As a new benefits-eligible faculty or staff member, you are encouraged to register for New Employee Orientation (NEO) offered by the Office of Human Resources.

You must complete STEPS 1-4 immediately after you are hired into a benefits-eligible position or STEPS 2-4 immediately upon becoming eligible for benefits. This information is also provided at NEO.

**STEP 1 ACTIVATE YOUR ASURITE USER ID**

NEW HIRES: Activate your ASURITE User ID at asu.edu/asurite
MORE INFO: Call the ASU Help Desk at 855.278.5080.

**STEP 2 RETIREMENT ENROLLMENT WITHIN 30 CALENDAR DAYS**

COMPARE ASRS and ORP plans: www.asu.edu/hr/benefits/documents/orpguide.pdf
LEARN about your mandatory retirement program: cfo.asu.edu/hr-benefitsenrollment
INSTRUCTIONS: cfo.asu.edu/hr-enrollmentpackets

- Faculty, Academic Professionals, Administrators and University Staff Category 02, 03, 04 or 05 must elect to participate in either the Arizona State Retirement System (ASRS) or the Optional Retirement Plan (ORP).
  
  **IMPORTANT:** Your election is IRREVOCABLE for the duration of your continuous employment in the Arizona University System, as long as you remain employed in an ORP-eligible position. Failure to complete enrollment in the ORP during your 30-day enrollment period will result in (1) forfeiture of your option to elect the ORP and (2) default participation in the ASRS, which may require retroactive contributions.

- Classified Staff and University Staff Category 01 must enroll in the Arizona State Retirement System (ASRS), which may include retroactive contributions.

- Police Officers and Recruits must enroll in the Public Safety Personnel Retirement System (PSPRS).

- Postdoctoral Scholars are not eligible to participate in the ASRS or ORP mandatory plans; however, you are eligible to enroll at any time in either of the voluntary retirement plans.

All Faculty and Staff may enroll at any time in the Voluntary 403(b) Plan and/or 457(b) Deferred Compensation Plan. LEARN about your voluntary retirement program options: cfo.asu.edu/hr-retirement

**STEP 3 BENEFITS ENROLLMENT WITHIN 30 CALENDAR DAYS**

COMPARE your benefit plan options: cfo.asu.edu/hr-benefitsguide
LEARN about your healthcare plan options: cfo.asu.edu/hr-health
REVIEW our Health Insurance Marketplace Notice: www.asu.edu/hr/documents/2013marketplacenotice.pdf
INSTRUCTIONS: cfo.asu.edu/hr-forms#health

**IMPORTANT:** Failure to complete your benefits enrollment during your 30-day enrollment period waives your right to enroll in health, life, disability, and flexible spending account plans until the next Benefits Annual Open Enrollment period, unless you have a Qualified Life Event.

**STEP 4 EMPLOYEE ACKNOWLEDGEMENTS WITHIN 30 CALENDAR DAYS**

COMPLETE, SIGN AND RETURN to HR Benefits the Employee Acknowledgements Form located on the last page of this package.
YOUR COBRA CONTINUATION COVERAGE RIGHTS

This notice contains important information about your right to continue your health care coverage and other health coverage alternatives that may be available through the Health Insurance Marketplace.

What is continuation coverage?
Federal law requires that most group health plans (including this Plan) give employees and their eligible dependents the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee (or retired employee) covered under the group health plan, the covered employee’s spouse, and the dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights.

How long will continuation coverage last?
In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued for up to a total of 18 months. In the case of losses of coverage due to an employee’s death, divorce or legal separation, the employee’s becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee’s hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- any required premium is not paid in full on time,
- a qualified beneficiary becomes covered, after electing continuation coverage, under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary (note: there are limitations on plans’ imposing a preexisting condition exclusion and such exclusions will become prohibited beginning in 2014 under the Affordable Care Act),
- a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- 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 participant or beneficiary not receiving continuation coverage (such as fraud).

How can you extend the length of COBRA continuation coverage?
If you elect continuation coverage, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify Member Services at (602) 542-5008 or (800) 304-3687 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 is determined by the Social Security Administration (SSA) to be disabled. The disability has to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You or another member of your family must notify the ADOA Benefit Services Office of the disability determination by the Social Security Administration before the end of the 18 month COBRA coverage period. Each qualified beneficiary who has 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 the Plan of that fact within 30 days after SSA’s determination.
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 may include the death of a covered employee, divorce or separation from the covered employee, the covered employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent’s child ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. You must notify the Plan within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

How can you elect COBRA continuation coverage?
To elect continuation coverage, you must complete the State of Arizona Benefit Options COBRA Enrollment Form and furnish it according to the directions on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the employee’s spouse may elect continuation coverage even if the employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee’s spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse’s employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does COBRA continuation coverage cost?
Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102% (or, in the case of an extension of continuation coverage due to a disability, 150%) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage. The required payment for each continuation coverage period for each option is described in this notice.

When and how must payment for COBRA continuation coverage be made?
First payment for continuation coverage
If you elect continuation coverage, you do not have to send any payment with the Enrollment Form. However, you must make your first payment for continuation coverage not later than 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) COBRA begins the day after your active coverage ends and is not effective until payment is made. If you do not make your first payment for continuation coverage in full not later than 45 days after the date of your election, you will lose all continuation coverage rights under the Plan. You are responsible for making sure that the amount of your first payment is correct. You may contact Member Services at (602) 542-5008 or (800) 304-3687 to confirm the correct amount of your first payment.

Periodic payments for continuation coverage
After you make your first payment for continuation coverage, you will be required to make periodic payments for each subsequent coverage period. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage is due on the 1st day for that coverage period. You may instead make payments for continuation coverage for the following coverage periods, due on the following dates: If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. Billing statements are mailed as a courtesy. If you do not receive a bill, you may call Member Services at (602) 542-5008 or (800) 304-3687 for assistance.

Grace periods for periodic payments
Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment.

If you fail to make a periodic payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage under the Plan.
Your first payment (check or money order) must be made payable to ADOA – HITF for continuation coverage and sent to: Arizona Department of Administration – Benefit Services c/o COBRA
100 N. 15th Avenue, #103
Phoenix, AZ 85007
Phone (602) 542-5008 or (800) 304-3687

All periodic payments for continuation coverage must be sent to:
Arizona Department of Administration – Health Insurance Trust Fund (HITF)
100 N. 15th Avenue, #202
Phoenix, AZ 85007
Phone (602) 542-5008 or (800) 304-3687

This plan is administered by:
Arizona Department of Administration – Benefit Options
100 N. 15th Avenue, #103
Phoenix, AZ 85007
Phone (602) 542-5008 or (800) 304-3687

Declining COBRA coverage
To decline COBRA coverage, return the COBRA enrollment form with the “I decline COBRA coverage” option marked. COBRA coverage will not be available to you once it is declined.

If you fail to return an enrollment form, your right to COBRA coverage will expire after 60 days from the date on this notice.

If you have any questions or need additional information, please visit: www.benefitoptions.az.gov or www.cms.hhs.gov/COBRAContinuationofCOV/

For more information
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 summary plan description or from the Plan Administrator.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, you should contact:
Arizona Department of Administration – Benefit Services Office
100 N. 15th Avenue, #103
Phoenix, AZ 85007
Phone (602) 542-5008 or (800) 304-3687

For more information about your rights under COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, visit the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) website at www.dol.gov/ebsa or call their toll-free number at (866) 444-3272.

There may be other coverage options for you and your family. When key parts of the health care law take effect, you’ll be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premiums, deductibles and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage or a tax credit through the Marketplace. For more information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.

Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, as long as you request enrollment within 30 days of loss of other coverage.

Keep Your Plan Informed of Address Changes
In order to protect your and your family’s rights, you should keep the Plan Administrator informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.
ENROLLMENT POLICY ACKNOWLEDGEMENTS

MANDATORY RETIREMENT ENROLLMENT POLICY

Classified Staff and University Staff Category 01
I understand that I will be enrolled in the Arizona State Retirement System (ASRS) and that participation will begin the first day of the pay period following a 182-calendar-day waiting period, unless I was hired prior to 7/20/11 or have an active ASRS account. Participation may include retroactive contributions. I further understand that I must complete the ASRS online registration process and failure to complete this process may result in:

- Contributions being placed in a temporary account under my Social Security Number only;
- My inability to receive electronic communications from the ASRS; and
- Prevention of access to my account information through www.azasrs.gov or by contacting ASRS.

Faculty, Academic Professionals, Administrators and University Staff Category 02, 03, 04 or 05
I understand that my 30-calendar-day enrollment period begins on the date an email is sent to my ASU email address with the subject line “Important Mandatory Retirement Plan Information” during which I must complete enrollment in either ASRS or ORP. I understand that my participation will begin the first day of the pay period following completed enrollment. I further understand that my election is irrevocable for the duration of my continuous employment in the Arizona University System and that failure to elect the ORP during my 30-calendar-day enrollment period may result in:

- Forfeiture of my option to choose the ORP; and
- Default election of the ASRS plan which may include retroactive contributions.

Police Officers and Recruits
I understand that I will be enrolled in the Public Safety Personnel Retirement System (PSPRS) and my participation will begin on my eligibility date. I further understand I must submit a completed PSPRS Membership form to Human Resources within 30 calendar days of my eligibility date.

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

All Job Classifications
I understand that I may enroll in the Voluntary 403(b) Plan and/or 457(b) Deferred Compensation Plan at any time while employed.

BENEFIT ENROLLMENT POLICY

I understand that, provided I complete enrollment within 30 calendar days of my hire or eligibility date, my benefits (health, life, disability, flexible spending accounts and/or health savings account coverage) will be effective the first day of the pay period following completion of enrollment. If I am a rehire or transfer, my coverage may be effective sooner.

MORE INFO: cfo.asu.edu/hr-effectivedates

I understand that if I fail to complete enrollment within 30 calendar days of my hire or eligibility date, my next opportunity to enroll may be during the next Benefits Annual Open Enrollment period, unless I have a qualified life event.

MORE INFO: cfo.asu.edu/hr-openenrollment, cfo.asu.edu/hr-benefitsfaqs#4a

I further understand that it is my responsibility to read the COBRA Continuation of Coverage Rights contained herein, which provides important information about my right to continue health care coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). I accept responsibility for seeking clarification of its terms if necessary.
ENROLLMENT POLICY ACKNOWLEDGEMENTS

I acknowledge that I am responsible for complying with mandatory retirement and benefit enrollment policies.

I further acknowledge that I am responsible for my benefit premiums and my retirement contributions.

I understand that I am responsible for periodically reviewing my paychecks and immediately notify the Office of Human Resources if I find any discrepancies.

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Please submit this completed acknowledgement to the NEO presenter or by fax to 480.993.0007.