Continuation of Employee Benefits

For the Retiring or Terminating Employee

[NOTE TO EMPLOYER – It is your responsible to complete the form below and identify the benefit and limits as applicable for your terminating or retiring employee. Please delete this section before sharing this completed form with the employee.]

The following is provided as a guide to assist in understanding what if any of your current benefits you may be able to continue through porting or conversion on a direct basis between you and the carrier. The benefits will no longer be managed through the employer you are leaving (hereafter referenced as *previous employer*). This form in no way conveys coverage or benefits.

**IMPORTANT:** in order to continue some benefits, you must contact the carrier by no later than 31 days after your last official day of employment. We have provided information (boxes) showing your current benefits to assist you in this transition. If the carrier has different information than what we have provided, please contact the Human Resources Contact shown below.

**HR Contact**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Form Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Day (official) of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Basic Group Life Insurance**

This is the Basic Life Insurance benefit that was fully paid by your employer during your employment, less the applicable federal taxes.

You can choose through a process called Conversion to continue like coverage at an individual rate that will be determined by the Carrier at the time of Conversion. You must maintain limits of at least $10,000.

**IMPORTANT:** you have 31 calendar days from your last official day of employment to complete and submit the Voya *Life Conversion Information Request* form.

**Conversion Process**: Complete the *Life Conversion Information Request* form that is available through your previous employer and submit to Voya per form instructions.

 Carrier: Voya (ReliaStar)

Policy Number: 67807-4

Coverage: Employee - $100,000 ($50,000 if you elected less), Spouse - $50,000, Dependent(s) - $10,000

**Voluntary Supplemental Life Insurance**

**Terming Employee**: If you chose during your employment to purchase additional life insurance limits above the Basic Group Life limits, you may choose to Port these by completing the *Term Life Coverage Continuation Request* form (portability) and submitting it directly to Voya. The monthly premiums have been deducted from your paycheck. The Maximum you can port is what you, your spouse or dependents had in force (Minimum of $10,000 but not more than $500,000). You, your spouse and dependents must be less than 70 years old to port coverage.

**IMPORTANT:** you have 31 calendar days from your last official day of employment to complete and submit the Voya the *Term Life Coverage Continuation Request* form.

**Porting Process:** Complete the *Term Life Coverage Continuation Request* form that is available through your previous employer and submit to Voya per form instructions.

Carrier: Voya (ReliaStar)

Policy Number: 67807-4

**Retiree:** You can choose to continue this benefit at the same rates. Election of coverages must be in $10,000 increments but no more than what you had in force at time of retirement, or $250,000, whichever is less. You will be invoiced on a quarterly basis vs monthly going forward.

**Porting Process:** Complete the *Retiree Life Insurance Enrollment* form and submit directly to Selman and Company (address on application). Please do not include premium. Selman will invoice you directly.

Coverage: $\_\_\_\_\_\_\_\_\_\_\_\_/employee $\_\_\_\_\_\_\_\_\_\_\_\_/spouse $\_\_\_\_\_\_\_\_\_\_\_\_dependent(s)

 Premium: (previously deducted from check): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ subject to change after porting

**Group Voluntary Supplemental Coverage(s)**

**Porting Process:** Complete the *Port Accident Insurance* form provided by your employer. The form, along with the initial quarterly premium must be submitted within 91 days of the last day of the month your last official day of employment occurred.

Carrier: The Hartford

 **Policy Policy # Coverage Premium**

 Accident VAC-681382 $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ Subject to change after porting

 Hospital Indemnity VHI-681382 $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ Subject to change after porting

 Critical Illness VCI-681382 $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ Subject to change after porting

**Flexible Spending Account (FSA)**

Provider: Flores & Associates

If you participated in the FSA (medical or dependent care) you can submit claims for up to 30-days after your last official day of employment, for dates of service prior to your last day of employment.

Any unused funds remaining after the 30-days will be forfeited.

**Ascend to Wholeness Plans (NAD Healthcare Assistance Plan)**

Your healthcare coverage under the Ascend to Wholeness Plan terminates on your last day of employment. The Plan does not allow for porting coverage. If you are retiring, please contact your Human Resources Department to secure paperwork for Medicare benefits.

**Long Term Disability (LTD)**

Your LTD coverage terminates on your last day of employment. The Plan does not provide a provision for porting or converting this coverage.

**Accidental Death & Dismemberment (AD&D)**

Your AD&D coverage terminates on your last day of employment. The Plan does not provide a provision for porting or converting this coverage.