XPLOR19®

Linking People, Technology & Solutions

Webinar

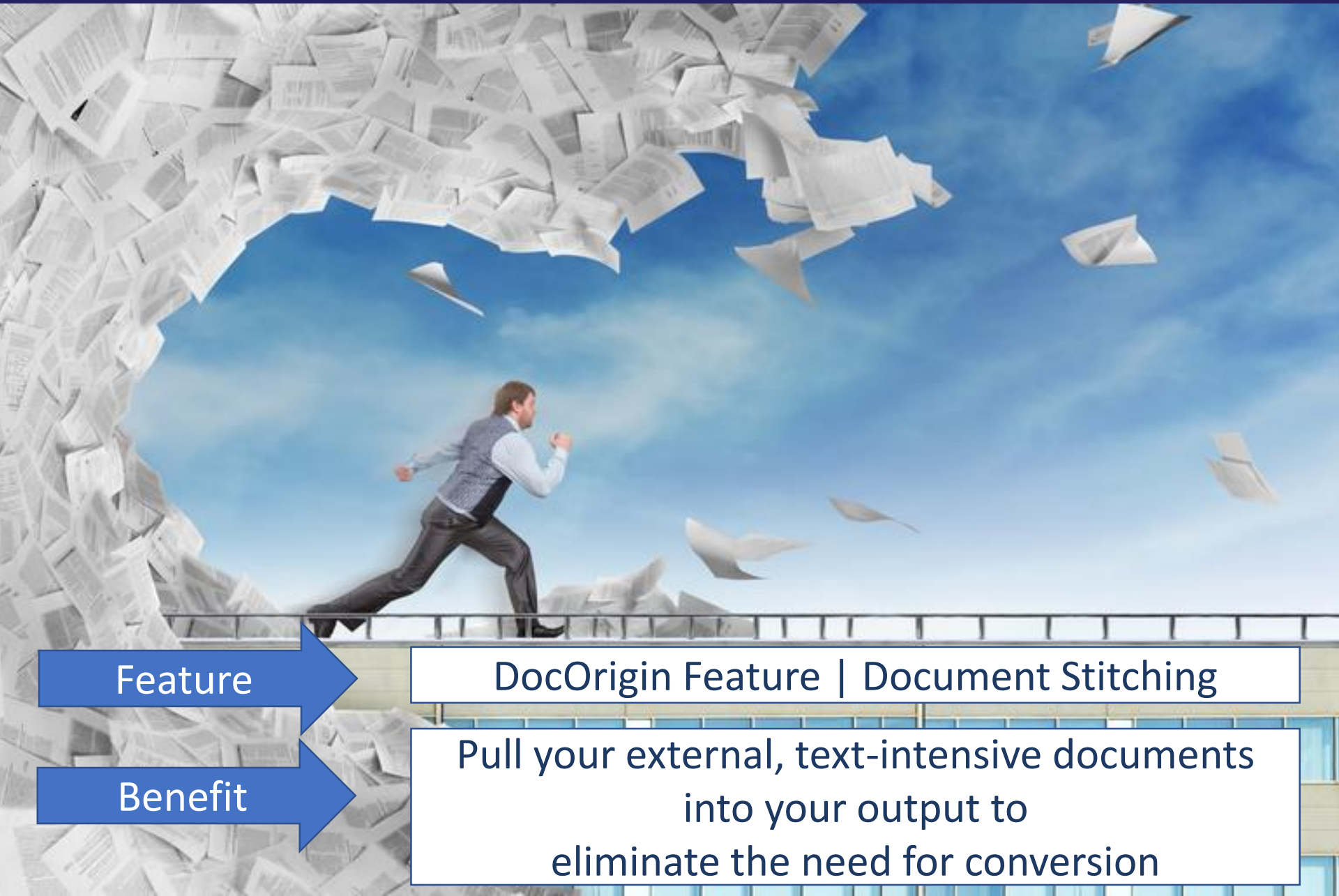
Leslie Conduitt & Steve Luke
Eclipse Corporation

Building a Master Global Form Template

Business Challenges

1. Converting Existing External Documents
2. Managing Multilingual Documents
3. Managing Content Variations for OEM, PSP & Parent Companies
4. Providing Recipients with Relevant Marketing & Messaging
5. Managing Similar Forms & Sections

Challenge #1: Converting Existing External Documents



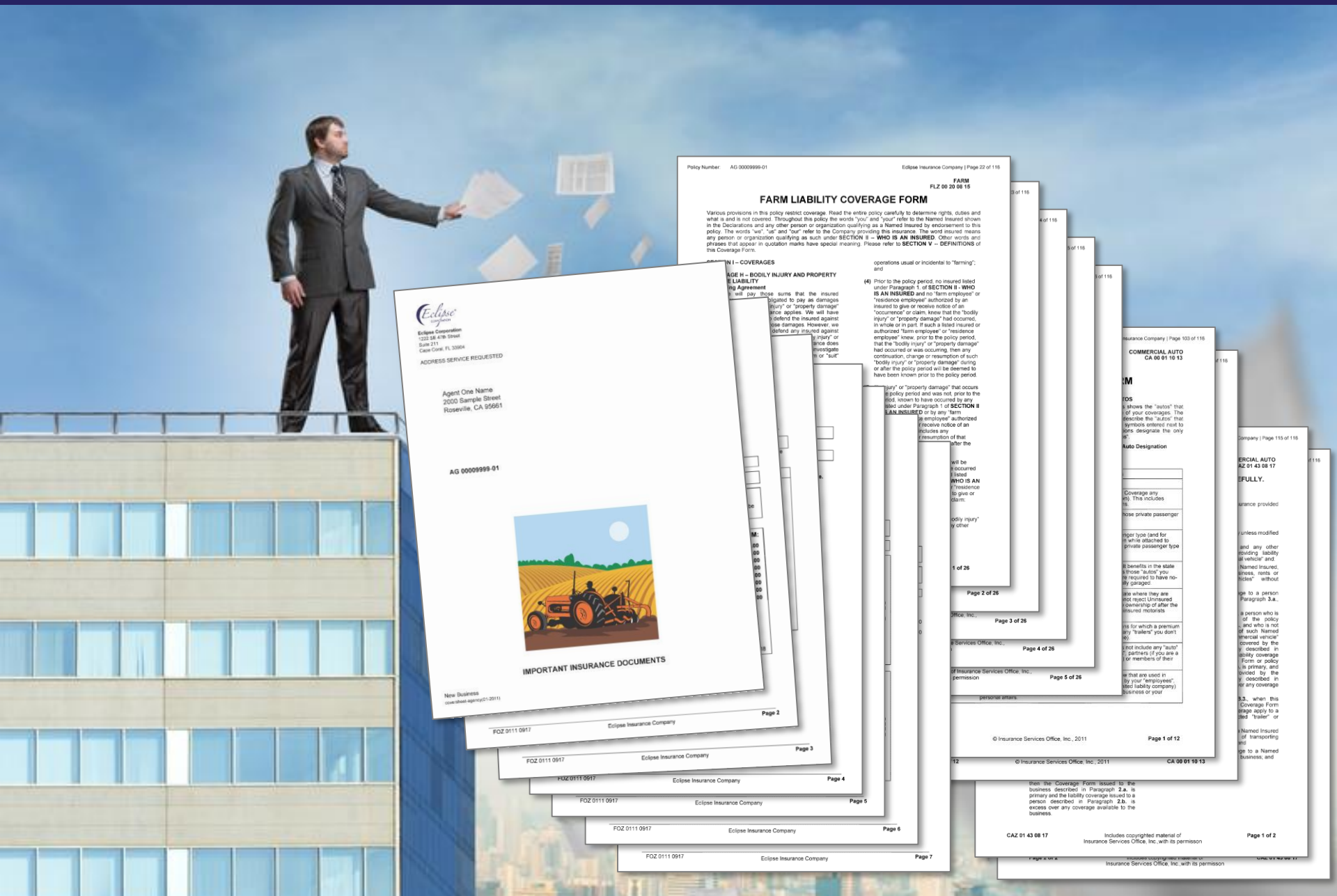
Feature

DocOrigin Feature | Document Stitching

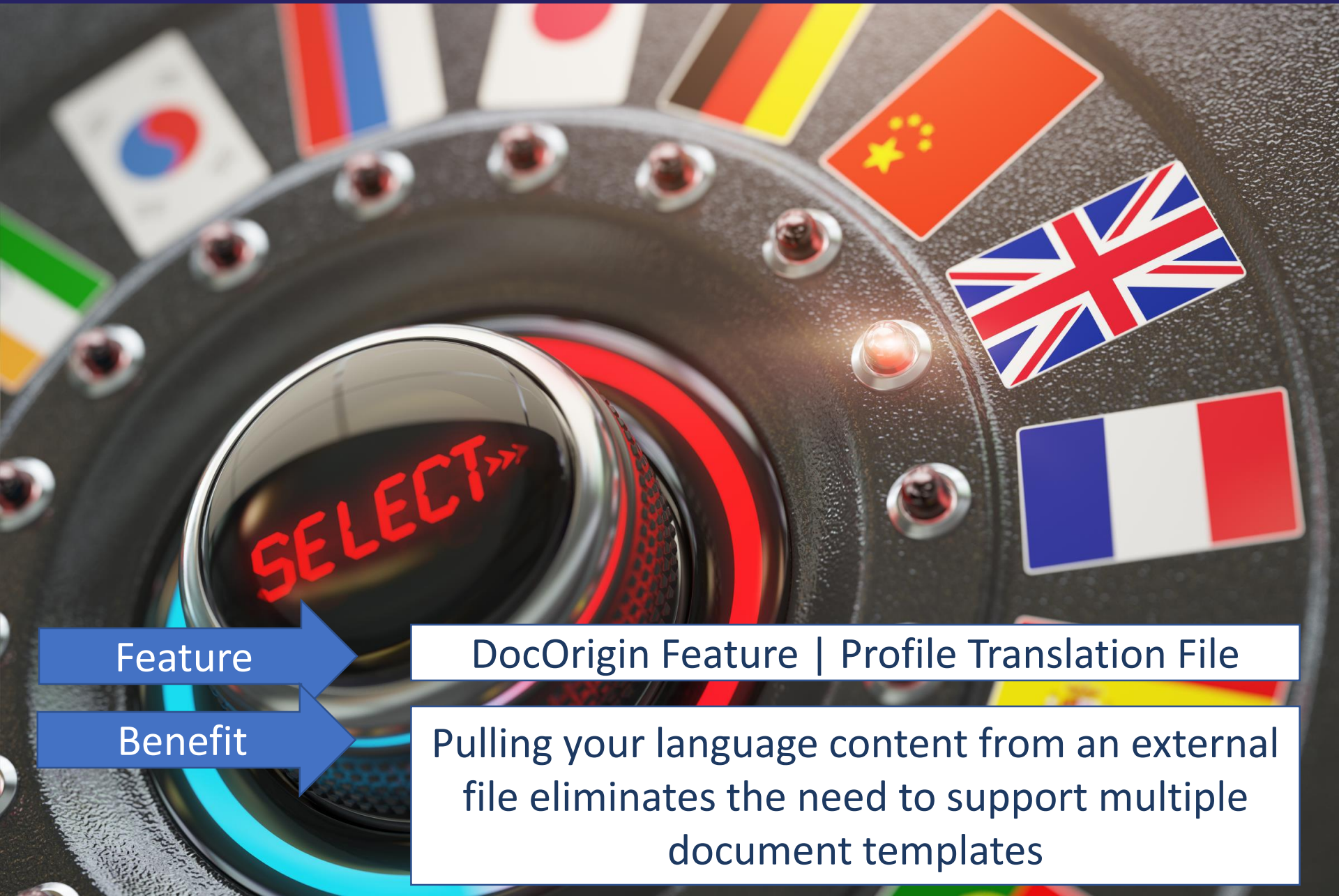
Benefit

Pull your external, text-intensive documents into your output to eliminate the need for conversion

DocOrigin Document Stitching Allows You to Use Existing PDF Documents to Eliminate the Conversion of Compliance and Text-Intensive Documents



Challenge #2: Managing Multilingual Documents



Feature

DocOrigin Feature | Profile Translation File

Benefit

Pulling your language content from an external file eliminates the need to support multiple document templates

Profile File with Translations Allow You To Support Multilingual Documents Using a Single Template

KONICA MINOLTA

Konica Minolta Business Solutions U.S.A., Inc.
100 Williams Drive
Ramsey, New Jersey 07446

Statement
Account Number: 544955
Statement Date: 05/21/2019

Subject to E.O. 11246 and the regulations of the Secretary of Labor on Affirmative Action and Equal Opportunity
Fed Tax ID: 13-1921089
Corporate DUNS No. 00-170-7322
Federal DUNS No. 62-657-8041

THE UPS STORE 3833
ATTN JM4 INC
785 WILLIAMS ST
LONGMEADOW, MA 01106-2063

Statement
Account Number: 544955
Statement Date: 05/21/2019

Dear Konica Minolta Customer:

Thank you for being our valued customer. We greatly appreciate your business. Please find your current statement and total amount due below.

Future	Current	1-30 Days	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
$0.00	$0.00	$0.00	$0.00	$78.00	$0.00	($0.37)

Thank you for being our valued customer. We greatly appreciate your business. Please find your current statement and total amount due below.

Future	Current	1-30 Days	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days

For Payment Related Questions: ROLANDA OLIVER ☎ 201 825 4000 X9999

Our Mission

Possessing a mindset that drives up to best serve and improve the quality of society in all of our activities, we are determined to become a company that is vital to global society by providing excitement that exceeds the expectations of all.

Pay online at www.mykmbs.com using your account ID or remit your payment to:

KONICA MINOLTA BUSINESS SOLUTIONS USA INC
DEPT. AT 952823
Atlanta, 31192-2823

Thank You for Your Business!

For more information about Konica Minolta Business Solutions U.S.A., Inc.
Please visit us at www.countonkonicaminolta.com

Printed on a bizhub PRESS

KONICA MINOLTA

Konica Minolta Business Solutions Canada Ltd.
5875 Explorer Drive
Mississauga, ON L4W 0E1

Statement / État de compte
Account Number / Numéro de compte: 1137952
Statement Date / Date de l'état de compte: 04/25/2019

GST #: 89008 9550 RT0001
QST #: 1018811266-TQ0005
DUNS #: 20-964-5639

DIRECT DIGITAL OFFICE SOLUTIONS INC
1299 BIRCH COURT
COLDBROOK, NS B4R 1A9 CANADA

Statement / État de compte
Account Number / Numéro de compte: 1137952
Statement Date / Date de l'état de compte: 04/25/2019

Dear Konica Minolta Customer / Cher client de Konica Minolta:

Thank you for being our valued customer. We greatly appreciate your business. Please find your current statement and total amount due below. /
Merci de faire partie de nos précieux clients! Nous apprécions grandement notre collaboration. Vous pouvez voir ci-dessous votre état de compte ainsi que le montant total dû.

Future / À venir	Current / Actuel	1-30 Days / 1-30 Jours	Over 30 Days / 30 Jours et plus	Over 60 Days / 60 Jours et plus	Over 90 Days / 90 Jours et plus	Over 120 Days / 120 Jours et plus
$0.00	$8.16	$0.00	$0.00	$0.00	$0.00	$157.53

Dear Konica Minolta Customer / Cher client de Konica Minolta:

Thank you for being our valued customer. We greatly appreciate your business. Please find your current statement and total amount due below. /
Merci de faire partie de nos précieux clients! Nous apprécions grandement notre collaboration. Vous pouvez voir ci-dessous votre état de compte ainsi que le montant total dû.

Future / À venir	Current / Actuel	1-30 Days / 1-30 Jours	Over 30 Days / 30 Jours et plus	Over 60 Days / 60 Jours et plus	Over 90 Days / 90 Jours et plus	Over 120 Days / 120 Jours et plus

TORONTO, ON M5W 0H1 CANADA

For Credit Card Payment, call 1-855-310-5656 or fax 905-890-8997 / Pour le paiement par carte de crédit, veuillez appeler au 1-855-310-5656 ou envoyer un fax au 905-890-8997.

Thank You For Your Business! / Merci de faire affaire avec nous!

For more information about / Pour plus d'information à propos de Konica Minolta Business Solutions (Canada) Ltd.
Please visit us at / Visitez-nous au www.konicaminolta.ca

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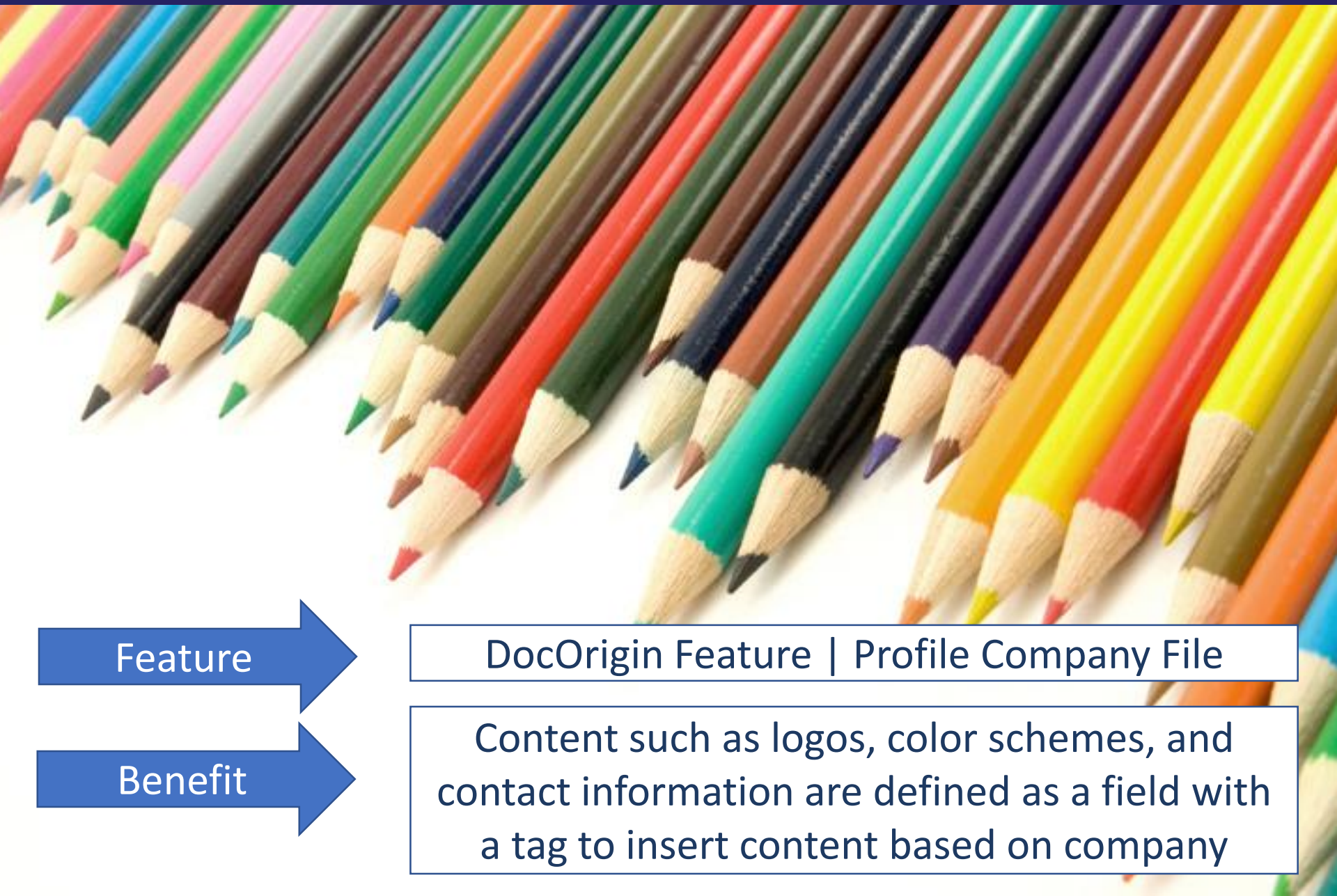
Challenge #3: Managing Content Variations for OEM, PSP & Parent Companies



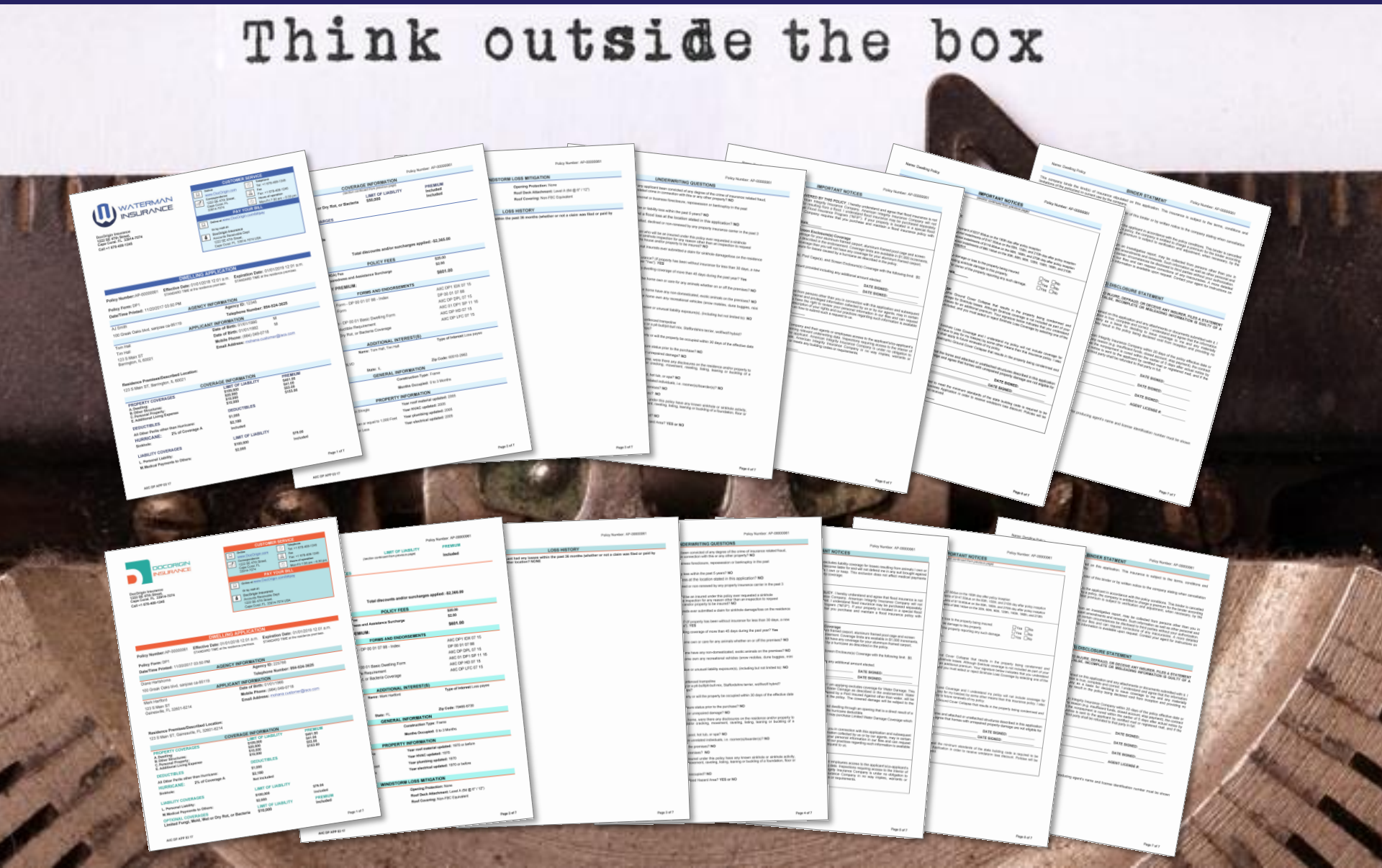
Feature

DocOrigin Feature | Profile Company File

Benefit

Content such as logos, color schemes, and contact information are defined as a field with a tag to insert content based on company

Manage Changing Information Outside of the Form
Define Logo, Contact Information & Color Schemes Based on Company



Challenge #4: Creating and Managing Relevant Marketing & Messaging

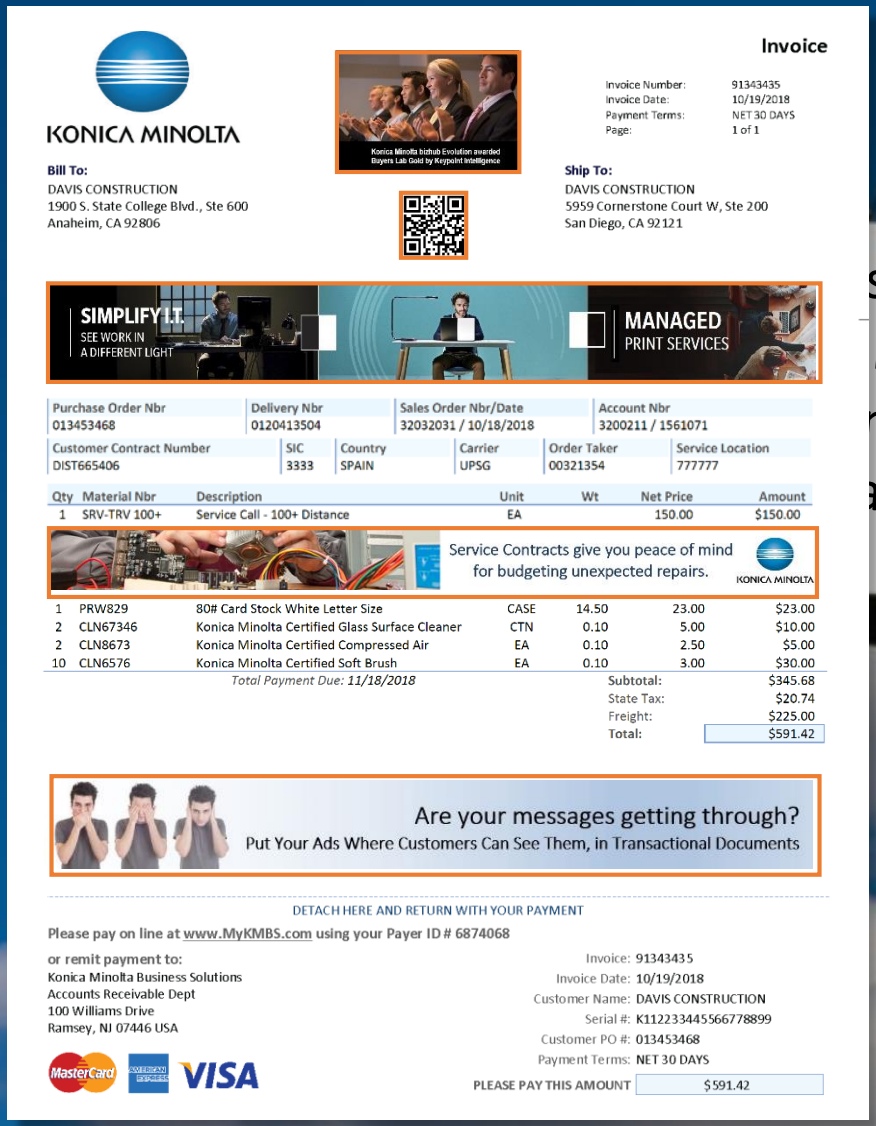
Feature

DocOrigin Add-on Feature | Business Communications Center®

Benefit

Tool provides a simple user interface which allows your Marketing, HR, and Legal departments to create and manage campaigns, messaging, and legal T&C without engaging IT

Taking Advantage of Your White Space



KONICA MINOLTA

Invoice

Invoice Number: 91343435
Invoice Date: 10/19/2018
Payment Terms: NET 30 DAYS
Page: 1 of 1

Bill To:
DAVIS CONSTRUCTION
1900 S. State College Blvd., Ste 600
Anaheim, CA 92806

Ship To:
DAVIS CONSTRUCTION
5959 Cornerstone Court W, Ste 200
San Diego, CA 92121

SIMPLIFY I.T. SEE WORK IN A DIFFERENT LIGHT

MANAGED PRINT SERVICES

Purchase Order Nbr	Delivery Nbr	Sales Order Nbr/Date	Account Nbr
013453468	0120413504	32032031 / 10/18/2018	3200211 / 1561071

Customer Contract Number	SIC	Country	Carrier	Order Taker	Service Location
DIST665406	3333	SPAIN	UPSG	00321354	777777

Qty	Material Nbr	Description	Unit	Wt	Net Price	Amount
1	SRV-TRV 100+	Service Call - 100+ Distance	EA		150.00	$150.00

Service Contracts give you peace of mind for budgeting unexpected repairs. KONICA MINOLTA

1	PRW829	80# Card Stock White Letter Size	CASE	14.50	23.00	$23.00
2	CLN67346	Konica Minolta Certified Glass Surface Cleaner	CTN	0.10	5.00	$10.00
2	CLN8673	Konica Minolta Certified Compressed Air	EA	0.10	2.50	$5.00
10	CLN6576	Konica Minolta Certified Soft Brush	EA	0.10	3.00	$30.00

Total Payment Due: 11/18/2018

Subtotal:	$345.68
State Tax:	$20.74
Freight:	$225.00
Total:	$591.42

Are your messages getting through?
Put Your Ads Where Customers Can See Them, in Transactional Documents

DETACH HERE AND RETURN WITH YOUR PAYMENT

Please pay on line at www.MyKMBS.com using your Payer ID # 6874068

or remit payment to:
Konica Minolta Business Solutions
Accounts Receivable Dept
100 Williams Drive
Ramsey, NJ 07446 USA

Invoice: 91343435
Invoice Date: 10/19/2018
Customer Name: DAVIS CONSTRUCTION
Serial #: K112233445566778899
Customer PO #: 013453468
Payment Terms: NET 30 DAYS
PLEASE PAY THIS AMOUNT $591.42

- Fixed White Space
  - Static Blank Areas
  - General Messaging
- Creative White Space™
  - Shifting content to Create White Space
  - Data Driven Marketing & Messaging within Details
- Lost White Space™
  - Vertical White Space on the Left on the Bottom
  - Opportunity for additional messaging

Insert Rich Text, Image or Barcode Messaging Based on Data Content

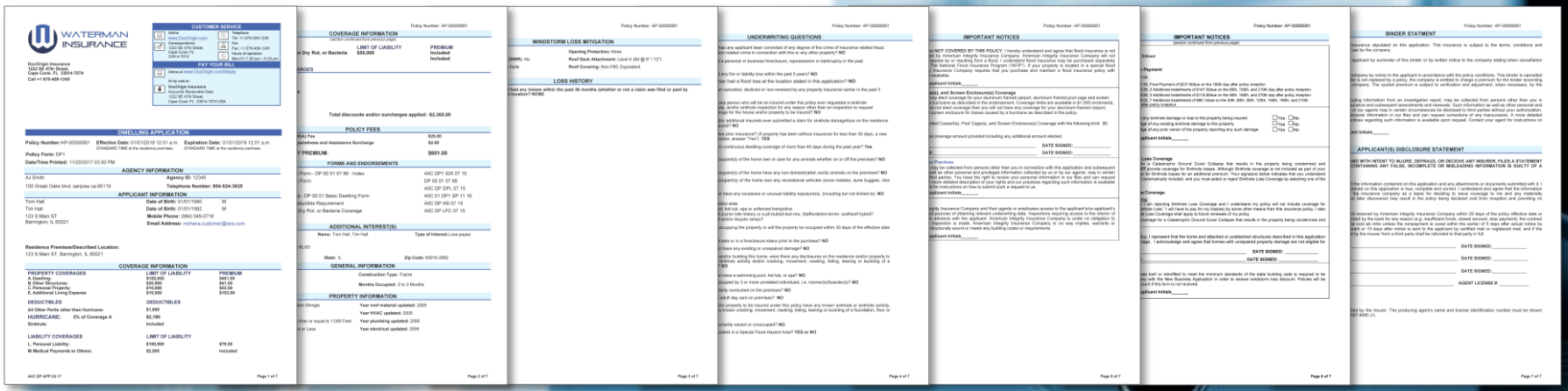
Standard Document Output

After Business Communications Center®

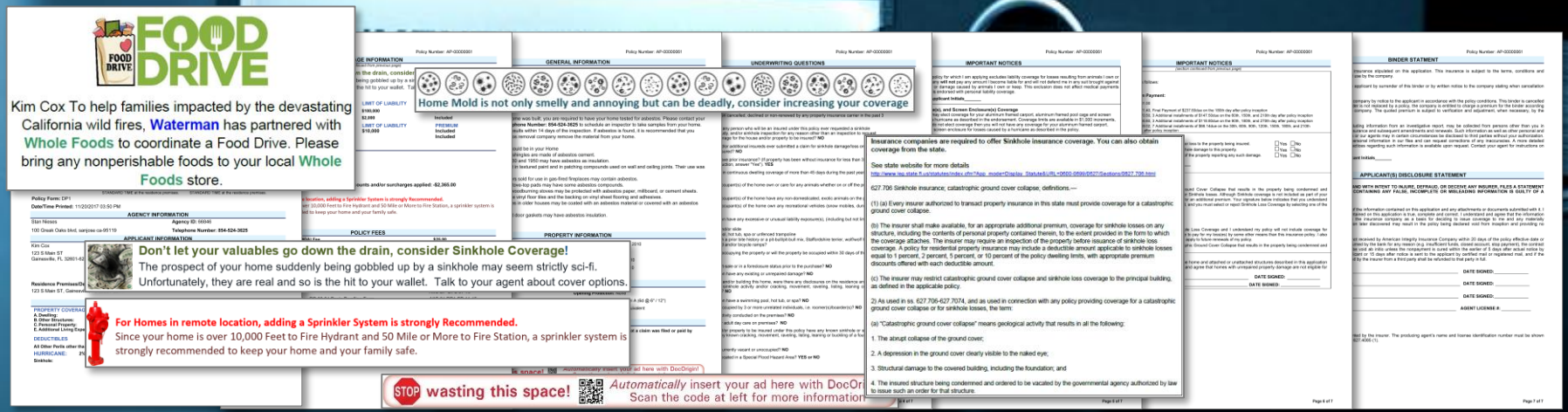
Business Communications Center®

Insert Public Relations, Hold Status and Regulatory Information Based on Data

Before BCC



After BCC



Highlight Critical Messaging such as Regulatory Information or Hold Status

Florida is required to offer Sinkhole coverage

Name: Dwelling Policy Policy Number: AP-00000061

IMPORTANT NOTICES

(section continued from previous page)

Insurance companies are required to offer Sinkhole insurance coverage. You can also obtain coverage from the state.

See state website for more details

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0600-0699/0627/Sections/0627.706.html

627.706 Sinkhole insurance; catastrophic ground cover collapse; definitions.—

(1) (a) Every insurer authorized to transact property insurance in this state must provide coverage for a catastrophic ground cover collapse.

(b) The insurer shall make available, for an appropriate additional premium, coverage for sinkhole losses on any structure, including the contents of personal property contained therein, to the extent provided in the form to which the coverage attaches. The insurer may require an inspection of the property before issuance of sinkhole loss coverage. A policy for residential property insurance may include a deductible amount applicable to sinkhole losses equal to 1 percent, 2 percent, 5 percent, or 10 percent of the policy dwelling limits, with appropriate premium discounts offered with each deductible

Insurance companies are required to offer Sinkhole insurance coverage. You can also obtain coverage from the state.

See state website for more details

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0600-0699/0627/Sections/0627.706.html

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(c) The insurer may restrict catastrophic ground cover collapse and sinkhole loss coverage to the principal building, as defined in the applicable policy.

2) As used in ss. 627.706-627.7074, and as used in connection with any policy providing coverage for a catastrophic ground cover collapse or for sinkhole losses, the term:

(a) "Catastrophic ground cover collapse" means geological activity that results in all the following:

1. The abrupt collapse of the ground cover;

2. A depression in the ground cover clearly visible to the naked eye;

3. Structural damage to the covered building, including the foundation; and

4. The insured structure being condemned and ordered to be vacated by the governmental agency authorized by law to issue such an order for that structure.

Insurance Application Hold Status

Year roof material updated: 1990 or before

Roof Material: 3 Tab Composition Shingle **Year roof material updated:** 1970 or before

Being safe doesn't just mean "Keeping a roof over your head"
It means keeping a solid, water-tight roof over your head.

Your Home Owners Insurance Application has been placed on HOLD Pending Roof Replacement

During our inspection on **12/11/2019,** our licensed inspector has reported that your roof is over 30 years old. According to the National Association of Home Builders (NAHB), Homeowners with wood shake roofs should expect them to last about 30 years, while fiber cement shingles last about 25 years and asphalt shingle/composition roofs last about 20 years. Climate and weather conditions, such as snow, hail and hurricanes, can cut the life span of all types of roofs.

Water damage caused by a leaky roof can ruin your home ad well as pose serious health risk including:

- Attic and ceiling damage.
- Interior mold and mildew issues.
- Health concerns from mold.
- Fire hazard from water damage.
- Slip and fall hazard.
- Higher utility bills and wasted energy.
- Compromised structural integrity.

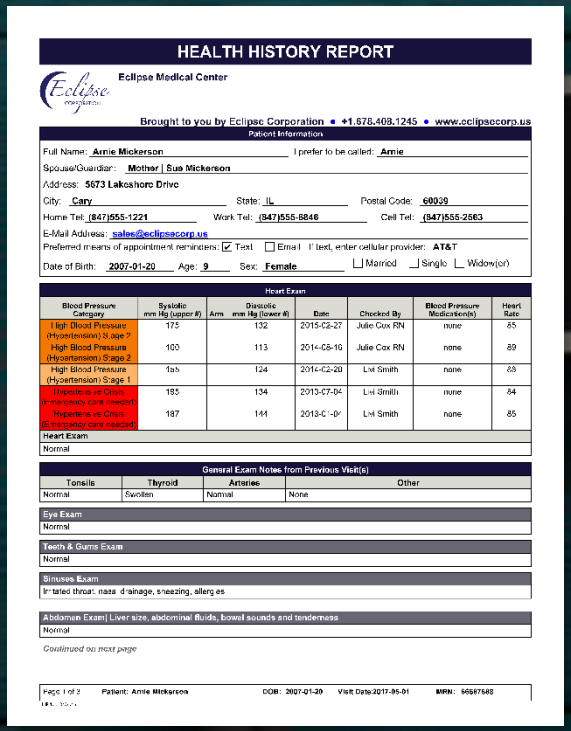
We are placing your **Home Owners Insurance Application on Hold** until you provide proof of the roof replacement. You have 30 days from **12/13/2019,** the date of this notice, to complete the work and schedule a re-inspection in order for us to accept your application.

Square Footage: 1000 **Year HVAC updated:** 1970 or before

AIIC DP APP 03 17 Page 3 of 8

Health Care History Report built by DocOrigin

- **DocOrigin Helps Calculate BMI & Blood Pressure Category**
- **Color coding warning signs to bring focus to important information to the patient and physician**
- **Notes can be collected and summarized for historic evaluation to visually identify health changes or progress**



HEALTH HISTORY REPORT

Eclipse Medical Center

Brought to you by Eclipse Corporation • +1.678.408.1245 • www.eclipsecorp.us

Patient Information

Full Name: Arnie Mickerson | I prefer to be called: Arnie

Spouse/Guardian: Mother | Sue Mickerson

Address: 5673 Lakeshore Drive

City: Cary | State: IL | Postal Code: 60039

Home Tel: (847)555-1221 | Work Tel: (847)555-8846 | Cell Tel: (847)555-2563

E-Mail Address: sales@eclipsecorp.us

Preferred means of appointment reminders: ☑ Text ☐ Email If text, enter cellular provider: AT&T

Date of Birth: 2007-01-20 | Age: 9 | Sex: Female | ☐ Married ☐ Single ☐ Widow(er)

Heart Exam

Blood Pressure Category	Systolic mm Hg (upper #)	Diastolic mm Hg (lower #)	Date	Checked By	Blood Pressure Medication(s)	Heart Rate
High Blood Pressure (Hypertension) Stage 2	175	132	2015-02-27	Julie Cox RN	none	65
High Blood Pressure (Hypertension) Stage 2	160	113	2014-08-16	Julie Cox RN	none	89
High Blood Pressure (Hypertension) Stage 2	145	124	2014-02-20	Livi Smith	none	88
Hypertensive Crisis (Emergency care needed)	185	134	2013-07-04	Livi Smith	none	84
Hypertensive Crisis (Emergency care needed)	187	144	2013-01-04	Livi Smith	none	85

Heart Exam

Normal

General Exam Notes from Previous Visit(s)

Tonsils	Thyroid	Arteries	Other
Normal	Swollen	Normal	None

Eye Exam

Normal

Teeth & Gums Exam

Normal

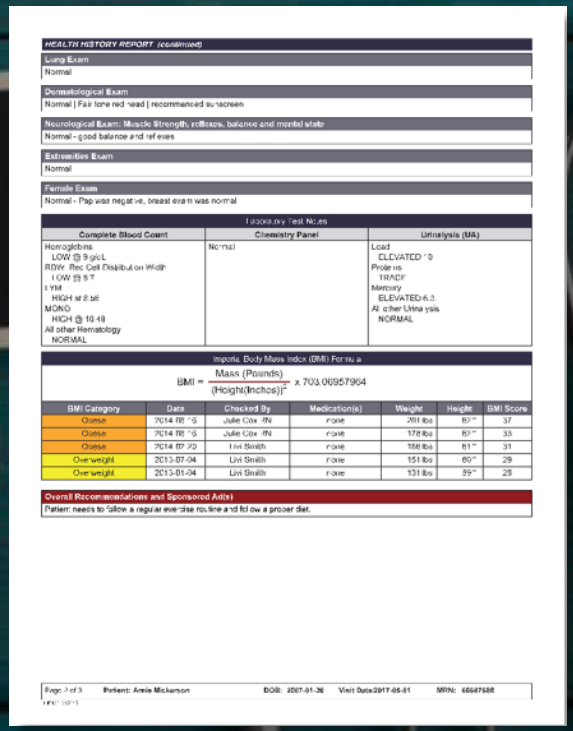
Sinuses Exam

Irritated throat; nasal drainage, sneezing, allergies

Abdomen Exam | Liver size, abdominal fluids, bowel sounds and tenderness

Normal

Continued on next page



HEALTH HISTORY REPORT (continued)

Lung Exam

Normal

Dermatological Exam

Normal | Fair tone red head | recommended sunscreen

Neurological Exam: Muscle Strength, reflexes, balance and mental state

Normal - good balance and reflexes

Extremities Exam

Normal

Female Exam

Normal - Pap was negative, breast exam was normal

Laboratory Test Notes

Complete Blood Count	Chemistry Panel	Urinalysis (UA)
Hemoglobins LOW @ 9 g/dL RDW: Red Cell Distribution Width LOW @ 9.7 LYM HIGH at 2.56 MONO HIGH @ 10.49 All other Hematology NORMAL	Normal	Lead ELEVATED 7.9 Proteins TRACE Mercury ELEVATED 6.3 All other Urinalysis NORMAL

Imperial Body Mass Index (BMI) Formula

$$BMI = \frac{\text{Mass (Pounds)}}{(\text{Height(Inches)})^2} \times 703.06957964$$

BMI Category	Date	Checked By	Medication(s)	Weight	Height	BMI Score
Obese	2014-08-16	Julie Cox RN	none	201 lbs	69"	37
Obese	2014-02-20	Julie Cox RN	none	178 lbs	69"	33
Obese	2013-07-04	Livi Smith	none	166 lbs	61"	31
Overweight	2013-07-04	Livi Smith	none	151 lbs	60"	29
Overweight	2013-01-04	Livi Smith	none	131 lbs	59"	25

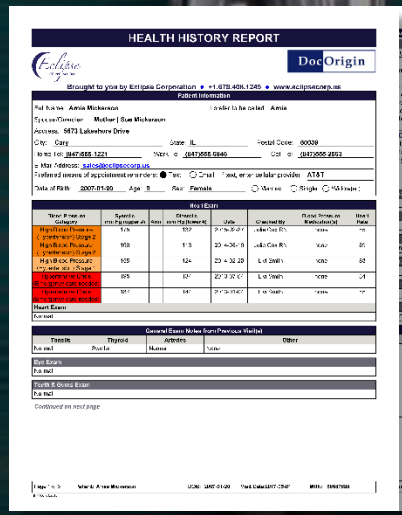
Overall Recommendations and Sponsored Ad(s)

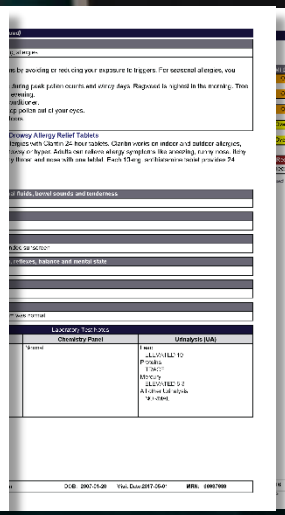
Patient needs to follow a regular exercise routine and follow a proper diet.

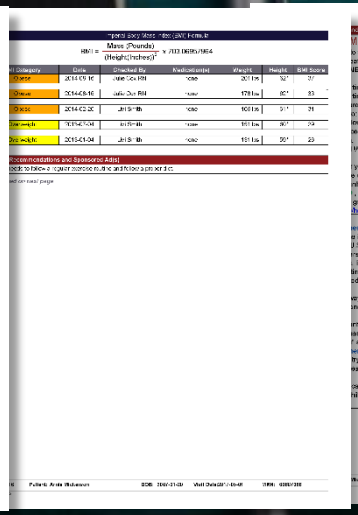
Power Up with Business Communications Center®

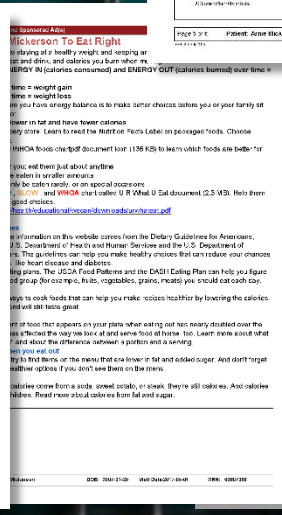
Physician-entered data can automatically

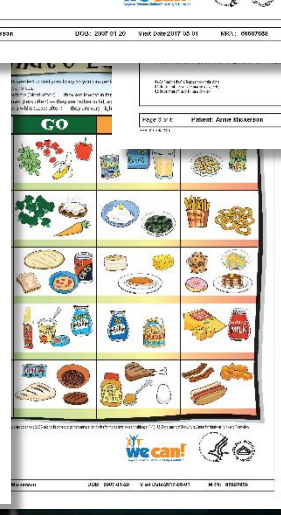
- Insert product recommendations
- Insert physician recommendations
- Insert relevant hand-out material

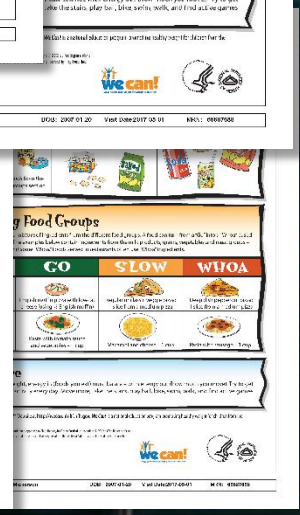












Challenge #5: Managing Similar Forms and Sections

Feature

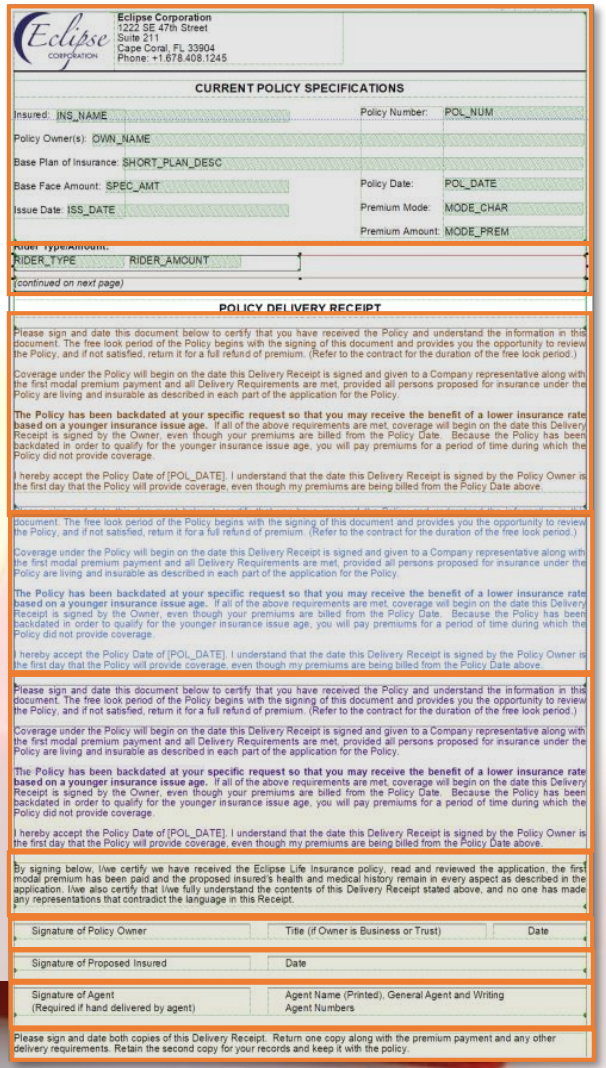
DocOrigin Feature | Dynamic Form Design

Benefit

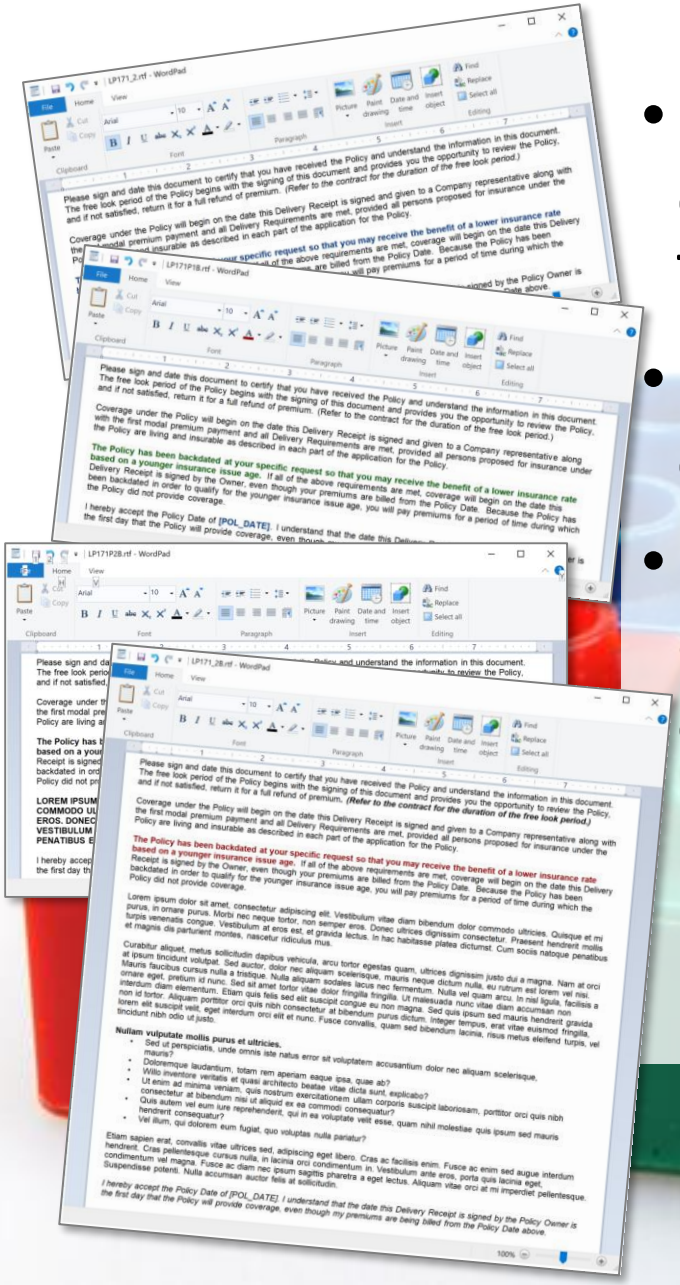
Reduce Form Maintenance Requirements

Combine “Similar” Forms

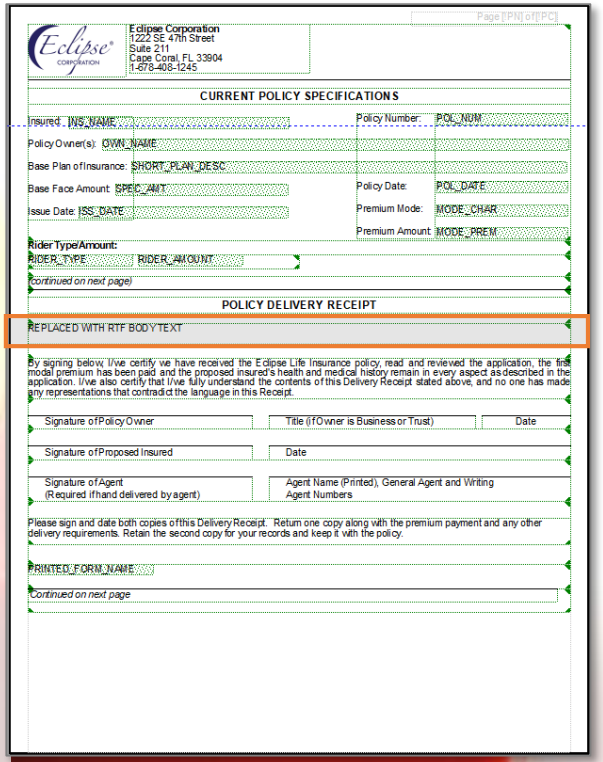
- Cut Form Into Pieces
- Build Dynamic Table with Columns
- Let data choose variation option (Body Text)
- Build a Dynamic Signatures Set



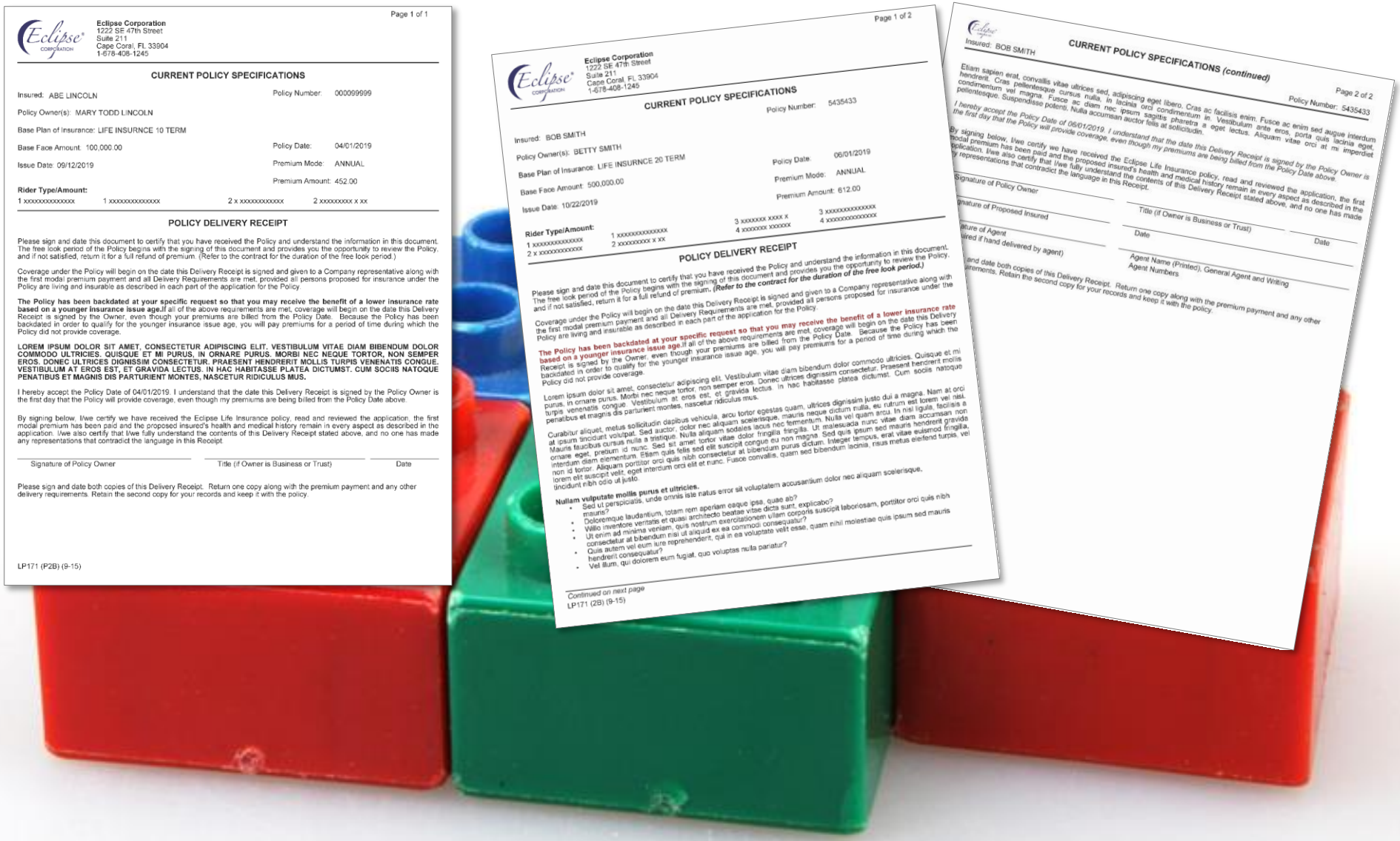
Pull Rich Text File into the Body Text



- Maintain Body content in a Rich Text File
- Form Owners control content
- Data defines desired text option



Combine Similar Forms



Page 1 of 1

Eclipse Corporation
1222 SE 47th Street
Suite 211
Cape Coral, FL 33904
1-678-408-1245

CURRENT POLICY SPECIFICATIONS

Insured: ABE LINCOLN — Policy Number: 000099999

Policy Owner(s): MARY TODD LINCOLN

Base Plan of Insurance: LIFE INSURNCE 10 TERM

Base Face Amount: 100,000.00 — Policy Date: 04/01/2019

Issue Date: 09/12/2019 — Premium Mode: ANNUAL

Premium Amount: 452.00

Rider Type/Amount:
1 xxxxxxxxxxxxxx 1 xxxxxxxxxxxxxx 2 x xxxxxxxxxxxx 2 xxxxxxxxx x xx

POLICY DELIVERY RECEIPT

Please sign and date this document to certify that you have received the Policy and understand the information in this document. The free look period of the Policy begins with the signing of this document and provides you the opportunity to review the Policy, and if not satisfied, return it for a full refund of premium. (Refer to the contract for the duration of the free look period.)

Coverage under the Policy will begin on the date this Delivery Receipt is signed and given to a Company representative along with the first modal premium payment and all Delivery Requirements are met, provided all persons proposed for insurance under the Policy are living and insurable as described in each part of the application for the Policy.

The Policy has been backdated at your specific request so that you may receive the benefit of a lower insurance rate based on a younger insurance issue age. If all of the above requirements are met, coverage will begin on the date this Delivery Receipt is signed by the Owner, even though your premiums are billed from the Policy Date. Because the Policy has been backdated in order to qualify for the younger insurance issue age, you will pay premiums for a period of time during which the Policy did not provide coverage.

LOREM IPSUM DOLOR SIT AMET, CONSECTETUR ADIPISCING ELIT. VESTIBULUM VITAE DIAM BIBENDUM DOLOR COMMODO ULTRICIES. QUISQUE ET MI PURUS. IN ORNARE PURUS. MORBI NEC NEQUE TORTOR, NON SEMPER EROS. DONEC ULTRICES DIGNISSIM CONSECTETUR. PRAESENT HENDRERIT MOLLIS TURPIS VENENATIS CONGUE. VESTIBULUM AT EROS EST, ET GRAVIDA LECTUS. IN HAC HABITASSE PLATEA DICTUMST. CUM SOCIIS NATOQUE PENATIBUS ET MAGNIS DIS PARTURIENT MONTES, NASCETUR RIDICULUS MUS.

I hereby accept the Policy Date of 04/01/2019. I understand that the date this Delivery Receipt is signed by the Policy Owner is the first day that the Policy will provide coverage, even though my premiums are being billed from the Policy Date above.

By signing below, I/we certify we have received the Eclipse Life Insurance policy, read and reviewed the application, the first modal premium has been paid and the proposed insured's health and medical history remain in every aspect as described in the application. I/we also certify that I/we fully understand the contents of this Delivery Receipt stated above, and no one has made any representations that contradict the language in this Receipt.

Signature of Policy Owner | Title (if Owner is Business or Trust) | Date

Please sign and date both copies of this Delivery Receipt. Return one copy along with the premium payment and any other delivery requirements. Retain the second copy for your records and keep it with the policy.

LP171 (P2B) (9-15)

Page 1 of 2

Eclipse Corporation
1222 SE 47th Street
Suite 211
Cape Coral, FL 33904
1-678-408-1245

CURRENT POLICY SPECIFICATIONS

Insured: BOB SMITH — Policy Number: 5435433

Policy Owner(s): BETTY SMITH

Base Plan of Insurance: LIFE INSURNCE 20 TERM — Policy Date: 06/01/2019

Base Face Amount: 500,000.00 — Premium Mode: ANNUAL

Issue Date: 10/22/2019 — Premium Amount: 612.00

Rider Type/Amount:
1 xxxxxxxxxxxxxx 1 xxxxxxxxxxxxxx 3 xxxxxxx xxxx x 3 xxxxxxxxxxxxxx
2 x xxxxxxxxxxxx 2 xxxxxxxxx x xx 4 xxxxxxx xxxxxx 4 xxxxxxxxxxxxxx

POLICY DELIVERY RECEIPT

Please sign and date this document to certify that you have received the Policy and understand the information in this document. The free look period of the Policy begins with the signing of this document and provides you the opportunity to review the Policy, and if not satisfied, return it for a full refund of premium. ***(Refer to the contract for the duration of the free look period.)***

Coverage under the Policy will begin on the date this Delivery Receipt is signed and given to a Company representative along with the first modal premium payment and all Delivery Requirements are met, provided all persons proposed for insurance under the Policy are living and insurable as described in each part of the application for the Policy.

The Policy has been backdated at your specific request so that you may receive the benefit of a lower insurance rate based on a younger insurance issue age. If all of the above requirements are met, coverage will begin on the date this Delivery Receipt is signed by the Owner, even though your premiums are billed from the Policy Date. Because the Policy has been backdated in order to qualify for the younger insurance issue age, you will pay premiums for a period of time during which the Policy did not provide coverage.

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- Willo inventore veritatis et quasi architecto beatae vitae dicta sunt, explicabo?
- Ut enim ad minima veniam, quis nostrum exercitationem ullam corporis suscipit laboriosam, porttitor orci quis nibh consectetur at bibendum nisi ut aliquid ex ea ea commodi consequatur?
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- Vel illum, qui dolorem eum fugiat, quo voluptas nulla pariatur?

Continued on next page

LP171 (2B) (9-15)

Insured: BOB SMITH

CURRENT POLICY SPECIFICATIONS *(continued)*

Page 2 of 2

Policy Number: 5435433

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I hereby accept the Policy Date of 06/01/2019. I understand that the date this Delivery Receipt is signed by the Policy Owner is the first day that the Policy will provide coverage, even though my premiums are being billed from the Policy Date above.

By signing below, I/we certify we have received the Eclipse Life Insurance policy, read and reviewed the application, the first modal premium has been paid and the proposed insured's health and medical history remain in every aspect as described in the application. I/we also certify that I/we fully understand the contents of this Delivery Receipt stated above, and no one has made any representations that contradict the language in this Receipt.

Signature of Policy Owner

Signature of Proposed Insured — Title (if Owner is Business or Trust)

Signature of Agent — Date

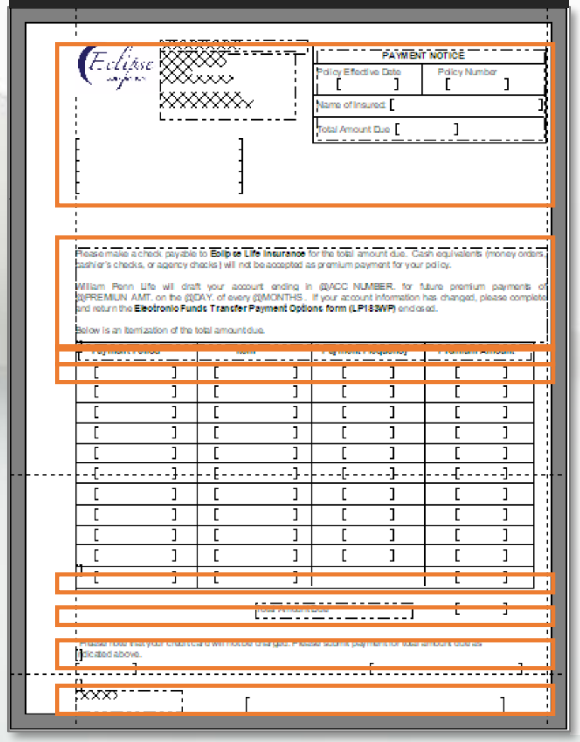
(If hand delivered by agent) — Agent Name (Printed), General Agent and Writing Agent Numbers

Please sign and date both copies of this Delivery Receipt. Return one copy along with the premium payment and any other delivery requirements. Retain the second copy for your records and keep it with the policy.

Convert Static Documents into Dynamic to Create a Master Template

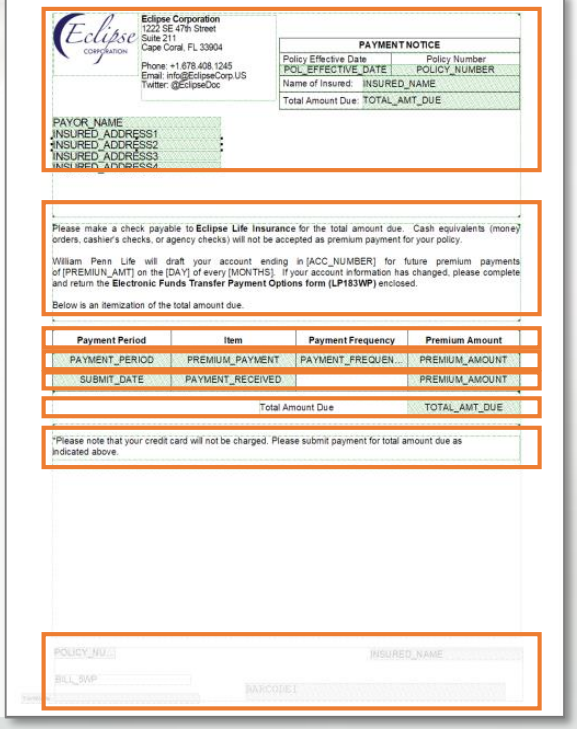
Cut Form Into Pieces
and let the data drive the form

Original Static



- Main Header
- Body Content
- Table
  - Column Header
  - Detail(s)
  - Detail Footer
- Footer
- Page Objects

New Dynamic



Demo | Business Challenges

1. Converting Existing External Documents
2. Managing Multilingual Documents
3. Managing Content Variations for OEM, PSP & Parent Company
4. Providing Recipients with Relevant Marketing & Messaging
5. Managing Similar Forms and Sections

XPLOR19®

Linking People, Technology & Solutions

Webinar

Leslie Conduitt & Steve Luke
Eclipse Corporation
Phone: +1.678.408.1245
Email: info@EclipseCorp.US

Thank you for joining us

Building a Master Global Form Template