

MCIS LIFE EB Portal

User Guide Member/Employee

Version 2.0.3c

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Common Functions

First Time Login

1. Preferred browser is Google Chrome. Go to <https://ebportal.mcis.my> to login with the User ID and Password provided by MCIS. Please contact MCIS support team at groubeportal@mcis.my for assistance to retrieve your user account information.
2. Enter User ID & Password.
3. Click Login to proceed.
4. User is required to change password for first time login.

RESET PASSWORD

Current Password

New Password

Confirm New Password

Cancel Reset

5. Enter Current Password, New Password and Confirm New Password to change password.
6. Acknowledgement Page will be loaded prior to further usage of MCIS Life EB Portal. Click I Accept to proceed.

Forgot Password

1. At login page, click Forgot Password
2. Enter User ID and Registered Email Address to start password reset process.

PASSWORD RESET

Please enter your registered User ID & email address to proceed.

PASSWORD RESET

Please enter your registered User ID & email address to proceed.

Password retrieval email has been set to the email address s*****n@gmail.com. Check the email to reset password within 24 hours.

3. Email will be sent to the email address entered. Retrieve the email and click "Reset Password Now" to continue.

From: noreply
Sent: Tuesday, 15 February, 2022 5:12 PM
To: Edmund Cheong Mun How <edmund.cheong@mcis.my>
Subject: MCIS - Forgot Password

Hi Edmund,

You have requested to Reset the Password. To complete this process please click the link below.

[Reset Password Now](#)

Thank You,
MCIS

4. Password reset page will be launched from the link clicked in email.

PASSWORD RESET

5. Key in User ID, New Password and Confirm New Password to reset the forgotten password.

Home

This page serves as a central dashboard for users offering quick access to essential information and functionalities.

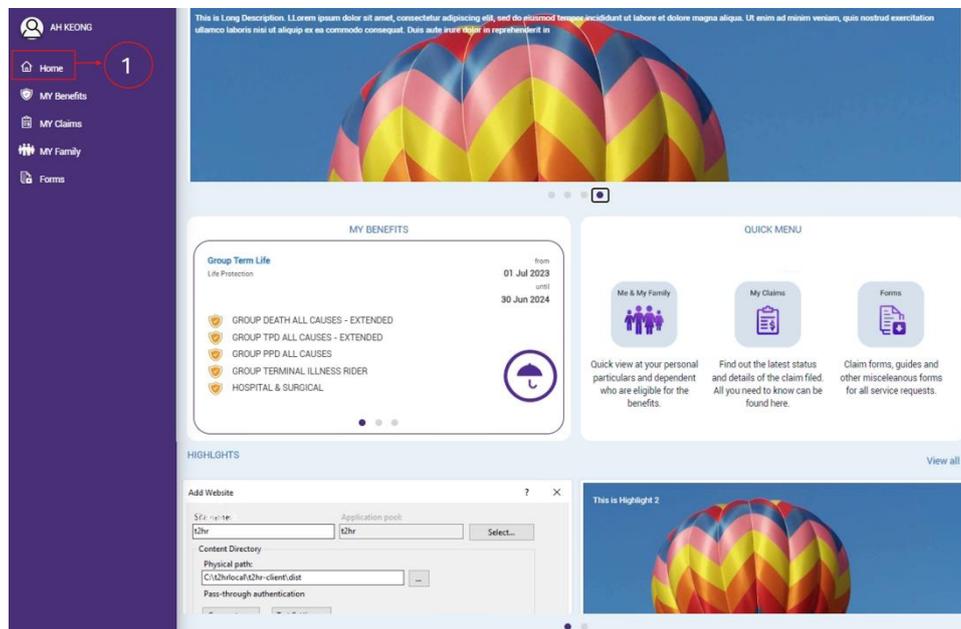


Figure 1: Home Interface.

1. Navigate the “Home” section in the menu panel.
2. Breakdown each section in details:
 - a. Marketing Content (Carousel):
 - i. At the top of the page, there is a carousel displaying marketing content. This content rotates automatically or can be navigated using navigation dots below the carousel.
 - ii. Users can view promotional content, announcements or other relevant information provided by the system administrator.
 - b. My Benefits:
 - i. This section presents users with a summary of their benefits in a card format.
 - ii. Each card represents a different product type, displaying the supplementary benefits attached to that product type.
 - iii. Additionally, the coverage effective date and expiration date are provided for each benefit.
 - iv. Users can click on a card to view more detailed information which redirects them to the MY Benefits page.
 - c. Quick Menu:
 - i. The Quick Menu provides convenient shortcuts to frequently accessed pages.

1. Me & My Family: This shortcut redirects users to the

2. **MY** Family page, allowing them to view personal and family member information.
3. MY Claims: Clicking this shortcut directs users to the

4. *MY* Claims page where they can view and manage claim-related information.
5. Forms: This shortcut redirects users to the *Forms* page where they can access and download various forms or documents.

d. Marketing Content (Highlight):

- i. This section displays highlighted marketing content in more detail.
- ii. Users can access detailed information about specific marketing materials and promotions.
- iii. A "View All" button allows users to access all marketing content available in the system.

Note: The availability of marketing content depends on the settings configured by the system administrator (_Admin). If the administrator allows user access to marketing content, it will be visible in the Home page.

MY Benefits

This section provides users with comprehensive access to their benefits information.

The screenshot displays the 'MY BENEFITS' interface. On the left is a dark purple navigation menu with options: Home, MY Benefits (circled with '1'), MY Claims, MY Family, and Forms. The main content area has a header with 'MY BENEFITS' and a sub-header: 'Employee benefits details as per subscribed by the Company. Information on category, plan, limit, sum assured and policy period can be found here'. Below this, a blue bar shows 'Policy No ABC1234', 'Policy Period from 01 Jul 2023 until 30 Jun 2024', and 'Policy Holder HARTFORD STEAM BOILER (M) SDN BHD'. A secondary bar contains 'Group Term Life' (circled with '2'), 'Underwriting' (circled with '3'), and 'MY Claims'. The main content is divided into two sections: 'Group Term Life' and 'Group Hospitalization & Surgical'. The 'Group Term Life' section includes four benefit cards: 'GROUP DEATH ALL CAUSES - EXTENDED', 'GROUP TPD ALL CAUSES - EXTENDED', 'GROUP PPD ALL CAUSES', and 'GROUP TERMINAL ILLNESS RIDER'. Each card shows 'Accepted' status and 'Accepted Sum Assured' and 'Proposed Sum Assured' values. The 'Group Hospitalization & Surgical' section includes a card for 'SME - HOSPITALISATION & SURGICAL RB350' showing 'Self Limit 0.00' and 'Dependent Limit 0.00'. A 'New Claims' button (circled with '4') is located at the bottom right of the 'Group Hospitalization & Surgical' section.

Figure 2: MY Benefits interface.

1. Navigate the “MY Benefits” section in the menu panel.
2. View underwriting information.
 - a. Access Underwriting Information:
 - i. Click on "Underwriting" to gain insights into underwriting details.
 - ii. Users will only see underwriting records associated with policies accessible by the user. These records will display either “PENDING” or “COMPLETED” status.
 - b. Explore Underwriting Details:
 - i. Within each underwriting (UW) record, users can delve into UW Details, providing them with crucial information such as:
 - UW Completion Status.
 - UW Status by Benefits including:
 - Benefit.
 - Proposed sum assured.
 - Accepted sum assured.
 - UW Status.
 - c. Upload Underwriting Requirement Documents:

← BACK TO MY BENEFITS

UNDERWRITING INFO

LW Completion Status
Completed

Please submit documents as described below for Underwriting processing purpose.

1 Please submit your GTL Proposal Form here

Choose file

2 Please submit your Medical Report, questionnaire & supporting documents, if any

Choose file

Underwriting Status by Benefit

<p>GROUP DEATH ALL CAUSES - EXTENDED</p> <p>Proposed Sum Assured 350,000.00</p> <p>Accepted Sum Assured 350,000.00</p> <p style="text-align: right;">Accepted</p>	<p>GROUP TPD ALL CAUSES - EXTENDED</p> <p>Proposed Sum Assured 350,000.00</p> <p>Accepted Sum Assured 350,000.00</p> <p style="text-align: right;">Accepted</p>
<p>GROUP PPD ALL CAUSES</p> <p>Proposed Sum Assured 350,000.00</p> <p>Accepted Sum Assured 350,000.00</p> <p style="text-align: right;">Accepted</p>	<p>GROUP TERMINAL ILLNESS RIDER</p> <p>Proposed Sum Assured 150,000.00</p> <p>Accepted Sum Assured 150,000.00</p> <p style="text-align: right;">Accepted</p>

Figure 3: Sample underwriting information interface with pending requirements.

- i. For records with a "PENDING" underwriting status, users have the ability to upload necessary underwriting requirement documents.
- ii. The process involves:
 1. Selecting the specific underwriting requirement.
 2. Browsing for the file to be uploaded.
 3. Submitting.
3. View claims information.

Click [13](#) to view the claim information interface.
4. Submit new claim.

Click [below](#) to view instruction on how to submit the new claim.

MY Claims

The MY Claims section offers users the ability to manage and submit claims conveniently.

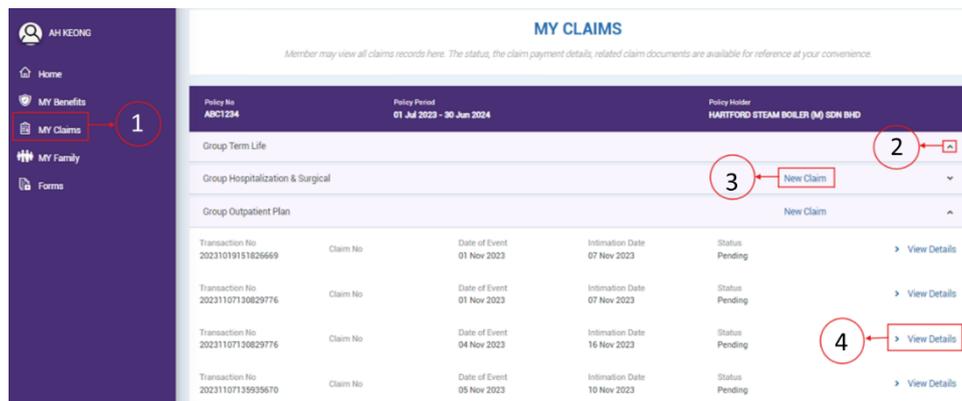


Figure 4: MY Claims interface.

1. Navigate the “MY Claims” section in the menu panel.
2. Expand Product Type Claims:
 - i. Access the desired product type claims for submission.
3. Submit New Claim for user Own Policy:
 - i. Users can initiate a new claim submission for their owned policy.

The screenshot shows the 'New Claim' submission form. At the top, it displays policy details: Product Group Outpatient Plan, Policy No. ABC1234, Policy Period 01 Jul 2023 until 30 Jun 2024, and Policy Holder HARTFORD STEAM BOILER (M) SDN BHD. Below this is a progress bar with three steps: 1 (selected), 2, and 3. The form fields include: 'This is a' (radio buttons for New Claim, Pending Claim), 'I'm submitting a claim for' (dropdown for Select claim type), 'Event Person' (radio buttons for Self, Dependent), 'Event Person' (dropdown for Select Dependent), 'Employee' (text field with AH KEONG), 'Date of Event' (text field with Select Date), 'Venue' (text field), 'Hospital / Clinic' (dropdown for Select Hospital / Clinic), a note 'If the hospital / clinic visited not in the list above, please specify the name here instead' with a text field, 'Cause of Event' (radio buttons for Accidental, Non-Accidental), and 'Diagnosis / Illness' (text field). A note at the bottom states 'NOTE: All fields are required to be filled.' and there are 'Cancel', 'Save as Draft', and 'Next' buttons.

Figure 5: Step 1: New Claim Interface for GTL.

Step 1: New Claim submission:

Step	Product Type: GHS/GOP	Product type: GTL	Remarks
1. Claim Types	Users can select “New Claim” or “Pending Claim”.	Users can select “New Claim” or “Pending Claim”.	-
2. Claim For	Users specify whether the claim is for self or dependent.	Users specify whether the claim is for self or dependent.	-
3. Select Dependent	Users select the dependent’s name	Users select the dependent’s name	For selection “Dependent” in (2).
4. Select Claim Type no.	Users choose the claim type from the drop-down list.	Users choose the claim type from the drop-down list.	Selection for “Pending Claim”, where the claim status = “Pending” or “Notified” only will be shown in the list, else it won’t showing any listing.
5. Event Person	System automatically displays based on the selected member.	System automatically displays based on the selected member.	-
6. Date of Event	Users select the date of event from a date-picker.	Users select the date of event from a date-picker.	-
7. Venue	Users enter the venue of the event.	Users enter the venue of the event.	-
8. Hospital/Clinic	Users select the panel hospital/clinic from a drop-down list.	N/A	Admin settings.
9. If Hospital/ Clinic not listed	Users manually enter if the hospital/clinic not in the list.	N/A	-
10. Cause of Event	Users choose between Accidental or Non-Accidental.	Users choose between Accidental or Non-Accidental.	-
11. Explanation on the Accident Occur	Users must enter the event details.	Users must enter the event details	This field will only appear if the “Cause of Event” is Accidental.
12. Diagnosis/ Illness	Users enter diagnosis/illness details.	Users enter diagnosis/illness details.	-
13. “Cancel” button	Allows users to return to the Claims page.	Allows users to return to the Claims page.	-
14. “Save as Draft” button	Saves the record as a draft for future editing.	Saves the record as a draft for future editing.	Only one draft per user, auto deleted after 24 hours.
15. “Next” button	Proceeds to the next step of claim submission.	Proceeds to the next step of claim submission.	-

Step 2: Terms and Conditions Acceptance:

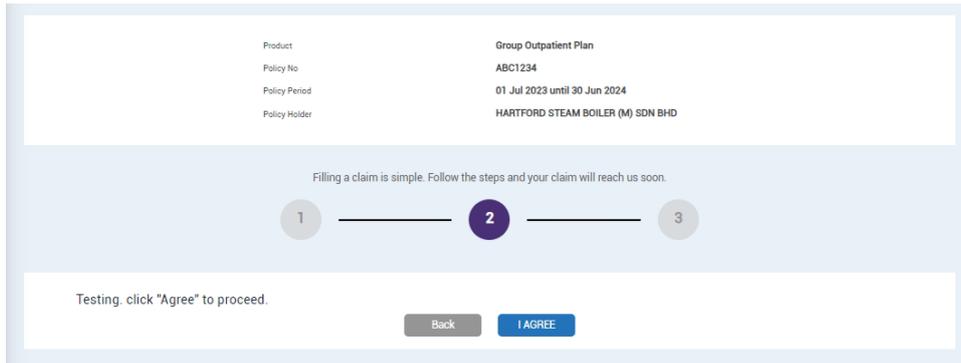


Figure 6: step 2 of "New Claim" interface.

Users must agree to the displayed terms and conditions as defined in the admin user manual before proceeding.

Step 3: Upload Document:

Upload necessary documents according to the specified types and controls.

- Max file size per submission is up to 5MB.
- Max files to upload is up to 20 files (per submission record).
- File format to be supported – JPEG, JPG and PDF only.

Figure 7: step 3 of "New Claim" for GTL interface.

Column	Product Type			Remarks
	GHS	GOP	GTL	
Claim & E-Payment Form	Attach both claim and e-payment forms.	N/A	N/A	Compulsory for new claims.
Medical Report (Optional)	Optional attachment for medical report.	N/A	N/A	Optional for both new and pending claims.
ID of Event Person	Attach identification of the event person.	Attach identification of the event person.	Attach identification of the event person.	Compulsory for new claims, optional for pending claims.
ID of Employee	Attach identification of the employee.	Attach identification of the employee.	Attach identification of the employee.	Compulsory for new claims, optional for pending claims.
e-Payment Form	N/A	Optional attachment for electronic payment form.	N/A	Optional for both new and pending claims.
Referral Letter	N/A	Optional attachment for referral letter.	N/A	Optional for both new and pending claims.
Claim Form	N/A	N/A	Compulsory attachment for claim form.	Compulsory for new claims, optional for pending claims.
Attending Physician Statement	N/A	N/A	Compulsory for specific claim types.	Compulsory for specific claim types, optional for pending claims.
Death Certificate	N/A	N/A	Compulsory for specific claim type.	Compulsory for specific claim types, optional for pending claims.
Supporting Document	Optional attachment for supporting documents.	Optional attachment for supporting documents.	Optional attachment for supporting documents.	Optional for both new and pending claims.
Receipt	Attachment, receipt date, receipt number, amount	Attachment, receipt date, receipt number, amount	N/A	Compulsory for new claims, optional for pending claims.

Step 4: Claim Submission:

Click "Submit" to finalize the claim submission. A confirmation message will appear upon successful submission.

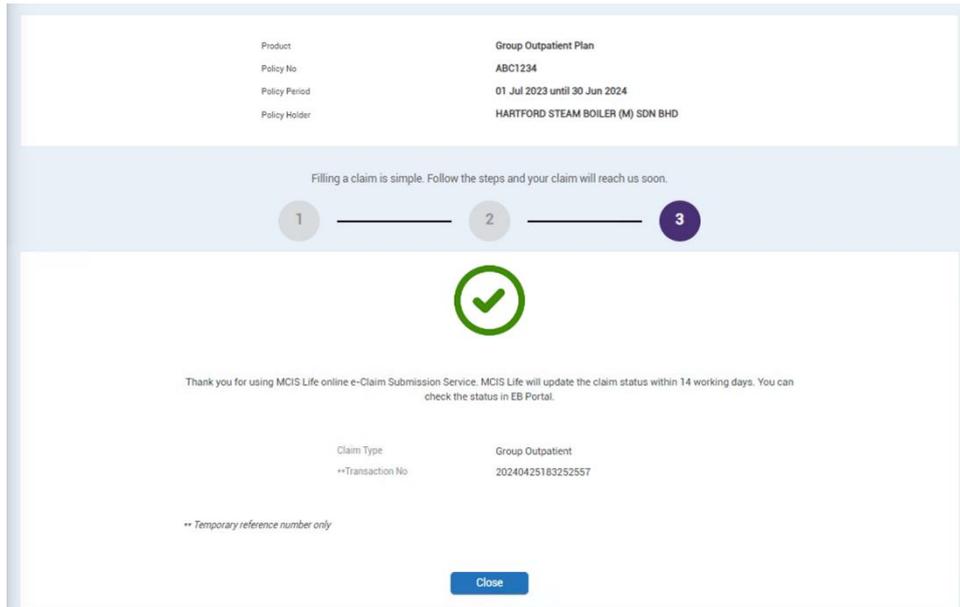


Figure 8: Successful submitted interface.

4. View claim details.

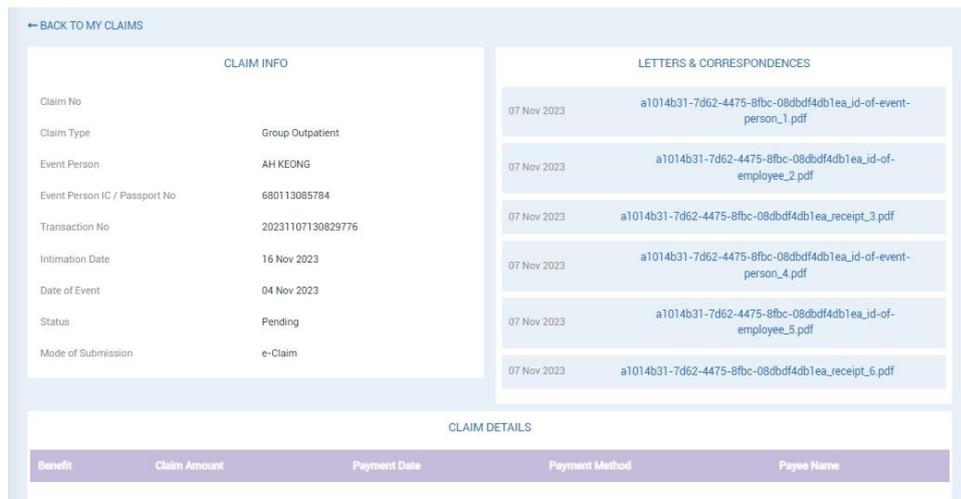


Figure 9: Sample Claim Details interface.

Users can view detailed claim information including policy and claim details, letters & correspondences and claim specifics.

i. Claim Info:

- This section presents comprehensive details about the claim, such as:
 - Claim no
 - Claim type
 - Event person (the individual involved in the claim event)
 - Event person's identification (IC/passport number)

- Employee (Employee's name)
 - Employee IC / Passport No
 - Relationship between the claimant and the policyholder
 - Company associated with the claim.
 - Transaction number (Auto-generated by the system for tracking)
 - Intimation date (date of claim submission)
 - Date of event (the date when the claim event occurred)
 - Claim status (whether pending, approved, etc.)
 - Mode of submission (whether submitted manually or through e-claim)
- ii. Letters & Correspondences:
- This section lists all documents attached or associated with the claim including:
 - Date of attachment.
 - File name or description of the document.
- iii. Claim Details:
- This section provides specific details related to the claim such as:
 - Benefit(s) claimed.
 - Claim amount.
 - Payment date (If applicable)
 - Payee name (If applicable)

MY Family

In this page, each family member's information is displayed in a card format, allowing users to easily view the details of each individual. It's essential to ensure that information displayed in the MY Family is accurate and up to date. If any data appears outdated or incorrect, users are encouraged to contact the HR department to update the details accordingly.

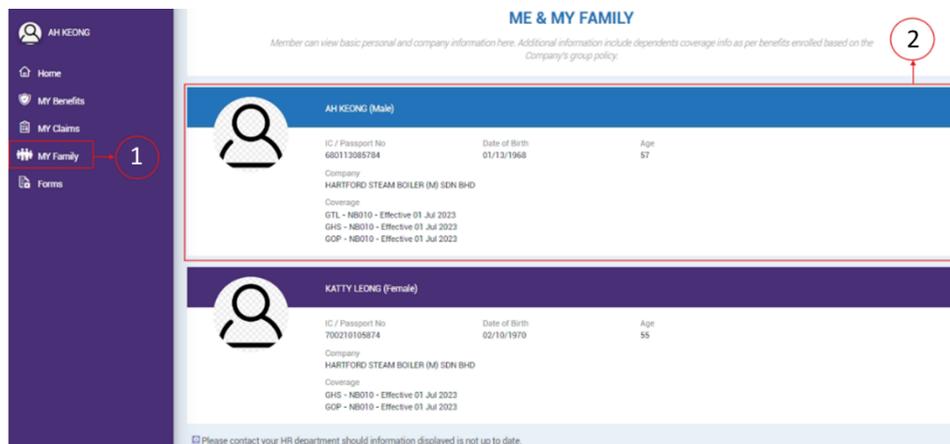


Figure 10: MY Family interface.

1. Navigate to the “Member View” section in the menu panel.
2. From the available options, select “MY Family” to access the relevant information.
3. Self and Family Details:
 - Upon accessing the “MY Family” interface, users can view personal and family member particulars.
 - First Card (Self):
 - Name (Gender): The user's name is displayed, along with their gender in parentheses, indicating that this card represents the user themselves.
 - IC (Identification Card) or Passport No: This crucial identification information is prominently displayed.
 - Date of Birth: Next to the IC/Passport No, the user's date of birth is presented.
 - Age: Adjacent to the Date of Birth, the current age of the user is provided.
 - Company: This section lists the company associated with the user, providing context for the policy coverage.
 - Coverage: The specific product(s) covered by the policy for the user are outlined here, along with the effective date of coverage.
 - Subsequent Cards (Family Members):
 - For each additional family member, a separate card follows the same format as the first card.

- Name (Gender): The family member's name is displayed, along with their gender in parentheses.
- IC (Identification Card) or Passport No: The family member's identification information is prominently displayed.
- Date of Birth: Next to the IC/Passport No, the family member's date of birth is presented.
- Age: Adjacent to the Date of Birth, the current age of the family member is provided.
- Company: This section lists the company associated with the policy coverage for the family member.
- Coverage: The specific product(s) covered by the policy for the family member are outlined here, along with the effective date of coverage.

Forms

This page serves as a centralised repository for accessing various documents and guides essential for users. By navigating to the “Forms” section in the menu panel, users are seamlessly redirected to the Forms & Guides interface.



Figure 11: Forms interface.

1. Access Forms & Guides:

Navigate to the “Forms” section in the menu panel. Upon accessing this section, users will be automatically redirected to the Forms & Guides interface.

2. Selecting Document Type:

Users can select the desired document type from the provided drop-down list.

3. Download the Document:

After selecting the document type, simply click on the “Go” button to initiate the download process. The selected document will be downloaded automatically to the user’s device. In cases where there are no available documents, a message indicating the absence of documents will be displayed as shown in Figure 13.

No record found.

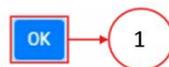


Figure 12: No document message.