**USER GUIDE: HOW TO FILL OUT THE ARMPROTECT UPDATES FORM**

📌 **Purpose:**
To outline a step-by-step procedure for correctly completing the ARMProtect Updates Form/Template, ensuring timely processing and accurate insurance coverage for employees.

**Key Points**
- Ensure all fields are filled out clearly and accurately.  It must be typewritten.
- Always use a new, blank form for updates. Do not modify or add data to any previously submitted form.

**Top Section of the Form**
- Enter the name of the **mission or conference** at the upper left corner of the form.
- Specify alongside the **serving organization**.

**COLUMN-BY-COLUMN GUIDE**

**1. Column A: Last Name, First Name | ID No.**
- Format: Dela Cruz, Juan ID# 123456
- You may copy the ID# from the ARMProtect Worksheet, where it appears next to the employee's name.
- Match name to official records (government-issued ID/passport/HR database).
- Do not put ID number for **newly added employees** (ARM will assign the ID number once the employee is registered in the system).

**2. Column B: Date of Birth**
- Format: MM/DD/YYYY
- Ensure the date of birth is accurate and corresponds exactly to the government-issued ID. An incorrect date of birth may affect eligibility for insurance coverage.

**3. Column C: Start of Coverage**
- Format: MM/DD/YYYY
- Indicate the date when insurance coverage begins.

**4. Column D: End of Coverage**
- Format: MM/DD/YYYY
- Indicate the date when insurance coverage ends.

**5. Column E: Coverage Type**
- Use the drop-down menu to select a type of insurance coverage – e.g., **GBL** (Global Life Insurance), **AD&D** (Accidental Death & Dismemberment), **PEB** (Personal Effects Baggage), or **HH** (Householder's Insurance).
- For **multiple coverage**:
  - Add a **separate row** per coverage
  - Re-enter the employee's name and ID# on each row for every coverage type selected

### 6. Column F: Coverage Amount
- Indicate amount for each coverage type.
    - For GBL – an increase in coverage is allowed in increments of USD5,000 every year

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### 7. Column G: Updates
- Use the drop-down menu to select the update type (e.g. Add employee, add spouse coverage, increase coverage amount, delete coverage, etc.)
    - When <u>adding spouse coverage</u>, provide the spouse's complete name and date of birth
    - In case of <u>deletion of coverage due to TRANSFER</u>, fill in the next column (**Column H**) with the code of the serving organization the employee is transferring to (e.g. CLC for Central Luzon Conference)

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### 8. Column H: Transfer To
- Input the **serving organization code** (e.g. CLC for Central Luzon Conference)
    - This column is to be used exclusively in case of deletion of coverage due to TRANSFER

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### 9. Column I: Comments
- Use this space for any additional information or special instructions, such as:
    - Clarifications on unusual situations
    - Notes on pending items
    - Reason for late submission
    - Any other relevant details not covered in the main fields

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### 10. Column J: Action
- 🔒 Leave this column blank (For SSD-RMS use only)

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### 🔔 GENERAL REMINDERS
1. **Review** all entries **before submission**.
2. Incomplete/inaccurate forms may delay processing.
3. **For ARMProtect RENEWAL**:
    - Submit renewal updates to SSD-RMS on or before the deadline.
    - If no updates are submitted on the deadline, the existing/current coverage will be automatically **"RENEWED AS EXPIRING"** for the following year.
4. **For ARMProtect UPDATES**:
    - Submit immediately or upon effectivity of coverage.

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