



Memorandum

To:

From: Diocese of Charlotte

Re: Continuation of Health Insurance Coverage and
Information Regarding Other Diocesan Benefits

Date:

The following is some information regarding your benefits through the Diocese of Charlotte.

You (and your dependents, if coverage is currently elected) will be covered until the last day of the month in which you terminate, or _____. Based on North Carolina State Law, you may elect to continue your coverage beyond that date for up to eighteen (18) months by completing the attached "Request for Continuation of Group Health Insurance" form, and paying the first month's premium. The full monthly cost for your coverage is \$ _____. Your premium payment (check or money order) should be made payable to "Diocese of Charlotte". Please send your premium payment **and** your "Request for Continuation of Group Health Insurance" form to:

Diocese of Charlotte Health Plan
1123 South Church Street
Charlotte, NC 28203

Your first month's premium and the "Request for Continuation of Group Health Insurance" form must be returned to The Diocese of Charlotte NO LATER THAN 60 days after your insurance ends. Thereafter, to continue your coverage, you must pay your premium prior to the beginning of each month. If your premium is not received at the Diocese by **the 25th of the month prior to coverage**, YOUR COVERAGE WILL AUTOMATICALLY BE TERMINATED. COVERAGE TERMINATED FOR NON-PAYMENT OF PREMIUM CANNOT BE REINSTATED.

Your current life insurance coverage will expire _____. You may convert all or part of your life insurance to an individual policy once your employment has ended. To do so, you should contact the Human Resources Department for an application. The application must be received by The Hartford within thirty-one days after your coverage ends. For more information you may also call The Hartford Conversion Unit directly at 1-877-320-0484.

Diocesan employees who have been employed for five or more years are vested in the Diocese of Charlotte Lay Retirement Plan and are eligible for retirement benefits. Please contact the Human Resources Department at the number listed below for more information about the plan.

If you are enrolled in the Tax Sheltered Annuity (403B) Plan, you should contact **MetLife** directly at 1-800-543-2520. Your Account Executive can explain your options in regard to your TSA account.

If you have been enrolled in the Flex-Spending Account (FSA) Plan please be advised that your card is deactivated after your termination date. You have 90 days after your termination date to file claims for expenses incurred prior to your termination only, and claims must be filed by mail using the claim form. You may contact the MyEnroll Customer Service at 1-800-945-5513 for information on filing claims. After June 29, 2017 contact Discovery Benefits, Benefit Participant Services, 1-866-451-3399.

If you have purchased a Short-Term Disability policy with Colonial Life Insurance, or a Long Term Care policy with LifeSecure, your policy is portable. For more information about your coverage you may contact the Colonial Life agent, Uni Smith, at 704-577-8050, or uni.smith@coloniallife.com; or the Group Benefit Solutions - Carolina Insurance Market at 704-987-7979 regarding your LifeSecure policy.