

# Regence

*Life and Health Insurance Company*

## **Group Administration Guide**

*This guide provides a summary of the procedures necessary for administering your group life and disability benefits plan. It is not a contract of insurance.*

**Rev. 02/09**

**This guide will assist you in administering the Regence Life and Health group life and disability coverages for your group. Information is provided on how to add or delete employees plus how to submit any changes that occur after the effective date of your group's coverage. Most importantly, this guide contains information necessary should you need to file a claim for benefits.**

**The forms needed to administer your group's insurance plan(s) can be obtained from our Web site at [www.regencelife.com](http://www.regencelife.com). A list of general form names and numbers is outlined below. Simply select Products and Forms. This will take you to the Resource Center. Select General Forms, and then click on the form(s) you need and print. For your convenience, a list of the specific forms needed for your group's insurance plan(s) will be included in the email you receive from Regence Life and Health Insurance Company (see below). If the form you need is not available from the Resource Center, or if you have difficulty obtaining forms via our Web site, please call us toll free at 1-800-794-5390.**

### **ENROLLMENT FORMS**

- *Enrollment Form For Group Insurance (Form RLH 013)*
- *Evidence of Insurability Form for late enrollment of basic contributory coverage or basic coverage that is over guarantee issue (Form RLH 001)*

### **CLAIM FORMS**

- *Statement of Death (Form RLH 047)*
- *Application for Extended Life Coverage (Form RLH 018)*
- *Group Short Term Disability Claim Application (Form RLH 019)*
- *Group Long Term Disability Claim Application (Form RLH 179)*

### **CONVERSION**

- *Application for Conversion of Group Life Coverage (Form RLH 014)*

### **VOLUNTARY PRODUCTS (If elected by the policyholder/employer for your group)**

- *Enrollment/Evidence of Insurability forms for Voluntary employee-purchased life and disability benefit options (see information about Voluntary Insurance on Pages 4 and 5 of this guide)*

**The email you receive from Regence Life and Health Insurance Company contains the following materials:**

### **A LIST OF SPECIFIC FORMS NEEDED TO ADMINISTER YOUR BENEFITS.**

#### **APPLICABLE APPLICATIONS AS FOLLOWS:**

A copy of your signed Application For Group Insurance submitted for the purchase of Life Insurance, Accidental Death and Dismemberment Insurance, Dependent Life Insurance and Short Term Disability Insurance.

A copy of your signed Application For Group Long Term Disability Insurance submitted for the purchase of Long Term Disability Insurance.

A copy of your signed Employer Application/Change Form For Group Voluntary Benefits submitted for the purchase of Voluntary Life and Accidental Death and Dismemberment Insurance, Voluntary Short Term Disability Insurance and Voluntary Long Term Disability Insurance

## **APPLICABLE POLICIES**

The master policy contains information regarding your benefits and provisions, and includes the applicable application as shown above. It may also include any amendments to your plan. A separate master policy is provided for each line of coverage. However, if you have Short Term Disability Insurance and/or Voluntary Life Insurance with Regence Life and Health, it will be provided in the Group Life and Disability master policy.

These are legal documents containing the detailed and controlling provisions of your coverage with us.

**Note:** Idaho groups of 4 lives or less and Oregon, Utah and Washington groups of 2 lives or less will receive a copy of their signed application in place of a master policy.

## **APPLICABLE CERTIFICATES OF COVERAGE**

The Certificate of Coverage contains information regarding the benefits and provisions provided to your employees, and must be distributed to eligible employees when they enroll for benefits. It is your responsibility to provide each individual insured under your policy with the appropriate Certificate(s) of Coverage.

## **ENROLLMENT OR CLAIM FORMS THAT HAVE BEEN MODIFIED TO MATCH BENEFITS**

If the benefits provided to your group require the customization of an enrollment form, evidence of insurability form or claim form, those forms will not be available through our Web site. Therefore, they will be included as an attachment in the email you receive from Regence Life and Health.

**The remainder of this guide is divided into the following major categories:**

- **HOW TO ENROLL NEW EMPLOYEES**
- **HOW TO UPDATE ENROLLMENT RECORDS** (NAME CHANGES, BENEFICIARY CHANGES)
- **HOW TO NAME A BENEFICIARY**
- **HOW TO PAY PREMIUMS**
- **HOW TO REMOVE TERMINATING EMPLOYEES FROM THE PLAN**
- **HOW TO FILE A CLAIM FOR BENEFITS**
- **SOCIAL SECURITY AND MEDICARE TAX AGREEMENT**

# **HOW TO ENROLL NEW EMPLOYEES**

### ***Minimum Participation Requirements***

***Noncontributory Insurance:*** (The employer pays all of the premium)

A minimum of 100% of all eligible employees must be enrolled at all times. Please note: Even though an employee may waive medical coverage, the individual should still be enrolled in the employer's life and disability programs unless otherwise stated in the master policy.

***Contributory Insurance:*** (The employee pays part or all of the premium)

A minimum of 75% of all eligible employees must be enrolled at all times.

**New Employees** are eligible for insurance at the completion of the waiting period that is stated in your master policy. Eligible employees should complete and sign an Enrollment Form (RLH 013). We recommend this be done the day the employee becomes eligible. Please do not send the completed enrollment forms to us. They should be retained in your files. New Employees also need to be added to your premium statement (see the **HOW TO PAY PREMIUMS** section of this guide).

### ***Enrollment Information***

If your plan is *paid entirely by the employer (noncontributory)*, the enrollment form is used for beneficiary designation only (see the **HOW TO NAME A BENEFICIARY** section of this guide). If your plan is all or partially *paid by the insured employees (contributory)*, this form is also used to enroll for coverage. If an individual does not wish to participate in a plan for which he/she is required to pay all or part of the premium, this form is used to document this decision and should be completed and maintained on file.

If your plan is *paid entirely by the employer (noncontributory)*, all employees must be enrolled as of the date they first become eligible for coverage. **Premium will be billed retroactive to each employee's effective date of coverage.**

### ***Late Enrollment***

If your plan is *partially or completely paid by the employee (contributory)*, employees who do not enroll within 31 days of the date they first become eligible will be considered late enrollees. Late enrollees must provide satisfactory evidence of insurability in order to be enrolled. Coverage will not become effective until approved in writing by Regence Life and Health. The form to be completed is Evidence of Insurability form RLH 001. If a *late enrollee* is approved for coverage, we will notify you, add the employee to your next month's premium statement, and send the employee a letter confirming the amount of insurance and the effective date. We will notify you by letter if a *late enrollee* is not approved for coverage.

### ***Evidence of Insurability*** (if required)

The Evidence of Insurability form (RLH 001) is a confidential statement of health used for both:

- a) late enrollment (if the employee is responsible for all or part of the premium); and
- b) to apply for amounts of insurance over the Guarantee Issue Amount, if provided in your policy. Guarantee Issue, as the term implies, is the amount of insurance provided automatically to all enrolled employees—statement of health not required. Employees still need to complete Enrollment Form RLH 013 if coverage is Guarantee Issue.

Please note: A ***Information Practices Notice (RLH IPN)*** is attached to each Evidence of Insurability form which is provided to an employee. The employee should be instructed to retain the notice.

In order to ensure privacy, please instruct the employee to seal the completed Evidence of Insurability form in an envelope prior to returning the form to the employer for submission to Regence Life and Health. Send the completed Evidence of Insurability form to Regence Life and Health Underwriting at P.O. Box 1271, Mail Station E3A, Portland, Oregon 97207-1271. If additional information is needed to evaluate the employee's health statement, the employee will be contacted directly.

If an employee is applying for *insurance over the Guarantee Issue Amount*, the employee will be insured for the guarantee issue amount until the additional coverage has been approved. The full amount of insurance will take effect on the approval date designated by Regence Life and Health. We will then notify you of the effective date and a confirmation letter will be sent to the employee. If the additional coverage is *not* approved, we will also notify both you and the employee (in this case, the employee will remain insured for the guarantee issue amount).

***Voluntary Insurance***

Voluntary coverage is paid by the employee through payroll deductions. If the benefit package provided to your group by Regence Life and Health includes: 1) Voluntary Life Insurance; 2) Voluntary Accidental Death & Dismemberment Insurance; 3) Voluntary Short Term Disability; and/or 4) Voluntary Long Term Disability Insurance, the application forms for these coverages can be found on the Regence Life and Health Web site. The forms used to enroll for coverage are as follows:

**OREGON, IDAHO AND UTAH GROUPS:**

For groups with Select Voluntary benefit(s) effective on or after August 1, 2008, use Application & Evidence of Insurability Form RLH SVB.

For groups with Voluntary benefit(s) effective prior to August 1, 2008:

<u>Coverage</u>	<u>Form</u>
Select Voluntary Benefits	Voluntary Benefits Enrollment & Evidence of Insurability Form RLH 182
Voluntary Benefits	Voluntary Benefits Enrollment & Evidence of Insurability Form RLH 161
VIP Voluntary Life Benefits	Evidence of Insurability Form RLH 096

If the benefit amount is Guarantee Issue, employees still need to complete the applicable form. However, the employee does not need to answer the medical questions.

**WASHINGTON GROUPS:**

For groups with Select Voluntary benefit(s) effective on or after August 1, 2008, use Application & Evidence of Insurability Form RLH VB-WA.

For groups with Voluntary benefit(s) effective prior to August 1, 2008:

<u>Coverage</u>	<u>Form</u>
Guarantee Issue Voluntary Benefits	Voluntary Benefits Enrollment Form RLH 169
Non-Guarantee Issue Voluntary Benefits	Voluntary Benefits Enrollment Form RLH 168 and Evidence of Insurability Form RLH 169 (combined)
VIP Voluntary Life Benefits	Evidence of Insurability Form RLH 117

If the benefit amount is Guarantee Issue, employees still need to complete the applicable form. However, the employee does not need to answer the medical questions.

**Note:** If the benefits provided to your group require the customization of an enrollment form, evidence of insurability form or claim form, those forms will not be available through our Web site. Therefore, they will be included as an attachment in the email you receive from Regence Life and Health.

VIP and Select Voluntary Life Insurance are employee-paid benefits available to both employees enrolled in basic group life and the spouses of those employees. Each employee and spouse may select the amount they wish to be insured for, as described on the application form. (The State of Washington limits the spouse's coverage to 100% of the employee's coverage amount.)

To become insured for VIP or Select Voluntary Life, the employee and/or spouse must complete the applicable Evidence of Insurability form. Please note: Individuals applying for Voluntary coverage(s) must retain the **Information Practices Notice (RLH IPN)** attached to their Enrollment/Evidence of Insurability form.

Voluntary coverage(s) will not take effect until approved in writing by Regence Life and Health. Individuals can apply at any time. In order to ensure privacy, please instruct the employee to seal the completed form in an envelope prior to returning the form to the employer for submission to Regence Life and Health. Completed applications should be returned to Regence Life and Health Underwriting, P.O. Box 1271, Mail Station E3A, Portland, Oregon 97207-1271. Once the application is approved, we will notify you and we will send a letter to the employee confirming the amount of coverage and the effective date. We will notify you by letter if an application for an employee and/or spouse is not approved for coverage.

## HOW TO UPDATE ENROLLMENT RECORDS

### **Lost Enrollment Forms**

If you are unable to locate an enrollment form for any employee, simply have the employee complete, sign and date a new enrollment form.

### ***Beneficiary Change / Name Change***

An employee who is changing his/her name or making a beneficiary change should complete a new enrollment form indicating the change. Be sure the new form is signed and dated. Attach the new form to the employee's original form and *keep the original and all updates on file.* (**PLEASE DO NOT MAIL TO US**). In the event of a claim, you will need to submit all of these forms, along with the appropriate claim form and other related paperwork for processing.\* (See HOW TO FILE A CLAIM FOR BENEFITS)

\* Applies to Employee Life and Accidental Death Insurance only. For Dependent Life Insurance, the Employee is always the beneficiary.

## **HOW TO NAME A BENEFICIARY**

### ***Beneficiary Designation***

The enrollment form is used as an initial application as well as a statement of the employee's chosen beneficiary. It is important for all insured employees to choose a beneficiary to ensure that benefits are paid in accordance with the employee's wishes should a claim occur. IMPORTANT: The form and all updates must be signed *and* dated in order to be valid.

Information needed: For accurate identification, please provide the full name, date of birth, Social Security number and address of each beneficiary. Examples follow:

- A. One Beneficiary: Mary R. Jones, B/D 01/01/48, SS# 444-44-4444, 1234 Hemlock St., Anytown, OR 12345
- B. Two Beneficiaries: John Jones and Sally Smith, equally, or the survivor (list information for both)
- C. Two Beneficiaries in Unequal Shares: John Jones, 75%, and Sally Smith, 25%, or the survivor (list information for both)
- D. One Primary and One Contingent Beneficiary: Mary R. Jones, if living, otherwise Sally Smith (list information for both)
- E. One Primary and Two Contingent Beneficiaries: Mary R. Jones, if living, otherwise Sally Smith and John Jones, equally, or the survivor (list information for all)
- F. Trustee: Mary R. Jones, Trustee, under trust agreement dated \_\_\_\_\_.
- G. Insured's Estate: My Estate

*Please note: If death occurs and a minor (a person not of legal age) is the beneficiary, it may be necessary to have a Guardian of the Estate of the minor or a Conservator for the minor appointed before any life proceeds can be paid. This means legal expenses for the beneficiary and delay in the payment of the insurance, a point to consider when naming a beneficiary.*

# HOW TO PAY PREMIUMS

**If you have any questions regarding your bill, please call the Billing Service Department toll free at 1-888-777-9368 or visit our website at [www.regencelife.com](http://www.regencelife.com).**

Each month you will receive a premium statement reflecting the premium due for the following month's coverage. Included with the statement will be a self-addressed envelope for remittance of your monthly premium and a Billing Change Form. If you have no changes to report (e.g., no new hires, no terminated employees, no class changes, etc.), you may simply remit the premium shown on the statement.

Please make your check payable to Regence Life and Health Insurance Company and send your payment to:

Regence Life and Health Insurance Company  
PO Box 91131  
Seattle, WA 98111

If you have any questions concerning your bill, please call the Billing Department at 1-888-777-9368.

If you have any changes to report, please follow the instructions in the following section.

## ***Group Life Billing Change Form***

This form, included with your monthly billing statement, is used to report the detailed information needed for new employees, changes in the status of currently insured employees, or to delete individuals from coverage under the plan. It is not required that you use our Group Life Billing Change Form. If you have a computer printout or some other format that provides us with all the information we need, please feel free to use it. Just make sure that your format clearly indicates whether employees are being added, terminated or just changed.

Our Group Life Billing Change Form has separate pages for specific actions. The first page is used to "Add Employees," "Terminate Employees," and "Change Salaries". The second page is used to "Change Employee's Name", "Change Employee's Division" and "Change Employee's Class," as explained below.

**Add Employees:** On the first page, complete one line for each new employee—make certain to complete all blanks. All of the information requested is necessary to add your new employee to our computer system. If the information is not complete, our Billing Department will need to contact you for the missing information. If your group has salary-based benefits, be sure to complete the salary and the pay code. If your group does not have salary-based benefits, there is no need to provide salary information.

The boxes at the right indicate the benefits. It is not necessary to check a particular benefit box unless the employee is paying at least a portion of the premium for that benefit, with the exception of Dependent Life. If Dependent Life premium is being paid **only** for employees **with** dependents, **or** if the employee pays any part of the premium **and** the employee has elected Dependent Life coverage, then check the Dependent Life box.

**Change In An Employee's Salary:** Use the first page of the Group Life Billing Change Form if you are reporting a Change In An Employee's Salary. For the "Activity Code" mark a "C" for change. If the salary is to change on a date other than the date the bill is due, just make a note beside the employee's name. **Salary changes must be reported on a monthly basis as they occur.** Please note that the premium charged will change accordingly.

**Employee Terminations:** On the first page, complete one line for each terminating employee. The "Term Date" should be the date of the employee's last day of work. Premium will be canceled the first of the month following the last day of employment (or the 15th of the month following the last day of employment, if you are billed based on the 15th of the month). **Note:** For retroactive terminations, we will give premium credit for the current month and three previous months only.

**Name Change:** For a Name Change, complete the columns on the second page marked "Division", "Class", "Social Security Number", "Activity Code" (use C for change), and "Employee Name" (new name).

**Change Employee's Division:** Your group insurance may not be separated into different divisions (for billing and/or benefit purposes). If it is not, you may disregard this section. If your group *does* have different divisions, you would use the second page of the Group Life Billing Change Form to move employees who are already on the insurance to a different division. Be sure to complete all boxes in this section.

**Change Employee's Class:** Your group insurance may not be separated into different classes (generally used to distinguish different levels of benefits for specific groups of employees). If it is not, you may disregard this section.

If your group *does* have different classes, you would use the second page to move employees (who are already on the billing) to a different class. First refer to the master policy to be sure that the employee meets the eligibility requirements for the new classification. Be sure to complete all boxes in this section.

#### ***A Note About Re-Hires***

Any employee who has lost coverage for any reason, including but not limited to termination of employment and layoff, and becomes re-eligible again within 6 months from the date coverage was lost, may have their coverages reinstated (including any previously elected voluntary coverages) effective on the date of re-hire. Premium will be charged as of the first of the month following re-hire (or the 15th of the month following rehire, if you are billed based on the 15th of the month). Please note on the Group Life Billing Change Form if an individual is a re-hire.

If you would like re-hires to be treated as new employees and subject to the waiting period stated in your master policy, you must let us know.

## Billing Instructions

After completing the Group Life Billing Change Form, you can choose one of two methods for processing your bill. Choose the one that works best for your company operations. One is the “Pay as Billed” method; the other is the “Reconciled” method.

**Pay as Billed** means that you pay the amount listed next to “Please Pay This Amount” on your bill and let Regence Life and Health calculate the amounts due or credits for additions and terminations. Those addition and termination credits and debits will show up on your next bill and you would not pay for them until that time. This is the method that we recommend since it seems to be the easiest option for most employers.

**Reconciled** means that *you* calculate the additional amounts due for additions and credits due for terminations, make the dollar adjustment to the total amount billed, and then pay the adjusted amount. If there is a discrepancy between the amount paid and the amount due, it will be reflected on your next statement.

### Premium Calculation (If using the “Reconciled” method)

The following is a description of how to calculate the various premiums. Your group may not have all of the coverages described below. Please disregard the coverages that do not apply to your group.

**Basic Life and AD&D:** The Basic Life and AD&D premiums are calculated per \$1,000 of coverage. To arrive at the monthly premium, multiply the premium rate by the amount of coverage and divide by \$1,000.

**Dependent Life:** Dependent Life is a flat charge per employee. It is *not* calculated per \$1,000 of coverage. Refer to the copy of the application in your master policy to determine whether the rate is being charged “per employee (with or without dependents)” or “per family (only employees with dependents).”

**Short Term Disability:** Short Term Disability premiums are calculated per \$10 of benefit. To determine an employee’s benefit, first multiply the employee’s weekly earnings by the benefit percentage. This will give you the weekly benefit. Round this figure UP to the next dollar. At this point, keep in mind the maximum weekly benefit of your plan. If it is less than the weekly benefit you just calculated, use the maximum weekly benefit to finish calculating the premium for that employee.

Now multiply the weekly benefit by the premium rate. Divide that figure by 10 and round up to the next higher penny. This is the monthly premium for one employee for Short Term Disability. A sample calculation follows:

**Assume the following:**

Premium Rate:	\$0.32 per \$10 of benefit
Weekly Earnings	\$850
Plan Benefit	60% to \$500 Maximum Benefit

**Calculation:**

$$\begin{array}{l} \$850 \\ \text{Weekly Earnings} \end{array} \times \begin{array}{l} 60\% \\ \text{Benefit \%} \end{array} = \begin{array}{l} \$510 \text{ (rounded to the next higher dollar)} \\ \text{Weekly Benefit (max is \$500, use \$500)} \end{array}$$

$$\begin{array}{l} \$500 \\ \text{Weekly Benefit} \end{array} \times \begin{array}{l} \$0.32 \\ \text{Rate} \end{array} = 160$$

$$160 \div 10 = \$16.00 \text{ (rounded up to the next higher penny)} \\ \text{Monthly Premium}$$

**Long Term Disability:** Long Term Disability Insurance premium is calculated per \$100 of Basic Monthly Earnings (see the definitions section of your LTD policy for what is and what is not included in “basic monthly earnings”). At this point, keep in mind the maximum monthly *covered* earnings for your plan. For instance, if your LTD benefit is 60% to a \$6,000 maximum monthly benefit, the *covered* earnings for your plan are \$10,000 (maximum monthly benefit divided by benefit percentage). If the basic monthly earnings are more than the maximum monthly *covered* earnings, use the maximum monthly *covered* earnings to calculate the premium for that employee. To arrive at the monthly premium, take the employee’s basic monthly earnings (if less than the maximum monthly *covered* earnings) multiplied by the premium rate, then divide by 100 and round to the next higher penny. A sample calculation follows:

**Assume the following:**

Premium Rate:	.72% per \$100 of covered earnings
Basic Monthly Earnings	\$3,000
Benefit	60% to \$6,000 maximum benefit
Maximum Covered Earnings	\$10,000

**Calculation:**

$$\begin{array}{l} \$3,000 \\ \text{Basic Monthly} \\ \text{Earnings} \end{array} \times \begin{array}{l} 0.72 \\ \text{Premium} \\ \text{Rate} \end{array} = 2160$$

$$2160 \div 100 = \$21.60 \text{ (rounded to the next higher penny)} \\ \text{Monthly Premium}$$

You should have a premium amount calculated for each type of coverage, for each employee listed on the Group Life Billing Change Form. Add all of the additional premium due to arrive at a total for “Additions.” Add all of the premium deductions to arrive at a total for “Deletions,” then follow the reconciliation step below:

**Perform the Reconciliation:** On the front of your billing statement there is a box on the lower half of the page called “Payment Reconciliation.

- For “Total Amount Billed,” fill in the charge printed next to “Please Pay This Amount” (shown on the lower right-hand corner of the statement).
- Additions would be all premium calculated for employees added, plus any increase in premium for employees who are receiving an increase in benefits.
- Deletions would be all premium calculated for terminated employees and any difference in premium for employees receiving a decrease in benefits.
- Total Amount Billed plus Additions, minus Deletions, equals the Total Amount Paid (the amount you will be sending with your statement).

**Age-Based Rates:** If your policy includes life and/or disability products that are age-rated, premiums will change as the participant ages. These premium changes take place on your renewal date unless you request a different process. Please watch for these premium increases on your renewal month billing. There will be no prior notification sent from RLH.

**Benefits That Reduce Due To Age:** If your policy includes benefits that reduce due to age, premiums will be reduced accordingly. These premium reductions will take place on your renewal date unless you request a different process. Please watch for these premium reductions on your renewal month billing.

## **HOW TO TERMINATE A VOLUNTARY OR CONTRIBUTORY COVERAGE**

If an employee wants to terminate the voluntary or contributory coverage for him/her or his/her covered spouse, the employee needs to submit a written request which includes the requested termination date and an original signature. The termination date must be a future date. We cannot “retro” term voluntary or contributory coverage. Send the request to the Billing Service Department.

## **HOW TO REMOVE TERMINATING EMPLOYEES FROM THE PLAN**

*Terminating Employees need to be deleted from the premium statement. For information on how to do this, please see the section above on **HOW TO PAY PREMIUMS.***

***Application for Conversion form (RLH 014):*** Be sure each terminating employee receives an application for Conversion. Employees and any eligible dependents may convert their Group Life or Dependent Life Benefits to an individual policy, without regard to their health status, when coverage under the group policy ends for any of the following reasons:

Termination of employment.

1. Termination of membership in an eligible class.
2. Retirement.
3. The employee or dependent is no longer eligible for benefits under the group plan.
4. Termination or reduction of benefits due to reaching a specified age as shown in your master policy.

We **must receive** a completed Application for Conversion form and the first quarter of individual premium **within 31 days of termination or reduction of the group life coverage**. (Refer to your master policy or certificate for specific information regarding Conversion). To calculate the quarterly, semi-annual or annual premium for Conversion Insurance, please see the back of the Conversion form.

## HOW TO FILE A CLAIM FOR BENEFITS

Refer to your master policy for a description of the benefits available under your group plan of insurance. Following are details on how to file a claim for these benefits:

- ◆ Life
- ◆ Accidental Death
- ◆ Accelerated Benefit for Terminal Illness
- ◆ Dependent Life
- ◆ Accidental Dismemberment, Loss of Sight or Paralysis
- ◆ Short Term Disability
- ◆ Long Term Disability
- ◆ Extension of Life Insurance (Waiver of Premium)

SPECIFIC QUESTIONS REGARDING CLAIMS SHOULD BE DIRECTED TO 1-800-286-1129.

### *Life and Accidental Death (Employees only)*

If an employee dies, the employer and claimant must complete the **Statement of Death form (RLH 047)**. Forward the completed Statement of Death form, a **certified Death Certificate and the original enrollment form (with all updates attached)**, to Regence Life and Health, P. O. Box 1271, Mail Station E3A, Portland, Oregon 97207-1271. In the event the only enrollment card you have on file is a photocopy of the original card containing the employee's signature, you will need to send a letter along with the copy to certify that you do not have a card with an original signature.

If an employee's death is due to an accident, homicide or suicide, an Investigating Officer's Report and the Coroner's Report (if an autopsy is performed) will be required along with the forms mentioned above. For a death due to a motor vehicle accident, we will also need a copy of the Traffic Accident Report.

**NOTE: IF YOU HAVE DIFFICULTY OBTAINING THE NECESSARY DOCUMENTS, PLEASE CALL 1-800-286-1129 AND WE WILL ASSIST YOU.**

### *Accelerated Benefit for Terminal Illness*

If your life insurance policy includes an accelerated benefit for terminal illness, an insured person who is terminally ill may be eligible to receive a portion of his/her life insurance benefits in advance of their death. Please refer to your master policy for a complete description of this benefit. If you have an employee who may qualify for this benefit, please contact Regence Life and Health toll-free at 1-800-794-5390. We will provide the employee with a claim form and a letter of explanation as to how the benefit works, with an illustration of the dollar amount the employee is eligible to receive. This benefit is also available for spouses enrolled in VIP or Select Voluntary Life Insurance (it is *not* available under Dependent Life Insurance).

### ***Dependent Life***

If your plan provides Dependent Life coverage and a dependent dies, submit a completed ***Statement of Death form (RLH 047)***, along with a certified Death Certificate to Regence Life and Health, P. O. Box 1271, Mail Station E3A, Portland, Oregon 97207-1271. The employee is always the beneficiary of Dependent Life benefits. (Note: The employee enrollment form you keep on file lists the *employee's* beneficiary. Please do not submit it with a claim for Dependent Life Insurance benefits.)

### ***Accidental Dismemberment/Loss of Sight/Paralysis (only available to Employees)***

In the event of accidental dismemberment, loss of sight or paralysis, the ***Proof of Accidental Dismemberment form (RLH 046)*** must be completed by the employer, the employee and the attending physician. Forward this form along with any reports of investigation to our office. News articles covering the accident which caused the injury are also helpful to us in processing the claim. Please visit our Web site or contact Regence Life and Health toll-free at 1-800-286-1129, to obtain this claim form.

### ***Short Term Disability***

The ***Statement of Disability Claim form (RLH 019)*** must be completed *in full* by the employer, the employee and the attending physician. Upon receipt of the completed claim form, the claim will be evaluated and the first benefit check will be issued immediately upon approval. Subsequent payments will be made weekly until the employee returns to work or the maximum benefit period has been reached, whichever occurs first. Supplemental claim forms will be sent periodically to the employee and must be returned for benefit payment to continue. When the employee returns to work, please contact the Claims Department immediately to avoid overpayment of benefits. (PLEASE NOTE: PREMIUM PAYMENT SHOULD CONTINUE WHILE THE EMPLOYEE IS DISABLED.)

### ***Long Term Disability***

The ***Long Term Disability Claim form (RLH 179)*** must be completed by the employer, the employee and the attending physician. This completed form should be received by Regence Life and Health 30-45 days prior to the completion of the elimination period (or preferably, as soon as it becomes apparent the employee will be disabled beyond the elimination period). Your Long Term Disability policy will show the elimination period, benefit amount and duration of benefit payment.

If the claim is approved, benefits become payable at the end of the first month of disability after the elimination period has been completed. Subsequent payments will be made approximately the same time each month. Benefit checks are mailed directly to the employee.

Upon approval of the claim for Long Term Disability benefits, LTD premiums will be waived beginning with the first full month of the benefit period.

***Extended Life Insurance/Waiver Of Premium when Totally Disabled***

Continued Life Insurance coverage as set forth in the master policy is provided to employees who become totally disabled prior to age 60 while covered under the group life policy. After six months of total disability,\* the ***Application for Extended Life Insurance Coverage form (RLH 018)*** should be completed by the employer, the employee and the attending physician, and sent to Regence Life and Health, P.O. Box 1271, Mail Station E3A, Portland, Oregon 97207-1271. Attach a copy of any available correspondence addressed to the applicant from the Social Security Administration. Once the application is approved, life insurance will be extended without further premiums\* while the employee's total disability continues. Refer to your master policy for details on when Extended Life Insurance ends.

**\*NOTE: PREMIUM PAYMENT SHOULD CONTINUE DURING THE FIRST SIX MONTHS OF TOTAL DISABILITY.**

Employees who become disabled after reaching age 60 are not eligible for Extended Life Insurance coverage and we recommend that they apply for conversion of their group life insurance benefits. We **must receive** a completed ***Application for Conversion form (RLH 014)*** and the first quarter of individual premium **within 31 days of the date group life coverage ceases**. (Refer to your master policy or certificate for specific information regarding Conversion). To calculate the quarterly, semi-annual or annual premium for Conversion Insurance, please see the back of the Conversion form.

Some master policies allow the policyholder/employer to continue premium payments during total disability for employees who become disabled on or after age 60 but prior to age 65. If this option is included in your master policy, you may elect to continue payment of the life insurance premium for such employees. If you wish to continue an employee's coverage under this option, you must contact Regence Life and Health at 1-800-794-5390. Please note that if you elect this option for any employee, you must elect this option for all similarly situated employees. Life coverage will terminate at age 65.

*THE FOLLOWING AGREEMENT APPLIES TO SHORT TERM DISABILITY  
AND/OR LONG TERM DISABILITY INSURANCE COVERAGE ONLY:*

## **SOCIAL SECURITY AND MEDICARE TAX AGREEMENT**

Unless specific arrangements for your group have been otherwise agreed to, Regence Life and Health Insurance Company (RLH) agrees to pay the Employer's share of Social Security and Medicare Tax on Short Term Disability (STD) and Long Term Disability (LTD) benefit payments made by RLH. RLH also agrees to assume the responsibility of preparing all STD and LTD W-2 Tax Statements. These services will be provided without additional cost to the Group Policyholder.

Following is a summary of Regence Life and Health Insurance Company's W-2 and tax reporting procedures:

**STD Claims** - The only tax withheld on STD claims is the employee's portion of FICA. State and Federal taxes are not withheld on STD claims. RLH pays the employer's portion of FICA. The employer is sent monthly, quarterly and annual statements reporting these withholdings. The W-2 is prepared by RLH, reported under our tax ID number, and in most cases sent to the employer for distribution to the employee. RLH prepares the Form 941 and reports the employee and employer portions of FICA directly to the IRS under our tax ID.

**LTD Claims** - The employee's portion of FICA is automatically withheld on LTD claims. RLH pays the employer's portion of FICA. On the LTD claim form, the claimant is given the choice of having Federal taxes withheld. The employer is sent monthly, quarterly and annual statements reporting all withholdings. The W-2 is prepared by RLH, reported under our tax ID number, and sent directly to the employee. RLH prepares the Form 941 and reports the employee and employer portions of FICA directly to the IRS under our tax ID.

The Policyholder understands and agrees to the following:

Regence Life and Health is not assuming responsibility for paying or reporting any Federal unemployment tax (FUTA), State unemployment tax (SUTA), or any other payroll taxes associated with STD and LTD benefit payments RLH makes to claimants.

The Policyholder/employer will remain responsible for reviewing and immediately notifying RLH of any errors on the reports sent to them (claimant name, Social Security number, employer contribution percentage, etc.) in order to insure correct government reporting and tax statement information.

No rate increase or additional charge will be made for the services shown