

# Magnolia ISD Supplemental Benefits

## Exit Package: What Happens to Benefits When You Leave the District



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Within this document you will find information regarding your supplemental benefits that remain available to you post-employment. Some of these benefits are “portable” and some are “COBRA” eligible.

**PORTABLE** means that you can choose to pay the premiums directly to the contracted vendor and continue these benefits for you and your family members (if applicable). Should you wish to convert the portable benefits to an individual plan it will be your responsibility to contact the vendor and initiate this process.

**COBRA** is a U.S. Congress-passed Bill called Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA allows temporary continuation of group health coverage that otherwise might be terminated due to a Qualifying Event that results in said termination of benefits. COBRA contains provisions giving certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates.

COBRA Participants can expect a higher monthly premium than active employees. You will be required to pay the full cost of the premium plus a 2% COBRA Administration fee. COBRA rates are based on the negotiated premiums under employer group plans and may still be less expensive than an individual plan.



# Magnolia ISD Supplemental Benefits

|                                                          | VENDOR INFO                                                               | COBRA                | PORTABLE<br>AND/OR<br>CONVERTABLE | PLAN<br>TERMINATES<br>WHEN YOU<br>DO | CAN NO LONGER<br>CONTRIBUTE;<br>BUT IT'S YOUR<br>MONEY/ACCT | WHAT<br>HAPPENS<br>NEXT?                                                                                                     |
|----------------------------------------------------------|---------------------------------------------------------------------------|----------------------|-----------------------------------|--------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <b>403(b) Retirement Savings</b>                         | TCG - Trusted Capital Group<br>800.943.9179<br>Administrator only on 403b |                      |                                   |                                      | ✓                                                           | Your 403(b) account continues to be invested with your choice on investment company                                          |
| <b>457 &amp; 457 FICA Alternative Retirement Savings</b> | TCG - Trusted Capital Group<br>800.943.9179                               |                      |                                   |                                      | ✓                                                           | Your 457 & 457 FICA account continues to be invested                                                                         |
| <b>Cancer Plan</b>                                       | American Fidelity<br>800.662-1113                                         |                      | ✓                                 |                                      |                                                             | You must contact within 31 days to setup auto-payments                                                                       |
| <b>Critical Illness Plan</b>                             | MetLife<br>800.438.6388                                                   |                      | ✓                                 |                                      |                                                             | You must contact within 31 days to setup auto-payments                                                                       |
| <b>Dental DHMO<br/>Dental PPO</b>                        | MetLife<br>800.942.0854                                                   | ✓                    |                                   |                                      |                                                             | You will receive a letter from First Financial COBRA Department                                                              |
| <b>Dependant Care Flexible Spending Account (DCFSA)</b>  | First Financial<br>866-859-3539                                           |                      |                                   | ✓                                    |                                                             | You must file all eligible Dependent Care expenses prior to termination date                                                 |
| <b>Disability Plan</b>                                   | The Standard<br>800.368.2859                                              |                      |                                   | ✓                                    |                                                             | Nothing; the plan terminates when you do                                                                                     |
| <b>Emergency Ambulance Service</b>                       | MASA Assist<br>800.643.9023                                               |                      | ✓                                 |                                      |                                                             | You must contact within 31 days to setup auto-payments                                                                       |
| <b>Employee Assistance Program (EAP)</b>                 | The Standard<br>888.293.6948                                              |                      |                                   | ✓                                    |                                                             | Nothing; the plan terminates when you do                                                                                     |
| <b>Flexible Spending Accounts (FSA)</b>                  | First Financial<br>866-859-3539                                           | ✓ - conditions apply |                                   |                                      |                                                             | you have 60 days to submit claims for services done prior to termination ; if balance- COBRA Administered by First Financial |
| <b>Group Term Life</b>                                   | Sun Life<br>800.247.6875                                                  |                      | ✓                                 |                                      |                                                             | Complete attached forms and mail to Sun Life within 30 days.                                                                 |
| <b>Health Savings Account (HSA)</b>                      | First Financial<br>866-859-3539                                           |                      |                                   |                                      | ✓                                                           | Your HSA account continues to be yours and becomes your own account not part of the group                                    |
| <b>Hospital Indemnity</b>                                | The Standard<br>281.517.5466                                              |                      | ✓                                 |                                      |                                                             | You must contact within 31 days to setup auto-payments                                                                       |
| <b>Identity Theft Plan</b>                               | iLOCK360<br>855.287.8888                                                  |                      | ✓                                 |                                      |                                                             | You must call to setup auto-payments within 31 days                                                                          |
| <b>Individual Life Insurance</b>                         | Texas Life<br>800.283.9233                                                |                      | ✓                                 |                                      |                                                             | Complete attached forms on pgs 6-7 and mail to Texas Life within 30 days                                                     |
| <b>Legal Plan</b>                                        | ARAG<br>800.247.4184                                                      |                      | ✓                                 |                                      |                                                             | Fill out forms on pgs 12-16 and mail within 31 days                                                                          |
| <b>Medical</b>                                           | TRS<br>800.222.9205                                                       | ✓                    |                                   |                                      |                                                             | You will receive a letter from Bswift                                                                                        |
| <b>Telemedicine</b>                                      | Recuro Health<br>855.6RECURO                                              | ✓                    |                                   |                                      |                                                             | You must call to setup auto-payments within 31 days                                                                          |
| <b>Vision</b>                                            | Davis Vision<br>800.880.1800                                              | ✓                    |                                   |                                      |                                                             | You will receive a letter from First Financial COBRA Department                                                              |
| <b>Term Life</b>                                         | IAP (now American Amicable Life)<br>800-736-7311                          |                      | ✓                                 |                                      |                                                             | You must call to setup auto-payments within 31 days                                                                          |
| <b>Accident</b>                                          | Aetna<br>800.872.3862                                                     |                      | ✓                                 |                                      |                                                             | You must submit Portability form and first premium within 30 calendar days                                                   |
| <b>Urgent Care</b>                                       | Next Level Prime<br>833.957.6200                                          |                      |                                   | ✓                                    |                                                             | Nothing; the plan terminates when you do                                                                                     |

## 403(b) Retirement Savings Plan

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### **403(b) retirement savings account continues to be invested**

Separation from employment is a “qualifying event” and thus allows you to remove your funds from your account if you wish; you will be subject to an excise tax if you are under age 59 1/2. For more information, please consult your tax advisor. If you choose to keep your funds in your retirement savings account they will continue to be invested. You may contact your investment provider directly to inquire about other investment options they offer.

## 457 & 457 FICA Alternative Retirement Savings Plan

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### **457 & 457 FICA Alternative retirement savings account continues to be invested**

Separation from employment is a qualifying event and thus allows you to remove your funds from your account if you wish. If you choose to keep your funds in your Retirement Savings Account they will continue to be invested. You may contact your investment provider directly to inquire about other investment options they offer.

## Accident

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### **Accident Plan by Aetna**

The Aetna Accident plan is portable. If you would like to convert your accident plan into an individual policy, you must complete the Portability Coverage Election form and submit the first premium within 30 calendar days after the coverage under the group policy would otherwise end.

## Cancer

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### **Cancer Plan by American Fidelity may be COBRA eligible**

The American Fidelity Cancer Plan is portable, BUT BEWARE: If you choose COBRA, you can only keep it for 18 months, and then your cancer plan terminates—with no option to convert it to a personal policy. If you would like to immediately convert your cancer plan to an individual policy, simply call American Fidelity within 31 days after your payroll deductions have stopped. American Fidelity will then provide you with options on how to continue your coverage. American Fidelity contact information is 800.662.1113 or [www.americanfidelity.com](http://www.americanfidelity.com).

## Critical Illness Plan

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### **Critical Illness Plan by MetLife Insurance**

This benefit is portable and also may be COBRA eligible. If you would like to convert your critical illness plan to an individual policy, simply submit a letter to MetLife Insurance informing them you would like to continue your Critical Illness Plan within 31 days of your separation from employment. Your letter will need to include your personal information, policy number and monthly premium payment. You can mail these documents to: MetLife, PO BOX 371487, Pittsburgh, PA 15250-7487. Should you have any other questions you can contact MetLife directly at 800.438.6388.

## Dental Plans

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### **Dental Plans are convertible to COBRA**

This benefit is COBRA eligible and administered by First Financial Administrators, Inc. The First Financial COBRA Department will mail you coverage continuation information explaining your rights and responsibilities to your home address shortly after your termination. If you have questions or have not received your COBRA notice please contact First Financial Administrators, Inc. at 800-523-8422 or by e-mail at [cobra@ffga.com](mailto:cobra@ffga.com).

## Dependent Care Account (DCFSA)

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### **Dependent Care Account from First Financial Group of America**

You must file all eligible Dependent Care expenses prior to your termination date. If you do not file against all claims prior to your termination date, you will lose any amount remaining in your account, i.e.: you will forfeit the amounts unused in your DCA and they will be returned to the district. You may review your remaining balance and claims on your account at [www.ffga.com](http://www.ffga.com)

# Disability and Employee Assistance Program (EAP)

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## Disability and EAP by The Standard

Coverage stops when you terminate your employment with the district.

# Emergency Ambulance Service

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## Emergency Ambulance Service by MASA Assist

Moving this plan from payroll deduction to automatic bank withdrawal is easy. Simply call 800.643.9023 or visit [www.masaassist.com](http://www.masaassist.com) and request the option to pay monthly with a credit card.

# Flexible Spending Account

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## FSA is convertible to COBRA

FSA Cobra is only available if the participant has unused funds and continues to contribute to the account during the plan year. If a participant leaves the district at the end of the plan year—the account ends and no new elections can be made. For example, your termination date is 8/31 and you currently have a flex spending account that also ends 8/31, you cannot start a new account effective 9/1; or if your last day is 7/30, and your flex account ends 8/31 and you have funds left, you can contribute the final month of payments and use their account through 8/31. Keep in mind: It is a “use it or lose it” account.

# Group Term Life Insurance

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## Group Term Life by Sun Life Insurance

To convert your Sun Life Insurance, first have your employer complete and sign the attached Sun Life Conversion form. After your employer has completed the conversion form you will need to call Sun Life Insurance provide them with the required information and request a Group Life Conversion Application. Once you have received the application package simply follow the directions and submit all of the required information to Sun Life Insurance. Sun Life must receive all of the required documentation within 31 days of your separation from employment. You can contact Sun Life Insurance at 800.247.6875.

# Health Savings Account (HSA)

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Health Savings Account continues to be invested

Once you have established an HSA, it is yours forever regardless of employment. Once you reach age 65, your funds can be withdrawn at any time—and for any reason—but are subject to ordinary income tax. However, you will avoid any tax by continuing to use the funds for qualified medical expenses. For those over age 65, premiums for Medicare Part A or B, Medicare HMO and employee premiums for employer sponsored health insurance can be paid from an HSA. For those electing COBRA continuation coverage, your premium payments may also be paid from an HSA.

# Hospital Indemnity Plan

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## Hospital Indemnity Plan by The Standard

You may continue this insurance by converting to an individual plan. You must apply in writing and pay the first premium to The Standard within 31 days after the date you become eligible. Your and your Dependent’s continued insurance will be the same insurance provided under the Group Policy on the day before you become eligible under this Continuation of Insurance (Portability) for the Member. You may decrease the insurance, but cannot increase the insurance. If you have any other questions you can contact The Standard directly at: 281.517.5466

# Identity Theft Plan

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## Identity Protection from iLOCK360

Moving this identity protection plan from payroll deduction to automatic bank withdrawal is easy. Simply call 855.287.8888 and request the option to pay monthly with a credit card. You will also have the option to upgrade your coverage and/or add your spouse and/or children. Once the iLOCK360 team has converted your profile to a monthly electronic funds transfer (EFT), you will be able to log in and update your profile to include your personal email address. If you have further questions, please reach out to iLOCK360 at 855.287.8888.

# Individual Life Insurance

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## Individual Life by Texas Life Insurance

The rate of the individual life insurance you purchased is guaranteed to remain the same to age 100—and the policy remains intact until age 120. This policy is intended to provide coverage until your death. With individual life insurance, the policy is portable—so, regardless of your employment status, a benefit will be provided as long as premiums have been paid and the contract is in force when you die. The Request For Service forms must be filled out and submitted to Texas Life within 31 days of your separation of employment for you to retain your coverage. You can either mail the forms to: Texas Life at PO Box 830, Waco, TX 76703, or call 800.283.9233.

# Legal Plan

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## Legal Plan by Arag

Once your payroll deductions have stopped you should receive a package from ARAG. In this package you will find a general conversion letter, a conversion application and a description of the legal services provided under your plan—these forms are also attached. Should you decide to convert your legal plan to an individual plan you can simply follow the directions and mail your completed forms to the address listed. If you have any questions ARAG can be reached at 800.247.4184.

# Medical Plan (TRS ActiveCare)

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## TRS Medical is convertible to COBRA

TRS ActiveCare members are eligible for COBRA. The TRS ActiveCare COBRA Administrator at BSwift will send you a letter to your home via USPS to explain your options. If, after 45 days of leaving the district, you have not heard from BSwift, please call 833-682-8972.

# Telemedicine

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## Telemedicine by RECURO HEALTH

WellVia has rebranded to Recuro Health if you have any questions please call 855.6RECURO or visit

<https://member.recurohealth.com/>

Download the new app on your phones – search for “Recuro Care” (you will get to login with your existing WellVia user name and password)

# Vision Plan

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## Vision Plan is COBRA eligible

This benefit is COBRA eligible and administered by First Financial Administrators, Inc. The First Financial COBRA Department will mail you coverage continuation information explaining your rights and responsibilities to your home address shortly after your termination. If you have questions or have not received your COBRA notice please contact First Financial Administrators, Inc. at 800-523-8422 or by e-mail at [cobra@ffga.com](mailto:cobra@ffga.com).

# Urgent Care

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## Urgent Care by Next Level Prime

Coverage stops when you terminate your employment with the district.

**Automatic Bank Draft Form***A convenient payment option for you...***Three Easy Steps:**

1. Read and complete each item on the Automatic Bank Draft Form.
2. Include either a voided check or deposit slip or provide bank information below.
3. Include any payments due.

Please enter all Texas Life Insurance Company contract numbers you want drafted with this authorization: \_\_\_\_\_

Texas Life will begin drafting your account for the current or any outstanding premiums due immediately upon receipt of this form. The premium(s) will be drafted on the contract due date(s).

Bank Name: \_\_\_\_\_ Please check appropriate box:

Account Holder Name: \_\_\_\_\_ ☐ Checking

Routing #: \_\_\_\_\_ ☐ Savings

Account #: \_\_\_\_\_ **OR** include a voided check or deposit slip

Contact information:

Cell Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Drafts are submitted to the bank on the day your form is received, if past due. Drafts should clear your account within 2 - 3 days. If your draft date falls on a weekend or holiday, it will leave our office on the next business day.

*As a convenience to me, I hereby request and authorize you to pay and charge to my account drafts drawn on my account by and payable to the Texas Life Insurance Company, Waco, Texas provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such draft shall be the same as if it were a draft drawn on you and signed personally by me. The payment of premium under this plan may be discontinued by the Company or the under-signed. You shall be under no obligation to determine the correctness of the amount of any draft drawn under this authority. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance. For the purpose of this form, a facsimile copy of my signature shall be as valid as an original. (Fax (254)745-6393)*

\_\_\_\_\_  
**Signature of Bank Account Holder**

\_\_\_\_\_  
**Date**

# Sun Life Financial

## Notice of Group Life Conversion



### Instructions for the Employer

Questions about  
Group Conversion?  
Call our Customer  
Service Center at  
**1-800-247-6875.**

1. Complete sections 1, 2 and 3. Sign and date this form.
2. Present this form to the employee. **Inform the employee that he or she has 31 days from the date of termination (or the date benefits were reduced) to submit an application and first payment for individual coverage.**

### 1 Policy Information

To be completed  
by Employer

|                                                            |               |
|------------------------------------------------------------|---------------|
| Name of group policyholder (i.e. employer or company name) | Policy number |
|------------------------------------------------------------|---------------|

### 2 Employee Information

To be completed  
by Employer

|                                             |                                                          |                        |                              |
|---------------------------------------------|----------------------------------------------------------|------------------------|------------------------------|
| Employee name (last, first, middle initial) |                                                          | Social Security number | Date of birth                |
| Hours worked weekly                         | Date of hire                                             | Date last worked       | Date of disability           |
| Insurance effective                         | Date of reduction or termination of group life insurance |                        | Date of last salary increase |
| Basic annual salary<br>\$                   | Amount of coverage lost:<br>Basic: \$      Optional: \$  |                        | Class description            |

1. This employee's Group Life benefits are being ..... ☐ Reduced   ☐ Terminated
2. Did the employee stop working due to accidental injury or sickness? ..... ☐ Yes   ☐ No   ☐ N/A
3. Has a Waiver of Premium claim been filed? ..... ☐ Yes   ☐ No   ☐ N/A
  - a. If yes, what was the determination?..... ☐ Approved   ☐ Denied   ☐ Pending
4. Are premiums still being paid by the employer under the Continuation provision? ..... ☐ Yes   ☐ No  
If "Yes," please include when premiums are paid until \_\_\_\_\_

### 3 Dependent Information

To be completed  
by Employer

|                                              |                                                         |
|----------------------------------------------|---------------------------------------------------------|
| Dependent name (last, first, middle initial) | Amount of coverage lost:<br>Basic: \$      Optional: \$ |
| Dependent name (last, first, middle initial) | Amount of coverage lost:<br>Basic: \$      Optional: \$ |

To be eligible to convert, a dependent must have been covered under the group policy. For more information about Group Life Conversion for dependents, please call our Customer Service Center at 1-800-247-6875.

### 4 Signature

To be completed  
by Employer

|                                          |              |
|------------------------------------------|--------------|
| Name of employer administrative contact  | Phone number |
| Signature of administrative contact<br>X | Date         |

## Information for the Employee: About Group Life Conversion

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If you're leaving your job, or you've reached the age at which Group Life insurance coverage from your employer may be reduced or eliminated, how do you maintain the protection that life insurance offers?

Many people don't realize that they may be eligible to convert their Group coverage to an **individual** policy and keep the same level of coverage even after they've left their job or reached a certain age.

It's called **Group Life Conversion**, and it's available to you if your employer or plan administrator has a Sun Life Group Life policy. If you're insured under the terms of the group policy, you have the option of converting to a Sun Life individual life policy without having to provide any additional medical information. You have 31 days from the date of termination to apply to Conversion.

## How to apply for Conversion

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1. Have your employer complete page 1 of this form. You'll need the information supplied by your employer to continue with the Conversion process. **Please retain this form. You will need to submit a copy of it with your application.**
2. Call our Customer Service Center at 1-800-247-6875.
3. Tell us you want a Group Life Conversion application. We need specific information from you before we will send out the application. When we ask, please be ready to provide:
  - Your Group Policy number
  - Your name, address and date of birth
  - Your Social Security number
  - The name and address of the employer where you last worked
  - The amount of Group Life coverage that was terminated or reduced
  - Name(s) of any covered dependents who are also converting
  - Termination date or date benefits were reduced

## Important Reminders

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You have limited time to apply for conversion. We must receive your application and first premium payment within 31 days of the date of termination.

Your rates are based on the class of risk to which you belong and your age at your nearest birthday.

Following receipt of your application, we will write to inform you whether or not your application is approved.

Insurance policies are underwritten by Sun Life Assurance Company of Canada, (Wellesley Hills, MA) in all states except New York. In New York, insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.), (Wellesley Hills, MA). Product offerings may not be available in all states and may vary depending on state laws and variations.

Sun Life Assurance Company of Canada and Sun Life and Health Insurance Company (U.S.) are members of the Sun Life Financial group of companies.

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Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).



## Re: Legal Plan Benefit - UltimateAdvisor®

Dear Plan Member:

You are valued here at ARAG®, and you already know how valuable legal coverage is, for you and your family. When major life events come along, good or bad, it's time to reassess your legal and financial situation. This can be as simple as updating your will because you moved or as complex as reviewing your budget and investments. Either way, being prepared can save you money and peace of mind.

That's why ARAG is providing you with the opportunity to continue receiving legal services through UltimateAdvisor®, a comprehensive legal plan. You can continue membership, *regardless of your status with your employer*, by paying ARAG directly. For less than 70 cents per day, you'll receive legal protection and convenient financial assistance that allows you to face your future with confidence.

If you don't act now, you will lose this offer for legal protection. The last thing you want is to find yourself without the quick, convenient advice and representation from professional attorneys for things like creating a will, buying a home and protecting yourself when making major purchases.

**Continuing your coverage is easy.** Everything is online!

- Visit [ARAGLegalCenter.com](http://ARAGLegalCenter.com) (Access Code: 10014ult) to review information on the legal plan's benefits.
- **Enroll Online.** You will need your Member ID, which you can find on your Legal Plan Membership Card.
- Call ARAG at **800-247-4184** with any questions.

**ARAG must receive these materials – which include arrangements for premium payment – within 90 days of the disqualifying event. You'll be responsible for any lapse in premium from your previous policy end date until your reenrollment.**

If you have questions about extending your enrollment, how to use your legal plan, or the benefits you are entitled to, call us at **800-247-4184**. We value you as a customer and look forward to helping you protect your home, auto, family and finances.

Sincerely,

Miguel Carrasco

Supervisor, Customer Care

P.S. Don't get caught without legal protection – enroll today and continue to receive the legal and financial assistance you need.

The UltimateAdvisor Conversion Plan may be different than the plan you had previously through your employer. Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call 800-247-4184.

019306V7

# Enrollment Form

Please mail completed form to:

ARAG®, Attention: Eligibility, 400 Locust Street, Suite 480, Des Moines, IA 50309

Or fax 515-246-8816



**Take Control. Enroll today.**

Reason for Conversion: ☐ Retired ☐ Leave of Absence ☐ Change of Employer ☐ No Longer a Covered Dependent

## 1. Enrollee Information

All sections must be completed. Optional information is noted. Please print clearly.

|                                                                              |                   |                                                      |
|------------------------------------------------------------------------------|-------------------|------------------------------------------------------|
| First                                                                        | Middle Initial    | Last                                                 |
| Street Address                                                               |                   |                                                      |
| City                                                                         | State             | ZIP Code                                             |
| Best Phone Number to Reach Me: <i>(circle one)</i> Daytime, Evenings, Mobile |                   | Email Address                                        |
| Employee ID Number / Prior Member ID Number / Social Security Number         |                   | Employer / Association Affiliation / Primary Insured |
| Date of Birth <i>MM/DD/YYYY</i>                                              | Gender <i>M/F</i> | Last Date of Employment / Last Day of Coverage       |

## 2. Family Information *(if applicable)*

|                         | First Name | Last Name | Gender<br>M/F | Date of Birth<br>MM/DD/YYYY |
|-------------------------|------------|-----------|---------------|-----------------------------|
| Spouse/Domestic Partner |            |           |               |                             |
| Child(ren)              |            |           |               |                             |
|                         |            |           |               |                             |
|                         |            |           |               |                             |

## 3. Authorization

I hereby authorize ARAG to debit/charge the account I have designated for payment of my insurance premium. I understand that my legal plan premium amount will be debited/charged to this account on a monthly basis until I notify ARAG in writing to the address below of my desire for these debits/charges to cease. I understand my premium amount may be modified or adjusted. Future changes in the information may be authorized by enrollee via telephone, e-mail or fax. By signing below, I am requesting enrollment in the legal plan indicated above. I understand that coverage will not become effective until the date assigned by the underwriter of the plan.

Enrollee Signature

Date

**Please sign and return this form to:** ARAG®, Attention: Eligibility, 400 Locust Street, Suite 480, Des Moines, IA 50309 or fax 515-246-8816.

**Please complete Payment Information on reverse side ➡**

**For assistance in completing this enrollment form, call 800-247-4184.**

**Payment Information**

- ☐ **Monthly Electronic Funds Transfer (EFT) from Checking Account**

(Include a blank, **voided check** with this form.)

- ☐ **Monthly Electronic Funds Transfer (EFT) from Savings Account**

Bank Routing Number: \_\_\_\_\_ Savings Account Number: \_\_\_\_\_

- ☐ **Credit Card**

(Payment will be drafted the day this enrollment form is received by ARAG.)

☐ Visa      ☐ Mastercard      ☐ Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CID Number (Last three numbers on the signature line of your credit card): \_\_\_\_\_

Name as It Appears on Card: \_\_\_\_\_

Limitations and exclusions apply. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

**For assistance in completing this enrollment form, call 800-247-4184.**

# UltimateAdvisor®

## Affordable Legal Counsel for Everyday Life Matters



### Maintain the Freedom and Control to Embrace Life's Opportunities

As you go through life, personal distractions and time-consuming situations – a dispute over a cell phone contract, refinancing your home – can come with legal implications or financial impact. **Your opportunity to continue coverage ends in 90 days. Call us now!**

### Save Time and Money with Legal Insurance from ARAG®

When you need legal help, don't waste time looking for the right attorney or paying costly attorney fees, which currently average **\$320 per hour.**<sup>1</sup> ARAG offers the top-performing legal insurance designed around a credentialed nationwide attorney network, and features:



**Online Resources:** The ARAG Legal Center provides online tools and useful information to help you learn more about your legal issues on your own.

**Education Center™** helps you understand your legal situation and provides:

- The Law Guide
- Guidebooks and Videos
- LawExpresso® (e-newsletter)

**DIY Docs®** offers the convenience and control of creating state-specific, legally valid documents online.



**Telephone Advice:** Talk to a knowledgeable professional when you need information and direction to address your legal and financial matters.

**Legal Hotline** offers you unlimited legal advice from Network Attorneys to help you address everyday legal issues. Legal services also include:

- Reviewing and preparing documents
- Making follow-up calls and writing letters
- Preparing a Standard Will

**Identity Theft Services** provided by Customer Care Specialists who can help you protect or recover your identity.



**In-Office Services:** Meet with an experienced attorney who can advise and represent you when you need an attorney on your side.

**Attorney Services** include:

- Reviewing and preparing documents
- Making follow-up calls and writing letters
- Providing legal advice and consultation
- Representation in court

**Comprehensive Coverage** protects you from costly legal fees. Most covered legal matters are **100% paid-in-full** when you work with a Network Attorney. *(See reverse side of flyer for details.)*

**Reduced Fee Benefits** are available for legal matters not fully covered and not excluded. You can receive at least 25% off a Network Attorney's normal hourly rate.

### Call now to continue coverage. You only have 90 days to enroll!

UltimateAdvisor offers you comprehensive legal insurance at an affordable cost. Protect your family, finances and future from everyday legal issues without the high cost of attorney fees.

- **Family:** \$20.96 per month

**Questions about your insurance?** Call us toll-free at **800-247-4184** or visit **ARAGLegalCenter.com**, Access Code 10014ult.

# UltimateAdvisor®

## Affordable Legal Counsel for Everyday Life Matters

### Comprehensive Coverage You Can Trust

With UltimateAdvisor, we say “yes” to more legal matters – most of which are **100% paid-in-full** when you work with a Network Attorney. For complete details on these legal matters, visit [ARAGLegalCenter.com](http://ARAGLegalCenter.com) and enter Access Code 10014ult.

#### Civil Damage Claims (Defense)

- Civil Damage (libel/slander)
- Pet-Related Matters

#### Consumer Protection Issues

- Auto Repair
- Buying a New or Used Automobile
- Consumer Fraud
- Consumer Protection for Goods or Services

#### Criminal Matters

- Habeas Corpus
- Juvenile Matters
- Parental Responsibilities

#### Debt-Related Matters

- Bankruptcy (Chapter 7 & 13)
- Debt Collection Matters
- Garnishments

#### Family Law

- Adoption
- Divorce/Annulment/Separation (uncontested)
- Divorce/Annulment/Separation (up to 10 hours)
- Domestic Violence (restraining order)
- Guardianship/Conservatorship
- Incapacity
- Name Change
- Pre-marital Agreements
- School Issues

#### General Matters

- Affidavits
- Demand Letters
- Personal Property Disputes
- Promissory Notes

#### Government Benefits

- Medicare/Medicaid Disputes
- Social Security Disputes
- Veterans Benefits Disputes

#### Landlord/Tenant Matters

- Contracts/Lease Agreements
- Eviction
- Security Deposit
- Tenant Disputes with a Landlord

#### Real Estate Matters

- Building Codes
- Buying/Selling a Home (Primary and Secondary Residence)
- Deeds and Mortgages
- Easements
- Eminent Domain
- Foreclosure
- Home Improvement/Contractor Issues
- Neighbor Disputes (Primary and Secondary Residence)
- Real Estate Disputes (Primary and Secondary Residence)
- Refinancing
- Zoning and Variances

#### Small Claims Court

- Small Claims Assistance

#### Tax Issues

- Federal IRS Tax Audit
- Federal IRS Tax Collection

#### Traffic Matters

- Drivers License Suspension and Revocation without DUI
- Drivers License Restoration without DUI
- Traffic Tickets (limited 1x per year)

#### Wills and Estate Planning

- Codicil (amendment to a Will)
- Durable/Financial Power of Attorney
- Estate Administration (up to 9 hours)
- Health Care Power of Attorney
- Living Will
- Standard/Complex Will

For any additional not fully covered and non-excluded personal legal matters not listed, you can receive **Reduced Fee Benefits**.

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### Questions? We're Here to Help You.



Call the ARAG Customer Care Center toll-free at 800-247-4184 or visit [ARAGLegalCenter.com](http://ARAGLegalCenter.com) and enter Access Code 10014ult.

<sup>1</sup> Average attorney rates in the United States of \$320 per hour for attorneys with 11 to 15 years of experience, Survey of Law Firm Economics, The National Law Journal and ALM Legal Intelligence, July 2013.

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