview

If CSO is contacted by a Member inquiring how to request a benefit or file a claim, we will refer them to you.

**Credit Union:** When you receive notification of a loss event from a Member, you will be required to facilitate the process as outlined below.

#### **Benefit Request/Claim Instructions:**

- 1. The Credit Union is to follow the directions noted on the applicable Benefit Request/Claim Form to have the form completed by all responsible parties and to obtain any additional forms.
- 2. The Credit Union is to assist the Member or Members' family, as applicable, in completing the Authorization to Disclose Personal Information form and obtaining certified death certificate. (for life protection benefits only.)
- 3. The Credit Union is to submit the following, as applicable, to CSO at the below address:
  - a. Completed Benefit Request/Claim Form.
  - b. Certified death certificate if required and not in initial claim packet, CSO will send a written request directly to the next of kin.
  - c. Authorization to Disclose Personal Information form.
  - d. Any required documentation for accident only coverage, if applicable.
  - e. Member's loan history.
  - f. Copy of Member's Contract/Certificate.

Forward the applicable benefit request/claim packet documents to our Benefit Request/Claim Department at the address below or upload them through ezLink.

Central States Health & Life Co. of Omaha Benefit Request/Claim Department PO Box 641668 Omaha, NE 68146-7668

**Member:** Upon receipt of documentation, the CSO Benefit Request/Claim Department will evaluate the information and determine the Member's eligibility for benefits. CSO has no obligation to process any benefit request/claim until all required information is received by CSO from the Member and Credit Union. If additional information is needed

to continue the review process, CSO will contact the Member directly or the next of kin.

#### Unless all statements are complete, further consideration may be delayed.

#### **Ongoing Benefits:**

Once a disability; involuntary unemployment or family leave benefit request/claim has been approved, proof of continuing disability; involuntary unemployment or family leave may be required. Appropriate evidence will be requested by CSO.

#### **Action on Benefit Request/Claims**

Once we receive a completed Benefit Request/Claim Form and any other required documents, CSO will take one of the following actions:

#### Approve the Benefit Request/Claim

- CSO will notify the Credit Union of the approval and the benefit amount. The Credit Union is responsible to apply the benefit amount against the Member's outstanding loan balance. For Debt Cancellation benefit approvals, CSO will also notify the contractual liability policy carrier, CCC, of the benefit determination.
- In the case of life protection, CSO will notify the estate representative or the surviving Joint Member (if joint protection) that the benefit request/claim has been approved and the amount that will be cancelled or the benefit amount to be paid.
- In the case of disability, involuntary unemployment, or family leave protection, CSO will send the Member an Explanation of Benefits (EOB) letter. If required, additional Benefit Request/Claim Forms may be requested for continued benefits.
- If the loan is paid by automatic withdrawal, Credit Union should contact the Member to see if the automatic withdrawal should be stopped once benefits begin.

#### **Request Additional Information**

- If additional documentation is required, correspondence will be sent to the appropriate party (Member, Credit Union, physician, etc.) detailing what is needed. CSO will advise the Credit Union, Member, Joint Member (if joint protection) and/or the estate representative, as applicable, of the status.
- Based on the additional information received, CSO will make a decision on the benefit request/claim.

#### Deny the Benefit Request/Claim

• If the benefit request/claim is denied, CSO will advise the Credit Union, Member, Joint Member (if joint protection) and/or the estate representative, as applicable, of the reason for the denial.

• CSO will close all files.

#### **Rescind the Contract/Certificate**

- If CSO determines during the benefit request/claim review process that the Member did not qualify to purchase the Contract/Certificate, CSO will deny the benefit request/claim and rescind the Contract/Certificate rendering it void from its original effective date. CSO will advise the Credit Union, Member, and/or the estate representative, as applicable.
- CSO will instruct the Credit Union of any refunds due the Member or Members' estate.
- If joint protection, CSO will advise if any protection will remain in effect for the Joint Member and advise of any Program Fee changes.
- CSO will close all files.

## ezLink Instructions

## REGISTRATION

To register, click on the Register button in the upper right-hand corner.

Central States Health & Life Co. of Ormaha		Register Log in
	Home	Contact
Welcome to ezLink		ß
Administered by Central States Health & Life Co of Omaha		
Please <i>log in</i> to utilize our site. You may <i>register</i> as a user of the site if this is your first time.		
ezLink - © 2014 - Administered by Central States Health & Life Co. of Omaha - Website protected by SSL-encryption		

Complete all fields and click the Save button. Once you have registered, you can log-in and perform the functions the Credit Union's Program Administrator has established for you.

Central States Health & Life Co	nk o. of Omaha					Contract
				N	Home	Contact
User:	* [			43		
		First	Middle	Last		
Name:	*		*			
Email:	*		Phone: *			
Password:	•					
Confirm Passwor	rd: *					
State:	•		Account: *			
Save						
ezLink - © 2014 - Adminis	stered by Ce	entral States Health & Life Co. o	of Omaha - Website protected by SSL-encryption			

## LOG IN

To Log in, enter the User Name and Password you used when you completed your ezLink Registration. After logging in, you are directed to the ezLink Debt Protection Program Home Page.

Central States Health & Life Co. of Omaha	Home	Contact
Le la		
User Name:		
Password:		
Log In		
ezLink - © 2014 - Administered by Central States Health & Life Co. of Omaha - Website protected by SSL-encryption		

Central States Health & Life Co.	of Omaha					Hello, <u>DemoUse</u>	er1 ! Log off
	Home	Remittance	File Transfer	Benefit Reque	sts Switch Account	Contact	Reports
Home	Page	DCC Account !	55000459 - Sam	ple Account	Ĩ		
Contact Us							
Resource Documents		Welcome to	o ezLink Te	st System			
Messages / Notices	1 unseen i	message has been s	Reminders ent to you	View 📢			

- The Home page includes a reminders section. You can view a reminder by clicking on the "View" link.
- If you have multiple account numbers remitting monthly business, you can toggle between these by clicking on the "Switch Account" link on the top right of the screen.
- If you have a different blocks of business that is administered by CSO as well, click the color scheme changes from blue to green to identify you are now on a credit insurance screen.

## **Monthly Reporting**

Your Credit Union has been assigned a unique Account Number for each block of business administered by CSO. For example, if you had a converted credit insurance block, a converted debt cancellation block, a new debt cancellation program or a new credit insurance block, you would be assigned three/four Account Numbers. Reporting and fee remittance for each block of business must be submitted separately under the appropriate Account Number.

#### CSO's ezLink OVERVIEW

This is a web-based tool that is available for credit unions and allows you to:

- 1. Remit your monthly business and fees
- 2. Transfer data files

#### REMITTANCE

To perform remittance functions, click on the "Remittance" link. You remit separately for each Account Number assigned to your Credit Union. You are presented with 4 options: (1) Remit Monthly Fees (2) Look-up Draft Remittance (3) Remittance History and (4) Remittance Report.

@ezLink						Helio. <u>rachelle</u> I	Log off
	Home	Remittance	File Transfer	Benefit Requests	Messages	Contact	Users
Remit Business							
Remit Monthly Fees Lookup Draft Remittance							

#### **Remit Monthly Fees**

Click on the "Remit Monthly Fees" link. At the top of the Remittance page, the following information is displayed

	55000459	Account Name:	Sample Account				
Added By:	Demo User	Email:	rawalkowiak@csc	o.com	Phone:	402-399-1111	
Comment:							
Business Mon	nth: Jul 2020 🗲		Existing Busin	ess Only			
nter:			Opt 1	Opt 2	Opt 3	Opt 4	TOTAL
. Number of Pro	ogram Contracts on	Payment Date	0	0	0	0	0
. Iotal Protected	d Balance		0.00	0.00	0.00	0.00	0.00
. Total Fees Colle	ected		0.00	0.00	0.00	0.00	0.00
Calculated:							
alculated: . Net Fees (line 3	3 less line 4)		0.00	0.00	0.00	0.00	0.00
<b>Calculated:</b> 6. Net Fees (line 3 6. Financial Institu	3 less line 4) ution Fee Amount (	(%)	0.00 45.000 %	0.00 45.000 %	0.00 45.000 %	0.00 45.000 %	0.00
Calculated: 5. Net Fees (line 3 5. Financial Institu 7. Fee Income An	3 less line 4) ution Fee Amount ( nount (line 6 times	(%) line 5)	0.00 45.000 % 0.00	0.00 45.000 % 0.00	0.00 45.000 % 0.00	0.00 45.000 % 0.00	0.00

**Comments:** Any comments regarding this remittance can be entered in this field (optional).

**Business Month:** You must select the month of business which you would like to submit.

**Line 1**: Enter the total number of contracts/certificates that have been billed for the protection/insurance.

**Line 2**: Enter the total protected loan amount (current loan balances) for all contracts/certificates in Line 1.

**Line 3**: Enter the total fee amount billed for all contracts/certificates in Line 1. **Line 4**: This is optional and may be used if you need to adjust the amount of fees reported above.

The system calculates the other numbers in the chart. The **Total Amount Due** shows the sum of this column for all listed Options.

**Save as Draft:** The remittance can be saved at any time by clicking the "Save as Draft" button. If you are not ready to finalize your remittance, click on the "Save as Draft" button. This stores all of the information you entered in the remittance information that is not ready to send to CSO. Once the remittance is saved and you exit the screen, you can access the information again by viewing the "Look-up Draft Remittance".

**Authorize ACH & Submit to CSO**: If your Credit Union has selected the ACH remittance option, you will see a button labeled "**Authorize ACH & Submit to CSO**". Once you are ready to complete the transaction and send the information to CSO for processing, click the "Authorize ACH & Submit to CSO" button. This transaction alerts our accounting department that an ACH transaction is to take place for the Total Amount Due on the remittance form and transmits the data entered into the Monthly Remittance form. There will be a 1 - 2 day waiting period before the ACH transaction is actually completed.

#### Or

**Save and Print:** If your Credit Union has not signed up ACH remittance, you see a button labeled "**Save and Print**". Once you are ready to complete the transaction, you click the "Save and Print" button to generate a hard copy of the Monthly Remittance Information form. Attach your check made payable to CSO for the Total Amount Due to the Monthly Remittance Information form you printed and mail to:

> Debt Protection Administration PO Box 30010 Omaha, NE 68013-1110.

#### FILE TRANSFER

Clicking the "File Transfer" link brings up the functions needed to upload the monthly payment file to CSO for processing. A separate File Transfer is required for each Account Number assigned to your Credit Union. You will be presented with 3 options: (1) Transfer Files to CSO (2) Process Files from CSO and (3) File Transfer History.

Central States Health & Life Co. of Omaha				Hello, <u>DemoUse</u>	er1 ! Log off
Home	Remittance	File Transfer	equests Switch Account	Contact	Reports
File Transfer	DCC Account	55000459 - Sample Accoun	t		
Transfer Files To CSO Process Files From CSO File Transfer History					

#### Transfer Files To CSO

To upload files, click on the "Transfer Files to CSO" link. At the upload screen, click on the "Browse" button and browse your network to find the file you wish to upload. After selecting the file from your network, double click on the file and the file path and file name should appear back on the upload screen.

If you are sending the monthly Member Detail File, please make sure this box is checked to help identify this file type. If you are sending a file that is not the monthly Member Payment File, please make sure to select appropriate drop down.

You also have the option to add comments that will be transferred along with the file. This is optional.

Once the proper file has been selected, click on the "Transfer File to CSO" button to complete the transaction. Upon successful upload, you see a confirmation message. This confirmation message indicates that the file was successfully received by CSO.

Transfer Files To CSO Process Files From CSO	Choose File No file chosen
File Transfer History	Select applicable content type 🔻
	Select applicable content type
	Member Detail File Loan Penetration File Claim Documentation Other
	Transfer File To CSO

#### Process Files From CSO

If CSO sends you a file, you click on the link "Process Files from CSO". If there are no files to process, you see a message that says there are no unprocessed files from CSO. If there is a file to open, you click on the file link.

#### File Transfer History

You can view the history of files that were transferred by clicking on the "File Transfer History" link. Just enter the List Start Date to view the file transfer history.

## **Benefit Request/Claim Forms**

1. Click on the Benefit Requests tab

(For credit insurance accounts click on Claim Requests)

ez Lin	k					Hello, <u>DemoUse</u>	er1 ! Log off
Central States Health & Life Co. of C	Home	Remittance	File Transfer	Benefit Requests	Switch Account	Contact	Report
Home F	age						
Contact Us Resource Documents	•	Nelcome t	o ezLink Te	est System			
Messages / Notices	1 unseen r	nessage has been s	Reminders sent to you	View			

- 2. You can either "View" or "Fill Out" Benefit Request/claim forms from this screen.
  - a. To print a form to be completed, click on "View" and then print the form.b. To complete the online form, click on "Fill Out" and membership list will appear to select appropriate Member

		Forms
View		Authorization Form 781B 2nd Rev (3-17)
View	Fill Out	Report of Death Form 10PD TX Rev (8-12)
View	Fill Out	Report of Disability 687 3rd Rev TX (2-17)

3. Once you have selected the member, a pop up window will appear with the information needed to fill out the form. Once all information is filled in, click Submit at the bottom of screen and a PDF of the benefit request form will appear. See Benefit/Claim Request on how to submit initial Benefit Request/Claim Packet

Uploading Claim Documentation

1. From the Claim Request Tab, click on File Transfer: Claim Form

		Claim Status	File Transfer: Claim Form
	Forms		
View	Authorization Form 781B 2nd Rev (3-17)		
View	Report of Death Form 10PD TX 2nd Rev (9-17)		
View	Report of Disability 687 3rd Rev TX (2-17)		

2. Choose Claim packet file from your system drive to upload and click Transfer File to CSO

Transfer Files To	CSO DCC Account 5500855 - Demo FCU
Transfer Files To CSO Process Files From CSO File Transfer History	Choose File Claim Packet.pdf Claim Documentation File Transfer Notes:
	Transfer File To CSO

#### View Benefit/Claim Status

1. From the Benefit Request/Claim Request tabs, click on Benefit/Claim Request Status Button

			Benefit Request Status	File Transfer: Benefit Form
		Forms		
View		Authorization Form 740B 6th Rev (3-17)		
View	Fill Out	Report of Death Form 482C (6-14)		

- 2. The CSO Benefit Request/Claim Status site will open and be displayed.
  - a. To review status of a Members Request for Benefit information, enter any of the search criteria fields and click search. The Claim search criteria results can be sorted by the result column headings.
  - b. To review a certain Member and their information, double click on the Member.
  - c. Benefit details screen will appear
  - d. From this screen, you will be able to view Member information, coverage information, benefit information, benefit payment information, and letter history.

<b>CS</b>	0		C	SO Cla	im Stat	us			
				Account Info	rmation				^
Account Num	nber:	Name:							
				Search Cr	iteria				·
Benefit	Number:			1	Benefit Type:	- All Types	✓ Search	1	
Addendum	Number:			B	enefit Status:	- All Statuses -	- ~		
Borrower Firs	st Name:	Last Name:							
Date of Los	ss From:	Date of Loss To:							
Reported Da	te From:	Reported Date To:					Results Found: 2	5	
Benefit Number	Borrower Name	Addendum Number	Reported Date	Date of Loss	Last Payment Amount	Last Payment Date	Benefit Type	Status	Total Amount Paid
6A01227		0432715080	10-20-2016	10-01-2016	\$0.00		Disability	Open	\$0.00
6A01212		0438666080	10-17-2016	09-01-2016	\$226.67	10-25-2016	Disability	Open	\$226.67
6A01217		0436816080	10-13-2016	10-01-2016	\$0.00		Involuntary Unemployment	Open	\$0.00
6A01217		0436816082	10-13-2016	10-01-2016	\$0.00		Involuntary Unemployment	Open	\$0.00
6A01209		0428315083	10-06-2016	09-16-2016	\$0.00		Disability	Open	\$0.00
6901201		0423479085	09-21-2016	10-25-2016	\$498.43	11-10-2016	Disability	Open	\$498.43

3. Once a Member record is selected, benefit/claim details will appear. The details include Member information, coverage information, benefit information, benefit payment history, and letter history.

						fit Payme	Int Informat					
Nur	mber of Benefi	t Paymen	ts			Tot	al Benefits	Paid		Last Payment 0	Date	
	2					\$792.95					10-11-2016	
Payment Date	Paid From	Paid	То	Am	nount	Check	Number	Payment	nt Type Payee Nam		ee Name	
10-11-2016	08-13-2016	09-25	2016	\$46	37.08	70	7000071 Final Payment					
						Show All	Payments					
						Benefit	Details					
					B	orrower li	nformation					
Nam	Name Issue Age Contract Number				Accour Numbe	nt er		Account Name		Account State	Effective Date	
		47	043866	6080						TX	05-01-2016	
					Co	overage I	nformation					
					(	Coverage	Options					
	Descriptio	on			Expiratio	n Date	Terms	Remaining Terms	Original	Benefit Amount	Status	
Life					06-20-2021 61		53	\$	18,893.96	Monthly		
All Cause Single	Life, DI, IU, FL				06-20-2021 61 53		53		\$425.00	Monthly		
					E	Benefit In	formation					
Benefit Numbe	er		Name			Ben	efit Type	Date of Loss Date Re		Reported To CS	O Status	
6A01212						Di	sability	09-01-2016		10-17-2016	Open	
					Benet	fit Payme	nt Informati	on				
Nu	mber of Benet	fit Paymer	nts			Tota	al Benefits F	Paid	l	ast Payment Da	te	
	1						\$226.67			10-25-2016		
Payment Date	Paid From	Paid	d To	Am	nount	Check	Number	Payment	Гуре	Payee	Name	
10-25-2016	09-15-2016	09-30	-2016	\$22	26.67	700	00081	Partial Pay	ment			
					Lett	er History	/ Informatio	n				
Contract Number	er Letter S	ent					L	etter Description				

- 4. If Member currently has an active benefit/claim, you will be able to see payment history. To see payment history click on "Show All Payments".
  - a. Pop up window will appear with payment history.

				Payment	t Details			
Contract Num	ber Benefi	t Number		Name		Date of Loss	Date Reported To CSO	Status
003856900	2 670	01151				07-13-2016	07-20-2016	Closed
Payment Date	Paid From	Paid To	Amount	Check Number	Paymen	nt Type	Payee Name	
10-11-2016	08-13-2016	09-25-2016	\$467.08	7000071	Final Paym	nent		
08-03-2016	07-13-2016	08-12-2016	\$325.87	7000039	Partial Pay	ment		

5. To view Member letter history click on "Show All Letters".

	Letter History Information								
Contract Number	Letter Sent	Letter Description							
0005378152	10-27-2016	Requesting Info from Member_IU - (CUI1)							
		Show All Letters							

a. Pop up window will appear with letter history.

			Letter Deta	ails						
umber	Contract Num	ber Benefit Number	Name	Date of Loss	Date Reported To CSO	Status				
	000537815	2 6A01207		07-23-2016	10-03-2016	Open				
t Num	Letter Sent		Letter Descriptio	n						
rst Na	10-27-2016	Requesting Info from Member_	U - (CUI1)			~				
oss F	10-25-2016	Requesting Info from Member_	Requesting Info from Member_IU 2nd Request - (CUI2)							
ate F Dis	10-11-2016	Requesting Info from Member_	U - (CUI1)							

#### View ACH Reports for Benefit/Claim Request Payments

1. If you have a new ACH Payment Report, it will show on the Home Page under Reminders. Click on view to get details on ACH payment transactions.



Select report date you would like to pull and click on Generate Report.
 a. Report can be created in PDF or Excel.

ezLink	Hama	File Transfer	Den offt Demusch		Gradit	Hello, ;	igzay ! Log off
	Home	File Transfer	Benefit Requests	Messages ਯ	Credit	Switch Account	Contact
Home Page							
Generate Report PDF	. е в	ccel: O					
Select? Payment Date							

3. Below is representation of what the ACH Payment Report looks like.

	CSO Test Account Account Number: 3333333 P0 Box 219751 Omaha, NE 68134 Claim ACH Payment Report									
Date	Transaction Number	Benefit Number	Program Contract Number	Loan Number	Member Name	Amount	Payee	Paid From	Paid To	
1/27/2017	0700000135	6A01220	0002676601	123456	Jane Doe	381.44	CSO Test Account	11/30/2016	12/29/2016	

4. To review past reports go to Benefit/Claim Request Screen. If no reports are available, you will not see the ACH Payment Report button.



## **LOGGING OUT**

You can log out from anywhere in the system by clicking on the "Log off" button in the upper right-hand corner of the screen. Once logged out, you have the option to log back in. Just click on the "Log In" link.

## ezLink Reporting

## **Performance Reporting**

As your Debt Protection provider, we can offer Performance Reporting through ezLink, when your loan data is provided to CSO on a monthly basis. To receive more information on Performance reporting, please contact your CSO Representative.

## **Remittance Reporting**

Through ezLink we offer Remittance Reporting. Remittance Reports are only visible to individuals with remittance access. Please notify your CSO Representative if you would like access to Remittance reporting.

## **Benefit Request/Claim Reporting**

Through ezLink we offer Benefit/Claim Reporting. Benefit Reports are only visible to individuals with Benefit/Claim access. Please notify your CSO Representative if you would like access to Benefit/Claim reporting. Below are the available reports through our ezLink system:

#### **Available Reports:**

- Paid Benefits/Claim Summary
- Paid Benefits/Claim by Age
- Paid Benefits/Claim by Product Type

#### **Accessing Reports**

1. From your Home screen of ezLink, click on the Reports tab.



2. Click on Paid Claims report and/or Paid Benefit Report depending on Protection elected.



3. Access all four available reports under Reporting Menu drop down.

				<u> </u>		
Central States Health & Life Co. of Omatra					Hello, <u>DemoUse</u>	<u>r1</u> ! Log off
Home	Remittance	File Transfer	Benefit Requests	Switch Account	Contact	Reports
DCC Account 5	5000459 - Sam	iple Account				
Paid Benefits Reporting Paid Benefits Summary Paid Benefits <b>1</b> Monthly Paid Benefits by Age Life Paid Benefits by Age <b>1</b>	e <b>.lı</b>					

- 4. All Benefit reports can be sorted or filter by the following:
  - a. Date Range
  - b. Periods in Months, Quarters, Years
  - c. Dollars or Percentages
- 5. Reports can be printed in a PDF or excel version.