

Ennis ISD

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



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.

CONTENTS

EXIT PLAN AT-A-GLANCE.....	2
MEDICAL PLAN	3
HEALTH SAVINGS ACCOUNT (HSA).....	3
DENTAL PLAN.....	3
VISION PLAN	3
CRITICAL ILLNESS PLAN	3
CANCER PLAN	4
ACCIDENT	4
INDIVIDUAL LIFE PLAN.....	4
IDENTITY THEFT PROTECTION	4
RETIREMENT PLANS.....	4
HOSPITAL INDEMNITY.....	5
FLEXIBLE SPENDING ACCOUNTS (FSA& DCA).....	5
VENDOR FORMS.....	6



Ennis ISD Supplemental Benefits

PLAN	VENDOR INFO	COBRA	PORTABLE AND/OR CONVERTIBLE	PLAN TERMINATES WHEN YOU DO	CAN NO LONGER CONTRIBUTE; BUT IT'S YOUR MONEY/ACCT	WHAT HAPPENS NEXT?
Medical	TRS Bswift 833.682.82972	✓				You will receive a letter from BSwift regarding COBRA coverage.
Term Life Insurance	MetLife 800.638.5433			✓		Nothing, coverage stops on your termination date with the district; not COBRA-eligible
Dental Plan	Ameritas 800.487.5553	✓				You will receive a letter from FFGA Administrators regarding COBRA coverage
Vision Plan	Ameritas 866.487.5553	✓				You will receive a letter from FFGA Administrators regarding COBRA coverage
Critical Illness Plan policy 160713	MetLife 800-638-5433		✓			You must call Metlife within 31 days to setup auto- payments
Cancer Plan policy 160713	MetLife 800.438.6388	✓	✓			You will receive a letter from FFGA Administrators regarding COBRA coverage
Disability Plan	Standard 866.679.3054			✓		Nothing, coverage stops on your termination date with the district; not COBRA-eligible
Accident Plan policy 160713	MetLife 800-638-5433		✓			You must call MetLife within 31 days
Individual Life	Texas Life 800.283-9233		✓			Complete attached forms and mail to Texas Life within 30 days
Group Term Life Insurance	Metlife 800.275.4638		✓			Complete attached forms and mail to Metlife within 30 days
Identity Theft Protection	iLOCK350 855.287.8888		✓			You must call within 31 days to setup auto-payments
Hospital Indemnity policy 803064	Aetna 800-607-3366		✓			You must call AFA within 31 days to setup auto- payments
Retirement Plan(s)	TCG 800-943-91799				✓	Your retirement plan(s) continue to be invested
Flexible Spending Accounts (FSA & DCA)	FFGA 866-853-8539	✓				May be COBRA eligible

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.

TRS Medical

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 via USPS to explain your options. If, after 45 days of leaving the district, you have not heard from TRS-Activecare please call 1-833-682-89272

Dental Plan

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.

Vision Plan

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.

Critical Illness Plan

Critical Illness Plan by Metlife

Moving your Critical Illness Plan is easy. Once your payroll deductions have stopped, simply call Metlife within 31 days with your group member ID 160713. Metlife will then provide you with options on how to continue your coverage. Metlife contact information is 1-800-638-9433 or www.metlife.com.

Cancer Plan

Cancer Plan by MetLife is both COBRA-eligible and portable group policy number 160713.

If you would like convert your cancer plan to an individual policy, simply call MetLife 1 800 438-6388 (within 31 days of your separation from employment) informing them you would like to continue your Cancer Plan.

Accident Plan

Accident Plan by MetLife group policy number 160713.

If you would like convert your accident plan to an individual policy, simply call MetLife 1 800 438-6388 (within 31 days of your separation from employment) informing them you would like to continue your Accident Plan.

Individual Life Insurance

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. Contact Texas Life within 31days of your separation/termination from employment to request payment options. Any questions can be answered by Texas Life at www.texaslife.com or 800.283.9233.

Group Term Life Insurance Plans

Group Term Life Insurance Plan by Metlife

convertible or portable 1-800-638-5433 <http://metlife.com> Group Policy #160713

Should you leave Ennis ISD for any reason, and your Basic, Supplemental, and Dependent Term Life, you will have an opportunity to continue group term coverage (portability) under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. T

To take advantage of this feature, you must have coverage of at least 10,000 up to a maximum of 2,000,000.

Portability is also available on coverage you ve selected for your spouse/domestic partner and dependent child(ren). TThe maximum amount of coverage for spouse/domestic partners is 250,000 the maximum amount of dependent child coverage is 25,000. Increases, decreases and maximums are subject to state availability.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your employer or certificate for specific details.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your employer for more information.

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.

TCG Retirement Savings Account(s)

Retirement savings accounts continue to be invested

Separation from service is a qualifying event and thus allows you to remove the 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.

Medical Reimbursement

FSA Account your salary redirections will end however, you may still file claims for dates of service that were incurred within your employment period. You have 30 days after termination to submit a claim.

Dependent Care Account

You have 90 days from the date employment has ended to file claims for eligible Dependent Care expenses incurred prior to termination – after which all unused funds will be forfeited. You may view your remaining balances and claims on your account through the My Benefits Website at www.ffga.com.

Hospital Indemnity Plan *Hospital Indemnity Plan by Aetna*

800-607-3366 www.myaetnasupplemental.com Group Policy #803064

You are able to continue coverage under the Portability provision. You will need to pay premiums directly to Aetna. Please fill out the portability form below. Please call Aetna, to understand the benefits before you decide to enroll. Customer Service representatives Monday through Friday, 8 a.m. to 6 p.m., by calling 1-800-607-3366. See Portability form below.

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

061016



Client name
Group number

Group Hospital Portability Coverage Election

(To be completed by the employee)

This form lets you continue your coverage after your employment terminates.

Employee information

Employee name (First, middle initial, last)		Birthdate (MM/DD/YYYY) / /		Aetna W number or SSN number	
Home address (street)		City		State	ZIP code
Date of triggering event (MM/DD/YYYY) / /	Email	Primary phone number ()		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Coverage election (Note: You may only continue coverage for dependents that were covered under the plan on the date your employment ended.)

I elect to continue my coverage with no changes

I elect to continue my coverage and **remove** the following insured dependents from my coverage:

- Spouse, Civil union partner or Domestic partner
- All dependent child(ren)
- Listed dependent child(ren)

1. Dep name _____ SSN _____ Date of Birth _____ Coverage _____

2. Dep name _____ SSN _____ Date of Birth _____ Coverage _____

3. Dep name _____ SSN _____ Date of Birth _____ Coverage _____

Premium payment and signature section

- First, please contact customer service at 1-800-607-3366 to obtain your monthly portability premium rates.
- Then, enter the monthly premium payment here: \$ _____
- Make your payment by mail or phone:
 - Mail your payment along with this Completed Portability Coverage Election Form to:
Aetna Attn: Portability Department, PO BOX 534739, Atlanta, GA 30353-4739
 - Make your payment via phone. Before we can accept your payment over the phone, we will need to have a copy of this signed form on file. You can fax or email the completed form to us. **Fax: 860-907-3281 or Email: VoluntaryPortabilityForm@aetna.com.** After the fax or email is sent, you may call Customer Service at **800-607-3366** to make your premium payment.

I understand and agree that:

- No portability coverage will be effective unless this Portability Coverage Election Form and premium required have been submitted in accordance with the terms of the Group Policy; if not, any payments received will be refunded;
- Portability coverage will be effective on the first day following the termination of employment, provided that Aetna receives this completed Portability Coverage Election Form and the first premium within 30 calendar days after my coverage under the Group Policy would otherwise end;
- For portability coverage to remain in effect, I must continue to pay premiums by the **first** day of each month. Premiums are to be paid to **Aetna, Attn: Portability Department, PO Box 534739, Atlanta, GA 30353-4739.** I will not receive a monthly bill;
- Portability coverage will terminate if the premium payments are not received within the 31 day grace period; and
- The terms of my portability coverage are set forth in the Certificate issued under the Group Policy. The amount of insurance in effect on the date my coverage would otherwise have ended will continue. No further increases to my benefit amount will be allowed nor will I be able to add any optional benefits.
- The information on this form is true and complete to the best of my knowledge.

Applicant signature	Applicant name (print)	Date signed (MM/DD/YYYY) / /
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Section below to be completed by Aetna

Date received / /	Effective date of portability coverage / /	Coverage tier	Monthly premium	Processed by
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Coverage is underwritten by Aetna Life Insurance Company (Aetna), 151 Farmington Avenue, Hartford, CT 06156.