Applications and quotes on your iPad

How the EMI (Electronic Membership Interface) system for iPad saves you time and improves your efficiency





What is EMI for iPad?

EMI is an online tool offered by Liberty Health. It is available on the Liberty Medical Scheme website at <u>www.libmed.co.za</u> and enables you to do certain tasks on your iPad.



Effortless applications and quick quotes With EMI for iPad you can:

- 1. Generate a new quote for a member or group.
- 2. Open a saved quote that you have already captured.
- 3. Open a saved application that you have already captured.
- 4. Capture a new application.
- 5. Track the progress of applications, view online enquiries and access all your client information.

EMI for iPad

The Liberty iPad system that helps you save time and improves your efficiency

Better service, happier clients

- 1. Faster membership activations, which means more satisfied clients.
- 2. Better service by calculating a quote for a client in seconds.
- 3. By submitting information online, you reduce your paper trail and save time.

Downloading EMI for iPad is easy We will send you instructions on how to download the application via email. We're here to help If you need any help with downloading or using EMI for iPad, give us a call on 0860 002 168. We will gladly help.

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EMI on your iPad

What is EMI for iPad?

EMI is an online tool on the Liberty Medical Scheme website that you can access on your iPad that enables you to:

- complete, save and submit member applications electronically, and
- calculate and save a member or group quote.

How you benefit from using EMI for iPad

Your clients' memberships are activated faster, which means more satisfied clients

Electronic applications have a faster turnaround time. The member can sign the declaration on the iPad and it will be saved to the membership application as well as to the uploaded documents section. This means new members are loaded, reviewed and activated much quicker.

You can calculate a quote for a client in seconds, which means better service

By completing selected details on the EMI for iPad system, you can provide clients with a quote in no time and calculate their premium and, if applicable, Late Joiner Penalty fees. The information captured in the quote can also be carried over to an application, saving you time.

By submitting information online, you reduce your paper trail and save time

Doing things online saves you the effort of organising and filing hard copy forms. It also saves you time – clicking a button is much more time efficient than faxing or scanning and emailing.



Please note: There are two iPad editions: wireless and wireless with 3G. When you have 3G you can use your iPad wherever you have cell phone reception.





How to access EMI on your iPad

You will receive an email with the necessary links and instructions on how to download the application. You can also refer to the LMS website at <u>www.libmed.co.za</u>

- 1. Go to the login page on <u>www.libmed.co.za</u>.
- 2. Enter your access code (which is your username) and password, and tap on 'Login'. When logging on, please use just your Financial Adviser code without the "AG" prefix.

iPad ල හත LIBER We care, F	9:47 AM TY MEDICAL SCHEME or you	@ 28% ₽ Wiberty	
	Username Password Login		Enter your access code without the "AG" prefix and password. Tap on 'Login'.
Version: 1.2		Copyright 2012 Liberty Health	



Having trouble? We'd be happy to help

If you have trouble accessing EMI on your iPad, please contact our support team on 0860 002 168. We will gladly help you install this useful tool.





Quotes

How to calculate a quote on EMI for iPad

1. Tap the red + icon next to the 'Quotes' tab on the top right.



2. Enter the principal member details.







- ad 🔶 WAN 9:48 AM @ 28% ■ Adult Dependants Edif + **_** nck Quotes First name Last Name Date of birth 3.2 Tap on the red + icon to add a Date Joined dependant. Date Left TRACKE Den Adult dependants > 3.1 Tap on '>' to add \odot adult dependants. Number of child dependants ο Quote detail Year Option Member Risk Fee Adult Dependant Fees Child Dependant Fees Administration Fee
- 3. Enter the adult dependant details if applicable.

Edit Adult Dependants 🕂	ack Quotes	
	Applicant details	QUOTE
Dependant	First name	
	Last Name	ß
	Date of birth	
	Previous Scheme Details	ATIC
3.3 Tap on 'Dependant'	Date Joined	ž
to add details.	Date Left	
	Dependants	TRA
	Adult dependants >	TRACKER
	Number of child dependants o	
	Quote detail	
	Year	
	Option	
	Member Risk Fee	
	Adult Dependant Fees	
	Child Dependant Fees	
	Administration Fee	





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lack methods		Quotes	Accept Courts
Dependant details			ĕ
First name			IION
Last Name			Ð
Date of birth			App
Previous Scheme Details			S
Date Joined			APPLICATION [
Date Left			
			큥
			> THAOSER
			• 🚯
Previous Next	Option	_	Done
	2010 August	130	
	2011 September	31	
	2012 October	1	
	2013 November	2	
	2014 December	3	

3.4 Enter the dependant details and tap on 'Back'.

4. Enter the number of child dependants if applicable.

Filter Quotes	
Accept Quote	
Incomplete/Saved O Applicant details First name	
Accepted O Last Name	
Date of birth Previous Scheme Details Date Joined	
Previous Scheme Details	
Date Joined Z	
Date Left	
Dependants	
Adult dependants >	
Number of child dependants	
Quote detail dependants' and s	
Year o the number of childependants from	
option 1 dropdown list.	
Member Risk Fee 2	
Adult Dependant Fees 3	
Child Dependant Fees 4	
Administration Fee 5	





5. Choose the benefit year.

Filter Quotes Accepted Date of birth Previous Scheme Details Date Left Dependants Quote detail Year Option Member Risk Fee Aduit Dependant Fees Child Dependant Fees Administration Fee	iPad 🔶 🔤		9:49 AM		@ 28% ा
Incomplete/Saved Image: Applicant details Accepted Image: Applicant details First name Last Name Date of birth Previous Scheme Details Date Left Dependants Adult dependants 2012 Otote detail Year Option Member Risk Fee Adult Dependant Fees Child Dependant Fees	Filter	Back	Quotes	Accept Quote	
Accepted	Incomplete/Saved 0	Applicant de	etails		NO.
Last Name Date of bith Previous Scheme Details Date Joined Date Left Dependants 2012 2013 0 Quote detail Year Option Member Risk Fee Adult Dependant Fees Child Dependant Fees		First name			
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Date Left Dependants Adult dependants 2012 013 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Previous Sc	heme Details		CATI
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Quote detail Year Option Member Risk Fee Adult Dependant Fees Child Dependant Fees		Number of child of	dependar 2013	0	
Option Member Risk Fee Adult Dependant Fees Child Dependant Fees		Quote detail			
Member Risk Fee Adult Dependant Fees Child Dependant Fees		Year			
Adult Dependant Fees Child Dependant Fees		Option			
Child Dependant Fees		Member Risk Fee			
		Adult Dependant	Fees		
Administration Fee		Child Dependant	Fees		
		Administration Fe	ee		

6. Choose the relevant option and submit the quote. Once the quote has been submitted and accepted, you can view it under the 'Application' section.

iPad 🎅 VPN		9:49 AM	⊕ 27% ∎	6.2 When you have
Filter	Back	Quotes	Accept Quote	entered all the relevant
Incomplete/Saved 0	Applican	details	Accept Quote	details, tap on '√' to
Accepted 0	First name			submit the quote.
	Last Name			
	Date of birth		APPLICATION	
		Scheme Details		
	Date Joined	6	No Regional Action	
	Date Left			
	Dependa	ats		
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		-		
6.1 Choose the	Rumber of cl Quote de		• 🕑	
relevant option	Year	Platinum Focus	2012	
from the				
dropdown list.	Option		Prestige	
	Member Risk	Fee 3763.34		
	Adult Depen	lant Fees 3559.00		
	Child Depend	ant Fees 0.00		
	Administratio	on Fee 200.00		



Applications

How to complete a member application on EMI for iPad

- 1. Tap on the 'Applications' tab to open up the first page 'Administration'. If you have submitted a quote for the specific client, the basic details will already be captured. You can simply add the rest of the information.
- 2. Complete the details on the 'Administration' page.



- The system will allocate the 'Reference number' as soon as the application has been submitted and processed successfully.
- 'First name' and 'Surname' refer to the details of the person capturing the application.
- 'Financial Adviser Code' is the code that will be linked to the membership.
- 'Referring Adviser Code' is either the in-house Liberty code or the sales team code.
- Complete 'Referring adviser' only if applicable.
- The system will insert the 'Date Received'.





3. Complete Section 1 by entering the principal member's details.

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lack	Applicant	Details	Submit Sava & Close	
Administration	Personal Deta	ils	Submit Save & Close QUOTE	
Section 1	O* Last Name *	Required		
Applicant details	Maiden Name	If applicable		
Dependants to be registered	Title *		APPLICATION	
Section 3 Employment Details				
Employer Declaration	First Name *	Required		
Section 4	Initials *	Required		
Banking Details	ID Number / Passpo	ort * Pas	port OFF =	
Section 5 Underwriting Information	Date of birth *		OFF TRACKE	If you insert a valid
Section 6	Date of birth *			number, the 'Date o
Declaration by applicant Section 7	Gender *			birth' and 'Gender'
To be completed by financial adviser	Marital Status *			fields will be updat
Section 8 Record of advice				automatically.
Documents	Smoker *			
Documents to be sent to Liberty Medica Notes	Weight *	0 kg		
Additional notes	Height *	0 cm		
Choice of Benefit Option Details	Contact Detai			
	Telephone (H) *	~		
T	Telephone (W)			

Back	Applicant Details	
Administration	Personal Details	
Section 1 Applicant details	ID Number / Passport * Passport OFF	
Section 2	Date of birth *	
Section 3	Gender * Amarital Status *	
Employment Details Employer Declaration	Marital Status *	
Section 4 Banking Details	Smoker *	
Section 5 Underwriting Information	Weight* 0 kg Height* 0 cm	
Section 6 Declaration by applicant		
Section 7 To be completed by financial adviser	Contact Details	
Section 8 Record of advice	Telephone (W)	
Documents Documents to be sent to Liberty Medica	- Fax	
Notes Additional notes	Cell	
Choice of Benefit Option Details	Email	
6	Home Address * >	To open the 'Physical Address' and 'Postal
		Address' and Postal Address' boxes, tap or
		the relevant '>'.



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Address Line 2		
Suburb		
Postal Code		TRA
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Postal Address *	>	

4:20 PM

Address Details

4:20 PM

Address Details

Applicant Details

Address Details

Use current location

Address Details

Use current location

Address Line 1

Address Line 2

Suburb

Postal Code

Province

Town

Country

Same as Physical Address?

Applicant Details

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Administration

Choice of Benefit Option Deta

Administration

Section 2

Section 3

Section 4

Section 5

Section 6

Section 7

Section 8

Notes

Page | 12

Choice of Benefit Option Deta

Employer Declaration

Section 2 Section 3 Employment Details Employer Declaration Section 4 Section 5 Section 6 Section 7 Section 8 Documents Notes Additional notes

Physical address: Enter
the relevant details or
activate 'Use current
location', which links to
Google Maps. Tap on
'Done' once you've
completed all the details.





4. Complete Section 2 by entering the dependants' details if applicable.



Ba	ck Dependa	nt Details	Submit Save & Close	
Administration	Personal Det	ails		QUOTE
Section 1	O* Last Name	Required		
Applicant details	Maiden Name	If applicable		
Section 2	Marden Name	ii applicable		
Dependants to be registered Section 3	Title			PPL
Employment Details	First Name	Required		
Employer Declaration				2
Section 4	Initials	Required		
Banking Details	ID Number / Pass	port	Passport OFF	_
Section 5 Underwriting Information				TRACKER
Section 6	Date of birth			Ref
Declaration by applicant	Gender			
Section 7 To be completed by financial adviser				\odot
Section 8	Marital Status			
Record of advice	Relationship to ap	plicant		
Documents	Relationship to ap	pilcant		
Documents to be sent to Liberty Medica	Smoker			
Additional notes		0.1		
Choice of Benefit Option Details	Weight	0 kg		
	Height	0 cm		
	Contact Deta	ils		
	Same as Applicant	2		

You don't need to capture separate address details for dependants on the current system. Simply indicate if the details are the same as for the principal member or not.





5. Complete Section 3 by entering the applicant's employment's details if applicable.

iPad 중	4:21 PM	@ 90% III)
Back	Employment Details	Save & Close
Administration	Employment Details	save & Close OO TE employer
Section 1 Applicant details	If you are an employee of an Employer group or government employee, please have your complete the section below, if this application form is not submitted together with an Em Group Registration form.	employer 🖬 ployer 🔁
Section 2 Dependants to be registered	Are you applying as	
Section 3 Employment Details	Name of Employ	
Employer Declaration	Employer Group	APPLICATION
Section 4 Banking Details	Telephone numt	
Section 5 Underwriting Information	Fax	TRACKER
Section 6 Declaration by applicant	Email	Depending on
Section 7 To be completed by financial adviser	Date of employer	whether the applic
Section 8 Record of advice	Employee number	joins as an individ or as part of an
Documents Documents to be sent to Liberty Medica	Persal Number	employer group, ta
Notes Additional notes		the relevant option
Choice of Benefit Option Details		
6		







6. Complete Section 4 by entering the applicant's banking details.



- 7. Complete Section 5 about the underwriting conditions. This is the same as Section 6 in the paper application. It describes how certain member profiles will be affected by circumstances related to:
 - waiting periods (including the definitions for a 12-month condition-specific waiting period, 3-month general waiting period and PMB waiting periods), and
 - Late Joiner Penalty fees.









Pad 奈	4:21 PM	@ 90 Y 🥌
Back	Back	
Administration	Previous Scheme - (null)	QUOTE
Section 1	Person covered	
Applicant details Section 2	Scheme name	
Dependants to be registered	Date joined	Appl
Section 3 Employment Details	Date left	
Employer Declaration	Date left	
Section 4	Reason for leaving	
Banking Details	Previous Scheme -	
Section 5 Underwriting Information	Same as Applicant?	OFF
Section 6 Declaration by applicant	Person covered	
Section 7 To be completed by financial adviser	Scheme name	•
Section 8 Record of advice	Date joined	
Documents Documents to be sent to Liberty Medica	Date left	
Notes Additional notes	Reason for leaving	
Choice of Benefit Option Details		
6		
	1	





ck	Underwriting	
	Submit Save & Close Section 5.2 - Previous Medical Scheme Cover Detail	QUO
Administration	Section 5.3 - Health Questionnaire	H
Section 1 Applicant details	All sections below must be completed - failure to do so will delay processing (Refer to Section 5.1).	
Section 2 Dependants to be registered	Full name of current family doctor	
Section 3 Employment Details	Telephone Number	APPLICATION
Employer Declaration	How long has he/she been your doctor?	NON
Section 4 Banking Details	Postal Address Line 1	
Section 5 Jnderwriting Information	Postal Address Line 2	TRACKER
Section 6 Declaration by applicant	Postal Code	KER
Section 7 To be completed by financial adviser	Have you or any of your nominated dependants received medical advice, care or treatment for any of the following in the last 12 months?	\bigcirc
Section 8 Record of advice	Heart and Circulation YES	_
Documents Documents to be sent to Liberty Medica	Breathing & Respiratory	
Notes Additional notes	Bladder & Kidneys	
Choice of Benefit Option Details	Reproductive Organs	
6	Digestive System	
	Ear, Nose & Throat	
	4:22 PM	@ 90% =>
ck		
ck Administration	4:22 PM	@ 90% =) QUOTE
Administration	4:22 PM Back Patient Detail	QUOTE
ex Administration Section 1 Applicant details Section 2 Dependants to be registered	4:22 PM Back Patient Detail Patient	QUOTE
Administration	4:22 PM Back Patient Detail Patient Condition/Diagnosis	QUOTE
Administration	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication	QUOTE
Administration Section 1 Applicant details Section 2 Section 2 Section 3 Section 3 Section 4 Sec	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication Currently receving treatment OFF	
Administration Section 1 Applicant details Section 2 Dependants to be registered Section 3 Employment Details Employer Declaration Section 4 Section 4 Section 5 Jaderwriting Information	4:22 PM Patient Detail Patient Condition/Diagnosis Medication Currently receving treatment Date of last treatment	
Administration Section 1 Section 2 Dependants to be registered Section 3 Employment Details Employer Declaration Section 4 Banking Details Section 5 Judgewriting Information Section 6	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication Currently receving treatment Date of last treatment Healthcare Provider Healthcare Provider Telephone Number	
ex Administration Section 1 Applicant details Section 2 Dependants to be registered Section 3 Employment Details Employer Declaration Section 4 Aanking Details Section 5 Inderwriting Information Sectaration by applicant Section 7	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication Currently receiving treatment Date of last treatment Healthcare Provider Healthcare Provider Healthcare Provider Telephone Number Add Patient	QUOTE
Administration Administration Section 1 Applicant dealis Section 2 Dependants to be registered Section 3 Employment Details Employer Declaration Section 4 Banking Details Section 5 Underwriting Information Section 5 Declaration by applicant Section 7 Section 7 Section 8	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication Currently receiving treatment Date of last treatment Healthcare Provider Healthcare Provider Healthcare Provider Telephone Number Add Patient	
ek Administration Section 1 Applicant details Section 2 Dependants to be registered Section 3 Employment Details Employer Declaration Section 4 Banking Details Section 5 Declaration by applicant Section 6 Declaration 8 Record of advice Documents	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication Currently receiving treatment Date of last treatment Healthcare Provider Healthcare Provider Healthcare Provider Telephone Number Add Patient	
sk Administration Section 1 Applicant details Section 2 Dependants to be registered Section 3 Employment Details Employer Declaration Section 4 Banking Details Section 5 Underwriting Information Section 6 Declaration by applicant Section 7 To be completed by financial adviser Section 7 Do be completed by financial adviser Section 8 Record of advice Documents Documents Documents Notes	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication Currently receiving treatment Date of last treatment Healthcare Provider Healthcare Provider Healthcare Provider Telephone Number Add Patient	
Administration Section 1 Applicant details Section 2 Dependants to be registered Section 3 Employment Details Employment Details Employment Details Employment Grant Section 4 Banking Details Section 5 Underwriting Information Section 6 Declaration by applicant Section 7 To be completed by financial adviser Section 8 Record of advice Documents Documents Documents Documents Documents Choice of Benefit Option Details	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication Currently receiving treatment Date of last treatment Healthcare Provider Healthcare Provider Healthcare Provider Telephone Number Add Patient	
Administration Section 1 Applicant details Section 2 Dependents to be registered Section 3 Employment Details Employer Declaration Section 4 Banking Details Section 5 Underwriting Information Section 7 To be completed by financial adviser Section 7 Section 7 Cobe completed by financial adviser Section 7 Section 7 Documents Documents Documents Documents to be sent to Liberty Medica Notes Additional notes	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication Currently receiving treatment Date of last treatment Healthcare Provider Healthcare Provider Healthcare Provider Telephone Number Add Patient	

Please note that you must answer all questions in Section 5.3. If you answer 'Yes' to any of the questions in this section, you must complete the relevant info screens (as below). Otherwise we will request additional information from you and this will delay the application process.

This page will open automatically when you select 'Yes' to any of the questions in 5.3. .





8. Complete Section 6, which is the member declaration.

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Back Declaration by Applicant	ave & Close
Administration	QUOTE V
Section 1 Applicant (null) (null) Applicant details Date of Declaration 16 Oct	
Section 2 Dependants to be registered	
Section 3 Employment Details	APPLICATION (
Employer Declaration	Q
Section 4 Banking Details	
Section 5 Underwriting Information	ACKER
Section 6 Declaration by applicant	
Section 7 To be completed by financial adviser	
Section 8 Record of advice	
Documents Documents to be sent to Liberty Medica. This is a marketing tool of the Liberty Medical Scheme. Every attempt has been made to ens	
Notes Additional notes Additional notes	ion and the
Choice of Benefit Option Details	

The system will automatically generate the 'Date of declaration'.

The applicant can sign directly on the iPad. The signature will be saved.

9. Complete Section 7 by filling in your details.

l 🗢	4:22 PM	@ 90% 📼
ack	Financial Adviser	Save & Close
Administration	Financial Adviser	Save & Close QUOTE
Section 1	Name and surname	
Applicant details	Financial Adviser's Commission code	5
Dependants to be registered	Are you accredited with the Council for Medical Schemes	АРР
Section 3 Employment Details		ΓĢ
Employer Declaration	Accreditation number	TOP
ection 4	Date accredited	
anking Details	Branch name	
ection 5 Inderwriting Information		TRACKER
Section 6	Cell	KER
eclaration by applicant	Office Telephone	
ection 7 o be completed by financial adviser	Other number	
Section 8 Record of advice		
locuments	Email address	
ocuments to be sent to Liberty Medica	Secondary email address (e.g. Broker Consultant)	
Notes Idditional notes		10010
Choice of Benefit Option Details	Date 16 O	ct 2012





10.Complete Section 8 – this is the Record of Advice and should be completed by you as the financial adviser.

	4:22 PM	@ 90%
ack	Record of Advice	Submit Save & Close
Administration	Record of Advice	Submit Save & Close QUOTE
Section 1	Analysis date	10 001 2012
Applicant details	Produced for (null) (null)	P
ection 2	(nuii) (nuii)	
ependants to be registered	ID Number	
Section 3 mployment Details		<u> </u>
	Option that matches your needs based purely on our life stages segmentation	OIL
Employer Declaration	Day-to-day cover required	ž
Section 4	buy to duy cover required	
anking Details	Non-PMB Chronic cover required	
ection 5		TRACKER
Inderwriting Information	Threshold Cover required	R
Section 6 Declaration by applicant	Option that matches your needs based on our life stages segmentation and co	
ection 7	specific health and financial needs.	insidering the above
o be completed by financial adviser		
ection 8	Recommended LMS Option	
ecord of advice		
ocuments	Actual LMS Option	
ocuments to be sent to Liberty Medica	Record of Advice - I Declare that:	
Notes Idditional notes		
dditional notes	I am appointed by the applicant to provide advice about this applica	ation. 🥑
hoice of Benefit Option Details	I have a valid contract with Liberty Medical Scheme	0
C	I am responsible for providing the applicant with:	0
	* my name, physical address, postal address and telephone number	

11. In the 'Documents' section you can upload the documents that we need to process the application.

[°]	4:23 PM	@ 90% ==
Administration	Uploaded Documents Tap and hold to set the document type!	Edit D
Section 1 Applicant details		A
Section 2 Dependants to be registered		APPL
Section 3 Employment Details		
Employer Declaration		ATION (
Section 4 Banking Details	ID Document	
Section 5 Jnderwriting Information	Passport	TRACKER
Section 6 Declaration by applicant		
Section 7 To be completed by financial adviser		
Section 8 Record of advice		
Documents Documents to be sent to Liberty Medica		
Notes Additional notes		
Choice of Benefit Option Details		

Add documents by tapping on the paper clip icon. To delete uploaded documents, tap on 'Edit'.





12.Use the 'Additional notes' section to include information like additional notifications or the DCZ number of the declaration form/additional documentation.

। 		4:23 PM		@ 90%
Administration	Click to edit	Additional Notes	Submit Save & Closs	QUOTE
Section 1 Applicant details				5
pendants to be registered				
ction 3 ployment Details				
mployer Declaration				NOI
ection 4 anking Details				
ection 5 Inderwriting Information				TRACKER
claration by applicant				
ection 7 be completed by financial adviser				\odot
Section 8				
ocuments ocuments to be sent to Liberty Medica				
Notes Idditional notes				
Choice of Benefit Option Details				
6				

13.Complete the 'Choice of Benefit Option Details' section by selecting the benefit year and option.

iPad 奈		4:23 PM			⊕ 90% 🖿	
Back	Choice of t	Choice of Op	6	Submit Save & Close	QUOTE	
Administration	Join Scheme Fre				OTE	
Section 1 Applicant details	join scheme in	UIII	~		5	
Section 2	Option	(-			4 100 100	
Dependants to be registered					APP	
Section 3 Employment Details					APPLICATION	
Employer Declaration					TION	The effective date from
Section 4		2012	January			when the applicant will
Banking Details		2012	bandary		=	join the Scheme.
Section 5 Underwriting Information		2013	February		TRACKER	
Section 6 Declaration by applicant		-	_			
Section 7 To be completed by financial adviser)					
Section 8 Record of advice						
Documents Documents to be sent to Liberty Medica	-					
Notes Additional notes						
Choice of Benefit Option Details						
6	-					
<u> </u>						
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Administration Section 1 Applicant details Section 2	Choice of Option ce of benefit option details	Submit Save & Close	Tap the relevant
Dependants to be registered Section 3 Employment Details Employer Declaration		PLICATION	option the applicant has selected.
Section 5			
Underwriting Information Section 6 Declaration by applicant Section 7		TRACKER	
To be completed by financial adviser Section 8 Record of advice			
Documents Documents to be sent to Liberty Medica Notes Additional notes			
Choice of Benefit Option Details			
T			

14. Finalising the application process:

- After you have completed all the sections of the application, simply tap on 'Submit'.
- The application information is submitted directly to LMS and you will receive a reference number. Use this number on the 'Declaration' that you will send us.



If you haven't completed all the compulsory fields, a pop-up box will be displayed that will list the outstanding fields.





Tracker

How to track application progress and view online enquiries

On the Tracker page you can:

- access various active links to all your client information,
- search for specific information according to different criteria
- track the status of applications you submitted, and
- view online enquiries.

Please note: All live data has been blocked out from the below screenshot.

iPad 令 1223	11:11 AM	80%
LIBERTY MEDICAL SCHEN We care. For you	Application Form Tracker	QUOTE
Details · Group Se	arch · Payments · Statement · Sub Financial Adviser Search · Group Profile rs · EMI · Enguintes · Member Lookup · Outstanding Contribution · Downloads · Contact Us	A
	Application Form Tracker Searching by Date Range : 01/08/2012 - 01/10/2012 Search by Reference Number: Search by Member Number: Search by Sumarne: Search by Date Range: Search 1 2 3	
Reference Date Application Application Mer Number Submitted Start Date Status Nur	ber Date Member Member Option Member General Condition Specific Late Joiner ber Registered Sumame First Name Option Status Waiting Period Penalty Fee	\odot
9995494060 27/09/2012 01/10/2012 DECLINED 9995494060 27/09/2012 01/10/2012 ACCEPTED 530	01/10/2012 GOLD SAVER PREREG	
© 2001 - 2012 Liberty Medical Scheme Please report any inacourate information or problems with this o (Note: Please include your Member, Agent or Provider Number		







How to delete headings

1. Tap on 'Edit'.

Pad 🗢 🖽		11:07 AM	@ 81% =)
Filter		Quotes	Edit 🕂 🔊
Incomplete/Saved	• 🧲	(null) (null) Monday 01 October 2012) HIGH
Accepted	0		5

2. Tap on the '-' symbol

Pad 🜩 📾		11:07 AM	@ et % 🖿
Filter		Quotes	Dore 🛨 😞
Incomplete/Saved	•	(null) (null) Monday 01 October 2012	QUOTE
Accepted	0		5
			APP
	_		LAN .
			APPLICATION .
			TRACKER
	_		•
	- H		
	\Box		
	9		





3. Tap on 'Delete' and then on 'Done'.

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