

UNUM Life Insurance

Enrollment in UNUM provides an opportunity for life insurance coverage for University employees, their spouse, and their children. Faculty and staff may elect coverage from 1X – 6X salary. Four levels of spousal coverage are available, as well as, coverage for dependent children. This is an age rated plan with 100% of the premium payable by the employee. Types of coverage and underwriting rules are defined below. Additional information about UNUM coverage can be accessed at http://www.olemiss.edu/hr/_files/benefits/UNUM.pdf.

Special Enrollment for Open Enrollment 2016 Only

UNUM is having a special enrollment period for Open Enrollment 2016.

- Employees that are not currently enrolled may elect coverage from 1X - 6X salary (up to \$200,000 in coverage) guaranteed issue if they have never been declined coverage in the past.
- Employees with existing coverage may increase their coverage by 1X salary (up to \$200,000 in coverage) guaranteed issue if they have never been declined in the past. This allows someone to go from 1 to 2 times, 2 to 3 times, 3 to 4 times, 4 to 5 times, and 5 to 6 times salary.
- Spousal coverage will still require Evidence of Insurability and underwriting approval.
- Child coverage of \$10,000 will have no underwriting required if never declined coverage.

NOTE: This special enrollment is only available to employees who have never been declined coverage with UNUM. If coverage with UNUM was declined in the past, the employee must complete Evidence of Insurability and go through the underwriting process.

Coverage Options

Types of Coverage:

Employee:	1X – 6X salary	* Up to \$200,000 guaranteed issue if never declined. Previously declined enrollees must complete a Health Statement. (Approval based on underwriting) Maximum benefit is \$600,000
Spouse:	\$25,000 \$50,000 \$75,000 \$100,000	*Completion of Evidence of Insurability/Health Statement (approval based on underwriting), Spouse coverage cannot exceed 50% of the employee coverage amount, rounded down to the nearest \$25,000.
Dependent Children:	\$5,000	*Newborn to 6 months
	\$10,000	*6 months to age 19 or 25 (if a full time student)

*The employee must purchase coverage for himself/herself in order to apply for coverage for a spouse or dependent child(ren). UNUM will send the Evidence of Insurability to your Ole Miss email account.

This form must be completed and returned to UNUM within 30 days for underwriting. Failure to return the Evidence of Insurability will result in closure of your application.

Features:

- Flexibility of coverage options
- Accidental death & dismemberment benefits at no additional cost
- Portability coverage (subject to underwriting) or conversion (not subject to underwriting) to an Individual policy available upon termination of employment
- Coverage reduces to 65% of original amount at age 70, 50% at age 75

Premiums

Premium Calculation:

Rates: Age is determined as of last birthday	
Employee Age Bracket	Monthly Rate per \$1,000
Up to age 24	\$.100
25-29	.100
30-34	.123
35-39	.134
40-44	.192
45-49	.297
50-54	.448
55-59	.621
60-64	.970
65-69	1.870
70-74	3.040
75+	5.800

*Spouse coverage is calculated using the same rate factor as the employee.

	Monthly Rate
Child Coverage	\$2.08

*The monthly premium for child coverage is \$2.08 regardless of the number of dependent children.

Employees electing to enroll in coverage as a new participant, change plan option, add or drop dependents, 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.

The coverage effective date is based upon the underwriting approval date. 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:

Enrollment

Employees interested in enrolling in life insurance coverage 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 3 – Complete the section designated for **Supplemental Term Life with AD&D – UNUM** Select coverage option by marking the box that corresponds to the coverage type and level 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

***NOTE:** The enrollee must complete an Evidence of Insurability (EOI) for review by UNUM underwriting. UNUM will send the EOI via the employee's University email account. Should the enrollee fail to respond to the request within 30-days of notification, UNUM will close the application and a policy will not be issued.

Change Coverage Amount

To change the coverage amount with an existing policy you 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 3 – Complete the section designated for **Supplemental Term Life with AD&D – UNUM** Select coverage option by marking the box that corresponds to the coverage type and level of coverage.
- Complete the beneficiary section (if necessary). 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

Cancellation of Existing Coverage

Employees cancelling UNUM life insurance coverage must print a copy of the **Open Enrollment Benefits Confirmation** available on the Open Enrollment homepage, write DROP next to the UNUM child, spouse, and/or employee; 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:	Work Phone:	
Email Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Status: <input type="checkbox"/> 9-Month <input type="checkbox"/> 12-Month	Pay Mode: Semi-Monthly	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 _____			
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.			

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

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

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

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

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
\$ _____	\$ _____
Effective Date: _____	

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
	\$ _____
Effective Date: _____	

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	
	\$ _____
Effective Date: _____	

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>
Low Option - no Intensive Care (CP10A)	<input type="checkbox"/> \$ 9.40 / \$12.52	<input type="checkbox"/> \$15.50 / \$20.64
High Option - no Intensive Care (CP10B)	<input type="checkbox"/> \$14.98 / \$19.96	<input type="checkbox"/> \$25.82 / \$34.40
Low Option - \$300/day Intensive Care (CP10A / ICR2)	<input type="checkbox"/> \$12.40 / \$16.52	<input type="checkbox"/> \$21.49 / \$28.64
High Option - \$300/day Intensive Care (CP10B / ICR2)	<input type="checkbox"/> \$17.98 / \$23.96	<input type="checkbox"/> \$31.81 / \$42.40
Low Option - \$600/day Intensive Care (CP10A / ICR2)	<input type="checkbox"/> \$15.39 / \$20.52	<input type="checkbox"/> \$27.49 / \$36.64
High Option - \$600/day Intensive Care (CP10B / ICR2)	<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 _____