

**Online Manual For No-Fault Rejection**  
**Verification Request Eservices User Guide**



Kentucky Department of Insurance

May 2013

User Documentation

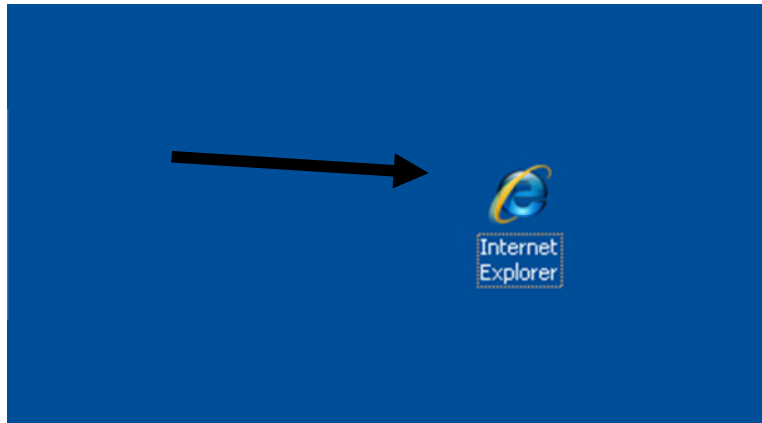
To submit No-Fault Rejection Request using eservices portal, you should have an eservices username and password.

If you do not have a username and password, please contact DOI IS Helpdesk at [DOI.ISHelpDesk@ky.gov](mailto:DOI.ISHelpDesk@ky.gov) with the name of the company and NAIC#.

## FILING VIA ESERVICES

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1. To begin the E-Services application, double click on the **Explorer icon** on your desktop. The icon is shown below.



Proceed to the Kentucky DOI webpage at:

<http://insurance.ky.gov/>

2. Above URL takes to you the below page.

The screenshot shows the homepage of the Kentucky Department of Insurance. At the top, there is a navigation bar with "Kentucky.gov", "KY Agencies | KY Services | Search", and a search box. Below this is a banner with the text "Kentucky Department of Insurance" and "eServices" (with a mouse cursor icon and "denotes external link" below it). The main content area is divided into three columns. The left column contains a vertical menu with items like "Home", "Our Divisions / Programs", "File a Complaint", "Report Insurance Fraud", "Consumer Information", "Agent Licensing Information", "Company Information", "Communications and Public Outreach", "Forms & Documents", "Statutes & Regulations", "Bulletins & Advisories", "Publications", and "Contact Us / Directions". The middle column features the "Department of Insurance" header, a mission statement, "Our Mission" text, contact information, and a "What's New / Recent Topics" section with four bullet points. The right column has an "IMPORTANT!!" header, a "Search Options" section, and a list of links including "Agent / Agency", "Insurer / Company", "CE Provider, Courses and failure to comply with CE", "Complaint Ratio", "Market Conduct Examination Reports and Orders", "Medicare Supplement", "Statutes & Regulations", "Legal Orders", and "Forms & Documents".

3. Click the E-Services icon in the top right corner of the webpage.

This is a close-up screenshot of the top right corner of the website. It shows the search bar and the "eServices" icon. A black arrow points directly to the "eServices" text, which is accompanied by a mouse cursor icon and the text "denotes external link". Below the banner, the "IMPORTANT!!" and "Search Options" sections are visible.

4. This will direct you to the DOI e-services portal, as shown below.

**KY Department of Insurance** [KYOI Home](#) [FAQs](#) [Contact Us](#)

Please log in here:  
Username   
Password

**What does eServices offer?**

**Consumers**

- Submit Consumer Complaint File
- View data related to ratios (i.e., Complaint, Medicare Supplement, Consumer Guides) - \*\*
- Find information related to a licensed Insurer, Individual or Business Entity - \*\*

**New Applicants - \*\***  
*(Paperwork not submitted yet)*

- Access to applications, study guides, instructions and documents

**Business Entities**


- Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
- Submit requests for additional licenses, clearance / certification letters, voluntary surrenders, address changes, name changes, license renewals, and designations. \*\*

**Insurers**

- Review your affiliated individuals licensing information (i.e., addresses, examinations, license/application status, continuing education, etc.)
- Renew appointments and submit payments **(Instructions) - New**
- Submit financial responsibility requests. \*\*

**First time here? Please click here to register for secure access.**

**Forgot your password?**

Having trouble logging in? Click here for assistance. 

[Click Here](#) to learn about our security.

# LOGGING INTO E-SERVICES

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Enter your Username and Password.

**KY**Department of Insurance

Please log in here:

Username

Password

First time here? Please click here to register for secure access.

Forgot your password?

Having trouble 

Please log in here:

Username

Password

Then click 'Submit'

New A

When you login for the first time, you will be asked to update you security question and contact information

### Update User Account :

Your Account Information			
UserName	<input type="text" value="AEndecottsl"/>		
Password	<input type="password" value="••••••••"/>		
Verify Password	<input type="password"/>		
User Type	<input type="text" value="Insurer: Agent Licensing Administrator"/>		
Security Information	<input type="text" value="Your Mother's Maiden Name"/>		
Answer	<input type="text" value="Montague"/>		
<b>E-mail Address</b> Enter a valid e-mail address. If you provide an invalid e-mail, your account will be removed.			

Your Contact Information			
First Name	<input type="text" value="John"/>	Middle Name/Initial	<input type="text"/>
Telephone	<input type="text" value="5025643630"/>	Extension	<input type="text"/>
Email Address	<input type="text" value="test@ky.gov"/>		
Last Name	<input type="text" value="Doe"/>		

### Update User Account :

Your Account Information	
UserName	<input type="text" value="Nofault2013"/>
Password	<input type="password" value="••••••••"/>
Verify Password	<input type="password"/>
User Type	<input type="text" value="Insurer: Agent Licensing Administrator"/>
Security Information	<input type="text" value="Your Mother's Maiden Name"/>
Answer	<input type="text" value="Montague"/>

Reenter the password here

## Update User Account :

Your Account Information			
UserName	<input type="text" value="Nofault2013"/>		
Password	<input type="password" value="••••••••"/>		
Verify Password	<input type="password"/>		
User Type	<input type="text" value="Insurer: Agent Licensing Administrator"/>		
Security Information	<input type="text" value="Your Mother's Maiden Name"/>		
Answer	<input type="text"/>		
Your Contact Information			
First Name	<input type="text"/>	Middle Name/Initial	<input type="text"/>
Telephone	<input type="text" value="5025643630"/>	Extension	<input type="text"/>
Email Address	<input type="text" value="Test@ky.gov"/>		
<input type="button" value="Update Account"/>			

Please select the Security Question  
And enter the answer in the answer box.

Please update your contact information, First name, Last name, Phone and Email address are mandatory.

Your Contact Information			
First Name	<input type="text" value="John"/>	Middle Name/Initial	<input type="text"/>
Telephone	<input type="text" value="5025646154"/>	Extension	<input type="text"/>
Email Address	<input type="text" value="test@ky.gov"/>		
<input type="button" value="Update Account"/>		<input type="button" value="Cancel"/>	

After you enter all the information, Click Update Account

You will be taken to Eservices Menu page.

**eServices**

- Add Appointments
- Add Designations
- Add Errors & Omissions Admitted Carriers Only
- Certification Letter Requests For Licensed Individuals
- Insurer Renewals
- License Renewal Payments For Licensed Individuals
- Nofault Rejection Request
- Order Laws & Regulations Book
- Pending Fees (License and Appointment)
- Producer Appointment Form
- Terminate Designations
- Terminate Financial Responsibility
- Unlicensed Adjusters for Kentucky CAT LOSS (Form 8307)
- View Transaction History

Click on the link above

No-Fault rejection request form is displayed

**NO-FAULT REJECTION**

**VERIFICATION REQUEST**

**Requestor Name and Address**

Requestor Name	<input type="text"/>	Attention	<input type="text"/>
Address Line1	<input type="text"/>	Address Line2	<input type="text"/>
City	<input type="text"/>	State	<input type="text" value="Select"/>
		Zip	<input type="text"/>
		Country	<input type="text" value="USA"/>

Submit only one name per entry. Provide as much information as possible, preferably as it was filed on the No-fault rejection form. Each entry will cost \$5.00  
This is an unofficial electronic search, reasonable efforts have been made to insure the correctness and suitability of the requested information. The DOI accepts no liability for the content of this page, or for the consequences of any actions taken on the basis of the information provided, unless that information is subsequently confirmed in writing.

**Rejector Search**

Last Name	<input type="text"/>	First Name	<input type="text"/>	Birth Date	<input type="text" value="MM/DD/YYYY"/>
<b>OR</b>					
SSN	<input type="text"/>				



Enter the requestor information

**Requestor Name and Address**

Requestor Name	<input type="text"/>	Attention	<input type="text"/>
Address Line1	<input type="text"/>	Address Line2	<input type="text"/>
City	<input type="text"/>	State	<input type="text" value="Select"/>
		Zip	<input type="text"/>
			Country

Enter the Last name, First Name and Birth date or just SSN and click "Search Request" to search for the rejector

**Rejector Search**

Last Name	<input type="text"/>	First Name	<input type="text"/>	Birth Date	<input type="text" value="(MM/DD/YYYY)"/>
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or

**Rejector Search**

Last Name	<input type="text"/>	First Name	<input type="text"/>
<b>OR</b>			
SSN	<input type="text"/>		

Search will display all the records for the rejector.

No fault rejection forms will be displayed in the order of their status date

Select	Name	SSN (Last 4 digits)	Date of Birth	Status Date
<input type="checkbox"/>	WEAVER, ALLEN	XXXX-XX-9583	11/24/1940	10/7/2011
<input type="checkbox"/>	WEAVER, ALLEN L	XXXX-XX-9583	11/24/1940	5/19/1976

You can request the forms by checking off the box besides the name. Then Click “Add Request” to add the request.

Select	Name	SSN (Last 4 digits)
<input checked="" type="checkbox"/>	WEAVER, ALLEN	XXXX-XX-9583
<input type="checkbox"/>	WEAVER, ALLEN L	XXXX-XX-9583

Once the request has been added, it displays the request as below.

You can request for multiple no faults by searching for the rejector name and adding the request.

After you have added all the requests, click “Submit Request”.

Rejector Request List

Select	Name	SSN (Last 4 digits)	Date of Birth
<a href="#">Remove</a>	WEAVER ALLEN	XXXX-XX-9583	11/24/1940 11:47:20 AM

This will take you to the invoice page. Each request will be charged \$5. Depending on the number of request, the total amount would be number of request times 5.

Entity / User Details		
<b>DOI Number</b> 542723	<b>Individual / Entity Name</b> Doe John	
<b>User Last Name</b> Doe	<b>User Middle Name</b> m	<b>User First Name</b> John
<b>Forms Completed by User: [Satis007]</b>		
<b>Remove</b>	<b>Description</b>	
<input type="checkbox"/>	Nofault Rejection Request	
		<b>Total Amount Due</b>

**Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0. If the total amount due is more than \$1500.00, you can only checkout via Debit (ACH) payment method.**

<a href="#">Update Order</a>	<a href="#">Checkout to Submit Transaction/Complete Order</a>	<a href="#">Continue Shopping/Return to Menu</a>	<a href="#">Cancel Order</a>
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Click "Checkout to submit Transaction / Complete Order" to complete your transaction.

You will be taken to payment screen.

## Checkout

**Total amount to be billed to your account: \$218.00**

You may enter either your credit card information OR your checking account information to process your order.

**Please select type of payment**

**Credit / Debit Card**       **eCheck**

Select credit or echeck

If you select credit, following screen appears

**Total amount to be billed to your account: \$218.00**

You may enter either your credit card information OR your checking account information to process your order.

**Please select type of payment**

Credit / Debit Card     eCheck

**Credit / Debit Card Information**

Enter your billing information EXACTLY as it appears on your credit card and/or billing statement

Card Type:                       Visa    MasterCard    Discover    American Express

Card Number:                     

Expiration Date:                       /

Name on Card:                     

Billing Zip/Postal Code:                     

Phone Number:(Number Only)                     

If you select echeck, following screen appears.  
Enter the check details and click "Submit Order".

**Total amount to be billed to your account: \$218.00**

You may enter either your credit card information OR your checking account information to process your order.

**Please select type of payment**

Credit / Debit Card     eCheck

**eCheck Information**

Enter your checking account information exactly as it appears on your check

Johnathan Doe  
1200 Main St  
Anytown, CA 12345                      DATE                      04/18/2012

Kentucky Department of Insurance                      \$                     

PAY TO THE ORDER OF                      0001234567890                      123456789

**Your Bank Name**  
557 Melrose Ln.  
San Diego, CA 92123  
ACH R/T 28237356                      **ACH Routing / Transit #**

**DO NOT INCLUDE**  
Check Number

Routing #                      Account #  
Between the \* symbols                      include all zeros

Routing #                     

Account #                                            (From your check. Don't use your deposit slip.  
Use the ACH number if your check has one.)

Name on Account:                     

Routing Number:                     

Account Number:

After you hit "Submit", the final transaction details are displayed.

**Order Information**  
DOI Transaction ID: 446809  
ePay Transaction ID:  
Transaction Date: 5/21/2013

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Qty	Description
1	Nofault Rejection Request

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**No-Fault Rejection for WEAVER ALLEN**

[Print copy of invoice](#) | [Click here to return to the main menu](#)

You can download the file by clicking on the link

Or if the link is not displayed, the page would display as below. The file would be emailed to the requestor.

**Order Information**  
DOI Transaction ID: 446668  
ePay Transaction ID:  
Transaction Date: 5/21/2013

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Qty	Description
1	Nofault Rejection Request

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The following file(s) will be emailed to you  
No-Fault Rejection for SAUER THOMAS

[Print copy of invoice](#) | [Click here to return to the main menu](#)

You can print a copy of the report by clicking on the print link.

If you have any questions regarding your transaction, please remember to attach your transaction Number displayed on the top to DOI IS Helpdesk at [DOI.ISHelpDesk@ky.gov](mailto:DOI.ISHelpDesk@ky.gov).