

## Single Sign On (SSO) Details

Case Name:	<input type="text" value="Optimum Home Health 2018"/>
Case ID:	<input type="text" value="1413"/>
Case GUID:	<input type="text" value="9099e506-45e9-4b2f-90ec-9d59416e7466"/>
Case SSO ID:	<input type="text" value="Optimum_2018"/>
URL of enrollment site:	<input type="text" value="https://Chubb.benselect.com/Enroll/Login.aspx"/>
URL of SAML site:	<input type="text" value="https://Chubb.benselect.com/Enroll/Login.aspx?Path=workterra"/>
URL of web services site:	<input type="text" value="https://Chubb.benselect.com/QX/Enrollment.svc"/>

## Group Information

Group Name:	<input type="text" value="Optimum Home Health"/>		
Address:	<input type="text"/>		
	<i>Street</i>		
	<input type="text"/>		
	<i>Street (cont.)</i>		
	<input type="text" value="Weatherford"/>	<input type="text" value="TX"/>	<input type="text" value="76086"/>
	<i>City</i>	<i>State</i>	<i>Zip</i>
Work Telephone:	<input type="text"/>		

## Enrollment Information

Enrollment Name (Case):	<input type="text" value="Optimum Home Health 2018"/>		
Enrollment Start Date:	<input type="text" value="11/13/2017"/>	Enrollment End Date:	<input type="text" value="12/01/2017"/>
Plan Year Begins:	<input type="text" value="01/01/2018"/>		

## Brokers/Agencies

Primary?	Company	Role	Note
✓	HUB International	Benefit Broker	

# 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

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: 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

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	Code	City	State
Optimum	Optimum		

Department Name
Optimum

## Plans

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

Plan Type	Plan Name	XML Tag Name	Pre-tax?	Post-tax?
Critical Illness	Chubb Critical Illness	CIC_GCI_CI		✓

Product Name	Product XML Tag Name
Chubb Critical Illness	CIC_GCI_CI

## Providers

Combined Insurance

## Eligibility

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Class Name	Code	Description	Note
Optimum	Optimum	Optimum	

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## Eligibility by Location

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No region

Location Name	Optimum
Optimum	✓

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## Payroll

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

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## Payroll Providers

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Payroll Provider Name	Note
Payroll Dept. (default)	

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Signature

\_\_\_\_\_  
Date