
ADMINISTRATION KIT

Welcome to the GROUP BENEFIT PLAN & TRUST

Sponsored By



Associated Employers

(12.2024 Version)

AEGBP&T ADMINISTRATION KIT

TABLE OF CONTENTS

Introduction	1
Contact Information.....	2
Enrollment Form Steps.....	3
New Employee Enrollment.....	4
Open Enrollment.....	4
Special Enrollment	5
Changes in Enrollment	7
Terminations	8
COBRA.....	9
Claims.....	10
Contribution Payment Policy.....	11
Frequently Asked Questions	12

Attachments

- Associated Employers List of Services
- EBMS miBenefits Flyer
- Instructions Plan/HR Manager Website
- Instructions Employee Plan Enrollment Website
- Life Insurance Portability Form



**Associated Employers
& AE Benefit Plans**

INTRODUCTION

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

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 and 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 866-401-3883. EBMS has an online portal, miBenefits, where employees can create an account and access claims information, look up providers, view and order ID cards, and much more. Information is available on the EBMS website at www.ebms.com. Included with this Administration Kit is a flyer on how to set up a miBenefits account, which we encourage you to share 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-discrimination 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

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Trustee/Administrator – AEGBP&T

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 and outlined below.

ENROLLMENT FORM STEPS

All new enrollments, changes and waivers must be completed as outlined below:

- Enrollment forms must be completed online - <https://aetrust.org/enrollment/>
- Employee must sign the enrollment form, either electronically or on the printed form
- Company Trust Manager will receive an automated email each time an enrollment form is completed online –the Trust Department does **NOT** receive any type of notification
- Signed enrollment form must be reviewed by your Company's Trust Manager
- From the Trust Manager website, you can review and submit an electronically signed enrollment form to the Trust – the form **MUST** be received within the appropriate timeframe (details below under new employee enrollment, open enrollment, specials enrollment).
- If the enrollment form is signed manually by the employee, the Company Trust Manager must send a copy of the signed enrollment form to our office for processing – the form **MUST** be received within the appropriate timeframe (details below under new employee enrollment, open enrollment, specials enrollment), as follows:
 - Fax number: 406-248-7655
 - Email address: linda@aeht.org
 - Mailing address: AE Trust Department, PO Box 81087, Billings, MT 59108-1087

We have a Trust Manager's website to assist in monitoring enrollments, submitting electronically signed enrollment forms to the Trust Department, and terminating an employee's coverage.

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

- All new employee enrollment forms need to be completed and submitted to the AE Trust as outlined on page 3 under Enrollment Form Steps.
- 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.
- Coverage under the Plan is 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.
- When the employee is enrolling a spouse or dependent with a different last name, documentation will be required to show that the person is a legal spouse or dependent. Such documentation includes marriage license or birth certificate. Sending the required documentation along with the enrollment form will expedite the process.
- Eligible employees who are waiving coverage must complete and sign the waiver form and the waivers must be completed online. Follow the steps above on page 3 under Enrollment Form Steps. Signed waiver forms MUST be sent to our office, following the steps on page 3 under Enrollment Form Steps.
- **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 if he/she is working the required minimum hours. An enrollment form must be completed online for a rehired employee. Follow steps on page 3 under Enrollment Form Steps.

OPEN ENROLLMENT

- There are two open enrollment periods --December for a January 1 effective date and 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.
- Open enrollment is the time employees can choose a different plan or provider network option, if available, and add or drop dependents.
- All enrollment forms for open enrollment adds or changes **MUST** be received by our office by the last day of the month prior to the effective date (March 31st or December 31st) or the employee (and eligible dependents) will not be allowed to enroll in the plan until the next open enrollment period.

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: Employees who have a new dependent as the result of marriage or the establishment of a domestic partnership, may be able to enroll themselves, if not already enrolled, the 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. The employee has 30 days from the date of marriage or establishment of domestic partnership to submit an enrollment form.
- 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, if not already enrolled, and add 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. The employee has 90 days after the birth, adoption, or placement for adoption to submit an enrollment.
- LOSS OF ELIGIBILITY FOR OTHER HEALTH COVERAGE: Within 30 days of the date of loss of 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, if not already enrolled, including a 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 has 30 days after the date of exhaustion of COBRA coverage or the termination of other coverage as described above to submit an enrollment form.
 - **Note:** The voluntary drop of other coverage, including COBRA, is not a qualifying event.
- 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. We will not be able to process the enrollment form without this documentation. Sending the required documentation along with the enrollment form will expedite the process.
- Enrollment form **MUST** be received in our office within time limits stated above or the employee will have to wait until the next open enrollment period. See Enrollment Form Steps on page 3.

CHANGES IN ENROLLMENT

- Please 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, as outlined on page 3 under Enrollment Form Steps.
- 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.
- 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:
 - Fax number: 406-248-7655
 - Email address: linda@aeht.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 a reduction in hours or is terminated, you can notify us of the employee's termination by either logging into the Trust Manager website and filling in the information under "Termination" or sending us a short note by email, fax, or mail, including the following information:
 - Employee name
 - 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.
- If the employee is voluntarily dropping coverage but is still eligible, the employee must complete a waiver through the online enrollment website. See Enrollment Form Steps on page 3.
- Prompt notification of employee's termination of coverage will ensure that the employer receives a complete refund of the contributions paid for the employee's coverage. When notified of a termination, we are only able to give back contributions for the current month, plus 30 days.
- 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.
- Submit termination information either through the Trust Manager website, or by fax, email, or mail, as follows:
 - Fax number: 406-248-7655
 - Email address: linda@aeht.org
 - Mailing address: AE Trust Department, PO Box 81087, Billings, MT 59108-1087

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.

COBRA generally applies to employers that have at least 20 employees on more than 50 percent of its typical business days in the previous calendar year. Both full-and part-time employees are counted to determine whether the employer is subject to COBRA. Each part-time employee counts as a fraction of a full-time employee, with the fraction equal to the number of hours that the part-time employee worked divided by the hours an employee must work to be considered full time.

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 the EBMS Eligibility Department at 800-777-3575 if you are interested in obtaining a quote for these services.

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 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). A claim form can be located on the EBMS website, www.ebms.com, under Forms, Members, Health Plan Claims Forms.

If the employee or covered dependent feels a claim was not processed and paid correctly, it is the employee's responsibility to follow the appeal process outlined on the back of the Explanation of Benefits (EOB) for the claim. A claims appeal form can be downloaded on the EBMS website, www.ebms.com, under Forms, Members, Health Plan Claims Forms.

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. It is the employer's responsibility to provide a terminating employee the conversion form, so the employee can convert the policy if desired. A copy of the conversion 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 (9436xxxxx) 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.

The Trust does have the ability to email the company its monthly invoice. If your company is interested in receiving its invoice by email, rather than mail, please let our office know and we can get that set up.

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 it 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.

In addition, it is the employer's responsibility to provide timely notice of an employee's loss of eligibility for coverage or termination. The Trust is only able to return contributions for the current month, plus 30 days, so late notification of terminations will result in the employer not receiving a full refund of premiums paid.

ACH PAYMENT OPTION

We now offer the option for companies to set up an electronic debit for their monthly contribution payments. If you are interested in more information, please contact our office and we can provide you with the information we need to get this set up.

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.

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 employee can sign the form electronically or print the form and manually sign it. ***Completion of a form online alone is not an acceptable form of application. The enrollment form is NOT processed until the signed enrollment form is received in our office, either by submission through the Trust Manager website, or submitted by email, fax, or mail.***

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 Trust Manager, 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, so that ID cards and plan letters can be mailed out to the employee.

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

When enrollment forms 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. Employees can then set up their miBenefits account to access their ID card, view claims, and much more.

A non-profit employers association that is the premier regional HR services provider.



Associated Employers

Business Guidance

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

HR Guidance

Policies/Procedures
Performance Management
Wage & Hour Issues
ADA, FMLA Compliance
Workers Compensation
Employee Handbooks
Job Descriptions

HR Partnering

On-site HR Partnering
HR Assessments
Compensation Plans
Recruiting
On-site Investigations
Affirmative Action Plans
Surveys

Payroll

Complete Certified Payroll Services
Premium Only Plans
Slate Pay - A modern timekeeping system

Training

Teambuilding
Employment Law
Harassment
Drug & Alcohol
Leadership
Supervisory
Coaching/Counseling
Payroll
Recordkeeping
Customer Service



Safety Services (Provided by MSSC)

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



Granite HR

The next generation of nimble HRIS

Group Health Benefits

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

Training

Onsite Customized Training
Webinars - Live and Recorded
Online Training

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- Over 1000 employer members in the Rocky Mountain/Inland Northwest.
- Referrals available to regional Employment Law attorneys.

HR Hotline

Answers to your HR questions



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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.

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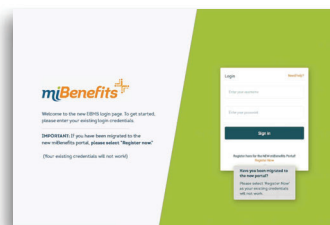
Our latest technology allows you easier access to your healthcare information.



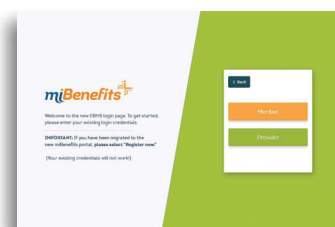
Step 1: Go to ebms.com and click Login



Step 2: Click Register Now



Step 3: Select Member



Step 4: Enter in your Member ID and remaining details requested

< Back

New registration for member

Member ID

Last Name

Date of Birth
MM-DD-YYYY

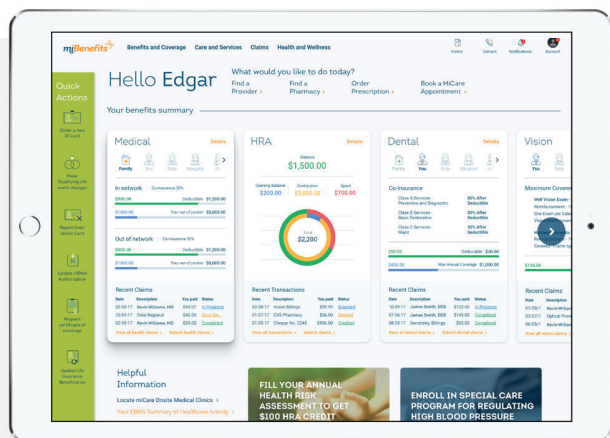
Last 4 Digits of SSN

Group ID

Next

Step 5: Follow any additional instructions given. If you have any questions, please call 866.401.3883

Also Available for Apple and Android Download now!



Other features to check out:

- Claims status in real time
- Separate tabs for each family member on your plan
- At-a-glance tracking of where you are in terms of deductibles and out-of-pocket maximums

What you'll find in the miBenefits portal:

- ✓ One login for everything – medical, prescription, life, and if applicable, dental, vision, and HSA/FSA
- ✓ Simplified navigation – get 80% of what you need right from the home page
- ✓ Quick-links to find a physician, order an ID card, and perform other common tasks



Plan/HR Manager Area Instructions

<https://www.aetrust.org/manager>

From this website the Plan Manager can review and forward enrollment forms to our office and terminate employees.

When you [log in](#), you can change your email and password by clicking on **Account** in upper right-hand corner.

You will see your employee's enrollment forms, which you can review and print. If everything looks correct & the enrollment form **is signed**, you will click on the button "Mark As Reviewed / Send to Carrier" and the Trust will be notified the enrollment is ready for review and processing

- If the employee hands you a signed enrollment and you didn't receive an email notification, you know the employee didn't finalize the enrollment & Data will not be inserted into the Trust Database until you click Finalize and Mark As Reviewed/Send to Carrier.

PLEASE NOTE, we still need to have an enrollment form with the employee's signature. If you are not having the employees complete the enrollment forms online and sign electronically, you will still need to email, fax, or mail us a copy of the signed enrollment form as long as the form has been completed online by you or your designee. NO FORMS WILL BE PROCESSED UNTIL WE HAVE A SIGNED ENROLLMENT FORM.

There is a section titled "**Termination.**" You can enter the employee's ID number (943-6X-XXXX), choose the reason for termination under the drop-down list, and enter the date of termination. Once the information is entered, you will click on the "Terminate" button. You will see a box appear that states "Terminated. Successfully sent request." The Trust will then receive the termination request and process it accordingly. If we have questions when processing the termination, we will reach out to you. If the employee is doing a Voluntary Drop of coverage, they must complete and sign an online enrollment form waiving benefits.

The screenshot displays the 'ABC Employer Applications' interface. On the left, a list of four employees is shown, each with a status of 'Submitted' and a green button labeled 'Mark As Reviewed / Send To Carrier'. Employee 1's submission date is 09/06/22 01:53 PM. Employee 2's is 09/06/22 01:49 PM. Employee 3's is 09/06/22 01:40 PM. Employee 4's is 08/11/22 03:05 PM. To the right of the employee list, there are two callout boxes: one for Employee 1 stating 'You can view the enrollments here' with an arrow pointing to the 'Enrollment' link, and another for Employee 2 stating 'So long the enrollment is signed online, you may submit it here' with an arrow pointing to the 'Mark As Reviewed / Send To Carrier' button. On the far right, the 'Termination' section is highlighted with a blue arrow and a red box containing the text 'Easy way to submit a termination!'. This section includes instructions: 'To terminate an enrollment, please find the employee's Identification Number on your monthly invoice. You'll also need to provide a termination date and reason.' Below the instructions are input fields for 'Identification Number' (with a placeholder 'Member Identification'), 'Termination Reason' (a dropdown menu currently showing 'End of Employment'), and 'Termination / Last Day Worked' (with a placeholder 'This date is the last day the employee was eligible for coverage (ex. last day worked, date hours were reduced)'). At the bottom of this section is a red 'Terminate' button with a red 'X' icon.



Employee Plan Enrollment Instructions

<https://www.aetrust.org>

This is the website used to enter **New Enrollments** or make **Changes To Coverage** to an existing enrollment.


Please provide the website address and dedicated Company Web ID to your employees which is included in your Welcome email.

- When beginning a **New Enrollment**, there is no data except what is input by the user. Complete each section until you get to the last page, where you sign, review, and finalize.

Get Started

New Enrollment or Changes To Coverage

Please do not fill out your enrollment with CAPS LOCK.

 **Start**
Getting started

2 About You
Let's get to know you

3 Beneficiaries
For life insurance

4 Dependents
If Applicable

5 Elections
Waive/elect coverages

6 Complete
Finalize your enrollment

- When making **Changes to Coverage**, it will auto-populate all of the existing enrollee's data so you only have to update what needs to be changed.
 - In order to make a change to an existing enrollment, the user must enter the Employee's 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.
- When the enrollment form has been completed, signed and finalized an email will be sent to the group contact with instructions on how to forward the enrollment form to our office.
 - The form **Must** be signed by the employee.
 - If the online form is not signed, a signed form must be emailed, faxed, or mailed to our office.
- Handwritten forms will be accepted only if it has also been completed online.
- **We will NOT process any data until we have received the signed form.**



Notice of Conversion and/or Portability Rights

Important Notice regarding your coverage: You are receiving this notice as a result of experiencing a loss of coverage associated with The Hartford's Group policy provided by your employer. You have options to continue to be insured, which are explained below. The specific options available to you are based on the provisions as defined in the group policy. If you intend to apply for a policy, it is important that you submit a request for quote as soon as possible.

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. You will be eligible for Life Conversion if you experience a loss of coverage as the result of a change in your employment status, change in marital status, you or a dependent has experienced an age reduction or maximum age limit, you have retired or you have reached the end of an employer sponsored continuation provision. 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 the group policy. 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 the employer group policy rates.**

Life Portability

Under the Portability option you may obtain a group life insurance policy to continue 50%, 75% or 100% of the amount of life insurance coverage (Basic, Supplemental, or both) you had under the Group policy up to a maximum amount, generally \$500,000 depending upon the provisions of the employer's group policy. 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 the employer's group policy and if the group policy 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. You will be eligible for Life Portability if you experience a loss of coverage as the result of a change in your employment status, change in marital status, you or a dependent has experienced an age reduction or maximum age limit, you have retired or you have reached the end of an employer sponsored continuation provision. **Note:** Portability is not available if your employer is terminating the group policy. 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 the employer group policy rates and rates increase every five years (years in which your age on your birthday ends in 5 or 0, for example 45 or 50.).**

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 quote is based on the amount of coverage you had under the group policy as well as any applicable policy provisions. The amount quoted is not a guarantee for your new coverage until The Hartford performs an eligibility review, validation of all information received, and medical underwriting, where applicable.

Q: What is my policy effective date?

A: When the application is approved and premium payment has been received, the effective date will be the day after your group benefits loss begins so that no gap in coverage would be experienced by you or your family.

Q: Can I be denied coverage?

A: Your request for coverage can be denied if you do not meet the timeline requirement as outlined above the signature line.

Q: If I start to work for a new employer and obtain coverage under that employer's group policy, will that group coverage impact any policy that I may purchase now?

A: If you obtain coverage under a new employer's group policy, your purchased policy(s) will remain in effect provided you continue to pay the required premiums.



Below is the information required to request a quote and the necessary forms to enroll. 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 43786
Cleveland, OH 44143-0786
Fax 1-440-646-9339

E-mail request to: portabilityandconversions@selmanco.com with "Notice of Continuation of Coverage" in the subject line
<https://info.selmanco.com/hartfordnocp>

Employer Section: To be completed by the Employer or Employer Representative.

Employer: _____

Policy #: _____ Employee ID#: _____

Employee Name: _____

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

Date of Group Coverage Loss: _____ Loss of coverage reason: _____

Date of Hire: _____ Base annual salary: _____

Life Coverage: Please provide coverage amount in place at the time of loss of coverage

- Employee Basic Life: _____
- Employee Supplemental Life: _____
- Spouse Basic Life: _____
- Spouse Supplemental Life: _____
- Child Basic Life: _____
- Child Supplemental Life: _____

The Hartford reserves the right to request additional information prior to accepting an application.

Employer Signature _____ **Print Name** _____

Employer Email Address _____ **Date** _____

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). © 2021 The Hartford



Employee Section: To be completed by the Employee and submitted with the Employer Section via mail, fax, or e-mail, to initiate the quote and application for coverage options.

The Hartford, Portability and Conversion Unit, P.O. Box 43786, Cleveland, OH 44143-0786

Fax 440-646-9339, Phone 877-320-0484

E-mail request to: portabilityandconversions@selmanco.com with "Notice of Continuation of Coverage" in the subject line
<https://info.selmanco.com/hartfordnocp>

I am interested in receiving a Quote/Application for the following:

12 month Term/Whole Life Conversion (12 month only available for groups situated in NY & WV)

Portability Term Life

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: _____

This notice is a part of a 3-step process to obtain coverage. For you to be eligible to start this process, your employer representative must have signed this notice no later than 90 days after the Group Coverage Loss Date. If your employer signs this notice prior to the Group Coverage Loss Date, we will treat the employer signature date as being the same as the Group Coverage Loss Date for purposes Steps 1 and 3.

Step 1: You have up to 31 days from the date your employer representative has signed this notice to submit this request (Employer AND Employee section) to The Hartford.

Step 2: Once we receive your completed request, we will send you an application and a quote. Depending on the mail, it may take two to three weeks for you to receive these. If you are concerned that you may not be able to obtain the application and quote in time to meet the deadlines outlined in Step 3, you may contact us by phone or email as outlined on this notice.

Step 3: If you choose to obtain coverage, you must submit the application and premium to us within 60 days from the date your employer representative has signed this notice.

Employee Signature (required)

Date

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. The Hartford is the administrator for certain group benefits business written by Aetna Life Insurance Company and Talcott Resolution Life Insurance Company (formerly known as Hartford Life Insurance Company). © 2021 The Hartford