## Single Sign On (SSO) Details

Case Name: AFFCO 2018

Case ID: 1400

Case GUID: 3e936e0c-fff7-4b94-b43d-c6d018d32028

Case SSO ID: AFFCO\_2018

URL of enrollment site: https://Chubb.benselect.com/Enroll/Login.aspx

URL of SAML site: https://Chubb.benselect.com/Enroll/Login.aspx?Path=workterra

URL of web services site: https://Chubb.benselect.com/QX/Enrollment.svc

CaseID

### **Group Information**

Group Name: AFFCO LLC

Address:

Street

Street (cont.)

Shreveport

City

Work Telephone:

### **Enrollment Information**

Enrollment Name (Case): AFFCO 2018

Enrollment Start Date: 11/01/2017

Plan Year Begins: 01/01/2018

## **Brokers/Agencies**

Primary?	Company	Role	Note
✓	HUB International	Benefit Broker	

60025

12/31/2017

Zip

LA

State

**Enrollment End Date:** 

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# **User/Agent Licensing**

User Name: DigitallySigned

Full Name: Digitally Signed Organization: N/A

Appointments:

Provider	Agent #	States
Combined Insurance	WEBAGENT	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

User Name: K.CANADA

Full Name: Kristine Canada Organization: Chubb

Appointments:

Provider	Agent #	States
Combined Insurance	canada	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

User Name: spencer.lucks@selerix.com

Full Name: Spencer Lucks Organization: Selerix

Appointments:

Provider	Agent #	States
Combined Insurance	kisrtshdfg	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

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User Name: tina.gilliam

Full Name: Tina Gilliam Organization: Chubb

#### Appointments:

Provider	Agent #	States
Combined Insurance	TINA	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

User Name: evette.caudle

Full Name: Evette Caudle Organization: Chubb

#### Appointments:

Provider	Agent #	States
Combined Insurance	EVET	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

User Name: A.LEDUC

Full Name: Autumn LeDuc Organization: Chubb

#### Appointments:

Provider	Agent #	States
Combined Insurance	autu	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

User Name: james.stoebner@selerix.com

Full Name: James Stoebner Organization: Selerix

#### Appointments:

Provider	Agent #	States
Combined Insurance	AP-TX	TX

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User Name: jkazan

Full Name: Jonathan Kazan Organization:

### Appointments:

Provider	Agent #	States
Combined Insurance	ZPT4	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

User Name: K.Monteer

Full Name: Kaitlyn Monteer Organization: Chubb

### Appointments:

Provider	Agent #	States
Combined Insurance	FLTEST	AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

## Locations

### No region

Location Name	Cod	e City	State	#
AFFCO	AFF	СО		1.00

Department Name	
AFFCO	

## **Plans**

Critical

Plan Type	Plan Name	XML Tag Name	Pre-tax?	Post-tax?
Accident	Chubb Accident	CIC_ACC_CI		✓

	Product Name		Product XML Tag Name			
	Chubb Accident		CIC_ACC_CI			
Illnes	S	Chubb Critical Illness	С	IC_GCI_CI		✓

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	Product Na	me		Product XML Tag Name	
Chubb Critical Illness		al Illness		CIC_GCI_CI	
Other		Chubb High Deductible Buffer	C	CIC_HDB_CI	✓

Product Name	Product XML Tag Name
Chubb High Deductible Buffer	CIC_HDB_CI
Chubb High Deductible Buffer 2	CIC_HDB_CI

**XML Tag Name** 

Pre-tax? Post-tax?

## **Providers**

Plan Type

**Plan Name** 

Combined Insurance

# **Eligibility**

Class Name	Code	Description	Note
AFFCO	AFFCO	AFFCO	

# **Eligibility by Location**

No region

Location Name	AFFCO
AFFCO	✓

# **Payroll**

Pay Group Name	# Paychecks/Year	# Deductions/Year
Semi-Monthly	24	24
Weekly	52	52

# **Payroll Providers**

Payroll Provider Name	Note
Payroll Dept. (default)	

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Signature	Date

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