



INTRODUCTION

CIS-GROUP is an on-line, Multi-currency, Client-based system designed to administer Group Life products. It is designed to operate as a stand alone system or to run in conjunction with other **CIS** Products. The system is written around the ORACLE RDBMS and is highly parameterized, allowing users to establish tables of rates, codes, rules and other validation variables that may be changed over time.

The scope of the system in its current release covers all administration details from enrollment through to claims settlement, and future releases will reflect the features most in demand by the user community. The scope of the system in its entirety is intended to provide users with data to effectively monitor information at all levels, providing an enterprise wide **CIS-GROUP** database from which the required management information may be garnered.

CIS-GROUP entities encompass a comprehensive and highly structured data model, providing data elements suitable for the effective administration of your Groups, and efficient management of your systems.

Designed to provide the best of ease-of-use, the system liberally provides look up tables for reference information verification and pull down windows where related information that is not in the database can be entered without having to exit on a screen to enter the information in another.

The system allows for the definition of Subsidiaries/Divisions, and classes within Subsidiaries/Divisions for each group to be administered under the group life system.

GROUP COMPANY DETAILS

The system allows for multiple group companies to be defined. Each group is assigned a unique throughout the system. The group company number is used to link policies together for billing, and other reporting functions.

Provision is made to directly link a group company with specific insurance plan (main plan), reinsurance plan, and the designation of a group administrator/contact person.



GROUP SUBSIDIARIES/DIVISIONS

Each group may have subsidiary companies or divisions associated with it depending on its size. The system allows for multiple subsidiaries or divisions to be defined as a subgroup of each company.

The system will allow designation of unique Subsidiary/Division name as well as the optional designation of an administrator/contact person.

BASIS OF INSURANCE

The ability to define the basis of insurance for each individual member of a group based on Subsidiary/Division and class/category is provided.

PLAN/RIDER DETAILS

The ability to define the parameters of the group policy is provided through plan maintenance. Plan rules are defined to include expiry details, commission rules, type of plan, valuation codes, premium tolerances, due date processing options, mortality ratings, maximum insured amount under the plan, premium suspense policy account number, GL accounts, etc.

PREMIUM RATE RECORDS

The ability to maintain premium rates associated with each plan is provided. Plans may have a single or a tiered premium rate structure, with the ability to maintain historical rates with start and end dates.

REINSURANCE DETAILS

Reinsurer company information, details of reinsurance contracts and reinsurance rates are captured and maintained in the system.



REINSURER COMPANY DETAILS

The system allows for the existence of multiple reinsurer records, and allows the maintenance of each through unique identification parameters.

The provision to store basic information on the reinsurer such as, company name, currency of payment to reinsurer, claim contact person, underwriting contact person, and reinsurer contract agent are provided.

REINSURANCE CONTRACT PLAN RULES

Reinsurance contract plan rules are defined to the system by reinsurer. Multiple contracts may be stored by reinsurer.

Details such as country/state where contract applies, currency of policies to be reinsured, type of reinsurance contract, retention amounts, ceded amounts above retention limited and percentage of amount over limits to be reinsured and method of payment are maintained under the contract plan rules.

REINSURANCE PREMIUM RATE RECORDS

The ability to maintain reinsurance premium rates associated with each plan is provided. Plans may have a single or a tiered premium rate structure, with the ability to maintain historical rates with start and end dates.

INSURED MEMBER DETAILS

Insured member details are maintained for each associated coverage record in the system. Details include name address, date of birth, occupation, class/category and date of employment.



SALARY HISTORY RECORD

Group Life Insured amounts are based on salary, with the total insured amount for each coverage equivalent to the basis of insurance rate times the salary amount or a fixed rate of defined in the basis record.

Salary amounts are maintained on historical basis with start and end dates, in the system.

Any change in salary information will trigger a recalculation of insured member benefits, expected premium amounts and reinsurance amounts for all cover records linked to the member.

BENEFICIARY DETAILS

Beneficiaries are maintained at the insured member level with the ability to have multiple beneficiaries. Beneficiary/Member relationship may also be defined with the requirement of a percentage allocation for distribution of benefits.

The system will enforce the allocation of benefits between beneficiaries as a percentage. Total percentage allocated must equal 100%.

PERSON ACCOUNTS

The system will create accounts to hold payments due to certain person entities, which include: group company as payer, reinsurer, person to receive stamp duties, person to receive taxes due on premiums, suspense premium amounts.

REINSURANCE RECORDS

Reinsurance records will be established for each individual member whose coverage falls within the established reinsurance bands set up in the reinsurance plan associated with the group.

Details maintained will include reinsurer policy number, reinsurance contract number, date to which reinsurance premium paid, optional premium loading, amount reinsured. Large policies may have multiple records associated with various layers of coverage on the individual member policy.



C I S S O F T W A R E



SYSTEM FUNCTIONS

MAINTENANCE

The maintenance functions within the system provide the facilities to maintain the following areas within the group administration function.

- Group Company Details
- Plan Rules/Rates
- Reinsurance Plan Rules/Rates
- Basis of Insurance
- Insured Details
- Agency Structure/Agent Details
- System and Reference Tables



ENROLLMENT

Enrollment involves the addition of a member to a group. It is an on-line procedure involving the definition of the new insured/member to the system. The operator will have the option to search and locate an existing person record. If none exists, the option is provided via a pull down menu to create person details.

The operator will then enter current address information, and will be required to enter date of birth and sex of the member. Classification and occupation details may be entered directly, or accessed via pull down list of values from the reference tables.

Details of plan and payer will be automatically updated from the CIS-GROUP Company tables based upon group classification entered. The system will prompt the operator to enter/select any rider plans associated with the member group policy should they be applicable.

The system will prompt the operator to enter beneficiary names, relationships, and percentages of benefits allocated to each beneficiary.

Insured amounts will be calculated and displayed by the system on screen, using basis of insurance and salary entered for each coverage record created. Based on the coverage, and plan rules, the system will calculate insurance premium amount due. Premium information is recorded along with each coverage.

Upon confirmation of enrollment details, Reinsurance processing will be performed, and reinsurance amounts calculated and reinsurance records created if applicable. A member certificate listing the schedule of the members benefits will be produced automatically if the option has been selected.



ACCEPT GROUP POLICY

The Accept group policy function within the system provides the operator with the ability to select a pending group and change its status to 'INFORCE'.

This operation will change the group and associated member statuses to 'INFORCE' and calculate premiums for the GROUP in advance.

Due Dates are set to the effective coverage date for each member coverage associated with the process.

For new Groups being enrolled for the first time, the bill date for the group will be initialized to the current (system) date.

MASTER POLICY FACE PAGE

A Master Policy Face Page may be generated for the group during this process for inclusion with the group policy documentation.

MEMBER CERTIFICATES

Individual member certificates of benefits are generated for each member of the group being put in 'INFORCE' during this process.

GROUP REGISTER

The system will produce on request a group register listed alphabetically by sub/division for all in-force members of the group for inclusion with group policy documentation.

Details included on the register:

- name
- date of birth
- salary
- insured amounts
- basis of coverage



SYSTEM MESSAGING

This feature provides the facility to record and respond to client requests. It also generates messages in response to predefined conditions which may occur during specific system processes. The message codes and text are defined by the user. The messaging function can be interfaced with a user's word processing system to provide for the automatic generation of form letters. Messages can also be directed to specific individuals within the company for follow up action.

PREMIUM PAYMENTS

Premium payments are accepted at any time and used to update group payer account with the premium amount remitted. Premium payments are submitted through the **CIS** General Payments function. Transactions are generated to indicate premium amount paid to the account. No premium amounts are to be credited to group member accounts for basic YRT plans. Premium payments may be applied against outstanding list bill batches at any time.

The option of printing a receipt for each premium payment processed is available.

For group universal life type plans, processing will default to elected modal premium amounts on the primary in-force coverage for a member during the billing cycle. For universal type plans the General Payments screen will allow the user to accept lump sum payments to specific member investment accounts.



BILLING

Billing for group policies is done with either the group or sub/division entity having been designated as employer for the member during enrollment

For investment type group policies the relevant member account are credited with investment funds as defined in Group/Individual investment rules. Billing is done in the form of a list bill with a single line item listed for each member of the group or sub/division.

List Bills include:

Member Name, Salary, Insured amounts for each coverage, Matching premium amount due date, date of employment.

The details of the billing process are stored in the database to provide a basis for reconciliation. The system provides the option for clients to submit data on magnetic media, for processing of premium payments and enrollment information.

REINSURANCE PROCESSING

During the enrollment of members, the system will sweep all life policies in the database to establish a comprehensive profile of the insured, to determine the full extent of the reinsurance requirement on the individual life.

Reinsurance premiums are calculated on a monthly basis for all 'inforce' policies using the reinsurance records set up for each individual member. These premium amounts are added to the Reinsurer account established in the system to accumulate all premium payments due to them. Date last reinsurance premium was calculated is updated on the individual member reinsurance record.

Payments to the Reinsurer may be made at anytime against the balance outstanding in the reinsurer account. The option to have cheques generated automatically for reinsurance premiums is available within the system.



CLAIMS

Claim details are entered and maintained in the system. The following details are stored for each claim made against a group policy: member policy number, date claim received, date of accident/illness, date of death/disability, claim number, primary cause of death/disability, secondary cause death/disability, date settlement made, total settlement paid, reinsurance recovery amount required.

The system will also allow for the entry of notes to be made by the claims underwriter.

The option to print a Claim Experience Report based on claims history to date in the system is available by primary and secondary cause of death/disability.

ANNIVERSARY PROCESSING

Printing of Group register details and claim experience report for the group is available along with statistical details of claims by individual groups as well as all groups linked by common plans.

COMMISSIONS

The system will calculate total agents commissions due on monthly sales, services commissions, production and persistency bonuses, based on the rules established for the agent in the agent commission reference table.

It also calculates managers' overrides on the sales commissions of the agents under their control, based on the rules defined in the managers' contract and bonus table.

POLICY CONVERSION PROCESSING

This option allows group members to convert their policies to standard plans offered by the company upon termination from the group.



QUERIES

Query functions are provided that enable the user to do quick lookups on:

- Group Company
- Plans
- Rates
- Group member/insured
- Payment history
- Claims
- Agents commissions
- System and reference tables

REPORTS

Reports are provided in the following categories:

- Transaction Summary
- Group Member Certificates
- Claims
- Policy Face Pages
- Management Information
- Agents Commission Statement(s)
- Group Member/Insured Register
- Reinsurance
- Arrears Notices
- Group Plan Details