

La Porte ISD

Exit Package: What Happens to Benefits when you Leave the District?



CONTENTS

EXIT PLAN AT-A-GLANCE	2
TRS MEDICAL PLAN	3
DENTAL PLAN	3
VISION PLAN	3
CRITICAL ILLNESS	3
CANCER PLAN.....	3
ACCIDENT PLAN	3
GROUP TERM LIFE INSURANCE	4
INDIVIDUAL LIFE INSURANCE	4
IDENTITY THEFT PLAN.....	4
HOSPITAL INDEMNITY PLAN	4
457 RETIREMENT SAVINGS PLAN.....	5
403(B) RETIREMENT SAVINGS PLAN	5
FLEXIBLE SPENDING ACCT (FSA).....	5
DEPENDENT CARE ACCT (DCA).....	5
SUN LIFE CONVERSION FORM	6-7
TEXAS LIFE CONVERSION FORM	8

These few pages have the information and forms you need to keep the supplemental benefits that remain available to you after you leave the District. Some of these benefits are “portable” and some are covered by “COBRA.”

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).

COBRA is a U.S. Congress-passed Bill called Consolidated Omnibus Budget Reconciliation Act of 1985. The health benefit provisions of the law amends the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Service Act to provide continuation of group health coverage that otherwise might be terminated. 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.

Group health coverage for COBRA participants is generally *more* expensive than health coverage for active employees, since usually the employer pays a part of the premium for active employees while COBRA participants typically pay the entire premium themselves. It is ordinarily less expensive, though, than individual health coverage.



La Porte ISD Supplemental Benefits

PLAN	VENDOR INFO	COBRA	PORTABLE AND/ OR CONVERTABLE	PLAN TERMINATES WHEN YOU DO	CAN NO LONGER CONTRIBUTE; BUT IT'S YOUR MONEY/ACCT	WHAT HAPPENS NEXT?
Medical Plan	TRS 866.355.5999 BSwift 833.682.8972	✓				You will receive a letter from BSwift
Mail order prescriptions	CVS/CareMark 800.222.4234			✓		Nothing—coverage stops on your termination date with the district
Dental Insurance—DMHO	DMHO Delta 800.422.4234	✓				You will receive a letter from FFGA
Dental Insurance—PPO	Delta Insurance 800.521.2651	✓				You will receive a letter from FFGA
Vision	Ameritas/VSP 800.877.7195	✓				You will receive a letter from FFGA
Disability Plan	Unum 800.858.6843			✓		Nothing—coverage stops on your termination date with the district
Critical Illness Plan	Allstate 800.521.3535		✓			You must call Allstate within 30 days
Cancer Plan	American Fidelity 800.662.1113	✓	✓			Please see details on page two
Accident Plan	Allstate 800.521.3535		✓			You will receive a letter from Allstate with options to continue individual coverage.
Group Term Life	Sun Life 800.247.6875		✓			Complete the attached forms and mail to Sun Life within 31 days
Identity Theft Plan	iLOCK360 855.287.8888		✓			You must call within 31 days to setup auto-payments
Hospital Indemnity Plan	MetLife 800.438.6388		✓			You will receive a letter from MetLife with options to continue individual coverage.
Individual Life	Texas Life 800.283.9233		✓			Complete the attached forms and mail to Texas Life within 31 days
457 Retirement Savings Plan	TCG Group Holdings 800.943.9179				✓	Your 457 account will continue to be invested
403(b) Retirement Savings Plan	TCG Group Holdings 800.943.9179				✓	Your 403(b) account will continue to be invested
Flexible Spending Accounts (FSA)	FFGA 866.853.3539	✓				You will receive a letter from FFGA
Dependant Care Account (DCA)	FFGA 866.853.3539			✓		You have 90 days to submit any claims, the remaining balance will be forfeited
Health Savings Accounts (HSA)	FFGA 866.853.3539			✓	✓	Your HSA account continues to be invested.
Telemedicine	WellVia 855.935.5842		✓			You must call within 31 days to setup auto-payment

TRS Medical Plan

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.

Dental and Vision Plans

Dental and Vision are convertible to COBRA via First Financial Group of America

Like TRS ActiveCare above, all Delta Dental and Ameritas/VSP benefits are COBRA eligible. The Dental and Vision COBRA are administered through First Financial Group of America. The FFGA COBRA Steward will send you a letter via USPS to explain your options. If after 45 days of leaving the district, you have not heard from them, please call 800-523-8422 or by e-mail at cobra@ffga.com.

Critical Illness Plan

Critical Illness Plan by Allstate Insurance

Moving your Critical Illness Plan is easy. Once your payroll deductions have stopped, simply call Allstate within 31 days with your member ID. Allstate will then provide you with options on how to continue your coverage. Allstate contact information is 800.521.3535 or www.allstateatwork.com.

Cancer Plan

Cancer Plan by Allstate Insurance

The Allstate Cancer Plan is both COBRA eligible and 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. You will receive a letter from the TCG Administrators COBRA Steward explaining your options to continue coverage under COBRA. If you would like to immediately convert your cancer plan to an individual policy, simply call Allstate within 31 days after your payroll deductions have stopped with your member ID. Allstate will then provide you with options on how to continue your coverage. Allstate contact information is 800.521.3535 or www.allstateatwork.com.

Accident Plan

Accident Plan by Allstate Insurance

Moving your Accident Plan is easy. Once your payroll deductions have stopped, simply call Allstate within 31 days with your member ID. Allstate will then provide you with options on how to continue your coverage. Allstate contact information is 800.521.3535 or www.allstateatwork.com.

Group Term Life Insurance

Group Term Life Plan by Sun Life Insurance

To convert your Sun Life Insurance first, have your employer complete and sign the Sun Life Conversion form on page 5. 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.

Individual Life Insurance

Individual Life Insurance by Texas Life is portable

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.

iLOCK360

Identity Theft 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.

Hospital Indemnity Plan

Hospital Indemnity Plan by MetLife

You may continue this insurance by converting to an individual plan. You will receive a letter within 15 days of your separation from service from MetLife Insurance detailing how to continue your Hospital Indemnity Plan. If you have any other questions you can contact MetLife directly at: 800.438.6388.

457 and 403(b) Retirement Savings

Retirement savings accounts continue 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 can also contact your Investment Provider directly to inquire about other investment options they offer.

Flexible Spending Account

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.

Dependent Care Account

Dependent Care Account from First Financial Group of America

You have 90 days after the end of the Plan Year to make any claims for eligible Dependent Care expenses. If you do not use up the balance in the account through legitimate eligible Dependent Care Expenses, and you do not make a claim for these expenses within the 90 day period at the end of the Plan Year, you will lose any amount left in your account, i.e., you will forfeit the amounts unused in your DCA account and they will be returned to the district. You may look up remaining balances and claims on your account at www.ffga.com.

Health Savings Account (HSA)

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.

Telemedicine Plan

Telemedicine by WellVia

Moving this plan from payroll deduction to automatic bank withdrawal is easy. Simply call 855.935.5842 or visit www.wellviasolutions.com and request the option to pay monthly with a credit card.



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
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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 \$	Amount of coverage lost: 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: Basic: \$ Optional: \$
Dependent name (last, first, middle initial)	Amount of coverage lost: 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 X	Date

Information for the Employee: About Group Life Conversion

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

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

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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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 as required.
3. Include any payments due.

Please enter all Texas Life policy numbers you want drafted with this authorization: _____

Enter the day of the month you want premiums drafted (1st - 28th). Date cannot be more than 15 days after due date: _____

Texas Life will begin drafting your account for the current or any outstanding premiums due immediately, unless you indicate a different start date here: _____

Please check the appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Checking Account | Include a check with "Void" written on it. |
| <input type="checkbox"/> Savings Account | Include a deposit slip with "Void" written on it. |
| <input type="checkbox"/> Resume the Draft | Draft will continue with current information on file. |

Work Number (_____) Home Number (_____) Mobile Number (_____)

Drafts are submitted to the bank on the day you've chosen above, and 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 undersigned. 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