

#DSF22CHICAGO



BREAKOUT SESSION

Forms Modernization: The Path to Digital Transformation



ERIC STEVENS
VP, Marketing
4Point

DSF'22 APRIL 4-6
HYATT REGENCY O'HARE
CHICAGO

Housekeeping



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What Is Forms Modernization?



Customer Maturity Progression



Intelligent

Optimized across channels

- Cross-channel enrollment, save & resume across devices
- Targeted personalized experiences across channels
- Continuous improvement via data insights
- Improved digital conversion rates
- Opportunity for cross-sell and/or upsell

Automated processes

- Mobile-responsive forms & documents
- Business user authorizing
- Centralized content management
- Advanced workflow automation, document generation & deployment flexibility
- Better customer experience
- Less burden on IT resources, faster time to market

Basic digital forms

- Fillable, signable PDFs and self-serve web forms
- Ad-hoc signature workflows
- Identify verification
- Accessibility
- Secure archiving with audit trail
- Less overhead and form errors
- More secure signatures

Paper-based solution

- Paper or static PDF forms
- Slow creation and updates
- Ink signatures, manual processing and duplicate data entry

Digital Experience Creation

Then and Now

THEN

**PUBLIC SERVICE
HEALTH CARE PLAN
CLAIM FORM
PAGE 1**

Out-of-Country Claims -- Comprehensive Coverage

Member Information

Contract Number 55555	Certificate Number	Date of Birth	Day	Month	Year
Last Name Given Name					
Street Address		Apt. Number			
City	Province/State	Country	Postal/Zip Code		
Daytime Tel. Number (incl. Country Code)		Evening Tel. Number (incl. Country Code)		Date of Employee Posting	

Are you covered for any of these expenses under any other medical plan? No Yes If yes, please indicate:
as an employee or pensioner and complete the following: Insurance Co.: _____
Contract Number: _____ Certificate Number: _____

Complete if Spouse or Common-Law Spouse Covered by this Claim
If common-law spouse, has this relationship been in effect for at least one year? No Yes

Full Name	Date of Birth	Day	Month	Year
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Is the above person covered for any of these expenses under another medical plan or contract other than the PSHCP? No Yes If yes, you should submit the claim to this person's plan first.

Complete if Children Covered by this Claim

Name	Relationship to Member Son Daughter	Date of Birth			If child is 21 and over, check whether child is	
		Day	Month	Year	Disabled	Full Time Student

Are your children covered for any of these expenses under your spouse or common-law spouse's medical plan or contract?
No Yes If yes, what is the month and day of this person's birthday? Month: _____ Day: _____ Claim expenses for children under the plan of the parent with the earliest birthday (month and day) in the calendar year.

Are (no) expenses the result of an accident? No Yes If yes, complete the following:

Where did the accident occur? Work <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/>	When did the accident occur?	Day	Month	Year
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Are any expenses the result of a condition covered by Worker's Compensation? No Yes

Please complete Page 2 on the reverse of this form.

IMPORTANT: Si vous préférez votre correspondance en français, veuillez cocher ici

TBS-005483-01-98

W920-4572 (06-10-1998) WMD433F

(Version française ci-jointe)

NOW

Public Service Health Care Plan (PSHCP) Claim Form

PROTECTED once completed. Ce formulaire est disponible en français.
Please read all instructions and information; make sure that all sections are complete and accurate or this claim will be returned to you.

Contract number
055555

1 Member information

Last name	First name	Certificate number
Date of birth (yyyy-mm-dd)	Language preference <input type="checkbox"/> English <input type="checkbox"/> French	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Permanent address (street number and name)		Home telephone number
City		Province/territory
		Apartment or suite
		Postal code

2 Coordination of benefits

Your claim will be adjudicated based on the coordination of benefits information you provided about yourself and your eligible dependants during positive enrollment. Any discrepancies could result in a delay in payment.

If your spouse is a member of another group health care plan, he/she must submit his/her expenses under that plan first.

Is your spouse a member of the PSHCP or another plan administered by <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below.	Does your spouse authorize us to process this claim under his/her certificate number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details below.
Last name of spouse	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse's contract number	Spouse's certificate number
Signature of spouse X	

3 Complete if claiming expenses for your spouse or dependant children

First name	Last name	Date of birth (yyyy-mm-dd)	Relationship to you
			<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other
			<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other
			<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other
			<input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other

4 Information about your claim

Ensure that the currency and amount are clearly marked on each receipt. We will convert the eligible expenses to Canadian dollars.

Are any of the expenses the result of a work injury? If yes, enclose your worker's compensation statement. Yes No

Are any of the expenses the result of a motor vehicle accident? If yes, enclose your automobile insurance plan statement. Yes No

Are any of the expenses incurred outside your province/territory of residence? If yes, provide the date of departure from your home province/territory. Yes No

Attach original receipts for each expense claimed.

Date (yyyy-mm-dd)
_____-_____-____

Were you on government business travel? Yes No

Total amount submitted for this claim \$ _____

Page 1 of 2
EHC-55555-E-07-16 (G3589-E)

For HO use only:
HCF

What The User Expects

WHAT THE USER GETS

Public Service Health Care Plan (PSHCP) Claim Form

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Contract number: 055555

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Last name		First name		Certificate number
Date of birth (yyyy-mm-dd)	Language preference <input type="checkbox"/> English <input type="checkbox"/> French	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home telephone number	
Permanent address (street number and name)			Apartment or suite	
City	Province/Territory	Postal code		

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Date (yyyy-mm-dd) _____

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Total amount submitted for this claim \$ _____

WHAT THE USER EXPECTS

The screenshots illustrate the user's expectations for a modern, digital healthcare interface. Key elements visible include:

- Navigation:** Top navigation bar with 'WE HEALTH', 'About us', 'My Applications', and 'Logout'.
- Forms:**
 - Provider Application:** A form for doctors and healthcare providers with sections for 'Residency status', 'Practice information', and 'Upload your ID'.
 - General Information:** A form for personal details including 'Home address', 'Address line', 'Zipcode', 'City', 'State', and 'Contact information'.
 - Provider Information:** A form for provider details including 'Residency status', 'Practice information', and 'Upload your ID'.
- UI Elements:** Dropdown menus, checkboxes, text input fields, and a 'Proceed' button.

Legacy Formats And System

- Many organizations use out-dated, unsupported systems for Forms
- Many organizations use substitute formats
- Many organizations have no single standard
- Few organizations have an effective forms architecture

Step One:
Understand your situation



Regulatory Changes

- Accessibility
 - Mandated changes required, but can be difficult, costly and time-consuming
- Privacy (e.g. GDPR)
 - The form is a record and is covered under privacy laws
 - Can you destroy all information?
- Industry Specific
 - Healthcare, financial and consumer



Step Two: Understand your compliance

Digital Transformation

- Organizations want to change how they operate
- Take advantage of new platforms
- Expand automation across the organization
- Become more flexible and adaptive
- Faster response to marketing and industry changes

Step Three: Understand your needs



Customer Experience

- Customers expect a “Consumer” experience from all organizations
- Mobile Support is a Requirement
- Improving Customer Experience is Good Business

Step Four: Understand your customers



Key Benefits



Reduce Risk

A common, enterprise forms architecture:

- Reduces security risks
- Ensures compliance
- Makes compliance visible
- Makes costs more predictable
- Improves standardization



Reduce Costs

A common, enterprise forms architecture:

- Reduces maintenance costs and time
- Reduces Total Cost of Ownership
- Gets new products and services to market faster
- Eliminates “rogue” forms



Increase Efficiency

A common, enterprise forms architecture:

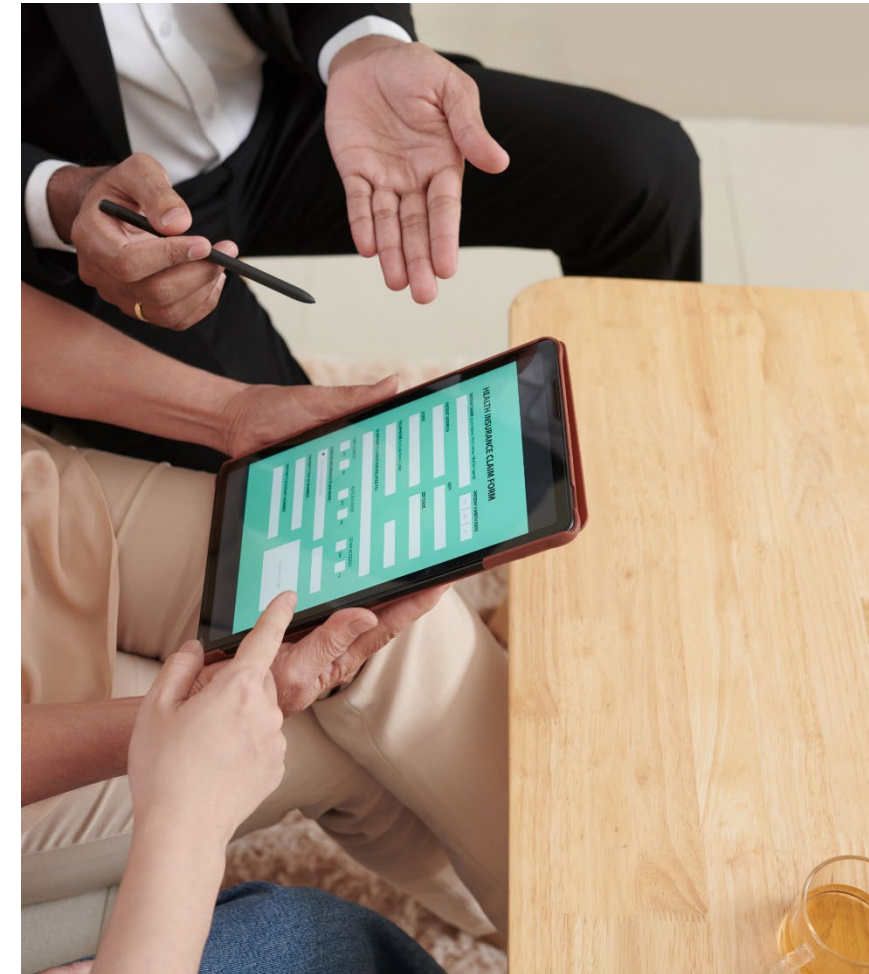
- Allows for automated workflows
- Allows you to connect data and forms
- Eliminates manual data entry, for you and the customer
- Improves customer service and response times



Improve Customer Experience

A common, enterprise forms architecture:

- Puts your forms on all devices
- Let's your customer do everything online
- Ensures a consistent brand presentation
- Ensures a consistent customer experience



Digital Signatures

- A common, enterprise forms architecture allows you to **use digital signatures**
- Digital Signatures are accepted for all business and consumer documents
- Implementing digital signatures will
 - Save you money (an average of \$6 per transaction)
 - Increase your productivity (an average of 66%)
 - Reduce abandonment rates (an average of 20%)



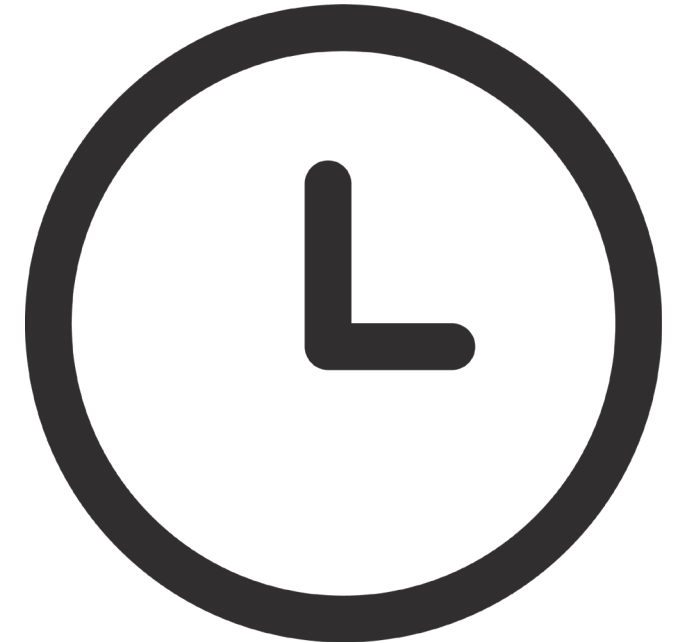
Statistics from IDC and Forrester

Financial Institution



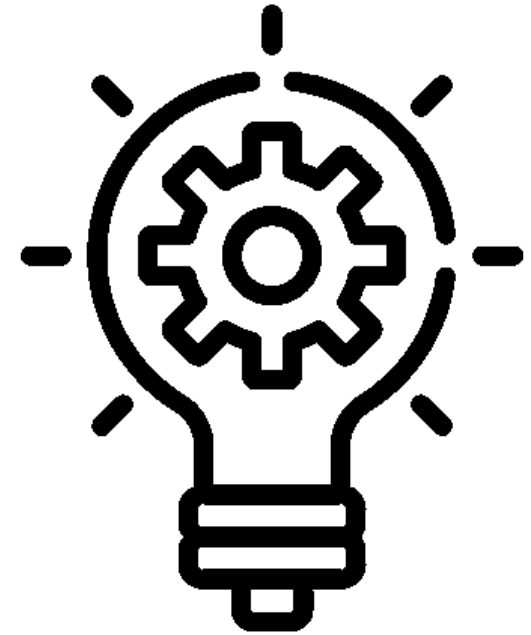
Challenge

- Forms were in multiple different “source” formats
 - Legacy systems no longer supported
 - Word and Excel
 - Custom built “PDF generation” solutions
- Original request: “We need 23 forms made accessible and available online for a new online banking group”
- Poor customer experience
 - Paper documents and physical signatures
 - No pre-population of known data
 - Too many manual steps



Solution

- Migration of 200 forms from legacy system and formats
- Integration with back-end systems
- Elimination of custom-built document generation
- On-demand form generation in branch added
- Data pre-population of data added to in branch generation



Results

- The bank reduced the risk that the legacy output product represented by moving to Digital Forms
- All existing document generation processes were supported on Digital Forms
- Fully functional branch-based document solution on a scalable and maintainable platform



Insurance



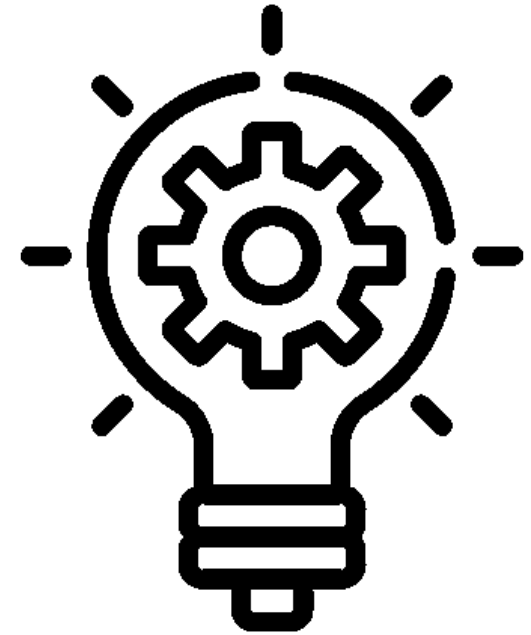
Challenge

- Tens of thousands of forms
- Multiple formats and applications
- Each department or division “doing their own thing”
- No brand consistency
- No integration or automation
- Old, paper document styling
- Cluttered, overloaded and confusing



Solution

- Organizational change to consolidate all forms and document into one group
- Implemented enterprise-wide form and document generation application
- Broke all forms up into modular, re-usable elements
 - Combining multiple fields into a common object, such as an Address Block
 - Allows for re-use – one object on multiple forms
- Complete re-design of all form styling
- Consistent layout across all forms



Results

- Group supports over 19,000 form and document templates
- Generates over 30 million documents per year
- Clean, modern, consistent styling
 - Easy for customer to use
 - Fewer errors
 - Improved brand consistency
- Modularization reduces maintenance costs and speeds development of new forms
- Now planning for increased use of online data capture with document merge
 - Allowing for use of digital signatures

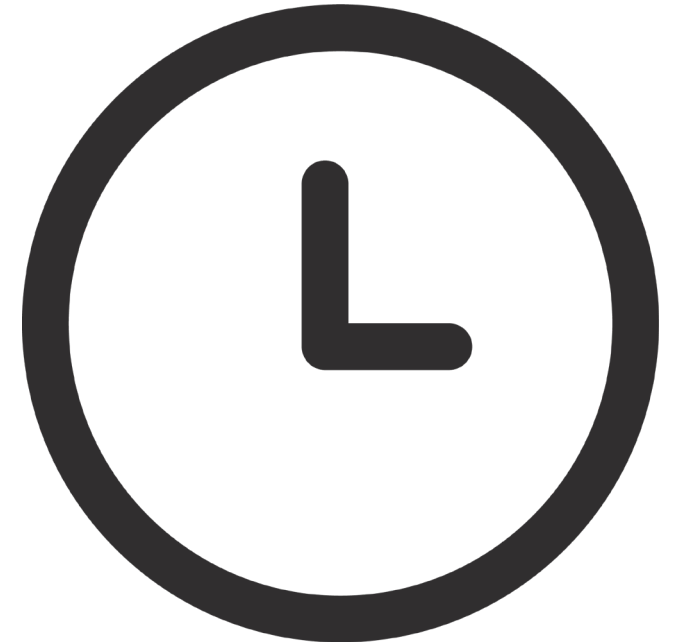


Invoice Presentation



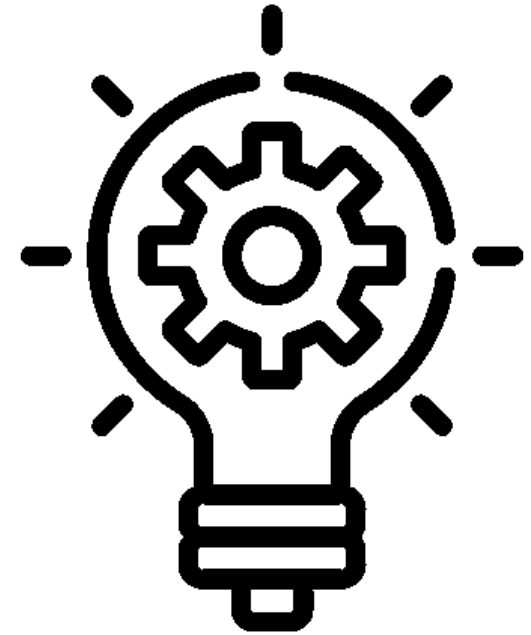
Challenge

- Manufacturer generates over 4 million invoices per year
 - Integrated with AR system
- Over 400 templates
- Developed as monolithic, fixed field layouts
- Migrating to cloud AR system
 - Expanding to 70 countries, 21 languages
 - 10 invoice types
 - 20 customer preferences that affect invoice appearance
- PDF and online presentation to allow for customer self-service



Solution

- Modular and dynamic layouts based on a small number of layouts
- All invoice generated on demand from source data
- Highly data-driven
 - Which sections to include
 - What elements to show
 - Localization of fields, dates and amounts
- Online view added to customer portal and support portal



Results

- Customers can use online portal to view, search, dispute and pay invoices
- PDF versions distributed automatically and available on demand from the portal
- Support teams have access to exactly the same data and views as the customer
 - And more options to change the layout to address customer requests
- Reduced maintenance costs
 - Small number of templates and modules that are used in multiple layouts
 - Country and language changes are easier
 - New data can be automatically added with minor template changes



Bonus Use Case



CSU Fullerton

- Key Topics:
 - Digitizing paper-based processes (onboarding, enrollment, ID applications)
 - Linking digital forms and digital signatures
 - Cost and time savings – for the organization and for the students
 - Eliminating paper




<https://business.adobe.com/customer-success-stories/cal-state-fullerton-case-study.html>

Key Takeaways

- Legacy formats, old styles, static forms cost you time and money
- Customer expect (and are demanding) more
- Form modernization affects
 - Brand
 - Experience
 - Cost
- Modernization is more than new tools and new fonts
 - It is a new way of integrating forms into all your operations





4Point

Thank You

Questions?

Eric Stevens

eric.stevens@4point.com

Vice President of Strategic Engagement