

Companion Life Insurance Company

Administrative Guide Online Portal – MyOnlineBenefit.com

P.O. Box 1535
Dubuque, IA 52004-1535
877-676-5789

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About Your Companion Life Administrative Guide

This administrative guide will give you the basic instructions necessary for the proper online administration of your Companion Life Group Insurance Plan. We have tried to make these instructions easy to understand, simple to use and as concise as possible. The provisions of your Master Policy will apply in determining the rights and obligations of all parties under the plan.

Section I

Online Services

Working with Companion Life has never been easier!

Online Tools for Group Administrators

MyOnlineBenefit.com is a secure online administration tool designed to meet the needs of today's group administrator.

Group administrators can use MyOnlineBenefit.com to:

Plan Administration

- View and Print plan policy or certificate documents
- Review benefit summary by employee
- Verify benefits
- Print temporary ID cards

Billing Features

- View bill summary
- View billing detail by employee
- View billing and payment history
- Maintain banking information for electronic payment
- Export billing detail into Excel and other common formats

Maintain Eligibility

- Add new employees
- Update employee information (i.e. name, address, employment status)
- Add or update dependent information
- Terminate enrolled employees

Maintain Benefits

- Enroll new employees
- Administer life event enrollment changes
- Terminate employee coverages

Online Tools for Employees

MyOnlineBenefit.com is a secure web-based tool for Companion Life insureds.

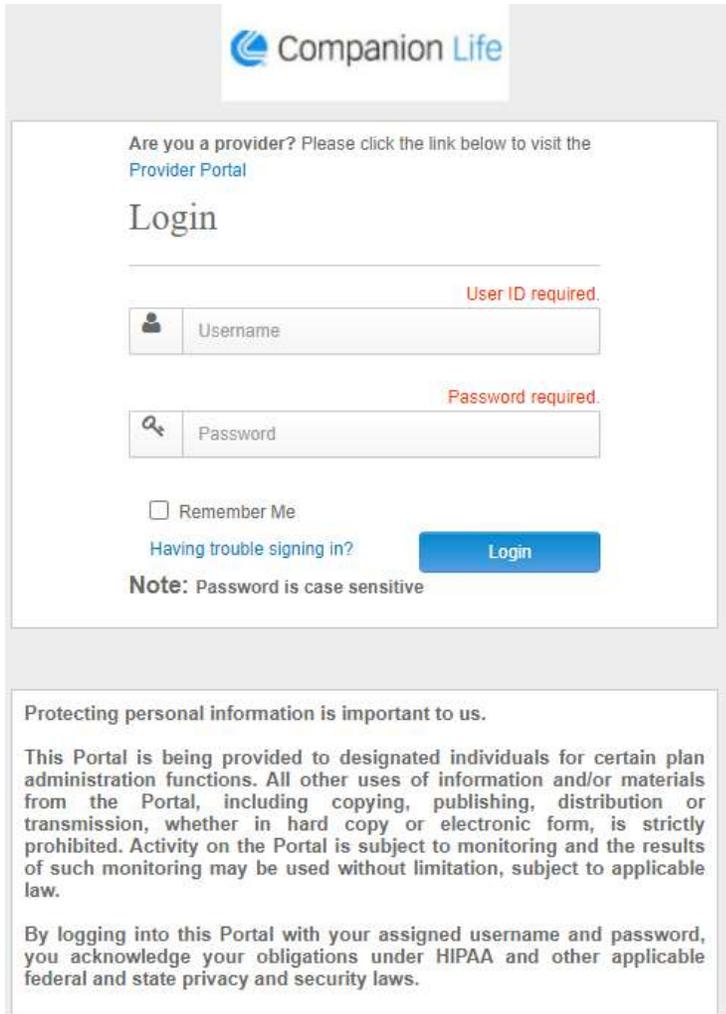
Companion Life insureds can use **MyOnlineBenefit.com** to:

- Review benefit summary
- View or print plan certificates and forms
- Verify eligibility
- Print a temporary dental ID card
- Check claim status
- View an Explanation of Benefits (EOB)

Section II

Access

Go to MyOnlineBenefit.com and enter Username and Password.



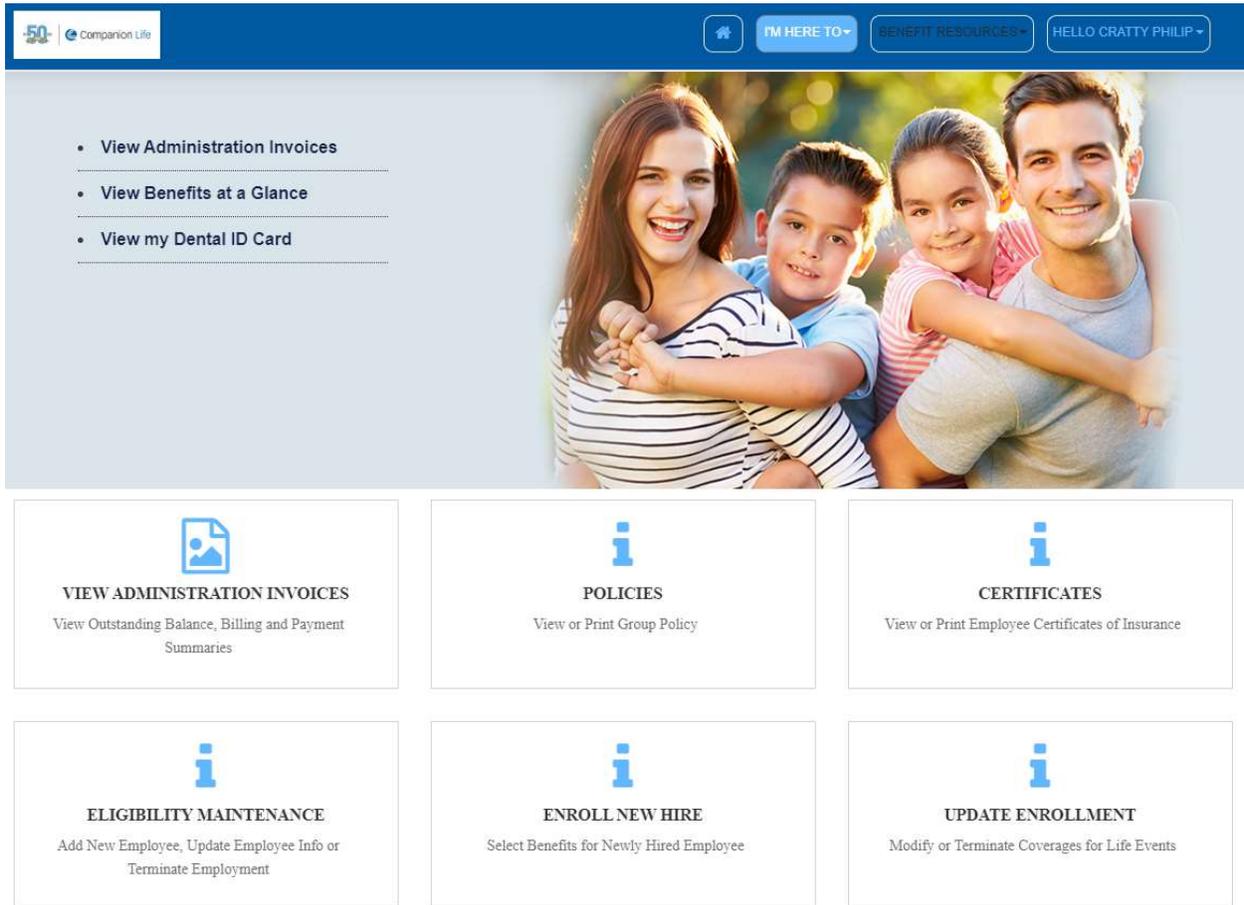
The screenshot shows the Companion Life login interface. At the top, the Companion Life logo is displayed. Below it, a message asks if the user is a provider and provides a link to the Provider Portal. The main heading is "Login". There are two input fields: "Username" with a red error message "User ID required." and "Password" with a red error message "Password required.". Below the password field is a "Remember Me" checkbox and a link "Having trouble signing in?". A blue "Login" button is positioned to the right of the "Having trouble signing in?" link. At the bottom, a "Note" states "Password is case sensitive". A separate box contains a privacy notice: "Protecting personal information is important to us. This Portal is being provided to designated individuals for certain plan administration functions. All other uses of information and/or materials from the Portal, including copying, publishing, distribution or transmission, whether in hard copy or electronic form, is strictly prohibited. Activity on the Portal is subject to monitoring and the results of such monitoring may be used without limitation, subject to applicable law. By logging into this Portal with your assigned username and password, you acknowledge your obligations under HIPAA and other applicable federal and state privacy and security laws."

Usernames and passwords will be communicated to group administrators via email.

Employee usernames and passwords are automatically generated upon initial enrollment. Username is the participant's ID number and the password will be the first five characters of the employee's last name (first character capitalized) followed by the 4 digit birth year and ! as a special character. If the last name is less than 5 characters, add a 0 (zero) for each character less than five. For example, John West with birthdate of February 14, 1990 would have a password of West01990!. The user will be prompted to change the password when they log in for the first time.

Username and password assistance is available by clicking on "Having trouble signing in?"

After logging in, users are directed to the Companion Life portal home page.



The screenshot shows the Companion Life portal home page. At the top, there is a blue navigation bar with the Companion Life logo on the left, a home icon, and three buttons: "I'M HERE TO", "BENEFIT RESOURCES", and "HELLO CRATTY PHILIP". Below the navigation bar is a large banner image of a smiling family (a woman, two children, and a man). To the left of the banner, there is a list of links: "View Administration Invoices", "View Benefits at a Glance", and "View my Dental ID Card". Below the banner, there are six white boxes, each containing an information icon, a title, and a description of the service:

- VIEW ADMINISTRATION INVOICES**
View Outstanding Balance, Billing and Payment Summaries
- POLICIES**
View or Print Group Policy
- CERTIFICATES**
View or Print Employee Certificates of Insurance
- ELIGIBILITY MAINTENANCE**
Add New Employee, Update Employee Info or Terminate Employment
- ENROLL NEW HIRE**
Select Benefits for Newly Hired Employee
- UPDATE ENROLLMENT**
Modify or Terminate Coverages for Life Events

Users can return to the home page from anywhere in the portal by clicking the home key  on the page's banner. To log out of the portal, hold the mouse over the username  on the banner and click Logout.

Section III

Plan Administration

Benefit Summary

Hold your mouse over  on the banner and select View Benefits at a Glance or Select View Benefits at a Glance from Slider Menu. Click the magnifying glass  to search for employee by Last Name, First Name or Date of Birth. Select the employee record and then click .

After hitting submit, click on the participant or member name in the list below. By default, the system will show current benefits, or benefits as of the current date. If the member's coverage is not yet effective, select the "Benefits as of" setting option, and choose a date on or after their effective date from the calendar tool.

Benefits at a Glance

Group: * Participant: *  Current Benefits Benefits as of 

Search for a Participant

Participant ID:

Last Name:

State ID:

Group ID:

First Name:

Date of Birth: 

Refine Participant Search Results

Showing 1 to 4 of 4 entries

Search

Participant Name	Participant ID	Date of Birth	Group ID
TESTUSER, TESTUSER	999990097068	01/01/1950	555-99-99999

View Dental ID Card

Hold your mouse over [View my Dental ID Card](#) from the Slider Menu. Enter Participant ID or click the magnifying glass  to search for employee by Last Name, First Name or Date of Birth. Select the employee record and then click [Submit](#).

ID Card Image



The screenshot shows a search form with a light blue background. At the top left, it says "Participant: *". Below this is a white text input field. To the right of the input field is a magnifying glass icon. To the right of the magnifying glass icon is a blue button with the word "Submit" in white text.

Group Policy



Click on Policies menu link, enter partial or full search criteria (Group ID or Group Name), click [Search](#) and access selected policy by clicking [Select](#) under Action column.

Employee Certificate



Click on Certificates menu link, enter partial or full search criteria (First Name, Last Name or Primary ID), click [Search](#) and access selected certificate by clicking [Select](#) under Action column.

Section IV

Billing & Payment

Invoice Summary & Billing Detail



VIEW ADMINISTRATION INVOICES

View Outstanding Balance, Billing and Payment Summaries

Click on View Administration Invoices menu link, enter partial or full search criteria (Group ID or Group Name) if required, click [Search](#) and access selected group by clicking [Select](#) under Action column.

Billing History & Viewing Invoices

\$ Billing/Payments

Name » [Companion Life Demo Group](#)

Balance Due

Current Outstanding Balance :	\$13,919.97	Make Payment	Autopay <input type="checkbox"/> Off
Total Balance Due:	\$13,919.97		
Pending Payment:	\$0.00		
Outstanding Balance:	\$13,919.97		

Billing History

Date From: Date To: [View Billing Information](#)

Invoice Number	Premium Amount	Due Date	Invoice
32192	\$484.05	2/1/2019	View
32191	\$484.05	1/1/2019	View
270677	\$897.57	3/1/2021	View

Identify invoice by Invoice Number, Premium Amount or Due Date and Select [View](#) under Invoice column to view the invoice summary and billing detail report. By default, the system will show the last 90 days of invoices each time the tool is loaded. If desired, expand or narrow Billing History by modifying From and/or To dates and click [View Billing Information](#).

Payment History

Billing History

Date From: 1/13/2019 Date To: 4/13/2019 [View Billing Information](#)

Invoice Number	Premium Amount	Due Date	Invoice
676	\$3,478.67	4/1/2019	View
552	\$3,537.93	3/1/2019	View
551	\$3,537.93	2/1/2019	View

Payment History

Payment Date From: 1/13/2019 Payment Date To: 4/13/2019 [View Payment History](#)

Payment Type	Payment Account	Paid Date	Paid Amount
Manual	N/A	3/25/2019	\$7,075.86

Expand or narrow Payment History by modifying From and/or To dates and click [View Payment History](#). Online payments made will post immediately to the Payment History section as confirmation.

Maintain Banking Information & Making Payments

Before online payments can be made, first add at least one bank account. Click on **+** on Bank Account line at the bottom of the page to add or change banking information for electronic payments.

Bank Account + ^

Bank Account x

Description

Routing Number

Account Number

Account Type

Enter and save Routing Number, Account Number and Account Type to allow use of the Make Payment or Autopay features. If desired, more than one account can be saved for multiple or partial payments.

To make manual or one-time payments, click the Make Payment [Make Payment](#) at the top of the page, selecting the payment account and the payment amount before clicking submit. To initiate Autopay, click the Autopay button and select the appropriate account in the Activate Autopay window. When activating Autopay, the full amount owed each month will be withdrawn on the set billing date for the group.

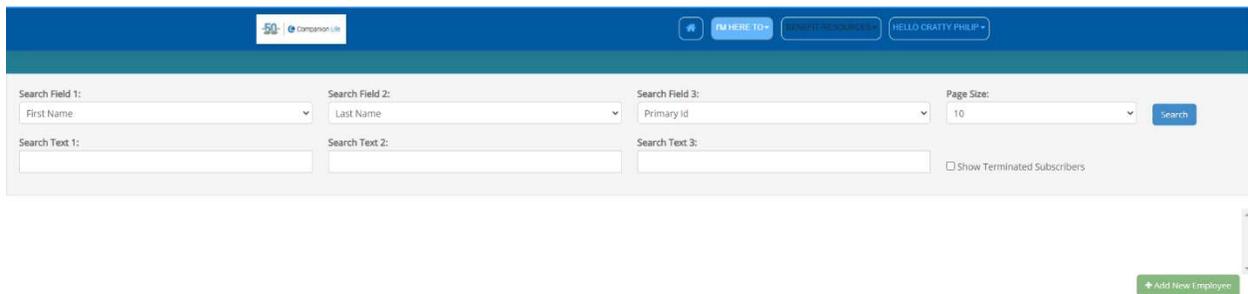
Section V

Maintaining Enrollments

Add New Hire Employee



Click on Eligibility Maintenance menu link from the Companion Life home page.



Click on [+ Add New Employee](#) , then search and select the appropriate group if required.

Add Employee Information.



Add Contact Information.

Contact Information

Street Address 1*

Street Address 2

City State Postal Code*

County

Home Phone Work Phone Mobile Phone

Email

Add Employment Information.

Employment Information

Hire Date* Termination Date Division
 CLASS 1 Employment Type Not Applicable Active

Annual Salary Hours Worked Per Week

Annual Salary may be required for a member’s enrollment based on the coverages they are electing. If a salary is required for coverage, please ensure it is entered here to prevent errors when electing coverages further in the process.

Add Dependent Information (only if required).

Dependent Information + Add Dependent

Add Class (only if required).

Product Class

Effective Date	Termination Date	Product	Product Class	Edit
+Manual Product Class				

Please be aware that the Product Class feature is only used by a small number of groups. If this button has been selected in error, there will be no class available to select, and the window cannot be saved. If this occurs, that group does not have this feature enabled, and please select Cancel or Delete to close the Product Class window.

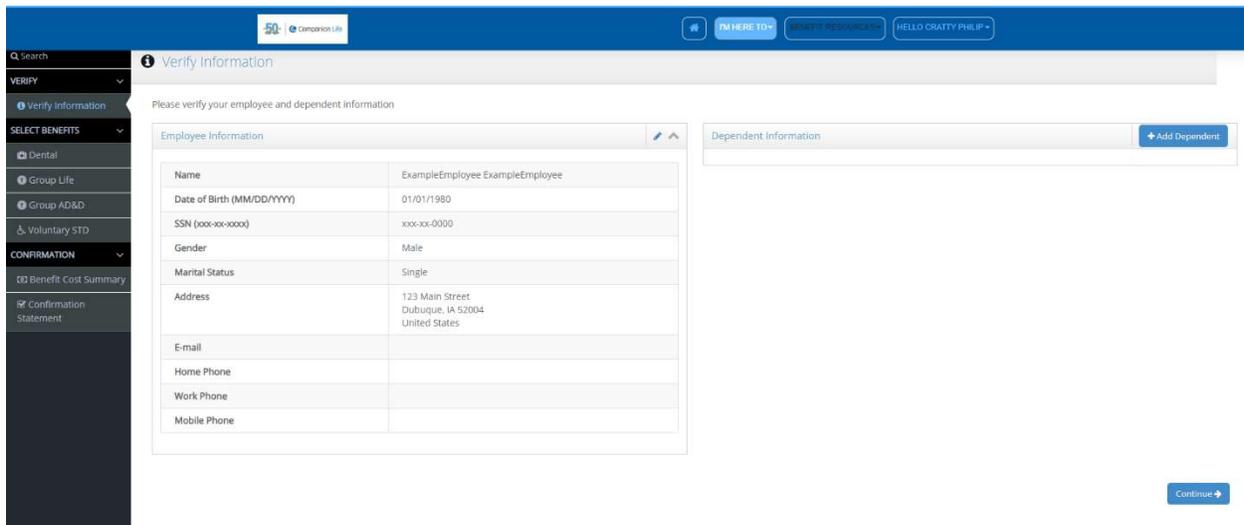
Click Finish  to save the employee record with demographic information only into the system.

A window will appear with notification that the employee demographics have been saved in the system, but that coverages must still be added. For newly hired employees within 120 days of date of hire, please select the Add Coverage for New Hire [Add Coverage for New Hire](#) to continue to the “Enroll New Hire” tool to select benefits. All other enrollment changes will need to close the window and use the “Update Enrollment” menu link from the home page (see Administer Life Event Enrollment step further down).

The demographic information has been successfully saved for this employee, but they have not yet been enrolled with any coverage. Please select the "Add coverage for new hire" enrollment option below to submit an application for coverage.



Please be aware that if the Close button is selected, or the following steps to select benefits are not completed in their entirety, the member will not be added for any coverages or appear on an invoice.



Employee Information	
Name	ExampleEmployee ExampleEmployee
Date of Birth (MM/DD/YYYY)	01/01/1980
SSN (xxx-xx-xxxx)	xxx-xx-0000
Gender	Male
Marital Status	Single
Address	123 Main Street Dubuque, IA 52004 United States
E-mail	
Home Phone	
Work Phone	
Mobile Phone	

The first page in the Enroll New Hire tool will be to verify the demographic information of the member. If there are any corrections or updates needed, please press the pencil button  to edit. If correct, click on [Continue](#) .

On the left, in the black vertical navigation column, the benefits available for that group will be listed. For each available coverage, select an available coverage option under Option 1 or waive/decline coverage under Option 2 and click Next. The portal will progress through enrollment for each coverage. You must select an available coverage option or waive coverage for each benefit before you can finalize the enrollment. This includes electing 100% employer paid coverages and waiving coverages for which that member may not be eligible.

For some coverages, including Voluntary products, select an Available Coverage from the drop-down menu and click the corresponding Calculate button. Please verify under the Adjusted Coverage column that the expected volume and amount is reflecting correctly, then click [Next →](#).

Option 1: Change who is covered under your plan

VOLUNTARY LIFE - EMPLOYEE Plan Details

This plan has a Guarantee Issue coverage of \$ 100000.00. If you request coverage greater than the guarantee issue, you must submit evidence of insurability in order to qualify for the coverage. If not approved, your coverage will be capped at the guarantee issue amount. You will also need to upload the completed Evidence of Insurability form.

Available Coverages :
 [Select and Calculate Premium](#)

	Selected Coverage	Adjusted Coverage
Guarantee Issue	\$100,000.00	\$100,000.00
Requested Coverage	\$175,000.00	\$175,000.00

Evidence of Insurability Document Upload :
 [Browse](#)

Option 2: Waive Coverage

If there are no life insurance options available to you, or you would like to waive life insurance coverage, please check this box. I understand that waiving coverage at this time means that I cannot enroll for coverage until the next Open Enrollment period, unless I have a valid life event.

Reason for waiving coverage :

[← Previous](#) [Next →](#)

Note that Voluntary Life and AD&D coverages may include a guaranteed issue amount. If Requested Coverage is greater than the Guarantee Issue, you must submit a completed Group Insurance Health Statement. Upload the Statement on the appropriate Select Benefits page using the Evidence of Insurability Document Upload option.

Once enrollment or waiver elections have been completed for all benefits, review the Confirmation Statement page under the Elected Plan column to ensure plan, effective date, and volume accuracy. Once review is complete, submit the enrollment on the final page of the Confirmation Statement by clicking on [Finish](#) [Finish →](#).

Confirm Changes

Uploaded Documents

Proof Of	Product	Entity	Status	Document Submitted	Add/Edit

[← Previous](#) [Cancel](#) [Finish →](#)

Your changes have been submitted for processing. Please allow one business day before verifying that your changes have been accepted. If you have any questions, please call Companion Life enrollment at 877 676-5789.

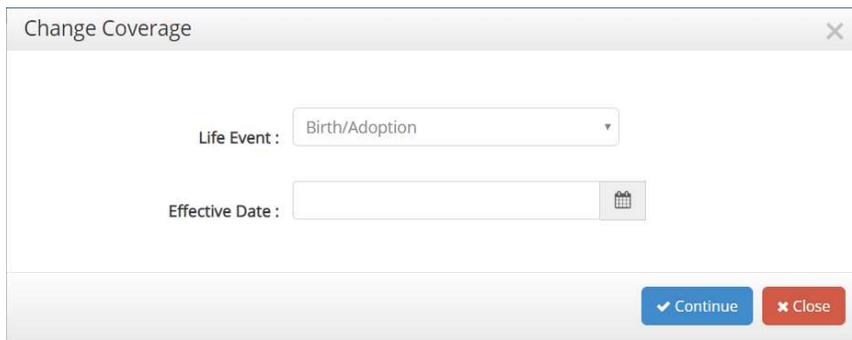
[Confirmation Statement](#) [Close](#)

A window prompt will appear with a confirmation message verifying the enrollment request was received and is under review. If desired, click Confirmation Statement to open a PDF document that can be printed or saved with record of the enrollment request.

Administer Life Event Enrollment and Other Coverage Changes



Modify coverage for existing enrolled employees or new members with a hire date older than 120 days from the date of the request.



Change Coverage

Life Event : Birth/Adoption

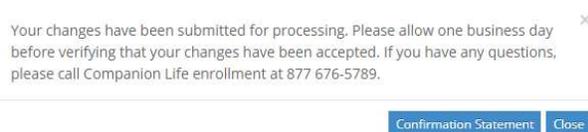
Effective Date :

Continue Close

Select the appropriate life event from the drop-down menu. Enter the effective date of the event. (The effective date of the benefit change will be one day prior to the date of the event).

For each available coverage, select an available coverage option under Option 1 or terminate or waive coverage under Option 2 and click Next. The portal will progress through enrollment for each available coverage. You must select an available coverage option, terminate or waive coverage for each benefit before you can finalize the enrollment.

Once enrollment, termination or waiver has been completed for all benefits, review Confirmation Statement. Once review is complete, submit the enrollment on the final page of the Confirmation Statement page under the Elected Plan column. Then, click Finish  once the review is complete to submit the enrollment request.



A window prompt will appear with a confirmation message verifying the enrollment request was received and is under review. If desired, click Confirmation Statement to open a PDF document that can be printed or saved with record of the enrollment request.

Update Employee Demographic Information



Click on Eligibility Maintenance menu link from the Companion Life home page. Select employee by searching on Primary ID or name and clicking [Edit](#). Update Employee or Contact information as appropriate, and click Finish at the bottom of the page to save the changes.

Update Employee Salary Information



Click on Eligibility Maintenance menu link from the Companion Life home page. Select employee by searching on Primary ID or name and clicking [Edit](#). Under the Employment Information, click the Add button to open the Employment Status Update window.

Employment Status Update
✕

Employment Status Update

Effective Date* <input type="text" value="08/01/2021"/>	Termination Date <input type="text"/>
Division <input type="text" value="Companion Life Demo Group - Active"/>	
Classification <input type="text"/>	Employment Type <input type="text" value="Not Applicable"/>
Employment Status <input type="text" value="Active"/>	Annual Salary <input type="text" value="\$ 55000"/>
Hours Worked Per Week <input type="text" value="40"/>	

Enter the effective date of the salary increase, salary amount, and hours worked per week. Clicking Save will close the window, and create a new employment history record while terminating the previous salary history.

Please be aware that edits to correct or update an already existing salary saved in the system have been disabled through the portal, and requests can only be entered for new salary increases. If a correction to an existing salary needs to be requested, please contact Companion Life for further assistance.

Terminate Enrolled Employee & All Coverages



ELIGIBILITY MAINTENANCE

Add New Employee, Update Employee Info or
Terminate Employment

Terminate **all** benefits for terminated employees using Eligibility Maintenance. Select employee by searching on Primary ID or name. Select **Terminate** under Action column.

Enter dates in both Employment Termination and Coverage Termination Date fields. Please be aware that most group policies continue coverage through end-of-month. Also select Termination Reason, as this is a required field.

Terminate Employment ✕

If this employee is terminating his employment, specify his employment termination date and reason for termination.

Group:	555-99-99999-001
Employee:	ExampleEmployee ExampleEmployee
Employee Id:	999990213900
Date of Birth:	1/1/1980
Date of Hire:	8/1/2021

Employment Termination Date: <input type="text" value="08/11/2021"/>	Coverage Termination Date: <input type="text" value="08/31/2021"/>
Termination Reason: <input type="text" value="Termination(TER)"/>	Employment Status: <input type="text" value="TERMINATED"/>

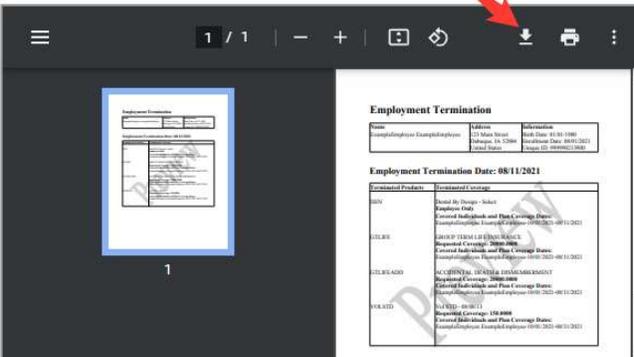
Once “Terminate Employee” has been pressed, a new “Employment Termination Overview” window will appear showing a preview of the request before submission.

Click the download key to open a prompt to save a PDF of the termination. After downloading, the termination is finalized by clicking the “Confirm Termination” button.

Please be aware that if the “Confirm Termination” button is not pressed, the request will not be submitted. Once the submission is complete, a message will appear verifying the termination.

Employment Termination Overview ✕

The employee's employment will be terminated as shown below. Note that the employee's coverage termination date may differ from the employee's actual employment termination date. Please verify the coverage termination dates reflect the policies set up for this group



Employment Termination

Name	ExampleEmployee	Birth Date	01/01/1980
Employee ID	999990213900	Termination Date	08/11/2021
Group	555-99-99999-001	Reason	TERMINATED

Employment Termination Date: 08/11/2021

Termination Product	Termination Coverage
001	ExampleEmployee - Health Employee Only ExampleHealth and Plan Coverage Dates: 08/01/2021 - 08/31/2021
002	ExampleEmployee - Life Insurance Employee Only ExampleLife and Plan Coverage Dates: 08/01/2021 - 08/31/2021
003	ExampleEmployee - Disability Insurance Employee Only ExampleDisability and Plan Coverage Dates: 08/01/2021 - 08/31/2021
004	ExampleEmployee - Accidental Death and Dismemberment Employee Only ExampleAD&D and Plan Coverage Dates: 08/01/2021 - 08/31/2021
005	ExampleEmployee - Short-Term Disability Employee Only ExampleSTD and Plan Coverage Dates: 08/01/2021 - 08/31/2021
006	ExampleEmployee - Long-Term Disability Employee Only ExampleLTD and Plan Coverage Dates: 08/01/2021 - 08/31/2021

Employment Termination Completed ✕

Employee's employment has been successfully terminated.

Terminate Selected Employee Coverage



Terminate **selected** benefits for enrolled employees using Update Enrollment as described above under Administer Life Event Enrollment Changes. Select employee by searching on Primary ID or name.

For existing coverages, a plan will be preselected under Option

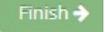
1. Select the button under Option 2 to terminate any desired coverages. Continue through each benefit similar to enrolling a new hire, making sure to click Finish  once the review is complete to submit the enrollment request.

Add Dependent Coverage on Employee with Existing Coverage



Enroll dependents for coverage using Update Enrollment as described above under Administer Life Event Enrollment Changes. Select employee by searching on Primary ID or name.

On the “Verify Information Screen,” click the “Add” button to enter dependent demographics as needed. Click next to move through each coverage offered for the group.

For existing coverages, a plan will be preselected under Option 1. Select the button under Option 2 to terminate any desired coverages. Continue through each benefit similar to enrolling a new hire, making sure to click Finish  once the review is complete to submit the enrollment request. If adding a dependent changes the coverage level required, please make sure to update this as necessary.

Section VI

Appendix

Forms

Online Employer Self-Administration Request

Employee Online Access Instructions

MyOnlineBenefit.com is a secure online benefit administration tool designed to help Group Administrators work with us more efficiently.

Capabilities Available with MyOnlineBenefit

View Only Access

- View bill summary and billing detail
- View bill and payment history
- View group policies
- View insured employees' certificates
- View summary of benefits

Full Access

- Add/change insured employees
- Add/change insured employees' coverage
- Add/change dependents
- Terminate insured employees
- View Access also included with this feature

Group Administrator

Please indicate who will serve as your Group Administrator. The responsible party will receive all correspondence regarding coverage with us and will have access to all employee information, group policies and employees' certificates. If **full access** is requested, this person will be responsible for all online enrollments and employee maintenance. Please check the appropriate box for which area you would like to access (*items beginning with an asterisk are required fields*).

*View Only Access (or) *Full Access

*Group Number (example XXX-XX-XXXXXX): _____

*Group Name: _____

*Contact Name: _____

*Street Address: _____

*City: _____ *State: _____ *ZIP Code: _____

*Phone Number (including Area Code): _____

*Email Address: _____

Your company must maintain employee enrollment information including beneficiary designations.

If you would like your agent(s) to also have access to your group's information via MyOnlineBenefit.com, please provide their name and email address and check appropriate box for which area you would like them to access.

AGENT

Name: _____

Agency Name: _____

Address: _____

Email Address: _____

View Only Access Full Access

AGENT

Name: _____

Agency Name: _____

Address: _____

Email Address: _____

View Only Access Full Access

Group Authorization

Signature: _____ Date: _____

Name (please print): _____

Email the completed form to CompanionAcctMgmt@CompanionLife.net or fax to 563-855-7199. Once we receive your completed form authorizing type of access requested, our account management team will email your account information to the Group Administrator.

If you have any questions, please contact Companion Life Account Management at 877-676-5789, select Opt. 2.



ELECTRONIC CONSENT FORM

Disclosure and Consent Regarding Conducting Business Electronically - This is a disclosure and consent to do business with Companion Life Insurance Company electronically. By indicating your acceptance, you are agreeing that you affirmatively consent to conduct business with us electronically.

Scope of Consent - Your consent applies to all documents made available electronically over the course of your relationship with Companion Life Insurance Company, including transactions conducted through our website and documents signed electronically. Please note that some states do not permit certain documents to be delivered electronically. If applicable, you will receive such documents in paper form only.

Consent is voluntary - You are not required to conduct business electronically. If you wish to receive and/or sign paper documents, you can decline to provide your consent to this disclosure.

Right to Withdraw Consent - Once you provide your consent to do business electronically, you will have the right at any time to withdraw your consent. You must provide us with notice of your desire to withdraw your consent. The instructions for notifying us are below under the heading "Contact Information." Once we have received your notice to withdraw consent, it will be made effective as soon as reasonably possible. Once your consent is withdrawn, you will receive documents covered by this consent in paper form.

Updated Information – Some records may be delivered electronically according to contact information you provide. If the information needed to contact you electronically should ever change, you must notify us of the change and provide updated information. The instructions for notifying us of updated contact information are below under the heading "Contact Information."

Computer Hardware and Software Requirements - You will need access to a computer with a current internet browser which supports the HTTPS protocol, HTML, and acceptance of cookies in your security settings. You will need an operating system that allows you to save files or print web pages and documents. You will need Adobe Reader or similar software to view and retain documents in PDF format. If we should ever have a change in the hardware or software requirements needed to access or retain documents electronically, we will advise you of the revised hardware and software requirements.

Right to obtain paper copies - You will have the ability to download and print any documents we send or make available to you electronically. You may also request delivery of paper copies by contacting us as outlined in the "Contact Information" section below. We will provide paper copies at your request, free of charge, on an annual basis.

Contact Information - Please use one of the following methods to contact us to withdraw your consent to do business electronically, request a free paper copy of electronically delivered documents annually, or report a change in your email address:

- Email: CompanionAcctMgmt@companionlife.net
- Telephone: (877) 676-5789 Option 2
- Paper: Companion Life Insurance Company
P.O. Box 1535
Dubuque IA 52004-1535
- Website: www.companionlife.com

Agreement - By consenting to do business electronically, you understand and agree that you are able to access and read this consent and disclosure electronically and also were able to print it on paper or electronically save it for your future reference and access. Until or unless you notify us as described above, you consent to receive from us through electronic means all documents made available electronically.

 Companion Life**Employee Online Access Instructions**
MyOnlineBenefit.com

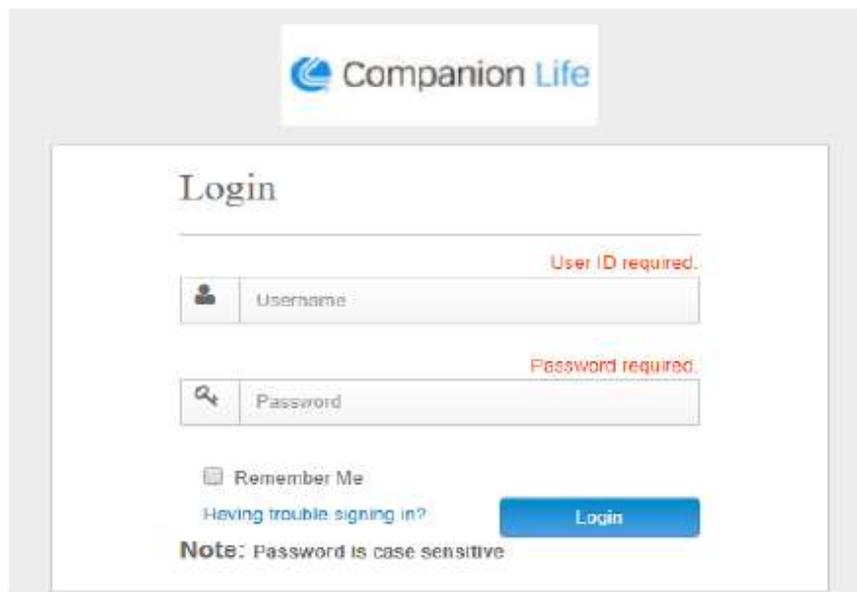
MyOnlineBenefit.com is a secure, online benefit administration tool designed by Companion Life Insurance Company to help employees access benefit information easily and more efficiently.

Use MyOnlineBenefit.com to:

- View Benefits at a Glance
- View Certificate of Coverage
- View Claim Information
- Verify Dental Benefits
- View Dental ID Card (if enrolled)
- Search for Dental Providers

Online Account Information:

Go to MyOnlineBenefit.com



Username: Employee's Username is their Companion Life Primary Identification Number.

Password: Employee's initial password is the first 5 characters of their last name (first character is capitalized) followed by their 4 digit birth year and special character "!" (exclamation point). If their last name is less than 5 characters, add a '0' (zero) for any extra character to meet the minimum 5 character requirement.

For example, John West with birthdate 2/14/1990 would log in with the initial password of West01990!

Subscribers will be required to change their password when they login for the first time.

If you have any questions, please contact Companion Life service at 877-676-5789 or companionservice@companionlife.net.

Your Dedicated Service Team

Our team of benefit experts works together with our specialists behind the scenes to provide you the best possible service. As a client of Companion Life, you have access to everyone on the team. Each member is only a phone call away at any time if you need assistance.

Companion Ancillary Contact List

Service

Phone # 877-676-5789
Fax # 563-557-3350
Email Address companionservice@companionlife.net

Disability/Life

Phone # 877-676-5789
Fax # 563-557-3360
Email Address companionclaims@companionlife.net

Dental

Phone # 877-676-5789
Fax # 563-557-3350
Email Address companionservice@companionlife.net

Critical Illness

Phone # 877-676-5789
Fax # 563-557-3350
Email Address companionclaims@companionlife.net

Enrollment

Phone # 877-676-5789
Fax # 563-557-3351
Email Address companionenrollment@companionlife.net



P.O. Box 1535
Dubuque, IA 52004-1535
877-676-5789