



# Group Administration Guide

Thank you for selecting LifeMap Assurance Company (LifeMap) to provide benefits for your employees and their families.

Your satisfaction is our primary concern, so we created this guide to assist you with questions about enrollment, billing, membership changes, how to file claims and other day-to-day administrative activities. You'll also find helpful resources online at [www.LifeMapCo.com](http://www.LifeMapCo.com), as well as forms needed to administer your group coverages. Additionally, our Customer Service representatives are here to support you by calling us toll free at 1-800-794-5390.

This guide is not a part of the policy and should not be viewed as such. At all times coverage is governed by the terms of your policy, and you should refer to your policy and certificate of coverage for plan benefits and provisions.



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## **CUSTOMER SERVICE**

### LifeMap Assurance Company Home Office

200 Market Street  
PO Box 1271, M/S E8L  
Portland, Oregon 97207-1271  
Phone: 1 (800) 794-5390

### Report Fraud Online

24-hour Hotline: 1 (877) 664-2466

## **DENTAL CUSTOMER SERVICE**

### Dental Billing Customer Service

Phone: 1 (888) 777-9368  
Fax: 1 (855) 854-4570

### Dental Claims

Portal Line:  
<https://sdmwplm1.wonderboxsystem.com>  
Phone: 1 (800) 286-1129

### Dental Billing Payments

Please make your check payable to LifeMap Assurance Company and send to:

LifeMap Assurance Company  
PO Box 1650  
Milwaukee, WI 53201-1650

### Dental Claims Appeals

If an employee wishes to file a Dental claim appeal, please send an appeal request to:

LifeMap Assurance Company  
Attn: Dental Claim Appeals  
PO Box 1334  
Milwaukee, WI 53201

## **NON-DENTAL CUSTOMER SERVICE**

### Billing Customer Service

Phone: 1 (888) 777-9368  
Fax: 1 (855) 854-4570

### Billing Payments

Please make your check payable to LifeMap Assurance Company and send to:

LifeMap Assurance Company  
PO Box 6840  
Portland, OR 97228-6840

### Claims Customer Service

#### Life and AD&D, Short Term Disability, Accident and Critical Illness Claims

Phone: 1 (800) 286-1129  
Fax: 1 (855) 854-4570

#### Long Term Disability Claims

Phone: 1 (877) 254-0085  
Fax: 1 (207) 591-3048



## GROUP ADMINISTRATION GUIDELINES

1. The Group Administrator must keep all necessary paperwork on file including, but not limited to enrollment forms and beneficiary designation forms.
2. LifeMap will provide in PDF format all applicable contracts as follows:

### **Policies**

The master policy is a legal document containing the detailed and controlling provisions of your coverage with us. It includes a copy of your application, and may include any amendments to your plan. An overview of your group specific benefits and eligibility requirements are addressed in the Coverage Outline. A separate master policy may be provided for each line of coverage.

### **Certificates Of Coverage**

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

3. The Group Administrator will be responsible for calculating, reporting and submitting premiums to LifeMap, as well as adding and deleting employees when necessary to ensure accurate premium payments.



## **APPLICABLE FORMS**

The forms needed to administer your group's insurance plan(s) can be obtained from our website at [www.LifeMapCo.com](http://www.LifeMapCo.com). Once you enter our website, click on the "Employers and Employees" site. Then click on "Manage Account" and then "Forms" (you may also use the "Find a Form" widget at the bottom of any page). Use the drop down menus to select the appropriate category and state for the forms you need. If the form you need is not available on our website or if you have difficulty obtaining forms via our website, please call us toll free at 1-800-794-5390. For your convenience, a list of form names is outlined below.

### **Affidavits**

- *Affidavit of Qualifying Domestic Partnership for Idaho, Montana, Utah and Wyoming*
- *Affidavit of Qualified Disabled Dependent for Idaho, Montana, Oregon, Utah, Washington and Wyoming*
- *Oregon Affidavit of Non-State Certified Domestic Partnership*
- *Washington Affidavit of Non-State Registered Domestic Partnership*

### **Claim Forms**

- *Accident Claim Form*
- *Accidental Dismemberment Claim Form*
- *ADA Dental Claim Form*
- *Critical Illness Cancer Care Claim Form*
- *Extended Life Insurance Claim Form*
- *Life Insurance Claim Form*
- *Long Term Disability Claim Form*
- *Short Term Disability Claim Form*

### **Conversion**

- *Individual Life Conversion Request For Information Form*

### **Enrollment Forms**

- *Employee Enrollment and Change Form with Beneficiary Designation*
- *Beneficiary Designation Only Form (used to designate beneficiaries for Voluntary Life, Voluntary AD&D and Accident Only policies, or when an Employee requires a change and/or update to his or her previously completed Employee Enrollment and Change Form with Beneficiary Designation)*



### **Flyers**

- *Cancer Only Critical Illness Employee Flyer (Idaho has state specific flyer)*
- *Cancer Plus Critical Illness Employee Flyer (Idaho has state specific flyer)*
- *Expanded Network (Washington)*
- *Group Dental Employee Flyer*
- *Vision Employee Flyer (Idaho has state specific flyer)*
- *Voluntary Accident Employee Flyer*
- *Voluntary Group Dental Employee Flyer*
- *Voluntary Life Employee Flyer*
- *Voluntary Long Term Disability Employee Flyer (Idaho has state specific flyer)*
- *Voluntary Short Term Disability Employee Flyer (Idaho has state specific flyer)*

### **Miscellaneous**

- *Dental Overview for Employers*
- *Find a Vision Provider – Group*
- *Group Products Overview*
- *LifeMap Beltone ID Card*
- *Notice of Privacy Practices – STM, Vision and Dental (not applicable to Alaska)*
- *Out of Network Vision Reimbursement Form (not applicable to Alaska)*
- *Privacy Notice (not applicable to Alaska)*
- *Wellness Benefit Statement*

### **Portability**

- *Applications for Portability:* Your group may or may not include portability. Please contact your LifeMap Account Manager to see if your group is eligible for Portability coverage, and to request a Portability application.

### **Waiver of Coverage Forms**

- *Dental Waiver Form*
- *Vision Waiver Form*



## ELIGIBILITY AND ENROLLMENT

### Minimum Participation Requirements

Minimum participation requirements are addressed in the Minimum Enrollment Requirements and Ongoing Participation Requirements section of your policy.

*Noncontributory Insurance:* If employees are not responsible for any of the premium payment then a minimum of 100% of all eligible employees must be enrolled at all times. Please note: Even though an employee may waive medical, dental or vision coverage, the individual should still be enrolled in the employer's life and disability programs unless otherwise stated in the master policy.

*Contributory Insurance:* If employee pay all or part of the premium then the minimum of eligible employees as outlined in the policy must be enrolled at all times.

### Enrolling New Employees

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

For noncontributory plans, all employees must be enrolled as of the date they first become eligible for coverage. **Premium will be billed retroactive to each employee's effective date of coverage.** The enrollment form is used for beneficiary designation only (see the **HOW TO NAME A BENEFICIARY** section of this guide), and should be retained by the Group Administrator

For contributory plans, the enrollment form is also used to enroll the employees for coverage. If an individual does not wish to participate in a contributory plan, this form is used to document this decision and should be completed and maintained on file. Employees who choose to enroll for contributory coverage more than 31 days after the date they first become eligible are considered late enrollees. Late enrollees must provide satisfactory evidence of insurability in order to enroll, and coverage will not become effective until approved in writing by LifeMap Assurance Company (see **Evidence of Insurability**). If coverage for a late enrollee is approved, we will notify you of the effective date, add the employee to the next applicable premium statement, and send the employee a letter confirming the amount of insurance and the effective date. We will notify you by letter if a late enrollee is not approved for coverage.



### ***Continued Coverage of Disabled Dependent Children***

Coverage for the disabled dependent child of an employee or an employee's spouse (or domestic partner, if applicable) can be continued if the child is age 26 or over, provided an Affidavit of Qualified Disabled Dependent form is submitted to LifeMap within 31 days of the later of: 1) the child's 26<sup>th</sup> birthday; or 2) the effective date of coverage for the employee or spouse. The disabled child must be incapable of self-support because of a developmental disability or physical handicap that began before his or her 26<sup>th</sup> birthday, and the child must be chiefly dependent upon the employee or the employee's spouse for support and maintenance.

After initial certification of the child's disability is received by LifeMap, additional proof of the disability may be required at reasonable times as LifeMap considers necessary, but not more frequently than annually.

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

The Evidence of Insurability form is a confidential statement of health used for both: 1) late enrollment for contributory coverage; and 2) to apply for amounts of insurance in excess of the Guarantee Issue Amount.

Guarantee Issue, as the term implies, is the amount of insurance provided automatically to all enrolled employees, and statement of health not required. Employees still need to complete the Evidence of Insurability form if coverage is Guarantee Issue. However, the medical questions included on the Evidence of Insurability form do not need to be completed for Guarantee Issue amounts of coverage. If an employee is applying for *insurance over the Guarantee Issue amount*, the Evidence of Insurability form and all medical questions must be completed. If the amount of coverage over the Guarantee Issue amount is approved, the full amount of insurance will take effect on the effective date assigned by LifeMap. We will then notify you of the effective date and a confirmation letter will be sent to the employee. If the amount of coverage over the Guarantee Issue amount is *not* approved, we will also notify both you and the employee (in this case, the employee will remain insured for the guarantee issue amount).

Please note: A ***Privacy Notice*** is attached to each Evidence of Insurability form which is provided to an employee. The employee should be instructed to retain the notice.

In order to ensure privacy, please instruct the employee to seal the completed Evidence of Insurability form in an envelope prior to returning the form to the employer for submission to LifeMap. Send the completed Evidence of Insurability form to LifeMap Assurance Company Underwriting at P.O. Box 1271, M/S E8L, Portland, Oregon 97207-1271. If additional information is needed to evaluate the employee's health statement, the employee will be contacted directly.





### ***Dental Coverage***

If you have dental coverage with LifeMap Assurance Company, we must receive an application in order to enroll a member with benefits. Please make certain that all fields are completed on the application and that the application is signed and dated. We must have the employee's address in order to provide dental ID Cards for the member.

If an employee wishes to voluntarily terminate their coverage or drop coverage for a dependent without a qualifying event, they will not have the opportunity to re-enroll for 24 months following their termination date.

An employee may only add a dependent to their coverage outside of an open enrollment period, if a qualifying event has occurred.



## VOLUNTARY INSURANCE

The benefit package provided to your group by LifeMap may include Voluntary coverage. Voluntary coverage is paid by the employee through payroll deductions, and may or may not require approval of evidence of insurability. To enroll for Voluntary coverage, an employee and/or spouse must complete Part 1 of the Voluntary Benefits Employee Enrollment and Change Form. If approval of evidence of insurability is required, Part 2 of this form must also be completed. If voluntary coverage is Guarantee Issue, this form must still be completed. However, the employee and/or spouse does not need to answer the medical questions.

If your benefit package includes Voluntary Life and/or Voluntary Accident Only insurance, the employee and/or spouse must complete a Beneficiary Designation Only Form.

Please note: Individuals applying for Voluntary coverage(s) must retain the **Privacy Notice** attached to their Enrollment/Evidence of Insurability form.

**Washington Groups:** Voluntary Life Insurance may be available to both employees and the spouses of those employees. However, please note, the State of Washington limits the spouse's coverage to 100% of the employee's coverage amount.

Voluntary coverage(s) will not take effect until approved in writing by LifeMap Assurance Company. Individuals can apply at any time. In order to ensure privacy, if Evidence of Insurability (answering medical questions) is required, please instruct the employee to seal the completed form in an envelope prior to returning the form to the employer for submission to LifeMap. Completed applications should be returned to LifeMap Assurance Company Underwriting, P.O. Box 1271, M/S E8L, Portland, Oregon 97207-1271. If the application is approved, coverage will take effect on the effective date assigned by LifeMap. We will then notify you of the effective date and send a letter to the employee confirming the amount of coverage and the effective date. We will notify you by letter if an application for an employee and/or spouse is not approved for coverage.



## HOW TO UPDATE ENROLLMENT RECORDS

### ***Lost Enrollment Forms***

If you are unable to locate an Employee Enrollment and Change Form with Beneficiary Designation for any employee, simply have the employee complete, sign and date a new Employee Enrollment and Change Form with Beneficiary Designation.

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

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

\* Applies to Employee Life and Accidental Death Insurance only, including death benefits payable to the employee's beneficiary(ies) under any applicable Voluntary Accident Only Insurance policy. For Dependent Life Insurance, the Employee is always the beneficiary.

## HOW TO NAME A BENEFICIARY

### ***Beneficiary Designation***

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

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

- A. One Primary Beneficiary: Mary R. Jones, B/D 01/01/48, SS# 444-44-4444, 1234 Hemlock St., Anytown, OR 12345
- B. Two or more Primary Beneficiaries: 50% to John Jones and 50% to Sally Smith, (list information for both)
- C. Two or more Primary Beneficiaries in Unequal Shares: 75% to John Jones and 25% to Sally Smith (list information for both)
- D. One Primary and One Contingent Beneficiary: 100% to Mary R. Jones, if living, otherwise to Sally Smith (list information for both)
- E. Trustee: Mary R. Jones, Trustee, under trust agreement dated \_\_\_\_\_.
- F. Insured's Estate: My Estate



*Under items B. and C. above, if one of the Primary Beneficiaries dies before you, 100% of the proceeds will go to the living Primary Beneficiary(ies).*

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



## HOW TO PAY PREMIUMS

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

To ensure accurate processing of your premium payments, please only remit payment for LifeMap Assurance Company with our Payment Coupon. Please do not remit medical premium with your LifeMap Assurance Company payment.

Please make your check payable to LifeMap Assurance Company and send your payment to:

LifeMap Assurance Company  
PO Box 6840  
Portland, OR 97228-6840

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

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

### ***LifeMap Billing Change Form***

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

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

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



**Retroactive Addition Of Employees**

Retroactive additions will be made at our discretion based upon eligibility guidelines stated in your policy, and are subject to the payment of all applicable premiums.

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

**Employee Terminations:** Complete one line for each terminating employee. The "Term Date" should be the date of the employee's last day of work. Premium will be canceled the first of the month following the last day of employment (or the 15th of the month following the last day of employment, if you are billed based on the 15th of the month). We may, at our discretion, make retroactive adjustments to your billings for the termination of employees not posted to previous billings. However, you may only receive a maximum of 2 months credit for employee terminations that occurred more than 60 days before the date you notified us of the termination. We may reduce any such credits by the amount of any payments we may have made on behalf of such employees before we were informed their coverage had been terminated.

**Retroactive Termination Of Employees:** You must notify us of the termination of an employee prior to the next billing period. All requests for retroactive terminations that involve the return of unearned premiums will be limited to the 12 month period just prior to the date we receive your notification of the employee's termination of employment.

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

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



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

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

Your changes may be faxed to the Billing Department at 1-855-854-4570 or you can mail them to LifeMap at the following address:

LifeMap Assurance Company  
Attn: Billing  
P.O. Box 1271 M/S E8L  
Portland, OR 97207-1271

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

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

## **Billing Instructions**

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

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

***Reconciled*** means that *you* calculate the additional amounts due for additions and credits due for terminations, make the dollar adjustment to the total amount billed, and then pay the adjusted amount. If there is a discrepancy between the amount paid and the amount due, it will be reflected on your next statement. You must provide payment support reflecting all adjustments at the member level. This can be indicated on your list bill and submitted with your payment or can be emailed to [accountsreceivable@LifeMapCo.com](mailto:accountsreceivable@LifeMapCo.com).



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

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

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

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

**Short Term Disability:** Short Term Disability rate is the same for all employees regardless of age, and premiums are calculated per \$10 of benefit as follows:

### For a Percentage of Salary Plan

Determine Volume Per Employee as follows:

1. Determine your plan’s weekly benefit maximum amount;
2. Calculate each employee’s weekly benefit by multiplying their weekly salary by the benefit percentage;
3. If the employee’s weekly benefit exceeds the plan’s maximum from 1 above, cap the benefit at the maximum benefit amount provided by your plan.

Determine Monthly Premium Calculation as follows:

1. Take the weekly benefit covered for the employee;
2. Divide the benefit by 10;
3. Multiply the amount from 2 above by the STD rate.

### For a Flat Benefit Plan

Volume Per Employee is the weekly flat benefit amount.

Determine Monthly Premium Calculation as follows:

1. Take the covered weekly flat benefit amount;
2. Divide the benefit amount by 10;
3. Multiply the amount from 2 above by the STD rate.





**Long Term Disability:** Long Term Disability rate is the same for all employees regardless of age, and premiums are calculated per \$100 of Covered Payroll as follows:

Determine Volume Per Employee as follows:

1. Divide your plan's monthly maximum benefit by the benefit percentage to determine the maximum insured monthly salary;
2. Cap any employee with salary in excess of the maximum insured monthly salary at the maximum amount provided by your plan.

Determine Monthly Premium Calculation as follows:

1. Take the monthly insured salary for the employee;
2. Divide the employee's salary by 100;
3. Multiply the amount from 2 above by the LTD rate.

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

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

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

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

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



## HOW TO TERMINATE A VOLUNTARY OR CONTRIBUTORY COVERAGE

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

## HOW TO REMOVE TERMINATING EMPLOYEES FROM THE PLAN

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

**Application for Conversion:** Terminating employees can convert their Basic Life and/or Dependent Life Benefits to an individual policy underwritten by Gerber Life Insurance Company, without regard to their health status, when coverage under the group policy ends for any of the following reasons:

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

To request a Conversion application and premium rates, employees must complete an **Individual Life Conversion Request for Information Form** and submit it to HRMP on behalf of Gerber Life Insurance Company. HRMP will then send a Conversion application to the employee, who must complete it and send it back to HRMP with the first individual premium payment, **within 31 days of termination or reduction of the group life coverage**. Employees who have questions or need assistance may contact HRMP directly at (888) 999-4767, or by email at [Conversions@HRMP.com](mailto:Conversions@HRMP.com). Refer to your master policy or certificate for specific information regarding Conversion.

**Applications for Portability:** Please contact your LifeMap Account Manager to see if your group is eligible for Portability coverage.



## HOW TO FILE A CLAIM FOR BENEFITS

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

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

SPECIFIC QUESTIONS REGARDING CLAIMS SHOULD BE DIRECTED TO 1-800-286-1129 or [claims@LifeMapCo.com](mailto:claims@LifeMapCo.com).

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

If an employee dies, the employer and claimant must complete the ***Statement of Life Insurance Benefits***. Forward the completed Statement of Life Insurance Benefits, a **certified Death Certificate and the original Enrollment/Beneficiary Designation (with any updates attached)**, to LifeMap Assurance Company, P. O. Box 1271, M/S E8L, Portland, Oregon 97207-1271.

In the event the only enrollment form you have on file is a photocopy of the original form containing the employee's signature, or if you are sending a photocopy of an electronic beneficiary designation, please make a note on the Statement of Life Insurance Benefits to that effect.

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

**NOTE: IF YOU HAVE DIFFICULTY OBTAINING THE NECESSARY DOCUMENTS, PLEASE CALL 1-800-286-1129 OR EMAIL [claims@LifeMapCo.com](mailto:claims@LifeMapCo.com) AND WE WILL ASSIST YOU.**

### ***Accelerated Benefit for Terminal Illness***

If your life insurance policy includes an accelerated benefit for terminal illness, an insured person who is terminally ill may be eligible to receive a portion of his/her life insurance benefits in advance of their death. Please refer to your master policy for a complete description of this benefit.



If you have an employee who may qualify for this benefit, please contact LifeMap Assurance Company toll-free at 1-800-286-1129 or email us at [claims@LifeMapCo.com](mailto:claims@LifeMapCo.com). We will provide the employee with a claim form and a letter of explanation as to how the benefit works, with an illustration of the dollar amount the employee is eligible to receive. This benefit is also available for spouses enrolled in Voluntary Life Insurance (it is *not* available under Dependent Life Insurance).



### ***Dependent Life***

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

### ***Accidental Dismemberment/Loss of Sight/Paralysis***

In the event of accidental dismemberment, loss of sight or paralysis, the ***Statement of Accidental Dismemberment*** must be completed by the employer, the employee and the attending physician. Forward this form along with any reports of investigation to our office. News articles covering the accident which caused the injury are also helpful to us in processing the claim. Please visit our website or contact LifeMap toll-free at 1-800-286-1129 or email us at [claims@LifeMapCo.com](mailto:claims@LifeMapCo.com), to obtain this claim form.

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

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

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

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

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

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



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

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

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

Employees who become disabled after reaching age 60 are not eligible for Extended Life Insurance coverage, but can convert their group life insurance benefits. To request an application for Conversion, employees must complete an **Individual Life Conversion Request for Information Form** and submit it to HRMP on behalf of Gerber Life Insurance Company. HRMP will send a Conversion application to the employee to complete and return **within 31 days of termination of the group life coverage**. Refer to your master policy or certificate for specific information regarding Conversion.

Some life insurance policies allow the policyholder/employer to continue premium payments during total disability for employees who become disabled on or after age 60 but prior to age 65. If this option is included in your master policy you must: 1) continue payment of the life insurance premium for such employees; and 2) contact LifeMap at 1-800-286-1129 or email us at [claims@LifeMapCo.com](mailto:claims@LifeMapCo.com). Please note that if you elect this option it applies to all similarly situated employees, and life insurance for such employees will terminate at age 65.



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

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

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

Following is a summary of LifeMap Assurance Company's W-2 and tax reporting procedures:

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

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

The Policyholder understands and agrees to the following:

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

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

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