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### What can be accessed in the Policyholder Portal?

#### **My Policies**

- Ability to review all Policy terms
- View Incurred Losses/ Loss Ratio
- Check the status of the account

#### **My Claims**

• Allows you to view all claims reported

#### **Document List**

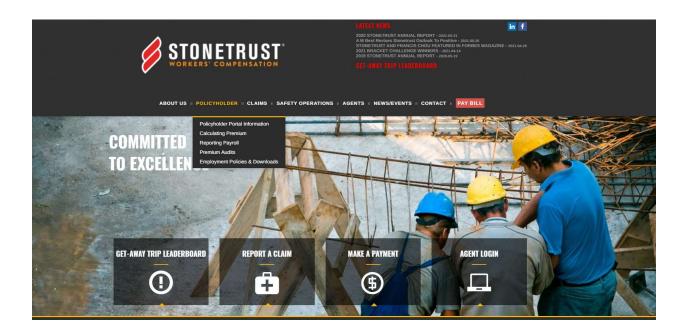
• View and download all Policy documents

#### I Want To...

- Download a Current Policy
- Report a Claim
- Make a Payment
- Set up on Auto Payment
- Make a one-time Payment
- \$ Report Payroll

#### Accessing the Portal

- Need access to the Portal? Contact us at <a href="mailto:service@stonetrustinsurance.com">service@stonetrustinsurance.com</a> or 800-311-0997.
- Already have access to the Portal? Go to our website <u>https://www.stonetrustinsurance.com/</u>
- Hold your cursor over the POLICYHOLDER tab then click on "Policyholder Portal Information" to get additional information



- Need to make a payment? Click the box labeled "MAKE A PAYMENT"
- Access the Portal with your Username and Password



# Self-Service Web Portal



By clicking 'Log in' you signify that you have read, understood, and agreed to the "Terms of Use" and "Privacy Policy"

Forgot your username or password?

Click here to recover your information.

Don't have an account yet?

Contact us to request an online user account.

Privacy Policy | Terms of Use

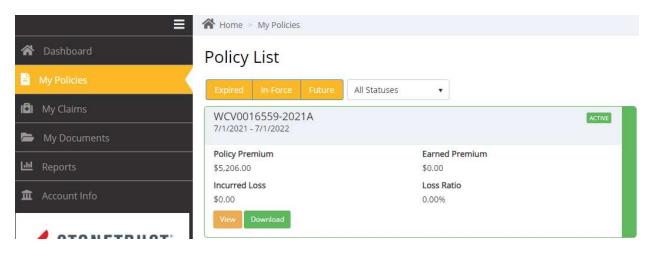
Stonetrust Commercial Insurance Company

#### Dashboard

				🔍 🛛 Want To 👻 🕒 Joe 🕶					
≡	A Home								
A Dashboard									
Hy Policies									
🖸 My Claims			a dianta a shia shaa						
My Documents	No Announcements to display at this time.								
네 Reports									
🏛 Account Info	Claims by Status	Open Claims by Class Code	Open Claims by Injury Type	Open Claims by Injured Body Part					
	Claims by Status	open cialins by class code	Open claims by injury rype	Open claims by injured body Parc					
	No Records To Display	No Records To Display	No Records To Display	No Records To Display					
	Open Claims by Type	Workplace Locations							
		Insured Workplace Contact	Contact Phone Address 1 Address 2	City State Zip					

### **My Policies**

- You can find Policy Premium and Loss Ratio
- You can download a copy of the Policy
- You can View the Policy Summary, Billing, Payroll, Endorsements and Claims

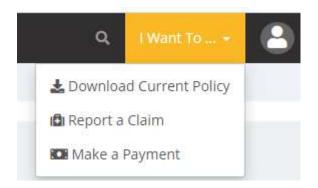


## My Claims

- You will find First Report of Injury List
- Claims List
- Report a Claim

😭 Dashboard	First Report of Injury List	t a Claim
🖞 My Policies	There are no First Report of Injury at this time	
🖪 My Claims		
🗁 My Documents	Claims List	
🔟 Reports	There are no claims at this time	

## Report A Claim



• Please complete the information in each field on the "First Report of Injury" screen (see below) to submit a claim.

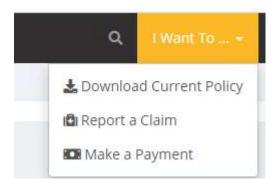
Home 🚿 My First Reports 🚿 First Re	port of Injury		
First Report of Injury			
	Date of Injury	6/21/2021 🗐	
	Jurisdiction	Oklahoma 🗸	
	-	Transmission from	
Home > My First Reports	> First Report	rt of Injury	
Injury Information	n		
injury information	511		
Date of Injury			
		Date of Injury 6/21/2021	
İ			
☆ Home > My First Reports > First Report of Injury			
Employee			
Personal/Wage Information			
	First Name		1
	Middle Name		1
	Last Name		1
	Date of Birth		
	SSN		
	Hire date		
Date Employee Began W	Country	United States	
	Address 1		1
	Address 2		
	City, State, Zip	· · · · · · · · · · · · · · · · · · ·	
	Gender		
	Marital Status	×	
	Job Title		
Last saved on: Jun 21, 2021 1:52 PM		C Previous Save & Continue	2

## My Document List

• You will find a list of all documents produced for this Policy

😭 Dashboard	Document List						
🗎 My Policies	Past 1 Month				Se	arch	
🗐 My Claims	Description	T	Associated with	Group	T	Modified *	۲
My Documents	La Billing Statement STC		Stonetrust Policy Test - WCV0016559-2021A, 2021A	Billing Statement		8/2	20/2021
M Reports	🛓 Policy		Stonetrust Policy Test - WCV0016559-2021A, 2021A	Policy Issuance & Endorsement		8/2	20/2021
Reports	🛓 Policy Issuance Packet .PDF		Stonetrust Policy Test - WCV0016559-2021A, 2021A	Miscellaneous		8/2	20/2021
🗓 Account Info	▲ Billing Statement STC		Stonetrust Policy Test - WCV0016559-2021A, 2021A	Billing Statement		8/2	20/2021
	🛓 Binder SC		Stonetrust Policy Test	Insured Letters		8/2	20/2021

### Make a Payment



- Chose the Statement you are paying on with the drop-down box
- Use the default amount or type in the amount you want to pay
- Check and Click the GREEN "Authorize Payment" button

## Make a Payment

#### Statement

Due	Balance	Payment Date		
9/19/2021 \$100.00		8/20/2021		
Payment Amou	nt			
100.00				
100.00				

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account the same day we receive your payment and you will not receive a check back from your financial institution. Transactions submitted before 4pm CST will be posted to your account the same business day. All other transactions will be posted to your account the next regularly scheduled business day.

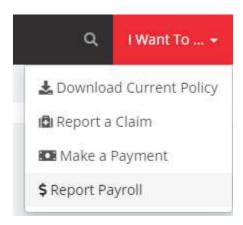
To authorize your payment, please read and accept the above Payment Authorization

Cancel Authorize Payment

×

- To make a payment the insured should enter the bank account info and click to authorize payment.
- To enter the bank account information, click the (+) next to bank account (see above) and enter in bank account name, routing number, account number and Type (checking, other, savings).
  - This is also the section where you can change the banking information if needed.
- Chose the following that apply when adding a bank account. The first option is the authorization for this bank to be added. The second option is choosing a reoccurring automatic monthly payment.
- I authorize the use of this bank account for online ACH withdrawals or disbursements.
- I authorize the use of this bank account for automatic payments for this policy when they are due without further approval.
- I authorize this bank account to be used for incoming payments from the insurance company.

#### **Report Payroll**



- Chose the Report you are paying on with the drop-down box (each State will have its own report to complete)
- Enter payrolls for each class code listed (if no payrolls you must enter 0)
- Click the GREEN Submit & pay by Check or Submit & Pay Online

Exposure	Class Code/Description	Estimated	Full-Time Employee Count	Part-Time Employee Count	Payroll Amount	Rat	e Manual	Zero Fi
Workers Comp	0012 - PAID FURLOUGHED EMPLOYEES	\$0					0.00	:
Workers Comp	5022 - MASONRY NOC	\$13,560					9.02	
						\$0		
remium Calcu Description	lation				Factor	Amour	ıt	
Total Manual Pren	nium					7111001		
EZ Premium Adjus	itment				0.	654882		
EZ Premium								
Ferrorism Insuran	ce Act Charge					0.0001		
Domestic Terroris	m Insurance A					0.0002		
	arges Due With This Report							3
Premium & Surcha								
Premium & Surch Installment Charg	e							

Cancel Print Save & Submit Later Submit & Pay by Check Submit & Pay Online