

Enrollment Information

Please complete all required forms entirely, and submit to your employer to be reviewed, signed, and sent to FCMM for processing. Enrollment forms must be submitted to FCMM within 30 days of the eligibility date, unless otherwise documented on the *Form 120: Employer Benefit Agreement*. Once your enrollment is processed, you will receive a Welcome Email including the STD Certificate (if enrolled in the Plus Plan), LTD Certificate, and Life/AD&D Class Certificate.

1. Complete Enrollment forms

- Form 101 - Enrollment Application
- Limitations & Exclusions
- Form 102 - Beneficiary Designation
- Form 103 - Salary Worksheet

2. Understand the Terms

- *Standard Plan vs. Plus Plan*: The Standard Plan includes Long Term Disability Insurance and Life/AD&D Insurance. The Plus Plan includes Short Term Disability and Long Term Disability Insurance and Life/AD&D Insurance. The plan is chosen by the employer and detailed on the Form 120.
- *Eligible Class Full-time Hire Date*: The date you enter an eligible class, determined on your employer's Form 120: Employer Benefit Agreement.
- *Coverage Effective Date*: 1st of the month following the "Eligible Class Full-time Hire Date," unless otherwise documented on the Form 120: Employer Benefit Agreement.
- *Authorized Signature*: Employer signature (EX: treasurer, pastor, administrator, etc.)
- *Open Enrollment Period*: Enrollment Applications may be submitted during the annual open enrollment dates each fall for a January 1 start date of benefits for newly eligible employees or changes to benefits.

3. Electronically Send Completed Forms to FCMM

- Submit within 30 days of eligible hire date
- Secure File Exchange Portal (preferred): <https://fcmmbenefits.leapfile.net/>
- Fax: 952.853.8474

4. Mail Approved Physical Forms to FCMM

- FCMM Benefits & Retirement,
901 East 78th Street
Minneapolis, MN 55420

5. Contact Client Services with Questions

- Email (preferred): benefits@fcmmbenefits.org
- Phone: 1.800.995.5357

All forms in this packet are current as of 9/2023.



Underwritten by:

Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122

FCMM Benefits & Retirement

901 East 78th Street, Minneapolis, MN 55420
Group Short and Long Term Disability Insurance
with Term Life/AD&D
Information Form
Policy #930391/Div #001

Form 101: Enrollment Application

Employee Social Security Number	Gender	Date of Birth (mm/dd/yyyy)		
____ - ____ - ____	☐ M ☐ F	____ / ____ / ____		
Employee First Name	M.I. Last Name			
____	____			
Employee Home Street Address	City	State	Zip Code	
____	____	____	____	
Occupation / Job Title	Phone Number	Email Address		
____	____	____		
Eligible Class Full-time Hire Date	Total Annual Salary	Salaried	Hourly	Hours Worked Per Week
____	\$ ____	☐	☐	____

Employer Completion REQUIRED

This section must be completed by the employer.

Complete one of the employer pre-determined plan options for the employee listed above.

____ Option 1: Standard Plan (LTD & Life/AD&D)

Long Term Disability Payment Method:

- ____ Staff Benefit
____ Payroll Deduction (after-tax deduction)

Life/AD&D Payment Method

- ____ Staff Benefit
____ Payroll Deduction (after-tax deduction)

____ Option 2: Plus Plan (STD, LTD & Life/AD&D)

Short Term & Long Term Disability Payment Method:

- ____ Staff Benefit
____ Payroll Deduction (after-tax deduction)

Life/AD&D Payment Method:

- ____ Staff Benefit
____ Payroll Deduction (after-tax deduction)

If payroll deduction for any benefit (STD, LTD, and/or Life/AD&D) OR declining all benefits, employee affirm below:

- ☐ Yes, I would like to participate in the FCMM Benefit Plan (Disability and Life/AD&D) at this time, and I authorize my employer to make the necessary deductions from my salary to pay the benefit premiums when my insurance becomes effective. I understand my payroll deduction amount will change if my coverage or costs change.
- ☐ No, I do not wish to participate in the FCMM Benefit Plan (Disability and Life/AD&D) at this time through payroll deduction. I understand I cannot enroll again until the annual open enrollment, if I wish to elect this coverage in the future. Enrolling at a future date will include a pre-existing limitation on coverage.

.....
I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off, or leave of absence on the date this insurance would otherwise become effective. I have read and understand the information in Form 138 - Coverage Overview, Limitations & Exclusions, benefit amounts, and offsets. My signature verifies the accuracy of information contained on this form.

Employee Signature: _____ Date: _____

Coverage Effective Date: ____ / 0 1 / ____ Authorized Employer Signature: _____

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GROUP LIFE/AD&D, STD & LTD Plan Exclusions and Limitations

STD PLAN

LTD PLAN

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings.

You must be under the regular care of a physician in order to be considered disabled.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is performed for a specific employer, at a specific location.

You are considered disabled when Unum determines that:

- You are limited from performing the material & substantial duties of your regular occupation due to sickness or injury; and
- You have a 20% or more loss of indexed monthly earnings due to the same sickness or injury.

After 36 months, you are considered disabled when Unum determines that due to the same sickness or injury, you are

unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled. The loss of a professional or occupational license or certification does not, in itself, constitute disability.

"Substantial and material acts" means the important tasks, functions and operations that are generally required by employers from those engaged in your usual occupation and that cannot be reasonably omitted or modified.

Deductible income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws, including a temporary disability benefit under a workers' compensation laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- Legal judgments and settlements
- Other group or association disability programs or insurance
- Social Security or similar governmental programs
- Social Security or similar governmental programs
- Automobile liability insurance policy
- Governmental retirement system
- Third-party settlements
- Other group insurance plans
- Retirement payments

Exclusions & limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries
- The loss of a professional or occupational license does not, in itself, constitute disability
- Commission of a crime for which you have been convicted. Unum will not pay a benefit for any period of disability during which you are incarcerated.

STD PLAN

- Pre-existing conditions
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law)

LTD PLAN

The lifetime cumulative maximum benefit for all disabilities due to mental illness is 24 months. Disabilities based primarily on self-reported symptoms are limited to 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments can continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 6 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

LIFE / AD&D INSURANCE ~ Exclusions and limitations

Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off. Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage.

Exclusions and limitations

Life insurance benefits will not be paid for deaths that are caused by suicide occurring within 24 months after the effective date of coverage or the date that increases to existing coverage becomes effective. This exclusion standardly applies to all medically written amounts and contributory amounts that are funded by the employee including shared funding plans.

AD&D specific exclusions and limitations: Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane or self-inflicted injury while insane
- War, declared or undeclared, or any act of war
- Active participation in a riot
- Committing or attempting to commit a crime under state or federal law
- The voluntary use of any prescription or non-prescription drug, poison, fume or other chemical substance unless used according to the prescription or direction of your doctor. This exclusion does not apply to you if the chemical substance is ethanol.
- Intoxication – "Being intoxicated" means your blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

Delayed effective date of coverage

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Age reduction

Coverage amounts for Life and AD&D Insurance for you will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

Termination of coverage

Your coverage under the policy ends on the earliest of:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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Form 102: Beneficiary Designation

Please complete the beneficiary information on this form. If you wish to change your beneficiary at any time please complete a new Form 102. The form with the most recent signature date will replace all other elections or directions. Beneficiary designation will affect your LTD Survivor Benefit and Life/AD&D Insurance coverage. The Form 102 must be mailed in its originally signed form to FCMM's office to be filed for insurance purposes.

Employee Social Security Number

Gender

Date of Birth (mm/dd/yyyy)

☐ M ☐ F

____ - ____ - ____

____ / ____ / ____

Employee First Name

M.I. Last Name

Phone Number

Email Address

(I) PRIMARY BENEFICIARY(S) (REQUIRED)

<u>Name (last name, first, middle initial):</u>	<u>Relation to You:</u>	<u>Benefit %:</u>
(1)		
(2)		

**Total of all Primary Beneficiary designations must equal 100%.*

(II) CONTINGENT BENEFICIARY(S) (REQUIRED)

If the beneficiary(ies) named above are not living, then pay:

<u>Name (last name, first, middle initial):</u>	<u>Relation to You:</u>	<u>Benefit %:</u>
(1)		
(2)		
(3)		
(4)		

**Total of all Contingent Beneficiary designations must equal 100%.*

I certify all statements I provided are true to the best of my knowledge and belief, and I understand a copy of this form will be made available to me at my request. I have read and understand the "Limitations and Exclusions" included with this enrollment form.

Employee Signature: _____ **Date:** _____

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Form 138: Coverage Overview

GROUP SHORT TERM DISABILITY (STD) PLAN HIGHLIGHTS

Employee Short Term Disability Insurance

- Pays 60% of Weekly earnings to a maximum weekly benefit of \$1,000
- 14 Day Elimination Period before disability benefit payments begin
- Maximum Benefit Duration is 11 weeks of benefit payments
- Definition of Disability is based on your inability to perform the duties of your own-occupation during the claim period.
- Employees working at least 25 hours per week may be eligible for this plan.

Additional Short Term Disability Plan Features

- Rehabilitation and Return to Work Assistance Program – depending on your disability, UNUM may create a program tailored to your needs that could assist you in returning to work. This program may pay an additional benefit amount.
- Guaranteed Insurability if you enroll when initially eligible
- Full Maternity Benefits Covered
- Pre-Existing Conditions are eligible for coverage following 12 months of coverage under this plan. A Pre-Existing Condition is any health condition that was known, diagnosed or treated in the 6 months prior to the individuals' effective date of coverage under this plan.

In general, the Short Term Disability weekly payments will be taxable:

If the employer pays the premiums & employees' salaries are not grossed-up to include premiums as taxable income.

- If the Employees pay premiums with pre-tax dollars.
- If employees share premium payments with the employer, the portion paid by the employer will be taxable.

In general, the Short Term Disability weekly payment will not be taxable:

If Employees pay premiums with post-tax dollars.

- If the employer pays the premiums and employees' salaries are grossed-up to include premiums as taxable income.

GROUP LONG TERM DISABILITY (LTD) PLAN HIGHLIGHTS

Employee Long Term Disability Insurance

- Pays 60% of your monthly earnings to a maximum monthly benefit of \$8,500
- 90 Day Elimination Period before disability benefit payments begin
- Maximum Benefit Duration information in LTD Policy document (request LTD Policy if necessary)
- Definition of Disability is based on your inability to perform the duties of your own- occupation for the first 3 years of a disability
- Additional disability benefits of up to \$1,000/month may be available to you for up to 2 years if you are cognitively disabled or unable to perform two or more Activities of Daily Living (ADLs)
- Employees working at least 25 hours per week may be eligible for the plan

Spouse Long Term Disability Rider

- Pays a benefit if your spouse is cognitively disabled or unable to perform two or more Activities of Daily Living (ADLs)
- Pays a \$1,500 monthly benefit after a 60-day elimination period up to 2 year lifetime maximum payment period



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Additional Long Term Disability Plan Features

- **Conversion** – you may convert your coverage to an individual policy and take it with you if your employment ends
- **Survivor Benefit** – if you pass away while receiving a long term disability benefit, Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment
- **Rehabilitation and Return to Work Assistance Program** – depending on your disability, Unum may create a program tailored to your needs that could assist you in returning to work. This program pays an additional disability benefit of 10% of your gross disability payment to a maximum benefit of \$1,000 per month. You may also qualify for child care reimbursement of \$250 per child, per month, not to exceed \$1,000 per month while participating in this program

GROUP LIFE WITH ACCIDENTAL DEATH & DISMEMBERMENT (LIFE/AD&D) PLAN HIGHLIGHTS

Employee Life/AD&D Insurance

- Employees working at least 25 hours per week may be eligible for the plan
- Benefit Age Reduction:
 - \$10,000 under age 70, \$6,500 ages 70 – 75, and \$5,000 ages 75+
 - \$50,000 under age 70, \$32,500 ages 70-75, and \$25,000 age 75+
 - 1x Annual Salary under age 70, 65% ages 70-74, and 50% age 75+
- Guarantee Issue coverage – you will not have to answer any medical questions

Additional Life/AD&D Plan Features:

- **Waiver of Premium** - If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during this period of disability.
- **Survivor Support** counsel included
- **Portability** - If you retire, reduce your hours or leave your Employer, you can take this coverage with you according to the terms of the contract.

VALUE ADD SERVICES

Travel Assistance Benefit

Employees and family are covered while traveling (100 or more miles from home), with crisis management, guaranteed hospital admissions, critical care monitoring, emergency medical evacuation, etc.

Employee Assistance Program

Unum's Life Balance program is there to assist employees with everyday home, personal and family issues. They provide full access to counseling, information, resources for wellness and free will preparation services.

Will Preparation

Unum's Life Balance program is there to assist employees with everyday home, personal and family issues. They provide full access to counseling, information, resources for wellness and free will preparation services.