

THE ACCE ADVANTAGE
Benefits for Members by Members

PLAN ADMINISTRATION MANUAL

for the
**ACCE Policy Trust
Insurance Plans**

January 2026



CONTENTS

We're Here to Help You	1
ACCE Benefits Team	1
Insurance Carrier Contact information.....	2
Quick Tips & Definitions.....	3
Group Policy Numbers	3
Plan Administration Roles	3
Plan Administrator Access	4
Definitions	4
The Monthly Insurance Cycle.....	5
Enrollments, Terminations & Changes	5
Premium Invoice	5
Premium Payment.....	5
Top 10 Administrator Responsibilities	6
Understanding Your Plan(s).....	8
Group Term Life and AD&D	8
Short-term Disability.....	9
Long Term Disability	10
Dental	11
Vision	11
Accidental Death & Dismemberment.....	12
Organizational Coverage Procedures.....	15
Organization Enrollments	15
Organization Changes & Terminations.....	15
Employee Coverage Procedures	16
Employee Enrollments	16
Employee Terminations	17
Employee Changes.....	18
Continuation of Benefits	19
Group Term Life and AD&D	19
Short-Term Disability	21
Long-Term Disability	21
Dental (COBRA)	21
Vision (COBRA).....	22
Accidental Death & Dismemberment	23
How to File a Claim.....	24
Group Term Life and AD&D	24
Short-Term & Long-Term Disability.....	24
Dental	24
Vision.....	25
Accidental Death & Dismemberment	25
Appendix	26
Frequently Asked Questions	26

We are Here to Help You

ACCE Benefits Team

All insurance inquiries are to be directed to the ACCE Benefits Services Team. Your ACCE Benefits Service Team is available for assistance Monday through Friday, from 8:30 a.m. EST to 5:00 p.m. EST. Our offices are located at:

ACCE
277 S. Washington Street, Suite 210
Alexandria, VA 22314

For assistance with daily operational issues and plan administration questions, please contact us at accebenefitsteam@acce.org.

Kyle Trent
Benefits Services Associate
Direct: (703) 998-3573
ktrent@acce.org

Shonda Norris
Benefits Services Associate
Direct: (703) 998-3526
snorris@acce.org

Colleen Logan
Sr Manager, Benefits Services
Direct: (703) 998-3551
cloqan@acce.org

Christy Merilus
Benefits Services Associate
Direct: (703) 962-8998
cmerilus@acce.org

All online insurance enrollments and changes are received to us at accebenefitsteam@acce.org.

For strategic consultations or regulatory concerns, please contact:

Stacey Breslin
Vice President, Benefits Services
Direct: (703) 998-3549
sbreslin@acce.org

Insurance Carrier Contact Information:

Please refer to the [ACCE Insurance Administrator Resources](#) website for additional claims information.

- **Life:** To follow up on a claim, please call UNUM at 1-800-445-0402 to speak with a representative.
- **Disability:** To follow up on a claim, please call UNUM at 1-800-858-6843 to speak with a representative.
- **Dental:** To obtain information regarding providers in your area, review plan benefit details, or to follow-up on a claim, please log into www.cigna.com or call CIGNA at 1-800-244-6224 to speak with a representative.
- **Vision:** To obtain information regarding providers in your area, review plan benefit details, or to follow up on a claim, please log into www.vsp.com or call VSP at 1-800-877-7195 to speak with a representative.
- **Voluntary Accidental Death & Dismemberment:** To follow-up on a claim, please call New York Life at 1-800-238-2125 to speak with a representative.

Quick Tips & Definitions

Group Policy Numbers

Each plan provider has assigned a group number for the ACCE insurance plans they provide. Our group plan identifiers are:

- The Group Number is **525195** for the LIFE, AD&D, STD, and LTD plans. This number identifies your plan as part of the ACCE Group Insurance plans underwritten by UNUM Life Insurance Company of America.
- The Group Number for Dental is **3082544**. This number identifies your plan as part of the ACCE Group Insurance underwritten by CIGNA.
- The Group Number for Vision coverage is **12180779**. This number identifies your plan as part of ACCE's VSP plan.
- The Group Number for Special Accident coverage through NY Life is **OK964795**.

Plan Administration Roles

Ensuring the smooth and successful administration of your insurance plans will require a partnership of efforts. While ACCE is available to assist you in keeping the coverages accurate, we recommend that each organization determines who is responsible for the following types of plan level responsibilities.

- **Executive Level Plan Administrator:** This will typically be the CEO but can be any officer of the organization that the Board has provided authorization for any actions deemed necessary or appropriate in administration of the insurance plans. This individual will be an authorized signer for the Insurance Administrator Access Form.
- **Daily Plan Administrator(s):** Typically, this is someone from the Finance or Human Resources divisions of the organization who will be responsible for day-to-day operations of the insurance plans. All Plan Administrators are responsible for maintaining correct covered employees and their dependents each month. It is also the individual(s) who the ACCE Benefits Team can communicate with regarding all insurance information and inquiries. Plan Administrator(s) have access to confidential employee information such as salary, date of birth, and other personal information and will receive all communications relating to the plan, including email bulletins, reminders, and other important insurance plan information.
- **Insurance Billing Contact:** This is the Plan Administrator who has been designated as primarily responsible for reviewing the invoice each month to ensure all new enrollments, terminations, and other necessary changes have been completed timely and accurately.

It is highly recommended that there be a back-up person identified for each of these roles in case of emergencies.

Plan Administrator Access

All Plan Administrator access is established, modified, or removed through completion of a Security Administrator Access form which can be found on the [ACCE Insurance Administrator Resources](#) website. Please contact the ACCE Benefits Team if you need assistance with the completion of this form. All completed forms must be signed by the Executive Level Plan Administrator and emailed to us at accebenefitsteam@acce.org.

The individuals identified by your organization as Plan Administrators for the insurance programs will have access to confidential information such salary, dates of birth, and other personal information so it is vital that you notify us of any changes to the people serving your organization as Plan Administrator upon hire, termination, or upon internal changes in roles/responsibility.

Should you decide that an outside vendor will be responsible for all or part of the day-to-day operations of your insurance administration, the vendor will be established as a Plan Administrator and will also receive login credentials to access the ACCE portal (www.acce.org).

The ACCE Group Insurance plans are employer-sponsored plans. Therefore, it is the responsibility of all assigned Plan Administrators to inform and/or update covered employees and their dependents of any changes in their coverage, benefits, or monthly premiums.

Definitions

- **Plans:** The coverage lines the organization has elected to offer to its employees. The ACCE Group Insurance plans are employer-sponsored group plans.
- **Probationary Period:** The time elected by your organization, which is the required waiting period an employee must satisfy before becoming eligible for your insurance plans. The employer can choose among the following probationary periods: none, 30 days, 60 days, and 90 days. It applies to all new hires. Should an employer want to waive the insurance probationary period for a specific employee, the Plan Administrator would provide written notification at the time of enrollment for coverage. Employees are eligible for coverage beginning the first of the month following completion of probationary period (begin calculating from employee's date of hire).
- **Elimination Period:** from the last day an employee worked through the date when he/she may be eligible to begin receiving disability payments.

The Monthly Insurance Cycle

Enrollments, Terminations, and Changes

The Employee Insurance Enrollment instructions and the Employee Insurance Change instructions can be found on the [ACCE Insurance Administrator Resources](#) website.

All completed online submissions must be received in the accebenefitsteam@acce.org inbox no later than 2 business days prior to the end of the month. All submissions received in good order will be processed by the last business day of the month. An email will be sent to you confirming the details that have been processed upon completion. Any submissions received after the deadline will not be processed until the following month.

Please remember that late enrollment submissions for UNUM lines of coverage, such as group term life, short-term disability, and long-term disability, will be enrolled back to original entry date. Late submissions for new dental, vision, and voluntary accident enrollments that are greater than 2 months past due will not be eligible for enrollment until the next open enrollment which takes place on January 1st each year.

ACCE will provide a maximum of 2-months credit for terminations received late.

Premium Invoice

On the 5th of each month, the Plan Administrator who has been designated as the Insurance Billing Contact for your organization will receive an email containing your insurance invoice. The invoice will include all covered employees, salary, and the specific premium by coverage type for each employee.

These invoices should be carefully reviewed each month to ensure accurate coverage for all eligible employees. ACCE Benefits team should be immediately notified of any discrepancies found to ensure we can assist you in resolving them before next month's invoice.

We also recommend that you save the monthly invoices in your confidential HR files where you can easily access them for future reference.

Premium Payment

All insurance premiums are collected via Electronic Funds Transfer (EFT). Payments are deducted on or around the 15th of the month, or the next business day if the 15th is on a weekend.

The employer's banking information is provided to ACCE Benefits team on the EFT Authorization form which is located on the [ACCE Insurance Administrator Resources](#) website. If the employer's banking information changes, a new EFT Authorization Form must be completed and submitted to the ACCE Benefits Team at accebenefitsteam@acce.org.

► **Important Note:** Any insurance premium payments mailed directly to ACCE will be returned.

Top 10 Plan Administrator Responsibilities

- 1. Ensure the Security of the Plan(s)** – Ensure that only those who should have access to confidential information such as salary, dates of birth, and other personal information are assigned as Plan Administrators. Notify us immediately if the Plan Administrator(s) for your organization has changed.
- 2. Understand Your Plan** – Review your organization's insurance plan materials, read and refer to this manual, reference additional tools available on the [ACCE Insurance Administrator Resources](#) website. Consult with an ACCE Benefits Team Member to ensure you understand both the provisions of your organization's plans and the operational procedures.
- 3. Communicate Plan to Staff** – Provide all eligible employees with the orientation materials upon hire so that they are aware of the plan(s) they are eligible for and the coverages available.
- 4. Submit Updates Timely** – Completed enrollment and change submissions should be provided to the ACCE Benefits Team within 30-days of hire or qualifying event date regardless of the organization probationary period. Submissions received after 30 days will be processed according to the specific rules of each plan. Late enrollment submissions for UNUM lines of coverage will be billed back to original entry date. Late dental or vision enrollments more than 2 months past due will not be eligible for enrollment until January 1st each year.
- 5. Confirm Before You Submit** – Review the data provided in the online Administrator submissions to ensure all is in good order for processing by end of each month. Submissions received that are not in good order will remain pending or declined for necessary corrections prior to processing.
- 6. Terminate Employees Timely** – Provide the termination materials to employees departing from the organization so they understand how their termination affects their continuation of benefits for certain plans. Notify ACCE Benefits team immediately via an online change submission of all terminations. Late terminations will receive credits for up to 2 months maximum.
- 7. Monitor Your Monthly Invoice** – The designated Insurance Billing Contact will receive the ACCE insurance invoice via email on the 5th of each month. This individual is responsible for reviewing to ensure that all new enrollments have been properly updated and any terminations or other changes have been completed. Please email us at accebeneftsteam@acce.org if any discrepancies are identified to ensure they are corrected on the following month invoice.
- 8. Provide How to Obtain a Summary of Insurance Benefits** – Each employee may obtain a Summary of Benefits through their ACCE portal login. Please provide the How to Obtain a Summary of Benefits instructions so that they may save it to their files once coverage has begun. Instructions are available on the [ACCE Insurance Administrator Resources](#) website. We also recommend that you remind them annually so that they may download the latest version.

- 9. Maintain the Integrity of Employee Data** – You are the librarian for the insurance plans. Keep pertinent plan data filed so that it is easily accessible to you and other Plan Administrators within the organization should future need arise. Keep copies of the online submissions in a secure, confidential place.
- 10. Call ACCE for Help** – When in doubt, please call us. We are here to guide you and to help you reduce the risk of administration errors that could result in unexpected excess premiums or large catch-up amounts being charged to your organization.

Understanding Your Plan(s)

The following is a summary of the insurance programs. For complete information regarding your benefits, please refer to the Certificate of Coverage found on the [ACCE Insurance Administrator Resources](#) website. If there are any discrepancies between this summary and the Certificate, the Certificate will govern. Also, please confirm which plan(s) your organization is enrolled in and where applicable, which option the organization has elected.

Group Term Life and Accidental Death & Dismemberment (AD&D)

ACCE offers term life insurance at four benefit amounts:

- Option 1: 1.5x salary, maximum benefit amount is \$500,000
- Option 2: 2x salary, maximum benefit amount is \$600,000
- Option 3: 2.5x salary, maximum benefit amount is \$500,000
- Option 4: Benefit amount is \$50,000 for each participant.

The AD&D benefit is equal to the term life benefit and pays for accidental death or dismemberment.

The AD&D plan is included in the price of the Term Life plan.

Dependent coverage is available. The benefit amounts are \$10,000 per child and \$20,000 for spouses.

► **Important Note:** Dependent coverage may only be added at time of initial employee enrollment or upon a qualifying event which include marriage and birth.

Term life insurance benefits decrease as follows:

- At age 65 the benefit amount decreases to 65% of the original benefit amount
- At age 70 the benefit amount decreases to 40% of the original benefit amount
- At age 75 the benefit amount decreases to 25% of the original benefit amount

► **Important Note:** There are no increases to term life benefit amounts after age 65, therefore there is no need for salary increases following age 65 for any employee.

Eligibility and Payment Options

Life insurance coverage may be offered to full-time and part time employees at the employer's discretion but must be offered in a non-discriminatory manner based on a minimum hour required for eligibility. Please be aware that the provider requires that an employee must work a minimum of 17.5 hours per week to qualify for coverage. Rank, title, or other factors outside of the minimum required hour's threshold are not permitted in determining eligibility.

Term Life and AD&D insurance coverage can be paid by the employer, by the employee, or shared by both. If the employees are paying any portion of the premium, it must be at a uniform percentage

for all. For example, if the employer pays the entire premium for any employee, then it is required that all eligible employees of the employer be covered 100%. Also, if the employees are responsible for any portion of the premiums, then the percentage an employee pays must be uniform and paid through payroll deductions. ACCE will bill the entire monthly premium to the employer.

Life insurance coverage over \$50,000 is considered a taxable fringe benefit. The imputed cost of coverage in excess of \$50,000 must be included in income, using the IRS Premium Table, and is subject to social security and Medicare taxes. Please refer to the Excess GTLI Premium Table on the [ACCE Insurance Administrator Resources](#) website for your convenience.

Short-Term Disability

This plan covers employees in the event they are limited from performing the material and substantial duties of their regular occupation due to sickness or injury (maternity is covered as any other illness) upon approval of claim by UNUM Life Insurance Company.

ACCE offers three short-term disability plans:

- Option 1: Elimination Period of 30 days for disability due to an injury/sickness; Maximum Period of Payment is nine weeks
- Option 2: Elimination Period of 30 days for disability due to an injury/sickness; Maximum Period of Payment is 22 weeks
- Option 3: Elimination Period of seven days for disability due to an injury/sickness; Maximum Period of Payment is 12 weeks

The weekly benefit for all plans is 60% of weekly earnings up to a maximum benefit of \$2,500 per week.

Benefits paid are offset by other income replacements such as state-mandated plans or Worker's Compensation. The maximum weekly benefit is \$2,500.

For employees who are receiving Short-Term Disability payments, the employer is required to pay FICA taxes. ACCE will email you each month the amount necessary to cover the FICA taxes your organization owes. We will include FICA taxes owed to the monthly EFT total for your organization. Please note these amounts are billed in arrears and will continue for approximately two months past the disability benefit.

Eligibility and Payment Options

The carrier requires that an employee must work a minimum of 25 hours per week to be eligible for short-term disability. The employer may set a higher number of minimum hours required in determining eligibility, but it must be applied in a non-discriminatory manner to all full-time and part-time employees. Rank, title, or other factors outside of the minimum required hour's threshold are not permitted in determining eligibility.

► **Important Note:** This insurance coverage must be paid 100% by the employer, and all employees who meet the minimum required hours are eligible employees that must be covered.

Long-Term Disability

This plan covers employees in the event of total disability. ACCE offers two options when establishing the long-term disability plan:

- Option 1: Elimination Period of 90 days for disability due to an injury/sickness
- Option 2: Elimination Period of 180 days for disability due to an injury/sickness

The monthly benefit is 60% of weekly earnings to a maximum benefit of \$10,000 per month.

Age of Disability	Maximum Period of Payment
Less than age 60	To age 65, but not less than 5 years
Age 60	60 months
Age 61	48 months
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

Benefits paid may be offset by any other income received during the period of total disability. The maximum monthly benefit is \$10,000.

Eligibility and Payment Options

The carrier requires that an employee must work a minimum of 25 hours per week to be eligible for long-term disability. The employer may set a higher number of minimum hours required in determining eligibility, but it must be applied in a non-discriminatory manner to all full-time and part-time employees. Rank, title, or other factors outside of the minimum required hour's threshold are not permitted in determining eligibility.

► **Important Note:** This insurance coverage must be paid 100% by the employer, and all employees who meet the minimum required hours are eligible employees that must be covered.

Dental

This plan is a PPO preferred provider plan underwritten by CIGNA and offers dental coverage from both participating and non-participating providers. Here is a summary of benefits:

- The calendar year in-network deductible for the individual is \$25 and \$75 for the family. Out-of-network deductible is \$50 for an individual and \$150 for family.
- Calendar year's maximum is \$1,500. There is no lifetime maximum.
- Employees may qualify for a maximum of \$1,800 with regular, semi-annual teeth cleanings.
- Diagnostic and preventive care (cleanings, x-rays, sealants, and oral exams) are covered at 90% for in-network providers and 80% for out-of-network providers and are not subject to the deductible.
- Fillings, simple extractions, and root canals are covered at 80% after the deductible has been met (subject to reasonable and customary fees).
- Crowns, dentures, and bridges are covered at 50% and replacement is covered every 5 years.
- Orthodontic coverage is not included.
- Services performed primarily for cosmetic reasons are excluded from coverage.

Eligibility and Payment Options

You can enroll an employee upon the following milestones:

- Date of hire or effective date on your employee policy enrollment dates
- If there is a qualifying event for the employee or family, coverage can be added within 30 days
- During annual open enrollment period each December for coverage effective date of January 1

There is a 20-hour minimum requirement per week to qualify for coverage. This coverage is voluntary for participants. Dependent coverage is available, and dependent children can be covered up until age 26.

This coverage can be paid for by the employer or by the employee. The employer is responsible for remittance of all monthly premium payments.

Vision

This plan is underwritten by Vision Service Plan (VSP of California). Thousands of eye care providers are part of the VSP signature network, but coverage is also available with out-of-network providers. Coverage includes:

- Annual WELLVISION exam
- Routine retinal screening

- Allowance for lenses and contacts
- Savings on laser vision correction

Eligibility and Payment Options

You can enroll an employee upon the following milestones:

- Date of hire or effective date on your employee policy enrollment dates.
- If there is a qualifying event for the employee or family, coverage can be added within 30 days.
- During annual open enrollment period each December for coverage effective date of January 1st.

There is no minimum number of hours required per week to qualify for coverage. This coverage is voluntary for participants. Dependent coverage is available, and dependent children can be covered up until age 25 if they are students. This coverage can be paid by the employer or by the employee. The employer is responsible for remittance of all monthly premium payments.

Voluntary Accidental Death & Dismemberment (with Travel Benefits)

The Voluntary Accident & Dismemberment plan covers employees in the event of a covered accident at maximum benefit levels of \$10,000, \$20,000, \$50,000, \$100,000, \$250,000, \$300,000, or \$500,000. Participant receives a lump sum benefit in the event of an accident, based on the following schedule:

Covered Loss Benefit	Benefit
Loss of Life	100% of the Principal Sum
Loss of Two or More Hands or Feet	100% of the Principal Sum
Loss of Sight of Both Eyes	100% of the Principal Sum
Loss of One Hand or One Foot and Sight in One Eye	100% of the Principal Sum
Loss of Speech and Hearing (in both ears)	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Paraplegia	75% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Uniplegia	25% of the Principal Sum

Coma - Monthly Benefit up to 11 months, then Lump Sum Payment at 12th month	1% of the Principal Sum, at the end of each month during which the Covered Person remains comatose. Lump Sum Payment - 100% of the Principal Sum at beginning of the 12th month
Loss of One Hand or Foot	50% of the Principal Sum
Loss of Sight in One Eye	50% of the Principal Sum
Loss of Speech	50% of the Principal Sum
Loss of Hearing (in both ears)	50% of the Principal Sum
Loss of all Four Fingers of the Same Hand	25% of the Principal Sum
Loss of Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Loss of all the Toes of the Same Foot	20% of the Principal Sum

Other unique benefits of this plan include:

- Travel benefits the employee for all trips that are more than 50 miles from the office. There is no limit to the number of trips covered annually and it is good for both domestic and international travel.
- Identity theft protection
- Bereavement counseling
- Discounts on weight management
- Smoking cessation programs
- Alternative medicine treatments
- Fitness club membership
- Will preparation services.

Eligibility and Payment Options

You can enroll an employee upon the following milestones:

- Date of hire or effective date on your employee policy enrollment dates.
- During annual open enrollment period each December for coverage effective date of January 1st.

There is no minimum number of hours required per week to qualify for coverage. This coverage is voluntary for participants. In addition, the employee can choose individual or full family coverage.

This coverage can be paid for by the employer or by the employee. The employer is responsible for remittance of all monthly premium payments.

Organizational Coverage Procedures

To obtain an insurance quote on a specific line of coverage that your organization does not currently offer or to request a comparison quotes for all programs please complete the online form at [ACCE Insurance Request a Quote](#).

Organization Enrollments

Once you have decided your organization will offer a particular line of coverage, you will need to update organizational coverage options via the ACCE Portal. Step-by-step instructions for this can be found on the [ACCE Insurance Plan Administrator Resources](#) website in the [Managing Organizational Coverages](#) document.

EFT Authorization Form

The monthly insurance premiums will be directly pulled via EFT by the ACCE Benefits Team on or about the 15th of each month. No other form of payment is accepted. Please provide the completed EFT Authorization form as part of your initial organization enrollment. Also, please remember to provide an updated form if your organization ever changes banks so that there are no missed premium payments.

Organization Changes & Termination

Should an organization decide to add or remove a particular line of coverage, or make a change to the organization's probationary period, you will need to update coverage options via the ACCE Portal. Step-by-step instructions for this can be found on the [ACCE Insurance Plan Administrator Resources](#) website in the [Managing Organizational Coverages](#) document.

Plan changes may be made at any time. It is the responsibility of the employer to inform covered employees of any change in their benefits and/or premiums. A new Summary of Benefits will be available to each employee via their ACCE portal access as of the effective date of a change. It is the Plan Administrators responsibility to remind employees to download new versions of the Summary of Benefits periodically or as necessary.

For plan terminations, the Plan Administrator must update organizational coverage options via the ACCE Portal. Step-by-step instructions for this can be found on the [ACCE Insurance Plan Administrator Resources](#) website in the [Managing Organizational Coverages](#) document.

Please note that notice to discontinue an organization insurance line of coverage must be received no later than 5 business days prior to the end of the month preceding termination effective date. We cannot retroactively terminate insurance benefits at the organizational level.

Employee Coverage Procedures

Employee Enrollments

When a new employee enters your organization, please complete the following steps to enter them into the system. This will allow them to enroll in your insurance coverage that your organization offers. Step-by-step instructions for this can be found on the [ACCE Insurance Plan Administrator Resources](#) website in the [Employee Enrollments](#) document. All new enrollments are due to ACCE Benefits team no later than 30 days from date of hire or qualifying event date.

- ▶ **Important Note:** This insurance coverage must be non-discriminatory based on hours of service only. Title, rank, or other factors may not be considered for eligibility purposes.
- ▶ **Important Note:** All employees who meet the minimum required hours are eligible employees for group term life, short-term and long-term disability must be covered.
- ▶ **Important Note:** Short-term and long-term disability must be 100% paid by employer.

A new employee coverage begins on the first of the month after the completion of the probationary period as selected by your organization's online submission. The probationary period applies to all new employees unless the organization has indicated that the period be waived as indicated on the online submission.

The employee's enrollment submission must be received in good order for the enrollment to be processed in a timely manner.

Employee Insurance Enrollments

Please indicate if the new insurance coverage is for a new employee or if it is due to a change from part-time to full-time status by checking the appropriate box within the online form and entering the applicable date. Step-by-step instructions for this can be found on the [ACCE Insurance Plan Administrator Resources](#) website in the [ACCE Portal Instructions for Your New Employee](#) document.

- ▶ **Important Note:** New employee enrollments should be received by the ACCE Benefits Team no later than 30 days from the date of hire or qualifying event date.
- ▶ **Important Note:** Late enrollments received will be processed as per each plan's requirements. Please remember that late enrollments for UNUM lines of coverage will be billed back to the original entry date. Late dental, vision, and voluntary accident enrollments more than 2-months past due will not be eligible for enrollment until the next open enrollment which takes place on January 1st each year.
- ▶ **Important Note:** The employer may also indicate if there is to be a waiver of the probationary period for any new hire and include written notification with the enrollment submission.
- ▶ **Important Note:** It is the responsibility of the Plan Administrator to make sure that the online

submission is complete and accurate. Plan Administrator should review and confirm:

- The employee has provided the correct number of hours per week and their annual salary.
- The employee has not mistakenly missed a box for employer paid coverages which are required for all eligible employees.

► **Important Note:** Enrollments received must be received in good order by the ACCE benefits team no later than 2 business days prior to the end of the month to ensure processing is completed by the end of the month. Submissions that are not in good order may result in delayed coverage.

Employee Enrollment Materials

In addition to submission of the online employee enrollment to the ACCE Benefits team for processing, the Plan Administrator should provide the eligible employee all applicable Employee Enrollment Materials found on the [ACCE Insurance Plan Administrator Resources](#) website.

- Group Insurance Certificates (all that apply)
- Important Information for Dental & Vision Participants (if applicable)
- EAP Information (only applicable for LTD participants)
- How to Obtain a Summary of Benefits

► **Important Note:** Employees will be able to obtain their Summary of Benefits once coverage begins.

Employee Terminations

All plan terminations for an employee's current insurance coverage must be completed through the ACCE Portal. Instructions can be found on the [ACCE Insurance Plan Administrator Resources](#) website in the [Employee Terminations](#) document.

Please note that if the employee works any day during the month, the organization must cover the employee throughout the end of the month. Therefore, plan terminations are effective the 1st of the month following or coinciding with an employee's last date of employment.

The effective date of plan terminations for employee optional plans that are being terminated at the employee request will be December 31st.

► **Important Note:** Terminations must be received by the ACCE benefits team to us as soon as administratively feasible. Your organization will be responsible for premium payments for participants who are not terminated in a timely manner. ACCE is unable to refund more than 2 months of premiums for termination notifications received late. Therefore, late terminations can cost the organization significant unnecessary cost. ACCE will provide one additional month of credit if the late termination is due to a processing error at our end. Please be sure to review your monthly invoices carefully to confirm current coverages and existing staff are accurate.

Employee Changes

All changes for an employee's current insurance coverage must be completed through the ACCE Portal. Step-by-step instructions can be found on the [ACCE Insurance Plan Administrator Resources](#) website in the [Employee Updates](#) document.

Employee Insurance Changes

Please indicate the type of change(s) being submitted by checking the appropriate box(es) at the top of the online form. Each change must be signed and dated by the Plan Administrator. In the case of beneficiary changes the online form must also be signed and dated by the employee.

- **Salary Changes** - Complete Employer name, First name, Last name, the last 4 digits of the social security number, and Salary (annual). Salary changes are processed with an effective date of the first of the month after receipt of the notice of change. We cannot retroactively change salaries. (*Coming soon*)
- **Beneficiary Changes** - Complete Employer name, First name, Last name, the last 4 digits of the social security number, and Section 5. As a reminder, the employee must sign and date in Section 6 for beneficiary changes. An employee can make a beneficiary change at any time. (*Coming soon*)

Continuation of Benefits

The Plan Administrator must provide any departing employee with the Employee Termination Materials found on the [ACCE Insurance Plan Administrator Resources](#) website to all terminated, retired, disabled participants.

- Important Information for Terminated Employees
- Dental Continuation Form (required for all dental participants due to COBRA)
- Vision Continuation Form (required for all vision participants due to COBRA)
- Life Insurance Portability form (only applicable for Group Term Life participants)

Group Term Life and Accidental Death & Dismemberment (AD&D)

Terminated Employees

To continue the group term life insurance, a terminated participant must complete the Life Insurance Election of Portability Form and mail it within 31 days of their date of termination with the premium to:

Unum - Portability Unit 2211 Congress Street
Portland, Maine 04122
800-343-5406
Group Life Policy #525195

The terminated participant is responsible for paying the premium directly to Unum. ACCE does not bill terminated participants.

Portable Life Insurance allows your employees and their dependents to continue their Life and/or AD&D coverage at group rates. The ported coverage will be subject to the same provisions contained in your employer's group life insurance policy. Importantly, you cannot port coverage for anyone who has an injury or sickness which has a material effect on life expectancy.

Conversion Life Insurance allows your employees and their dependents to purchase individual life insurance policies (but not AD&D) at rates that may be higher than portability rates. The conversion policies will not contain the exact same coverage as the employer's group life insurance policy. Unlike portability, conversion is available even if you or your dependents have a sickness or injury which has a material effect on life expectancy.

Retired Employees

Retired employees may have the option to continue the life insurance coverage at a fixed benefit amount. To be eligible, the employee must have been covered under the ACCE Group Insurance plans for at least five years and be at least age 60. In addition, the employer must agree to pay

100% of the premium payments as they will continue to be on your monthly invoice. Requests for coverage under this option must be submitted in writing to the ACCE Benefits team within 30 days of the date of retirement. The retiree benefit amounts are:

- For employees who retired before July 1, 2012- \$10,000
- For employees who retired on or after July 1, 2012 - \$25,000

Employees who **retire/terminate** are also given the option to convert the existing group term life coverage to an individual policy by completing the Life Insurance Election of Portability Form and mailing it within 31 days of their date of termination to UNUM. The retired participant is responsible for paying the premium directly to Unum. ACCE does not bill terminated participants.

If retiree life coverage is offered to one employee, you must make it available to all employees. Employees must meet the requirements for retiree life insurance. The organization does not have to pay for the coverage. You may collect the premiums from the employees at any frequency desired by the organization. If the employee stops payment of the premiums to your organization, then you should complete the termination of the coverage through the ACCE Portal promptly to ensure costs do not incur for the organization.

Retiree Life Qualifications:

- Employees who retired before the effective date of this plan, and were previously covered under a retiree plan; or
- Employees who meet the Rule of 80 (combined years of service and age equal or exceed 80); or
- Employees who attain age of 60 and have been covered by the organization for at least 5 years

Disabled Employees

Life insurance may be continued if an employee becomes disabled. For those utilizing the ACCE long- term disability plan, proof of disability status is satisfied. Life insurance premiums must be paid for 180 days from the start of long-term disability, or the date UNUM notifies the employer of the waiver of premium.

Life insurance coverage is subject to the same reduction rules that apply to active employees. Premium waiver (only available to employees under age 60) offers the disabled employee continued life insurance protection without premium payment. This option continues until the employee is no longer disabled or upon his/ her death.

► **Important Note:** It is imperative payment of the life insurance premiums must be kept current until UNUM has confirmed that the waiver of premiums is approved. If the premiums are not paid, coverage will terminate.

For more information on continued coverage for disabled employees, please contact the ACCE Benefits Team.

Short-Term Disability

Terminated & Retired Employees

The short-term disability insurance plans may not be continued when an employee terminates or retires.

Long-Term Disability

Terminated & Retired Employees

The long-term disability insurance plans may not be continued when an employee terminates or retires.

Dental (COBRA)

Terminated Employees

COBRA is the federal continuation option that is available to employees. It is the responsibility of the Plan Administrator to administer COBRA and follow federal regulations pertaining to this coverage.

The dental COBRA continuation election form can be found on the [ACCE Insurance Plan Administrator Resources](#) website. ACCE Benefits Team is available for informational assistance with COBRA administration, however, please remember that the actual administration and compliance with COBRA is the responsibility of the Plan Administrator. An employee may continue dental and vision coverage under COBRA until the earliest of:

- 18-months following termination of employee's employment or lost eligibility due to reduction in hours.
- For dependents, 36 months following the date of employee's death, divorce, legal separation, loss of coverage due to Medicare entitlement.

There are other circumstances which may warrant COBRA continuation. Please contact the ACCE Benefits Team for more information.

Disabled Employees

Dental insurance plans may be continued if an employee becomes disabled. Proof of disability is required.

If an employee's service with the organization ends due to an injury or sickness, the dental insurance will be continued while the employee remains totally and continuously disabled because of the injury or sickness. However, the insurance will not continue past the date the employer stops

paying premium or otherwise cancels the insurance.

In all the above continuation options, the employee and/or dependent in question will remain on the organization's monthly statement. The employee or other insured is required to make the appropriate premium payment to the organization in a timely manner. ACCE does not bill any individuals directly at their home address. In cases where the dependent is the individual receiving coverage, a separate participant account will be established, and the individual will be reflected in the organization's monthly statement under his/her social security number (rather than listed under the employee's social security number).

For more information on continued coverage for disabled employees, please contact the ACCE Benefits team.

► **Important Note:** It is imperative payment of the dental insurance premiums must be kept current. If the premiums are not paid, coverage will terminate.

Vision (COBRA)

Terminated Employees

COBRA is the federal continuation option that is available to employees. It is the responsibility of the Plan Administrator to administer COBRA and follow federal regulations pertaining to this coverage.

The vision COBRA continuation election form can be found on the [ACCE Insurance Plan Administrator Resources](#) website. ACCE Benefits Team is available for informational assistance with COBRA administration, however, please remember that the actual administration and compliance with COBRA is the responsibility of the Plan Administrator. An employee may continue vision coverage under COBRA until the earliest of:

- 18-months following termination of employee's employment or lost eligibility due to reduction in hours.
- For dependents, 36 months following the date of employee's death, divorce, legal separation, loss of coverage due to Medicare entitlement.

There are other circumstances which may warrant COBRA continuation. Please contact the ACCE Benefits Team for more information.

Disabled Employees

Vision insurance plans may be continued if an employee becomes disabled. Proof of disability is required.

If an employee's service with the organization ends due to an injury or sickness, the vision insurance will be continued while the employee remains totally and continuously disabled because of the injury or sickness. However, the insurance will not continue past the date the employer stops paying premium or otherwise cancels the insurance.

In all the above continuation options, the employee and/or dependent in question will remain on the organization's monthly statement. The employee or other insured is required to make the appropriate premium payment to the organization in a timely manner. ACCE does not bill any individuals directly at their home address. In cases where the dependent is the individual receiving coverage, a separate participant account will be established, and the individual will be reflected on the organization's monthly statement under his/her social security number (rather than listed under the employee's social security number).

For more information on continued coverage for disabled employees, please contact the ACCE Benefits team.

► **Important Note:** It is imperative payment of the vision insurance premiums must be kept current. If the premiums are not paid, coverage will terminate.

Voluntary Accidental Death & Dismemberment

Terminated & Retired Employees

The voluntary accidental death insurance plans may not be continued when an employee terminates or retires.

How to File a Claim

Group Term Life Insurance

In the event of an employee's death that results in a claim for the life insurance benefit, the Plan Administrator should complete a Life Claim Form found on the [ACCE Insurance Plan Administrator Resources](#) website and submit the completed form to Unum.

Please notify the ACCE Benefits Team so that we can remove the deceased employee from your monthly invoicing in addition to aiding with any questions regarding the filing of a death claim. Benefits are payable to the designated beneficiaries of the employee. Benefits are paid within 2-3 weeks from Unum's receipt of the completed claim form and any supplemental documentation, if applicable.

Short-Term & Long-Term Disability

Claims should be filed as soon as possible after the onset of the disability. A disability claim form can be found on the [ACCE Insurance Plan Administrator Resources](#) website. Completed forms should be faxed to 800-447-2498 or mailed to:

Unum
P.O. Box 100158
Columbia, SC 29202-3158

Claims are subject to approval by UNUM Life Insurance Company and may take as long as 4-6 weeks to be processed. Benefit payments, if applicable, are sent to the individual at his/her home address.

Dental

Most in-network dentists will file the claims for participants electronically. However, if the dentist declines to file the claim, employees are responsible for filing their own dental claims.

A copy of the Dental Claim form is available for employees on the [ACCE Insurance Participant Resources](#) website. The top portion of the dental claim form must be completed and a copy of the bill from the provider stapled to the claim form. Dental claim forms should be sent to:

CIGNA Dental PO Box 188037
Chattanooga, TN 37422-8037
800-244-6224

Please instruct participants to keep a copy of everything sent to the CIGNA claims office.

Claims are processed within 10-14 business days after CIGNA receives the completed claim form. Participants can expect to receive an Explanation of Benefits (EOB) from CIGNA outlining how the claim was processed. If participants have questions about how a claim was processed, please instruct them to call the Cigna dental claims office at 800-244-6224.

Vision

Most in-network eye care providers will file the claims for participants electronically. Online filing of claims is available through the participant VSP account access at www.vsp.com if their eye care provider does not offer electronic filing of claims. If participants have questions about how a claim was processed, please instruct them to contact VSP by calling 1-800-877-7195 to speak with a representative. Please note, the Member ID is the employee Social Security Number.

Voluntary Accidental Death & Dismemberment

In the event of an employee's death or dismemberment that results in a claim for the insurance benefit, the Plan Administrator should complete an New York Life Accidental Death/Proof of Loss Form found on the [ACCE Insurance Plan Administrator Resources](#) website. Please scan and email the completed form to claims.pqlif2@newyorklife.com or mail the completed documents to:

New York Life Group Benefit Solutions
Life & Accident Claim Services
P.O. Box 22328
Pittsburgh, PA 15222-0328

You may also submit your claim online at [New York Life Add-claim](#) or by calling (800) 362-4462.

Please notify the ACCE Benefits Team so that we can remove the deceased employee from your monthly invoicing in addition to aiding with any questions regarding the filing of a death claim.

► **Important Note:** Please note the Plan Number is OK964795 and should be noted on all claim forms.

► **Important Note:** Notice of claim must be provided within 31 days after a covered loss occurs/begins or as soon as reasonably possible. If notice is not provided within 31 days, the claim may be invalidated or reduced unless it is shown that notice was given as soon as was reasonably possible.

APPENDIX

Frequently Asked Questions

What is the difference between the organization probationary period and the disability waiting (elimination) period?

The probationary period is a specified time (elected by the organization) that a new employee must complete prior to being eligible for participation in the group insurance plans. The disability waiting period is a specified time during which an employee must be totally disabled before receiving disability benefits, this waiting period is sometimes called an elimination period.

How long are the rates guaranteed for?

Typically, all ACCE insurance plans are renewed each January 1, and rates are guaranteed for one year. However, premiums will be affected by mid-year changes in salary at the individual level.

Our organization is delinquent paying the ACCE membership dues. Will this affect our insurance coverage?

Yes, membership with ACCE is a pre-requisite for participation in any of the group insurance plans. If your membership in ACCE is cancelled due to non-payment, your insurance will be cancelled.

We retroactively terminated an employee. How can I tell if we received credit for this coverage?

A debit/credit will appear in your next monthly statement. Your organization will be responsible for premium payments for participants who are not terminated in a timely manner. ACCE can provide retro termination credits for up to 2 months maximum.

What is late enrollment?

A late enrollment is an employee who does not submit his/her life and/or disability enrollment in a timely manner which would cause the enrollment to occur after the probationary period. Unum plans, including group term life, short-term disability and long-term disability are guaranteed coverage. Therefore, late enrollments will be enrolled and billed back to the employee's original eligibility date. Late enrollments that are more than 2 months past due for dental, vision, and voluntary accident coverages will not begin until the next open enrollment on January 1st.

If a participant becomes disabled and the employer does not know when/if he will return, how does the situation affect the participant's life insurance?

The organization should continue to pay the life insurance premium for the participant to ensure he/she would continue to be eligible for the life insurance coverage. He/she can be evaluated for Waiver of Premium if they remain disabled for 180 days and are under age 60. An employee can continue to be covered up to their retirement date providing they are not working due to injury or sickness, and the coverage is kept current. If the Chamber terminates the employee's employment

and thus terminates the life insurance coverage before being approved for Life Waiver, or the employee is denied Life Waiver, the employee can apply for portability or conversion.