TABLE OF CONTENTS

OUTSTANDING QUESTIONS FOR TECH

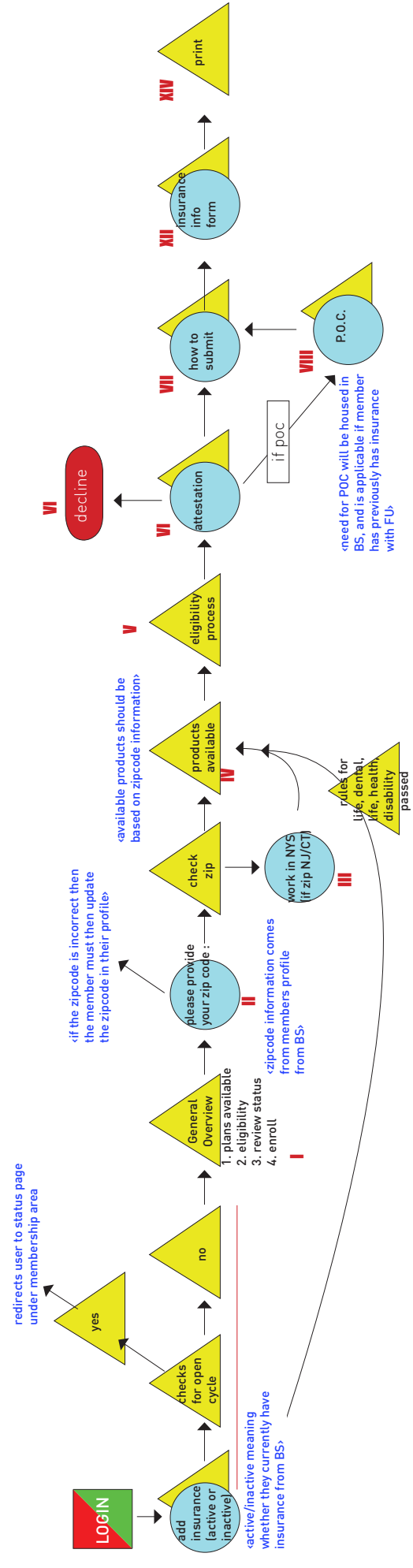• entry of client & biz info can this be done online? MAYBE

• for the printing feature at the end can we make it print friendly web page as opposed to a pdf?

basic breakdown of flow

1. how to qualify : 10k or 20 hours

2. own biz : client info, ny client info, own biz form

3. POC

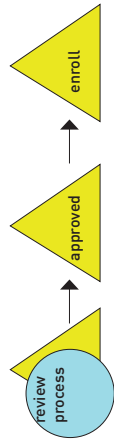?- can we capture client/biz info electronically? if not we need a print-friendy web page
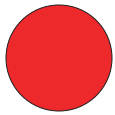
need to be able to come back to a saved session

LOGIN

add insurance (active or inactive)

active/inactive meaning whether they currently have insurance from BS

checks for open cycle

yes

redirects user to status page under membership area

no

General Overview
1. plans available
2. eligibility
3. review status
4. enroll

I

please provide your zip code :

II

if the zipcode is incorrect then the member must then update the zipcode in their profile

zipcode information comes from members profile from BS

check zip

available products should be based on zipcode information

work in NYS (if zip NJ/CT)

III

products available

IV

rules for life, dental, life, health disability passed

eligibility process

V

attestation

VI

decline

VII

how to submit

VII

P.O.C.

VIII

if poc

need for POC will be housed in BS, and is applicable if member has previously has insurance with FU.

insurance info form

XII

print

XIV

REVIEW PROCESS

review process

approved

enroll

KEY

business rules
business rules

start/stop

stop w/ system message

decision

process

systems note

step/field
Prior to starting the Application process user must be a registered user and logged in.

CMS

action/behavior
User may access the start of the application process from two points within the web-site. The insurance overview page or "home" page of the Member's log-in area. If the user tries to access the application from the insurance overview page and they are not logged in they will be directed to log-in.

populated by BS or **information to BS**
All relevant data associated with the members record should be made available to MS to be able to view. E.G. personal information and past application information (current/open/closed applications). DISPLAY INFORMATION &THE CORRESPONDING PAGES FOR MS DISPLAY SIDE NEED TO BE DETERMINED.

error handling
Error handling per the current rules set up for log-in.

general notes

f r e e l a n c e r s   u n i o n

welcome back First Lastname
▸MY INFO
▸MY SERVICES
▸MY NETWORK

sign out

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

1 2 3 4 5 6 7

1.__

Start Here a.

b.
general overview   •   c.
available plans   •   d.
eligibility review

general overview   _2.

- ## Plans available   _3.
- ## Eligibility
- ## Review Status
- ## Enroll

4.__ | SUBMIT |

Notes
1. Navigation & Copy : all
   a. start here (active)
   b. general overview (active)
   c. available plans
   d. eligibility overview

2. Copy : title

3. Copy : body copy

4. Button : submit

---

step/field

CMS
   All explanatory text comes from CMS

action/behavior
   Submit takes user to the next page

populated by BS or **information to BS**

error handling

general notes

4

freelancers union

SEARCH HERE

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

1 2 3 4 5 6 7

Start Here a.   b.   c.   d.
                           general overview • **available plans** • eligibility review

1.

zipcode verification   _2.

พ.อ.สรรเสริญ แก้วกำเนิด โฆษกคณะมนตรีความมั่นคงแห่งชาติ (คมช.)   _3.
แถลงผลการประชุม คมช. วันนี้ (30 ม.ค.) ซึ่งมี พล.อ.สนธิ บุญยรัตกลิน ประธาน
คมช. เป็นปร

Your residential zip code here :

4.   00000

If your residential zip-code is not correct you will need to
change it in your profile.   _5.   6.   change

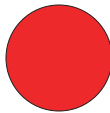If your zip-code is correct go to the next page   _7.

8.   next

Notes

1. Navigation & Copy : all
   a. start here (active)
   b. general overview (visited)
   c. available plans (active)
   d. eligibility overview

2. Copy : section title

3. Copy

4. Text entry field : read only zip-code

5. Copy

6. Button : change zipcode, redirects user to administrative
   panels of their account

7. Copy

8. Button : go to next page

Copy Notes

• Error message if the zipcode verification on
  the zipcode shows that it is not a real zipcode.

• **Trigger for residents of NJ/CT (will need
  to see if this applies for long term, e.g. will
  Golden Rule be in effect by the time this
  launches)**

---

step/field
4. Residential zipcode is provided from members record
6. Takes user to change address in members profile of their account to change their residential zipcode
8. Takes user to next page

CMS

action/behavior
• Business rules must determine whether or not the residential zipcode is in NYS or not.
• The change button will take user to the admin panel of their account, user will need a referring link to get back to this page from the admin panel.
• Once zipcode is changed and verified, it is made immediately available to BS (e.g. for use)
• If the zipcode is not in NYS the next button will take user to III Zipcode verification : pt.2
• If the zipcode is in NYS, the next button will take the user to the Available Plans page

populated by BS or **information to BS**
• Residential zipcode is populated by BS from Members record
• Application is "OPEN" from this point if the zipcode is NYS and user does not opt to change the zipcode

error handling
• If zipcode verification reveals that the zipcode from member's record is not valid, user should be taken to the admin panel and verify their address, specifically zipcode. There must be a valid residential zipcode associated to the member's record. User will need a referring link to get back to this page from the admin panel.

general notes

f r e e l a n c e r s   u n i o n

SEARCH HERE

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

sign out

1 2 3 4 5 6 7

1. **Start Here** a.

b.
general overview •

c.
available plans •

d.
eligibility review

zipcode verification   2.

พ.อ.สรรเสริญ แก้วกำเนิด โฆษกคณะมนตรีความมั่นคงแห่งชาติ (คมช.)
แถลงผลการประชุม คมช. วันนี้ (30 ม.ค.) ซึ่งมี พล.อ.สนธิ บุญยรัตกลิน
ประธาน คมช. เป็นประธานในที่ ประชุม ว่า พล.ต.อ.โกวิท วัฒนะ
ผู้บัญชาการตำรวจแห่งชาติ ได้ทำหนังสือถึงเหล่าทัพ เพื่อขอให้ทหารเป็นผู้ช่วยเจ้า
พนักงานตำรวจในการปฏิบัติภา

3.

Your residential zipcode is for NJ/CT/PA.

○a. Check here if you work or have clients in NYS b. _4.
○a. Check here if you do not have NYS clients or do not
       need health insurance now. b. _5.

6._ **SUBMIT**

Notes
1. Navigation & Copy : all
   a. start here (active)
   b. general overview (visited)
   c. available plans (active)
   d. eligibility overview

2. Copy : section title

3. Copy : body/explantory copy

4. Work in NYS choice
   a. Radio button
   b. Copy

5. Do not want health insurance
   a. Radio button
   b. Copy

6. Submit button
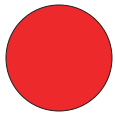
Copy Notes

• Copy here needs to explain why we are ask-
  ing the do you need to live in NYS question

Error message for no zipcode

Development Notes

• **Trigger for residents of NJ/CT (will need
  to see if this applies for long term, e.g. will
  Golden Rule be in effect by the time this
  launches)**

step/field
General : zipcode is a verified zipcode associated to the member's record as their residential zipcode
4. Radio button : indicates that user has clients in NYS
5. Radio button : indicates that user does not have clients in NYS
6. Button : submits radio button choice

CMS
3. Explanation copy from CMS
Need error message for no choice on the radio button choice

action/behavior
Member is brought to this page if their residential zipcode is NJ/NY/CT. Member indicates they can either provide clients in NYS (are eligible for insurance) or cannot. If they cannot they are not eligible for heath insurance products. This choice is as-sociated to the application history from this point forward.

populated by BS or information to BS
• Residential zipcode comes from member's record.
• Radio button choice from this page is associated to the application history.
• Tag if member responds they are providing NYS clients as they will need to provide for "proof of client" or if they are qualifying as an independent business.
• Choice here determines what health insurance products are available to them
• Application is "OPEN" as user has verified zipcode

error handling
User must make a choice on this page. If nothing is picked, generate error message stating that choice must be made.

general notes
Application is open at this point

freelancers union

SEARCH HERE

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

1 2 3 4 5 6 7

Start Here a.   general overview • available plans • eligibility review

available plans

Based on your Zip code 00000, CITY, STATE., We are offering the current insurance types for your area. If this zip code is not the correct one click here.

Here are your Start Here. Once you have completed the eligibility process you will be able to pick the plans that most suit you.

- DENTAL INSURANCE
  PLAN TYPE
  highlight of plans pros & cons, summary overview
  summary of benefits

- HEALTH INSURANCE
  PLAN TYPE
  highlight of plans pros & cons, summary overview
  summary of benefits

- LIFE INSURANCE
  PLAN TYPE
  highlight of plans pros & cons, summary overview
  summary of benefits

- DISABILITY INSURANCE
  PLAN TYPE
  highlight of plans pros & cons, summary overview
  summary of benefits

  continue   ✓ OK 30 mar 08

Notes
1. Navigation & Copy : all
   a. start here : active
   b. general overview (visited)
   c. available plans (active)
   d. eligibility overview

2. Copy : section title

3. Copy : zipcode provided dynamically

4. Link : change zipcode
NOTE : IF THE USERS ZIPCODE IS INCORRECT AND THEY USE THE LINK TO CORRECT THEIR ZIPCODE IT WILL TAKE THEM TO THEIR PROFILE OVERVIEW PAGE WHERE IT WILL BE CORRECTED

5. Presentation layer plan information
   a. Copy : title/insurance type
   b. Copy : plan name
   c. Copy : plan description, highlights
   d. Navigation & copy : summary of benefits, target link to open up information in a new browser window
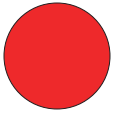
6. Button: continue

Copy Notes

• Need to clarify how many elements make up the return

Development Notes

• **Need to determine if for launch what insurance products are going to be available and in what states. Also need to take into account what FICS**

• **Need Excel sheet that lays out zipcode against plans. Or is this something that can be automated**

step/field
3. Zipcode comes from BS, dynamic.
4. Click here will take user to admin screen to change zipcode if not correct one
5. Summary of benefits are determined by zipcode
6. Takes user to Attestation

CMS (n/a)

action/behavior
If member opts to change zipcode will be taken to change of address in members profile. All previous apply

populated by BS or **information to BS**
• Residential zipcode comes from member's record.
• All insurance available to the member are associated with the application overview

error handling
All rules for zipcode verification apply for user changing zipcode

general notes

• Available plans are determined based on a series of different steps
• One : geographic location
• Two : term on dental
• Three : term on health
• Four : response to previous questions where the user may have opted for no health insurance at this time

• Five : system will have checked that the user currently does not have insurance products with FU currently. If they do those options should not appear as they already have them
• If member is not eligible for a particular insurance product copy should explain why
• If the member is enrolled for any other insurance products, they are automatically eligible for life & disability

f r e e l a n c e r s   u n i o n

SEARCH HERE

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

1 2 3 4 5 6 7

1.— **Start Here** a.

b.
general overview •
c.
available plans •
d.
eligibility review

application process o.view
_2.

เมื่อเวลา 17.00 น. พ.ต.ท.สุกิจ ข้ามาก สว.หน่วย นปพ.และชุดเก็บกู้วัตถุระเบิด จ.นราธิวาส ได้รับแจ้งจาก พ.ต.อ.มาโนช อนันต์ฤทธิกุล ผกก.สภ.อ.ระแงะ ว่า พบวัตถุต้องสงสัยถูกนำมาวางไว้ที่บริเวณเพิงขายข้าวแกงร้าง ซึ่งตั้งอยู่ริมถนนระแงะมรรคา บริเวณปากทางเข้าที่ว่าการอำเภอระแงะ ใกล้กับ สภ.อ.ระแงะ เขตเทศบาลตำบลตันหยงมัส อ.ระแงะ จึงจัดกำลังเจ้าหน้าที่เข้าตรวจสอบ พร้อมกันชาวบ้านออกห่างจุดเกิดเหตุ ประมาณ 50 เมตร ตรวจสอบพบถุงพลาสติกสีดำวางอยู่ใต้เพิงดังกล่าว โดยภายในมีท่อพีวีซี. ขนาดเส้นผ่าศูนย์กลาง 3 นิ้ว ยาว 8 นิ้ว ซ่อนอยู่ภายใน พบเป็นระเบิดชนิดแสวงเครื่องน้ำหนักประมาณ 5 กิโลกรัม มีเศษสะเก็ดระเบิดอัดจนแน่น และมีนาฬิกาข้อมือดิจิตอลยี่ห้อคาสิโอต่อสายเข้ากับแผงวงจรตัวจับสัญญาณด้วยสายไฟสลับสี จึงเก็บกู้ไว้ได้ โดยใช้เวลา ประมาณ 10 นาที

สอบสวนทราบว่า เพิงดังกล่าวได้เลิกกิจการไปกว่า 1 ปี แล้ว เนื่องจากเจ้าของร้านถูกคนร้ายยิงจนเสียชีวิตไปเมื่อปลายปี 49 และได้ปิดกิจการลงทันที ส่วนสาเหตุเชื่อเป็นการดักสังหารชาวบ้านที่สัญจรไปมาอยู่บนถนนสายดังกล่าว โดยเฉพาะข้าราชการตำรวจ ทหาร
_3.

เมื่อเวลา 17.00 น. พ.ต.ท.สุกิจ ข้ามาก สว.หน่วย นปพ.และชุดเก็บกู้วัตถุระเบิด จ.นราธิวาส ได้รับแจ้งจาก พ.ต.อ.มาโนช อนันต์ฤทธิกุล ผกก.สภ.อ.ระแงะ ว่า พบวัตถุต้องสงสัยถูกนำมาวางไว้ที่บริเวณเพิงขายข้าวแ เมื่อเวลา 17.00 น. พ.ต.ท.สุกิจ ข้ามาก สว.หน่วย นปพ.และชุดเก็บกู้วัตถุระเบิด จ.นราธิวาส ได้รับแจ้งจาก พ.ต.อ.มาโนช อนันต์ฤทธิกุล ผกก.สภ.อ.ระแงะ ว่า พบวัตถุต้องสงสัยถูกนำมาวางไว้ที่บริเวณเพิงขายข้าวแกงร้าง ซึ่งตั้งอยู่ริมถนนระแงะมรรคา บริเวณปากทางเข้าที่ว่าการอำเภอระแงะ ใกล้กับ สภ.อ.ระแงะ เขตเทศบาลตำบลตันหยงมัส อ.ระแงะ จึงจัดกำลังเจ้าหน้าที่เข้าตรวจสอบ พร้อมกันชาวบ้านออกห่างจุดเกิดเหตุ ประมาณ 50 เมตร ตรวจสอบพบถุงพลาสติกสีดำวางอยู่ใต้เพิงดังกล่าว โดยภายในมีท่อพีวีซี. ขนาดเส้นผ่าศูนย์กลาง 3 นิ้ว ยาว 8 นิ้ว ซ่อนอยู่ภายใน พบเป็นระเบิดชนิดแสวงเครื่องน้ำหนักประมาณ 5 กิโลกรัม มีเศษสะเก็ดระเบิดอัดจนแน่น และมีนาฬิกาข้อมือดิจิตอลยี่ห้อคาสิโอต่อสายเข้ากับแผงวงจรตัวจับสัญญาณด้วยสายไฟสลับสี จึงเก็บกู้ไว้ได้ โดยใช้เวลา ประมาณ 10 นาที
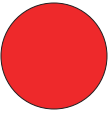
4.— **continue**

Notes
1. Navigation & Copy : all
   a. start here (active)
   b. general overview (visited)
   c. available plans (visited)
   d. eligibility overview (active)

2. Copy : section title

3. Copy : body/explanatory copy

4. Button: continue

Copy Notes

Development Notes
• note

---

step/field
4. Takes user to next page

CMS
All text from CMS

action/behavior

populated by BS or **information to BS**

error handling

general notes

f r e e l a n c e r s   u n i o n

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

SEARCH HERE

welcome back First Lastname
▶MY INFO
▶MY SERVICES
▶MY NETWORK

sign out

1 2 3 4 5 6 7

1. **Eligibility**

attestation   2.

In order to qualify, you must be an "independent worker". Examples of Independent workers include freelancers, independent contractors or consultants, temporary workers, part-time employees, and people who are self-employed or who work for multiple companies at the same time.   _3 .

If you're a full-time, permanent W-2 employee, you will not qualify.

The question(s) below will determine if you meet this requirement.

1. How are you currently paid for the work you do? Select all that apply:

❍ My clients pay me a fee for services I provide. Income taxes are NOT withheld from my payments. I receive 1099s at the end of the year and/or report my income on a Schedule C.

❍ I sell my original artwork, designs, music or writing (or the rights to use them).

❍ I receive regular paychecks from my employer, employment agency or payroll service. Income taxes are withheld from my paycheck and I receive a W2 at the end of the year   _4 .

If you're unsure how to respond to this question, please contact Member Services at 718-222-1099 and select option 1 from the menu.

2. Select the option below that best describes your work situation:

❍ I am paid by an employment agency or payroll service. I am not paid directly by the companies I do the work for.

❍ I own my own business and I am the sole employee.

❍ I own my own business and have at least one employee other than myself   _5 .

❍ I am a full- or part-time employee of a company or organization that I do not own. I am paid directly by this company.

3. What is your employment status?

❍ Part-time (as defined by my employer)

❍ Full-time (as defined by my employer)   _6 .

4. How long will your full-time employment last?

❍ Permanent – I will work for my employer indefinitely until I choose, or my employer chooses, to terminate my employment.

❍ Non-permanent – I will work for my employer for a pre-determined, finite period of time or for a specified project(s). My employment will not continue indefinitely.   _7 .
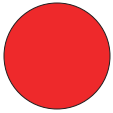
submit

Notes
1. Navigation/Copy :start here

2. Copy : title

3. Copy : body copy

4. Quesiton 1 : copy with checkboxes.

If 1099 and/or sale of artwork are selected, they are an independent worker.
If ONLY W2 is selected, move on to question 2.

5. Question 2 : copy with radio button choices

If either of the first 2 options is selected, they are an independent worker.
If option 3 is selected, they are not an independent worker, they are a small or large business owner and do not qualify.
If the last option is selected, move on to question 3.

6. Question 3 : copy with radio button choices

If Part-time is selected, they are an independent worker.
If Full-time is selected, move on to question 4

7. Question 4 : copy with radio button choices

If Permanent is selected, they are a full-time, permanent W2 employee and do not qualify.
If Non-permanent is selected, they are an independent worker.

8. Button : take user to next page

step/field

4-7. radio button choices

CMS

action/behavior

Questions :
• #1 determines source of income
• #2 determines whether or not they will file as an independent worker or own business owner
• #3 determines whether or not independent or full time
• #4 determines whether or not independent or full time

populated by BS or **information to BS**

• Results will be written to BS. Questions determine if they are independent worker or not.
• If they are not an independent worker they will be taken to error message page.
• If they are an independent worker they will be taken to Documents submission page

error handling

Error : not qualifying as an independent worker goes to next page, with explanation

general notes

f r e e l a n c e r s   u n i o n

SEARCH HERE

welcome back First Lastname
▶MY INFO
▶MY SERVICES
▶MY NETWORK

sign out

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

1 2 3 4 5 6 7

1.__

Eligibility

attestation failed

2.

พ.อ.สรรเสริญ แก้วกำเนิด โฆษกคณะมนตรีความมั่นคงแห่งชาติ
(คมช.) แถลงผลการประชุม คมช. วันนี้ (30 ม.ค.) ซึ่งมี พล.อ.สนธิ
บุญยรัตกลิน ประธาน คมช. เป็นประธานในที่ ประชุม ว่า พล.ต.อ.โกวิท
วัฒนะ ผู้บัญชาการตำรวจแห่งชาติ ได้ทำหนังสือถึงเหล่าทัพ เพื่อขอให้ทห   3 .
ารเป็นผู้ช่วยเจ้าพนักงานตำรวจในการปฏิบัติภา พ.อ.สรรเสริญ แก้วกำเนิด
โฆษกคณะมนตรีความมั่นคงแห่งชาติ (คมช.) แถลงผลการประชุม
คมช. วันนี้ (30 ม.ค.) ซึ่งมี พล.อ.สนธิ บุญยรัตกลิน ประธาน คมช.
เป็นประธานในที่ ประชุม ว่า พล.ต.อ.โกวิท วัฒนะ ผู้บัญชาการตำรวจแห่งชาติ
ได้ทำหนังสือถึงเหล่าทัพ เพื่อ ขอให้ทหารเป็นผู้ช่วยเจ้าพนักงานตำรวจในการป
ฏิบัติภา พ.อ.สรรเสริญ แก้วกำเนิด โฆษกคณะมนตรีความมั่นคงแห่งชาติ
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You appear to have failed. Please click the arrow below to go
back and try again. If you have answered all of the questions
to the best of your knowledge there is the possibility that
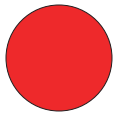you have just failed and can't get insurance.
_4.

←

Notes
1. Navigation/Copy :start here

2. Copy : title

3. Copy : body copy

4. Copy & Navigation : if user has failed there needs
to be a call to action to take the user back to the
beginning of the questions for the attestation.

Copy Notes

• Copy will need to address one of two pos-
sible message types (1) they failed to qualify
because of the answers they provided on
previous page or (2) they declined to accept
the terms of the attestation

Development Notes

step/field

CMS

action/behavior

populated by BS or **information to BS**
• CYCLE IS CLOSED. We will capture that the cycle was open and closed for tracking purposes.

error handling

general notes

freelancers union

SEARCH HERE

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

sign out

1 2 3 4 5 6 7

1.__

Eligibility

proof of coverage 2.

If you are applying for health insurance at this time we will need _3 .
proof of continuous health care coverage, if you are not applying
for health insurance at this time please indicate.

a. ❍ Proof of Continuous Health Insurance Coverage, copies of 4.
       your HIPAA certificate from your prior insurance b.

a ❍ No to health insurance at this time b.   5

how do you qualify 6.

❍ You need to show us dated documents that explicitly state the number of
   hours you worked, and those hours must have been worked within the last
   8 weeks. You can show documents from as many clients as you need to,
   but they have to add up to 20 hours per week.   _7 .

❍ To prove that you've made at least $10,000 doing freelance work within
   the last 6 months, you need to first show that did the work. You can do this
   by showing invoices, payroll statements, contracts, timesheets, copies
   of your appointment calendar showing the dates and durations of client
   appointments, or a signed letter from your client on their company let-
   terhead.   _8 .

hours & earnings   9.

supporting pieces for this area appear on the following
three pages

     _10 .
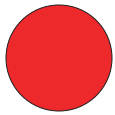
this piece broken out in
the next 3 pages

submit   _11

Notes

1. Copy :start here

2. Copy : title

3. Copy : body copy

4. Affirmative choice
   a. radio button
   b. copy

5. Decline choice (continue for other insurance)
   a. radio button
   b. copy

6. Copy : title

7. Copy & radio button choice : hours & earnings
   choice for 20 hours per week by 8 weeks

8. Copy & radio button choice : hours & earnings
   choice for $10k in the last 6 months

8. Copy : title

9. Copy : title

10. Copy : body copy

11. Button : submit

step/field
3-5 will appear only if member must supply Proof of Coverage, based on past application & insurance production information
6-8 will always appear on this page

CMS

action/behavior
Page will be presented as AJAX layers. Proof of coverage will only appear if needed
Look at the submit state. is it for all the page and AJAX layers?

populated by BS or information to BS
• If Proof of Coverage is need this information will be provided by BS based an members past application & insurance product information
• Members response to Proof of Coverage stored on submission
• If member is providing Proof of Coverage must be noted as there will need to be copy on the cover-sheet printed at the end
• If user cannot Proof of Coverage health insurance products updated to reflect ability to not get it
• How do you qualify response stored in BS

error handling
General rules for error handling needed.

general notes

f r e e l a n c e r s   u n i o n

SEARCH HERE

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

sign out

1 2 3 4 5 6 7

1.

Eligibility

work information   2.

ทำให้ต้นไม้ขนาดใหญ่และเสาไฟฟ้าหักโค่นล้มลงมาขวางถนนหลายสาย
ทำให้การจราจรติดขัด โดยที่บริเวณศาลากลางจังหวัดฉะเชิงเทรา ได้มีต้นไม้ใหญ่หักโ
ค่นล้มลงมาทับรถยนต์กระบะ หมายเลขทะเบียน   3.

Do you have these documents to support owning your own busi-
ness?   a.
    4.
    * license to practice
    * incorporation certificate
    * d/b/a certificate
    * certificate of authority to collect taxes
    * corporate tax return

    yes b.   no c.

Is 50% of your income provided from this business & is it the
same business that you are using to support the Hours & Earn-
ings documentation needs?   a.
    5.
    yes b.   no c.
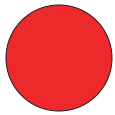
submit   6.

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Notes

1. Navigation/Copy :start here

2. Copy : title

3. Copy : body copy

4. Navigation/presentation layer :iBusiness docu -
   mentation questionï
   a. copy
   b. button : yes
   c. button : no

5. Navigation/presentation layer :iDo you mak e 50%
   your money from this businessï
   a. copy
   b. button : yes
   c. button : no
   THIS QUESTION IS ONLY TRIGGERED IF THE USER
   ANSWERS YES TO THE PREVIOUS QUESTION

6. Submit button

Copy Notes

Development Notes
• If user answers negative to either question 4
  or 5 they are will taken automatically to enter
  in client information

• If answer is affirmative for both they are then
  taken to enter in business information

---

step/field
4. Radio button choice
5. Radio button choice

CMS

action/behavior
• The second question will only appear if the first question is answered in the affirmative
• If the member answers affirmative they will be applying as owning their own business and will automatically be taken to the page to enter in their business information
• If the user answers negative to either answer they must apply as an independent worker & will automatically be taken to the next page to enter in client information

populated by BS or **information to BS**

On submit member's choice is written to BS and associated with the application

error handling
Generate error message if member has not chosen radio button choice(s)

general notes

f r e e l a n c e r s   u n i o n

SEARCH HERE

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

welcome back First Lastname
▶ MY INFO
▶ MY SERVICES
▶ MY NETWORK

sign out

1 2 3 4 5 6 7

1.—

Eligibility

You are applying as an independent worker.
If you need to change click here   2.

client information   3.

Enter up to 5 client contacts for the documentation that you are submitting :   4.

If you are NJ/CT/PA you must have one NYS based client. If   5.
you can't you are not eligible for health care at this time.
If not eligible click the button to right   [not eligible]   b.

add a client   6.   *required field   7.

client/employer name *	a.	b.
address 1 *	c.	d.
address 2	e.	f.
city *	g.	h.
state *	i.	j.
zip code *	k.	l.
website	m.	n.
contact person *	first name o. last name	p.
contact title/position *	q.	r.

s. You must provide either a contact email or business phone   ?   t.

contact email address	u.	v.
contact business phone	w.	x.
client/employer industry *	y.	z.
your job function * aa.		bb.

You specified other please write in your   cc.
job description here :

dd.   [add]   [clear]   ee.

8.

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Notes

1. Navigation/Copy :start here

2. Copy & Navigation : user is applying as an
   independent worker. This link provides the
   ability to go back to change to owning own
   business

3. Copy : title

4. Copy : body copy

5. Copy/System message
   a. Copy
   b. Button
   OPTIONAL SYSTEM MESSAGE ONLY APPEARS
   IF USER IS NJ/CT RESIDENT.

   This system message will be triggered by
   entering in zipcode on M.2.1.1.2.2 Available
   Plans pt. 2. IF THIS VALUE IS SAVED

6. Copy : title

7. Copy : required field message

8. Presentation layer ïClient infor mationï
   a. Copy : client/employer name
   b. Text entry field
   c. Copy : address 1
   d. Text entry field
   e. Copy : address 2
   f. Text entry field
   g. Copy : city
   h. Text entry field
   i. Copy : state
   j. Drop down
   k. Copy : zip code
   l. Text entry field
   m. Copy : website
   n. Text entry field
   o. Copy : contact person
   p. Text entry fields
   q. Copy : contact title/position
   r. Text entry field
   s. Copy : notification message
   t. Icon/Function trigger : see behavior in ap-
      pendix, this notification will be for users if
      they have a need to change their gender
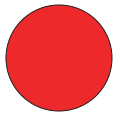   in their member profile

u. Copy : email address
v. Text entry field
w. Copy : contact business phone
x. Text entry fields
y. Copy : client/employer industry
z. Drop down fields
aa. Copy : your job function
bb. Drop down
cc. Optional text input with copy : triggered
    only if the user enters in for either client
    or job function.

E.G. two dynamic text box for
industry & job function since iotherï
is offered as a drop down choice in
both cases
cc. Button : add new
dd. Button : clear

Development Notes

step/field
2 If member needs to change applying as status will go back one step in this panel
5. Appears if residential zipcode is NJ/CT/PA
8 dd. submits form values
8 ee. clears all field values

CMS

action/behavior
Form should follow standard system error message rules

populated by BS or **information to BS**
• BS provides if the member needs to supply a NYS based client
• If member is unable to provide NYS based clients then Available products must be updated
• All clients on submission and verification of form are associated to member's application

error handling
Form verification (address, phone number, zipcode, email formats...etc)

f r e e l a n c e r s   u n i o n

SEARCH HERE

welcome back First Lastname
▶MY INFO
▶MY SERVICES
▶MY NETWORK

sign out

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

1 2 3 4 5 6 7

1.

Eligibility

You are applying as an independent worker.
If you need to change click here   2.

client information

Enter up to 5 client contacts for the documentation that you are submitting :

a. - **1. Client One**   b.   c. [edit]   [delete]   d.   _1 .

client/employer name	client/employer name
address 1	address 1
address 2	address 2
city	city
state	state
zip code	zip code
website	website
contact person	contact person
contact title/position	contact title/position
contact email address	contact email address
contact business phone	contact business phone
client/employer industry	client/employer industry
your job function	your job function

e.

+ **2. Client Two**

+ **3. Client Three**

[add another]

*required field

client/employer name *
address 1 *
address 2
city *
state *   [▼]
zip code *
website

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Notes
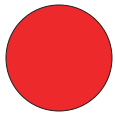1. Presentation layer ìClient infor mationï
   a. Icon/Navigation : trigger to close presen-
      tation layer
   a. Copy : title
   b. Button : edit
   c. Button : delete
   d. Copy : read only
User is not obligated to input 5 clients, they
need to have the option to review, edit or
delete at any time.

Form verification (address, phone number, zipcode, email formats...etc)

Development Notes

step/field

CMS

action/behavior

• Edit will make all fields editable
• Delete will purge from the members record
• Add will generate new form

populated by BS or **information to BS**

• Entered client provided by BS
• Deleting a client removes if from reference for front end

error handling

Form verification (address, phone number, zipcode, email formats...etc)

general notes

f r e e l a n c e r s   u n i o n

MEMBERSHIP BENEFITS ADVOCACY YELLOW PAGES GIGS EVENTS ABOUT US

SEARCH HERE

welcome back First Lastname
▶MY INFO
▶MY SERVICES
▶MY NETWORK

sign out

1 2 3 4 5 6 7

1. **Eligibility**

You are applying as owning your own business.
If you need to change click here   2.

business information   3.

Enter your business information: 4 .
*required field   5.

6 .

a. business name   *   □ b.
c. address 1 *   □ d.
e. address 2   □ f.
g. city *   □ h.
i. state *   [▼] j.
k. zip code *   □ l.
m. website   □ n.
o. your title/position *   □ p.
q. * You must provide either * a business email or business phone
r. email address   □ s.
t. business phone   □ □ □ u.
v. industry *   [▼] w.
x. your job function *   [▼] y.

You specified other please write in your   z.
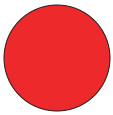job description here :   □

add aa. clear bb.

Notes
1. Copy : title

2. Copy & Navigation : user is applying as an independent worker. This link provides the ability to go back to change to owning own business

3. Copy : title

4. Copy : body copy

5. Copy : required fields

6. Presentation layer ïClient infor mationï
   a. Copy : business name
   b. Text entry field
   c. Copy : address 1
   d. Text entry field
   e. Copy : address 2
   f. Text entry field
   g. Copy : city
   h. Text entry field
   i. Copy : state
   j. Drop down
   k. Copy : zip code
   l. Text entry field
   m. Copy : website
   n. Text entry field
   o. Copy : your position/title
   p. Text entry fields
   q. Copy : notification message
   r. Copy : email address
   s. Text entry field
   t. Copy : business phone
   u. Text entry fields
   v. Copy : industry
   w. Drop down fields
   x. Copy : your job function
   y. Drop down
   z. Optional text input with copy : triggered only if the user enters in for either client or job function.

E.G. two dynamic text

box for industry & job

function since ïotherï is

offered as a drop down

choice in both cases
   aa. Button : submit
   bb. Button : clear

Copy Notes

Development Notes

step/field
6 aa. submits form values
8 bb. clears all field values

CMS

action/behavior
Form should follow standard system error message rules

populated by BS or **information to BS**

• If member "adds" and form is verified then the members business information is associated to the application
• If business zipcode falls outside of NYS flag that they must provide a NYS client

error handling
Form verification (address, phone number, zipcode, email formats...etc)

SEARCH HERE

welcome back First Lastname
▸MY INFO
▸MY SERVICES
▸MY NETWORK

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

sign out

1 2 3 4 5 6 7

1.

Eligibility

You are applying as owning your own business.
If you need to change click here

business information

Enter your business information:
*required field

business name *
address 1 *
address 2
city *
state *
zip code *
website
your title/position *
* You must provide either a business email or business phone
email address
business phone
industry *
your job function *

You specified other please write in your
job description here :

submit   clear

client information

You entered in a business zipcode for NJ/CT/PA, you must provide 1 .
at least one client contact in New York State   a
IF YOU HAVE NO CLIENTS IN NEW YORK STATE YOU ARE
NOT ELIGIBLE FOR THE NEW YORK HEALTH INSURANCE
PLANS. YOU MAY CONTINUE BUT NO HEALTH FOR YOU
                              no NYS clients   b.
X
ee.

*required field
a. client/employer name *   b.
c. address 1 *   d.
e. address 2   f.
g. city *   h.   2 .
i. state *   j.
k. zip code *   l.
m. website   n.
o. contact person *   first name last name p.
q. contact title/position *   r.
s. * You must provide either a contact email or business phone
t. contact email address   u.
v. contact business phone   w.
x. client/employer industry *   y.
z. your job function *   aa.

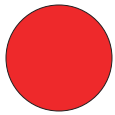You specified other please write in your   bb.
job description here :

cc. add   clear dd.

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Notes
1. Body copy

2. Presentation layer ìClient infor mationî
   a. Copy : client/employer name
   b. Text entry field
   c. Copy : address 1
   d. Text entry field
   e. Copy : address 2
   f. Text entry field
   g. Copy : city
   h. Text entry field
   i. Copy : state
   j. Drop down
   k. Copy : zip code
   l. Text entry field
   m. Copy : website
   n. Text entry field
   o. Copy : contact person
   p. Text entry fields
   q. Copy : contact title/position
   r. Text entry field
   s. Copy : notification message
   t. Copy : email address
   u. Text entry field
   v. Copy : contact business phone
   w. Text entry fields
   x. Copy : client/employer industry
   y. Drop down fields
   z. Copy : your job function
   aa. Drop down
   bb . Optional text input with copy : triggered
        only if the user enters in for either

client or job function.

E.G. one dynamic text box for industry & job function since
ìotherî is offered as a drop down choice in both cases

cc. Button : submit
dd. Button : clear
ee. Close function

step/field
2a if member needs to change applying as status will go back one step in this panel
2b. appears if residential zipcode is NJ/CT/PA
2 cc. submits form values
2 dd. clears all field values

CMS

action/behavior
Form should follow standard system error message rules

populated by BS or **information to BS**
• BS provides if the member needs to supply a NYS based client
• If member is unable to provide NYS based clients then Available products must be updated
• All business info on submission and verification of form are associated to member's application

error handling
Form verification (address, phone number, zipcode, email formats...etc)

f r e e l a n c e r s   u n i o n

SEARCH HERE

welcome back First Lastname
▶MY INFO
▶MY SERVICES
▶MY NETWORK

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

sign out

1 2 3 4 5 6 7

1.___ **Eligibility**

information form   _2.

The following information is required for enrollment into any of our insurance plans.   _3.

Member ID: 12345   _4.

5.___ SSN #: 123-45-7890   **(?)**   _6.

Where do you get currently get: your health insurance   _7.

8.___ Sex: Female   **(?)**   _9.

Please confirm your contact information : a.   _10.

b. Address 1 : 123 First Ave.
c. Address 2 : 123 First Ave.
d. City : City
e. State : State
f. Zip : 00000
g. Home Phone : 555.555.1212
h. Cell phone : 555.555.1212
i. Daytime Phone : 555.555.1212

j.   edit

submit   _11.

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Notes

1. Navigation/Copy :start here

2. Copy : title

3. Copy : body copy

4. Member ID : read only

5. Social Security # : read only except in case that the user has not entered in their zipcode previously. In this case there will be input fields for zipcode. 3 digit, 2 digit, 4 digit text input fields.

6. Icon/Function trigger : see behavior in appendix, this notification will be for users if they have a need to change their social security in their member record

7. Health Coverage Question
   a. Copy
   b. Form drop down (need drop down values)

8. Gender (read only at all times)

9. Icon/Function trigger : see behavior in appendix, this notification will be for users if they have a need to change their gender in their member profile

10. Contact Information
   a. Copy
   b. address 1 : read only
   c. address 2 : read only
   d. city : read only
   e. state : read only
   f. zip : read only
   g. home phone : read only
   h. cell phone : read only
   i. daytime phone : read only
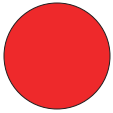   j. Edit button

11. Submit button

Copy Notes

• Copy needs to reflect that for this part of the process they need to give us their home contact information and that they will be able to change to a different billing address once they enroll with their Provider of choice

Development Notes

• Can we reuse the same interface that the user first users when they are registering to edit the contact information here

• Needs to be logic that either cell phone or home phone is primary #

step/field
• 6 & 9 provide tool type help, member is not able to change sex or social security number from here, they must contact MS in order to do this   • 10j will allow on-screen editing
CMS
action/behavior
Member may not change sex or social security values, they must call MS. User can change their contact information at this point; however, if the residential zipcode is changed then the verification will need to be run again. All changed data must be made available to BS
populated by BS or **information to BS**

• All personal information populated by member's profile from BS
 • Member must answer insurance question
 • On successful submission all data is written to BS and the member is taken to Print Page
 • If user changes zipcode here, verification will need to be run which may change information in the following areas :
     • Available Products
     • Need to supply NYS based client for Clients
     • Need to supply NYS based client for Own Business

error handling
Form verification (address, phone number, zipcode, email formats...etc)   Need to address how error information will be shown at this point, e.g. if the verification of a new zipcode changes things for documentation purposes

f r e e l a n c e r s   u n i o n

SEARCH HERE

MEMBERSHIP BENEFITS   ADVOCACY   YELLOW PAGES   GIGS   EVENTS   ABOUT US

1 2 3 4 5 6 7

Eligibility

information form

The following information is required for enr
our insurance plans.

Member ID: 12345
SSN #: 123-45-789
Where do you get currently get:
your health insurance
Sex: Female ❓

Please confirm your contact information :

Address 1 : 123 Fi
Address 2 : 123 Fi
City : City
State : State
Zip : 00000
Home Phone : 555-55
Cell phone : 555-55
Daytime Phone : 555-55

sub

Are you sure you are ready to finish?

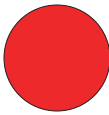If you hit submit and decide you want to change something you will be obliged to start over

go back   submit

✓ stopped here 09 june

Copy Notes

Development Notes

---

step/field

CMS

action/behavior

populated by BS or **information to BS**

error handling

general notes

freelancers union

SEARCH HERE

welcome back First Lastname
▶ MY INFO
▶ MY SERVICES
▶ MY NETWORK

sign out

MEMBERSHIP BENEFITS ADVOCACY YELLOW PAGES GIGS EVENTS ABOUT US

1 2 3 4 5 6 7

1.

Eligibility

print/send 2.

PRINT/SEND 3.

Member ID # : 000000
Firstname Lastname 4.

ATTESTATION : signed

PROOF OF CONTINUING COVERAGE : done/document type

HOURS & EARNINGS

You have chosen (20 hrs x 8 weeks / $10k x 6 mos.)

You are providing (doc types here) to document your hours and earnings.

CLIENT/WORK INFORMATION

You have chosen (clients / own business)

COMPANY	CONTACT
information	first lastname
information	first lastname
information	first lastname

5.

MEMBER INFO

Member ID: 12345
Member Name: Name Lastname
SSN #: ***-**-7890
Where do you get currently get: answer here
your health insurance?
Gender : M/F

Address 1 : Address 1
Address 2 : Address 2
City : City
State : State
Zip : Zip
Home Phone : Home Phone
Cell phone : Cell phone
Daytime Phone : Daytime Phone

PRINT/SEND 6.

Important a. 7.

- Please allow 7 business days for your application to be reviewed b.
- Check the status of your application by clicking "My Eligibility Application"
- If we have questions about your application, we will contact you via the messaging center in "My Eligibility Application"
- You will be notified via email when your eligibility is approved. The email will include the insurance enrollment and payment instructions.

FAX : 877.707.3576 (toll free)

MAIL :
Working Today - Premium Membership
45 Main Street
suite 710
Brooklyn, NY 11201

for mailed documents, please submit letter-size (8.5 x 11) copies only. Original documents will not be returned.

✓ OK 23 mar 08
questions to be answered

TBD of what the exact print interface would look like.

Notes

1. Navigation/Copy :start here

2. Copy : title

3. Button : print/send. If user has submmitted all of their documentation online, the final process of submitting should be also online. Button display will be dependent on this business rule.

BUSINESS RULES
- want to make this page a print friendly web page controlled by CSS
- CYA statement needs to be added to the text of the coverpage at the end of the process for what user submits

4. Copy : Member ID, Firstname and Lastname of member

step/field

5. Copy : cover letter, read only.

THIS IS DUMMY DATA ACTUAL PRESENTA-TION OF THIS AREA WILL BE ENTIRELY DEPENDENT ON WHAT USER HAS EN-TERED DURING THE PROCESS.

CMS

action/behavior

populated by BS or information to BS

6. Button : print/send. If user has submmitted all of their documentation online, the final process of submitting should be also online. Button display will be dependent on this business rule.

error handling

general notes

7. Important information
a. Copy : title
b. Copy : body copy