

HealthChoice Life Insurance Handbook



OSEEGIB
Oklahoma State and Education
Employees Group Insurance Board

HEALTHCHOICE LIFE PLAN

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Any updates made to this handbook after printing can be found on the OSEEGIB website at www.sib.ok.gov or www.healthchoiceok.com.

Plan Identification Information and Notice

Revised January 2010

- Plan Name:** HealthChoice Term Life Insurance Plan
- Plan Administrator:** Oklahoma State and Education Employees
Group Insurance Board (OSEEGIB)
3545 NW 58th Street, Suite 110
Oklahoma City, OK 73112
1-405-717-8701 or toll-free 1-800-543-6044
- Member Services:** Member Services and Provider Directory
1-405-717-8780 or toll-free 1-800-752-9475
TDD 1-405-949-2281 or
toll-free 1-866-447-0436
FAX 1-405-717-8942
Website: www.sib.ok.gov
or www.healthchoiceok.com
- Life Claims
Administrator:** HP Administrative Services, LLC
Correspondence, Claim Filing, and Claim
Review
P O Box 24870
Oklahoma City, OK 73124-0870
1-405-416-1800 or toll-free 1-800-782-5218
TDD 1-405-416-1525 or
toll-free 1-800-941-2160

Notice: The Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) provides term life insurance benefits to eligible state, education, and local government employees, former employees, survivors, and their dependents in accordance with the provisions of Oklahoma Statutes Title 74, Sections 1301, et seq. The information provided in this handbook is a SUMMARY of the benefits, conditions, limitations, and exclusions of the HealthChoice Term Life Insurance Plan. It is not to be considered an all-inclusive listing.

OSEEGIB Plan benefits are subject to conditions, limitations, and exclusions. These conditions, limitations, and exclusions are described and located in Oklahoma Statutes, OSEEGIB Rules, and Administrative Procedures adopted by the Plan Administrator. You may obtain a copy of the official OSEEGIB Rules from the Office of the Oklahoma Secretary of State. A copy of the Administrative Procedures may be obtained from the Plan Administrator.

PLEASE READ THIS HANDBOOK CAREFULLY

A dispute concerning information contained within any OSEEGIB handbook or any other written materials, including any letters, bulletins, notices, or other written document, or oral communication, regardless of the source shall be resolved by a strict application of OSEEGIB Rules or benefit administration procedures and guidelines as adopted by the Plan. Erroneous, incorrect, misleading, or obsolete language contained within any handbook, other written document, or oral communication, regardless of the source, is of no effect under any circumstance.

This life insurance handbook replaces and supersedes any life insurance handbook previously issued to you. This life handbook will, in turn, be superseded by any subsequent life handbook issued to you by OSEEGIB.

A text version of the HealthChoice Life Insurance Handbook is available on the OSEEGIB website at www.sib.ok.gov or www.healthchoiceok.com. This handbook is also available in CD format at the Oklahoma Library for the Blind and Physically Handicapped (OLBPH). Contact the OLBPH at 1-405-521-3514, toll-free 1-800-523-0288, and TDD 1-405-521-4672.

This publication was printed by the Oklahoma State and Education Employees Group Insurance Board as authorized by 74 O. S., Section 1301 et seq. 2,400 copies have been printed at a cost of \$0.55 each. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries.

Outline of HealthChoice Life Plan Benefits



OSEEGIB offers eligible current employees of participating employers a \$20,000 basic term life policy, called *Basic Life*. An additional supplemental term life policy, called *Supplemental Life*, is available if you need more coverage. By enrolling in Supplemental Life, you can purchase additional coverage on yourself in \$20,000 increments. The maximum amount of Supplemental Life available is \$300,000 or five times your current annual salary, whichever is less.

Both Basic Life and Supplemental Life provide you up to \$20,000 of Accidental Death and Dismemberment coverage as part of the policy.

Your life benefits also include a Waiver of Premium for all life coverage in force should you become disabled and remain disabled for longer than 30 days. See the Waiver of Premium section.

If you elect Basic Life for yourself, you also have the option of electing dependent life coverage for your spouse and eligible dependent children. There are three levels of dependent coverage available. See the Summary Schedule of Dependent Life Benefits section.

If you meet eligibility requirements, you may keep any portion of life insurance coverage in effect when you terminate employment; however, coverage for former employees does not include Accidental Death and Dismemberment benefits or Waiver of Premium.

Summary Schedule of Basic and Supplemental Life Benefits

Current Employees

Basic Life

The Basic Life benefit amount is \$20,000. This amount will be paid to your beneficiary, or beneficiaries in the event of your death. Basic Life coverage includes Accidental Death and Dismemberment benefits and Waiver of Premium. See the Accidental Death and Dismemberment Benefits and Waiver of Premium sections.

Guaranteed Issue

Guaranteed Issue refers to the set amount of Supplemental Life coverage that is available to you during your initial enrollment without providing a *Life Insurance Application*. This amount is available to you **only** during the first 30 days you are eligible to enroll in the Plan. Guaranteed Issue is equal to two times your current annual salary, with the total rounded up to the next \$20,000 increment. Coverage elected during the initial offering, up to the Guaranteed Issue amount, is effective on the first day of the month following the day you become eligible.

Example: *Your salary is \$23,000. Multiply \$23,000 by 2, which equals \$46,000, then round this amount up to the next amount divisible by \$20,000, or \$60,000. This is the maximum Guaranteed Issue amount.*

During your initial enrollment, all coverage above Guaranteed Issue requires you to provide a *Life Insurance Application*, which is subject to approval. Supplemental Life coverage above Guaranteed Issue will be effective the first day of the month following approval of your *Life Insurance Application*. See the Changes to Coverage section for details.

Supplemental Life

If you enroll in Basic Life, you may also enroll in Supplemental Life.

Supplemental Life coverage must be purchased in \$20,000 increments and may be subject to an approved *Life Insurance Application*. An approved *Life Insurance Application* is required for amounts above Guaranteed Issue and for amounts greater than one \$20,000 increment each Option Period.

The first \$20,000 of Supplemental Life includes Accidental Death and Dismemberment benefits.

Supplemental Life benefits are in addition to the \$20,000 that you have through Basic Life.

Maximum Amount of Supplemental Life

The maximum amount of coverage available is the lesser of:

- ◆ \$300,000, or
- ◆ Five times your current annual salary. This amount is rounded up to the next \$20,000 increment.

To arrive at the maximum life insurance benefit based on your salary, follow the example below:

Example: *Your salary is \$23,000. Multiply \$23,000 by 5, which is \$115,000. Then round this amount up to the next amount divisible by \$20,000, or \$120,000. This is the maximum amount of Supplemental Life coverage available to you (\$60,000 Guaranteed Issue plus \$60,000 additional Supplemental Life).*

If you do not elect life insurance coverage during initial enrollment, you may apply for coverage during the annual Option Period. If you request more than one \$20,000 increment or you are not enrolled in one of the health plans offered through OSEEGIB, a *Life Insurance Application* must be submitted and approved.

Life Insurance Application

A *Life Insurance Application* is required when you:

- ◆ Want coverage in an amount greater than two times your annual salary during your initial enrollment
- ◆ Are enrolled in a health plan offered through OSEEGIB and want to enroll in more than one \$20,000 increment of life insurance during the annual Option Period
- ◆ Are *not* enrolled in a health plan offered through OSEEGIB and want to enroll in life insurance during the annual Option Period

Former Employees

If you meet eligibility requirements, you may keep any life insurance coverage in effect when you terminate employment. Former employees can keep or reduce benefits in \$5,000 increments. You may keep as little as \$5,000 or the full amount of the life coverage you had at the time you ended employment.

Coverage for former employees does not include Accidental Death and Dismemberment benefits or Waiver of Premium.

Any life coverage you elect at termination of employment may later be decreased (in \$5,000 increments) or canceled.

Example: *At retirement, you elect to keep \$30,000 of life coverage. At a later date, you may choose to decrease your coverage to \$25,000 or \$20,000 or any other \$5,000 increment, or you could cancel coverage entirely.*

You cannot reinstate any coverage that you have canceled unless you return to work with a participating employer and meet all eligibility requirements. See the Reinstatement of Coverage section.

Note: Prior to July 1, 2002, no more than \$15,000 of Basic Life insurance coverage could be kept after termination of employment.

Summary Schedule of Dependent Life Benefits



Current Employees

If you enrolled in Basic Life, you also have the option to elect dependent life insurance for your eligible dependents. There are three levels of coverage you may select from: Low Option, Standard Option, or Premier Option. If you enroll in Dependent Life, your eligible dependents will be covered according to the following schedule:

Dependent Life Coverage**	Low Option	Standard Option	Premier Option
Spouse	\$ 6,000	\$ 10,000	\$ 20,000
Child age 6 months to 25	\$ 3,000	\$ 5,000	\$ 10,000
Child Live birth to 6 months*	\$ 1,000	\$ 1,000	\$ 1,000
<p>*There are no benefits payable for stillborn children. **Accidental Death and Dismemberment benefits do not apply to Dependent Life coverage.</p>			

During your initial enrollment, you may elect any level of Dependent Life. Thereafter, coverage may only be added or changed during the annual Option Period or within 30 days of a dependent losing other group life insurance coverage.

A Life Insurance Application is not required to add Dependent Life insurance.

Dependent Life covers all eligible dependents. The premium cost is the same whether you have one dependent or several; however, you must name all the dependents you want to cover.

Note: Eligible dependent children may be covered by more than one parent if both parents are enrolled in Basic Life.

Former Employees

If you are eligible to keep life insurance coverage following your termination of employment, you may also keep any Dependent Life coverage in force on eligible dependents in \$500 increments.

Be aware that dependent life insurance premiums for former employees are **per covered dependent**.

For former employees, Waiver of Premium does not apply to Dependent Life coverage. Accidental Death and Dismemberment benefits never apply to Dependent Life coverage.

Summary Schedule of Accidental Death and Dismemberment Benefits

Current Employees

Basic Life and the first \$20,000 of Supplemental Life include Accidental Death and Dismemberment (AD&D) coverage.

Accidental Death and Dismemberment benefits are available only to current employees and the benefits are as follows:

Loss of	With Basic Life	With Supplemental Life
Life	\$ 20,000	\$ 20,000
Both hands, both feet, or sight of both eyes	\$ 20,000	\$ 20,000
One hand, one foot, or sight of one eye	\$ 10,000	\$ 10,000

Benefits for loss of life as a result of an accident require that the insured's death occur at the time of, or within 90 days immediately following the date of, the accident. The insured's death must be the direct result of the accident.

Examples for Accidental Death Benefits: *An employee with \$20,000 Basic Life and the first \$20,000 Supplemental Life is involved in a serious car accident and later dies.*

- ◆ *If the employee dies within 15 days of the accident and death is a result of injuries caused by the accident, the beneficiaries would receive \$80,000. The standard benefit would be \$40,000 and the Accidental Death benefit would be \$40,000.*
- ◆ *If the employee dies 97 days following the accident, even if death is a result of injuries caused by the accident, the beneficiaries would receive \$40,000. The beneficiaries would receive only the standard benefit because the death occurred after the 90-day limit for AD&D benefits.*
- ◆ *If the employee suffers a heart attack and dies 36 days following the accident and the heart attack was not caused by the accident, the beneficiary(ies) would receive \$40,000. The beneficiaries would receive only the standard benefit because the employee's death was not a direct result of the accident.*

Loss of limb means severance of the limb from the body, at or above the wrist or at or above the ankle, at the time of or within 90 days immediately following the date of the accident.

Loss of sight means full, irreversible, and non-correctable loss of sight at the time of or within 90 days immediately following the date of the accident.

Example for Accidental Dismemberment Benefits: *An employee with Basic Life coverage is involved in an accident and loses a hand. The accidental dismemberment benefit will pay \$10,000. If the employee is also enrolled in Supplemental Life, additional benefits of \$10,000 will be paid. The accidental dismemberment benefit pays per loss, as described in the chart on the previous page.*

Some limitations may apply. See the Benefit Guidelines, Exclusions, and Limitations section.

Former Employees

Accidental Death and Dismemberment benefits are **not** available to former employees or their dependents.

Waiver of Premium



Current Employees

Your coverage includes a Waiver of Premium benefit if you become disabled. You must provide a physician's certification of your disability and submit an Application for Life Premium Waiver. The waiver can be requested at any time after you have been disabled for 30 consecutive days and if approved, will become effective the first of the month following receipt of the application by OSEEGIB. Your waiver ends when you are no longer disabled, return to duty, terminate employment, or your employer ceases to participate in the HealthChoice Life Insurance Plan. While the waiver is in effect, you are not required to pay life insurance premiums for your or your dependent's coverage. Waiver of Premium never applies retroactively.

Waiver of Premium is **not** available to surviving dependents who continue life insurance coverage.

Former Employees

Waiver of Premium is **not** available to former employees or their dependents.

Benefit Guidelines, Exclusions, and Limitations

There are no benefits payable under the Life Insurance Plan during the first 24 months of coverage when death is the result of suicide. The 24-month exclusion period will apply to any additional increases in life coverage, but will not affect any coverage that has been in force longer than 24 months.

There are no benefits for Accidental Death and Dismemberment as the result of the following:

1. Suicide, attempted suicide, intentional self-destruction, or intentional self-inflicted injury while sane or insane
2. Committing an assault or felony, including participation as an aggressor in a riot or insurrection
3. Wholly or partly, directly or indirectly, by disease, physical or mental, or by medical or surgical treatment, or the diagnosis of any of the above
4. Wholly or partly, directly or indirectly, by bacterial infection, other than septic infection of and through a visible wound, sustained solely through external and accidental means
5. Any narcotic, drug, poison, gas, or fumes, voluntarily taken, administered, absorbed, or inhaled, unless prescribed for the exclusive use of the deceased, or administered by a licensed provider for a legal purpose
6. Hang gliding, sky diving, or flying experimental aircraft

Beneficiaries

Payment of Plan Benefits

In the event of your death, benefits will be paid to your beneficiaries in a lump sum. It is important that you name your beneficiaries when you enroll and keep your beneficiaries up to date. You may change your beneficiaries at any time, but you must file a written request for a change. A *Beneficiary Designation Form* can be obtained from your employer, OSEEGIB, or from our website at www.sib.ok.gov or www.healthchoiceok.com. If no beneficiaries are listed, proceeds will be paid to your estate.

Members should be aware that HealthChoice has no option but to pay life proceeds to the beneficiaries listed in our files as of the date of death.

Proceeds for Dependent Life coverage are always paid to the primary member.

Claim Procedures

Filing a Claim

A *Life Insurance Claim Form* can be obtained by calling the life claims administrator or from our website at www.sib.ok.gov or www.healthchoiceok.com. Mail claim forms and an original or certified copy of the Death Certificate to the life claims administrator. See the Plan Identification Information and Notice section.

Claim Filing Deadline

Claims must be received no later than the last day of the calendar year following the year the claim was incurred.

Exceptions to this rule can be made when it can be shown that it was not reasonably possible to furnish proof of loss within the specified time and that the proof was furnished as soon as reasonably possible.

Disputed Claims Procedure

If a claim is denied in whole or in part for any reason, beneficiaries have the right to have that claim reviewed.

Requests for review of a denied claim, along with any appropriate additional information, must be submitted in writing to the life claims administrator. See the Plan Identification Information and Notice section.

If the claim remains denied after a claims review, that decision may be appealed to the Grievance Panel by contacting:

The Legal Grievance Department
3545 NW 58th Street, Suite 110
Oklahoma City, OK 73112
or call 1-405-717-8701 or toll-free 1-800-543-6044
TDD users call 1-405-949-2281 or toll-free 1-866-447-0436

The Grievance Panel is an independent review group established by statute [74 O.S. Section 1306(6)].

Beneficiaries may submit a request for a Grievance Panel hearing and represent themselves in these proceedings. Otherwise, only attorneys licensed to practice in Oklahoma are permitted to submit a hearing request on behalf of individuals or represent them through the hearing process [75 O.S. Section 310(5)].

All claim reviews and final decisions of the Grievance Panel are made as quickly as possible. After exhausting the claim review and grievance procedures, an appeal may be pursued in Oklahoma District Court.

General Provisions

Misstatement of Information

Upon receipt of a claim for life benefits, the Plan will first confirm the accuracy of the information on which coverage was issued.

If Supplemental Life insurance coverage is obtained by the use of false or misleading information, all coverage obtained by the use of that information will be canceled and premiums will be refunded to the beneficiaries.



If the age of the insured has been misstated, the value of coverage and all plan benefits will be equal to the coverage that paid premiums would have purchased had the age been correctly stated.

Legal Action

Any legal action to recover under this Plan must be brought pursuant to the Administrative Procedures Act. Any action must be brought within three years from the claim filing deadline.

Premiums Due at Death

Any life insurance premiums due and payable at the time of the member's death may be withheld from life insurance benefits.

Eligibility

Current Employees Enrollment and Effective Dates



To be eligible to elect Basic Life coverage, you must be:

- ◆ Working for a participating employer
- ◆ Receiving compensation for services rendered
- ◆ Listed on the employer's payroll
- ◆ Enrolled in one of the health plans offered through OSEEGIB or have other verifiable group health coverage

- ◆ **State and local government employees** must be employed in a position requiring a minimum of 1,000 hours per year and not classified as a temporary or seasonal employee.
- ◆ **Education employees** must be eligible to participate in the Oklahoma Teachers' Retirement System and work a minimum of four hours per day or 20 hours per week.
- ◆ **Other persons** elected by popular vote (state and local government), board members of education employers, rural water district board members, and county election board secretaries.

Note: Eligible board members that do not draw a salary are limited to \$20,000 Basic Life and \$20,000 Supplemental Life coverage.

If you declined member or dependent life coverage in the Plan because of other group life coverage, you may request coverage within 30 days of your loss of other group life coverage. You may enroll in the same amount of coverage you lost, rounded up to the next \$20,000 increment, without a *Life Insurance Application*; however, you must provide proof of loss.

Former Employees Enrollment and Effective Dates

If you terminate employment with a participating employer, you may keep all or a portion of the life coverage in effect at the time of your termination, if you qualify under **one** of the following conditions:

- ◆ You have a vesting or retirement right through one of the State of Oklahoma retirement systems
- ◆ You have rights to temporary continuation of insurance coverage as a result of termination of employment through a Reduction in Force (RIF) in accordance with state statute
- ◆ You are currently drawing disability benefits through the disability plan provided through OSEEGIB, or meet every requirement of the disability program
- ◆ Your employer participates with both OSEEGIB and the Oklahoma Public Employees Retirement System (OPERS), and you have completed eight years of service with your employer but do not have a vesting right
- ◆ Your employer participates with both OSEEGIB and the Oklahoma Teachers' Retirement System (TRS), and you have completed ten years of service with your employer but do not have a vesting right. This includes elected school board members
- ◆ Your employer is a local government entity participating with OSEEGIB but not with the Oklahoma Public Employees Retirement System (OPERS), and you have a minimum of eight years of service with the employer

- ◆ Your employer is an educational entity participating with OSEEGIB but not with the Oklahoma Teachers' Retirement System (TRS), and you have a minimum of ten years of service with the employer

There can be no break in coverage. Your election to keep coverage must be made within 30 calendar days following your termination of employment. If you do not elect benefits within 30 days, you will not have a future opportunity to elect coverage.

Education Employees

If you were a career tech employee or a common school employee who terminated active employment on or after May 1, 1993, you may continue coverage through the Plan as long as the school system from which you retired or vested continues to participate in the Plan. If your school system terminates coverage under the Plan, you must follow your school system to its new insurance carrier.

If you were an employee of an education entity other than a common school (e.g., higher education, charter school, etc.), you may continue coverage through the Plan as long as the education entity from which you retired or vested continues to participate in the Plan. There is no grandfathered date for this type of entity, so if your employer terminates coverage with the Plan, you must follow your former employer to its new insurance carrier regardless of the date you terminated active employment.

Local Government Employees

If you were a local government employee who terminated active employment on or after January 1, 2002, you may continue coverage through the Plan as long as the employer from which you retired or vested continues to participate in the Plan. If your local government entity terminates coverage with the Plan, you must follow your former employer to its new insurance carrier.

New Employer Retirees

All retirees of employers that join the Plan after the grandfathered dates specified on this and the previous page must follow their former employer to its new insurance carrier.

Following Your Employer to a New Plan

When you terminate employment, your benefits are tied to your most recent employer. If your most recent employer discontinues participation with OSEEGIB, some or all of the employer's retirees and their dependents (depending on the type of employer) must follow the employer to its new insurance carrier. This is true regardless of the amount of time you were employed with any participating employer.

If you retire and then return to work for another employer and enroll in benefits through your new employer, your benefits will be tied to your new employer.

Note: You cannot reinstate coverage that you discontinue or allow to lapse unless you return to work as an employee of a participating employer and maintain that coverage for three years. Some reinstatement exceptions may apply if you are a state employee who terminated employment as a result of a Reduction in Force (RIF).

Changes To Coverage After Initial Enrollment

Current Employees

After your initial enrollment, you may make additions to life coverage only during the annual Option Period or within 30 days of the loss of other group life coverage. A *Life Insurance Application* is required during Option Period if requesting more than \$20,000 of coverage or you are not enrolled in a health plan offered through OSEEGIB.

Any decreases in coverage must be made during the annual Option Period unless otherwise specified by your employer.

All increases or decreases to coverage must be made in \$20,000 increments.

Former Employees

Increasing your coverage is not possible. Decreases to coverage, or cancelation of coverage, can be made during the annual Option Period by submitting the appropriate forms. Decreases to coverage must be made in \$5,000 increments. Decreases to dependent coverage must be made in \$500 increments.

***Example of Decreasing Coverage:** At retirement, a former employee kept life insurance coverage in the amount of \$30,000. At Option Period, he decides to decrease his coverage to \$15,000. The decrease equals three \$5,000 increments for a total of \$15,000.*

Note: If you are in the process of a legal separation or divorce, it is important you contact your legal representative for advice before making any changes to your coverage.

Options for Members Called to Active Military Service

Under the Uniform Services Employment and Re-employment Rights Act of 1994 (USERRA), coverage can be continued for up to 24 months. USERRA provides certain rights and protections for all employees called to serve our nation. All branches of the military, including the Army, Navy, Marines, Air Force, Coast Guard, all Military Reserve units, and all National Guard units come under USERRA.

In addition to health care provided by the military, you have the following three choices regarding your current coverage.

1. Keep all coverage. Your current employer is responsible for collecting and forwarding all premiums to OSEEGIB.

2. Discontinue all coverage except life insurance. You will be billed directly.
3. Discontinue all member and dependent coverage.

Regardless of whether you receive written or verbal military orders, the OSEEGIB staff and/or your Insurance/Benefits Coordinator will assist you in making any benefits arrangements.

There is no penalty for renewing coverage upon discharge from active duty if coverage is elected within 30 days of the return to the same employment.

If you are a member of a Military Reserve unit or the National Guard and anticipate being called to active service, notify your Insurance/Benefits Coordinator at work.

Termination of Coverage

Your coverage, as well as any dependent life coverage in force, will end the last day of the month in which any one of the following events takes place:

1. You terminate employment and do not continue coverage as a former employee.
2. The Plan is terminated or your employer ceases to participate in the Plan.
3. You fail to make premium payments. Coverage will end the last day of the month for which premiums were paid.

Dependent life coverage ends on the last day of the month in which your dependent becomes ineligible.

Surviving Dependents' Right to Continue Life Insurance Coverage

When a primary member who has dependent life insurance dies, a surviving spouse and/or surviving dependent children may continue dependent life coverage. A surviving spouse and/or

surviving dependent children have 60 days following the primary member's death to notify OSEEGIB of the decision to continue life insurance coverage. Additionally, a surviving spouse may elect to continue any dependent life for children who were covered at the time of the primary member's death. The surviving spouse must elect to continue life coverage on him or herself in order to continue coverage on any dependent children.

At the time of enrollment, a surviving spouse must name a beneficiary; however, a surviving spouse is always the beneficiary of any life insurance proceeds for covered dependent children.

A surviving spouse is eligible to continue life insurance as long as premiums are paid. Once coverage is terminated, it cannot be reinstated.

Surviving dependents are eligible to continue life insurance as long as premiums are paid or until they are no longer eligible. Once coverage is terminated, it cannot be reinstated.

Survivors of Current Employees

If the primary member was an active employee at the time of his/her death, premiums for survivors will be the same as current employee premiums.

Until a surviving spouse reaches age 65, or otherwise becomes Medicare eligible, he/she will pay the current employee premium. A surviving spouse will pay one premium and any surviving children will have a separate premium. Once a surviving spouse becomes Medicare eligible, he/she will pay the premium rate for retirees and any dependent children will continue to pay the current employee rate.

Survivors of Former Employees

If the primary member was a former employee/retiree at the time of his/her death, the premiums will be the same as employee premiums.

A surviving spouse will pay one premium and each surviving child will have a separate individual premium, just the same as it was prior to the primary member's death.

At the time of enrollment, the surviving spouse must designate a beneficiary. The surviving spouse is always the beneficiary of any life insurance proceeds for covered dependent children.

Reinstatement of Coverage

Your life insurance coverage may be restricted if you return to work for the same participating employer within 24 months of the termination of your previous employment. In this situation, the total life insurance coverage (including Guaranteed Issue) available to you without an approved *Life Insurance Application* cannot be greater than the total amount of coverage you had at the time you terminated your original employment. This restriction does not apply to dependent life coverage. For the purpose of this provision, all state agencies are considered a single employer (the State of Oklahoma) that share the same Section 125 plan.

Example: *As an employee of the Department of Transportation, you terminate your employment on January 31, 2009. At that time, you had \$20,000 Basic Life and \$20,000 Supplemental Life coverage. Within 24 months, you go to work at the Department of Human Services at a salary of \$29,000. The maximum amount of coverage available, without requiring a Life Insurance Application, will be \$40,000 (the amount you held at termination of your previous employment). If you go to work for another participating employer at the same salary,*



you can enroll in \$20,000 Basic Life and \$60,000 Supplemental Life without requiring a Life Insurance Application. If you went to work in private industry and returned to work for the State of Oklahoma or the same employer after 24 months, no restriction would apply.

Privacy Notice

OSEEGIB is a State of Oklahoma governmental agency created and governed by Oklahoma law for the purpose of administering health, life, disability, and dental benefits to state, local government, education, and employees of other groups designated by statute, including each of the preceding groups' respective retirees. Oklahoma privacy laws and the federal Health Insurance Portability and Accountability Act (HIPAA) govern privacy matters between OSEEGIB and its participants concerning the privacy of identifiable health information. In some cases Oklahoma law may govern the privacy of your personal health information and in others HIPAA may govern. **Information contained in an OSEEGIB member's file is confidential by law and we at OSEEGIB are committed to protecting this information.**

If you believe your privacy rights have been violated, call 1-405-717-8701 or toll-free 1-800-543-6044. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436. Please send written complaints to the OSEEGIB HIPAA Information Officer at 3545 N.W. 58th, Ste. 110, Oklahoma City, OK, 73112.

Plan Definitions

Basic Life: The first \$20,000 of term life insurance coverage available to you as an eligible employee.

Current Annual Salary: Your annual gross pay. Your current annual salary does not include overtime, longevity, benefit allowances, or retirement contributions.

Eligible Dependent:

- ◆ Your legal spouse (including common-law).
- ◆ Your unmarried children up to age 25 provided you are primarily responsible for their support.
- ◆ Your dependent, regardless of age, who is incapable of self-support due to a disability that was diagnosed before the age of 25. A *Disabled Dependent Assessment Form* must be submitted at least 30 days prior to the dependent's 25th birthday. The *Disabled Dependent Assessment Form* must be approved by OSEEGIB before coverage begins.
- ◆ Your stepchildren, provided you are primarily responsible for their support, or regardless of residence if your spouse has been ordered by the court to provide coverage and your spouse is also being covered.
- ◆ Other dependent children - in the absence of a federal income tax return listing the children as dependents, you will be required to provide and have approved a *Declaration of Dependency* form.

Eligible Employee: An employee of a participating employer who receives compensation for services rendered and is listed on that employer's payroll. This includes persons elected by popular vote (i.e., board members for education and elected officials of state and local government, state employees, rural water district board members, county election board secretaries, and any employee otherwise eligible who is on an approved leave without pay, not to exceed 24 months).

- ◆ Education employees must be eligible to participate in the Oklahoma Teachers' Retirement System and work a minimum of

four hours per day or 20 hours per week

- ◆ Local government employees, including rural water districts, must be employed in a position requiring a minimum of 1,000 hours work per year

Guaranteed Issue: Two times your current annual salary rounded up to the next \$20,000. This is available only during your initial enrollment. A *Life Insurance Application* is not required.

Initial Enrollment: The 30 days following your entry on duty date or date you become eligible with a participating employer. An initial enrollment is **not** created when you transfer employment between participating employers sharing the same Section 125 Plan; e.g., state agency to state agency or school to school within the same district.

Life Insurance Application: Documentation of medical fitness by an applicant.

Option Period: The annual time period established by OSEEGIB in which changes may be made to coverage.

OSEEGIB: The Oklahoma State and Education Employees Group Insurance Board.

Participating Employer: Any municipality, county, or education employer, or other state agency whose employees or members are eligible to participate in any plan authorized by or through the State and Education Employees Group Insurance Act.

Plan: The HealthChoice Life Insurance Plan offered through OSEEGIB and described in this handbook.

Term Life: A policy that furnishes life insurance for a limited period of time. If death occurs during this period of time, insurance benefits are paid. If death occurs after this policy has expired, no insurance benefits are paid. A term policy has no cash surrender value.

HealthChoice

Oklahoma State & Education
Employees Group Insurance Board
3545 N.W. 58th St., Ste. 110
Oklahoma City, OK 73112

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