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 ඉ 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	
Dependant	First name	Ħ
	Last Name	
	Date of birth	APPLIC
	Previous Scheme Details	ATIC
3.3 Tap on 'Dependant'	Date Joined	ž
to add details.	Date Left	
	Dependants	TRA
	Adult dependants >	CKER
	Number of child dependants o	
	Quote detail	
	Year	
	Option	
	Member Risk Fee	
	Adult Dependant Fees	
	Child Dependant Fees	
	Administration Fee	





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		Ouotes	
Dependant details			ğ
First name			Ä
Last Name			
Date of birth			App
Previous Scheme Details			5
Date Joined			2
Date Left			
			펑
			> OCER
			• 💿
Previous Next	Ontine	_	Dave
_	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 Back Quotes	
Incomplete/Saved O Applicant details	
Accepted O Last Name	
Date of birth	
Previous Scheme Details	
Date Joined	
Date Left	
Dependants	
Adult dependants >	
Number of child dependants Tap on 'Number	of child
Quote detail dependants' and	d select
Year o the number of c	hild n the
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 Dack Quotes Accepted Image: Complete/Saved Accepted Accepted Date of birth Previous Scheme Details Date Joined Date Left Dependants Adult dependants Option Member Risk Fee Adult Dependant Fees	iPad 🔶 🔤		9:49 AM	e	28 % 💷
Incomplete/Saved Accepted Date of birth Previous Scheme Details Date Left Dependants Coll Quote detail Vear Option Member Risk Fee Adult Dependant Fees	Filter	Back	Quotes	Accept Quote	0
Accepted	Incomplete/Saved 0	Applicant de	tails		OUG
Accepted Last Name Date of birth Previous Scheme Details Date Joined Date Left Dependants Aduit dependants 2012 Quote detail Year Option Member Risk Fee Aduit Dependant Fees	Accented O	First name			Ē
Date of birth Previous Scheme Details Date Joined Date Left Dependants Adult dependants 2012 0 Cuote detail Year Option Member Risk Fee Adult Dependant Fees		Last Name			
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Date Joined Date Left Dependants Adult dependants Quote detail Year Option Member Risk Fee Adult Dependant Fees		Previous Sch	heme Details		A
Date Left Dependants Aduit dependants 2012 Outor detail Year Option Member Risk Fee Aduit Dependant Fees		Date Joined			No
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Adult dependants 2012 Number of child dependant 2013 CUCte detail Year Option Member Risk Fee Adult Dependant Fees		Dependants			TRA
Number of child dependar 2013 • • Quote detail Year Option Member Risk Fee Adult Dependant Fees		Adult dependants	2012	>	CKER
Quote detail Year Option Member Risk Fee Adult Dependant Fees		Number of child d	dependar 2013	• •	
Year Option Member Risk Fee Adult Dependant Fees		Quote detail			
Option Member Risk Fee Adult Dependant Fees		Year			
Member Risk Fee Adult Dependant Fees		Option			
Adult Dependant Fees		Member Risk Fee			
		Adult Dependant	Fees		
Child Dependant Fees		Child Dependant I	Fees		
Administration Fee		Administration Fe	e		

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 중 WAN		9:49 AM	@ 27% 🗈	6.2 When you have
Filter	Back	Quotes	Accept Quote	entered all the relevant
Incomplete/Saved 0	Applicant	details	Ŭ.	details, tap on '✔' to
Accepted	First name			submit the quote.
	Last Name			
	Date of birth		APP	
	Previous	Scheme Details		
	Date Joined	6	E STATE	
	Data Loft			
	Dependar	ate		
	Adult depend	ante Prestige	> ACK	
		Distingue Complete		
6.1 Choose the	Number of ch			
relevant option	Quote de	Platinum Focus	2012	
from the	Tear		2012	
dropdown list.	Option		Prestige	
	Member Risk	Fee 3763.34		
	Adult Depend	lant Fees 3559.00		
	Child Depend	ant Fees 0 00		
	Administratio	n 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.

iPad 🗢	11:51 AM			€ 25% 📾	
Back	Applicant D	etails	Submit Save & Close	Q	
Administration	Personal Detail	s		JOT	
Section 1	Last Name *	Required			
Applicant details Section 2	Maiden Name	If applicable			
Dependants to be registered	Title *			APPL	
Employment Details	First Name *	Required		ICAT	
Employer Declaration				NON	
Section 4	Initials *	Required			
Section 5	ID Number / Passpor	t *	Passport OFF	TR	If you insert a valid ID
Underwriting Information	Date of birth *			CRE	number the 'Date of
Declaration by applicant	Gender *				birth' and 'Gender'
Section 7 To be completed by financial adviser					fields will be updated
Section 8	Marital Status *				automatically.
Record of advice Documents	Smoker *				
Documents to be sent to Liberty Medica	Weight *	0 kg			
Additional notes	Usight *	0.000			
Choice of Benefit Option Details	Contact Details	0 cm			
	Telephone (H) *				
	Telephone (W)				
iPad 奈	4:25 PM			⊕ 90% ■	
Back	Applicant D	etails			
	Personal Detail	s Transa	Submit Save & Close	2	
Administration				OTE	
Section 1 Applicant details	ID Number / Passpor	t *	Passport OFF		
Section 2	Date of birth *				
Dependants to be registered	Gender *			PPL	

Back	Applicant D	etails	ρ
Administration	Personal Detail	S Required	TOU
Section 1 Applicant details	ID Number / Passpor	t* Passport OFF	гі Г
Section 2 Dependants to be registered	Date of birth *		AP
Section 3 Employment Details	Gender *		PLICAT
Employer Declaration	Marital Status *		NOL
Section 4 Banking Details	Smoker *		
Section 5 Underwriting Information	Weight *	0 kg	TRAC
Section 6	Height *	0 cm	ER
Section 7	Contact Details		\odot
To be completed by financial adviser	Telephone (H) *		
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		
	Home Address *	>	
	Postal Address *	>	



Page | 12

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Physical address: Enter o ils.

Postal address: Enter the relevant details or activate 'Same as physical address' if you don't have a separate postal address. Tap on 'Done' once you've completed all the details.

IBERTY

Health

the relevant details or activate 'Use current location', which links to Google Maps. Tap on 'Done' once you've
activate 'Use current location', which links to Google Maps. Tap on
location', which links to Google Maps. Tap on
Google Maps. Tap on
(Dono' once you'yo
Done once you ve
completed all the detai

аск		Applicant Details		Submit Save & Close	Q
Administration	Add	lress Details	Done	_	UOTE
Section 1	Address Details			port OFF	
Applicant details Section 2	Use current location		OFF		
Dependants to be registered Section 3	Address Line 1				NPPLIC
Employment Details	Address Line 2				ATIO
Section 4	Suburb				É
Banking Details	Postal Code				Ħ
Underwriting Information	Province				ACKE
Section 6 Declaration by applicant	Terre			_	R
Section 7 To be completed by financial adviser	Town			_	
Section 8	Country				
Documents					
Notes Additional potes					
Choice of Benefit Option Det					
				>	





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



ck Ba	ck Dependa	nt Details	Submit Save & Close	
Administration	Personal Det	ails		DUC
Section 1	O* Last Name	Required		Ħ
Applicant details	Maiden Name	If applicable		
Section 2	Marden Name	ii applicable		≥
Section 2	Title			PPL
Employment Details	First Name	Required		CAT
Employer Declaration		rioquirou		2
Section 4	Initials	Required		
Banking Details	ID Number / Pass	port	Passport OFF	_
Section 5				RAC
Section 6	Date of birth			F
Declaration by applicant	Gender			
Section 7				
Section 8	Marital Status			
Record of advice	Relationship to an	plicant		
Documents	Relationship to ap	pilcant		
Documents to be sent to Liberty Medica	Smoker			
Additional notes		0.1		
Choice of Benefit Ontion Details	weight	U 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% Imp
Back	Employment Details	Save & Close
Administration	Employment Details	
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 Employee Registration form.	employer n nployer 🚰
Section 2 Dependants to be registered	Are you applying as	App
Section 3 Employment Details	Name of Employ	IQ
Employer Declaration	Employer Group	
Section 4 Banking Details	Telephone numt	
Section 5 Underwriting Information	Fax	TRACE
Section 6 Declaration by applicant	Email	Depending on
Section 7 To be completed by financial adviser	Date of employer	whether the application of the a
Section 8 Record of advice	Employee number	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	3	







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)	UOT
Section 1	Person covered	
Applicant details	Scheme name	
Dependants to be registered	Date joined	Appl
Section 3 Employment Details		
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	É.
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	
	Section 5.2 - Previous Medical Scheme Cover Detail	Q
Administration	Section 5.3 - Health Questionnaire	OTE
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	A
Section 3	Telephone Number	PLICA
Employer Declaration	How long has he/she been your doctor?	TION
Section 4 Banking Details	Postal Address Line 1	
Section 5	Postal Address Line 2	TRAC
Section 6 Declaration by applicant	Postal Code	KER
Section 7	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	
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	
<u>ج</u>	4:22 PM	e 90% =
수 ck	4:22 PM Back	@ 90% #) 2
≎ ∝ Administration	4:22 PM Book Patient Detail	
ek Administration	4:22 PM Back Patient Detail Patient	@ 90% T QUOTE
Rection 1 Applicant of details Speendants to be registered	4:22 PM Book Patient Detail Patient Condition/Diagnosis Undication	
Administration	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication Counselle services testment	
Administration	4:22 PM Book Patient Detail Patient Condition/Diagnosis Medication Currently receiving treatment OFF	
Carter Content of Cont	4:22 PM Back Patient Detail Patient Condition/Diagnosis Medication Currently receivng treatment Date of last treatment Healthean Bravider	
Administration Section 1 Section 2 Section 2 Section 3 Section 4 Section 4 Section 4 Section 5 S	4:22 PM	
Administration Administration Section 1 Applicant details Section 2 Sependants to be registered Section 3 Simployment Details Section 4 Aanking Details Section 5 Anderwriting Information Section 6 Sectiant 0 by applicant	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	
R Administration Section 1 Applicant details Section 2 Dependants to be registered Section 3 Imployment Details Employer Declaration Section 5 Janking Details Section 6 Declaration Section 7 O be completed by financial adviser	4:22 PM Bask Patient Detail Patient Condition/Diagnosis Medication Currently receving treatment Date of last treatment Healthcare Provider Healthcare Provider Ident	
Administration Administration Section 1 Applicant details Section 2 Dependants to be registered Section 3 Employer Declaration Section 4 Aanking Details Section 5 Junderwriting Information Section 6 Section 7 To be completed by financial adviser Section 8 Record of Advice	4:22 PM Patient Detail Patient Condition/Diagnosis Medication Currently receiving treatment Date of last treatment Healthcare Provider Healthcare Provider Telephone Number Add Patient	
Administration Section 1 Applicant details Section 2 Dependinats to be registered Section 3 Employment Details Employer Declaration Section 5 Linderwriting Information Section 6 Declaration by applicant Section 7 To be completed by financial adviser Section 8 Record of advice Documents to be sent to Liberty Medica.	4:22 PM Patient Detail Patient Condition/Diagnosis Medication Currently receving treatment Date of last treatment Healthcare Provider Healthcare Provider Telephone Number Add Patient	
ck Administration Section 1 Applicant details Dependants to be registered Section 2 Employment Details Employer Declaration Section 3 Moderwriting Information Section 6 Destanton by applicant Section 7 To be completed by financial adviser Section 7 Section 8 Record of advice Documents Documents to be sent to Liberty Medical Notes Additional notes	4:22 PM Patient Detail Patient Condition/Diagnosis Medication Currently receving treatment Date of last treatment Healthcare Provider Healthcare Provider Telephone Number Add Patient	
ek Administration Section 1 Applicant details Dependants to be registered Section 2 Employment Details Employer Declaration Section 3 Dependants by applicant Section 6 Declaration by applicant Section 7 To be completed by financial adviser Section 7 Section 8 Second 14 Documents to be sent to Liberty Medicia Notes Additional notes Choice of Benefit Option Details	4:22 PM Patient Detail Patient Condition/Diagnosis Medication Currently receiving treatment Date of last treatment Healthcare Provider Healthcare Provider Telephone Number Add Patient	
Administration Section 1 Applicant details Section 2 Dependents to be registered Section 3 Employment Details Employmer Declaration Section 4 Banking Details Section 5 Underwriting Information Section 7 To be completed by financial adviser Section 7 To be completed by financial adviser Section 7 Cobe completed by financial adviser Section 7 Cobe completed by financial adviser Section 7 Cobe completed by financial adviser Section 1 Documents to be sent to Liberty Medica Notes Additional notes Choice of Benefit Option Details	4:22 PM Patient Detail Patient Condition/Diagnosis Medication Currently receving treatment Date of last treatment 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.

iPad 🔶		4:22 PM		@ 90% 🗩
Back	De	eclaration by Applicant	Submit Save & Close	
Administration	Declaration			ΓΟυς
Section 1 Applicant details	Applicant	(null) (null)	16 Oct 2012	
Section 2	Date of Declaratio	n	16 Oct 2012	5
Section 3 Employment Details	(PLICATI
Employer Declaration				NON
Section 4 Banking Details				
Section 5 Underwriting Information			-	ACK
Section 6 Declaration by applicant				F R
Section 7 To be completed by financial adviser)			
Section 8 Record of advice				
Documents Documents to be sent to Liberty Medica	Disclaimer This is a marketing	tool of the Liberty Medical Scheme. Every attemp	t has been made to ensure	
Notes Additional notes	registered Rules of t	of this application. However, in the event of conflic the Scheme, the rules will prevail. Terms and conc	t between this application and the ditions apply.	
Choice of Benefit Option Details				
<u> </u>				

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.

	4:22 PM	⊕ 90% 📼
ck	Financial Adviser	Save & Close
Administration	Financial Adviser	Duo
Section 1	Name and surname	
pplicant details	Financial Adviser's Commission code	
pendants to be registered	Are you accredited with the Council for Medical Schemes	APP
ection 3		
polyment betans	Accreditation number	IOI
pioyer Declaration	Date accredited	
rction 4 nking Details		
tion 5	Branch name	TRAC
tion 6	Cell	CKE
aration by applicant	Office Telephone	
tion 7 e completed by financial adviser		
ction 8	Other number	
cord of advice	Email address	
cuments to be sent to Liberty Medica		
otes 🕊	Secondary email address (e.g. Broker Consultant)	
ortional notes	Date 16 C	Oct 2012
noice of Benefit Option Details		
6		
_		





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

1 🗢	4:22 PM	@ 90%
ack	Record of Advice	Submit Save & Close
Administration	Record of Advice	Duo
Section 1	Analysis date	16 Oct 2012
Applicant details	Produced for (pull) (pull)	
ection 2	(nuii) (nuii)	>
ependants to be registered	ID Number	PP.
Section 3		
inployment betans	Option that matches your needs based purely on our life stages segmentation	
Employer Declaration	Day-to-day cover required	ž
ection 4	buy to any cover required	
anking Details	Non-PMB Chronic cover required	
ection 5		
Inderwriting Information	Threshold Cover required	R
ection 6		
faction a	specific health and financial needs.	insidering the above
o be completed by financial adviser		
Section 8	Recommended LMS Option	
lecord of advice		
ocuments	Actual LMS Option	
ocuments to be sent to Liberty Medica	Record of Advice - I Declare that:	
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	O
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% ■
ck Administration	Uploaded Documents Tap and hold to set the document type!	
Section 1 Applicant details		A
Section 2 Dependants to be registered		AP
Section 3 Employment Details		
Employer Declaration		TION
Section 4	ID Document	
Section 5 Underwriting Information	Passport	TRACK
Section 6 Declaration by applicant		Ĥ
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.

1		4:23 PM		⊕ 90% ■
ack Administration	Click to edit	Additional Notes	Submit Savo & Close	QUOTE
Section 1 Applicant details				ß
ection 2 ependants to be registered				APF
ection 3 mployment Details				PLICAT
mployer Declaration				NOI
Section 4 Banking Details				
ection 5 nderwriting Information				TRACK
ection 6 eclaration by applicant				ER
Section 7				
Section 8 Record of advice				
Occuments				
Notes				
Choice of Benefit Option Details				
e				

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 be	Choice of Op	tion etails	Submit Save & Close	ę	
Administration		m	0.000		OTE	
Section 1	join scheme rroi		<u>^</u>			
Section 2	Option					
Dependants to be registered			_		APP	
Section 3					E E	
Employer Declaration					TION	The effective date from
Section 4		2012	January			when the applicant will
Banking Details		2012	oundary		=	join the Scheme.
Underwriting Information		2013	February		Ã	
Section 6 Declaration by applicant		-	_		E R	
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	2					
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Back Choice Administration Section 1 Applicant details Section 2	e of Option Submit Save & Close	QUOTE 🕅 A	Tap the relevant
Dependants to be registered Section 3		PLIC	has selected.
Employment Details Prestige		ATI	
Employer Declaration		Ž	
Section 4 Platinum Complete			
Banking Details		_	
Section 5		RAC	
Section 6		E	
Declaration by applicant			
Section 7 To be completed by financial adviser			
Section 8			
Record of advice			
Documents			
Notes			
Additional notes			
Choice of Benefit Ontion Details			

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.

Pad 🗢 📖	11:11 AM	80%
LIBERTY MEDICAL SCHEME We care. For you Home Log Off	Application Form Tracker	QUOTE
Details · Group Search Pro Forma Billing · Rejected Debit Orders ·	Payments · Statement · Sub Financial Adviser Search · Group Profile EMI · Enguiries · Member Lookup · Outstanding Contribution · Downloads · Contact Us	A
	Application Form Tracker Searching by Date Range : 01/09/2012 - 01/10/2012 Search by Reference Number: Search by Member Number: Search by Sumarne: Search by Date Range: Search	
Reference Date Application Application Member	Data Mambar Mambar Ganaral Condition Spacific Late Joinar	\odot
Number Submitted Start Date Status Number	Registered Sumame First Name Option Status Waiting Period Waiting Period Penalty Fee	
9995494041 26/09/2012 01/10/2012 DECLINED 9995494061 27/09/2012 01/10/2012 ACCEPTED 53800254	01/10/2012 GOLD SAVEN PRENEG 01/10/2012 MAN JOHNNY PRESTIGE PREREG View	
9995494060 27/09/2012 01/10/2012 DECLINED © 2001 - 2012 Liberty Medical Scheme Please report any inscourate information or problems with this site to e (Note: Please include your Member, Agent or Provider Number in all o	Powered by Smedware squirks@lbetyheath.co.zs respondence)	







How to delete headings

1. Tap on 'Edit'.

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2. Tap on the '-' symbol

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

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Tap 'Delete' to remove a heading and then tap 'Done' once you're finished.

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