**Scope ID:** CARE+ Screen Display

**Scope Objective:** Display Detailed Information

**Revision History**

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| **Date** | **Description of Change** | **Author** |
| 1.20.16 | Initial Version | Z Bass |
| 2/5/16 | Changes made based on focus group feedback |  |
| 2/17/16 | Changes/clarifications based on initial technical review | ZBass; BWorman; MCron |
| 2/24/16 | Commercial and Membership sections completed; minor changes for consistency throughout document. | ZBass; BWorman; MCron |

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| **Requirement Type** | *Functional* |
| **Requirement Title** | Display Detailed Information |
| **Requirement Description** | CRM Users need the ability to view detailed information on the CARE+ Screens. As a CRM User I need the ability to review current and accurate active policy information with the client/customer to verify that the information is correct, coverage is appropriate and adequate at time of loss, and offer up-sell, and cross sell opportunities.  Coverage translation-Any symbols or codes will be translated to meaningful verbiage to client.  Detailed information needs to be displayed for Client Demographic, Membership and all Lines of business with active policies.   * **Client Demographic info**   + Client Account Number   + Client Account Name   + Primary Contact Name (First, Middle, Last)   + Account Address     - Address Line 1     - Address Line 2     - City     - State     - Zip   + Account Phone Number     - Mobile     - Home     - Work/Business   + Agent Name/Agent Code   + Members     - Name (First, Middle, Last)     - CRM Address – Address from CRM       * Address Line 1       * Address Line 2       * City       * State       * Zip     - Phone Number       * Mobile       * Home       * Work/Business     - Email – Type OTH (other)     - Inc. Membership       * Type-Inc. Membership       * Registered Y/N     - OAM  Information       * OAM Email       * Registered Y/N       * If registered         + Preferences     - Relationship to Client Account     - Client to Client Relationships     - Gender     - Marital Status     - Federal Employer Identification Number     - Driver’s License Number     - Date of Birth (mm/dd/yyyy)     - Preferred method of contact * **Membership** Display detailed information regardless of paid status   + Membership Number   + Member Name (first, middle, last)   + Status     - Do not renew     - Active     - Inactive   + Paid Status   + Current Term Effective Date   + Current Term Expiration Date   + Membership type (Primary, exempt, etc.)   + Membership class (voting, associate)   + Membership Code-Business or Individual   + Member County   + Member Township   + Override County   + Override Township   + Paid County   + Paid Township * **Auto** * List all available discounts and populate whether they are applicable to policy * Detailed information will only be displayed for active policies.   + Policy Information     - Insured Info       * Named Insured (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Additional Named Insured (s) (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - Current Term Total Premium     - Policy Bill plan     - Policy Discounts       * Description       * Percentage     - Policy Inception Date     - Current Term Effective Date     - Current Term Expiration Date     - Policy Term (6 month or 12 month)   + Insurance Score     - Applied Score     - Date Ordered   + Supplemental Documents     - Description     - Date Received   + Vehicle Information/Rating Information     - Vehicle Description (year, make, model)     - Vehicle Type     - Vehicle Identification Number     - Vehicle Use Description     - Class Code Description     - Garaging Location       * Address Line 1       * Address Line 2       * City       * State       * Zip     - Territory     - Vehicle Rating Tier     - Policy Number     - Coverages       * Coverage Description       * Coverage Limits       * Coverage Amount     - Waived/Rejected       * Coverage Description       * Coverage Limit     - Vehicle Discounts       * Discount Description       * Discount Percentage     - Additional Interests       * Type Description       * Interest Name       * Address     - Driver Information – Repeat per Driver     - Listed Driver Name       * Rated Driver Name       * Excluded Driver(s) Name       * Relationship to named insured       * Driver’s License Number       * Date of Birth       * Gender       * Marital Status       * Driver Discounts         + Discount Description         + Discount Percentage         + Discount Date       * Driver Accident/Convictions         + Accident/Conviction Description         + Date         + Points/Surcharge * **Homeowners** * List all available discounts and populate whether they are applicable to policy * Detailed information will only be displayed for active policies.   + Policy Information     - Insured Info       * Named Insured (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Additional Named Insured (s) (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + Policy Number   + Policy Type Description   + Additional Interest     - Type Description     - Interest Name     - Address   + Current Term Effective Date   + Current Term Expiration Date   + Policy Discounts     - Discount Description     - Discount Percentage   + Policy Bill Plan   + Total Annual Premium   + Policy Loss History     - Loss Description     - Loss Date     - Loss Amount   + Insurance Score     - Applied Score     - Date Ordered   + Dwelling Information – Repeat per Dwelling     - Dwelling  Number     - Location Address       * Address Line 1       * Address Line 2       * City       * State       * Zip     - Form Type Description     - Type of Dwelling     - Foundation Type     - Roof Type     - Roof Age     - General Condition     - Construction     - Fire Protection     - Residence Type     - Replacement Value     - Year of Construction     - Number of Families     - Coverages       * Coverage Description       * Coverage Limit         + Coverage Premium         + Coverage A premium inflationary costs for HO     - Dwelling Exposure       * Risk - description       * Type - description       * Number - value     - Extended Coverage       * Description       * Limit       * Premium     - Dwelling Discounts       * Description       * Discount Percentage     - Dwelling Additional Interest(s)       * Type Description       * Interest Name       * Address     - Type Dwelling  Loss History       * Loss Description       * Loss Date       * Loss Amount * **Farm** * List all available discounts and populate whether they are applicable to policy * Detailed information will only be displayed for active policies.   + Named Insured from Point     - Name (first, middle, last)     - Address       * Address Line 1       * Address Line 2       * City       * State       * Zip   + Additional Named Insured(s) from Point     - Name (first, middle, last)     - Address       * Address Line 1       * Address Line 2       * City       * State       * Zip   + Policy Number   + Policy Type description   + Current Term Effective Date   + Current Term Expiration Date   + Policy Bill Plan   + Insured Location (repeat for each location)     - Farm Structure       * Location Number         + Dwelling Information if applicable   Location Address  County  State  Acres  Fire Protection  Form Type description  Occupancy  Property Coverages   * + - * Item       * Endorsements       * Limit of Liability       * Loss Settlement       * Broad Perils       * Premium   + Farm Liability     - Coverage Description     - Limit     - Premium     - Additional Liability coverages and premium     - Net Premium     - Contingent farm liability   + Farm Auto Coverage     - Driver Information       * Driver Name     - Additional Driver(s) Information       * Additional Driver(s) name     - Vehicle Description     - Vehicle Identification number     - Coverage     - Deductible     - Limit     - Premium     - Vehicle Class Description     - Endorsements Description   + Farm Dwelling Coverage     - Description     - Deductible     - Limit     - Premium     - Endorsements Description   + Farm Property Coverage     - Scheduled farm personal property       * Limit       * Description       * Premium       * Endorsements Description     - Blanket farm personal property       * Description       * Limit       * Premium       * Net Premium       * Endorsements Description       * Most recent Farm Personal Property Coverage worksheet from ImageRight       * Scheduled farm personal property (specific piece of equipment with a specific value)     - Detailed Blanket       * Equipment breakdown coverage is included       * Endorsement Description       * Coverage       * Description       * Premium       * Limit       * Net Premium Calculation   + Farm Inland Marine     - Coverage Description     - Deductible     - Limit     - Premium     - Net Premium     - Endorsement Description   + Equine     - Coverage description     - Limit     - Premium     - Net Premium * Farm Umbrella Policy   + Coverage Limit     - Per Occurrence     - Aggregate   + Premium   + Additional Insured(s) Name * Personal Umbrella Policy   + Coverage Limit     - Per Occurrence     - Aggregate   + Premium   + Additional Insured(s) Name * Farm Pollution Policy   + Address   + Policy Level Endorsements   + Additional Interests     - Applies to     - Type Description     - Interest Name     - Address * **Commercial**    + Policy Number   + Policy Type   + Current Term Effective Date   + Current Term Expiration Date     - Commercial Auto Policy (CAP)       * Named Insured – from POINT         + Name (first, middle, last)         + Policy Mailing address   Address Line 1  Address Line 2  City  State  Zip   * + - * Additional Named Insured (s) from POINT         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Full Policy Term Premium       * Schedule of Covered Autos You Own per Vehicle         + Coverage Description         + Limit         + Premium         + Deductible         + Unit Number         + Description   Year  Make  Model  Serial Number/VIN  Original Cost New  Classification  Code- this will be translated to meaningful description (Weight, Radius, Use, Secondary definition  Additional Interest Per Vehicle  Type Description  Interest Name  Address   * + - * + Schedule of Hired or Borrowed Covered Auto   Coverage  Coverage Description  Limit  Premium  Deductible   * + - * + Schedule for Non-Ownership of Liability   Rating Basis  Number  Premium   * + - * Endorsements         + Limited driver     - Commercial Umbrella Policy (CU)       * Named Insured – from POINT         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Additional Named Insured(s) from POINT         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Policy Number       * Limit of Insurance       * Schedule of Underlying Requirements         + Type of Liability Insurance         + Limits of Insurance       * Current Term Effective Date       * Current Term Expiration date       * Endorsements         + Meaningful description       * Current Term Total Premium     - Church (CHU)       * Named Insured – from POINT         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Additional Named Insured(s) from POINT         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Policy Number       * Additional Interest         + Description Type         + Name         + Address       * Current Term Effective Date       * Current Term Expiration Date       * Current Term Total Premium       * Location of Premises         + Address Line 1         + Address Line 2         + City         + State         + Zip         + Additional Interest   Type Description  Address  Name   * + - * Schedule of Property Insurance         + Premises Number         + Building Number         + Limits of Insurance   Building and contents   * + - * + Valuation         + Coverage description         + Deductible         + Additional Interest   Type Description  Address  Name   * + - * Automatic Increase Real Property       * Additional Coverages and Coverage Extension         + Description (Verbiage off Dec. Included unless stated otherwise in the policy)         + Limit       * Liability Limits         + Description         + Limit         + Premium       * Options (Item 7 on Dec)         + Description         + Applicable to the policy (Yes or No)       * Forms and Endorsements         + Description         + Limit         + Premium       * Exclusions     - Workers Compensation (WC)       * Named Insured – from POINT         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Additional Named Insured(s)         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Policy Number       * Current Term Effective Date       * Current Term Expiration Date       * Federal Employer Identification Number       * Entity of Insured Description (Legal type)       * Employers Liability Insurance         + Limits       * Total Estimated Annual Premium       * Classification of operations         + Code Number         + Classification Description         + Premium Basis Total Est. Annual Remuneration         + Rate Per $100 of Remuneration         + Estimated Annual Premium       * Other Premium Adjustments         + Description   Premium basis  Rate per $100  Estimated annual premium   * + - * Endorsement Schedule         + Endorsement Description   Inclusion/Exclusion of officer with individual named   * + - Commercial Package Policy (CPP)       * Named Insured - from POINT         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Additional Named Insured(s)         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Policy Number       * Current Term Effective Date       * Current Term Expiration Date       * Current Term Policy Premium       * Business Description       * Type of Business       * Schedule of coverages and covered autos   Coverage Description  Limit  Premium  Deductible  Unit Number  Description  Year  Make  Model  Serial Number/Vehicle Identification number  Original Cost New  Classification  Code- this will be translated to meaningful description (Weight, Radius, Use, Secondary definition  Additional Interest Per Vehicle  Type Description  Address  Name   * + - * + Schedule of Hired or Borrowed Covered Auto   Coverage  Coverage Description  Limit  Premium  Deductible   * + - * + Schedule for Non-Ownership of Liability   Rating Basis  Number  Premium   * + - * + Endorsements   Limited driver   * + - * + Commercial property description of premises   Premises number  Building number  Occupancy  Construction  Protection Class   * + - * + Commercial Property description of coverage provided   Premises number  Building Number  Coverage description  Limit of Insurance  Coinsurance  Covered cause of loss  Deductible  Replacement Cost  Inflation Guard  Monthly Limit of Indemnity  Maximum Period of Indemnity  Extended Period of Indemnity   * + - * General Limits of Liability         + Limits of Insurance         + Locations of all premises you own, rent or occupy   Location Number  Location Address   * + - * + Total Premium       * Commercial General Liability Classification Schedule         + Classification Description   Location Address  Code  Class Code Description  Premium Basis  Exposure  Rate  Total Premium   * + - * Builder’s Risk & Installation Declarations         + Total Premium         + Limits of Insurance   Construction Premises  Specific  Blanket  Property in Transit  Property at temporary storage locations  Maximum any one occurrence  Deductible  Rates and premium   * + - * Inland Marine         + Coverage Description   Description of covered property  Manufacturer  Serial Number  Limit of insurance  Deductible  Premium per covered item   * + - * + Total Premium       * Crime         + Coverage Description         + Limit         + Total Premium     - Business Owners Policy (BOP)       * Named Insured from POINT         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Additional Named Insured(s) from POINT         + Name (first, middle, last)         + Policy Mailing Address   Address Line 1  Address Line 2  City  State  Zip   * + - * Policy Number       * Current Term Effective Date       * Current Term Expiration Date       * Description of Business       * Described Premises         + Premises Number         + Building Number         + Location Address       * Additional Interests per premise building etc.         + Type Description         + Name         + Address       * Coverage/Enhancement         + Description         + Limit/Time Period       * Additional Coverages         + Contractors installation, tools, and equipment         + Data Breach         + Food Contamination         + Mine Subsidence         + Vacancy Permit         + Aggregate Limits of insurance (per project)         + Broaden coverage for damage to premises rented to you         + Amendment of liability and medical expenses limits of insurance         + Damage to premises rented to you         + Designated construction project(s) general aggregate limits         + Designated locations general aggregate limits         + Employee Benefits liability coverage         + Employment-Related practices liability coverages         + Hired and non-owned liability         + Liquor Liability         + Beauty Shop and hair salons professional liability         + Beauty Salons Professional Liability         + Funeral professional Liability         + Optical and hearing aid establishments         + Pharmacist liability coverages         + Printers and errors omissions liability         + Veterinarians Liability         + Fine arts coverage         + Restaurant Endorsement         + Restaurant/Loss or damage to customers autos (Legal Liability coverage)         + Residential cleaning services endorsement         + Photography         + Photography/makeup and hairstyling       * Property Coverage Limits for each property         + Premise Address         + Premises Number         + Building Number         + Type of property         + Actual Cash Value option (yes or no)         + Automatic increase building limit         + Business personal property-Seasonal increase percentage         + Limit of insurance       * Business Income       * Deductible         + Premises Number         + Property Deductible         + Windstorm or hail percentage deductible       * Earthquake Coverage         + Premises Number         + Building Number         + Percentage Deductible       * Liability and Medical Payments         + Description/Coverage         + Limit of insurance         + Liability Classification Schedule   Classification Description  Classification Code  Location  Premium Basis  Exposure  Rate  Premium  Deductible   * **Life**   + Policy Information     - Policy Number:     - Current Term Effective Date     - Current Term Expiration Date     - Values Quoted As Of: mm/dd/yyyy     - Issue Age:     - Gender :     - Date of Birth: mm/dd/yyyy     - Named Insured:from Life System       * Policy Mailing Address          + Address Line 1         + Address Line 2         + City         + State         + Zip     - Policy Owner Name -from Life System *Repeat following information for each Policy Owner if multiple owners*       * Policy Mailing Address         + Address Line 1         + Address Line 2         + City         + State         + Zip     - Beneficiary – from Life System *repeat following information for each Beneficiary*       * Beneficiary Name       * Beneficiary Type         + Primary         + Contingent         + Percentage Split     - Assignee - from Life System *repeat following information if multiple Assignees*       * Assignee Name       * Assignee Mailing Address         + Address Line 1         + Address Line 2         + City         + State         + Zip         + Percentage Split   + Billing Information     - Billing Mode Example-Direct     - Frequency Example-Monthly     - Modal Premium Amount: Based on frequency     - Paid to Date: mm/dd/yyyy     - Bill to Date: mm/dd/yyyy     - Last Premium Automatic Premium Loan:       * Yes       * No     - Grace Period Expiry Date: mm/dd/yyyy     - Payor Name       * Billing Address         + Address Line 1         + Address Line 2         + City         + State         + Zip   + Base Policy Coverage Information – *provide the following information as applicable; may vary by policy type and benefits*     - Policy Number     - Plan Description     - Death Benefit Option     - Dividend Options     - Rate Classification     - Table Rating:     - Base Face Amount     - Paid Up Additions Amount     - Dividends on Deposit / Accumulate with Interest     - Total Base Face Amount     - Base Premium Amount     - Base Policy Expiration Date: mm/dd/yyyy     - Benefits - *– provide the following information as applicable; may vary by policy type and benefits*       * Description       * Rate Class       * Coverages/Limits/Exclusions       * Premium Amount – indicate if separate or included in Base premium amount       * Effective Date       * Expiration Date     - Riders **–** *provide the following information as applicable; may vary by Rider type*       * Description       * Rate Class       * Coverages/Limits/Exclusions       * Premium Amount - indicate if separate or included in Base premium       * Effective Date       * Expiration Date   + Values Quoted As of: mm/dd/yyyy *-- provide the following information as applicable; may vary by policy type and benefit*     - Type       * Term Life         + Plan name description         + Policy Number         + Net Cash Surrender Value         + Premium Deposit Fund       * Universal Life / Interest Sensitive Whole Life         + Plan name description         + Policy Number         + Total Account Value         + Loan Payoff Amount         + Net Cash Surrender Value         + Total Surrender Value         + New Money Interest Rate         + Guaranteed Interest Rate         + Net Base Death Benefit         + Current Loan Amount         + Current Loan Interest Rate         + Target Premium Amount   Base  Rider(s)   * + - * + Minimum Premium Amount         + Planned Periodic Premium Amount         + Guideline Annual Premium   Level  Single   * + - * + Total Premiums Paid Amount:         + Maximum Loan Amount Available         + Interest Credited –         + Applicable footnotes:       * Permanent Life         + Plan name description         + Policy Number         + Guaranteed Cash Value:         + Paid Up Additions Cash Value:         + Dividends on Deposit/Accumulate with Interest         + Pro Rata Dividend         + Terminal Dividends         + Loan Payoff Amount:         + Net Cash Surrender Value:         + Discounted Advance Premium         + Premium Deposit Fund:         + Total Cash Value:         + Net Base Death Benefit Amount:         + Current Loan Amount         + Current Loan Interest Rate:         + Total Premiums Paid         + Maximum Loan Amount Available:         + Deposit Dividend Interest Rate Interest YTD         + Dividends Options         + Dividend     - Projected Values as of date mm/dd/yyyy       * + Guaranteed   Next Anniversary  Age 65 at Anniversary  Dividend  Total Cash   * + - Non-forfeiture Options       * Reduced Paid Up Amount:       * Extended Term Insurance Amount:       * Extended Term Insurance Expiration Date   + **Variable Life Policy / Annuity (Iowa)** – limited information available but at a minimum:     - Policy Number     - Named Insured (first, middle, last)     - Plan name Description     - Current Term Effective Date * **Annuity -** *notations shown in red below represent known WMA differences*    + Policy/Contract Name description   + Policy Number/Contract ID Number in WMA     - Include Group identifier (G in policy number) (ANTY and WMA); no Group contracts in RPS   + Annuity Effective Date   + Values as of Date: mm/dd/yyyy   + Status     - Translate various status to “Active”       * Continuation       * Death Pending Contract Active (= payout option WMA)   + Issue Age   + Date of Birth: mm/dd/yyyy   + Annuitant Name     - Annuitant Address       * Address Line 1       * Address Line 2       * City       * State       * Zip   + Owner Name – if multiples pull info for each (Co-Owner in WMA)     - Owner Address       * Address Line 1       * Address Line 2       * City       * State       * Zip   + Payor Name - if multiples pull info for each     - Payor Address       * Address Line 1       * Address Line 2       * City       * State       * Zip   + Beneficiary     - Beneficiary Name     - Type       * Primary       * Contingent       * Percentage Split     - Relationship to Annuitant   + Last Premium Received Date: mm/dd/yyyy *(currently applies only to Retirement Bldr)*   + Billing Amount *(currently applies only to Retirement Bldr)*   + Billing Mode/Frequency *(currently applies only to Retirement Bldr)*   + Coverage Information     - Amount of Initial Deposits:     - Amount of Total Deposits:       * As of Date: mm/dd/yyyyy     - Plan Name Description       * Identify as Group if applicable (ANTY and WMA)     - Tax Qualification Status       * Qualified/Non-Qualified / Roth IRA     - Maturity Date: mm/dd/yyyy : (Commencement Date: WMA)     - Age of Maturity     - Guaranteed Interest Rate:     - Benefits description       * Coverages/limits     - Riders description       * Coverages/limits   + Guaranteed & Projected Values     - Values as of Date: mm/dd/yyyy       * Display field titles         + Values will be N/A for all the following   Current Account Value  Guaranteed  Projected  Current Cash Surrender Value  Guaranteed  Projected  Next Anniversary Account Value  Guaranteed  Projected  Next Anniversary Cash Surrender Value  Guaranteed  Projected  Age 65 at Anniversary Account Value  Guaranteed  Projected   * + Supplementary Contract (settlement option payout)     - Contract Number       * WMA will display both RPS number and WMA converted number         + new format without ‘SC’ prefix   + Payee Role (roles exist today but not in system; WMA will include when RPS is converted to WMA)     - Payee Name (maximum of 10 payee roles)       * Policy Number with Payee identifier         + Policy#-01; Policy#-02; etc.       * Address Line 1       * Address Line 2       * City       * State       * Zip       * Date of Birth (mm/dd/yyyy)   + Retirees     - Specific Payout Option (PSP)     - Monthly Benefit * **Rural**   + Name Insured (first, middle, last)   + Attn. field (Business contact name)   + Policy Mailing Address     - Address Line 1     - Address Line 2     - City     - State     - Zip   + Underwriter *(this is the CSR field in the Applied system. Pull for Web Services but do not display in CARE+)*   + Policy Type Description   + Effective Date   + Expiration Date   + Billing Information     - Direct Billed     - Agency Billed   + Name of Issuing Company   + Policy Number     - Full policy number from Applied system     - Corresponding Exceed Client Policy Number   + Last Dec page from Image Right |
| **JIRA Issue Number** |  |
| **System Testing Resource** | QAT |
| **Priority** | *Phase 1 High* |
| **Success Criteria** | All required data in the requirement documentis available for CARE+ consumption. |
| **Research Task** | COMPLETE - Research current Rural to Client interface issues  COMPLETE 2.24.16 2.17.16 BWorman: Outstanding questions noted above for Commercial and Membership; Marketing to research and revise |