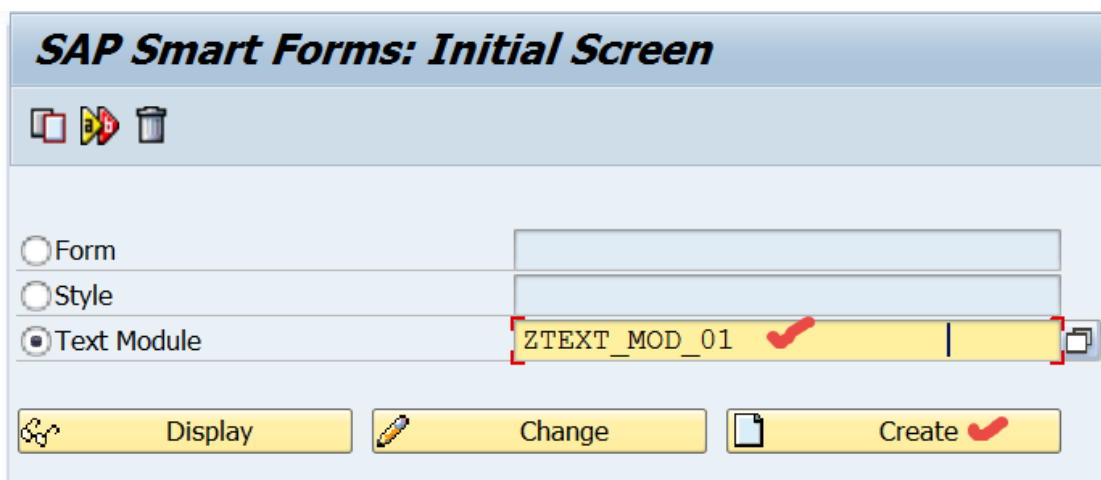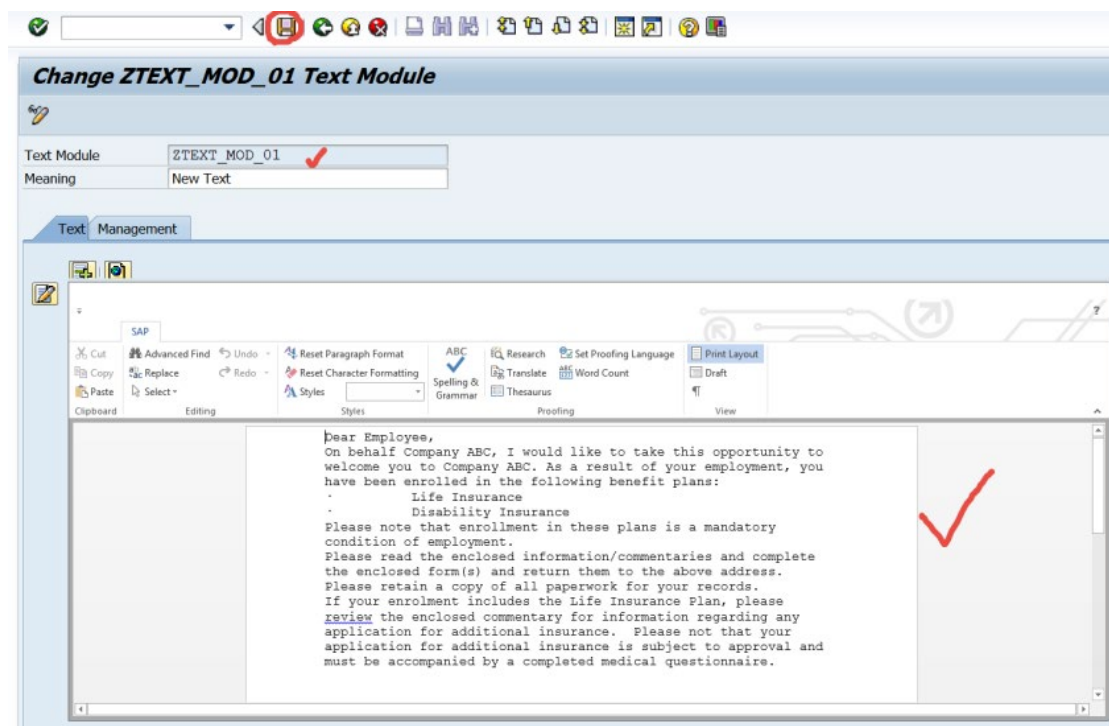**Go to Tx- SMARTFORMS .**

Select the Text Module radio button and provide a text module name and click on Create button.

Provide the text and save it. Now creation of text module is done.

Go to Tx- SFP . Select Interface and provide a name and click on Create button.

Form Builder: Entry Point

○ Form
◉ Interface ✔   ZTEST_INTF_04

Display   Change   Create ✔

Don't do any thing here. Activate the interface and go back.

Form Builder: Change Interface ZTEST_INTF_04

Interface	ZTEST_INTF_04	Active

Properties | Interface

Parameter Name	Type assignment	Type Name
/1BCDWB/DOCPARAMS	TYPE	SFPDOCPARAMS

- ZTEST_INTF_04
  - Form Interface
    - Import
    - Export
    - Exceptions
  - Global Definitions
    - Global Data
    - Types
    - Field Symbols

Select the Form , provide a name & select Create button.

## Form Builder: Entry Point

✔
◉ Form   ZTEST_FORM_04 ✔
○ Interface
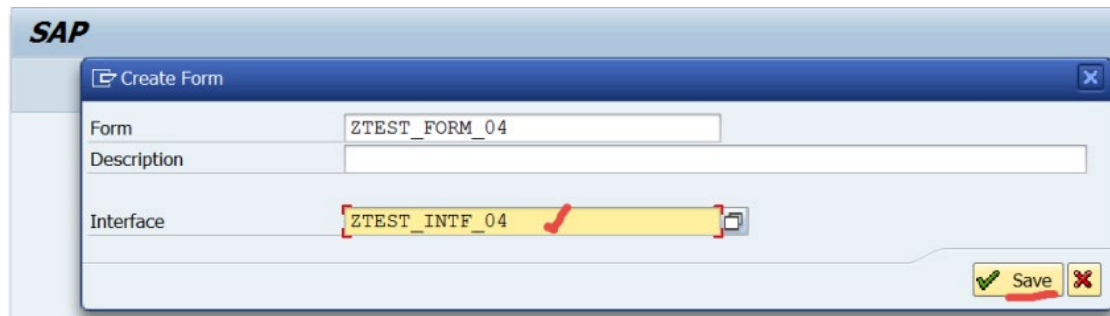
Display   Change   Create ✔

Assign the interface and Save.
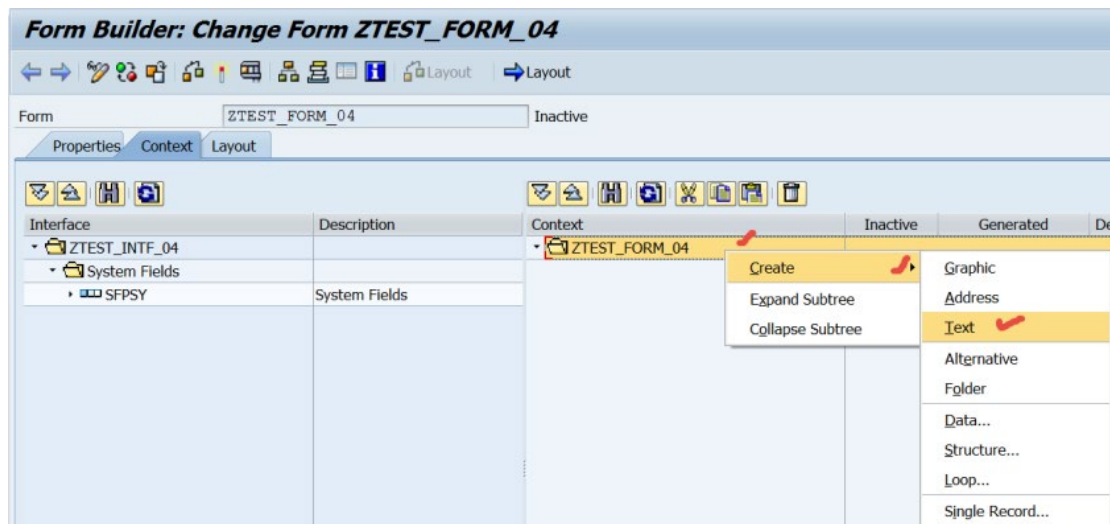
On the Context node, right click and navigate to create a text.
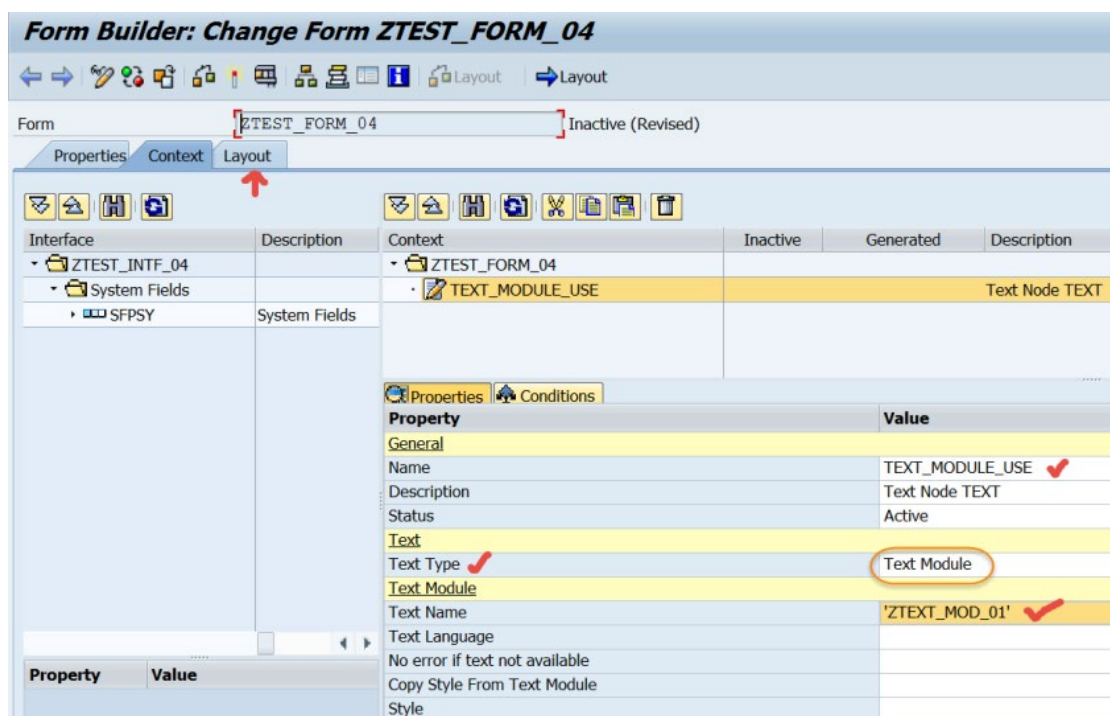
Provide a name, text type should be – Text module, assign the text module name (get the text module name form the F4 help). Go to layout tab.

Create a text box , drag & drop on the design view.
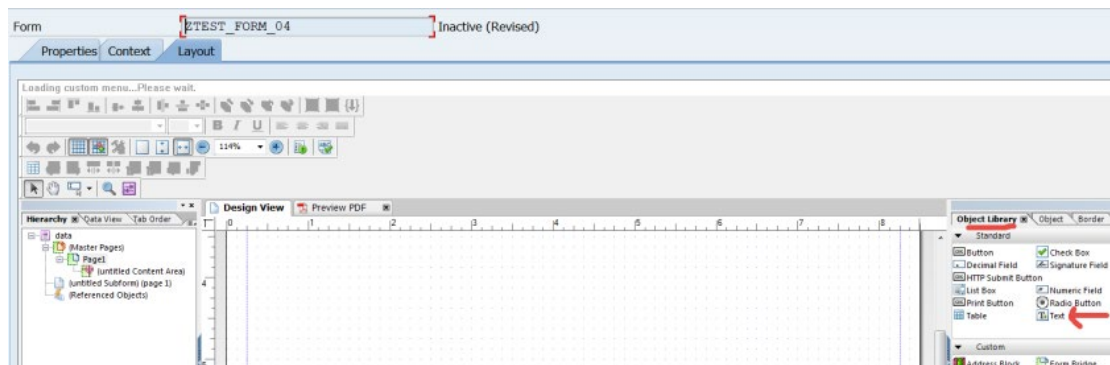
Extend [height and width] the text box as per needed. Select the text and right click.
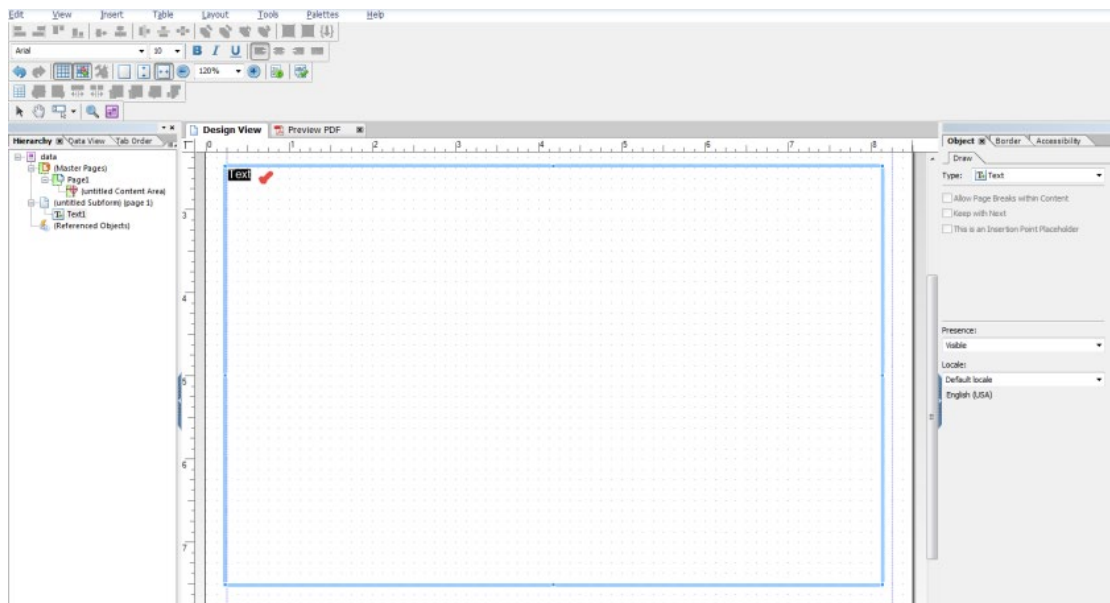
Select the floating field option.
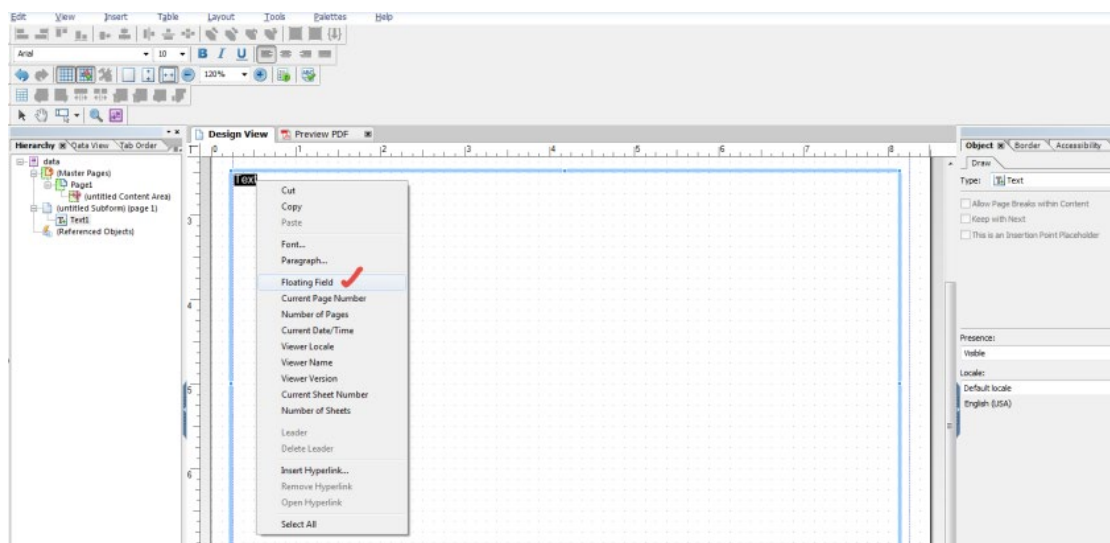
Now we have to bind the text field to the created text module field. So from data binding option, choose below name.

Select the name.
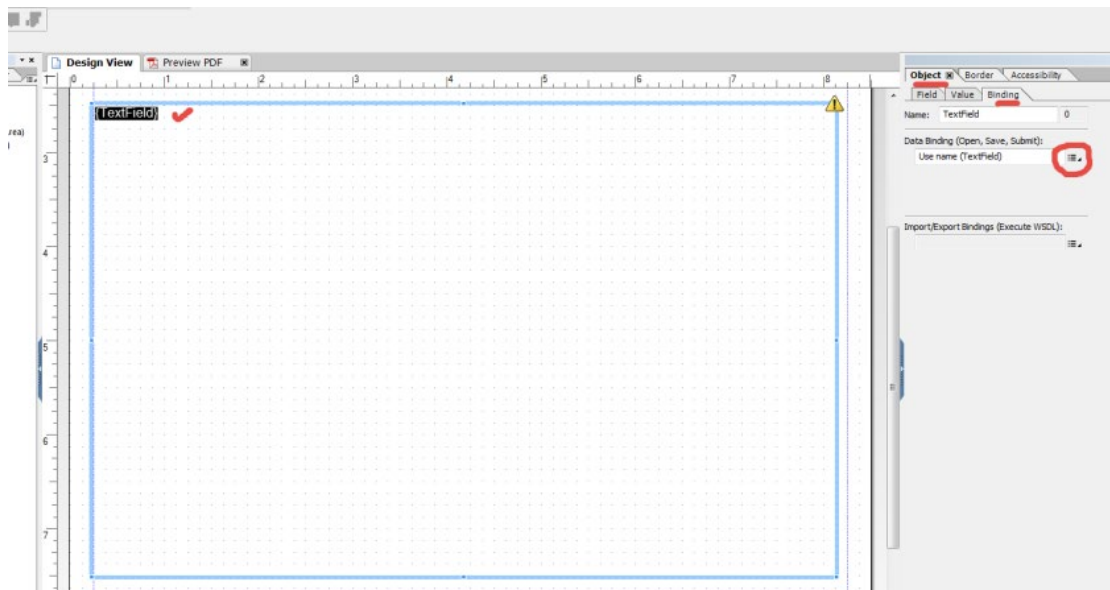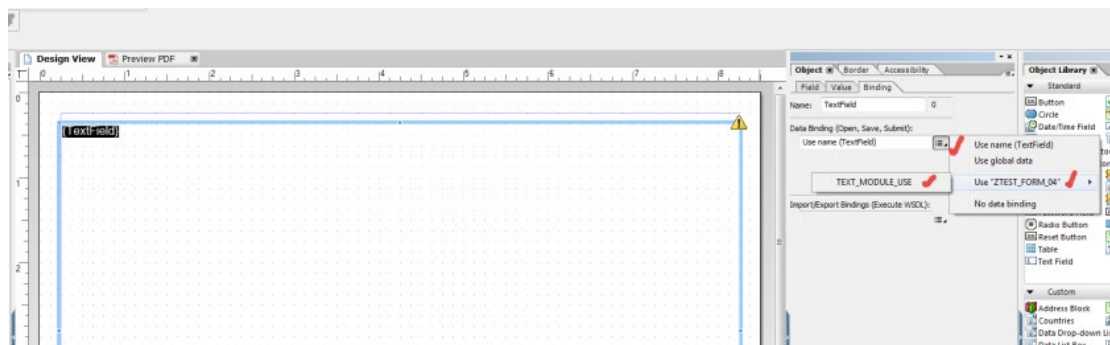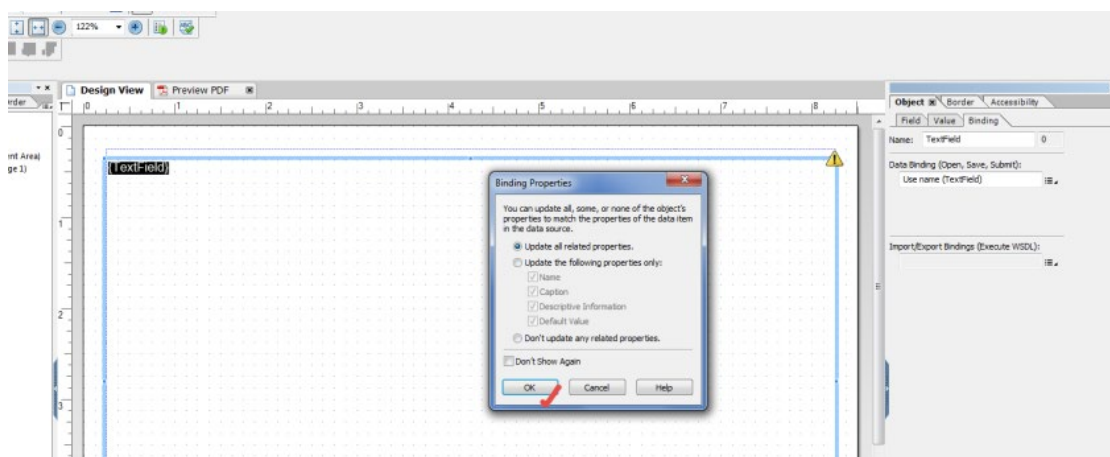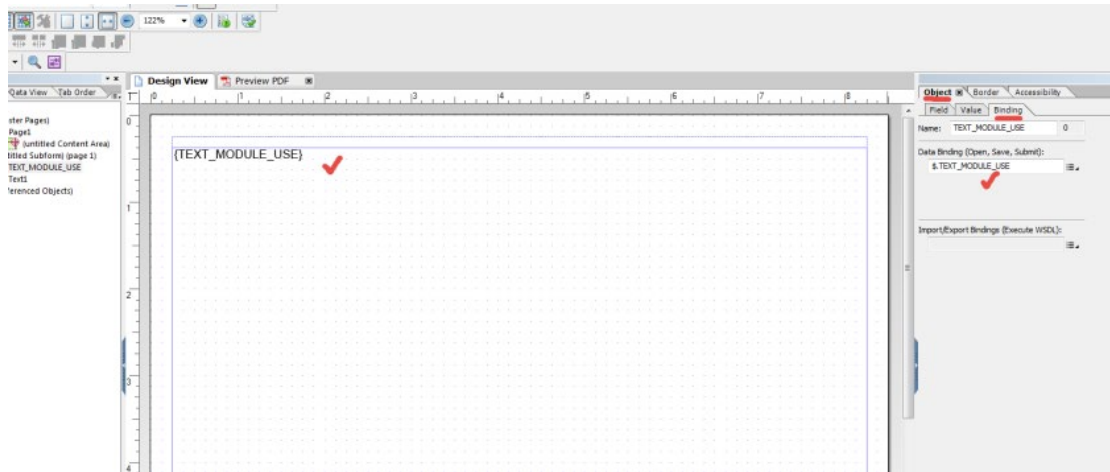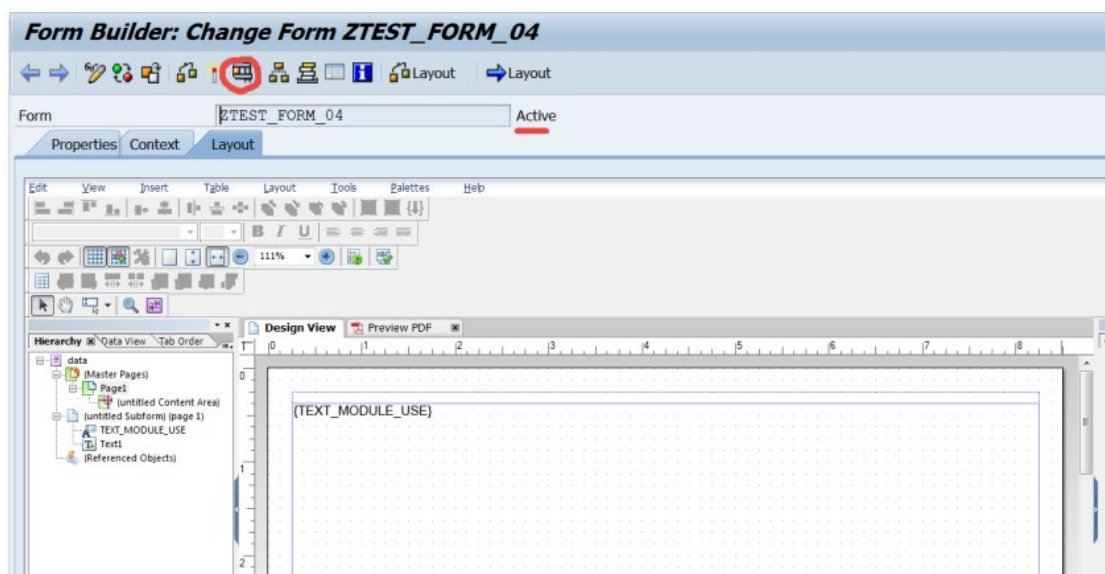
Select ok.

Mapping done.

Activate the form and Test.

Execute it.

Select print preview.

So here we have the form.

Print Preview

Dear Employee,

On behalf Company ABC, I would like to take this opportunity to welcome you to Company ABC. As a result of your employment, you have been enrolled in the following benefit plans:

·   Life Insurance
·   Disability Insurance

Please note that enrollment in these plans is a mandatory condition of employment.

Please read the enclosed information/commentaries and complete the enclosed form(s) and return them to the above address. Please retain a copy of all paperwork for your records.

If your enrolment includes the Life Insurance Plan, please review the enclosed commentary for information regarding any application for additional insurance. Please not that your application for additional insurance is subject to approval and must be accompanied by a completed medical questionnaire.