

RETIREE SUPPLEMENTAL BENEFITS

2025





2025 BENEFIT HIGHLIGHTS

We are committed to maintaining affordable benefits for our Retirees. We offer several ways for you to supplement your benefits and offset out-of-pocket cost; therefore, we are continuing to provide access to additional coverage options to help lower your out-of-pocket expenses. You will see a slight increase in your dental premiums. All other supplemental coverage premiums will remain the same.

2025 Carriers:

- » Accident, Critical Illness, Hospital Indemnity insured through The Standard
- » Dental insured through Unum
- » Vision insured through Unum
- » Prepaid Legal through LegalShield
- » Billing services through WEX Health Inc.

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ELIGIBILITY & ENROLLMENT



We offer a variety of benefits to support you and your family's needs. Choose options that cover what's important to your unique lifestyle.

How to Enroll

The enrollment process is pretty simple. Upon retirement, reach out to your local Human Resources or Benefits team and inform them you would like to continue your Active Employee supplemental benefits as a Retiree and complete and return the enrollment form located on page 17. You can only continue coverage for benefits you had as an Active Employee. New coverage cannot be elected upon retirement.

WEX will send you an enrollment and payment packet to complete and return. The enrollment packet must be returned to WEX in order to continue your Retiree benefits. Initial and ongoing payment options are included in the enrollment packet.

LegalShield will send all pertinent payment information to continue coverage on a direct bill basis.

Paying for Coverage

Premium payments for Dental and Vision should be made payable to and mailed to WEX. Do not send cash payments; checks and money orders are accepted.

You will have the opportunity to continue Life/AD&D coverage by porting your group coverage. Limitations may apply. Additional details located in the Portability and Conversion section of this guide.

Pre-Paid Legal payments will be paid directly to LegalShield.



Eligible Dependents

Dependents eligible for coverage include:

- » Your legal spouse
- » Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse)
- » Dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required)

ACCIDENT COVERAGE



University of Louisiana Systems offers several ways for you to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates.



Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through The Standard, provides benefits for you and your covered family members if you have expenses related to an accident. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.

Base Wellness Benefit: \$50

Plus Wellness Benefit: \$200

Wellness benefit is payable once per person, per calendar year. Services include lipid panel, colonoscopy, mammography, etc. Please refer to the plan documents for the full list of health maintenance screening available for this benefit.

	BASE PLAN	PLUS PLAN
MONTHLY CONTRIBUTIONS		
RETIREE ONLY	\$5.21	\$10.08
RETIREE + SPOUSE	\$8.39	\$16.70
RETIREE + CHILD(REN)	\$9.93	\$18.72
RETIREE + FAMILY	\$15.61	\$29.63

BASE PLAN

PLUS PLAN

BRIEF SUMMARY OF BENEFITS*

HOSPITAL ADMISSION	\$1,000	\$1,500
DISLOCATIONS	Up to \$3,000	Up to \$5,000
FRACTURES	Up to \$5,500	Up to \$8,000
AMBULANCE	Air/ \$1,200; Ground/ \$300	Air/ \$1,500; Ground/ \$400
URGENT CARE	\$50	\$50
EMERGENCY ROOM	\$100	\$200
INITIAL PHYSICIANS OFFICE	\$100	\$200
X-RAY	\$50	\$75
ACCIDENT FOLLOW-UP	\$75 (3x)	\$100 (3x)
BURNS	Up to \$7,500	Up to \$10,000
DIAGNOSTIC EXAM	\$100	\$200
ABDOMINAL/THORACIC SURGERY	\$150	\$200
TENDON/LIGAMENT/CUFF	\$150	\$200
RUPTURED DISC	\$400	\$750
BLOOD/PLASMA/PLATELETS	\$150	\$300
MEDICAL APPLIANCE	\$50	\$100

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

CRITICAL ILLNESS COVERAGE

Critical Illness coverage through The Standard pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.



Plan Highlights

- » Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events.
- » **Wellness Benefit:** The \$50 wellness benefit is payable once per person, per calendar year. Wellness services include Bone Marrow Testing, Colonoscopy, Mammography, etc.

Coverage Amounts

- » **Retiree:** \$10,000 / \$20,000 / \$30,000
- » **Spouse:** 100% of retiree benefit
- » **Children:** 50% of retiree benefit (for free)

CORE PLAN BENEFITS

HEART ATTACK	100%
SEVERE CORONARY ARTERY DISEASE WITH RECOMMENDATION OF BYPASS	25%
STROKE	100%
MAJOR ORGAN FAILURE	100%
END STAGE RENAL (KIDNEY) FAILURE	100%
CANCER	100%
NON-INVASIVE CANCER/CANCER IN SITU	25%
ADVANCED ALZHEIMER'S DISEASE	100%
ADVANCED PARKINSON'S DISEASE	100%
ADVANCED MULTIPLE SCLEROSIS (MS)	100%
BENIGN BRAIN TUMOR	100%
LOSS OF SPEECH & HEARING	100%
OCCUPATIONAL HIV	100%

CHILDHOOD DISEASES

CEREBRAL PALSY	100%
CLEFT LIP, CLEFT PALATE	100%
CYSTIC FIBROSIS	100%
DOWN SYNDROME	100%
MUSCULAR DYSTROPHY	100%
SPINA BIFIDA	100%



CRITICAL ILLNESS COVERAGE



CRITICAL ILLNESS MONTHLY CONTRIBUTIONS

\$10,000 BENEFIT

ATTAINED AGE*	RETIREE	SPOUSE
18-24	\$2.10	\$2.10
25-29	\$2.50	\$2.50
30-34	\$3.10	\$3.10
35-39	\$4.20	\$4.20
40-44	\$6.10	\$6.10
45-49	\$8.90	\$8.90
50-54	\$13.10	\$13.10
55-59	\$18.40	\$18.40
60-64	\$26.40	\$26.40
65-69	\$33.30	\$33.30
70+	\$66.06	\$66.06

\$20,000 BENEFIT

ATTAINED AGE*	RETIREE	SPOUSE
18-24	\$4.20	\$4.20
25-29	\$5.00	\$5.00
30-34	\$6.20	\$6.20
35-39	\$8.40	\$8.40
40-44	\$12.20	\$12.20
45-49	\$17.80	\$17.80
50-54	\$26.20	\$26.20
55-59	\$36.80	\$36.80
60-64	\$52.80	\$52.80
65-69	\$66.60	\$66.60
70+	\$132.12	\$132.12

\$30,000 BENEFIT

ATTAINED AGE*	RETIREE	SPOUSE
18-24	\$6.30	\$6.30
25-29	\$7.50	\$7.50
30-34	\$9.30	\$9.30
35-39	\$12.60	\$12.60
40-44	\$18.30	\$18.30
45-49	\$26.70	\$26.70
50-54	\$39.30	\$39.30
55-59	\$55.20	\$55.20
60-64	\$79.20	\$79.20
65-69	\$99.90	\$99.90
70+	\$198.18	\$198.18

*Premiums are based on the Retiree's age on the effective date of coverage. Even if the Spouse is in a different age band, the rates are driven off of the retiree's age. Children are covered at no additional cost, when you elect Retiree coverage.



**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- » The payment you get isn't based on the size of your medical bill.
- » There might be a limit on how much this policy will pay each year.
- » This policy isn't a substitute for comprehensive health insurance.
- » Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- » Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- » To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- » For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- » If you have this policy through your job, or a family member's job, contact the employer.

HOSPITAL INDEMNITY COVERAGE

Hospital Indemnity Coverage through The Standard pays cash benefits directly to you if you have a covered stay in a hospital or intensive care unit. You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.



- » Benefits are payable for pregnancy on the first day of coverage, so even if you or your spouse are already expecting, you can elect coverage to start on January 1. (Delivery must occur on or after January 1).
- » Coverage is guaranteed issue; no medical questions.
- » You must be admitted to the hospital on an inpatient basis, in order to be considered for an admission benefit.

	BASE PLAN	PLUS PLAN
MONTHLY CONTRIBUTIONS		
RETIREE ONLY	\$7.17	\$13.67
RETIREE + SPOUSE	\$12.33	\$23.29
RETIREE + CHILD(REN)	\$10.35	\$19.61
RETIREE + FAMILY	\$18.26	\$34.71

BASE PLAN

PLUS PLAN

BRIEF SUMMARY OF BENEFITS*

HOSPITAL ADMISSION	\$500 1x per calendar year	\$1,000 1x per calendar year
HOSPITAL CONFINEMENT BENEFIT	\$100/ day (30days)	\$200/ day (30days)
CRITICAL CARE UNIT Pays in addition to hospital confinement	\$100/ day (30days)	\$200/ day (30days)
HEALTH MAINTENANCE SCREENING	\$50	\$50

*This list is a summary. Refer to plan documents for details.



DENTAL BENEFITS



Brushing your teeth and flossing are great, but don't forget to visit the dentist too! We offer affordable plan options for routine care and beyond. Coverage is available from Unum.

Network Dentists

If you use a dentist who doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Unum at unumdentalcare.com.

Dental Plan Summary

This chart summarizes the 2025 dental coverage provided by Unum.

		MAC PLAN		BASE PPO		BUY UP PPO	
MONTHLY CONTRIBUTIONS							
RETIREE ONLY		\$31.41		\$41.44		\$50.84	
RETIREE + SPOUSE		\$64.77		\$80.50		\$100.52	
RETIREE + CHILD(REN)		\$75.95		\$100.98		\$121.68	
RETIREE + FAMILY		\$96.19		\$122.85		\$184.45	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE							
INDIVIDUAL		\$50		\$50		\$50	
FAMILY		\$150		\$150		\$150	
ANNUAL MAXIMUM							
PER PERSON		\$1,000		\$1,500		\$2,000	
CARRY-OVER BENEFITS							
CARRY-OVER BENEFIT		\$250		\$350		\$400	
THRESHOLD LIMIT		\$500		\$700		\$800	
CARRYOVER ACCOUNT LIMIT		\$1,000		\$1,250		\$1,500	
COVERED SERVICES (PLAN PAYS)							
DIAGNOSTIC AND PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic Film or Full Mouth X-Ray		100%		100%		100%	
BASIC SERVICES Fillings, Oral Surgery and Simple Extractions (varies by plan)		80%		80%		80%	
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy (varies by plan), Periodontics (varies by plan), Crowns, Dentures, Bridges		50%		50%		50%	
ORTHODONTIA COINSURANCE		Not covered		50%		50%	
LIFETIME MAXIMUM		Not covered		\$1,500		\$2,000	
DEPENDENT CHILDREN		Not covered		Covered; up to age 26		Covered; up to age 26	
ADULTS		Not covered		Covered		Covered	

This is not a complete listing of covered services. Please refer to the Summary Plan Document for a full list of covered services.

DENTAL CARRYOVER BENEFIT



Unum DentalSM carryover benefits

Earn extra benefits just by taking care of your teeth!

How it works

Each benefit year a member must have:

- › one cleaning,
- › one regular exam and
- › total dental claims paid during the year below the threshold limit.

If all three criteria above are met, a portion of the annual maximum will carry over to the next year.

Base Plan Annual Maximum	Threshold Limit	Carryover Amount	Carryover Account Maximum	Total Potential Annual Maximum
\$1,000	\$500	\$250	\$1,000	\$2,000

Other specifications

- › Each covered family member receives their own carryover benefit.
- › Group carryover benefit rider must be in effect for one benefit year before any members can utilize carryover benefits.
- › A member must be on the plan for a minimum of four months before accruing carryover benefits.
- › Carryover benefit cannot be used towards orthodontia.
- › A member's carryover account will be eliminated and the accrued carryover benefits lost if the insured has a break in coverage for any length of time or any reason.

\$1,000 carryover example

In the first qualifying year, the member has one cleaning, one exam and incurs \$300 in paid claims.

Member earns a \$250 carryover benefit that is applied to the next year's annual maximum.

Benefit in year two

Annual Maximum		Carryover Amount		Total Annual Maximum with Carryover
\$1,000	+	\$250	=	\$1,250

Member gets one cleaning, one regular exam and incurs \$300 in paid claims.

Member earns a \$250 carryover benefit that is applied to the next year's annual maximum.

Benefit in year three

Annual Maximum		Carryover Amount		Total Annual Maximum with Carryover
\$1,000	+	\$500	=	\$1,500

Member gets one cleaning, one regular exam and incurs \$1,300 in paid claims.

Member does not earn the carryover benefit in year three, but is able to utilize the carryover benefits earned in previous years to help pay the \$1,300 in claims.

Because the entire \$500 would not be utilized by the \$1,300 claim, \$200 will carry over to the next year.

Benefit in year four

Annual Maximum		Carryover Amount		Total Annual Maximum
\$1,000	+	\$200	=	\$1,200

Member has \$1,200 available to use in this year because of the \$1,000 regular annual maximum plus \$200 in remaining carryover benefit.

VISION BENEFITS



Don't wear glasses? Even you shouldn't skip an annual eye exam! We provide you and your family access to quality vision care with a comprehensive vision benefit through Unum.

Vision Plan Summary

This chart summarizes the 2025 vision coverage provided by Unum.

		LOW PLAN		HIGH PLAN	
MONTHLY CONTRIBUTIONS					
RETIREE ONLY		\$5.20		\$8.50	
RETIREE + SPOUSE		\$10.41		\$14.93	
RETIREE + CHILD(REN)		\$11.45		\$15.75	
RETIREE + FAMILY		\$17.51		\$21.97	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
EXAMS					
COPAY		\$10	Up to \$35	\$0	Up to \$35
FREQUENCY		Once per 12 months		Once per 12 months	
LENSES					
SINGLE VISION		\$20	Up to \$25	\$10	Up to \$25
BIFOCAL		\$20	Up to \$40	\$10	Up to \$40
TRIFOCAL		\$20	Up to \$50	\$10	Up to \$50
PROGRESSIVE		\$70 allowance	Up to \$50	\$70 allowance	Up to \$50
FREQUENCY		Once per 12 months		Once per 12 months	
CONTACTS					
COPAY		\$20	N/A	\$10	N/A
CONTACT LENS FITTING (STANDARD)		\$20 copay	Applied to allowance for contact lenses	\$10 copay	Applied to allowance for contact lenses
CONTACT LENSES – ELECTIVE		\$130 allowance	Up to \$105	\$180 allowance	Up to \$105
CONTACT LENSES – MEDICALLY NECESSARY		Covered in full after copay	Up to \$210	Covered in full after copay	Up to \$210
CONTACT LENSES ARE COVERED "IN LIEU OF FRAMES AND LENSES"		Yes	Yes	Yes	Yes
FREQUENCY		Once per 12 months		Once per 12 months	
FRAMES					
ALLOWANCE		\$130 retail allowance	Up to \$50	\$180 retail allowance	Up to \$50
(Discount on amount over allowance)		Costco frame allowance: \$80		Costco frame allowance: \$95	
FREQUENCY		Once per 24 months		Once per 12 months	

This is not a complete listing of covered services. Please refer to the Summary Plan Document for a full list of covered services.



Thoughts & Tips: More than 150 million Americans use corrective eye wear to compensate for refractive errors.

PREPAID LEGAL PLANS

LegalShield offers you and your family value, convenience and peace of mind by giving you low-cost access to attorneys for a wide variety of personal legal services. Payments are made conveniently and easily through payroll deductions. It's like having your own attorney on retainer, but for a lot less.

Through the LegalShield Legal Plan, you will have a nationwide network of thousands of attorneys to choose from if you need legal advice. And with the LegalShield mobile app, you have on-the-go, 24/7 access to the help you need. Text LEGAL to 38470 to download the app.

Plan Attorneys can help you with:

- » Advice and consultations
- » Consumer protection
- » Defense of civil lawsuit
- » Document preparation
- » Elder care issues, demand letters and affidavits
- » Wills and estate planning
- » Family law
- » Financial Matters
- » Juvenile Court matters
- » Real Estate matters
- » Traffic matters

If you use a plan attorney, covered legal services are provided with no additional attorney fees.

MONTHLY PREMIUM

RETIREE + FAMILY

\$18.25



EMPLOYEE ASSISTANCE PROGRAM (EAP)

A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.



There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation and other legal documents



Contact EAP

888.293.6948
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.com/standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GLOSSARY

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

Deductible – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Network – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- » **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which retirees and dependents may enroll for coverage, make changes or decline coverage.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.



IMPORTANT CONTACTS



SUPPLEMENTAL HEALTH (ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY)

The Standard
800-628-8600
www.standard.com

DENTAL

Unum
888-400-9304
www.alwaysassist.com

VISION

Unum
888-400-9304
www.alwaysassist.com

LIFE AND AD&D

The Standard
800-628-8600
www.standard.com

Continued Benefits Dept.
800-378-4668 Tel
800-331-3397 Fax
cbt@standard.com

PREPAID LEGAL

LegalShield
800-654-7757

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Standard (WorkLife Services)
888-293-6948
workhealthlife.com/Standard3

WEX

Premium payments can be sent to:
WEX Health, Inc.
PO Box 2079
Omaha, NE 68103-2079
866-451-3399
WEX's Participant Services team is available
from 6am – 9pm CT, Monday – Friday
customerservice@wexhealth.com
www.wexinc.com



BENEFIT ENROLLMENT FORM

Retiree Information

Retiree Name:			
Retiree ID:	Social Security #:	Department:	
Address:			
City, State, Zip:			
Date of Birth:	Date of Hire:	Gender (circle one): M / F	
Home Phone:		Mobile Phone:	
Email Address:			
Coverage Effective Date:		Billing Start Date:	

Dependent Information – PLEASE PRINT

	NAME	DATE OF BIRTH	SOCIAL SECURITY #	GENDER
SPOUSE				M / F
CHILD				M / F
CHILD				M / F
CHILD				M / F
CHILD				M / F

Benefit Enrollment All premiums shown below are MONTHLY

Unum Dental (MAC Plan) (select one)					Elected Premium
<input type="checkbox"/> Retiree Only \$31.41	<input type="checkbox"/> Retiree + Spouse \$64.77	<input type="checkbox"/> Retiree + Child(ren) \$75.95	<input type="checkbox"/> Family \$96.19	<input type="checkbox"/> Waive \$0	\$ _____

Unum Dental (Base Plan) (select one)					Elected Premium
<input type="checkbox"/> Retiree Only \$41.44	<input type="checkbox"/> Retiree + Spouse \$80.50	<input type="checkbox"/> Retiree + Child(ren) \$100.98	<input type="checkbox"/> Family \$122.85	<input type="checkbox"/> Waive \$0	\$ _____

Unum Dental (Buy-Up Plan) (select one)					Elected Premium
<input type="checkbox"/> Retiree Only \$50.84	<input type="checkbox"/> Retiree + Spouse \$100.52	<input type="checkbox"/> Retiree + Child(ren) \$121.68	<input type="checkbox"/> Family \$184.45	<input type="checkbox"/> Waive \$0	\$ _____

Unum Vision (Low) (select one)					Elected Premium
<input type="checkbox"/> Retiree Only \$5.20	<input type="checkbox"/> Retiree + Spouse \$10.41	<input type="checkbox"/> Retiree + Child(ren) \$11.45	<input type="checkbox"/> Family \$17.51	<input type="checkbox"/> Waive \$0	\$ _____

Unum Vision (High) (select one)					Elected Premium
<input type="checkbox"/> Retiree Only \$8.50	<input type="checkbox"/> Retiree + Spouse \$14.93	<input type="checkbox"/> Retiree + Child(ren) \$15.75	<input type="checkbox"/> Family \$21.97	<input type="checkbox"/> Waive \$0	\$ _____

BENEFIT ENROLLMENT FORM

Accident Insurance (Base Plan) (select one)					Elected Premium
<input type="checkbox"/> Retiree Only \$5.21	<input type="checkbox"/> Retiree + Spouse \$8.39	<input type="checkbox"/> Retiree + Child(ren) \$9.93	<input type="checkbox"/> Family \$15.61	<input type="checkbox"/> Waive \$0	\$ _____
Accident Insurance (Plus Plan) (select one)					Elected Premium
<input type="checkbox"/> Retiree Only \$10.08	<input type="checkbox"/> Retiree + Spouse \$16.70	<input type="checkbox"/> Retiree + Child(ren) \$18.72	<input type="checkbox"/> Family \$29.63	<input type="checkbox"/> Waive \$0	\$ _____
Hospital Indemnity (Base Plan) (select one)					Elected Premium
<input type="checkbox"/> Retiree Only \$7.17	<input type="checkbox"/> Retiree + Spouse \$12.33	<input type="checkbox"/> Retiree + Child(ren) \$10.35	<input type="checkbox"/> Family \$18.26	<input type="checkbox"/> Waive \$0	\$ _____
Hospital Indemnity (Plus Plan) (select one)					Elected Premium
<input type="checkbox"/> Retiree Only \$13.67	<input type="checkbox"/> Retiree + Spouse \$23.29	<input type="checkbox"/> Retiree + Child(ren) \$19.61	<input type="checkbox"/> Family \$34.71	<input type="checkbox"/> Waive \$0	\$ _____
Critical Illness (Retiree Coverage Amount) (select one)					Elected Premium
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> Waive		\$ _____
Critical Illness (Spouse Coverage Amount) (select one)					Elected Premium
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> Waive		\$ _____
Critical Illness (Child(ren) Coverage Amount) (select one)					Elected Premium
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> Waive		\$ _____

LegalShield (select one)	Elected Premium
<input type="checkbox"/> Retiree + Family \$18.25	<input type="checkbox"/> Waive \$0
	\$ _____

The Standard Life and AD&D

To continue your Life and AD&D coverage upon your retirement, you **MUST** contact The Standard's, Continued Benefits department at 1-800-378-4668 **within 60 days** of your last day of employment to request information to continue coverage.

Agreement / Payroll Deduction Authorization

I acknowledge that the above information represents my enrollment choices. I understand that by signing this form I am electing to reduce my compensation in exchange for elected coverage. I further understand my medical and/or dental elections cannot change until a future annual enrollment period or qualified family status change occurs I must notify the Benefits office within 30 days of status change). Proof will be required. I represent to the best of my knowledge and belief,

**INTERNAL USE ONLY
(BENEFITS TEAM)**

Date Received: _____

Received by: _____

BENEFIT ENROLLMENT FORM

all statements and answers made on this form are true, complete, and correct. A non-response in any area will be considered as waived coverage. I understand the actual benefits and benefit descriptions are governed solely by the relevant plan documents and contracts. University of Louisiana Systems retains the right to amend, change or modify benefits at any time.

► **Retiree Signature:** _____

Date: _____

PORTABILITY AND CONVERSION GUIDELINES

Life and AD&D Portability of Insurance Guidelines

If your insurance under the Group Policy ends because your employment with your Employer terminates, you may be eligible to buy portable group insurance coverage as shown in the Coverage Features for yourself and your Dependents without submitting Evidence of Insurability. To be eligible, you must satisfy the following requirements:

1. On the date your employment terminates, you must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience.
2. On the date your employment terminates, you are under age 75.
3. On the date your employment terminates, you must have been continuously insured under the Group Policy for at least 12 consecutive months. In computing the 12 consecutive month period, we will include time insured under the Prior Plan.
4. You must apply in writing and pay the first premium directly to us at our Home Office within 60 days after the date your employment terminates. You must purchase portable group life insurance coverage for yourself in order to purchase any other insurance eligible for portability.
 - a. This portable group insurance will be provided under a master Group Life Portability Insurance Policy issued to the Standard Insurance Company Group Insurance Trust. If approved, the certificate you will receive will be governed under the terms of the Group Life Portability Insurance Policy and will contain provisions that differ from your Employer's coverage under the Group Policy.

Amount of Portable Insurance

5. The minimum and maximum amounts that you are eligible to buy under the Group Life Portability Insurance Policy are shown in the Coverage Features. You may buy less than the maximum amounts in increments of \$1,000.
6. The combined amounts of insurance purchased under this Portability Of Insurance provision and the Right To Convert provision cannot exceed the amount in effect under the Group Policy on the day before your employment terminates.

When Portable Insurance Becomes Effective

7. Portable group insurance will become effective the day after your employment with your Employer terminates, if you apply within 60 days after the date your employment terminates.
8. If death occurs within 60 days after the date insurance ends under the Group Policy, life insurance benefits, if any, will be paid according to the terms of the Group Policy in effect on the date your employment terminates and not the terms of the Group Life Portability Insurance Policy. AD&D benefits, if any, will be paid according to the terms of the Group Policy or the Group Life Portability Insurance Policy, but not both. In no event will the benefits paid exceed the amount in effect under the Group Policy on the day before your employment terminates.

Accident, Hospital Indemnity, and Critical Illness Limitations

9. Retirees are allowed to port coverages at retirement as long as they are not disabled or over the age:
 - a. 70 years old for Accident
 - b. 80 years old for Hospital Indemnity/Critical Illness

Standard Insurance Company

Continued Benefits
800.378.4668 Tel 800.331.3397 Fax
900 SW Fifth Avenue Portland OR 97204

Group Life Portability Insurance Request

INSTRUCTIONS – PLEASE READ CAREFULLY

Portability Of Insurance

You may be eligible to buy portable Group Life Insurance if your employment with your employer terminates. If your employer's Group Life Insurance plan includes Accidental Death and Dismemberment (AD&D) and/or Dependents Insurance, you may also be eligible to buy those coverages.

To be eligible, you must meet the following requirements:

1. You must have been continuously insured under your employer's Group Life Insurance plan for at least 12 consecutive months on the date your employment terminates.
2. You must be able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience on the date your employment terminates.
3. You must be under age 75 on the date your employment terminates.
4. If you do not buy Life Insurance for yourself, you may not purchase any other insurance coverages.

The minimum and maximum amounts of insurance eligible for Portability Of Insurance are shown in your employer's Group Life Insurance plan. The amounts of insurance you purchase under the Portability Of Insurance provision cannot be increased.

NOTE: Refer to the Right To Convert provision in your employer's Group Life Insurance plan for information regarding eligibility to convert to an individual life insurance policy. The combined amounts of insurance you purchase under the Portability Of Insurance provision and insurance you convert may not exceed the amount for which you or your Dependents were insured on the day before your employment terminates. You may also wish to contact an independent insurance agent to discuss other alternatives.

How to Apply

You must apply in writing and pay the first premium to us within 31 days after the date your employment terminates. This packet has two forms: one for you and one for your employer. **You are responsible for making sure all required forms are completed and returned to our office.** Processing will begin when both fully-completed forms and all applicable enrollment forms are received by us. If you have questions, please contact our office at the phone number shown above.

Premium rates are shown on Page 2 of this request, and are subject to increase with advancing age. Premium rates may be changed by Standard Insurance Company (The Standard) with advance written notice. Approved requests will be billed quarterly (every three months). Checks are to be made payable to The Standard. Premium must be received by the due date.

If your request is approved, you will receive a Group Life Portability Insurance certificate which will provide a complete description of coverage. The Group Life Portability Insurance certificate will contain provisions that will be different from your employer's Group Life Insurance plan.

Please note:

Approved amounts will be reduced or terminated according to the terms of the Group Life Portability Insurance Policy. Group Life Portability Insurance ends automatically on the earliest of:

1. The date it would otherwise end under the Group Life Portability Insurance Policy.
2. The date the last period ends for which we received the required payment.
3. The date the Group Life Portability Insurance Policy terminates.
4. The date you become a full-time member of the armed forces of any country.
5. For any AD&D Insurance:
 - a. The date you reach age 75.
 - b. The date your Life Insurance ends.
6. For any Spouse Insurance, the date of your divorce or legal separation.
7. For any Spouse AD&D Insurance, the date your spouse reaches age 75.
8. For any Dependents Insurance:
 - a. The date your portable Life Insurance ends.
 - b. The date the Dependent ceases to be a Dependent.
9. Your check will be deposited into a conditional receipts account while your request is pending. This does not constitute approval of your request or waiver of the policy's eligibility requirements. If we determine that you are not eligible for coverage, all funds will be returned to you.

Beneficiary Designation

Beneficiary designations that you made under your employer's Group Life Insurance plan will not apply to Group Life Portability Insurance. If you wish to designate a beneficiary for Group Life Portability Insurance, please complete the Beneficiary section on Page 4. If you do not designate a beneficiary, payment of any benefit will be made in accordance with the Benefit Payment and Beneficiary Provisions of the Group Life Portability Insurance Policy.

Standard Insurance Company

Continued Benefits
800.378.4668 Tel 800.331.3397 Fax
900 SW Fifth Avenue Portland OR 97204

Premium Computation Worksheet

GROUP LIFE and, if applicable, DEPENDENTS LIFE INSURANCE

Monthly Premium Rates for Member & Spouse per \$1,000 of Insurance			
Age (on last birthday)	Non-Tobacco Rate	Tobacco Rate	
0-34	\$ 0.16	\$ 0.35	
35-39	0.26	0.58	
40-44	0.39	0.86	
45-49	0.57	1.25	
50-54	0.96	2.12	
55-59	1.34	2.95	
60-64	2.00	5.00	
65-69	3.86	9.66	
70-74	5.41	13.53	
75-79	9.74	24.35	
80+	17.53	43.83	

	Member	Spouse	Child
1. Age			
2. Monthly Rate for age from above table			\$0.16 per \$1,000
3. Amount of Insurance			
4. Divide Line 3 by 1,000			
5. Multiply Line 4 by Line 2			
6. Add all amounts in Line 5 to arrive at Monthly Premium Amount \$			

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE (if applicable)

Monthly Premium Rate is \$0.04 per \$1,000 of AD&D Insurance	Member	Spouse	Child
a. Amount of Insurance from Line 3			
b. Divide Line a by \$1,000			
c. Multiply Line b by \$0.04 to arrive at Monthly Premium Amount \$			

TOTAL PREMIUM DUE

Add Line 6 to Line c above (if applicable) \$
Multiply by 3 to arrive at TOTAL QUARTERLY PREMIUM DUE \$

Standard Insurance Company

Continued Benefits
800.378.4668 Tel 800.331.3397 Fax
900 SW Fifth Avenue Portland OR 97204

Member Statement for Group Life Portability Insurance

Please type or print. COMPLETE ENTIRE FORM.

1. MEMBER INFORMATION

Name (last, first, middle)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street address	City	State	Zip code
Social Security No.	Telephone	Birthdate (month, day, year)	

2. DEPENDENTS INFORMATION (if applicable)

Spouse name (last, first, middle)	Spouse birthdate (month, day, year)
-----------------------------------	-------------------------------------

3. EMPLOYER INFORMATION

Name of group	Group Number 758952
Name of employer (if different)	Employer HR Contact and Phone Number
Your occupation with the employer	
Date you last worked for the employer	Employment termination date (if different)
If date you last worked and employment termination date differ, please explain:	

4. ELIGIBILITY

Date you became insured under your Employer's coverage under the Group Policy
Have you been insured under your Employer's group life insurance plan for at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your employment terminating due to medical reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform with reasonable continuity the material duties of at least one gainful occupation for which you are reasonably fitted by education, training and experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under the age of 75 on the date your employment terminates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse used tobacco in any form in the last 12 months? Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No

5. AMOUNT OF INSURANCE COVERAGE REQUESTED

GROUP LIFE and, if applicable, DEPENDENTS LIFE INSURANCE		AD&D INSURANCE (if applicable)
Member	\$	\$
Spouse	\$	\$
Children	\$	\$
Billing: If approved, you will be billed quarterly (every three months), at your home address. Premium must be received by the due date.		

(continued)

6. BENEFICIARY

This beneficiary designation applies to all of your Group Life Portability Insurance and Accidental Death and Dismemberment Insurance, if any.

If you name two or more beneficiaries in a class (primary or contingent): (1) Two or more surviving beneficiaries will share equally, unless you provide for unequal shares. (2) If you provide for unequal shares in a class, and two or more beneficiaries in that class survive, we will pay each surviving beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased beneficiary(ies) to the surviving beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving beneficiary bears to the total shares of all surviving beneficiaries. (3) If only one beneficiary in a class survives, we will pay the total death benefits to that beneficiary.

If no beneficiary (primary or contingent) survives you, payment will be made as provided in the Group Life Portability Insurance Policy.

Insurance on your Spouse or other Dependents, if any, is payable to you, if living, or as provided under the terms of the Group Life Portability Insurance Policy.

Note: If death occurs and a minor is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid.

Primary

Full Name		% of Benefit*	Address
Social Security No. (if known)	Date of Birth	Telephone No.	Relationship
Full Name		% of Benefit*	Address
Social Security No. (if known)	Date of Birth	Telephone No.	Relationship
Full Name		% of Benefit*	Address
Social Security No. (if known)	Date of Birth	Telephone No.	Relationship

*Percentage of Benefit Total must equal 100%

Contingent

Full Name		% of Benefit**	Address
Social Security No. (if known)	Date of Birth	Telephone No.	Relationship
Full Name		% of Benefit**	Address
Social Security No. (if known)	Date of Birth	Telephone No.	Relationship
Full Name		% of Benefit**	Address
Social Security No. (if known)	Date of Birth	Telephone No.	Relationship

**Percentage of Benefit Total must equal 100%

7. AGREEMENT

I hereby apply for Group Life Portability Insurance.

I agree that no coverage will take effect until it is approved in writing by Standard Insurance Company. I understand that if my request is not accepted, any premium advanced by me will be refunded.

I understand that if I do not designate a beneficiary in the Beneficiary section on the preceding page, payment of any benefit will be made in accordance with the Benefit Payment and Beneficiary Provisions of the Group Life Portability Insurance Policy.

I hereby represent that all statements contained herein are complete and true to the best of my knowledge and belief, and that I meet all eligibility requirements. I have read and understand the information herein, including the applicable Fraud Notice below.

FRAUD NOTICES

FOR RESIDENTS OF ARKANSAS, DISTRICT OF COLUMBIA, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, TENNESSEE AND WASHINGTON: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

FOR RESIDENTS OF COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FOR RESIDENTS OF FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

FOR RESIDENTS OF MARYLAND AND RHODE ISLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR RESIDENTS OF PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature	Date
-----------	------

Standard Insurance Company

Continued Benefits
800.378.4668 Tel 800.331.3397 Fax
900 SW Fifth Avenue Portland OR 97204

Employer Statement for Group Life Portability Insurance

Please type or print. ENTIRE FORM MUST BE COMPLETED BY EMPLOYER.

1. MEMBER INFORMATION

Full name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No.	Birthdate	Occupation
Member's Insurance Class, if any, as defined by the Group Policy		

2. EMPLOYER INFORMATION

Group name	Employer name (if different)
Group number	Effective date of Employer's coverage under the Group Policy with The Standard
Is the Member's Group Life Insurance terminating because employment is ending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, date employment ended	Date coverage ends
Date Member last worked	
If no, reason for termination of Member's Group Life Insurance	
Is employment terminating due to medical reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Original effective date of Member's coverage as your Employee (including with your prior carrier)	

3. AMOUNT OF INSURANCE

GROUP LIFE and, if applicable, DEPENDENTS LIFE INSURANCE			AD&D INSURANCE (if applicable)
Member	Basic \$	Additional (if applicable) \$	\$
Spouse	\$		\$
Children	\$		\$
Member	GROUP LIFE INSURANCE continued under Employer's retirement plan (if applicable) \$		

4. ANNUAL EARNINGS

Annual earnings on the last day of active work
Date of the last pay increase/decrease
Annual earnings prior to the last pay increase/decrease

5. EMPLOYER AUTHORIZATION

I hereby represent that the above information is true and complete to the best of my knowledge. In addition, I acknowledge I have read the Fraud Notice on the next page.	
Signature of authorized representative	Date
Name and title (please print or type)	
Address	Direct telephone number

6. ATTACHMENTS

PLEASE ATTACH COPIES OF ALL LIFE ENROLLMENT FORMS
Note: If enrollment forms are not provided, it may prevent us from approving the request.

FRAUD NOTICES

FOR RESIDENTS OF ARKANSAS, DISTRICT OF COLUMBIA, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, TENNESSEE AND WASHINGTON: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

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FOR RESIDENTS OF MARYLAND AND RHODE ISLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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GET MOBILE

Scan these codes to go directly to the supplemental carrier's website for more information about your plan benefits.

unum



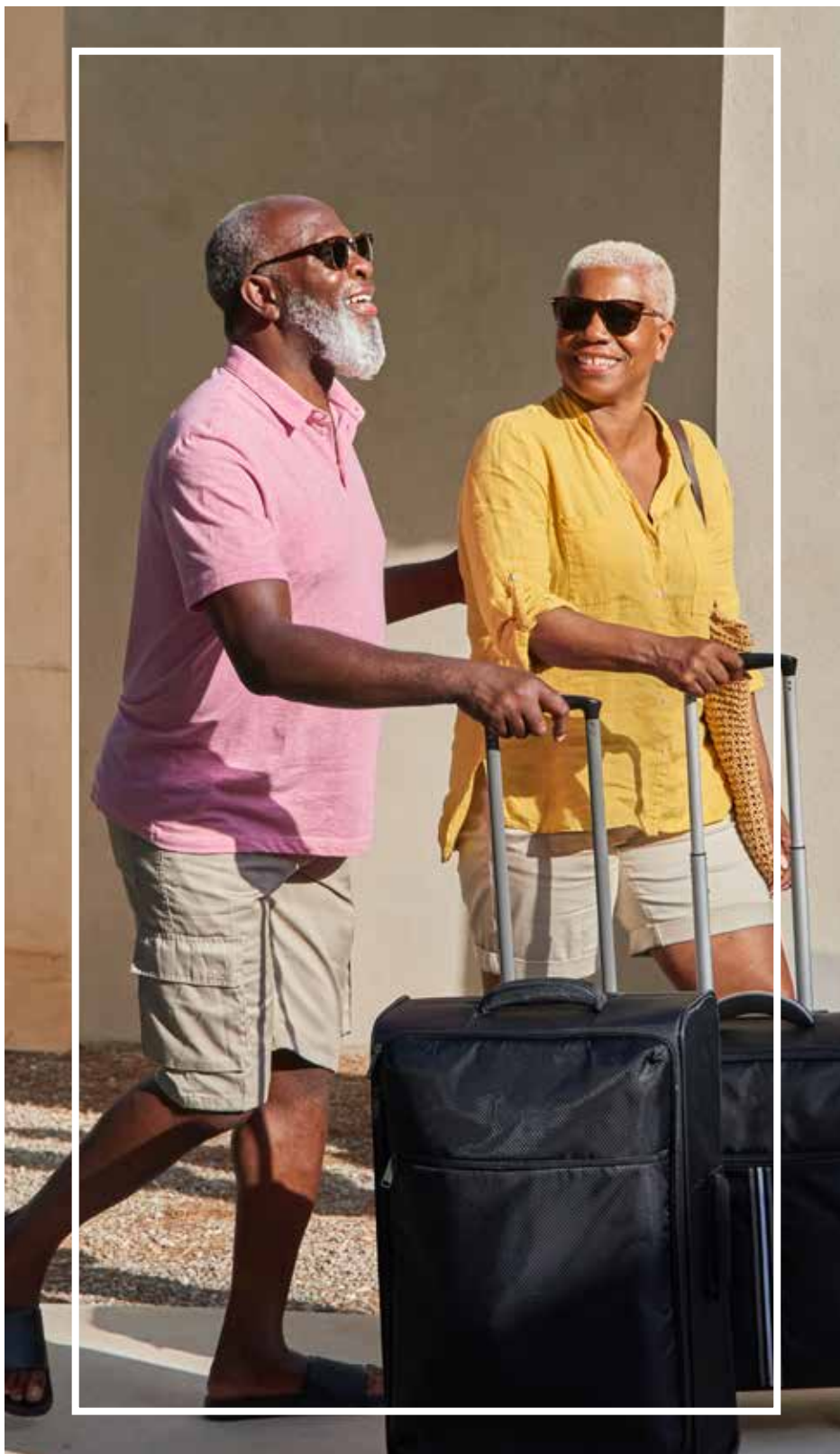
**Standard
FloCode**



**Standard
File a Claim**



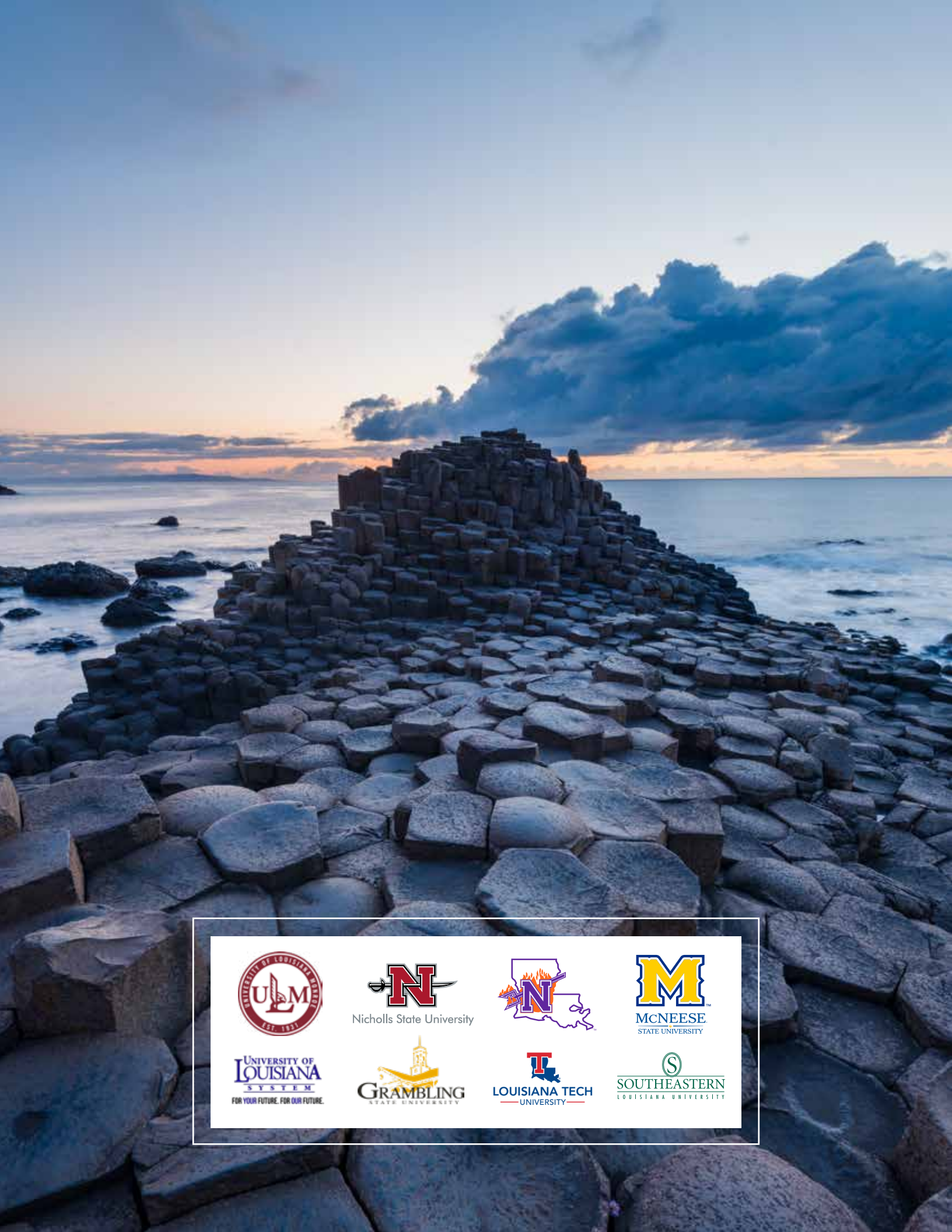
LegalShield



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Nicholls State University

