



Employee Benefits Enrollment Guide

Temporary Professional & Scientific Staff, Institutional Officials,
Academic Administration, and Merit Supervisory Staff



Human Resource Services
<http://www.uni.edu/hrs>

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Benefits at UNI

The Human Resource Services Department welcomes you to the University of Northern Iowa as a new temporary staff member. The Office of Human Resource Services is located in 027 Gilchrist. The general telephone number is (319) 273-2422. The office is open during regular UNI business hours. Staff members are available to assist you and answer your benefit questions.

The University of Northern Iowa provides temporary staff with several important benefits. Participation in the health and dental plans is optional. State of Iowa law mandates participation in the Iowa Public Employees Retirement System (IPERS). The University shares the cost of these programs or in some cases, pays it entirely.

This booklet is designed to provide you with an overview of the benefits programs to assist you in making enrollment decisions. The booklet is not intended to be a policy statement. Policy booklets and/or certificates of coverage, which are your full policy statement, are included in this packet.

Enrollment

Enrollment in the optional programs is not automatic. You must enroll within 30 days of your employment at the University of Northern Iowa. After the initial 30-day period there may be an 18 month waiting period for coverage for treatment for you and/or your dependents for the health insurance plan and you will be required to wait until an open enrollment period to enroll yourself and/or your dependents in the dental insurance plan.

The completed forms are to be returned within the initial 30-day period of eligibility to: Office of Human Resource Services, 027 Gilchrist, Cedar Falls, IA 50614-0034.

Iowa Fair Information Practices Act-Required Statement

The University of Northern Iowa requests information for the purpose of maintaining the required records for your various University benefits programs. No persons outside the University are routinely provided this information. If you fail to provide the required information, it may result in a delay in providing you with one or more of your benefit programs.

Checklist for Enrollment Forms

Please return the enrollment forms to the Office of Human Resource Services, 027 Gilchrist, Cedar Falls, IA 50614-0034. The following check list is provided to assist you.

Health and Dental Insurance–Optional Program

_____ [Faculty and Staff Enrollment Form for Health & Dental Insurance](#)

_____ Primary Care Physician Selection Form (if Blue Advantage health plan is selected)

Vision Insurance-Optional Program

_____ Avesis Advantage Vision Care Employee Enrollment Form

Premium Only Plan–Optional Program

_____ [Premium Only Plan Enrollment Form](#)

Retirement Fund–Mandated by Iowa Law

_____ IPERS Membership Information and Beneficiary Designation

Flexible Spending Accounts–Optional Program

_____ [Enrollment Form for Flexible Spending Account](#)

Long-Term Care Insurance–Optional Program

_____ Enrollment Form-Pick up in Human Resource Services or enroll online

Health & Dental Insurance Requirements

Eligibility Requirements

- Appointment for 1/2 time or more
- Appointed for 9 months or longer

Date Coverage Begins

Coverage is effective on the first day of the month following the date of employment, providing you enroll within 30 days of your date of employment.

Pre-Existing Conditions

The University of Northern Iowa health and dental insurance plans have no waiting periods or exclusions for pre-existing conditions for new employees who enroll within 30 days of their qualifying appointment. Employees and their eligible dependents have full coverage as of the effective date. Employees who do not enroll within the first 30 days may have an 18 month waiting period for coverage for treatment of pre-existing conditions. This waiting period applies to the employee and all dependents.

Who May Be Covered?

- Yourself
- Your spouse, common law spouse or domestic partner (same sex partner)
- Unmarried children to age 25*
- Unmarried fulltime students over age 25
- Qualified children over age 25 who are totally and permanently disabled, provided the disability existed prior to age 25

** Iowa legislation (HF 2539) allows your unmarried children between the ages of 19 and 25 who are not full-time students and who live in the state of Iowa may be covered on your health, dental, and vision insurance plan. These children are eligible for coverage through the end of the plan year in which they marry, turn age 25, or no longer reside in Iowa. You must complete the Certification of Non Full-Time Student Dependent Age 19 to 25 form requesting enrollment and verifying tax dependent status before you can enroll these children on your insurance plan. Under federal tax law, if your unmarried child does not qualify as your tax dependent, UNI will calculate the fair market value of dependent coverage. This amount will be included in your gross income and will be subject to federal and state withholdings and FICA and be reported on your W-2 form.*

If both you and your spouse are employed by the University of Northern Iowa in positions that are eligible for benefits, you may enroll in a double spouse family plan which reduces the employee cost of the plan. You will be covered under a family plan, which requires a “plan member” and a “spouse”. Either spouse may be the “plan member.” All claims are filed in the name of the “plan member”.

Common law spouses must sign a *Common Law Affidavit* and have their signatures notarized. The common law relationship is a legally recognized and binding relationship. *Common Law Affidavits* are available in the Office of Human Resource Services, 027 Gilchrist.

Domestic partners (same sex partners) must meet certain criteria and complete and sign an *Affidavit of Domestic Partnership* which is available in the Office of Human Resource Services.

Employees ages 55 or greater who retire from the University may retain health insurance coverage for themselves, their spouses and their dependent children. The retiree is responsible for paying the full cost of the premium directly to the carrier. When the retiree or his or her spouse is eligible for Medicare due to age or disability, the University plan will become the secondary carrier.

Health & Dental Insurance Enrollment

Enrollment

You must complete and turn in an enrollment form to enroll in the University health and dental insurance plans. The Office of Human Resource Services must receive the completed enrollment form(s) within 30 days after your date of employment. After the initial 30-day period there may be an 18 month waiting period for coverage for treatment for you and/or your dependents for the health insurance plan and you will be required to wait until an open enrollment period to enroll yourself and/or your dependents in the dental insurance plan.

Wellmark and Delta Dental require the names, birth dates and Social Security numbers of dependent spouses and children enrolled for coverage. Please complete the enrollment form(s) in its entirety, including this information.

Open Enrollment Period

The University of Northern Iowa conducts an open enrollment period annually for the health and dental plans. A memo is sent to employees each April outlining the provisions of the open enrollment period. Changes and new enrollments are effective on August 1.

Adding/Dropping Dependents

You may add dependents within 30 days of an "event" which qualifies them as your dependent. Events are marriage, birth, death, divorce, a dependent's return to full-time student status, and a spouse's loss of group coverage.

You may drop dependents and/or change from a family plan to a single plan at any time during the year unless you are enrolled in the Premium Only Plan (see the Limitations Section, page16).

Health Insurance

Eligible employees may choose between two optional health insurance programs.

UNI Health Plan

Wellmark Blue Cross/Blue Shield of Iowa is the plan administrator. The UNI Health Plan is an indemnity plan, which means that you may access any licensed physician or hospital. However, if you select providers (physicians, clinics and hospitals) which participate with Wellmark, those providers have agreed to:

- File all claims for you. Benefit payments will be sent directly to the provider(s) and you will be responsible only for the deductibles and/or co-insurance; and
- Accept what Wellmark considers usual, reasonable and customary as payment in full—you will not be responsible for any out of pocket costs other than the deductibles and co-insurance.

A list of participating providers may be found at <http://www.wellmark.com>. You may also ask providers whether they have a participating agreement with Wellmark or contact Wellmark at (800) 600-4149 to inquire about the status of specific providers.

UNI Blue Advantage

Blue Advantage is a Health Maintenance Organization (HMO). This means that you must designate a Primary Care Physician (PCP) and this person becomes the gate keeper for your health care. Referrals to specialists either in or out of the Blue Advantage network must be coordinated by your PCP. Females covered by the plan may also designate an OB/GYN physician.

A list of participating providers may be found at <http://www.wellmark.com>. You may also ask providers whether they are part of the Blue Advantage network or contact Wellmark at (800) 600-4149 to inquire about the status of specific providers.

Monthly Rates (effective 8/1/09):

<i>UNI Health</i>			<i>UNI Blue Advantage</i>		
	Employer	Employee		Employer	Employee
Single	\$505.00	\$0.00	Single	\$427.00	\$0.00
Family	\$1,053.60	\$263.40	Family	\$906.00	\$160.00

Provisions of the plans are included in the comparison chart below. **This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the certificate.**

	UNI Blue Advantage	UNI Health
General Description	Subscriber designates a Primary Care Physician (PCP). When you need health care, visit your PCP who will provide or coordinate your care with other Blue Advantage providers.	Subscriber has the freedom to choose a provider.
Physician Office Visits	\$10 Copayment	10% Coinsurance
Inpatient Hospital & Physician	10% Coinsurance	Two Day Deductible & 10% Coinsurance
Outpatient Hospital & Physician	10% Coinsurance	10% Coinsurance
Preventive Care <ul style="list-style-type: none"> • Routine Physicals • Annual GYN Exams • Well Child Care • Immunizations • Mammograms 	Paid in full without Copayment or Coinsurance. Member may access GYN provider for gynecological and maternity care. Physical exams are paid on a specific schedule.	10% Coinsurance
Routine Annual Eye Exam	\$10 Copayment; Ophthalmologist may be accessed w/o referral from PCP.	Not covered
Chiropractic Care	\$10 Copayment (up to 12 visits/person/year without referral from PCP)	10% Coinsurance
Allergy-Testing, Shots and Serum	\$10 Copayment for testing and shots; 10% Coinsurance for serum.	10% Coinsurance
Other Covered Services <ul style="list-style-type: none"> • Ambulance • Blood • Home Health Services • Home Infusion Therapy • Home Health Equip. • Oxygen & Equipment • Prosthetics • Occupational, Physical and Speech Therapy • Skilled Nursing Care • Private Duty Nursing 	10% Coinsurance	\$100 Deductible per contract per year and 10% Coinsurance
Prescription Drugs	\$5 Copayment for generic drugs. \$10 Copayment for name brand drugs – mail order drug program available.	\$100 Deductible (combined with Other Covered Services)& 10% Coinsurance
Emergencies <ul style="list-style-type: none"> • Emergency Room • Ambulance 	<ul style="list-style-type: none"> • \$50 Copayment unless admitted to hospital • 10% Coinsurance 	<ul style="list-style-type: none"> • 10% Coinsurance • \$100 Deductible (combined with Other Covered Services) & 10% Coinsurance
Maternity Care <ul style="list-style-type: none"> • Physician's Charges • Hospital Charges 	<ul style="list-style-type: none"> • Paid in full • 10% Coinsurance 	<ul style="list-style-type: none"> • 10% Coinsurance • Two day deductible & 10% coinsurance
Mental Health/Chemical Dependency <ul style="list-style-type: none"> • Out-Patient Treatment • In-Patient Treatment 	<ul style="list-style-type: none"> • \$10 Copayment • 10% Coinsurance 	<ul style="list-style-type: none"> • 10% Coinsurance. • Two Day Deductible & 10% Coinsurance.
Out-of-Pocket Maximum	\$500 single plan. \$1,000 family plan. (1) Coinsurance applies to out-of-pocket maximum. (2) Once you reach your out-of-pocket maximum, you will still be responsible for copayments.	\$500 for a single plan. \$500 family plan. (1) All deductibles and coinsurance apply to out-of-pocket maximum. (2) Once out-of-pocket maximum is met, all covered services are paid at 100% for remainder of calendar year.
Lifetime Benefit Maximum	\$2,000,000 per person	No Maximum

Dental Insurance

The University of Northern Iowa offers eligible staff an optional dental insurance plan. Delta Dental of Iowa is the plan administrator.

You may visit any licensed dental provider, but if you select provider(s) which participate with Delta Dental, those providers have agreed to:

- File all claims for you. Benefit payments will be sent directly to the provider(s) and you will be responsible only for the deductibles and/or co-insurance; and
- Accept what Delta Dental considers usual, reasonable and customary as payment in full; you will not be responsible for any out of pocket costs other than the deductibles and co-insurance.

A list of participating providers may be found at <http://www.deltadentalia.com>. You may also ask providers whether they have a participating agreement with Delta Dental or contact Delta Dental at (800) 544-0718 to inquire about the status of specific providers.

Preventive Maintenance Care:

Delta Dental pays 100% up to a maximum annual benefit. Preventive maintenance care includes dental cleaning, oral evaluations, fluoride applications, x-rays, sealant applications, space maintainers, emergency treatment, and biopsy of oral tissue.

Routine Restorative Care and Surgical Care:

Delta Dental pays 50% up to a maximum annual benefit. Routine restorative care includes general anesthesia/sedation, restoration of decayed or fractured teeth (amalgam or composite restorations), limited occlusal adjustment, and routine oral surgery.

Major Restorative Care and Dental Prostheses:

Delta Dental pays 50% after \$50 deductible up to a maximum annual benefit. Major restorative care includes root canals, gum and bone diseases, cast restorations, dentures, and bridges, complete or partial.

Maximum Annual Benefit:

\$600 per person per calendar year for Preventive Maintenance Care, Routine Restorative Care and Surgical Care, and Major Restorative Care and Dental Prostheses combined.

Orthodontic Care:

Delta Dental pays 50% after a \$100 deductible to a maximum annual benefit of \$500 per member. Orthodontic care is available only to dependent children up to age 19. Orthodontic care may include retainers, braces and/or diagnostic materials to correct alignment and function of the teeth.

Monthly Rates (effective 8/1/09):

	Employer	Employee
Single	\$23.00	\$0.00
Family	\$23.00	\$49.00

Vision Insurance

The University offers the option of participating in a voluntary vision insurance plan. The group vision insurance is provided through Avesis, a national vision and dental company underwritten by Security Life Insurance Company of Kansas City, Missouri. A list of participating providers can be accessed by calling Avesis at (800) 828-9341 or by contacting the UNI Benefits Office.

Eligibility Requirements

- ½ time or more

Date Coverage Begins

Coverage is effective the first of the month after date of employment.

Who May Be Covered?

- Yourself
- Your spouse, common law spouse or domestic partner (same sex spouse)
- Unmarried children to age 25*
- Unmarried fulltime students over age 25
- Qualified children over age 25 who are totally and permanently disabled, provided the disability existed prior to age 25

** Iowa legislation (HF 2539) allows your unmarried children between the ages of 19 and 25 who are not full-time students and who live in the state of Iowa may be covered o your health, dental, and vision insurance plan. These children are eligible for coverage through the end of the plan year in which they marry, turn age 25, or no longer reside in Iowa. You must complete the Certification of Non Full-Time Student Dependent Age 19 to 25 form requesting enrollment and verifying tax dependent status before you can enroll these children on your insurance plan. Under federal tax law, if your unmarried child does not qualify as your tax dependent, UNI will calculate the fair market vale of dependent coverage. This amount will be included in your gross income and will be subject to federal and state withholdings and FICA and be reported on your W-2 form.*

Common law spouses must sign a *Common Law Affidavit* and have their signatures notarized. The common law relationship is a legally recognized and binding relationship. *Common Law Affidavits* are available in the Office of Human Resource Services, 027 Gilchrist.

Domestic partners (same sex spouses) must meet certain criteria and complete and sign an *Affidavit of Domestic Partnership* which is also available in the Office of Human Resource Services.

Plan Options

Option 1: Exam & Materials

This plan covers a yearly vision exam and materials (frames & lenses, OR contacts). You would want to enroll in this option if your health insurance does not cover a yearly exam. Please contact Human Resource Services for more information on this plan.

Monthly Rates:	Employee
Single	\$9.40
Family	\$21.63

Option 2: Materials Only

This plan only covers materials (frames & lenses, OR contacts). You would want to enroll in this option if your health insurance covers a yearly exam. Please contact Human Resource Services for more information on this plan.

Monthly Rates:	Employee
Single	\$6.81
Family	\$15.67

Enrollment

You must complete and turn in the *Avesis Advantage Vision Care Employee Enrollment Form* to enroll in the voluntary group vision insurance. The Office of Human Resource Services must receive the completed enrollment form within 30 days after your date of employment. After the initial 30-day period, you will be required to wait until an open enrollment period to enroll yourself and/or your dependents in the vision insurance plan.

Premium Only Plan

The Premium Only Plan is an optional program.

Eligibility Requirements

Any staff member who is eligible for and enrolls in the health and dental plans with an employee premium cost

Date Participation Begins

Participation begins when your first health and/or dental insurance premium is deducted from your payroll, providing you enroll at the same time you enroll in the insurance program(s). You have 30 days from the date of employment to enroll in the program, but if you delay enrollment beyond the time you enroll in the insurance plans, the first premium deduction may not be deducted pre-tax.

Benefit

Employees may elect to pay their share of the family health and/or dental insurance premiums with pre-tax rather than post-tax salary dollars. Enrollment in this program will result in lower Federal and State Income tax, Social Security, and Medicare tax withholdings, and therefore greater take-home pay.

Enrollment in this program does mean that the premiums are no longer includable as itemized tax deductions. However, it also means that you gain immediate and assured tax deductibility for your federal income taxes, rather than tax deductibility only if you itemize and then only if your health and dental expenses exceed 7.5% of your adjusted gross income.

Staff enrolling domestic partners in the health and/or dental plan may not use the Premium Only Plan due to IRS regulations.

Limitations

Section 125 of the Internal Revenue Code governs how employees enroll and make changes in this program. Employees may make elections on an annual basis, during a designated enrollment period. Once this election has been made, it cannot be changed for the remainder of the plan year (August 1 through July 31) unless there is a change in family status, i.e. marriage, divorce, birth, adoption, death, employment change, etc. This means that if you enroll in the Premium Only Plan with a family health and/or dental contract you would not be able to change to a single contract unless there has been a family status change.

You also need to be aware that enrollment in the Premium Only Plan reduces the Social Security tax that is withheld, so your Social Security benefits at retirement may be slightly reduced. Enrollment in this plan will not affect contributions to your retirement plan(s).

Enrollment

If you wish to enroll in the Premium Only Plan, you must complete and turn in the form entitled *Premium Only Plan Enrollment Form*. Once you enroll in the Premium Only Plan, you will remain enrolled unless, during an enrollment period, you complete a form indicating that you wish to opt out of the program. *No annual enrollment is required*. The completed form is to be turned into Human Resource Services 027 Gilchrist, 0034 within 30 days of your employment at UNI.

If you do not wish to enroll in the Premium Only Plan, you do not need to complete the enrollment form. If you do not enroll in the Premium Only Plan at this time, and wish to do so at a later date, you may enroll during an annual enrollment period.

Annual Enrollment Period

UNI's plan year for the Premium Only Plan is August 1 through July 31. Each year the University has an enrollment period for the Premium Only Plan. During this period you can:

- Enroll in the Premium Only Plan.
- Elect to discontinue enrollment in the Premium Only Plan.
- Change from family to single health and/or dental plan without a family status change.

Flexible Spending Account

The Flexible Spending Account is an optional program.

Eligibility Requirements

- Appointment of 1/2 time or greater
- Appointed for 9 months or longer

Date Participation Begins

Participation begins the first pay period after the enrollment form is received, providing you enroll within 30 days from the date of employment.

Enrollment in the Flexible Spending Account(s) is required annually, so the initial enrollment covers expenses incurred from the first day of the month in which the first deduction is taken through December 31 only! For example, if the first deduction is taken from the payroll at the end of August, expenses may be incurred only from August 1 through December 31 for that plan year.

Benefit

Employees may set aside funds to pay the cost of dependent care expenses on a pre-tax basis. Enrollment in this program will result in lower Federal and State Income tax, Social Security, and Medicare tax withholdings because these funds are not included in your taxable income.

You may set aside any amount between the *minimum of \$20 per month and the maximum of \$5,000 per year*. Contributions are deducted from each paycheck you receive. If you are paid twelve times per year you will have 12 equal deductions. If you receive 10 paychecks per year you will have 10 equal deductions.

When qualified expenses are incurred, you request reimbursement of the funds. R.D. Drenkow & Co. in Waverly, IA handles the reimbursement for the University of Northern Iowa.

Caution: If you set aside funds and then do not incur sufficient expenses, the University of Northern Iowa cannot refund the unreimbursed portion of the funds. Excess contributions are used to offset the administrative cost of the program.

Every dollar you contribute to the dependent care spending account (whether it is reimbursed or forfeited) reduces your dependent care tax credit by one dollar. For example, if you have two children your tax credit would be \$6,000. If you contribute \$5,000 to the spending account you would still have \$1,000 that you could claim as the tax credit. The general rule of thumb is that if your family income is higher than \$30,000 or you have one dependent and dependent care expenses exceed \$3,000 per year, the flex plan may be more advantageous than the tax credit. You may want to check with the person who prepares your taxes before you enroll in the spending account.

Reimbursement

When you incur reimbursable expenses, you must submit proof of the expense and a reimbursement request form to R. D. Drenkow & Co., P.O. Box 118, Waverly, IA 50677. R. D. Drenkow processes and pays all reimbursement requests.

Reimbursement requests must include:

- A written statement from the provider stating that these expenses have been incurred and the date(s) of service (a copy of the original bill);
- A receipt indicating payment-may be an indication of payment on the billing, but may not be a copy of a check; and

- A signed and itemized reimbursement request form (available in the Office of Human Resource Services, 027 Gilchrist).

Expenses are reimbursed only if they are incurred while you are covered under the Flexible Spending Account program (see effective date) or prior to termination of employment. The determining factor is the actual date of service, not the date of billing or the date the bill is paid. You will have until March 31 after the plan year to submit a reimbursement request for qualified expenses.

Qualified Dependent Care Expenses

Dependent care is defined as expense incurred for the care necessary for a dependent child (under the age of 13) or an adult that allows an employee to work. A child over the age of 13 or a dependent adult must be physically or mentally disabled and reside in your home at least eight hours a day to qualify for dependent care reimbursement. Restrictions include:

- If you are married, you may not be reimbursed unless your spouse works, attends school full-time, or is incapable of self-care;
- You cannot be reimbursed for dependent care services provided by a person that you claimed as a dependent during the tax year, or your child who is under age 19 at the end of the tax year;
- Reimbursements may not be greater than the earned income of the lower-paid spouse. If your spouse is a full-time student or incapable of self-care, your spouse will be regarded as earning income of \$250 per month with one dependent or \$500 per month with two or more dependents; and
- Eligible expenses do not include expenses for food or schooling unless these amounts cannot be separated from the total cost of care (e.g. lunch provided in a day care as part of the total cost).

Eligible expenses include

- In-home day care
- In-home nursing care
- Day care at someone's home
- Nursery school
- Adult day care
- Licensed dependent care centers (if more than six individuals are cared for)
- Household services needed to care for the dependent as well as run the home; they include the services of a maid, baby-sitter, housekeeper, cook or cleaning person if the services are needed in part for the care of the dependent(s)
- Boarding school (only that part of the cost used for care of the dependent)
- Summer day camp (if the cost compares reasonably with other alternatives and if the child does not spend the night)

Example of Savings

Assumptions:

- Budgeted Annual Salary of \$40,000 paid over ten months
- Tax bracket of 15% for federal tax and 5% for state tax

Monthly Salary	\$4,000.00	\$4,000.00
Dependent Care Spending Acct.	400.00	
Taxable Salary	\$3,600.00	\$4,000.00
Federal Income Tax	540.00	600.00
State Income Tax	180.00	200.00
FICA/Medicare Tax	<u>275.40</u>	<u>306.00</u>
Take Home Pay	\$2,604.60	\$2,894.00

Total Flex Contribution of \$400.00 per month reduces take home pay by \$289.40. You save \$110.60 per month or \$1,106.00 per year.

Limitations

Section 125 of the Internal Revenue Code governs how employees enroll and make changes in this program. Employees may make elections on an annual basis, during a designated enrollment period. Once this election has been made, it cannot be changed for the remainder of the plan year (January 1 through December 31) unless there is a change in family status, i.e. marriage, divorce, birth, adoption, death, employment change, etc. This means that if you enroll in the Flexible Spending Account program and during the year find that your actual expenditures will be either more or less than your election, you will not be able to change your election unless there is a family status change.

The family status change must have a potential effect on your expenses to allow a change in your election. This means that changing from full-time status to part-time status will not allow a change in your election unless it will affect either your health or dental insurance or your overall child care expenses. On the other hand, marriage will increase your “dependents” and thus allow a change.

You also need to be aware that enrollment in a Flexible Spending Account reduces the Social Security tax that is withheld, so your Social Security benefits at retirement may be slightly reduced. Enrollment in this plan will not affect the contributions to your retirement plan(s).

Enrollment

If you wish to contribute to the spending account you should complete the *Flexible Spending Account Enrollment Form* within 30 days of your employment.

If you do not wish to enroll in the Flexible Spending Account program you do not need to complete the enrollment form. If you do not enroll in the Flexible Spending Account program at this time, and wish to do so at a later date, you may enroll during an annual enrollment period.

Annual Enrollment Period

The plan year for the Flexible Spending Account at the University of Northern Iowa is from January 1 through December 31. Each year the University has an enrollment period for the Flexible Spending Account program. *Enrollment does not carry forward from year to year; you must enroll each year.*

Supplemental Retirement Annuities

Participation in a Supplemental Retirement Annuity (SRA or 403(b) Tax Shelters) at the University of Northern Iowa is optional.

Effective Date

When you elect to participate, the monthly contributions will begin on the paycheck following the month in which the form is signed.

Contributions

Under Section 403(b) of the Federal Internal Revenue Code, employees of an eligible employer may elect to make monthly contributions through a payroll reduction process to a tax-sheltered savings account. Current contributions to the plan are not taxable as income for Federal or State of Iowa income tax purposes. Investment returns on these accounts are also tax deferred. Contributions are not exempt from Social Security or Medicare tax withholding. Contributions may be made to an approved SRA vendor.

Contributions are limited under the Internal Revenue Service code. Either the Human Resources Office or TIAA-CREF must calculate the maximum allowable contribution.

Taxation

Taxation on these accounts occurs whenever the money is received. The postponement of taxation on both the contributions and investment return generally presents you with a significant advantage over non-tax deferred savings.

In general, your net cost to save money is less if you defer taxes on the contributions and you accumulate greater total savings if you do not have to pay taxes each year on the investment returns. Even though your tax burden may be higher when you begin to withdraw the funds, the additional savings during the accumulation years usually offsets the higher taxes.

Opening a SRA

SRAs may be opened through any one of the following vendors who have qualified their product with UNI:

- TIAA/CREF SRA
- Ameriprise
- Fidelity
- Great American Life Insurance Company (GALIC)
- AIG

Contact the Benefits staff in the Human Resources Office, 027 Gilchrist, at 273-2521 if you would like to find out more about SRAs.

Iowa Public Employees Retirement System (IPERS)

Participation in the IPERS system is mandatory for most University employees. Foreign nationals in this country as exchange scholars, trainees, professors, teachers, research assistants and specialists are exempt from this requirement.

The rules that govern the operation of IPERS are controlled by the Iowa Legislature. These rules change from time to time; therefore it is important that you remain current on any changes as they occur.

Eligibility Requirements

All staff members who earn \$1,000 or more in two consecutive calendar quarters are required to participate in IPERS unless they are eligible for and elect participation in TIAA-CREF. When eligibility requirements are met, enrollment in IPERS is by default. Once an employee is automatically enrolled in IPERS the enrollment is irrevocable and the employee may not change to TIAA-CREF at any time during their employment at UNI.

Effective Date

IPERS coverage is effective on your date of appointment if you meet the eligibility requirements at that time. If you are not eligible on the date of your employment coverage will be effective on the date the eligibility requirements are met.

Contributions

- **Employee Contributions:** 4.30% of salary (effective July 1, 2009). All employee contributions are made on a tax-deferred basis.
- **UNI Contributions:** 6.65% of salary (effective July 1, 2009).

Vesting

You are vested in IPERS after the earlier of four years of participation or attainment of age 55.

Enrollment

Enrollment in IPERS is automatic but you must complete an *IPERS Membership Information and Beneficiary Designation Form*. Unless you were enrolled in IPERS at a previous job and did not request a refund, you will be a new member. Complete your Social Security Number, your date of birth, gender, your name, address, and telephone number. Indicate your beneficiary election. Examples are on the back of the form. Please sign and date the form. If you are married, your spouse must also sign and date the form in front of a witness (who is not a beneficiary). The witness must also sign the form.

Retirement Income

A life long income to you based on:

- Your average high three years of salary,
- Your attained age,
- Years of IPERS covered service, and
- The retirement option you select.

Options Available upon Termination of Employment prior to Retirement

Non-Vested Member:

- When you terminate IPERS covered employment you may obtain a cash refund of your contributions plus interest. University contributions plus interest are not refunded.
- With at least 1 year but less than 4 years of IPERS covered employment, you may leave the funds on deposit with IPERS in a non-interest bearing account. Re-employment under the IPERS system within 4 years entitles you to a retirement income based on the old account. Interest on employee and employer contributions resumes with your re-employment.

Vested Members:

- When you terminate IPERS covered employment you may obtain a cash refund of your contributions plus interest. You will also receive a portion of the employer contributions plus interest. The portion you will receive is calculated by dividing your years of IPERS covered employment by 30 and multiplying by the employer contributions plus interest. For example, if you have worked for UNI for five years and the employer share of contributions plus interest is \$6,000, you will receive $5/30 \times \$6,000$ or \$1,000.
- Contributions may be left on deposit in an interest bearing account. All contributions continue interest accumulation. Subsequent retirement income will be based on both employee and UNI contributions.

Retirement Age

- IPERS early retirement at age 55
- “Normal” retirement between the ages of 62 and 65
- At age 70 or older, you may receive IPERS income and continue active UNI employment

Between the ages of 55 and 70, IPERS retirees must establish a “Bona Fide Retirement” as defined by IPERS.

Long-Term Care Insurance

Participation in the Long-Term Care Insurance at the University of Northern Iowa is optional; employees are responsible for the full cost of the premium.

John Hancock underwrites the Long-Term Care Insurance plan and maintains all enrollment records. The University's only role is to facilitate the distribution of enrollment information and to use the payroll system to deduct premiums for active employees.

Eligibility

- UNI staff working ½ time or more
- Retired employees
- Spouses or domestic partners of eligible employees
- Parents/Parents-in-law of eligible employees
- Grandparents/Grandparents-in-law of eligible employees
- Children of eligible employees and their spouses
- Siblings of eligible employees and of their spouses/domestic partners

All applicants must reside in the U.S. and its possessions on their effective date of coverage. Spouses/domestic partners, siblings and children must be age 18 or older on their effective date of coverage.

Effective Date

When approved by John Hancock. Employees have 30 days from their initial date of employment to enroll with guaranteed acceptance. After the initial 30 days, employees must apply for and be approved for coverage. All family members must apply for and be approved for coverage.

Benefits

Employees may elect Daily Maximum Benefit (DMB) at \$100/day, \$150/day, \$200/day, \$250/day, and \$300/day. Nursing home is covered at 100% of DMB. Alternate Care Facilities are covered at 75%. Professional Care is covered at 75% of DMB. Informal Care is covered at 25%. Lifetime Maximum Benefit is DMB multiplied by 1,825 (5 years times 365 days per year).

Enrollees may select either a Future Purchase Option or an Automatic Benefit Increase Option. Future Purchase Option participants will be offered the option to purchase additional amounts of coverage, without evidence of insurability, every three years. Automatic Benefit Increase participants will automatically have their benefits increased by 5% compounded annually with no increase in premium.

Participants are eligible for benefits after a waiting period of 90 calendar days from the date they are certified to be eligible for benefits. Qualifications for benefits are based on inability to perform Activities of Daily Living (ADL). Activities of Daily Living are: bathing, dressing, eating, toileting, transferring, and maintaining continence. Nursing home benefits require the inability to perform any three ADL's or a statement of cognitive impairment. Home health care benefits require the inability to perform any 3 ADL's or a statement of cognitive impairment.

Premiums

Premiums are based on attained age on the date the application is received by John Hancock. Premiums will not change with age although they may increase for the entire group. Premiums will not change earlier than May 31, 2011.

There are two monthly premium rate sheets in your packet. The white rate sheet is **without** the Automatic Benefit Increase Option. The blue rate sheet is **with** the Automatic Benefit Increase Option.

Enrollment

If you apply for coverage within the first 30 days of employment, complete the *Employee Enrollment Form for Guaranteed Acceptance* form which may be found in the “Enrollment Information” section of the packet.

If you apply for coverage after the first 30 days of employment or if you apply for coverage for a family member, complete the *Application for Insurance* which may also be found in the “Enrollment Information” section of the packet.

A postage paid envelope is provided for your convenience.

Questions

If you have questions about this benefit, you may either call the John Hancock Customer Service Center at (888) 383-2700 or you may visit the University of Northern Iowa Long-Term Care web site at <http://uni.jhancock.com> (username: uni; password: mybenefit).

Other UNI Benefits

State Workers' Compensation

Coverage is automatic. Provides benefits for injury or illnesses that are the result of your employment at UNI. Coverage under the Iowa Workers' Compensation Act includes physician and hospital care, surgical services, braces, appliances, etc.

Access is limited to providers designated by Iowa Workers' Compensation. No other providers will be paid by Iowa Workers' Compensation. The current provider for work comp injuries is the Arrowhead Health Center in Cedar Falls.

Workers' Compensation also pays compensation for loss of work time after a three-day waiting period and compensates for total or partial permanent disability. There is provision for compensation for dependents in the case of the death of an employee if the death is job-related.

Employee Assistance Program

UNI offers the services of the Employee Assistance Program (EAP) through Allen Hospital to employees and their families. The EAP is a confidential resource established for persons who experience a concern that may interrupt or impact negatively on job performance or life adjustment.

Services offered by the EAP include assessment of concerns or problems, consultation, education, referral and resource management, review and recommendations, and support, advocacy and follow-up.

Other Payroll Deductions

Federal and State governments may require the following deductions:

- ***Federal Income Tax***: Compulsory for most employees. Deducted from your salary per paycheck.
- ***State of Iowa Income Tax***: Compulsory for most employees. Deducted from your salary per paycheck.
- ***Federal Social Security and Medicare Tax***: Compulsory for most employees. Deducted from your salary per paycheck. Social Security withholding is subject to maximum deduction as set by Federal law.

Savings Bonds

In cooperation with the U.S. government savings bond program, U.S. Savings Bonds may be purchased by payroll deductions. Further information is available on request from the UNI Payroll Office, 103 Gilchrist, (319) 273-2656.

Wellness and Recreation Services

UNI Wellness and Recreation Services offers a wide range of opportunities for students, faculty, and staff. Some of the services include:

- Self-Help Materials,
- Fitness/Recreation Programs and Classes,
- Consultation Services,
- Climbing Wall,
- Health Self-Care Services,
- Whirlpool,
- Relaxation Activities,

- Leisure and Lap Pools,
- Training Programs, and
- Family Activities.

Faculty and staff are charged a yearly user fee. The user fee entitles you to unlimited use of the Wellness/Recreation Center, East Gym Pool, Health Beat (in the East Gym), and free admission for family members to designated family events and activities.

Parking on Campus

Parking permits are available at the Department of Public Safety, 030 Gilchrist, during posted business hours. Staff may purchase a G, A, B or R parking permit. G permits are sold on a lottery basis. The lottery is held the third week of August.

G permit holders may use the G, A, B, C or R lots. A permit holder may use A, B, C or R lots. B permit holders may use B, C or R lots. C permit holders may use C or R lots.

The purchase of a parking permit does not guarantee the holder a parking space. Staff are expected to know and to comply with the State of Iowa motor vehicle laws, the traffic ordinances of the City of Cedar Falls, and the University of Northern Iowa traffic and parking regulations. Vehicles in violation may be ticketed and towed away. The person registering the vehicle with the University will be responsible for all parking violations involving the vehicle.

Initial COBRA Notification

It is important that all covered individuals (employee, spouse and dependent children) take the time to read this notice carefully and be familiar with its contents. Employees are responsible for providing this notification to all covered dependents. Additional copies of this notice are available from the Office of Human Resource Services, University of Northern Iowa, 027 Gilchrist, Cedar Falls, IA 50614-0034. The telephone number is (319)273-2422.

Under federal law, the University of Northern Iowa is required to offer covered employees and covered family members the opportunity for a temporary extension of health and dental coverage at group rates when coverage under the plan would otherwise end due to certain qualifying events. This notice is intended to inform you (and your covered dependents, if any) of your options and obligations under the continuation coverage provisions of the law.

Qualifying Events for Covered Employee:

If you are an employee of the University of Northern Iowa, you may have the right to elect continuation of coverage if you lose your group health and dental coverage because of a termination of your employment or a reduction in your hours of employment.

Qualifying Events for Covered Spouse:

If you are the covered spouse of an employee of the University of Northern Iowa, you may have the right to elect continuation of coverage for yourself if you lose group health and dental coverage for any of the following reasons:

- A termination of your spouse's employment or reduction of your spouse's work hours;
- The death of your spouse;
- Divorce or legal separation from your spouse; or
- Your spouse becomes entitled to Medicare.

Qualifying Events for Covered Dependent Children:

If you are the dependent child of an employee of the University of Northern Iowa covered by the group plan, you may have the right to elect continuation of coverage for yourself if you lose group health and dental coverage for any of the following reasons:

- A termination of the employee's employment or reduction in the employee's work hours;
- The death of the employee;
- Parent's divorce or legal separation;
- The employee becomes entitled to Medicare; or
- You cease to be a "dependent child" under policy definition.

Employee, Spouse and Dependent Notifications Required:

Under the law, the covered employee, spouse, or other family member has the responsibility to inform the Benefits Office at the University of Northern Iowa of a divorce, legal separation, or a child losing dependent status. This notification must be made within 60 days from whichever date is later, the date of the event or the date on which coverage would be lost because of the event. A notification form may be obtained from the Office of Human Resource Services. *If this notification is not completed in a timely manner, then rights to continuation coverage may be forfeited.*

Election Period and Coverage:

Once the Office of Human Resource Services at the University of Northern Iowa is notified that a qualifying event has occurred, they will in turn notify covered individuals of their right to elect continuation of coverage. Each qualified beneficiary has independent election rights and will have 60 days from the

later of the date coverage terminates or from the date of notification to elect continuation of coverage. If a qualified beneficiary does not elect continuation of coverage within this election period, then rights to continue health and/or dental insurance will end.

If a qualified beneficiary elects continuation of coverage and pays the applicable premium, the University of Northern Iowa is required to provide coverage that is identical to the coverage provided under the plan to similarly situated employees and/or covered dependents.

Length of Continuation of Coverage:

If the event causing the loss of coverage is a termination of employment or a reduction in work hours, then each qualified beneficiary will have the opportunity to continue coverage for up to 18 months from the date of the qualifying event.

Beneficiaries who are determined to be disabled by the Social Security Administration at the time of eligibility for COBRA or who are determined to be disabled within the first 60 days of continuation may be eligible for up to 29 months of continuation of coverage. The beneficiary must notify the UNI Office of Human Resources of the disability determination within 60 days of their receipt from Social Security and before the end of the 18-month COBRA period.

If the event causing the loss of coverage was the death of the employee, divorce, legal separation, Medicare entitlement, or a child ceasing to be a dependent under policy definitions, then each qualified beneficiary will have the opportunity to continue coverage for up to 36 months from the date of the qualifying event.

If, during the 18 months of continuation of coverage, a second event takes place (divorce, legal separation, death, Medicare entitlement or a child ceasing to be a dependent), then continuation of coverage can be extended to a maximum of 36 months from the date of the original qualifying event date. If a second event occurs, it is the qualified beneficiary's responsibility to notify the Office of Human Resource Services.

Eligibility, Premiums, and Potential Only Rights:

A qualified beneficiary does not have to show that they are insurable to elect continuation of coverage. The University of Northern Iowa, however, reserves the right to verify eligibility status and to terminate continuation of coverage retroactively if you are determined to be ineligible, or if there has been a material misrepresentation of the facts. A qualified beneficiary will have to pay all of the applicable premium plus a 2% administration charge for continuation of coverage. These premiums may be adjusted in the future if the applicable premium amount changes. At the end of the continuation period, a qualified beneficiary must be allowed to enroll in an individual only health plan, if such a plan is available.

Notification of Address Change:

To ensure that all covered individuals receive information properly and efficiently, it is important that you notify the University of Northern Iowa of any address changes as soon as possible. Failure to notify may result in a loss of continuation of coverage options.

Cancellation of Continuation of Coverage:

The law provides that coverage may end prior to the maximum continuation period for any of the following reasons:

- The University of Northern Iowa ceases to provide any group health plan to any of its employees;
- Premiums are not paid in a timely manner;
- A qualified beneficiary becomes covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition of such beneficiary;
- A qualified beneficiary becomes entitled to Medicare;
- A qualified beneficiary extended coverage to 29 months due to a Social Security disability and a final determination has been made that the qualified beneficiary is no longer disabled;

- A qualified beneficiary notifies the University of Northern Iowa that they wish to cancel continuation of coverage.

If any covered individual does not understand any part of this summary notice or has questions regarding the information or your obligations, please contact the Office of Human Resource Services, University of Northern Iowa, 027 Gilchrist, Cedar Falls, IA 50614-0034 or (319)273-2422.

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