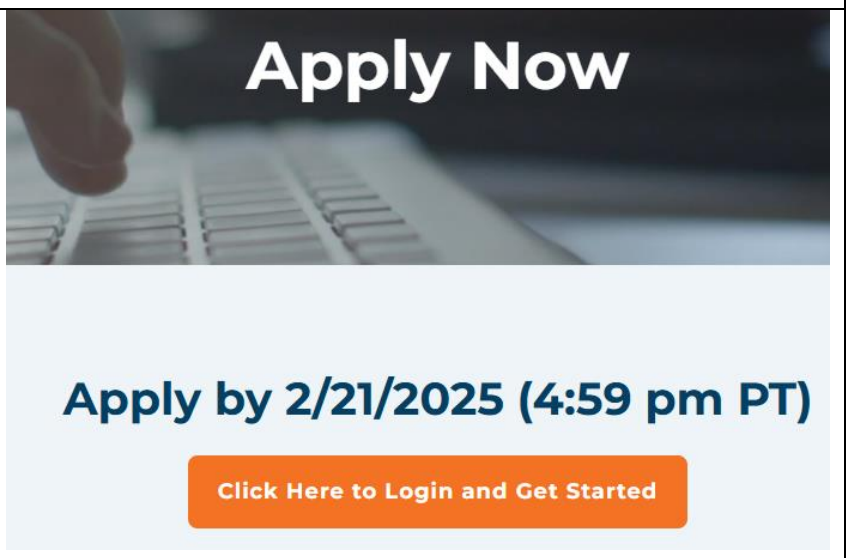
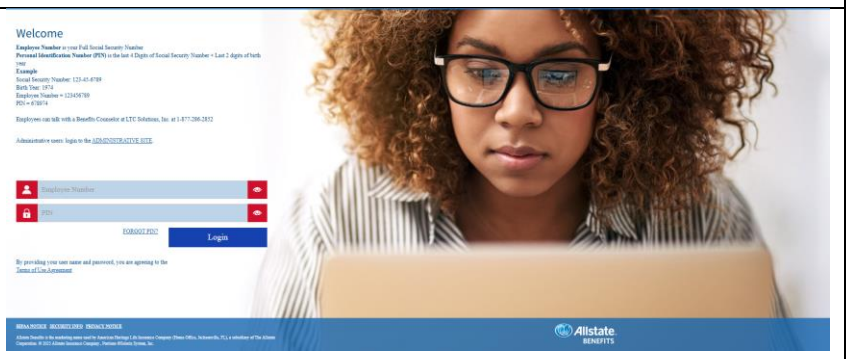
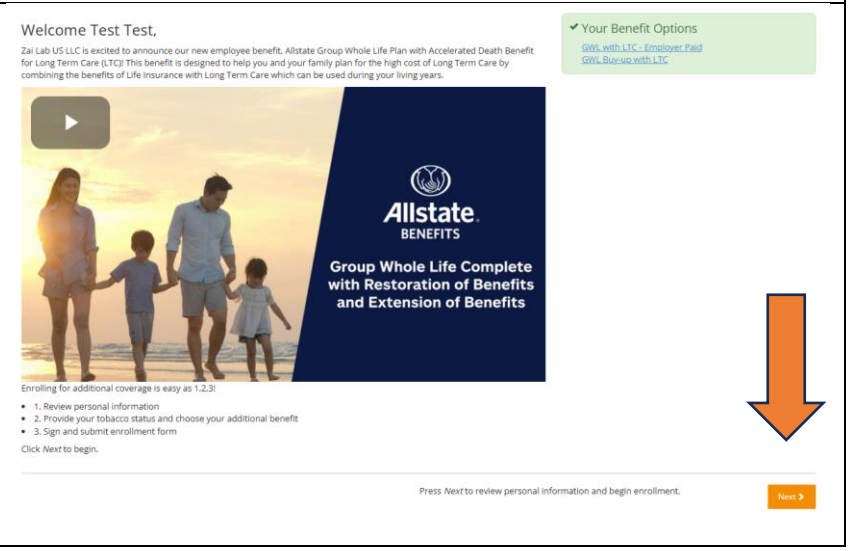
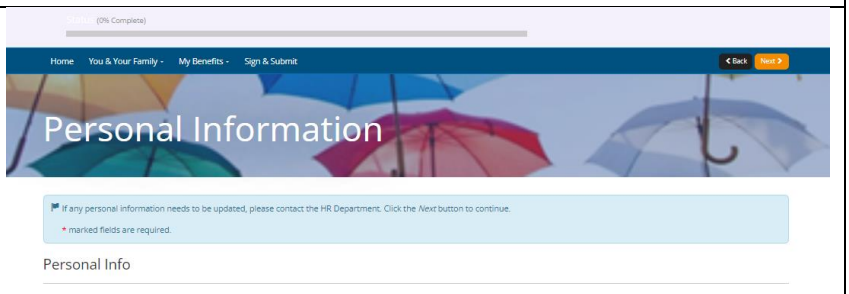
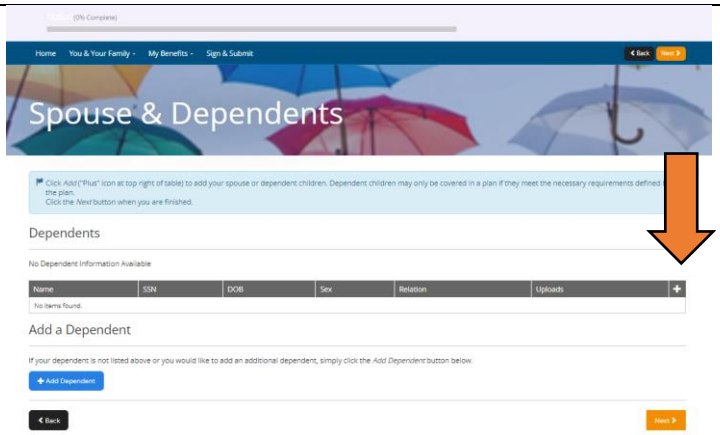
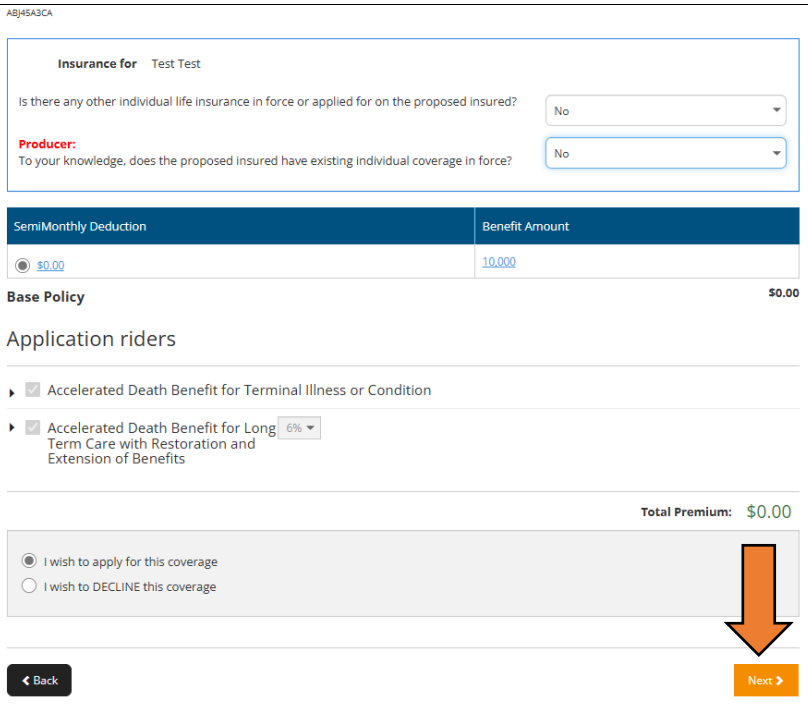
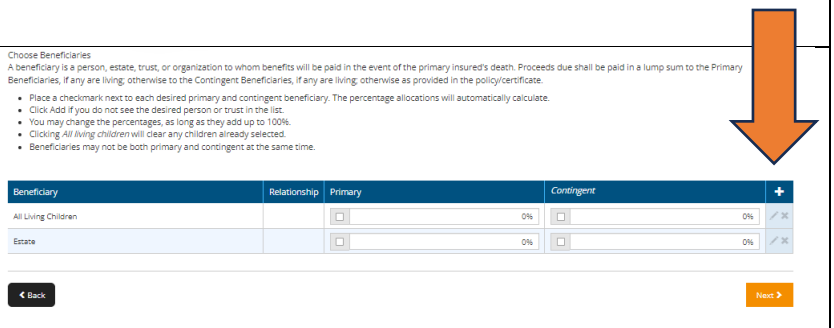
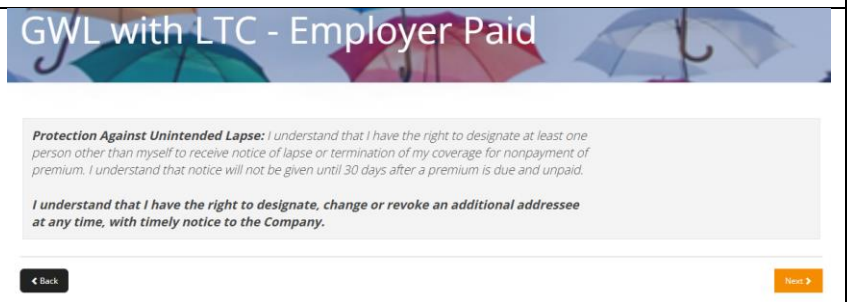
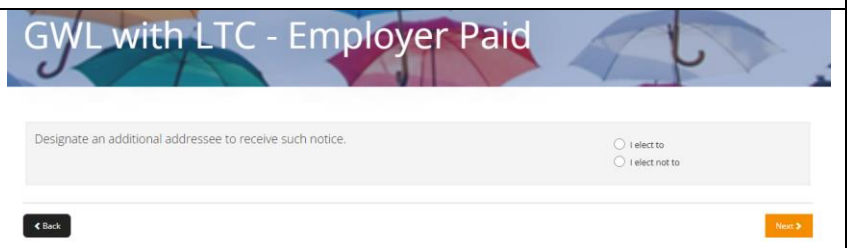
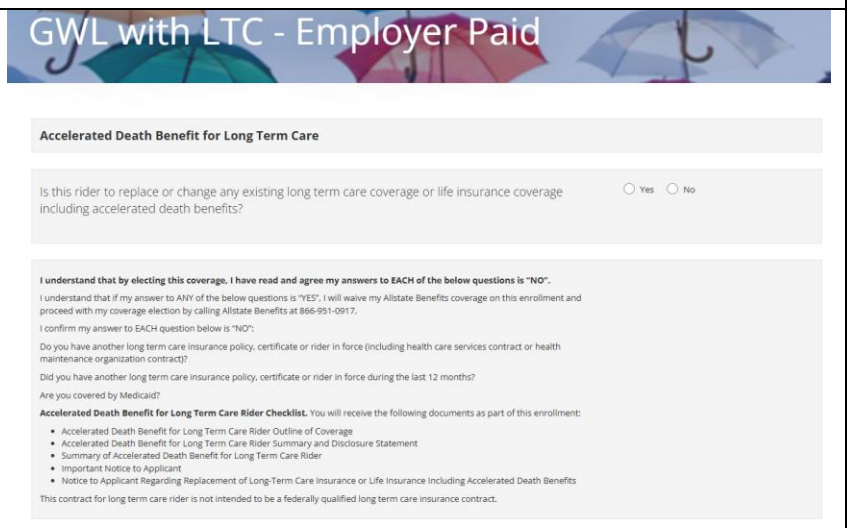
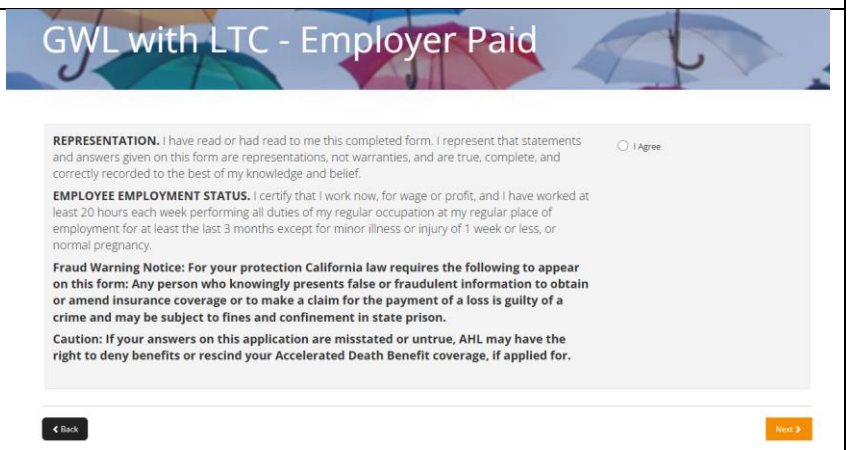
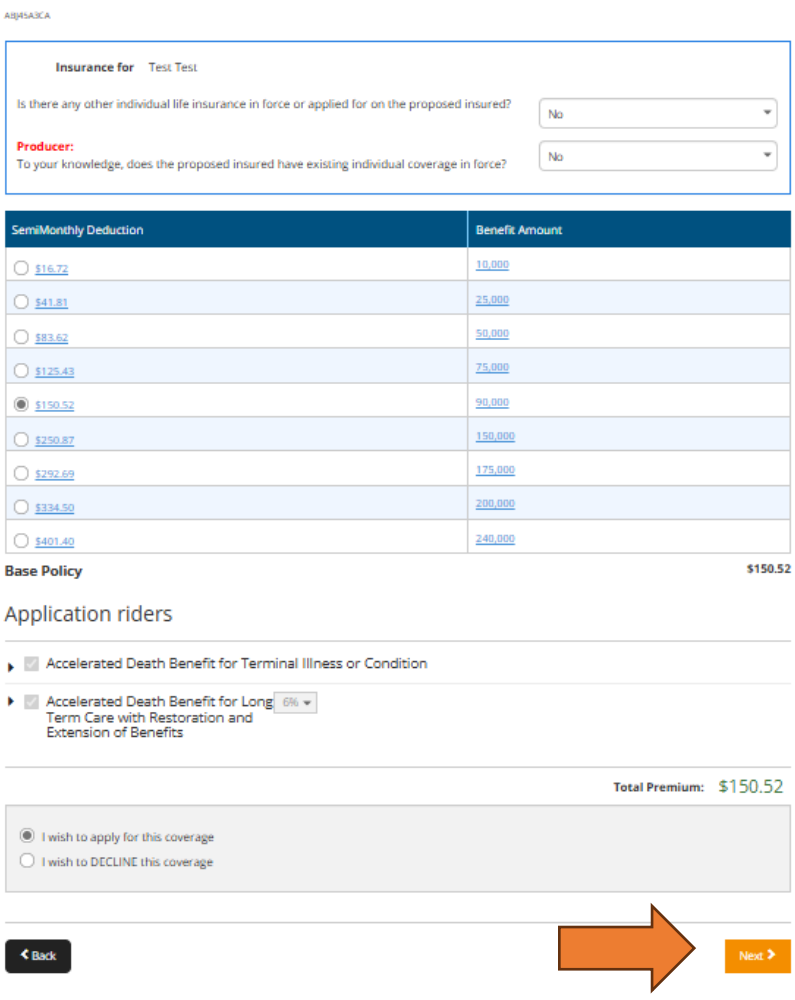
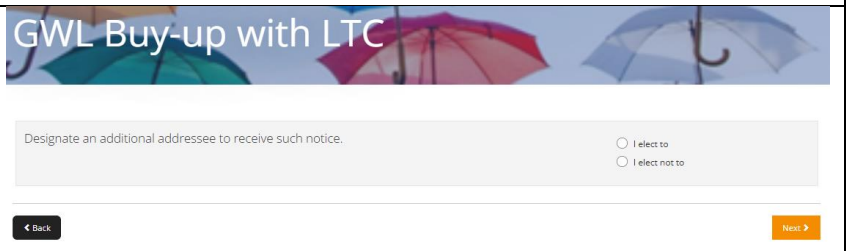
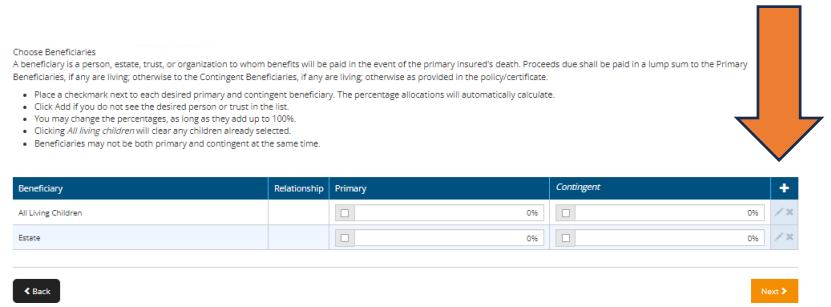
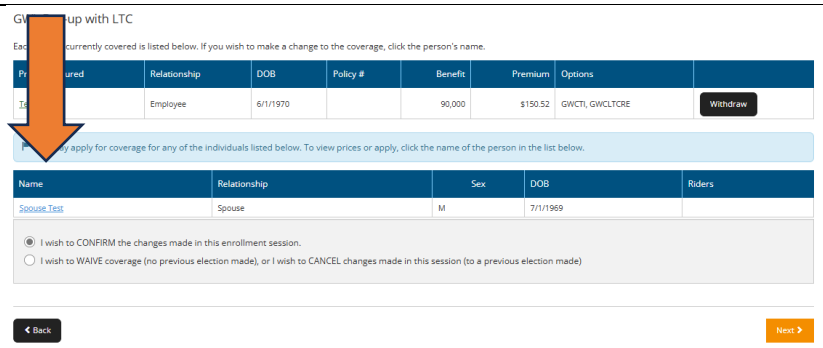
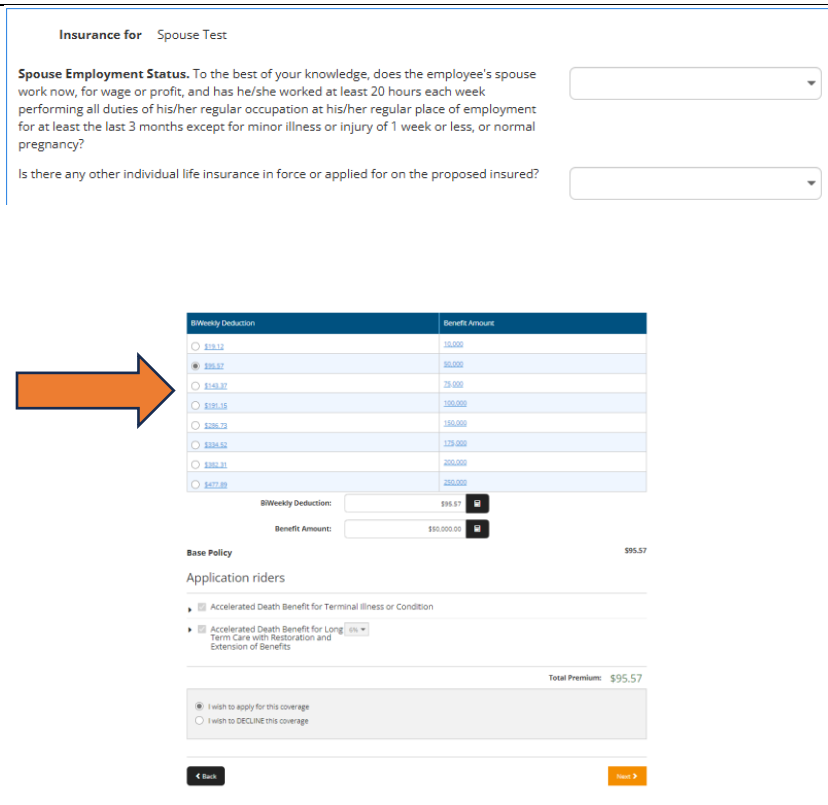
Zai Lab | Allstate Enrollment User Guide

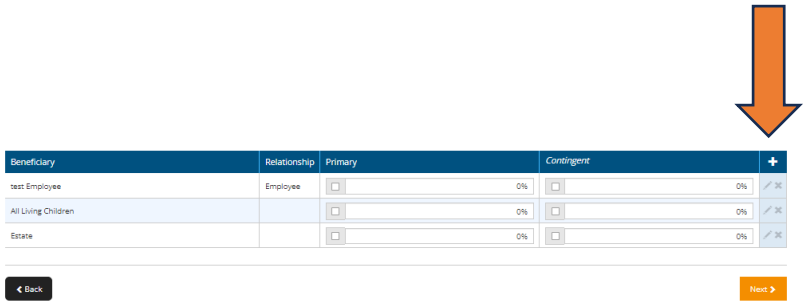
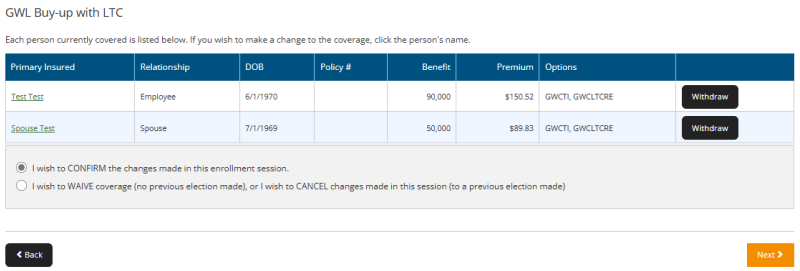
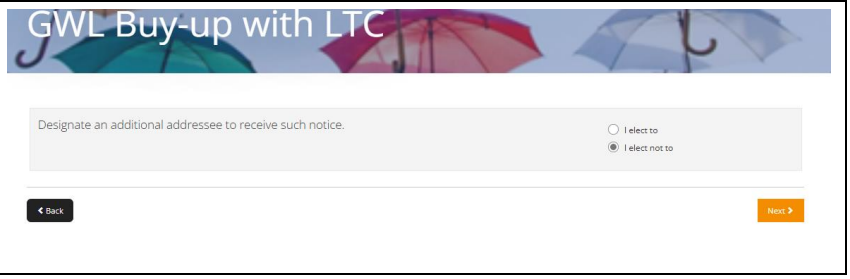
Instructions	Screen Shot
ACCESSING THE ENROLLMENT: To enroll in Allstate Life + LTC, go to: www.myltcguide.com/zailab and click on CLICK HERE TO LOGIN AND GET STARTED	
ACCESSING THE ENROLLMENT: Log in with your Username and Password. **Username**: Employee SSN **PIN**: 6 Digits – Last 4 SSN/ Last 2 Birth Year	
BEGINNING THE ENROLLMENT PROCCESS: Press NEXT on the bottom right-hand corner of the screen to review personal information and begin enrollment.	

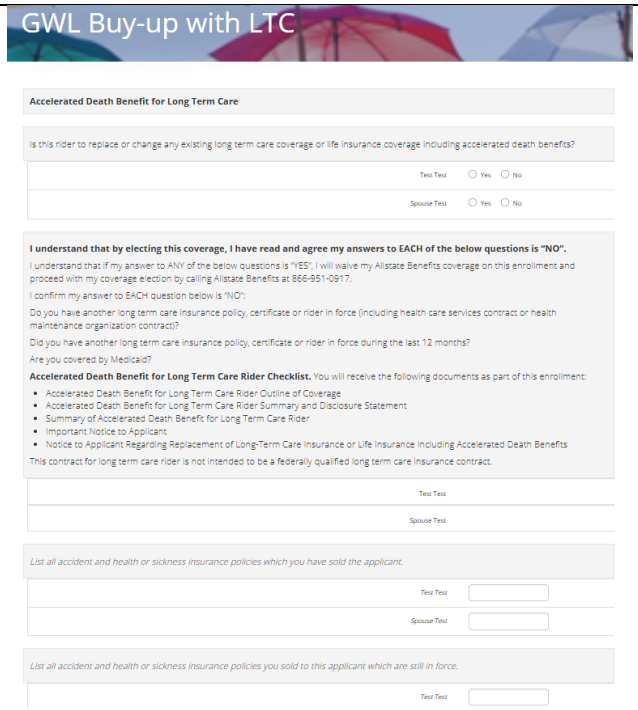
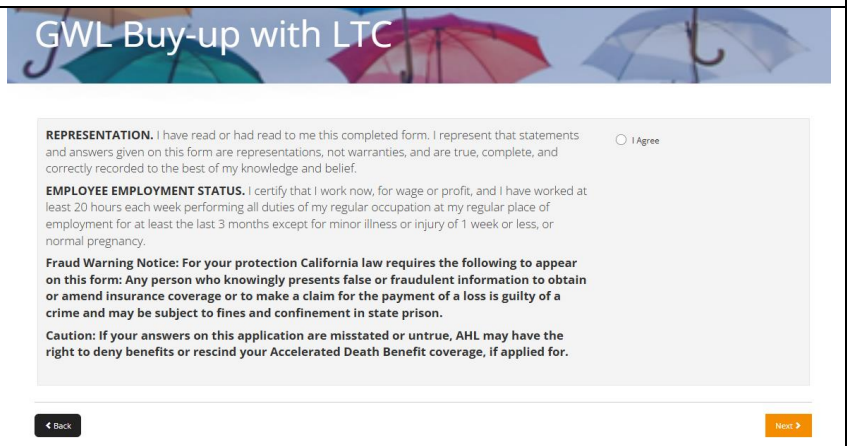
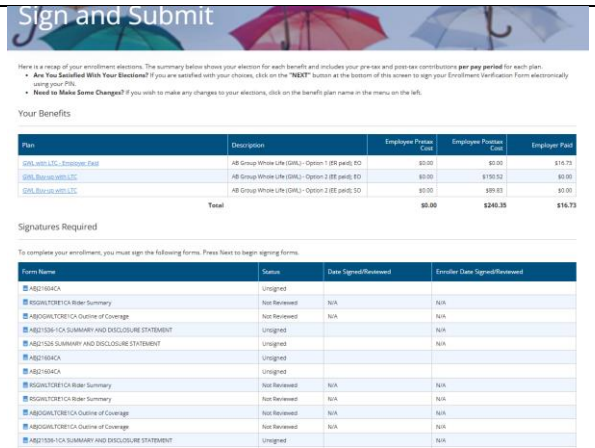
Instructions	Screen Shot
PERSONAL INFO: Please review and update anything that is incorrect. Press NEXT on the bottom right hand corner of the screen to continue.	
DEPENDENT INFO: If you would like to enroll your spouse, you will need to add them as a dependent. To add a dependent, click the + icon. To edit a dependent click on the pencil icon. To delete a dependent click on the X icon. Press NEXT on the bottom right-hand corner of the screen to continue.	
ENROLL IN EMPLOYER PAID BENEFIT: Answer the required question about replacement. Press NEXT on the bottom right hand corner of the screen to continue.	
ASSIGN BENEFICIARIES FOR YOUR EMPLOYER PAID POLICY: You can add additional people to be beneficiaries – just click the + icon.	

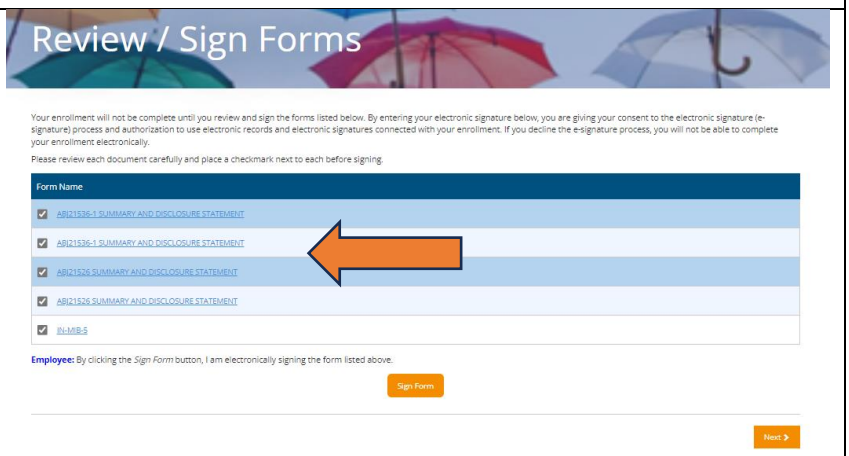
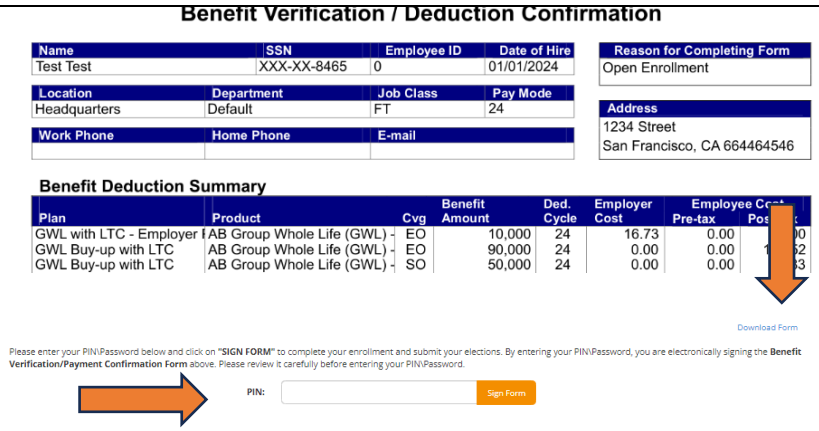
Instructions	Screen Shot
If primary and contingent beneficiaries are not alive at time of claim, payment will be made to the estate. Press NEXT on the bottom right-hand corner of the screen to continue.	
PROTECTION AGAINST UNINTENDED LAPSE: Read the section. Press NEXT on the bottom right-hand corner of the screen to continue.	
DESIGNATE ADDRESSEE TO RECEIVE UNINTENDED LAPSE NOTICE: Make your selection. Press NEXT on the bottom right-hand corner of the screen to continue.	
ACCELERATED DEATH BENEFIT FOR LONG TERM CARE: Answer the replacement question. Press NEXT on the bottom right-hand corner of the screen to continue.	

Instructions	Screen Shot
REPRESENTATION & EMPLOYMENT STATUS: If you agree, click “I Agree”. Press NEXT on the bottom right-hand corner of the screen to continue.	
ENROLL IN EMPLOYEE PAID BENEFIT: Answer the required question about replacement. Your answers will cause the page to update with custom rates applicable to your age. Choose desired life insurance coverage amount. This amount is in addition to the $10,000 employer funded amount. *If you wish to decline this one time opportunity for additional coverage up to $90,000 with no health questions asked, choose “I wish to DECLINE this coverage.” Press NEXT on the bottom right-hand corner of the screen to continue.	
DESIGNATE ADDRESSEE TO RECEIVE UNINTENDED LAPSE NOTICE: Make your selection. Press NEXT on the bottom right-hand corner of the screen to continue.	

Instructions	Screen Shot
ASSIGN BENEFICIARIES FOR EMPLOYEE PAID BENEFIT: You can add additional people to be beneficiaries – just click the + icon. If primary and contingent beneficiaries are not alive at time of claim, payment will be made to the estate. Press NEXT on the bottom right-hand corner of the screen to continue.	
ENROLL SPOUSE: To enroll a spouse (must have been entered on the dependent screen) click on their name to bring up their options for coverage.	
SPOUSE ENROLLMENT: Answer the two required questions. Your answers will cause the page to update with custom rates applicable to your situation. Choose desired life insurance coverage amount. If you would like an amount that is not shown, enter that amount in the Benefit Amount box and click the calculator to view the premium. Press NEXT on the bottom right-hand corner of the screen to continue.	

Instructions	Screen Shot
ASSIGN SPOUSE BENEFICIARIES: You can add additional people to be beneficiaries – just click the + icon. If primary and contingent beneficiaries are not alive at time of claim, payment will be made to the estate. Press NEXT on the bottom right-hand corner of the screen to continue.	
CONFIRM ELECTIONS: This screen shows you the coverage you selected for yourself and spouse that is EMPLOYE PAID. If you change your mind about any of them, click WITHDRAW. If correct, click NEXT.	
PROTECTION AGAINST UNINTENDED LAPSE: Read the section. Press NEXT on the bottom right-hand corner of the screen to continue.	
DESIGNATE ADDRESSEE TO RECEIVE UNINTENDED LAPSE NOTICE: Make your selection. Press NEXT on the bottom right-hand corner of the screen to continue.	

Instructions	Screen Shot
ADDITIONAL QUESTIONS: Answer the additional questions. Press NEXT on the bottom right-hand corner of the screen to continue.	
REPRESENTATION & EMPLOYMENT STATUS: If you agree, click "I Agree". Press NEXT on the bottom right-hand corner of the screen to continue.	
SIGN AND SUBMIT: If you are satisfied with your choices, press NEXT on the bottom right-hand corner of the screen to electronically sign the forms. If you wish to make any changes to your elections, click on the benefit plan name GWL BUY-up with LTC.	

Instructions	Screen Shot
REVIEW AND SIGN FORMS After reviewing each form, click on the box to place a checkmark next to each. Click SIGN FORM	
SIGNATURE REQUIREMENTS: This is your Benefit Confirmation. You may click DOWNLOAD FORM to keep a copy. To sign, click enter your login PIN in the box.	
FINAL SCREEN: This is the final screen. You can always log back in during enrollment to make changes.