

**Continuation of Employee Benefits
For the Retiring or Terminating Employee**

Name _____

Date _____

Employer _____

It is possible that the employee benefits under which you have been covered while employed may be continued on a direct bill basis. Options to continue coverage include porting and/or conversion. Porting or conversion allows you to maintain coverage without having to provide medical evidence of insurability. In order to port or convert coverage, you must **submit a written request to The Hartford within 31 days** of your retirement/termination date.

- **Porting (supplemental Life only effective 1/1/08)** – to continue like coverage at a group rate. (\$250,000 maximum) Employees and dependents who have reached retirement age are not eligible for portability.
- **Conversion (all coverages)** – to continue like coverage at an individual rate. Subject to a minimum of \$25,000 and a maximum of \$250,000. If over age 70, the maximum allowed is \$25,000. If age 75 or older, the maximum is \$12,500.

I. EMPLOYER PROVIDED INSURANCE (Previously paid by your employer in full)

- **Hartford Life – Basic Group Life** (Policy #: GL-673832)

Coverage: \$100,000/employee \$50,000/spouse \$10,000/dependent

To Convert your basic life coverage: Contact Hartford Life at 1.877.320.0484 to obtain a quote.

- **Hartford Life - Long Term Disability** (Policy #: GLT-673832)

Coverage: Income replacement of 66 2/3% up to \$6,000 per month

Conversion: Employees may convert 60% of last incurred basic monthly earnings not to exceed \$5,000. *Retirees are not eligible to convert LTD coverage.

- **NAD Health Care Assistance Plan**

Your health care coverage under the NAD Health Care Assistance Plan terminates on your last day of employment. The Plan does not allow for porting coverage. If you are retiring, please speak with someone in the Retirement Office or your Human Resources Department to secure paperwork for Medicare benefits. If you are terminating employment, you are eligible to purchase temporary health insurance through ASSURANT HEALTH Insurance Company. You can purchase short term medical coverage online. You will need to provide the zipcode of the enrollee's residence. Please visit our website at: www.adventistrisk.org/employeebenefits/short_medical.html.

II. VOLUNTARY INSURANCE (Previously employee paid via payroll deductions)

▪ Hartford Life – Supplemental Life (Policy #: GL-673832)

Coverage: \$_____/employee \$_____/spouse \$_____dependent(s)
Premium: \$_____

To Port your Supplemental Life coverage: Complete form and submit directly to The Hartford with your first quarter premium.

Porting Limits for Basic Life:

Employee: \$250,000
Spouse: \$ 50,000
Child(ren): \$ 10,000

*Retiree Continuation: Continuation of any Supplemental Life insurance in force prior to retirement is available. The rates are the same as when you were an active employee. Complete the form and mail with first quarter’s premium to The Hartford. *Retirees are not eligible to port Supplemental Life coverage.

To Convert your Supplemental Life coverage: Contact Hartford Life at 1.877.320.0484 to obtain a quote.

▪ Hartford Life – Accidental Death & Dismemberment (Policy #: 00-ADD-S05242)

Coverage: \$_____/employee \$_____/spouse \$_____dependent(s)
Premium: \$_____

Conversion option only. Subject to a minimum of \$25,000 and a maximum of \$250,000 in \$1,000 increments, not to exceed the amount of coverage in force prior to leaving employment.

Dependents: Will be calculated by applying the percentage below to the employee’s coverage amount.

<u>Insured Person With:</u>	<u>Spouse</u>	<u>Child(ren)</u>
Spouse & Child(ren)	10%	5%
Spouse Only	20%	0
Child(ren) Only	0	10%

Once the form is completed, mail directly with first payment to The Hartford. Mailing address is on the form.

• **AFLAC**

Short Term Disability	Coverage \$ _____	Premium \$ _____
Accident	Coverage \$ _____	Premium \$ _____
Hospital	Coverage \$ _____	Premium \$ _____
Cancer	Coverage \$ _____	Premium \$ _____
Intensive Care	Coverage \$ _____	Premium \$ _____
Porting Information:	Contact AFLAC at 1.800.99.AFLAC	
Conversion Information:	Contact AFLAC at 1.800.99.AFLAC	