

Eservices User Guide

KY Mine Subsidence Insurance Fund *Quarterly Report*



Kentucky Department of Insurance

March 2013

User Documentation

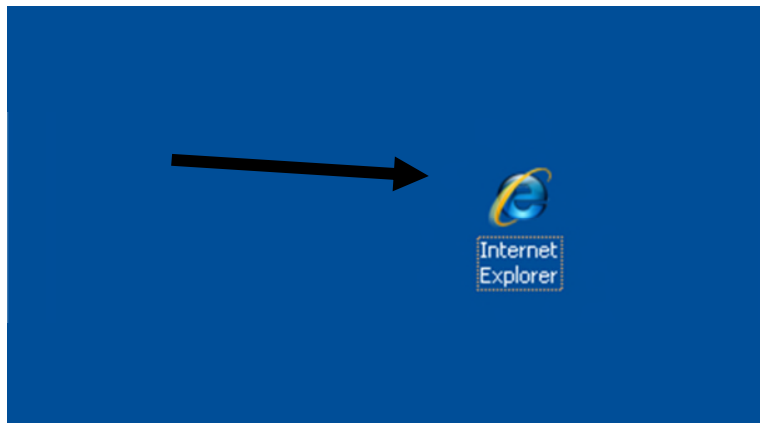
To submit KY Mine Subsidence Insurance Fund Quarterly Report using eservices portal, you should have an eservices username and password.

You should have the username and password sent to you through electronic mail from DOI.

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

FILING VIA ESERVICES

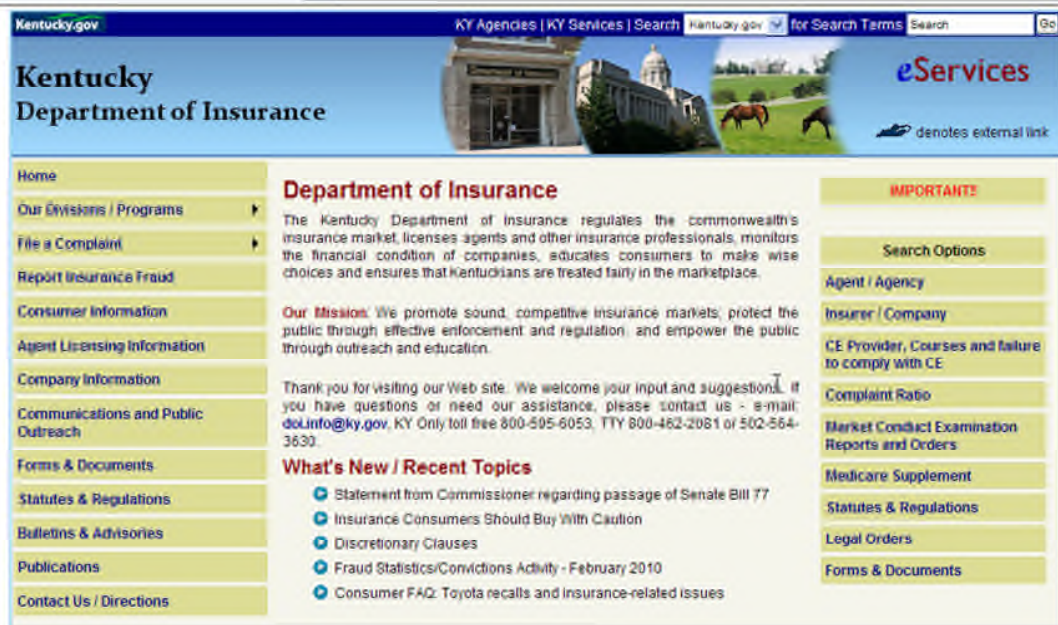
1. To begin the E-Services application, double click on the **Explorer icon** on your desktop. The icon is shown below.



Proceed to the Kentucky DOI webpage at:

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

2. Above URL takes to you the below page.



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



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 ♦♦

Individuals (Licensed or pending applicants)

- Review your licensing information and account profile

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

Enter your Username and Password.

KYDepartment 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

Complaint, Met
Consumer Guic

- 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="msuser1234"/>		
Password	<input type="password" value="••••••••"/>		
Verify Password	<input type="password"/>		
User Type	<input type="text" value="Insurer: Mine Subsidence"/>		
Security Information	<input type="text" value="Your Mother's Maiden Name"/>		
Answer	<input type="text"/>		

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"/>		

[Already have an account! Log In](#) | [Forgot Password?](#) | [KYDOI Home](#)

Update User Account :

Your Account Information	
UserName	<input type="text" value="msuser1234"/>
Password	<input type="password" value="••••••••"/>
Verify Password	<input type="password"/>
User Type	<input type="text" value="Insurer: Mine Subsidence"/>
Security Information	<input type="text" value="Your Mother's Maiden Name"/>
Answer	<input type="text"/>

Reenter the password here

Update User Account :

Your Account Information			
UserName	<input type="text" value="msuser1234"/>		
Password	<input type="password" value="••••••••"/>		
Verify Password	<input type="password"/>		
User Type	Insurer: Mine Subsidence		
Security Information	Your Mother's Maiden Name		
Answer	<div><div>Your Mother's Maiden Name</div><div>Your Favorite Color</div><div>Your Pet's Name</div><div>Your Favorite Food</div><div>Name of an Elementary School</div></div>		
Your Contact Information			
First Name	<input type="text"/>	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"/>			

Please select the Security Question

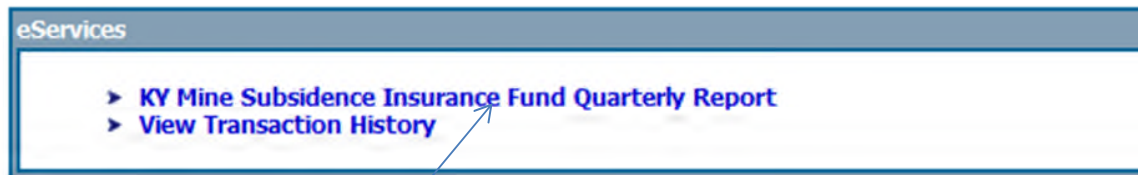
And enter the answer in the answer box.

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.



Click on the link above

Insurance Fund Quarterly Report

Name	NAIC #
Employers' Fire Insurance Company (The)	20648
National Fire and Indemnity Exchange	15679

Displays the list of companies associated with your account.

Click on the company name, you wish to submit the report.

The following screen appears.

KY Mine Subsidence Insurance Fund Quarterly Report

Entity / User Details		
User Last Name	User Middle Name	User First Name
Doe		John

Employers' Fire Insurance Company (The)

Tax Year: 2013 Quarter: 1st Quarter ☐ No Business (Check this if you have no business for the selected quarter and year)

Contact Information

Select Contact Name: If you wish to add a new contact click "Add New Contact"

Top part of the page shows details about the user.

Entity / User Details		
User Last Name	User Middle Name	User First Name
Doe		John

Select the Year and quarter for which you need to submit the report, if you have no business for the year and quarter, you must check the “No Business” checkbox.

Employers' Fire Insurance Company (The)

Tax Year Quarter ☐ No Business

Select the contact name from the drop down list box

Contact Information

Select Contact Name

Cindy Goshon
Galan Victoria
Jenalee Frenette
Joletta Wooten
Marcus Varela
Scott Holderbach

[Return to tl](#)

If your name is not displayed in the list, please click on “Add New Contact”

Contact Information

Select Contact Name

If you wish to add a new contact click "Add New Contact"

First Name Last Name

Phone Phone Ext Email

Enter the information and click “Submit”.

The following page appears.

Entity / User Details			
User Last Name	User Middle Name	User First Name	
Doe		John	

Employers' Fire Insurance Company (The)

Gross Premium \$	<input type="text"/>	Cancellations Premium \$	<input type="text"/>
Adjusted Gross Premium \$	<input type="text"/>	Commissions \$	<input type="text"/>
Net Premiums \$	<input type="text"/>		

Bell	<input type="text"/>	Hancock	<input type="text"/>	Letcher	<input type="text"/>
Boyd	<input type="text"/>	Harlan	<input type="text"/>	Martin	<input type="text"/>
Breathitt	<input type="text"/>	Henderson	<input type="text"/>	McCreary	<input type="text"/>
Butler	<input type="text"/>	Hopkins	<input type="text"/>	McLean	<input type="text"/>
Carter	<input type="text"/>	Jackson	<input type="text"/>	Morgan	<input type="text"/>
Christian	<input type="text"/>	Johnson	<input type="text"/>	Muhlenberg	<input type="text"/>
Clay	<input type="text"/>	Knott	<input type="text"/>	Ohio	<input type="text"/>
Davless	<input type="text"/>	Knox	<input type="text"/>	Owsley	<input type="text"/>
Edmonson	<input type="text"/>	Laurel	<input type="text"/>	Perry	<input type="text"/>
Elliott	<input type="text"/>	Lawrence	<input type="text"/>	Union	<input type="text"/>
Floyd	<input type="text"/>	Lee	<input type="text"/>	Webster	<input type="text"/>

Please enter the premium amounts.

Employers' Fire Insurance Company (The)

Gross Premium \$	<input type="text"/>	Cancellations Premium \$	<input type="text"/>
Adjusted Gross Premium \$	<input type="text"/>	Commissions \$	<input type="text"/>
Net Premiums \$	<input type="text"/>		

Once you enter the gross premium and cancel premium, the other amounts should automatically populate.

Employers' Fire Insurance Company (The)

Gross Premium \$	345.5	Cancellations Premium \$	25
Adjusted Gross Premium \$	320.50	Commissions \$	96.15
Net Premiums \$	224.35		

Enter the Policy counts for each county listed below, if there are no policies for a county, you can either enter a zero "0" or leave it blank.

Bell	<input type="text" value="7"/>	Hancock	<input type="text" value="7"/>
Boyd	<input type="text" value="8"/>	Harlan	<input type="text" value="8"/>
Breathitt	<input type="text" value="5"/>	Henderson	<input type="text" value="8"/>
Butler	<input type="text" value="0"/>	Hopkins	<input type="text" value="7"/>
Carter	<input type="text" value="5"/>	Jackson	<input type="text" value="6"/>
Christian	<input type="text" value="4"/>	Johnson	<input type="text" value="42"/>
Clay	<input type="text" value="3"/>	Knott	<input type="text" value="3"/>
Daviess	<input type="text" value="0"/>	Knox	<input type="text" value="67"/>
Edmonson	<input type="text" value="0"/>	Laurel	<input type="text" value="5"/>
Elliot	<input type="text" value="5"/>	Lawrence	<input type="text" value="4"/>
Floyd	<input type="text" value="4"/>	Lee	<input type="text" value="3"/>
Greenup	<input type="text" value="5"/>	Leslie	<input type="text" value="3"/>

Enter any comments if you have any and click "Submit"

Comments

If you have no business for the quarter/year and had missed to check the "No Business" checkbox, you can go back to the contacts page by clicking on "Back to Contacts"

After you click “Submit” you will be taken to the following screen, this screen shows all the information that has been entered.

Employers' Fire Insurance Company (The)

Contact Information					
Name	Phone		Email		
Galan, Victoria	4158754517		VGALAN@ESURANCE.COM		
Report Information					
Year	2013	Quarter	1	Business	Yes
Gross Premium \$	345.50	Cancel Premium \$	25	Adjusted Gross Premium \$	320.50
Commissions \$	96.15	Net Premium \$	224.35	Previous Balance \$	0
Convenience Fee \$	8	Total Amount \$	232.35		

Bell	7	Hancock	7	Letcher	7
Boyd	8	Harlan	8	Martin	7
Breathitt	5	Henderson	8	McCreary	7
Butler	0	Hopkins	7	McLean	9
Carter	5	Jackson	6	Morgan	8
Christian	4	Johnson	42	Muhlenberg	7
Clay	3	Knott	3	Ohio	6
Daviess	0	Knox	67	Owsley	6
Edmonson	0	Laurel	5	Perry	5
Elliot	5	Lawrence	4	Union	5
Floyd	4	Lee	3	Webster	5
Greenup	5	Leslie	3	Whitley	5
				Wolfe	0

Total Policy Count : 286

Complete

You should be able to view the total amount.

Report Information				
Year	2013	Quarter	1	
Gross Premium \$	345.50	Cancel Premium \$	25	
Commissions \$	96.15	Net Premium \$	224.35	
Convenience Fee \$	8	Total Amount \$	232.35	

If you had any previous balances in the previous quarter/year, that should reflect here.

Business	Yes
Adjusted Gross Premium \$	320.50
Previous Balance \$	0

If everything looks ok, Click “Complete”

You will be taken to the Transaction Invoice screen

Transaction / Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Forms Completed by User: [msuser1234]	
Remove	Description
<input type="checkbox"/>	KY Mine Subsidence Insurance Fund Quarterly Report
Total Amount Due	

**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.**

[Update Order](#) [Checkout to Submit Transaction/Complete Order](#) [Continue Shopping/Return to Menu](#) [Cancel Order](#)

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)

[Submit Order](#)

[Cancel Order](#)

Enter the credit card details and click "Submit Order".

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
1230 Main St
Anytown, CA 12345

DATE

Kentucky Department of Insurance

RT10188 (06/08) OF \$

DOLLARS

Your Bank Name
567 Melanie Ln.
San Diego, CA 92123

ACH Routing / Transit #
ACH R/T 28237356

**DO NOT INCLUDE
Check Number**
~~12304~~

PO#

123456789 0001234567890

Routing #
Between the * symbols

Account #
Include all zeros

Name on Account:

Routing Number:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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(From your check. Don't use your deposit slip. Use the ACH number if your check has one.)

Account Number:

[Submit Order](#)[Cancel Order](#)

Enter the check details and click “Submit Order”.

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

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

Order Information		Shipping Information (if applicable)
DOI Transaction ID: 23706 ePay Transaction ID: Transaction Date: 3/14/2013		
Qty	Description	
1	KY Mine Subsidence Insurance Fund Quarterly Report	
		Total Charged:
Print KY Mine Subsidence Insurance Fund Quarterly Report		
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.

If you have questions specific to report data, reporting requirements, or general questions about the Kentucky Mine Subsidence Insurance Fund, please contact:

Mike Staley, Fund Administrator

Email: Mike.Staley@ky.gov

Phone: 800-595-3630 x5243