

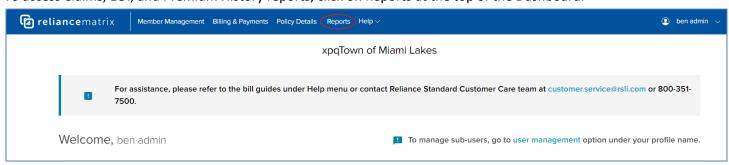
Online Reports

Dashboard

After you login, the dashboard allows you to easily access the Billing & Payments and Reports screens. To navigate back to the dashboard from anywhere, click on the Reliance Matrix logo in the top left corner of the screen.

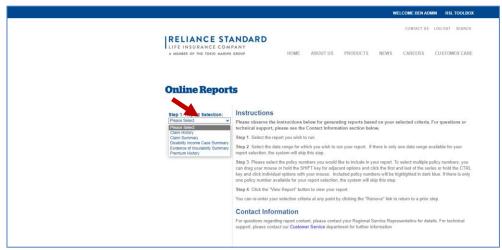
Reports

To access Claims, EOI, and Premium History reports, click on Reports at the top of the Dashboard.



Choose from the drop down the desired report:

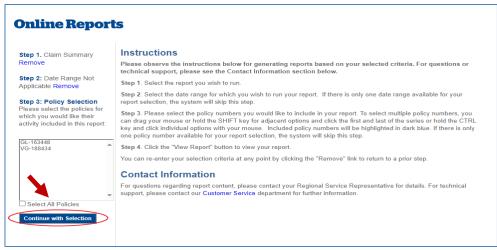
- Claim History The Claim History report displays all claims paid in a specified period sorted by claim number. The report DOES NOT reflect any open reserve liability. Detailed information on individual claims can be accessed by following the claim link.
- Claim Summary The Claim Summary report displays internal claim information for all policyholders claims. The report includes critical information about the status of each claim including loss date, received date, and claim status. Detailed information on individual claims can be accessed by following the claim link.
- Disability Income Case Summary (DICS Report)- The Disability Income Case Summary report displays detailed information on all claims with payments in the specified period. It is intended to be used to support client tax preparation. **Note:** Please be advised that the DICS report may not display properly in this interface. If you experience difficulties, please contact your sales rep or customer service for help.
- Evidence of Insurability The Evidence of Insurability (EOI) report displays a summary listing of the latest status for applications received and worked on within the last 90 days. The report is displayed as a summary outline, if you click an employee's name, the report will display the full history for the application. The information displayed on the report is for the most recent application.
- Premium History The Premium History report displays detailed Premium Payment information grouped by the month the payment is due. The report includes the covered lives, volume, and premium paid grouped by coverage, sub policy and bill group.



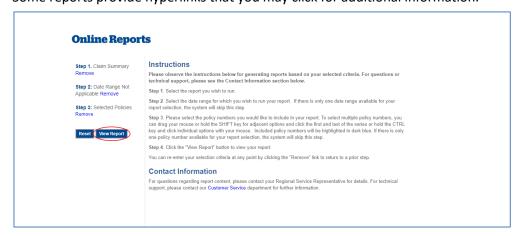
If applicable, select the desired Date Range

Check the Select All Policies box to include all policies or you may select a specific policy.

Click Continue with Selection



Click View Report – If there is nothing to report, a message will appear, otherwise the selected report will generate. Some reports provide hyperlinks that you may click for additional information.



Evidence of Insurability Status Key

- Voluntary Life Return Letter Sent Additional information and/or clarification of the application is required before proceeding.
- Evidence Of Insurability Approval Letter Sent amount Requested was approved.
- Employee Doctor Letter sent Primary Care Physician information is required (was not provided on the application).
- Employee Medical Record request sent Request has been sent to the Primary Care Physician for medical records/information.
- Employee Excess Coverage marked incomplete Information was not received from the Primary Care Physician or the applicant. Insured would receive an adverse determination letter with an explanation that the coverage was not approved but marked incomplete. It is the insureds responsibility to follow up with their Primary Care Physician. Application will remain active for 30-60 days.

Questions?

You may reach out to your Account Manager or you can call the Contact Customer Care Center from 8:00 AM – 7:00 PM ET at 1-800-351-7500, select prompts 1- 3 for Claim Status or 1- 4 for Evidence of Insurability

