

# Scotland County Schools

## Insurance Coverage for Terminating Employees

Please initial the option(s) you choose.

### BC/CS State Health Plan Insurance

\_\_\_\_\_ I understand that my coverage will end at the end of the month in which I reported my termination.

Under certain qualifying events, employees and dependents have the opportunity to continue coverage under the COBRA Act or you may pursue private insurance. If you do not receive within 30 days from your employment end date, please call them at 1-855-859-0966.

Current Election: EE Only / EE + Spouse / EE + Child(ren) / EE + Family (*circle one*)

### Met Life Dental Insurance

\_\_\_\_\_ I understand that my coverage will end at the end of the month in which I reported my termination.

Under certain qualifying events, employees and dependents have the opportunity to continue coverage under the COBRA Act. Interactive Medical Systems (IMS) is our COBRA administrator please be on the lookout for a continuation packet from them. If you do not receive within 30 days from your employment end date, please call them at 1-800-426-8739.

Current Election: EE Only / EE + Spouse / EE + Child(ren) / EE + Family (*circle one*)

### EyeMed Vision Insurance

\_\_\_\_\_ I understand that my coverage will end at the end of the month in which I reported my termination.

Under certain qualifying events, employees and dependents have the opportunity to continue coverage under the COBRA Act. Forrest T. Jones (FTJ) is our COBRA administrator please be on the lookout for a continuation packet from them. If you do not receive within 30 days from your employment end date, please call them at 1-800-821-7303.

Current Election: EE Only / EE + One Dependent / EE + Family (*circle one*)

### Colonial Life Group Term Life Insurance

\_\_\_\_\_ I understand my \$10,000 employer paid group term life benefit and any additional supplemental group term life coverage will end at the end of the month in which I report my termination.

I will provide the necessary completed paperwork back to Colonial Life Insurance Company for porting or converting my policy(s) so that I may continue it on an individual basis.

### Colonial Insurance (*Cancer, Medical Bridge, Group Critical Care, Disability, Term, Whole Life*)

\_\_\_\_\_ I understand that my coverage will end at the end of the month in which I reported my termination.

If elect to continue my Colonial insurance coverage. I will contact Pierce Group Benefits at 888-662-7500 to discuss my options for continuing my coverage on individual pay.

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### Call A Doctor Plus – Telemedicine Insurance

\_\_\_\_\_ I understand that my coverage will end at the end of the month in which I reported my termination.

I will use the link below to continue on a direct pay basis with Call a Doctor Plus.

<http://www.getcadrplus.com/index.cfm?id=250934>

### Medical Reimbursement/Dependent Care Flexible Spending Account

\_\_\_\_\_ I understand if I am currently enrolled in a Medical and/or Dependent Care FSA that I may not submit claims for expenses incurred after \_\_\_\_\_, my termination date. I understand claims incurred after this date are ineligible for reimbursement.

Under certain qualifying events, employees and dependents have the opportunity to continue coverage under the COBRA Act. Ameriflex is our COBRA administrator please be on the lookout for a continuation packet from them. If you do not receive within 30 days from your employment end date, please call them at 1-888-868-3539.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Coverage Termination Date: \_\_\_\_\_ COBRA Effective Date: \_\_\_\_\_

COBRA Qualifying Event: \_\_\_\_\_ Date of Qualifying Event: \_\_\_\_\_