

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.

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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 WellSystems 844.752.5146	✓				You will receive a letter from WellSystems 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	MetLife 800.275.4638		✓			You must call Metlife within 31 days to setup auto- payments
Cancer Plan	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	MetLife 800.438.6388		✓			You must call MetLife within 31 days
Individual Life	Texas Life 800.635.4467		✓			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	American Fidelity 800.654.8489		✓			You must call AFA within 31 days to setup auto- payments
Retirement Plan(s)	TCG 817-909-5652				✓	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 WellSystems will send you a letter via USPS to explain your options. If, after 45 days of leaving the district, you have not heard from WellSystems, please call 800.222.9205 or cobra@ffga.com

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 member ID. Metlife will then provide you with options on how to continue your coverage. Metlife contact information is 800.275.4638 or www.metlife.com.

Cancer Plan

Cancer Plan by MetLife is both COBRA-eligible and portable

You will receive a letter from the FFGA Administrators COBRA Administrator explaining your options to continue coverage under COBRA at cobra.ffga.com or please call 800.523.8422, Option 4. If you would rather convert your cancer plan to an individual policy, simply send a letter (within 31 days of your separation from employment) to MetLife Insurance informing them you would like to continue your Accident Plan. Your letter will need to include your personal information, policy number and monthly premium payment. You can mail these documents to: MetLife, P.O.Box 371487, Pittsburgh, PA 15250-7487. Should you have any other questions you can contact MetLife directly at 855.564.6638.

Accident Plan

Accident Plan by MetLife

Moving this Accident Plan is easy. Simply send a letter (within 31 days of your separation from employment) to MetLife Insurance informing them you would like to continue your Accident Plan. Your letter will need to include your personal information, policy number and monthly premium payment. You can mail these documents to: MetLife, P.O.Box 371487, Pittsburgh, PA 15250-7487. Should you have any other questions you can contact MetLife directly at 855.564.6638.

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 31 days 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 is convertible or portable

PORTABLE: To take your group term life coverage with you and pay for it at group rates (note: this coverage does not build any cash value) is called “porting” your coverage. Have your employer complete and sign Section 1 on the attached Portability Form. Once Section 1 is completed by your employer, complete the rest of the document, and mail to Metlife Insurance with your monthly premium payment within 31 days of your separation from employment. Your rate will change.

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

Could Be COBRA eligible

You have 90 days from the date termination to file claims, after which all unused funds will be forfeited. If you terminate employment at the end of the plan year – the account ends and no new elections can be made. You may view your remaining balances and claims on your account through the My Benefits Website at www.ffga.com.

Medical Reimbursement is only COBRA eligible if you have contributed more to the account than was spent while you were an active employee. In order to continue your Medical Reimbursement you will be required to contribute to the account through monthly payments paid directly to 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.

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 American Fidelity

The American Fidelity Hospital Indemnity Plan is portable, BUT BEWARE: If you choose COBRA, you can only keep it for 18 months, and then your plan terminates—with no option to convert it to a personal policy. If you would like to immediately convert your hospital indemnity 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 800.654.8489 or www.americanfidelity.com.

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

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