



## BENEFITS PACKAGE

(Contracts effective Jan. 1, 2008 and beyond)

### E-FAX NUMBERS

Benefits & Leaves | 480.993.0007

Retirement | 480.993.0008

As a newly benefits-eligible faculty or staff member, you are encouraged to sign up for and attend **New Employee Orientation (NEO)** offered by the Office of Human Resources.

**You MUST complete the three steps** listed below immediately after you are hired or become eligible for benefits. This information also is covered at NEO.

### STEP 1 ACTIVATE YOUR ID

If you are a **NEW HIRE**, activate your **ASURITE User ID** at [asu.edu/asurite](http://asu.edu/asurite)

#### MORE INFO:

[www.asu.edu/hr/forms/asurite\\_activation\\_stf\\_2007.pdf](http://www.asu.edu/hr/forms/asurite_activation_stf_2007.pdf)

**FROM AN OFF-CAMPUS COMPUTER** | Call the ASU Help Desk at 480.965.6500

**New Employee Orientation (NEO)**  
**Tempe and Polytechnic**  
[lms.asu.edu/stc/orientation](http://lms.asu.edu/stc/orientation)

**West/Downtown** | 602.543.8401

**Benefits online**  
[www.asu.edu/hr/benefits](http://www.asu.edu/hr/benefits)

#### STAFF

**Call HR Employee Services**  
Tempe/Polytechnic | 480.965.2701

West/Downtown | 602.543.8401

#### FACULTY

**Call HR Faculty Services**  
Tempe/Polytechnic | 480.727.9900

West/Downtown | 602.543.8401

### STEP 2 RETIREMENT ENROLLMENT (within 30 days)

**INSTRUCTIONS:** [www.asu.edu/hr/benefits/enrollmentforms.html](http://www.asu.edu/hr/benefits/enrollmentforms.html)

#### Classified Staff

You must enroll in the **Arizona State Retirement System (ASRS)**.

#### Faculty, Service and Academic Professionals, and Administrators

Choose either the **Arizona State Retirement System (ASRS)** or the **Optional Retirement Plan (ORP)**.

#### **IMPORTANT NOTES:** Your initial election is **IRREVOCABLE**.

Failure to elect a retirement plan during the 30-day enrollment period will forfeit your option to participate in the ORP Plan and result in retroactive ASRS contributions and possibly interest back to your eligibility date.

#### Police Officers and Recruits

You must enroll in the **Public Safety Personnel Retirement System (PSPRS)**.



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### **Postdoctoral Scholars**

You are not eligible to participate in the mandatory ASRS, ORP or PSPRS plans; however, you may enroll in the voluntary retirement plans offered below.

### **All Job Classifications**

You may enroll in the **Voluntary 403(b) Plan** and/or **457(b) Deferred Compensation Plan** at anytime. **MORE INFO:** [www.asu.edu/hr/benefits](http://www.asu.edu/hr/benefits)

## **STEP 3 BENEFITS ENROLLMENT (within 31 days)**

**INSTRUCTIONS:** [www.asu.edu/hr/benefits/enrollmentforms.html](http://www.asu.edu/hr/benefits/enrollmentforms.html)

**IMPORTANT NOTE:** Failure to enroll within the 31-day enrollment period **waives your right to enroll** in the health, life and disability plans until the next Open Enrollment or until you have a Qualified Life Event.

## **STEP 4 EMPLOYEE ACKNOWLEDGEMENTS FORM (on or before date of eligibility)**

### **Review Benefits & Mandatory Retirement Effective Dates**

[www.asu.edu/hr/benefits/effectivedates.html](http://www.asu.edu/hr/benefits/effectivedates.html)

The **Employee Acknowledgements form** (located at the end of this packet) for the Mandatory Retirement Enrollment Policy, Benefits Enrollment Policy and COBRA must be completed and submitted via fax to **480.993.0007**.



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## **COBRA Notification**

### **Continuation of Insurance Coverage**

#### **DEFINITIONS**

**Employer/ former employer** ASU Human Resources

PO BOX 875612

Tempe, AZ 85287-5612

480.965.2701

**Contract Holder** AZ Dept. of Administration

100 N. 15th Avenue, #103

Phoenix, AZ 85007

602.542.5008

**United Healthcare** Plan Administrator

for United Healthcare EPO & PPO

**UMR** Plan Administrator for American Health Holdings serves

Blue Cross Blue Shield of Arizona administered by

AmeriBen members only

CIGNA services members enrolled with the Cigna network.

Aetna serves only Aetna members.

**Hiring Department** Employee/former employee's employing unit within

Arizona State University

**Other Insurance Companies** Delta Dental, Total Dental or Avesis Vision

#### **INTRODUCTION**

This important information concerns your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the **Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)**.

COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For



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additional information about your rights and obligations under the Plan and under federal law, you should review the Plan Description or contact your employer.

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

### **When is COBRA Coverage Available?**

The Employer will offer COBRA continuation coverage to qualified beneficiaries only after the Employer has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment or death of the employee, the hiring department will notify Arizona State University, Human Resources. The appropriate COBRA continuation forms will be sent to you from the Arizona Department of Administration.

**MORE INFO:** [www.benefitoptions.az.gov](http://www.benefitoptions.az.gov).



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### **You Must Give Notice of Some Qualifying Events**

For the other qualifying events [divorce or legal separation of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), and spouse or a dependent child's losing eligibility for coverage as a dependent child], you must notify your employer within 60 days after the qualifying event occurs. You must provide written notice to Arizona State University, Human Resources. You will be required to complete a *Declaration for Change* form and *Employee Enrollment/Change* form and attach related documents as proof of your qualifying event. Get the forms you need on the **HR FORMS** page at [www.asu.edu/hr/forms](http://www.asu.edu/hr/forms).

### **How long will continuation coverage last?**

Once your employer receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's enrollment in Medicare or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to 36 months.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time, if a qualified beneficiary becomes covered under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary, if a covered employee enrolls in Medicare, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

### **How can you extend the length of continuation coverage?**

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify plan administrator of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

#### *Disability*

An 11-month extension of coverage may be available if any of the qualified beneficiaries are disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify *plan administrator* of that fact within 60 days of the SSA's determination and before the end of the first 18 months of continuation coverage. All of the qualified beneficiaries listed on page one of this notice who have elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify plan administrator of that fact within 30 days of SSA's determination.



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### *Second Qualifying Event*

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events include the death of a covered employee, divorce or legal separation from the covered employee, the covered employee's enrolling in Medicare, or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. You must notify the plan administrator and/or insurance company within 60 days after a second qualifying event occurs.

### **More Info**

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your plan description or from your employer.

Get a copy of your plan description from the plan administrator or online:

[www.benefitoptions.az.gov](http://www.benefitoptions.az.gov).

For more information about your rights under COBRA, the Health Insurance Portability and Accountability Act (HIPAA) and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the **EBSA website** at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

### **Keep Your Plan Informed of Address Changes**

To protect your family's rights, you should keep the employer informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send.

**Enrollment Instructions:** [www.asu.edu/hr/documents/benefitsdeadlines.pdf](http://www.asu.edu/hr/documents/benefitsdeadlines.pdf)



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## **EMPLOYEE ACKNOWLEDGEMENTS**

### **MANDATORY RETIREMENT PLAN ENROLLMENT POLICY**

#### **Classified Staff**

I understand I will be enrolled in the **Arizona State Retirement System (ASRS)** and that my participation will be effective from my eligibility date. I further understand I must submit completed ASRS Enrollment and Beneficiary forms to Human Resources **within thirty (30) days** of my eligibility date.

Failure to do so will result in the delay of the establishment of my ASRS retirement account and:

- My contributions will be placed into a temporary account under my Social Security Number only;
- I will not receive annual account statements; and
- I will not be able to access my account through [www.azasrs.gov](http://www.azasrs.gov).

#### **Faculty, Service and Academic Professionals**

I understand I have **thirty (30) days** from my eligibility date to select and enroll in a mandatory retirement plan, **either the Arizona State Retirement Plan (ASRS) or the Optional Retirement Plan (ORP)** and my election is irrevocable for the duration of my employment.

Failure to make an election within this 30-day period will:

- Forfeit my option to select the ORP;
- Result in the ASRS plan enrollment effective back to my eligibility date; and
- Require retroactive ASRS contributions and possible interest back to my eligibility date.

#### **Police Officers and Recruits**

I understand I will be enrolled in the **Public Safety Personnel Retirement System (PSPRS)** and my participation will be effective from my eligibility date. I further understand that I must submit completed PSPRS Membership form to Human Resources **within 30 days** of my eligibility date.

#### **Postdoctoral Scholars**

I understand that as long as I am employed as a Postdoctoral Scholar, **I am not eligible** for or required to participate in a mandatory retirement plan. I further understand if my position changes, I may become eligible for and required to participate in a mandatory retirement plan and that my election will be subject to the above policy.



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### All Job Classifications

I understand I may enroll in the **Voluntary 403(b) Plan and 457(b) Deferred Compensation Plan** at anytime.

**IN ADDITION, I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR MY RETIREMENT CONTRIBUTIONS. I WILL REVIEW MY PAYCHECK PERIODICALLY AND NOTIFY HUMAN RESOURCES IF THERE IS ANY DISCREPANCY.**

### BENEFIT ENROLLMENT POLICY

I understand that the medical, dental, vision, supplemental life, short-term disability that I elect are **effective the first day of the pay period following enrollment** and **Flexible Spending Account plans are effective the first of the month following enrollment**—provided I enroll **no later than 31 days** from date of hire or when I become eligible for benefits.

**MORE INFO:** [www.asu.edu/hr/benefits/effectivedates.html](http://www.asu.edu/hr/benefits/effectivedates.html)

I understand that if I have not completed enrollment within 31 days from my date of hire, I will not be allowed the opportunity to enroll in ASU-sponsored benefit programs until Open Enrollment for the next plan year or until I have a qualified status change as outlined in the Benefits Guide.

**IN ADDITION, I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR MY BENEFITS PREMIUMS. I WILL REVIEW MY PAYCHECK PERIODICALLY AND NOTIFY HUMAN RESOURCES IF THERE IS ANY DISCREPANCY.**

### COBRA

I understand that it is my responsibility to read the **Continuation of Group Health Coverage Notice**, which provides guidelines on the policies and procedures related to COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). I accept responsibility for familiarizing myself with the information and will seek verification or clarification of its terms or guidance where necessary.

<b>Print Name:</b>
<b>Signature:</b>
<b>Affiliate ID#:</b>
<b>Date:</b>