

# Accidental Death & Dismemberment

Underwritten by: National Union Fire Insurance Company of Pittsburgh, PA

The University of Mississippi provides faculty and staff an opportunity to enroll in an accidental death and dismemberment policy underwritten by National Union Fire Insurance Company of Pittsburgh, PA. The plan provides guaranteed acceptance regardless of your health history. Employees may elect coverage from 10,000 to \$250,000. Please note coverage must be purchased in increments of \$10,000 and coverage above \$150,000 cannot exceed ten times the employee's annual salary. A brief overview of the plan is provided below. A more detailed description of benefits is available in the AD&D flyer and in the fringe benefits booklet which can be accessed at the following link:

[http://www.olemiss.edu/hr/\\_files/benefits/FringeBenefit%20Booklet.pdf](http://www.olemiss.edu/hr/_files/benefits/FringeBenefit%20Booklet.pdf).

## Premium Calculation

Plan Type	Rate
Employee Only	\$0.38 per \$10,000 per month
Family Plan	\$0.54 per \$10,000 per month

**Family Coverage** – If you enroll in Family Coverage, you and your eligible dependents (children age 19 years and under, or up to 23 years of age if child is a full-time student) are insured if injury results in death or dismemberment. Coverage is as follows:

Spouse Only	60% of Principle Sum
Spouse & Eligible Children	Spouse - 50% of Principal Sum Child - 10% of Principal Sum
Children	20% of Principal Sum

If you and your spouse are both eligible to enroll for coverage under the Plan, one, but not both of you, may purchase Family Coverage, and the other spouse may elect Employee Only Coverage. In the event that a person is covered under the Plan as an employee and as a dependent, the combined Principal Sum on that person may not exceed \$250,000.

**Accidental Death & Dismemberment** – If injury to an Insured Person results, in any one of the losses specified in the schedule shown below, within 365 days of the date of the accident which caused the injury, the company will pay the percentage of the Principal Sum as shown:

- Life – 100%
- Both Hands or Both Feet – 100%
- Sight of Both Eyes – 100%
- One Hand and One Foot – 100%
- One Hand and Sight of One Eye – 100%
- One Foot and Sight of One Eye – 100%
- Speech and Hearing in Both Ears – 100%
- One Hand or One Foot – 50%
- Sight of One Eye – 50%
- Speech or Hearing in Both Ears – 50%
- Thumb and Index Finger on the Same Hand – 50%

If anyone Insured Person (as a result of the same accident) sustains more than one loss, only the largest amount will be paid.

**Benefit Reduction** – The following benefit reduction schedule will apply to Insured Persons over age 69 (coverage terminates at separation of employment/retirement):

<b>70 through 74</b>	82.5% of Principal Sum
<b>75 through 79</b>	57.5% of Principal Sum
<b>80 through 84</b>	37.5% of Principal Sum
<b>85 and Older</b>	20.0% of Principal Sum

Employees electing to enroll in coverage as a new participant, change plan option, or cancel existing coverage are required to complete The University of Mississippi: Benefits Enrollment/ Change Form. Instructions are provided to guide you through the form completion process.

**All coverage changes become effective January 1, 2017. Completed forms must be received in the University's Human Resources Office no later than November 4, 2016.**

**IMPORTANT: PLEASE READ AS ACTION MAY BE REQUIRED.**

- In order to be in compliance with From 1095-C and Affordable Care Act requirements, please verify that all names, social security numbers and dates of birth are correct for any family members who are currently enrolled or will be enrolled on an insurance plan. This can be done by accessing the Beneficiary/Dependents section of the online Open Enrollment portal in myOleMiss.
- When enrolling eligible dependents on an insurance plan, a copy of the dependent's Social Security Card **MUST** be provided to the Human Resources office. Furthermore, all listed names on insurance applications must be listed as a legal name, nicknames are not permitted.
- In order to ensure the accuracy of W-2 processing for 2016, please verify all contact information (address, phone number etc.) within myOleMiss. This can be accessed under the 'Employee' tab and then by clicking the MyHRtools drop down box and then selecting Address & Communication Preferences. If any information is incorrect, please update accordingly. Please note that updating your contact information within myOleMiss will only update your address with the University, and does not update your contact information with insurance and retirement vendors. Please also complete a **Benefits Information Change form** to update your information with each respective vendor. When changing your contact information within myOleMiss, a link to this form will populate on the right side of the screen. Below is the link to the form. <http://www.olemiss.edu/hr/files/benefits/InfoChangeForm.pdf>

**Enrollment Application Instructions:**

**Enroll as a New Participant**

Employees interested in enrolling in Accidental Death & Dismemberment must complete **The University of Mississippi: Benefits Enrollment/Change Form**.

- Page 1 - Provide personal information in the shaded section at the top of the form.
- Page 1 – Provide information for spouse and children who will be covered under this policy.
- Page 2 – Complete the section designated for *Accidental Death and Dismemberment – National Union Fire Insurance Company of Pittsburgh*.

- Select Coverage Option
  - Mark the box for Employee only or Employee & Family
  - Indicate Principal Sum (Amount of Coverage)
- Complete the beneficiary section. Make sure to provide social security numbers and dates of birth.
- Page 4 – Read ***Cafeteria Plan (Section 125 Plan) Certification and Payroll Deduction Authorization***
- Sign and date the form

### **Change Plan Option**

Employees who wish to change their coverage option and/or principal sum must complete **The University of Mississippi: Benefits Enrollment/Change Form**.

- Page 1 - Provide personal information in the shaded section at the top of the form.
- Page 2 – Complete the section designated for ***Accidental Death and Dismemberment – National Union Fire Insurance Company of Pittsburgh***.
- Select Coverage Option
  - Mark the box for Employee only or Employee & Family
  - Indicate Principal Sum (Amount of Coverage)
- Page 4 – Read ***Cafeteria Plan (Section 125 Plan) Certification and Payroll Deduction Authorization***
- Sign and date the form

### **Cancellation of Existing Coverage**

Employees cancelling Accidental Death & Dismemberment coverage must print a copy of the ***Open Enrollment Benefits Confirmation*** available on the Open Enrollment homepage, write DROP next to Accidental Death & Dismemberment (AD&D), sign and date the form and return it to the Human Resources office with other Open Enrollment paperwork.



## The University of Mississippi: Benefits Enrollment/Change Form

Employee Name:	Date of Hire:
Address:	University ID Number:
City/State/Zip:	Home Phone:
SSN:	Date of Birth:
Email Address:	Work Phone:
Status: <input type="checkbox"/> 9-Month <input type="checkbox"/> 12-Month      Pay Mode: Semi-Monthly	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status:	
Check One: <input type="checkbox"/> New Hire <input type="checkbox"/> Legal Marriage/Divorce <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Other Status Change _____ <input type="checkbox"/> Date of Qualifying Event _____	
<b>University employees are paid twice a month. Premium deductions for 12-month employees occur over 24 pay periods while premiums for 9-month faculty are deducted over 18 pay periods.</b>	

**Spouse/Dependent Information** – List all dependents you wish to cover or drop from the insurance plans you have selected. Check all benefits that apply.

Last Name, First Name, MI	Social Security #	M/F	Birth Date	Relationship	Disabled Dependent (yes/no)	Drop/Add	Dental	Vision	FSA	AD&D	LTD	UNUM Life	Cancer Plan

**Dental - Delta Dental** (Group #1126) Premiums are withheld 12-Month / 9-Month

*Section 125 Cafeteria Plan*

<b>Employee Only</b>	<b>Family</b>
<u>12-month / 9-month</u>	<u>12-month / 9-month</u>
Low Plan (division: 00002) <input type="checkbox"/> \$26.84 / \$35.79	<input type="checkbox"/> \$56.00 / \$74.67
High Plan (division: 00001) <input type="checkbox"/> \$38.72 / \$51.63	<input type="checkbox"/> \$80.56 / \$107.41

**FOR HUMAN RESOURCES ONLY**

Effective Date: \_\_\_\_\_

Are you or your family member(s) currently covered under another dental plan:  Yes  No

If yes, provide the name of the participant(s) with other coverage. \_\_\_\_\_

Waive/Cancel Coverage

**Vision – Davis Vision** (Group: UMM) Premiums are withheld 12-Month / 9-Month

*Section 125 Cafeteria Plan*

<u>12-month / 9-month</u>	<u>12-month / 9-month</u>	<u>12-month / 9-month</u>
Employee Only <input type="checkbox"/> \$7.80 / \$10.40	Employee + 1 <input type="checkbox"/> \$14.08 / \$18.77	Family <input type="checkbox"/> \$21.89 / \$29.19

Waive/Cancel Coverage

**FOR HUMAN RESOURCES ONLY**

Effective Date: \_\_\_\_\_



# The University of Mississippi: Benefits Enrollment/Change Form

## **Flexible Spending Accounts (FSA)** Contributions are withheld 12-Month / 9-Month *Section 125 Cafeteria Plan*

### Pay Period Election

- Dependent Care Spending Account  \$\_\_\_\_\_ (annual maximum \$5,000)
- Unreimbursed Medical Spending Account  \$\_\_\_\_\_ (annual maximum \$2,550)
- Prescription FlexCard  Yes  No

### FOR HUMAN RESOURCES ONLY

\$\_\_\_\_\_ annual election (D/C)  
 \$\_\_\_\_\_ annual election (M/R)

Effective Date: \_\_\_\_\_

- Waive Participation (To cancel participation in an existing plan, write '0' in the blank next to the respective plan type.)

## **Accidental Death and Dismemberment – National Union Fire Insurance Company of Pittsburgh #PAI9032465** *Section 125 Cafeteria Plan*

Amount of coverage available is a minimum of \$10,000 and a maximum of \$250,000 (in \$10,000 increments), with amounts above \$150,000 not to exceed 10x base annual earnings. If you insure your spouse and/or dependent children under this plan, the amount of insurance applicable to the members of your family is based on the composition of your family at the time of loss and is expressed as a percentage of the employee's coverage.

- Employee Only  Family Coverage Amount: \$\_\_\_\_\_
- Waive/Cancel Coverage

### FOR HUMAN RESOURCES ONLY

12-Month Cost / 9-Month Cost \$\_\_\_\_\_

Effective Date: \_\_\_\_\_

**Beneficiary Designation:** Designate beneficiary(ies) for your Accidental Death & Dismemberment policy. The employee is beneficiary for dependent coverage unless otherwise indicated.

Primary %	Secondary %	Last Name, First Name, MI	Relationship	M/F	Social Security #	Birth Date	Dependent Beneficiary (if not employee) mark as 'X'	Trustee for Minor

## **Long-Term Disability (LTD) – Standard Insurance Company**

You may elect disability coverage of 60% of your base salary up to \$5,000 per month, until age 65, after a 90 or 180 day elimination period. \*Pre-Existing Limitation may apply. \*\*Guarantee Issue only applies to new hires and employees newly eligible for benefits. If you waive coverage when first eligible and wish to enroll later, Evidence of Insurability will be required and The Standard Insurance Company has the right at that time to refuse the request for coverage.

Premiums are withheld 12-Month / 9-Month

- Plan 1 (90-day option)  Plan 2 (180-day option)
- Waive/Cancel Coverage

### FOR HUMAN RESOURCES ONLY

Base Annual Earnings \$\_\_\_\_\_

Position Title: \_\_\_\_\_

Hours Worked Per Week: \_\_\_\_\_

Effective Date: \_\_\_\_\_



# The University of Mississippi: Benefits Enrollment/Change Form

## Supplemental Term Life with AD&D – UNUM

Premiums are withheld 12-Month / 9-Month

\*\* Guarantee Issue only applies to new hires and employees newly eligible for benefits. If you waive coverage when first eligible and wish to enroll later, Evidence of Insurability must be provided and UNUM has the right at that time to refuse the request for coverage.

**Employee Coverage** \*\* Amounts above \$150,000 or 3 times salary, whichever is less, require Evidence of Insurability.

- 1X Salary     2X Salary     3X Salary  
 4X Salary     5X Salary     6X Salary

Maximum coverage available is 6X your annual base salary rounded to the Next higher multiple of \$1,000 to a maximum of \$600,000

Waive Employee Coverage

FOR HUMAN RESOURCES ONLY	
Annual Salary \$	_____
Coverage Amount	12-Month / 9-Month Cost
\$ _____	\$ _____
<b>Effective Date:</b> _____	

**Spouse Coverage** \*\* Amounts above \$25,000 require Evidence of Insurability. Spouse coverage cannot exceed 50% of employee's coverage amount rounded down to the nearest \$25,000.

- \$25,000     \$50,000     \$75,000     \$100,000  
 Waive Spouse Coverage

FOR HUMAN RESOURCES ONLY	
Coverage Amount	12-Month / 9-Month Cost
\$ _____	\$ _____
<b>Effective Date:</b> _____	

**Dependent Child(ren) Coverage** \*\* All children are covered from birth to 6 months for \$5,000 and at \$10,000 from 6 months to age 19, or 25 if full-time student.

- Dependent Child(ren) Coverage \$10,000  
 Waive Dependent Child(ren) Coverage

FOR HUMAN RESOURCES ONLY	
12-Month / 9-Month Cost	\$ _____
<b>Effective Date:</b> _____	

**Primary**    **Secondary**  
 %            %

Primary %	Secondary %	Last Name, First Name, MI	Relationship	M/F	Social Security #	Birth Date	Trustee for Minor

**Delayed Effective Date Employee:** Insurance will be delayed for Employees not actively at work until the first of the month following the date they return to work. Regularly scheduled vacation time is considered active employment. **Dependent:** Coverage for totally disabled dependents will be delayed until the first of the month following the date the individual is no longer totally disabled.

**Policy Limitations and Exclusions** I understand all the policy exclusions and Limitations listed in the certificate of coverage. If electing to participate in any of the benefit plans mentioned above, I authorize the required payroll deductions. I understand that my payroll deduction amount will change if my coverage or costs change. I understand that if I cancel/decline participation, I may join the Plan at a specified later date; however, I will be required to provide evidence of insurability at my own expense, and the insurance company may refuse my request. In the event of any variations between this form and the Plan document, the terms of the Plan document will prevail.



# The University of Mississippi: Benefits Enrollment/Change Form

## **Cancer/Dreaded Disease & Intensive Care - American Heritage** (Underwritten by AllState)

This plan is subject to underwriting. Those electing coverage will be contacted to complete a medical health statement. Failure to complete the medical health statement in a timely manner will result in non-issuance of the policy.

Select only one plan type. Premiums are withheld 12-Month / 9-Month

*Section 125 Cafeteria Plan*

	<u>Employee Only</u>	<u>Family</u>
	<u>12-month / 9-month</u>	<u>12-month / 9-month</u>
<b>Low Option - no Intensive Care (CP10A)</b>	<input type="checkbox"/> \$ 9.40 / \$12.52	<input type="checkbox"/> \$15.50 / \$20.64
<b>High Option - no Intensive Care (CP10B)</b>	<input type="checkbox"/> \$14.98 / \$19.96	<input type="checkbox"/> \$25.82 / \$34.40
<b>Low Option - \$300/day Intensive Care (CP10A / ICR2)</b>	<input type="checkbox"/> \$12.40 / \$16.52	<input type="checkbox"/> \$21.49 / \$28.64
<b>High Option - \$300/day Intensive Care (CP10B / ICR2)</b>	<input type="checkbox"/> \$17.98 / \$23.96	<input type="checkbox"/> \$31.81 / \$42.40
<b>Low Option - \$600/day Intensive Care (CP10A / ICR2)</b>	<input type="checkbox"/> \$15.39 / \$20.52	<input type="checkbox"/> \$27.49 / \$36.64
<b>High Option - \$600/day Intensive Care (CP10B / ICR2)</b>	<input type="checkbox"/> \$20.97 / \$27.96	<input type="checkbox"/> \$37.81 / \$50.40

Waive/Cancel Coverage

**FOR HUMAN RESOURCES ONLY**

Effective Date: \_\_\_\_\_

## **Cafeteria Plan (Section 125 Plan) Certification and Payroll Deduction Authorization**

I will automatically be enrolled in the Cafeteria Plan and I understand the following:

- \* My salary will be reduced by the amount(s) shown on this enrollment form for the eligible benefit option(s) I have elected under the Cafeteria Plan.
- My Social Security benefits may be reduced due to my participation in the Cafeteria Plan.
- **Elections made will be irrevocable for the plan year except for modifications due to a qualified Change in Status (divorce, marriage, death of spouse/dependent, birth/adoption of a child, change of employment status of me or my spouse, cost or coverage/change, HIPAA Special Enrollment Rights, or other event specified by the IRS – consult your employer for details regarding your plan) provided I request election change within 60 days after the qualified Change in Status.**
- If my salary reduction for the elected insurance benefit(s) are increased or decreased while this agreement remains in effect, my salary will automatically be adjusted to reflect the change.
- Prior to each plan year, I will be given the opportunity to change my benefit election. If I fail to complete and return a new election form within the regular enrollment period, preceding each plan year, I understand my election will remain the same.
- My employer may reduce or cancel the amount of my salary reduction or otherwise modify this agreement in order to satisfy certain provisions of the Internal Revenue Code.
- I understand my elected benefits will cease upon my termination of employment.
- If I participate for dependent care or premium reimbursement expenses, I will be reimbursed up to the amount incurred during the plan year, not to exceed the amount of my dependent care balance.
- If I participate in the unreimbursed medical expenses, I will be reimbursed for out-of-pocket medical expenses up to the amount Incurred (date service was provided, not paid) during the benefit year, not to exceed my plan year election.
- If I participate in a flexible spending account(s), any funds remaining after the end of the sixty (60) days grace period, following the end of the benefit year, will be forfeited to my employer.
- I have been explained the flexible spending reimbursement procedures and the requirements of the plan, I understand my reimbursements will be based on certain required third party documentation and eligibility of the expense. I understand that upon submission of each claim, I certify that the documentation submitted is valid and eligible under the guidelines of the plan. Submission of falsified and/or inaccurate information may result in disciplinary action and/or penalties.
- I understand by participating under unreimbursed medical expenses I can only claim for expenses incurred prior to my termination of employment. If I have a positive balance, I can extend my unreimbursed medical expenses because of a COBRA qualifying event and I will be given an opportunity to continue on a self-pay basis.
- I understand that privacy statements are available via the University website at <http://www.olemiss.edu/hr/benefits.html>. If I do not have access to the internet I can request a paper copy from the Human Resources Department. As an 'employee', I acknowledge that I am the subscriber of coverage, and that the Privacy Policy is also applicable to my spouse and/or my dependents. I also understand I will be reissued the Privacy Statement, as a material modification is made, and every three years, to my email address on file with the University.

**\*\*THIS ELECTION AND SALARY REDUCTION AGREEMENT IS SUBJECT TO THE TERMS OF MY EMPLOYER'S CAFETERIA PLAN DOCUMENT.**

**EMPLOYEE SIGNATURE** \_\_\_\_\_

**DATE SIGNED** \_\_\_\_\_