

TUTORIAL: Bind/Pay By Credit Card / Issue Policy

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BIND/PAY BY CREDIT CARD / ISSUE POLICY TUTORIAL



SOP#: _____ **Revision/Version:** 1.0
Effective Date: 2013

Prepared By: Technical Writer Judy Thomas

Approved By: CEO Daniel O'Neal

Title: TUTORIAL: Bind And Pay By Credit Card | Issue Policy

Policy: This tutorial serves as a standard operating procedure for binding coverage, paying by credit card and issuing a policy online.

Purpose: To provide insurance agents and applicants with step-by-step instructions so that they can bind coverage, pay by credit card and issue a policy online.

Scope: This tutorial covers binding coverage, paying by check and issuing a policy online.

Responsibilities: Insurance agents and applicants are responsible for the tasks contained in this tutorial.

Definitions:

Overview: This tutorial was created in 2013 to help insurance agents and applicants bind coverage, pay by credit card and issue policies online.

System Requirements

System Requirements

This tutorial assumes that the user:

1. Has access to the internet

Browsers and Operating Systems:

OnLine-PL is optimized to work on all of the following, prominent browsers:

- Internet Explorer 6 or greater
- Mozilla Firefox 15
- Google Chrome 22.1
- Safari 4

The Allied Health Application works best on all of the following operating systems:

- Windows XP or greater
- Mac OS X, 10.5 or greater

Overview

Overview

This document was developed to assist insurance agents and applicants in binding coverage, paying by credit card and issuing policies online.

This document contains one main section:

- [I. Bind/Pay By Credit Card / Issue Policy](#)

PART I—BIND/PAY BY CREDIT CARD / ISSUE POLICY

PART I—BIND AND PAY BY CREDIT CARD ISSUE POLICY

This section illustrates how to bind coverage, issue and pay for a policy online by credit card.

1. Bind/Pay By Credit Card / Issue Policy | Credit Card Payment Entry

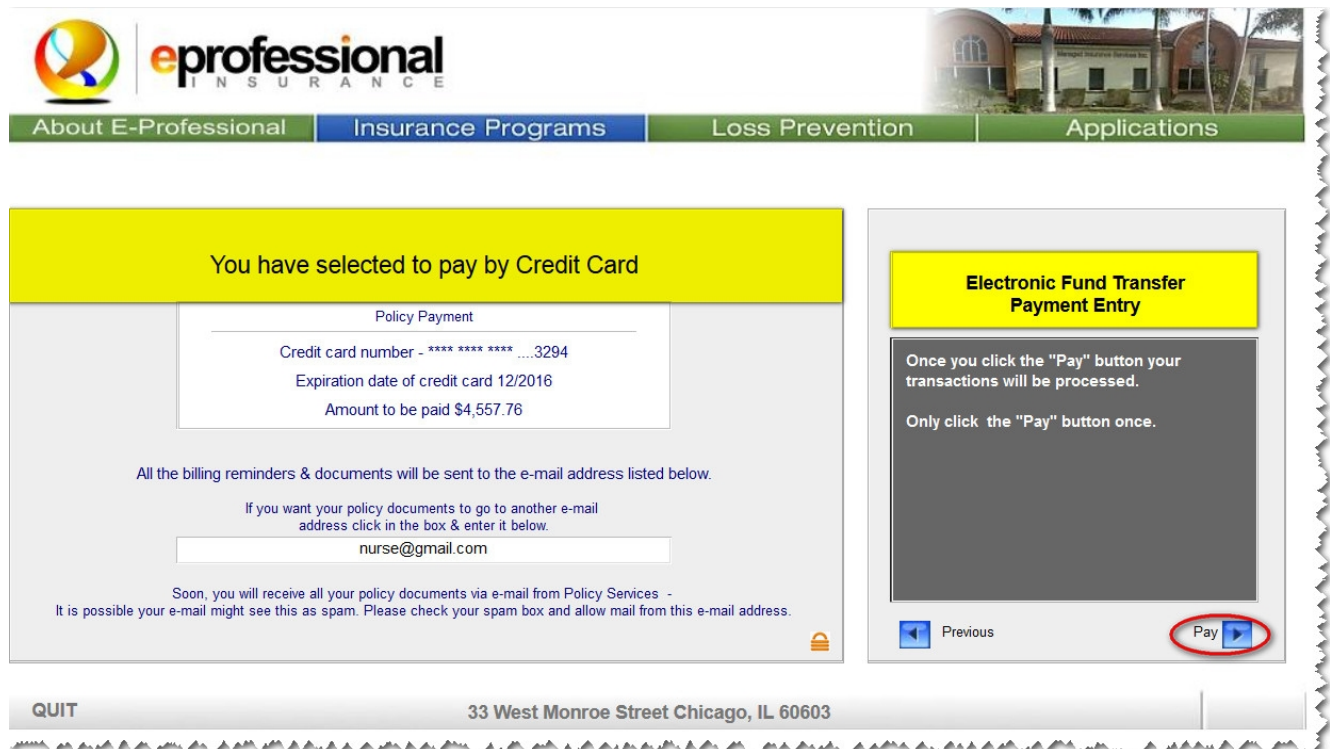
Bind/Pay By Credit Card / Issue Policy | Credit Card Payment Entry


The screenshot shows the E-Professional Insurance website interface. At the top, there is a navigation bar with links: About E-Professional, Insurance Programs, Loss Prevention, and Applications. The main content area is divided into two panels. The left panel displays the 'Allied Health Payment Plan' details, including the total payable amount of \$4,557.76 and a \$106.82 credit card fee. The right panel is titled 'Credit Card Payment Entry' and contains a form for entering payment information. The form includes fields for the credit card number (5207180124593294), expiration date (Month: 12, Year: 2016), and a 3-digit security code (200). A yellow box highlights the 'Credit Card Payment Entry' title. A 'Next' button is circled in red. At the bottom of the page, there is a 'QUIT' button and the address '33 West Monroe Street Chicago, IL 60603'.

1. Type the applicant's credit card number into the designated field.
2. Click to select the applicant's expiration date month and year from the designated dropdown menus.
3. Type the applicant's three-digit security code into the designated field.
4. Click on the **Next** button. The Bind/Pay By Credit Card / Issue Policy | Click To Pay page displays.

2. Bind/Pay By Credit Card / Issue Policy | Click To Pay

Bind/Pay By Credit Card / Issue Policy | Click To Pay



 **eprofessional**
INSURANCE

About E-Professional | Insurance Programs | Loss Prevention | Applications

You have selected to pay by Credit Card

Policy Payment

Credit card number - **** * 3294

Expiration date of credit card 12/2016

Amount to be paid \$4,557.76

All the billing reminders & documents will be sent to the e-mail address listed below.

If you want your policy documents to go to another e-mail address click in the box & enter it below.

nurse@gmail.com

Soon, you will receive all your policy documents via e-mail from Policy Services -
It is possible your e-mail might see this as spam. Please check your spam box and allow mail from this e-mail address.

Electronic Fund Transfer Payment Entry

Once you click the "Pay" button your transactions will be processed.

Only click the "Pay" button once.

Previous Pay

QUIT 33 West Monroe Street Chicago, IL 60603

1. Click on the **Pay** button. The Bind/Pay By Credit Card / Issue Policy | Payment Confirmation page displays.

3. Bind/Pay By Credit Card / Issue Policy | Payment Confirmation

Bind/Pay By Credit Card / Issue Policy | Payment Confirmation

The screenshot displays the E-Professional Insurance website's payment confirmation interface. At the top, the logo for E-Professional Insurance is visible, along with navigation links: "About E-Professional", "Insurance Programs", "Loss Prevention", and "Applications". The main content area is divided into two columns. The left column features a yellow header stating "You have selected to pay by Credit Card". Below this, a white box contains the following information: "Policy Payment", "Credit card number - **** * 1111", "Expiration date of credit card 12/2016", and "Amount to be paid \$4,557.76". A yellow banner below this box reads "YOUR PAYMENT WILL BE PROCESSED ON 10/31/2013". Further down, another white box shows "Allied Health Payment Plan", "Total payable - \$4,557.76", and "includes a \$106.82 credit card fee.". At the bottom of this section, it states "Transaction Number 511515 @ 10/31/2013 5:16:54 PM". The right column has a yellow header for "Electronic Fund Transfer Payment Entry". Below it, a grey box contains the text: "PRINT THIS PAGE FOR YOUR RECEIPT.", "YOUR TRANSACTION NUMBER IS: 511515", and "YOUR POLICY DOCUMENTS WILL BE SENT TO YOU SHORTLY.". At the bottom right of the right column, there is a "Next" button with a blue arrow icon, which is circled in red. The footer of the page includes a "QUIT" button and the address "33 West Monroe Street Chicago, IL 60603".

You have selected to pay by Credit Card

Policy Payment

Credit card number - **** * 1111

Expiration date of credit card 12/2016

Amount to be paid \$4,557.76

YOUR PAYMENT WILL BE PROCESSED ON 10/31/2013

Allied Health Payment Plan

Total payable - \$4,557.76
includes a \$106.82 credit card fee.

Transaction Number 511515 @ 10/31/2013 5:16:54 PM

Electronic Fund Transfer Payment Entry

PRINT THIS PAGE FOR YOUR RECEIPT.

YOUR TRANSACTION NUMBER IS: 511515

YOUR POLICY DOCUMENTS WILL BE SENT TO YOU SHORTLY.

Next

QUIT 33 West Monroe Street Chicago, IL 60603

1. Click to select **File / Print** from the browser menu to print the payment confirmation screen.
2. Click on the **Next** button. The Bind/Pay / Issue Policy | Coverage Confirmation page displays.


4. Bind/Pay By Credit Card / Issue Policy | Coverage Confirmation

Bind/Pay By Credit Card / Issue Policy | Print Coverage Confirmation

<<Log Out>>

Quit

To print this screen please use the File - Print option at the upper left corner of your screen.



Fireman's Fund[®]
Insurance Company
A company of Allianz

**FIREMAN'S FUND
CONFIRMATION OF COVERAGE
ALLIED HEALTH**

INSURED: John J Doe
Doing Business As Name
361 E. Hillsboro Blvd.
Deerfield Beach, FL 33441

STATUS: Active

CONFIRMATION NUMBER: 511515

CONFIRMATION DATE: 11/1/2013

EXPIRATION DATE: 11/1/2014

LIMITS: \$1,000,000/\$6,000,000

CLASSIFICATION: Nurse Practitioners/Clinical Nurse Specialists - Adult / Geriatric /
Family Planning / Gynecology / Women's Health / Adult Oncology

CONFIRMATION PROVIDED

THIS CONFIRMATION OF COVERAGE IS PROVIDED ON BEHALF OF THE NAMED INSURED AND IS FOR INFORMATION PURPOSES ONLY AND EXTENDS NO RIGHTS TO ANYONE OTHER THAN THE NAMED INSURED. SHOULD THIS POLICY BE CANCELLED THE COMPANY WILL MAIL THE CERTIFICATE HOLDER A NOTICE OF CANCELLATION WITHIN 30 DAYS; HOWEVER, FAILURE TO ISSUE SUCH NOTICE TO ANY LISTED ENTITY SHALL NOT OBLIGATE THE COMPANY TO ANY LIABILITY.

Program Administrator
Managed Insurance Services, LLC
361 E. Hillsboro Blvd.
Deerfield Beach, FL 33441
Phone 954-788-5453 www.managedinsurance.com Fax 954-428-1175

1. Click to select **File / Print** from the browser menu to print the confirmation of coverage.
2. Click on the **Quit** button in the top right corner of the screen to exit.

This concludes the Bind/Pay By Credit Card / Issue Policy portion of this tutorial.

Revision History

Revision History

Revision:	Date:	Requested By:	Description of Changes:	Signature