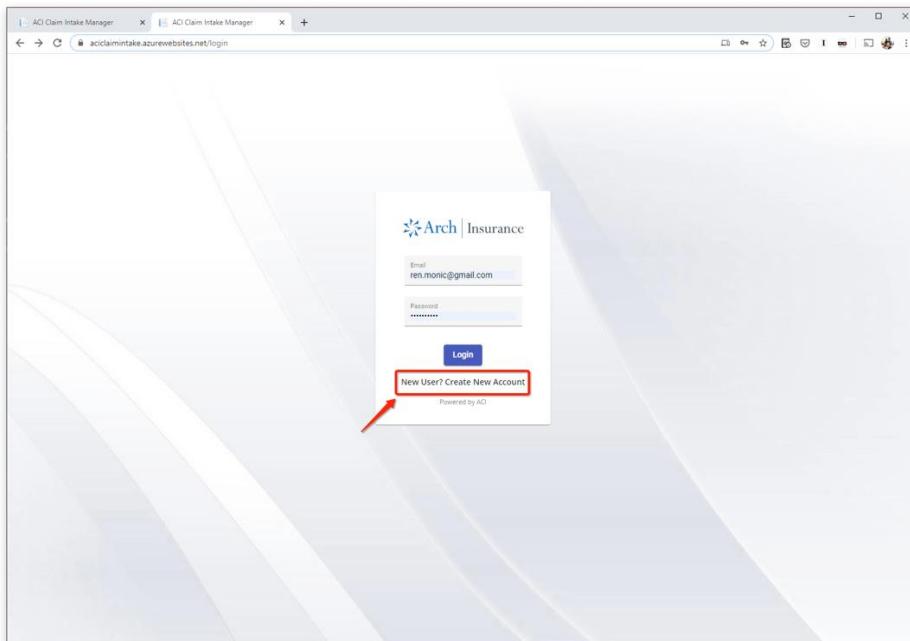


COVID-19 NY Claim Intake Portal Instructions

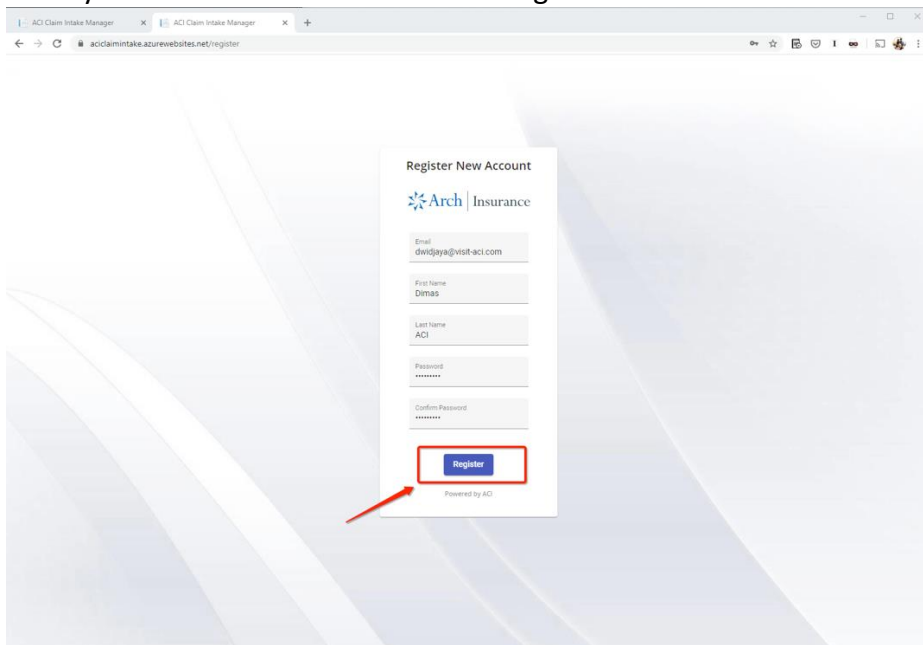
To Submit a Claim:

- **Register New User**

1. Navigate to <https://archclaimsintake.visit-aci.com> click “New User? Register New Account” button in the bottom of the login card.



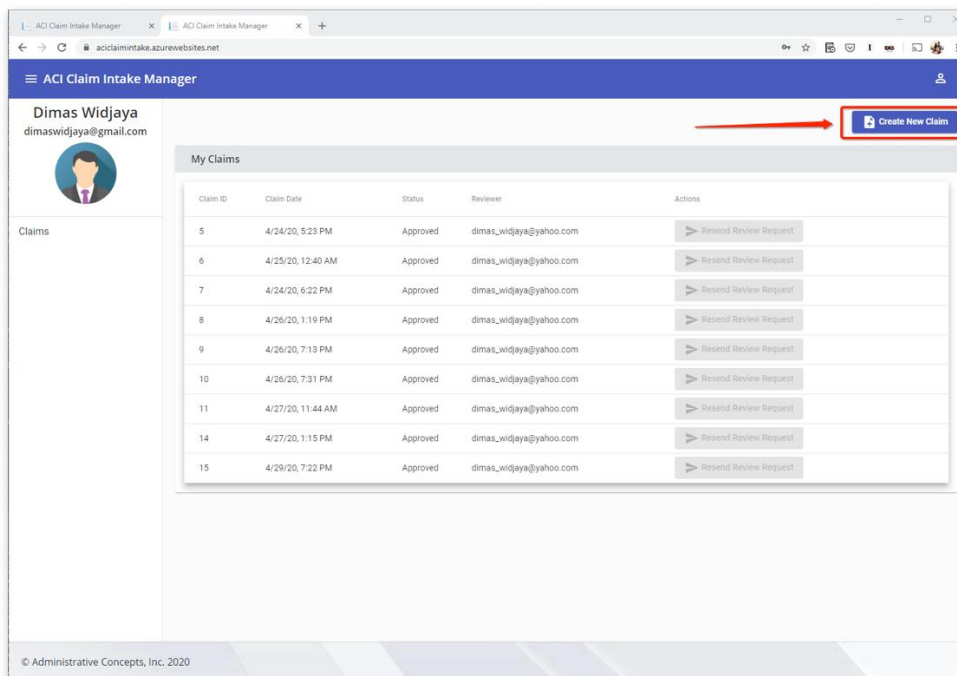
2. Fill in your user information and click “register”.



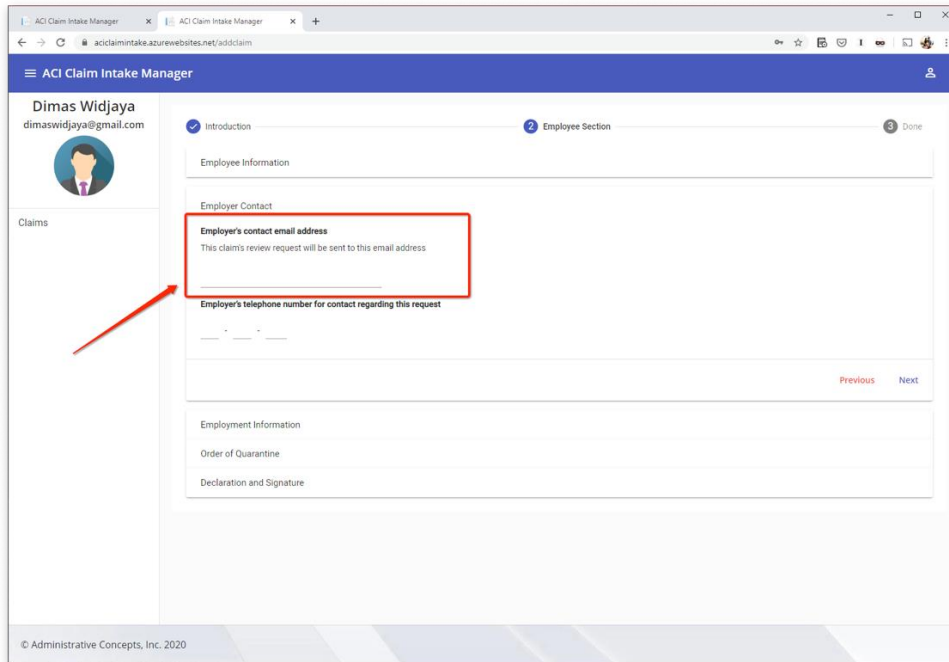
3. An account verification email will be sent to the email address that you provided. Please check your email and look for an email from email@visit-aci.com. Click at the link in the email to verify your account.
4. Once you verify your account you may now login using your username (your email) and password

- **Submitting New Claim (Member/Employee)**

1. Navigate to <https://archclaimsintake.visit-aci.com> and log in to your account.
2. Click at the “Create New Claim” button in the top right corner.



3. Answer the introduction questions. Based on these answers, the portal will determine whether you are qualified for the NY COVID-19 Claim or not.
4. If you are qualified, you can proceed to fill in the employee section of the claim. The employee section consists of several sub-sections: Employee Information, Employer Contact, Employment Information, Order of Quarantine, and Declaration & Signature.
5. Inside the Employer Contact sub-section, there is a field for “Employer's contact email address”. This field is used to assign the reviewer of this claim. Once the claim is submitted, the email address provided in this field will receive an email requesting for review for this claim.



ACI Claim Intake Manager

Dimas Widjaya
dimaswidjaya@gmail.com

Claims

Introduction Employee Section Done

Employee Information

Employer Contact

Employer's contact email address
This claim's review request will be sent to this email address

Employer's telephone number for contact regarding this request

Previous Next

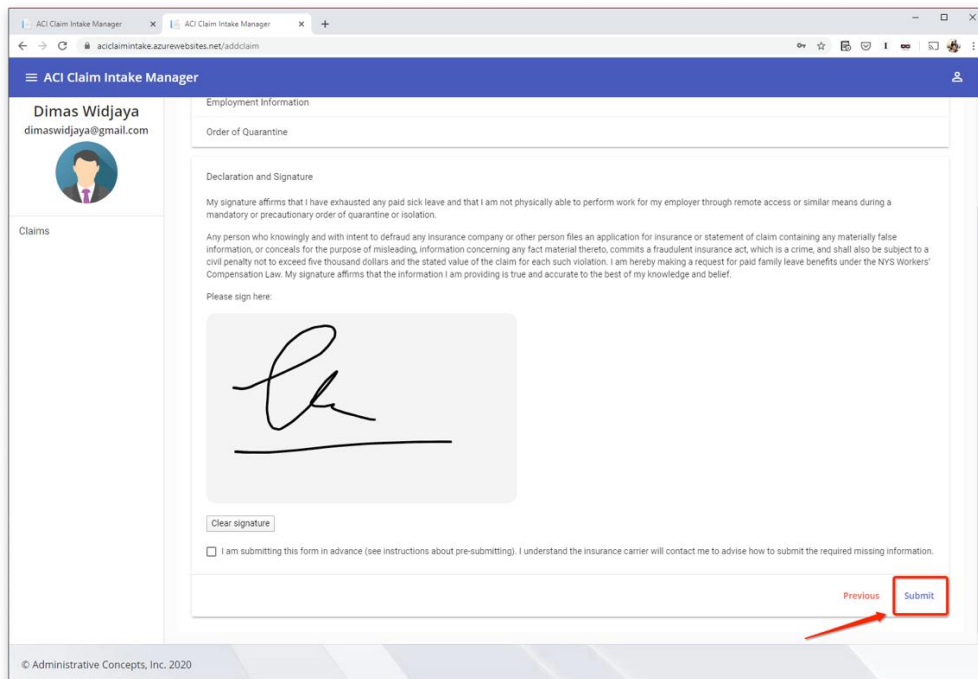
Employment Information

Order of Quarantine

Declaration and Signature

© Administrative Concepts, Inc. 2020

- Once you have finished filling in the section, click "Submit" button in the bottom right corner of the form (inside the "Declaration and Signature" sub-section).



ACI Claim Intake Manager

Dimas Widjaya
dimaswidjaya@gmail.com

Claims

Employment Information


Order of Quarantine

Declaration and Signature

My signature affirms that I have exhausted any paid sick leave and that I am not physically able to perform work for my employer through remote access or similar means during a mandatory or precautionary order of quarantine or isolation.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Please sign here:



Clear signature

☐ I am submitting this form in advance (see instructions about pre-submitting). I understand the insurance carrier will contact me to advise how to submit the required missing information.

Previous Submit

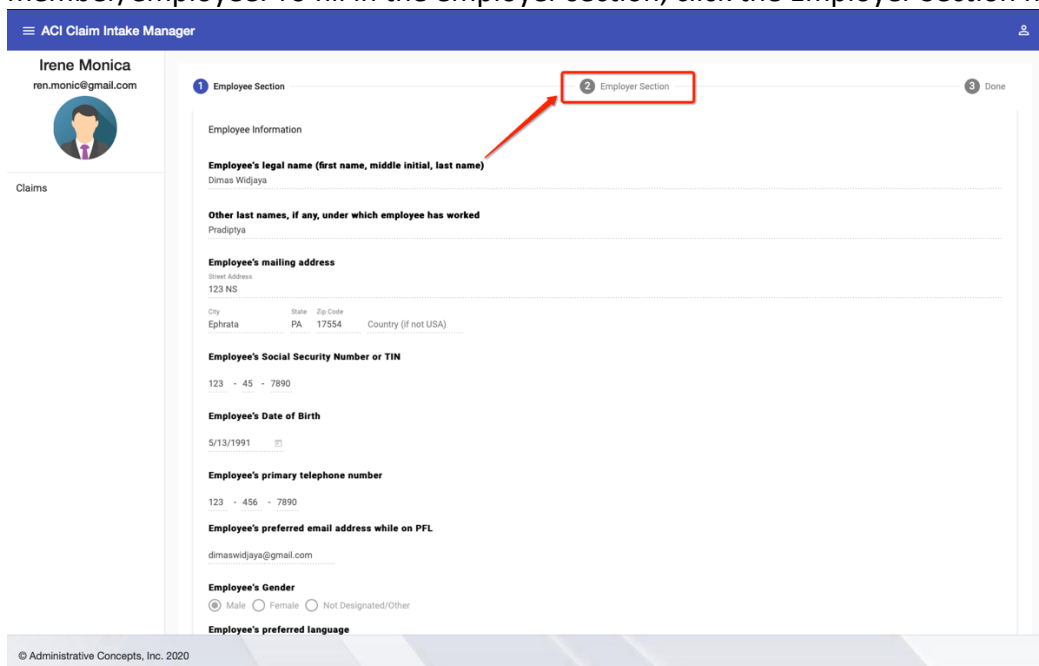
© Administrative Concepts, Inc. 2020

- The claim is now submitted, waiting to be reviewed by the group admin/employer.

Employer Instructions for Completing Claim:

- **Reviewing Member/Employee Claim**

1. You (reviewer/group admin) will receive an email from email@visit-aci.com notifying there is a new claim review request. Click at the link in the email to start the claim review process.
2. If you already have a user account, please login using your account to begin the claim review. If you don't already have an account, click at the "New User? Register New Account" button and complete the registration process as instructed on the above.
3. You will be taken to the claim review page. The claim consists of two sections: employee section and employer section. The employee section shows the answers provided by the member/employee. To fill in the employer section, click the Employer Section header.



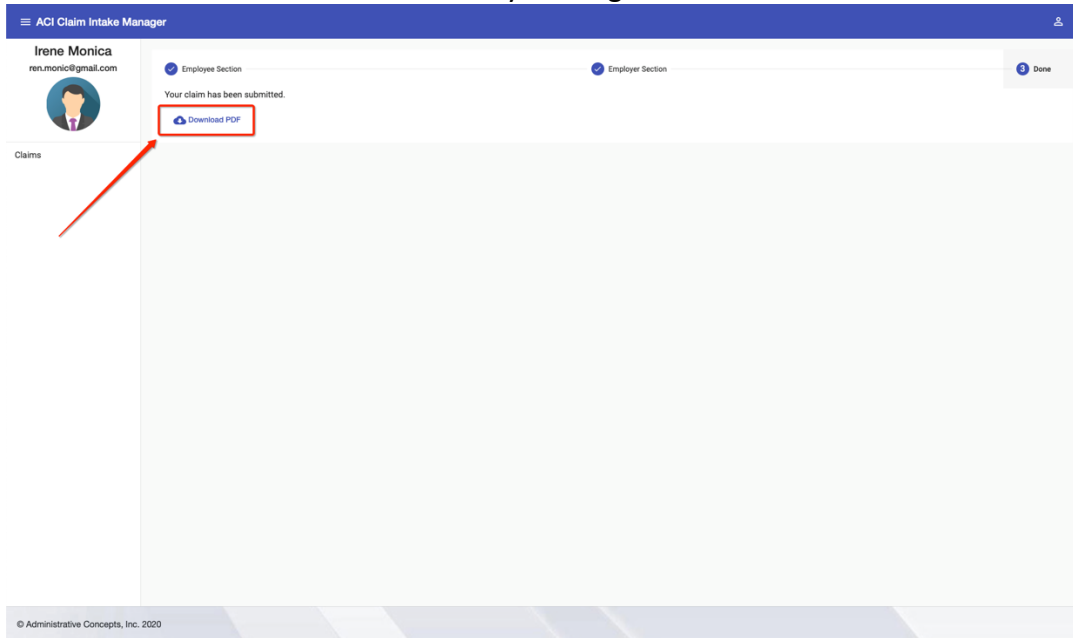
The screenshot shows the 'ACI Claim Intake Manager' interface. On the left, there is a user profile for Irene Monica (ren.monica@gmail.com) and a 'Claims' link. The main area displays the 'Employee Section' with a red arrow pointing to the 'Employer Section' tab. The 'Employee Section' contains the following information:

- Employee Information**
 - Employee's legal name (first name, middle initial, last name)**: Dimas Wijaya
 - Other last names, if any, under which employee has worked**: Pradiptya
 - Employee's mailing address**:
 - Street address: 123 NS
 - City: Ephrata, State: PA, Zip Code: 17554, Country (if not USA):
 - Employee's Social Security Number or TIN**: 123 - 45 - 7890
 - Employee's Date of Birth**: 5/13/1991
 - Employee's primary telephone number**: 123 - 456 - 7890
 - Employee's preferred email address while on PFL**: dimaswijaya@gmail.com
 - Employee's Gender**: ☒ Male ☐ Female ☐ Not Designated/Other
 - Employee's preferred language**

At the bottom left, it says '© Administrative Concepts, Inc. 2020'.

4. The employer section consists of several sub-sections: Group and Policy Information, Employer Information, Employee Information and Declaration & Signature.
5. Once you have finished filling in the section, click "Submit" button in the bottom right corner of the form (inside the "Declaration and Signature" sub-section).

- The claim is now submitted to ACI, waiting to be reviewed by the claim examiner. You can download the result Claim Form PDF by clicking the "Download PDF" button.



With the claim now complete, an Arch claim examiner will now see the claim and start the reviewing process.

Please call customer service if you have any questions: 877-369-0979