
ADMINISTRATION KIT

Welcome to the GROUP BENEFIT PLAN & TRUST

Sponsored By



Associated Employers

AEGBP&T ADMINISTRATION KIT

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- Associated Employers List of Services
- EBMS miBenefits Flyer
- Instructions for Online Enrollment
- Life Insurance Portability Form



**Associated Employers
& AE Benefit Plans**

P.O. BOX 81087 * BILLINGS, MT 59108 * PHONE 406-248-6224 * Fax 406-248-7655 * www.associatedemployers.org

INTRODUCTION

Welcome to the Associated Employers Group Benefit Plan & Trust! Please take a few moments to read this information and familiarize yourself with the unique arrangement you are now participating in for your company's health benefits.

The duties required in administering your employees' benefits are important and need to be carried out in a timely manner. For example, it is extremely important that you understand when employees and dependents are first eligible to begin coverage. A late enrollment can result in a long waiting period before the coverage can become effective. To avoid any potential misunderstandings, please review this manual carefully in its entirety.

The Associated Employers Group Benefit Plan & Trust (the "Trust") is sponsored and operated solely by Associated Employers (AE) through the Trustee Committee and its Plan Administrator. AE has been serving Montana and Wyoming employers in the promotion of positive employer/employee relationships since 1916. We encourage your company to take advantage of all the AE membership benefits, in addition to the health benefits offered through the Trust. A flyer listing the available benefits through your AE membership is included in this packet.

The Trust contracts with Employee Benefit Management Services (EBMS) to provide other administrative services, including claims adjudication, negotiating discounts with providers, providing the Trust with large case management services, securing stop loss coverage, and enforcing eligibility requirements. The primary need you and your employees will have for the services provided by EBMS will be for claims processing questions. The EBMS Client Service Center number is 406-869-5500 or 866-401-3883. EBMS has an online portal, miBenefits, where employees can create an account and access claims information, look up providers, order ID cards, and much more. Information is available on the EBMS website at www.ebms.com. Please share the flyer included with this Administration Kit on how to set up a miBenefits account with your employees.

As stated above, the Trustee Committee and Plan Administrator contract with EBMS to deliver the highest quality, most cost effective health benefit plan for you, your employees and their dependents. If at anytime you have questions, concerns, complaints or compliments regarding any of the above contracted services, please contact Greg Roadifer, Plan Administrator, AE office at 406-248-6178.

Now that your company is part of AE and the Trust, you and/or your staff will work directly with our office in administering your employee health benefits, including adherence to the non-discriminatory and administrative policies of the Trust.

This kit is intended to supplement the personalized service we provide, not replace it. Therefore, please contact us directly with any questions or concerns you may have.

Please also keep in mind that these instructions are not intended to modify coverages or requirements of the Plan; the language in the Plan Documents direct its operation.

AE TRUST CONTACTS

PHONE: 406-248-6224

FAX: 406-248-7655

www.associatedemployers.org

Linda Deaver	Senior Benefits Coordinator	linda@aehr.org
Nichole Wanner	Benefits & Wellness Coordinator	nichole@aehr.org
Carol Sanders	Benefits Coordinator	carol@aehr.org
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Ruth French	Director of Trust Operations	ruth@aehr.org
Shane Heigis	Director of Underwriting	shane@aehr.org
Gregg Wilson	Vice President, Membership & Insurance Services	gregg@aehr.org
Aaron Juhl	Membership & Insurance Services	aaronj@aehr.org
Greg Roadifer	Trustee/Administrator – AEGBP&T	greg@aehr.org

For all other Associated Employers services – Call 406-248-6178

ADMINISTERING GROUP COVERAGE

ENROLLMENTS

Complete, timely, and accurate enrollment of plan participants is necessary to ensure that all eligible employees and their dependents receive coverage. Incomplete or incorrect enrollment forms can delay needed coverage and/or create eligibility complications. Refer to your group's Adoption Agreement, which sets forth the waiting period and minimum hours requirement for benefits eligibility.

Enrollment is done using the enrollment website, <https://aetrust.org/enrollment/>. Instructions for use of the Trust online enrollment website are included in this packet. In addition, the company manager can use the Trust Plan Manager's website to assist and monitor employee enrollment. The Trust Manager website is located at <https://www.aetrust.org/manager/>. The WebID and Password were previously provided to you. If you need the WebID and Password again, or have any questions about utilizing the websites, please give us a call.

There are three types of enrollment periods for your eligible employees and their dependents:

- New Employee Enrollment
- Open Enrollment
- Special Enrollment

NEW EMPLOYEE ENROLLMENT

- New employees (and their eligible dependents) are eligible to participate in the Plan after they have completed the employer's stated waiting period and met the minimum hour requirement, as outlined in your Adoption Agreement.
- Participant coverage under the Plan shall become effective the first of the month following completion of the employer's waiting period and attainment of the minimum hour requirement.
- A newly eligible employee must apply for enrollment within 30 days of the employee's eligibility date. *For example:* If an employee is eligible to participate in the Plan July 1, then the Enrollment Form must be received by the Trust no later than July 31.
- Enrollment forms can be submitted no earlier than 30 days prior to the employee's eligibility date. *For example:* If an employee is eligible to join the Plan July 1, we will accept an enrollment form starting June 1.
- Employees (and any eligible dependents) that do not enroll within 30 days of the employee's eligibility date will NOT be able to enroll in the Plan until the next open enrollment period for the Plan or if a special life event occurs, as explained below.
- All employees must complete an online enrollment form and return the signed copy to the company contact person, who then needs to send the signed copy to our office for processing. This form **MUST** be received in our office within 30 days of the employee's eligibility date.
- **REHIRES:** If the new employee is a rehire, and has been gone from the employer less than six months, the employee can come back on the Plan the first day of the month following his/her rehire. A signed enrollment form **MUST** be received in our office within 30 days of the employee's eligibility date. If the employee was

gone from the employer for more than six months, he/she is treated as a new employee and must meet the employer's stated waiting period and minimum hour requirement, as outlined in the Adoption Agreement.

- Please see the attached instructions on how to utilize the online enrollment website.

OPEN ENROLLMENT

- Employees who fail to make application for enrollment for themselves or their dependents within 30 days of the employee's eligibility date will NOT be allowed to enroll in the Plan until the next open enrollment period.
- Open enrollment is in December for a January 1 effective date and in March for an April 1 effective date. Other than for new employees and in special enrollment situations described below, employees and dependents cannot enroll in the plan outside of these times.
- During open enrollment, all employees must complete an online enrollment form and return the signed copy to their company contact person, who then needs to send the signed copy to our office for processing. A completed, signed enrollment form **MUST** be received by our office by the last day of the month prior to the effective date or the employee (and eligible dependents) will not be allowed to enroll in the plan until the next open enrollment period.
- Please see the attached instructions on how to utilize the online enrollment website.

SPECIAL ENROLLMENT

Employees who decline enrollment for themselves or their eligible dependents can only enroll outside of the open enrollment periods if they have a qualifying event, as described below:

- **MARRIAGE OR DOMESTIC PARTNERSHIP:** If an employee has a new dependent as the result of marriage or the establishment of a domestic partnership, he may be able to enroll himself, if not already enrolled, his new spouse or domestic partner, and other eligible dependents. In the case of marriage or establishment of domestic partnership, coverage will become effective the date of the marriage or establishment of domestic partnership. Employee **MUST** make application for enrollment within 30 days from the date of marriage or establishment of domestic partnership.
- **BIRTH, ADOPTION, OR PLACEMENT FOR ADOPTION:** In the event of a birth, adoption, or placement for adoption, an employee who is eligible for coverage may be allowed to enroll himself, if not already enrolled, the newborn, and any other eligible dependents. Coverage will become effective as of the date of birth, the date of adoption, or the date of placement for adoption. Employee **MUST** apply for enrollment within 90 days after the birth, adoption, or placement for adoption.
- **LOSS OF ELIGIBILITY FOR OTHER HEALTH COVERAGE:** An employee or dependent who is eligible but not enrolled in the plan because the employee declined coverage in writing, as required by the Plan, due to coverage under another group health plan or other health insurance, may be able to enroll himself, if not already enrolled, his spouse, and other eligible dependents, if the loss of eligibility meets one of the following events:
 - The employee or eligible dependent has an employment event, such as termination of employment, reduction in hours, or plan no longer offering benefits to a class of similarly situated individuals (e.g., part-time employees).

- The employee or dependent has a change in status resulting in loss of eligibility for the coverage under another insurance plan (including legal separation, divorce, death, dependent child reaching a limiting age, termination of employment, or reduction in the number of hours of employment).
 - The employer ceases contributing towards the other coverage or the other plan is terminated.
 - The employee or eligible dependent has lost the coverage under a COBRA plan due to the COBRA coverage being exhausted.
 - Coverage offered through an HMO or other arrangement, in the individual or group market, does not provide benefits to individuals who no longer reside, live, or work in a service area.
 - The employee MUST apply for enrollment in this Plan no later than 30 days after the date of exhaustion of COBRA coverage or the termination of other coverage as described above.
- When making changes due to special life events, the employee will be required to provide the Trust with documentation supporting the special event. Some examples of the type of documentation that will be requested are birth certificates, marriage licenses, divorce decrees, death certificates, COBRA paperwork, or other proof of loss of coverage.
- When making changes due to special life events, employees MUST complete an online enrollment form. Once the enrollment form has been completed online, it should be printed, signed, and returned to the company contact person, who then needs to send the signed copy to our office for processing. A completed, signed enrollment form MUST be received by our office within the time period allowed to make changes due to the special event, or the employee (and eligible dependents) will not be allowed to enroll in the plan until the next open enrollment period.
- Please see the attached instructions on how to utilize the online enrollment website.

Submit completed, signed enrollment forms and all other correspondence by mail, fax or email, as follows.

Mailing address: AE Trust Department, P.O. Box 81087, Billings, MT 59108-1087
Fax number: 406-248-7655
Email addresses: linda@aehr.org

CHANGES IN ENROLLMENT

You must notify the Trust office immediately of any changes in enrollment, such as adding or removing dependents, so that participants may receive the benefits to which they are entitled. All participants must make plan changes using the online enrollment website. Once the enrollment form has been completed online, it should be printed, signed, and returned to the company contact person, who then needs to send the signed copy to our office for processing. A completed, signed enrollment form **MUST** be received by our office within the time period allowed to make changes or the employee (and eligible dependents) will not be allowed to enroll in the plan until the next open enrollment period.

In addition to the types of plan changes referred to above, other changes such as address corrections/updates, change of beneficiary for life insurance, etc., need to be sent to our office. They can be emailed or faxed as shown below.

Submit completed, signed enrollment forms and all other correspondence by mail, fax or email, as follows.

Mailing address:	AE Trust Department, P.O. Box 81087, Billings, MT 59108-1087
Fax number:	406-248-7655
Email addresses:	linda@aehr.org

TERMINATIONS

When an employee or dependent no longer meets the eligibility requirements, you need to submit written documentation to our office. When an employee loses eligibility due to reduction in hours or is terminated, you **MUST** send us a short note by email, fax, or mail giving the employee's date of loss of eligibility or last date of employment. Do not write terminations on your invoice when remitting contributions, as this can easily be missed and cause confusion.

In addition, it is important that you let us know if any of your employees experience any other change in circumstances that affect their eligibility to remain covered under the Plan, such as the employee being out of work due to injury, illness, or other reason, and not meeting the minimum hours required to remain eligible under the plan. Please give our office a call at 406-248-6224 so that we can assist you in determining continued eligibility and options available to the employee.

CONTINUATION COVERAGE (COBRA)

In 1986, Congress passed legislation titled the “Consolidated Omnibus Budget Reconciliation Act of 1985,” which established requirements for employers to continue coverage for employees and dependents who would otherwise lose coverage due to termination and other qualifying events. All employers with 20 or more employees are subject to this law.

This legislation, commonly referred to as “COBRA,” is an **EMPLOYER** law rather than an insurance regulation and therefore, the law obligates the employer to provide coverage in certain circumstances.

COBRA’s requirements concerning notification rules, election procedures, premium collection, and termination provisions are set forth in the Summary Plan Description (benefits booklet). However, there are many technicalities which may affect the application of COBRA, so please do not hesitate to contact our office with questions.

COBRA forms are available on the AE website under the Insurance/Benefits tab and forms link, <http://www.associatedemployers.org/insurance/forms/>.

Please note that the AE Trust does **NOT** administer COBRA for member employers. This responsibility remains with the employer unless you contract with an outside source. EBMS does provide COBRA administration services for a fee. Please contact EBMS at 406-245-3575, ext. 1346, if you are interested in getting a quote for these services.

EBMS also offers Flex Plan administration services for a fee. Please contact EBMS at 406-245-3575, ext 1265, if you are interested in receiving pricing for this service.

CLAIMS

MEDICAL & DENTAL

(Dental is an employer option and can be offered as voluntary or non-voluntary coverage)

The Associated Employers Group Benefit Plan & Trust contracts with a third party administrator (EBMS) to pay claims in accordance with Plan provisions. The EBMS Client Service Center number is 406-869-5500 or 866-401-3883. Information and claim forms may also be obtained from their website at www.ebms.com.

When employees are using a provider in the appropriate network, their claims will be automatically filed by the provider. For providers that do not electronically bill EBMS, employees may submit paper claims. The form can be sent directly to EBMS for processing at PO Box 21367, Billings, MT 59104.

If the employee needs to file a claim for services incurred by an out-of-network provider, a claim form will need to be completed and submitted with the corresponding medical bill(s). All bills or receipts relating to health services provided must clearly state the employee name, personal ID number and group number (800), as well as the CPT code of the service provided and the ICD-9 diagnosis code.

LIFE

In the event of the death of a covered employee (or dependent, if employer has dependent life coverage), please notify our office immediately. A Hartford Life claim form will be provided to you for completion. A copy of the Death Certificate must accompany the claim form when it is returned to our office. This information will then be forwarded to the life insurance company. The life insurance has a portability clause, so if an employee terminates employment, there is a conversion form that needs to be provided to the employee. A copy of the form is included in this packet.

VISION SERVICE PLAN (VSP)

(Vision is an employer option and can be offered as voluntary or non-voluntary coverage)

The vision coverage does not require an ID card and uses the same ID number (9436xxxx) as the health and/or dental coverage, if applicable. A participant should inform the provider's office at the time services are rendered that they are a VSP participant and give the VSP provider the ID number. The provider will check the VSP system for membership information. The provider will give the appropriate discounts and submit any claims directly to the VSP claims processing office.

CONTRIBUTION PAYMENT POLICY

Invoices are sent out around the 20th of each month for the following month, with payment due by the first of the month being billed. For example, on February 20th, the March invoice will be sent out with payment being due by March 1st. Employers not submitting contributions by the 15th of the month will receive a past due notice. If the account is not current by the 30th, claims will be held for any services provided after the last date the account was paid in full. A notice will be sent to the employer that claims are on hold. If the account is not brought up-to-date by the 15th day of the month following the month billed for, the company will be termed from the Trust.

If a company is 30 days past due for any 3 months during the preceding 12 month period, the company will be given a 60 day notice of termination of benefits.

The Trust works hard for our employers to keep costs down. Currently our administrative costs run at less than 10%, which means that 90 cents out of every dollar paid in to the Trust is paid back out in claims or used to build reserves. When employers are behind in paying contributions, it means the Trust is paying claims on services for which has not yet collected contributions. This puts a burden on the other members of the Trust who strive to submit their contributions in a timely manner.

Please help us keep our administrative costs low so we can in turn keep your contribution rates as affordable as possible. Anytime you need to discuss your monthly contributions, feel free to call Ruth French, Director of Trust Operations, at 406-248-6224.

FREQUENTLY ASKED QUESTIONS

Who is eligible to be on the Plan?

Eligible employees are defined as:

- ❖ On the payroll and performing the duties of his/her job;
- ❖ Having satisfied the minimum hour requirement imposed by the employer (see your Adoption Agreement); and,
- ❖ Having satisfied the waiting period imposed by the employer (see your Adoption Agreement).

Other eligible employees can be:

- ❖ Non-compensated owners, directors and shareholders who perform duties and satisfy the minimum hour requirement and waiting period, and who are not considered common law employees.
- ❖ Sole proprietors or partners of an Employer who satisfy the minimum hour requirement and waiting period.
- ❖ Retired employees, who have **terminated** employment and are no longer actively working for the employer, are between the ages of 55-65, and who have worked for the employer for ten or more consecutive years. Retiree coverage is terminated when the employee reaches age 65. Retirees can no longer be employed in any capacity and still be covered as a retiree. A Retiree Policy must be completed and attached to your Adoption Agreement to offer this coverage. *(These eligible employees must be provided for in your Adoption Agreement)*

What is the effective date on the Plan for an employee and/or dependent?

- ❖ Coverage is effective on the first day of the month following completion of the employer's stated waiting period.
- ❖ If the signed enrollment form is not submitted in a timely manner, the employee and/or dependent cannot come on the Plan until the next open enrollment period or in the case of a special life event (i.e., marriage, birth, etc.).
- ❖ For details see the Enrollments section earlier in this document.

How do employees apply for benefits under the Plan?

An Enrollment Form must be filled out utilizing the online enrollment website and the signed form submitted to the Trust in order for coverage to be provided for employees and any eligible dependents.

The Enrollment Form is divided into the following sections:

- ❖ Personal and Eligibility Information
- ❖ Dependent Information
- ❖ Acceptance of Benefits Section
- ❖ Waiver of Benefits Section

This form must be filled out online at <https://aetrust.org/enrollment/> and then printed, signed and submitted to the Trust for processing. ***The data entered is NOT processed until the printed and signed form is received. Electronic submission alone is not an acceptable form of application.***

When do we need to send in Enrollment Forms?

For new enrollees, the employee must complete an online enrollment form and return the signed copy to the company contact person, who then needs to send the signed copy to our office for processing. This form **MUST** be received in our office within 30 days of the employee's eligibility date. *For example:* If an employee is eligible to be effective on the Plan January 1, then the Enrollment Form must be received by the Trust no later than January 31.

For enrollment during an open enrollment period, the completed, signed enrollment form must be received in our office by the last day of the month prior to the effective date. Enrollment forms for the January 1 open enrollment date must be received in our office by December 31st and enrollment forms for the April 1 open enrollment date must be received by March 31st.

The important thing to remember is that the sooner you submit the Enrollment Form to the Trust, the sooner it will be processed and the sooner identification cards and booklets can be processed.

What happens if employees do not send in their Enrollment Forms prior to or within their eligibility month?

When applications are received by the Trust after the employee's month of eligibility, the employee and/or dependents will not be allowed to enroll in the Plan until the next open enrollment period, or in the case of a special event that makes the employee or dependent(s) eligible to enroll in coverage. For complete details, see the Enrollments section earlier in this document.

When does the Employee receive his/her ID card, Summary Plan Document, and other information?

The employee's ID card will be mailed directly to his/her home address in approximately two weeks after enrollment. A letter outlining the benefits the employee has enrolled in will also be sent to the employee's address. The letter will include a custom link that will take the employee to the Summary Plan Documents and other information relating to the benefits the employee elected.



Associated Employers

Serving Employers Since 1916

A non-profit employers association that is the premier regional HR outsourcing specialist.

Our services include work on member sites and/or in the AE offices and training center. We offer a variety of support programs and business solutions. Services can be customized to meet the unique needs of our members, allowing us to lift the administrative burden, letting you focus on the day to day running of the business. Outsourcing makes dollars and sense. Call our membership department or one of our professionals now at 406-248-6178.

HR Consulting

- On-site HR Partnering
- HR Audits
- Employee Handbooks
- Recruiting
- Policies/Procedures
- Performance Mgt.
- On-site Investigations
- Wage & Hour Issues
- ADA, FMLA Compliance
- Affirmative Action Plans
- Labor Relations
- Workers Compensation
- Job Descriptions

Business Consulting

- Strategic Planning
- Conflict Resolution
- Business Planning
- Employee/Executive Coaching
- Meeting Facilitation

Training

- Teambuilding
- Employment Law
- Harassment
- Drug & Alcohol
- Leadership
- Supervisory
- Coaching/Counseling
- Payroll
- Recordkeeping
- Customer Services
- Customized Training
- Webinars
- Online Training

Payroll & Research

- Complete Payroll Services
- Premium Only Plans
- Benefit/Compensation Surveys
- Customized Surveys

Group Health Trust

- Group Medical/Dental/Vision and life plans
- Benefit Meetings
- Benefit Consulting
- COBRA/HIPAA Compliance

Workers Compensation

- Discount pricing

Safety Services

(Provided by MSSC)

- On-site Safety Audits and Consulting
- Safety Training
- Safety Manuals
- OSHA Compliance
- Accident Investigations
- Hazardous Communications

HR Hotline

- Answers to all your HR questions

Associated Employers— the practical and cost efficient answer to your business needs.

Over 900 employer members in MT and WY.
Over 475 Benefit Trust member Companies.
Access to regional Employment Law attorneys.



JobJupiter.com

- Special member pricing

406-248-6178

www.associatedemployers.org

Associated Employers has experienced and knowledgeable professionals who can save you time and resources in a cost efficient way so you can concentrate on your core business.

miBenefits Login Information

1. Go to the EBMS homepage at www.ebms.com and click the "Login" button at the top of the screen.



2. You will be taken to the **new miBenefits Login screen**. If you have an existing account, you can enter your Username and Password.

If you do not have a miBenefits account, click "Not a Registered User" to fill out the new user registration form.

If you currently have a miBenefits account but need login help, click "Forgot your username or password?" and follow the simple instructions for you to gain access to your account.

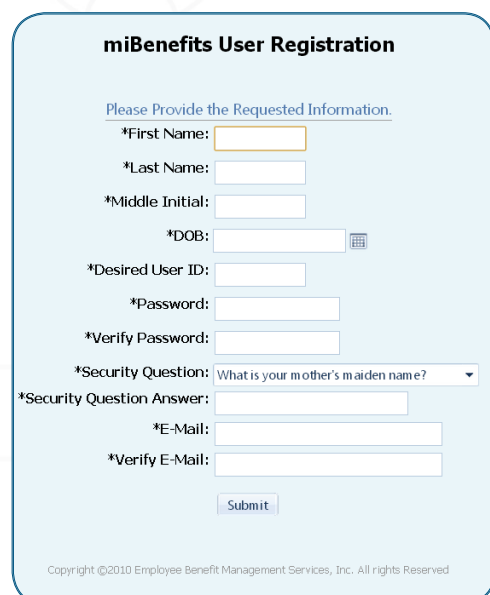


3. To register as a new user, you will need to enter your Group Number and your Member ID number, both of which can be found on your health plan ID card. Click Continue.

If you do not have your ID card present, you can call the EBMS Client Services department at 800.777.3575 to get that information.



4. Next you will need to fill out the simple miBenefits User Registration form (*Note: You need to enter your information exactly as it appears on your health plan ID card*). Your User ID and Password need to be at least 6 characters long.



5. Once you fill out the User Registration, your information will be verified immediately, giving you access to your personal miBenefits account!



Associated Employers Group Benefit Plan and Trust

P.O. Box 81087
Billings, MT 59108-1087

Phone: 248-6224
Fax: 248-7655

2727 Central Avenue, Suite 2
Billings, MT 59102-6688

Enrollment website address: <https://www.aetrust.org>

1. This is the website used to enter new enrollments or make a change to an existing enrollment.
 - In order to familiarize yourself with how the website works and be able to address questions from your employees, we suggest you do the first couple new/change enrollments.
2. Please provide this website address and Company Web ID to your employees.
 - When doing a new enrollment, there is no data except what is supplied by the user.
 - When updating existing enrollments, it will auto-populate all of the existing enrollee's data so you only have to change what needs to be changed.
 - In order to make a change to an existing enrollment, the user must enter their SSN and Identification Number to access their data.
 - The Identification number is the 943 number found on their enrollment card or on the invoice you get from us each month.
 - Any dependents that are auto-populated on a change enrollment have the first 5 digits to their SSN hidden with an asterisk. Example: ***_*-2341
 - The only complete SSN shown to the user is the same one they entered to access the change enrollment.
3. When you have completed the enrollment form, please provide a signed copy of the enrollment form to our office.
 - The form must be signed by the employee.
 - The signed form can be emailed, faxed, or mailed to our office.
 - **Please do not send in handwritten forms.**
 - We will **NOT** process any data until we have received the signed form.

Plan Manager Area (HR Manager) website address: <https://www.aetrust.org/manager>

The first time you log in, click the hyperlink that says, [Click here to update your email or password](#).

1. Change your password when you log in – **this is highly recommended**.
2. Make sure your email address appears so that notifications about finalized enrollments get emailed to you.

From this website the Plan Manager can...

1. Receive an email notification when an enrollment is “finalized” by the employee.
 - This notification provides the employee's name, date and time of the enrollment.
 - This notifies the Plan Manager to expect a signed copy from the employee soon, and if not received, allows the manger to follow-up with that employee.
2. View finalized and “printed but not finalized” enrollments done within the last 15 days.
3. If the employee forgot to press the finalize button, the Plan Manager must click the **FINALIZE** text next to the employee's name.
 - Data will not be inserted into the Trust database unless the enrollment is finalized AND we have received a signed copy of the enrollment.
 - If an employee hands you a signed enrollment and you didn't get an email notification, you know the employee didn't finalize the enrollment.
4. You can print the employee's enrollment, if necessary. Remember to have the employee sign the form.
5. Please fill in the effective date by hand before sending in the form. If left blank, the Trust will fill in the date based on your company's waiting period or contact you if there are questions.

If you have any questions, please contact us at 406-248-6224.



Notice of Conversion and/or Portability Rights

As a terminated employee – or as an active employee or retiree – losing coverage or a portion of coverage for you or your dependents under your employer’s Group plan(s), you and/or your dependents may be eligible to continue all or a portion of that coverage without submitting evidence of good health. Potential options are explained below. The specific options available to you are based on the provisions as defined in the Group plan. Included with this notice is a form you can submit to obtain additional information. Based on your selection, you will receive a personalized quote, details on the specific coverage options available to you, and the necessary forms to enroll.

Life Conversion

The Life Conversion option provides the opportunity for you to obtain an individual life insurance policy that accumulates cash value and is offered at individual insurance rates. There are no mandatory age reductions and coverage can continue with premium payment until the Scheduled Maturity Date (standardly age 121) at which time the cash surrender value is paid to the insured.

If coverage is ending because The Hartford Group Life policy is terminating or coverage for a class of employees is terminating, some restrictions may apply. If coverage is ending for any other reason, you can generally convert up to the full amount of your terminating coverage. Conversion is also available to your dependents if they had coverage under your group plan. You may have the option to obtain a one year term policy prior to the permanent life policy becoming effective. Please refer to The Hartford Group Life policy for information. **Premiums for a Life Conversion policy are substantially higher than your Employer Group plan rates.**

Portability

Under the Portability option you may obtain a group life insurance policy to continue 100%, 75%, or 50% of the amount of life insurance coverage (Basic, Supplemental, or both) you had under your Group plan up to a maximum amount, generally \$250,000 depending upon the provisions of your Group plan. The Portability policy provides group term coverage and is available to you provided you have not yet reached your Social Security full retirement age. The Portability option may also be available to your dependents if you carried dependent coverage under your employer’s group plan and if the group plan includes portability as an option for dependents. The amount of coverage you elect to port is reduced by 75% at age 65 and coverage terminates at age 75. Portability is not available if your employer is terminating the group plan. Note: if you choose to elect the Waiver of Premium provision as outlined in your contract you are not eligible for Portability. The same applies if you choose to elect Portability; Waiver of Premium would not be available. Additional restrictions may also apply. **Premiums for a Life Portability policy may be higher than your Employer Group plan rates and rates increase every five years (years in which your age on your birthday ends in 5 or 0).**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.



Attached is a form that contains additional information about continuing coverage. You can use this to request a quote and the necessary forms to enroll.

Please note that there is a designated timeframe during which you can exercise your coverage continuation options. To continue coverage, **you must mail or fax this form to request information within 15 days from the date of this notice or 31 days from your group coverage termination date, whichever is later. Under no circumstances, however, will continuation of coverage be available beyond 91 days from your group coverage termination date. Any issues regarding late notification by your employer must be addressed with the employer.**

If you have questions about this information, your eligibility, or the status of any request you have submitted, please call a representative at **1-877-320-0484**.

The Hartford, Portability and Conversion Unit
P.O. Box 248108
Cleveland, OH 44124-8108
Fax 1-440-646-9339

GROUP LIFE INSURANCE PORTABILITY AND CONVERSION – Side By Side Employee Guide

To decide whether Portability or Conversion is the right choice for your personal situation, you need to understand the differences. We help you see them clearly with our side-by-side comparison. Please visit www.hartford-employee-guide.com to view the complete side-by-side comparison table. If you do not have access to the internet you may obtain a copy of this comparison by calling 1-877-320-0484.

Frequently Asked Questions

Q: If I request a quote, how does The Hartford determine the amount of coverage to quote?

A: The Hartford will contact your employer to obtain the amount of coverage you had in effect under the group plan. The quote is based on this amount as well as applicable plan provisions.

Q: If I receive a quote for coverage, does this mean I qualify for the coverage amount quoted?

A: The amount quoted is not a guarantee that a policy will be issued in that amount. Upon receipt of your application for coverage, The Hartford will perform an eligibility review to determine if the amount of coverage you have requested can be granted based on the coverage you had in effect under the group plan as well as plan provisions.

Q: What is my policy effective date?

A: The effective date of a Life Conversion policy is the 32nd day following the group coverage termination date. The effective date of a Life Portability Policy is the day following group coverage termination date.

Q: If my application for coverage is not approved by the effective date, am I still covered?

A: Yes, if your application is approved, the effective date of your policy will be retroactive to the date indicated above.

Q: I understand that there is no medical underwriting or physical exam required but can I still be denied for coverage?

A: Your request for coverage can be denied if you do not meet the timeliness requirement. You must mail or fax this form to request information within 15 days from the date of this notice or 31 days from your group coverage termination date, whichever is later. Under no circumstances will continuation of coverage be available beyond 91 days from your group coverage termination date. Coverage can also be denied if it exceeds the amount you had in effect under your employer's Group plan or if it does not align with your employer's plan provisions. In addition, any request for coverage that is not available under your employer's Group plan will also be denied.

Q: If I start to work for a new employer and obtain coverage under that employer's Group plan, will that Group coverage impact any conversion or portability policy that I may have purchased?

A: If you obtain coverage under a new employer's Group plan, your portability or conversion policy will remain in effect provided you continue to pay the required premiums. However, benefits payable under conversion policies may be affected by the amount of your other coverage.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.



Notice of Conversion and/or Portability Rights

Employer: _____ Policy #: _____

The following information is to be completed by Employer or Employer Representative

Employee Name: _____ Employee ID#: _____ Date: _____

Last Day Worked (or date employee is no longer in an eligible class): _____

Date of Group Coverage Termination: _____ Termination Reason: _____

Signature _____ Print Name _____

Email Address _____ Telephone _____

As noted above, Conversion and Portability options are available without submission of evidence of good health. The rates for Life Conversion will be substantially higher than your employer Group plan rates. The rates for Portability are based on the employer's standard industry code and/or Group plan provisions and may be higher than your employer Group rates. Portability rates increase every 5 years (years in which your age on your birthday ends in 5 or 0).

Employee: To request specific rates and enrollment information, please complete the information below and mail or fax this entire page to:

**The Hartford, Portability and Conversion Unit, P.O. Box 248108, Cleveland, OH 44124-8108
Fax 440-646-9339, Phone 877-320-0484**

Yes, I am interested in receiving the information checked below.

Life Conversion Quote Portability Enrollment Form

Please print the following information:

Name: _____ Date of Birth: _____

Social Security # (indicate last 4 digits only): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

I am interested in receiving information for the following persons:

Myself My Spouse My Child(ren)

Please print the name(s), relationship, and date(s) of birth for each dependent who may be eligible for coverage. Include an additional sheet if necessary.

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

I understand that I have only 31 days from the date of my group coverage termination OR 15 days from the date of this notice, whichever is later, to complete and submit this form to The Hartford. In no event, however, will my eligibility to continue coverage exceed 91 days from my group coverage termination date.

Signature (required)

Date

You may be contacted by a licensed agent

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.