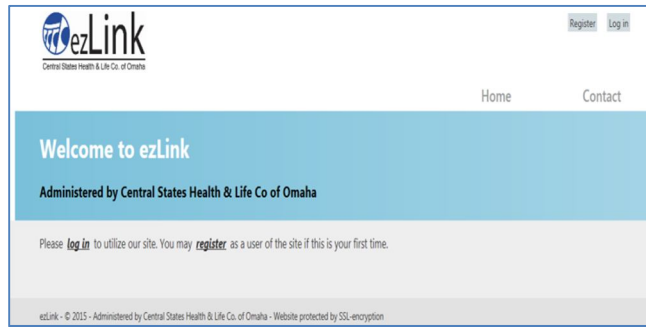
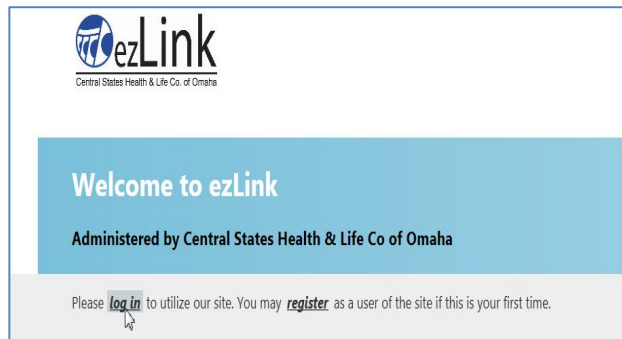


ezLink Registration

1. Go to www.cso.com/ezlink



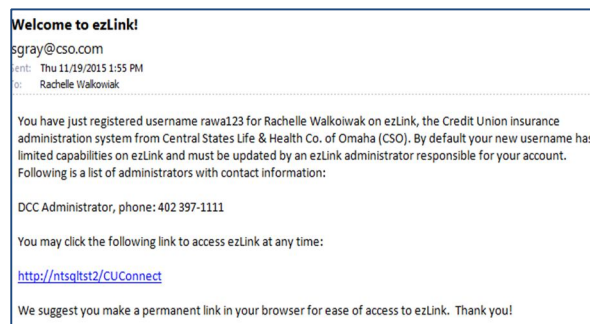
2. Click on Register



3. The following screen will appear. Enter user information to complete registration process.

Complete any box with * it is mandatory.

4. Click on Save
5. Once registration has been completed you will receive an email from CSO.



EzLink Remittance Process

This is an overview of how to remit debt protection monthly to Central States Health & Life Co. of Omaha, your Debt Protection Program Administrator (Administrator).

The 2-Step Process:

- Each month you will complete your monthly fee remittance via ezLink.

Step 1: Remittance Report

The screenshot shows the EzLink Test System homepage. The header includes the ezLink logo and the text 'Central States Health & Life Co. of Omaha'. The navigation menu has links for Home, Remittance, File Transfer, Benefit Requests, Messages, Contact, and Users. The 'Remittance' link is highlighted. A blue box with the text 'To start remittance process' points to the 'Remittance' link. The main content area displays 'Welcome to ezLink Test System', 'Reminders', and 'Currently No Reminders Are Necessary'. It also shows 'Last remittance for 3333333 TEST CU DCC ACCOUNT 1 was August 2014' and 'Last login time: 12/17/2015 11:00 AM'.

The screenshot shows the EzLink Remit Business page. The header includes the ezLink logo and the text 'Central States Health & Life Co. of Omaha'. The navigation menu has links for Home, Remittance, File Transfer, Benefit Requests, Messages, Contact, and Users. The 'Remittance' link is highlighted. The main content area displays 'Remit Business' and 'DCC Account 3333333 - TEST CU DCC ACCOUNT 1'. A blue box with the text 'Click on Remit Monthly Fees. You can also lookup draft remittance, remittances history, or remittance reports.' points to the 'Remit Monthly Fees' link. The 'Remit Monthly Fees' link is highlighted in the left sidebar.

Monthly Remittance

DCC Account 3333333 - TEST CU DCC ACCOUNT 1

Account: 3333333

Account Name: TEST CU DCC ACCOUNT 1

Added By: Rachelle Walkowiak

Email: rawalkowiak@csso.com

Phone: 402 399-3344

Comment:

Business Month:

Existing Business Only

Fee Code	Opt 1	Opt 2	Opt 3	Opt 4	TOTAL
1. Number of Program Contracts on Payment Date	0	0	0	0	0
2. Total Protected Balance	0.00	0.00	0.00	0.00	0.00
3. Total Fees Collected	0.00	0.00	0.00	0.00	0.00
4. Total amount of fees adjusted (+/-)	0.00	0.00	0.00	0.00	0.00
5. Net Fees (line 3 less line 4)	0.00	0.00	0.00	0.00	0.00
6. Financial Institution Fee Amount (%)	50.000 %	50.000 %	50.000 %	50.000 %	
7. Fee Income Amount (line 6 times line 5)	0.00	0.00	0.00	0.00	0.00
8. New Fees due the administrator (line 5 less line 7)	0.00	0.00	0.00	0.00	0.00
					Total Amount Due

Save as Draft

Authorize ACH & Submit to CSO

Save & complete remittance report.
Notifies CSO ok to process and initiate
ACH transaction.

After clicking on Remit
Monthly Fees, this page will
appear. Fill in Business Month,
and each pertaining option.

If remittance is not
complete you can save and
complete later.

Step 2: File Transfer



Hello, rachelle ! [Log off](#)

[Home](#) [Remittance](#) [File Transfer](#) [Benefit Requests](#) [Messages](#) [Contact](#) [Users](#)

Home Page

DCC Account 3333333 - TEST CU DCC ACCOUNT 1


Welcome to ezLink Test System

Reminders

Currently No Reminders Are Necessary

Last remittance for 3333333 TEST CU DCC ACCOUNT 1 was August 2014

To start file transfer process



Central States Health & Life Co. of Omaha

Hello, [rachel](#) ![Log off](#)

[Home](#) [Remittance](#) [File Transfer](#) [Benefit Requests](#) [Messages](#) [Contact](#) [Users](#)

File Transfer


DCC Account 3333333 - TEST CU DCC ACCOUNT 1

Transfer Files To CSO

Process Files From CSO

File Transfer History

Transfer file to CSO, process files from CSO or look up file history.



Central States Health & Life Co. of Omaha

Hello, [rachel](#) ![Log off](#)

[Home](#) [Remittance](#) [File Transfer](#) [Benefit Requests](#) [Messages](#) [Credit](#) [Contact](#) [Users](#)

Transfer Files To CSO

DCC Account 3333333 - TEST CU DCC ACCOUNT 1

Transfer Files To CSO

Process Files From CSO

File Transfer History


[Browse...](#)

☒ Member Payment File?

File Transfer Notes:

[Transfer File To CSO](#)

Insert file to transfer to CSO. If file is not a payment file uncheck Member Payment File. If file is a member payment file this box has to be checked or will not be processed correctly.



Hello, rachelle !

Log off

HomeRemittanceFile TransferBenefit RequestsMessagesCreditContactUsers

Home PageDCC Account 3333333 - TEST CU DCC ACCOUNT 1

Welcome to ezLink Test System

Reminders

Currently No Reminders Are Necessary


Last remittance for 12345 TEST CU CREDIT ACCOUNT was June 2014
Last remittance for 3333333 TEST CU DCC ACCOUNT 1 was August 2014

Repeat process for converted blocks by toggling the Credit/DCC button.

Screens are color coded:

Blue – Debt Cancellation Business

Green – Credit Insurance Business



Hello, rachelle !

Log off

HomeRemittanceFile TransferClaim RequestsMessagesDCCContactUsers

Home PageCredit Insurance Account 12345 - TEST CU CREDIT ACCOUNT

Welcome to ezLink Test System

Reminders

Currently No Reminders Are Necessary

Last remittance for 12345 TEST CU CREDIT ACCOUNT was June 2014
Last remittance for 3333333 TEST CU DCC ACCOUNT 1 was August 2014

BENEFIT REQUESTS

View Benefit Forms

1. Click on the Benefit Requests tab
(For credit insurance accounts click on claim requests)

ezLink
Central States Health & Life Co. of Omaha

Hello, [rachel](#) | [Log off](#)

[Home](#) [File Transfer](#) [Benefit Requests](#) [Messages](#) [Credit](#) [Contact](#)

Home Page DCC Account 3333333 - CSO TEST ACCOUNT

Welcome to ezLink Test System

Reminders

Currently No Reminders Are Necessary

2. You can either View or Fill Out Benefit Request forms from this screen. Click on the fillable form you would like to complete. Membership list will appear to select the appropriate member.

Forms	
View	Authorization Form 740B 6th Rev (3-17)
View	Fill Out Report of Death Form 482C (6-14)
View	Fill Out Report of Family Leave 485C (6-14)
View	Fill Out Report of Involuntary Unemployment 484C (6-14)
View	Fill Out Report of Total Disability 483C Rev (3-17)

Form: Report of Death Form 482C (6-14)

Benefit Type: Death Benefit Request

Membership List

Member	Suffix	Primary	Borrower?	Secondary	Borrower?
Select		Blank Form			
Select	4118090	81	Jane Doe		

3. Once you have selected the member a pop up window will appear with information needed to fill out form. Once all information is filled in click submit at the bottom of screen and PDF of the benefit request form will appear. Print form and fax into CSO using fax # in upper right side of form.

Loan / Line of Credit (LOC) Information

Credit Union
Member Number:
Member's Name:
Member's State:
Member's Date of Birth:
Member's Date of Death:
Member's Date of Birth:
Member's Date of Death:
Member's Date of Birth:
Member's Date of Death:
Member's Date of Birth:
Member's Date of Death:

Installment Loan Information

Outstanding Loan Amount (on the day before the date of death):

Line of Credit (LOC) Information

Outstanding LOC Amount (on the day before the date of death):

Debt Cancellation Program Information

Registration Date:

Credit Union Information

Name of Credit Union:
Address:
Phone Number:
Member Number:
Member Name:

Deceased Information

Deceased Name:
Date of Birth:
Date of Death:
When the death due to a work-related cause:
If yes, date of the accident:
If yes, date of the illness:
If yes, date of the injury:
If yes, date of the death:
If yes, date of the death:

DCC Account 3333333 - CSO TEST ACCOUNT

CSO Family of Companies
P.O. Box 641000 • Omaha, NE 68164-1000
1-888-455-6125 • Fax: 1-800-325-9116

When having forms, please follow up with originals by mail

REPORT OF DEATH

The furnishing of this form is neither an admission of protection or liability by the Credit Union or a waiver of any rights or defenses.

INSTRUCTIONS:

1. The Credit Union is to complete the Report of Death.
2. The Credit Union is to assist the family in completing Form 740B.
3. Submit the following to CSO, at the above address:
 - a. A Certified Death Certificate
 - b. The Report of Death Form 482C
4. Authorization to Obtain Information, Form 740B.
5. Any required documentation for accident only coverage, if applicable, and
6. Loan statements for the 6 months preceding the date of death and a copy of the Debt Cancellation Program Contract.

LOAN / LINE OF CREDIT (LOC) INFORMATION:

Credit Union Member Number: 311

Borrower 1 Name: Jane Doe

Borrower 1 Date of Birth: 0-10-1985

Borrower 2 (if applicable) Name:

Borrower 2 Date of Birth:

Covered Loan/LOC Number: 111

Term of Loan/LOC (years): 60

Installment Loan:

Outstanding Loan Amount: \$

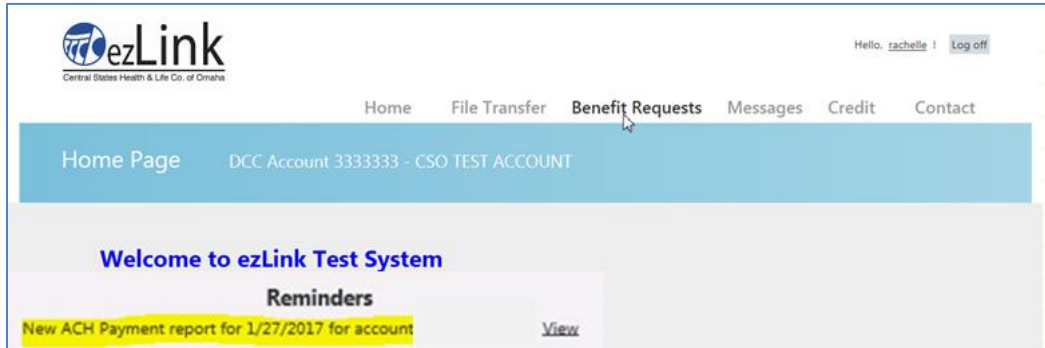
(on the date of death)

Have loan extensions been granted on this loan? ☐ Yes ☐ No

If yes, please provide loan history

View ACH Reports for Benefit Request Payments

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



ezLink
Central States Health & Life Co. of Omaha

Hello, rachelie | Log off

Home File Transfer Benefit Requests Messages Credit Contact

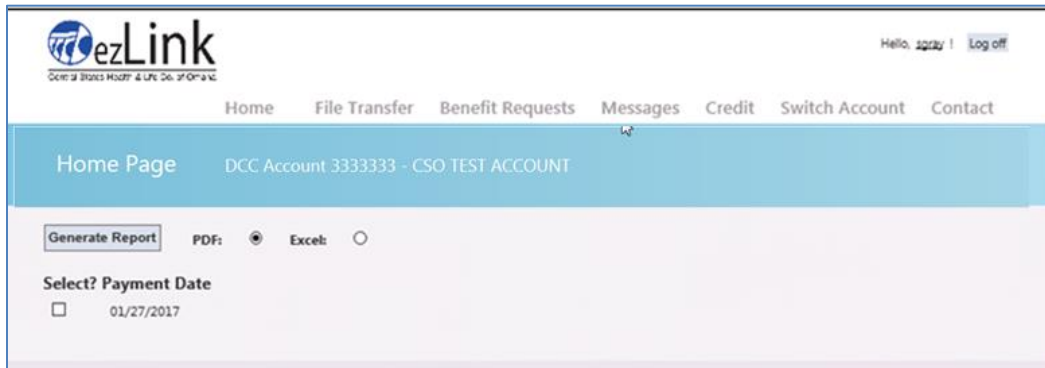
Home Page DCC Account 3333333 - CSO TEST ACCOUNT

Welcome to ezLink Test System

Reminders

New ACH Payment report for 1/27/2017 for account [View](#)

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



ezLink
Central States Health & Life Co. of Omaha

Hello, spray | Log off

Home File Transfer Benefit Requests Messages Credit Switch Account Contact

Home Page DCC Account 3333333 - CSO TEST ACCOUNT

Generate Report PDF: ☒ Excel: ☐

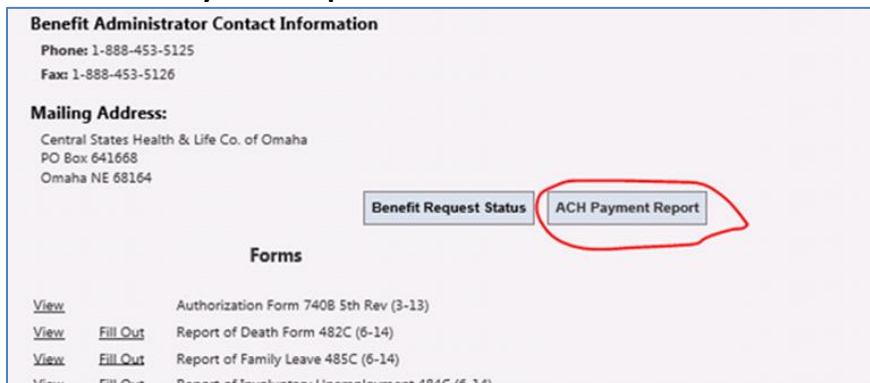
Select? Payment Date

☐ 01/27/2017

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

CSO Test Account									
Account Number: 3333333									
PO 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 Request Screen. If no reports are available, you will not see the ACH Payment Report button.



Benefit Administrator Contact Information

Phone: 1-888-453-5125
Fax: 1-888-453-5126

Mailing Address:
Central States Health & Life Co. of Omaha
PO Box 641668
Omaha NE 68164

Benefit Request Status **ACH Payment Report**

Forms

[View](#) Authorization Form 740B 5th Rev (3-13)
[View](#) [Fill Out](#) Report of Death Form 482C (6-14)
[View](#) [Fill Out](#) Report of Family Leave 485C (6-14)
[View](#) [Fill Out](#) Report of Involuntary Unemployment 484C (6-14)

View Benefit Status

1. From the Benefit Request tab, click on Benefit Request Status button

The screenshot shows the ezLink web portal for Central States Health & Life Co. of Omaha. The user is logged in as 'rachelie'. The navigation menu includes Home, File Transfer, Benefit Requests, Messages, Credit, and Contact. The 'Benefit Requests' tab is selected, showing the account 'DCC Account 3333333 - CSO TEST ACCOUNT'. Below this, there is a section for 'Benefit Administrator Contact Information' with phone and fax numbers, and a 'Mailing Address' section. A 'Benefit Request Status' button is located at the bottom right of the page.

2. The CSO Benefit Request/Claim Status site will open and be displayed.
 - a. To pull up members to review benefit information, enter any of the search criteria fields and click search. The search criteria results can be sorted by any of 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.

The screenshot shows the CSO Claim Status web application. It has a green header with the CSO logo and the title 'CSO Claim Status'. Below the header, there are sections for 'Account Information' (Account Number and Name) and 'Search Criteria' (Benefit Number, Addendum Number, Borrower First Name, Last Name, Date of Loss From/To, Reported Date From/To, Benefit Type, and Benefit Status). A 'Search' button is located next to the Benefit Status dropdown. Below the search criteria, it says 'Results Found: 25'. A table displays the search results with columns: Benefit Number, Borrower Name, Addendum Number, Reported Date, Date of Loss, Last Payment Amount, Last Payment Date, Benefit Type, Status, and Total Amount Paid.

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/borrower information, coverage information, benefit information, benefit payment information and letter history.

Benefit Details						
Borrower Information						
Name	Issue Age	Contract Number	Account Number	Account Name	Account State	Effective Date
	47	0438666080			TX	05-01-2016
Coverage Information						
Coverage Options						
Description	Expiration 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	\$425.00	Monthly	
Benefit Information						
Benefit Number	Name	Benefit Type	Date of Loss	Date Reported To CSO	Status	
6A01212		Disability	09-01-2016	10-17-2016	Open	
Benefit Payment Information						
Number of Benefit Payments		Total Benefits Paid		Last Payment Date		
1		\$226.67		10-25-2016		
Payment Date	Paid From	Paid To	Amount	Check Number	Payment Type	Payee Name
10-25-2016	09-15-2016	09-30-2016	\$226.67	7000081	Partial Payment	
Letter History Information						
Contract Number	Letter Sent	Letter 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"

Benefit Payment Information						
Number of Benefit Payments		Total Benefits Paid		Last Payment Date		
2		\$792.95		10-11-2016		
Payment Date	Paid From	Paid To	Amount	Check Number	Payment Type	Payee Name
10-11-2016	08-13-2016	09-25-2016	\$467.08	7000071	Final Payment	
Show All Payments						

- a. Pop up window will appear with payment history.

Payment Details						
Contract Number	Benefit Number	Name	Date of Loss	Date Reported To CSO	Status	
0038569002	6701151		07-13-2016	07-20-2016	Closed	
Payment Date	Paid From	Paid To	Amount	Check Number	Payment Type	Payee Name
10-11-2016	08-13-2016	09-25-2016	\$467.08	7000071	Final Payment	
08-03-2016	07-13-2016	08-12-2016	\$325.87	7000039	Partial Payment	

- b. 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		

- c. Pop up window will appear with letter history.

Letter Details						
Contract Number	Benefit Number	Name	Date of Loss	Date Reported To CSO	Status	
0005378152	6A01207		07-23-2016	10-03-2016	Open	
Letter Sent	Letter Description					
10-27-2016	Requesting Info from Member_IU - (CUI1)					
10-25-2016	Requesting Info from Member_IU 2nd Request - (CUI2)					
10-11-2016	Requesting Info from Member_IU - (CUI1)					