

Special Retirement Plan

In this section...

- Special Retirement Plan description
- How much you can contribute
- How it works
- Investment options

How Much Money Can I Contribute?

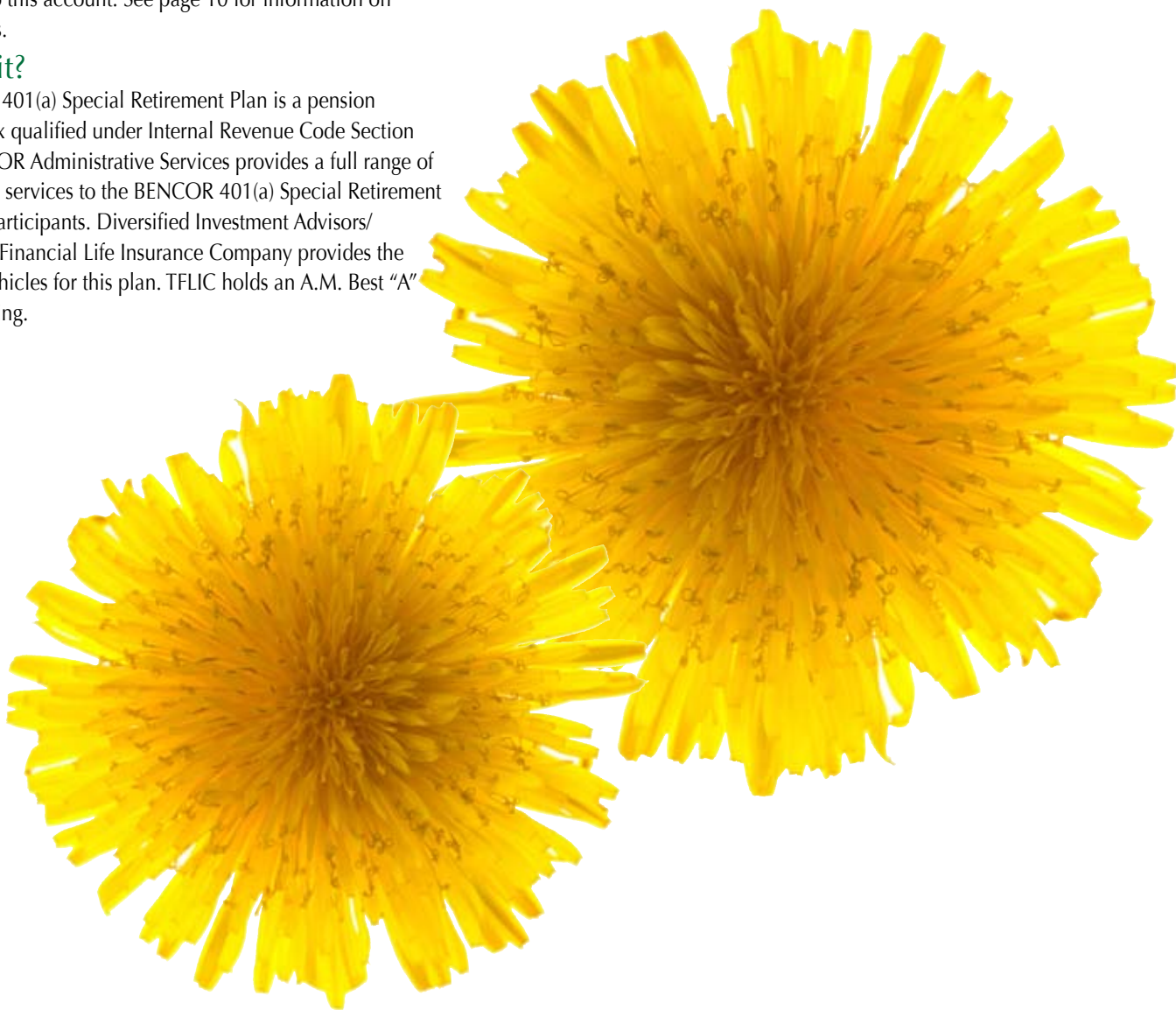
The District will contribute 100 percent of the value of your 401(a) Dollars into this plan. Unfortunately, no other dollars can be used to fund this 401(a) Special Retirement Plan.

Plan Provider: BENCOR

A 401(a) Special Retirement Plan is a benefit option you have as you create your benefits package. Only 401(a) Dollars can be deposited into this account. See page 10 for information on 401(a) Dollars.

What is it?

The BENCOR 401(a) Special Retirement Plan is a pension plan that is tax qualified under Internal Revenue Code Section 401(a). BENCOR Administrative Services provides a full range of administrative services to the BENCOR 401(a) Special Retirement Plan and its participants. Diversified Investment Advisors/ Transamerica Financial Life Insurance Company provides the investment vehicles for this plan. TFLIC holds an A.M. Best "A" (Excellent) rating.



Special Retirement Plan

How Does it Work?

If you elected to participate in this tax-advantaged plan, the District will make monthly contributions on your behalf. All contributions to the BENCOR Plan are made on a pre-tax basis. You will never pay Social Security or Medicare taxes on plan contributions. Income taxes are deferred until withdrawals are made.

Contributions are allocated to an individual account in your name and initially deposited in a guaranteed or fixed account. You will be able to direct how the money is invested from a menu of 17 different funds with a wide range of investment objectives. You also have the ability to change the investment choices. You may change your investment options online at www.bencorplans.com.

When you retire or otherwise terminate employment with the District, your accumulated account balance may remain in the Plan or be distributed to you in a lump sum cash payment or transferred to an IRA or another retirement plan. You pay income taxes only when you receive a cash distribution. No taxes are imposed when the contributions are made or on any earnings until they are actually paid to you. Thus, the BENCOR Plan offers you an excellent tax deferral opportunity.

Please review the investment options listed. After reviewing this information, please return your completed Investment Election Form/Beneficiary Form to Bencor's office at the address listed below.

BENCOR ADMINISTRATIVE SERVICES

8488 Shepherd Farm Drive, West Chester, OH 45069

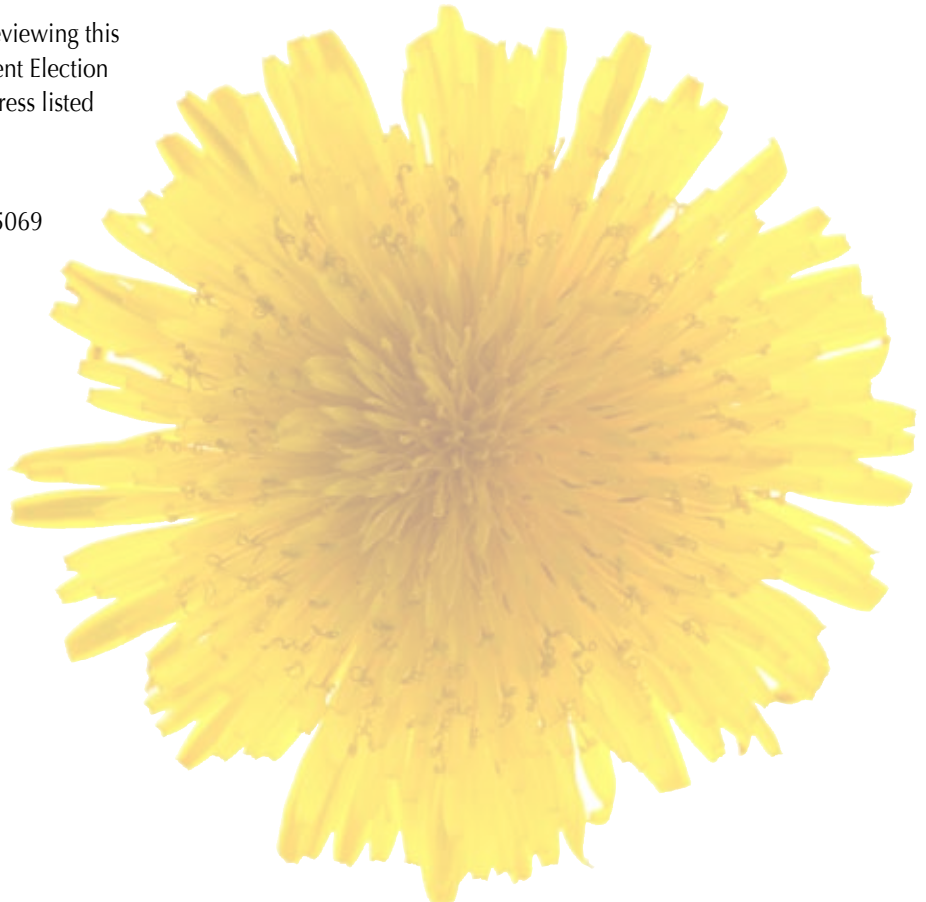
TOLL-FREE: 1-888-258-3422

FAX: (513)671-0651

Web site: www.bencorplans.com

Enrollment

During the enrollment process you must complete the 401(a) Special Retirement Plan enrollment form and return it to BENCOR. BENCOR will send you statements semi-annually.



Special Retirement Plan

Investment Options

Diversified Investment Advisors is a national investment advisory firm specializing in retirement plans. The company's expertise covers the entire spectrum of defined contribution and defined benefit plans. Headquartered in Purchase, NY, Diversified helps more than 1.5 million participants save and invest wisely through retirement.

TFLIC Guaranteed Pooled Fund¹ seeks to provide maximum yield consistent with a guarantee of principal and interest. The portfolio is a guaranteed separate account of Transamerica Financial Life Insurance Company (TFLIC) that invests in a diverse pool of high quality fixed-income instruments and is offered through a group annuity contract. TFLIC has been rated A by A.M. Best. **Advisor:** Galliard Capital Management.

Transamerica Partners Total Return Bond^{2,3} invests in US Government, asset-backed and mortgage-backed securities, corporate securities, and on an opportunistic basis, convertible, high yield and international fixed income securities. **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** Western Asset Management Company.

Transamerica Partners High Yield Bond⁴ invests in high yield fixed income securities, rated BB or lower (by Moody's and Standard & Poor's rating agencies). **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** Eaton Vance Management.

Transamerica Partners Value⁵ invests in a diversified portfolio of common stocks selling at reasonable valuations relative to their future projected earnings. **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** Hotchkis and Wiley Capital Management.

Transamerica Partners Stock Index⁵ seeks to match the returns and volatility (risk) of the S&P 500 Equity Index. **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** Barclays Global Fund Advisors.

Transamerica Partners Large Core⁵ (formerly Growth & Income) invests in a diversified portfolio of stocks which have the potential to generate long-term capital appreciation and current dividend income. **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** BlackRock Financial Management, Inc. and Aronson+Johnson+Ortiz, LP.

Transamerica Partners Large Growth⁵ (formerly Equity Growth) invests in a diversified portfolio of common stocks with the potential for above-average growth in earnings. **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** Marsico Capital Management, LLC, Wellington Management Co., and OFI Institutional Asset Management, Inc.

More Options - next page

There is no guarantee that a fund will meet its investment objective. All registered funds are available by prospectus only. The prospectus contains additional information about the funds, including the investment objectives, risks, charges and other expenses. For a prospectus on any of the options listed call 1-888-258-3422. You should consider all such information carefully before investing. Please read the prospectus carefully before you make your investment choices.

1 The Guaranteed Pooled Fund is a pooled separate account offered through Transamerica Financial Life Insurance Company (TFLIC), 4 Manhattanville Road, Purchase, NY 10577, which provides the guarantee of principal and interest.

2 Any US Government guarantees of the securities held in this investment fund only pertain to those securities and not the Fund or its yield.

3 Bonds and bond funds are subject to interest rate risk, credit risk and inflation risk. Interest rate risk means that the value of bonds and bond funds generally falls when interest rates rise, causing an investor to lose money upon sale or redemption.

4 Lower rated high yield corporate debt securities represent a much greater risk of default and tend to be more volatile than higher rated or investment grade bonds.

5 Equity funds invest in equity securities, which include common stock, preferred stock and convertible securities. Because such securities represent ownership in a corporation, they tend to be more volatile than fixed income or debt securities, which do not represent ownership.

Special Retirement Plan

Investment Options

Transamerica Partners Mid Value^{6,8} invests in a diversified portfolio of medium size value-oriented companies. **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** Cramer Rosenthal McGlynn, LLC, LSV Asset Management, and RiverSource Investments, LLC.

Transamerica Partners Mid Growth^{6,7} invests in a diversified portfolio of medium size, growth-oriented companies. **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** Columbus Circle Investors.

Transamerica Partners Small Value^{6,8} invests in a diversified portfolio of small, high-quality companies selling at large discounts to the underlying value of the business. **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** Mesirow Financial Investment Management, Inc. and OFI Institutional Asset Management, Inc.

Transamerica Partners Small Growth^{6,7} invests in a diversified portfolio of small, growth-oriented or emerging growth companies that are believed to offer above average opportunities for long-term price appreciation. **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** Perimeter Capital Management.

Transamerica Partners International Equity⁹ invests primarily in the stock markets of the United Kingdom, continental Europe, Japan, Canada, and Australia. **Advisor:** Transamerica Asset Management, Inc. **Subadvisor(s):** Thornburg Investment Management.

Transamerica Asset Allocation-Short¹⁰ seeks to attain its objective by investing in an array of Transamerica Partners' Funds. The primary emphasis is on fixed income funds with limited exposure to equity funds. **Advisor:** Transamerica Asset Management, Inc.

Transamerica Asset Allocation-Short/Intermediate¹⁰ seeks to provide consistent returns with reduced volatility by investing in an array of Transamerica Partners' Funds. The portfolio invests in a combination of both fixed income and equity funds, maintaining limited exposure to the equity funds. **Advisor:** Transamerica Asset Management, Inc.

Transamerica Asset Allocation-Intermediate¹⁰ seeks to provide greater potential for long-term return at moderate risk levels by investing in an array of Transamerica Partners' Funds. The portfolio invests in a combination of both fixed income and equity funds, maintaining approximately equal exposure to both asset classes. **Advisor:** Transamerica Asset Management, Inc.

Transamerica Asset Allocation-Intermediate/Long¹⁰ seeks to provide greater opportunity for long-term return at higher risk levels by investing in an array of Transamerica Partners' Funds. The portfolio invests in a combination of equity and fixed income funds, with the greater emphasis on equity funds. **Advisor:** Transamerica Asset Management, Inc.

Transamerica Asset Allocation-Long Strategic Allocation Fund¹⁰ seeks to attain its objective by investing in an array of Transamerica Partners' Funds with an emphasis on equity funds. The Fund has limited exposure to a variety of fixed income funds. **Advisor:** Transamerica Asset Management, Inc.

⁶ The securities of small and medium-sized companies, because of the issuers' lower market capitalization, may be more volatile than those of large companies.

⁷ Growth stocks tend to be more volatile than stocks that have below market valuations.

⁸ Value-based investments are subject to the risk that the broad market may not recognize their intrinsic values.

⁹ Foreign securities and markets pose different and possibly greater risks than those customarily associated with domestic securities, including currency fluctuations and political instability.

¹⁰ The Transamerica Asset Allocation Funds invest in combinations of the funds of the Transamerica Partners Funds Group, as determined by Transamerica Asset Management, Inc. ("TAM") based on each Fund's investment objective. The Asset Allocation Funds bear investment management fees in addition to the investment management fees and expenses of the underlying funds in which they invest.

Diversified Investors Securities Corp. (DISC), 4 Manhattanville Road, Purchase, NY 10577, distributes securities products. Any fund offered under the plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other brokerdealers with effective selling agreements such as DISC. If the Transamerica Funds, Transamerica Partners Funds, or Transamerica Premier Funds (collectively, the Transamerica Funds) are offered under the plan, the Transamerica funds are distributed by Transamerica Capital, Inc. (TCI) and are advised by Transamerica Asset Management (TAM). The Guaranteed Pooled Fund is made available under a group annuity contract issued by Transamerica Financial Life Insurance Company (TFLIC), 4 Manhattanville Road, Purchase, NY 10577. Diversified, TAM, TCI, TFLIC and DISC are affiliated companies, but are not affiliated with BENCOR, Galliard nor any of the sub-advisors.



BENCOR National Government Employees Retirement Plan Enrollment Form

Special Retirement Plan

GENERAL INFORMATION

Employer: The School District of Palm Beach County
 Worksite Location: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Participant Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 SS#: _____ Date of Birth: _____
 Telephone #: _____

BENEFICIARY DESIGNATION

Participant Primary Beneficiary: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 SS#: _____ Date of Birth: _____
 Relationship: _____
 % Share: _____
Participant Contingent Beneficiary: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 SS#: _____ Date of Birth: _____
 Relationship: _____
 % Share: _____
Participant Contingent Beneficiary: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 SS#: _____ Date of Birth: _____
 Relationship: _____
 % Share: _____

Married Participant
 I understand that I must select my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please contact BENCOR Administrative Services for a Spousal Consent form if naming a Primary Beneficiary other than your spouse.)

Unmarried Participant
 I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform BENCOR of any change in my marital status.

I understand that if I outlive my Primary Beneficiary, benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). (If additional space is required, please attach a separate page providing all designation information and the percentage share for each.)

Signature _____ Date _____

INVESTMENT ELECTION

Please ensure that the investment instructions provided below are accurate. We will be relying on your instructions to allocate your contributions. Please note that investment allocation percentages must total 100%.

All funds are deposited into the Guaranteed Pooled Fund unless you select other investment options below.

The investment allocation indicated below is for :
 Current Investments
 Future Investments
 Both Current & Future Investments

Withdrawals due to Employer-initiated events may be subject to restrictions and/or adjustments.

Stable Value Fund

_____ % TFLIC Guaranteed Pooled Fund

Stock Funds

_____ % Transamerica Partners Value Fund
 _____ % Transamerica Partners Stock Index Fund
 _____ % Transamerica Partners Large Core
 _____ % Transamerica Partners Large Growth Fund
 _____ % Transamerica Partners Mid Value Fund
 _____ % Transamerica Partners Mid Growth Fund
 _____ % Transamerica Partners Small Value Fund
 _____ % Transamerica Partners Small Growth Fund
 _____ % Transamerica Partners International Equity Fund

Multi-Asset Funds

_____ % Transamerica Asset Allocation-Short Horizon Fund
 _____ % Transamerica Asset Allocation Short/Intermediate Fund
 _____ % Transamerica Asset Allocation-Intermediate Horizon
 _____ % Transamerica Asset Allocation-Intermed/Long Horizon
 _____ % Transamerica Asset Allocation-Long Horizon

Bond Funds

_____ % Transamerica Partners Total Return Bond
 _____ % Transamerica Partners High Yield Bond

100 % Total

Please return completed form to:

BENCOR Administrative Services, Inc.
8488 Shepherd Farm Drive
West Chester, Ohio 45069

For a prospectus on any of the options listed above or for customer service call 1-888-258-3422.

Information

FRAUD WARNING

In some states, we are required to advise you of the following:

Florida Residents Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable to everyone, except Florida, New York, Oregon and Virginia Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime, and subjects such person to criminal and substantial civil penalties.

Special Retirement Plan

Annualized Rates of Return for Period Ending June 30, 2009

The performance figures represent past performance. Past performance does not guarantee future results. The investment return and principal value of an investment will fluctuate so that investor's shares, when redeemed, may be worth more or less than their original cost. Current performance may be lower or higher than the performance data quoted. Visit www.bencorplans.com to obtain performance data current to the most recent month-end and quarter-end.

— FUND —	1 YEAR	3 YEARS	5 YEARS	10 YEARS/ INCEPTION	INCEPTION DATE
STOCK FUNDS					
Transamerica Partners Value ^{1,2}	-25.51%	-15.25%	N/A	-10.10%	June 05
Transamerica Partners Stock Index Fund ¹	-26.63%	-8.74%	-2.82%	-2.85%	April 99
Transamerica Partners Large Core ¹	-28.14%	-10.31%	-3.49%	-4.78%	July 94
Transamerica Partners Large Growth ^{1,3}	-27.13%	-8.09%	-3.21%	-4.04%	July 94
Transamerica Partners Mid Value ^{4,2}	-26.04%	-9.36%	-0.38%	4.32%	Aug 01
Transamerica Partners Mid Growth ^{4,3}	-37.47%	-8.26%	-1.18%	-0.45%	Sep 01
Transamerica Partners Small Value ^{5,2}	-22.84%	-12.67%	-6.14%	0.02%	July 02
Transamerica Partners Small Growth ^{5,3}	-21.42%	-7.36%	-2.87%	3.78%	Aug 02
Transamerica Partners International Equity ⁶	-38.57%	-12.50%	-1.43%	-0.53%	Jan 96
MULTI-ASSET FUNDS					
Transamerica Asset Allocation - Short Horizon ⁹	-2.36%	2.17%	2.63%	3.59%	Jul 96
Transamerica Asset Allocation - Short/Intermediate Horizon ⁹	-9.66%	-0.96%	1.25%	2.37%	May 98
Transamerica Asset Allocation - Intermediate Horizon ⁹	-16.21%	-3.78%	-0.04%	1.13%	Jul 96
Transamerica Asset Allocation - Intermediate/Long Horizon ⁹	-22.87%	-6.94%	-1.52%	-0.12%	Jul 96
Transamerica Asset Allocation - Long Horizon ⁹	-29.08%	-10.11%	-3.07%	-2.06%	May 98
BOND FUNDS					
Transamerica Partners Total Return Bond ^{7,8}	0.46%	1.86%	N/A	1.17%	June 05
Transamerica Partners High Yield Bond ^{8,11}	-7.61%	-0.26%	2.91%	4.25%	Jan 96
STABLE FUND					
TFLIC Guaranteed Pooled ¹²	The minimum guaranteed interest rate for calendar year 2009 is 3.85%				

1 Equity funds invest in equity securities, which include common stock, preferred stock and convertible securities. Because such securities represent ownership in a corporation, they tend to be more volatile than fixed income or debt securities, which do not represent ownership.

2 Value-based investments are subject to the risk that the broad market may not recognize their intrinsic values.

3 Growth stocks tend to be more volatile than stocks that have below market valuations.

4 The securities of medium-sized companies, because of the issuers' lower market capitalization, may be more volatile than those of large companies.

5 The securities of small-sized companies, because of the issuers' lower market capitalizations, may be more volatile than those of large or medium-sized companies.

6 Foreign securities and markets pose different and possibly greater risks than those customarily associated with domestic securities, including currency fluctuations and political instability.

7 Any US Government guarantees of the securities held in this investment fund only pertain to those securities and not the Fund or its yield.

8 Bonds and bond funds are subject to interest rate risk, credit risk and inflation risk. Interest rate risk means that the value of bonds and bond funds generally falls when interest rates rise, causing an investor to lose money upon sale or redemption.

9 Asset allocation funds are subject to the risks of the underlying funds in which they invest. To the extent the fund invests more of its assets in stock investments, and in particular, small-cap stocks and/or foreign stocks, it will be subject to greater risk than a fund investing more of its assets in bond funds. The Asset Allocation Funds bear investment management fees in addition to the investment management fees and expenses of the underlying funds in which they invest.

10 Market values of inflation-protected securities can be affected by changes in the market's inflation expectations or changes in real rates of interest.

11 Lower rated high yield corporate debt securities represent a much greater risk of default and tend to be more volatile than higher rated or investment grade bonds.

12 The Guaranteed Pooled Fund is a pooled separate account offered through Transamerica Financial Life Insurance Company (TFLIC), 4 Manhattanville Road, Purchase, NY 10577, which provides the guarantee of principal and interest. TFLIC's claims paying ratings are: Standard & Poor's: AA: (Very Strong); Moody's: A1: (Good); A.M. Best: A: (Excellent)

3 Mortgage-backed securities are subject to prepayment risk and may be sensitive to changes in prevailing interest rates.

Certain performance data for such funds are provided by independent firms that track the investment industry (such as Lipper, Inc.), or from the fund family itself. Although data are gathered from sources believed to be reliable, neither the independent tracking firms nor Diversified can guarantee the completeness, accuracy, timeliness or reliability of the data. All data are historical and subject to change at any time. Independent tracking firms may use different methodologies for providing mutual fund performance information. The independent tracking firms reserve all rights in their respective proprietary data.

Diversified's presentation of performance information for the non-Transamerica Partners funds, if any, is for informational purposes only and should not be construed as an endorsement or recommendation by Diversified nor be the basis of any investment decision. Depending on the particular non-Transamerica Partners, Diversified or its affiliate may receive remuneration from the fund family (or its service provider) for providing certain recordkeeping or other administrative services.

The Transamerica Asset Allocation Funds invest in combinations of the funds of the Transamerica Partners Funds Group, as determined by Transamerica Asset Management, Inc. ("TAM") based on each Fund's investment objective. The Asset Allocation Funds bear investment management fees in addition to the investment management fees and expenses of the underlying funds in which they invest.

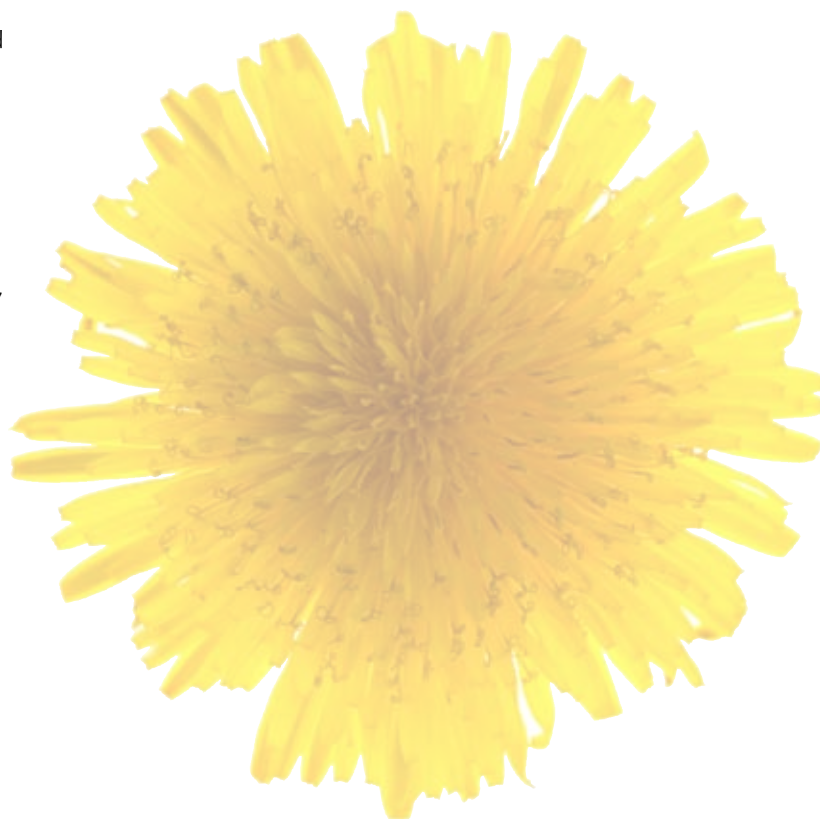
Special Retirement Plan

All registered investment funds are available by prospectus only. A prospectus may be obtained by contacting 1-888-258-3422. The prospectus contains additional information about the funds, including the investment objectives, risks, charges, and other expenses. You should consider all such information carefully before investing. Please read the prospectus carefully before you make your investment choices.

Diversified Investors Securities Corp. (DISC), 4 Manhattanville Road, Purchase, NY 10577, distributes securities products. Any fund offered under the plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other broker-dealers with effective selling agreements such as DISC. If the Transamerica Funds, Transamerica Partners Funds, or Transamerica Premier Funds (collectively, the Transamerica Funds) are offered under the plan, the Transamerica funds are distributed by Transamerica Capital, Inc. (TCI) and are advised by Transamerica Asset Management (TAM). If any stable, fixed or guaranteed funds are offered under the plan by Diversified, these funds are made available under a group annuity contract issued by Transamerica Financial Life Insurance Company (TFLIC), 4 Manhattanville Road, Purchase, NY 10577. Diversified, TAM, TCI, TFLIC and DISC are affiliated companies, but are not affiliated with BENCOR.

The total rates of return for the Funds are calculated in accordance with SEC regulations for performance advertising. Performance reflects historical investment results (including changes in share price and reinvestment of dividends and capital gains) less charges and deductions of The Diversified Funds Group (including those of the underlying Core Funds). Returns are annualized. For certain funds, certain fees may have been waived or expenses advanced during the periods shown. Without such waivers or advance of expenses, the total returns shown would have been lower. Additionally, the employer's retirement plan may also assess an administrative fee, which would reduce the performance data quoted.

Each of the funds of the Transamerica Partners Funds Group (other than the Stock Index Fund) is available through a Core Fund & Feeder structure, under which each such 'Feeder' fund invests in a 'Core Fund' with a corresponding investment objective. The Feeder funds are separate series of a registered investment management company. The Core Funds are registered investment management companies. For Funds showing inception dates prior to 1996 (other than the High Yield Bond Fund), the underlying Core Funds were established on January 3, 1994 (except the International Equity Core Fund which was established in October of 1995) when corresponding pooled separate accounts of MONY Life Insurance Company (formerly, The Mutual Life Insurance Company Of New York) (the "predecessor pooled separate account(s)") with corresponding investment objectives, policies and restrictions contributed all of their assets to such investment management companies. These investment management companies thereupon became available for investment by certain institutional investors, including mutual funds. All other Core Funds were established on the inception dates shown and do not have predecessor pooled separate accounts. Fund returns for the periods prior to the commencement of operations are hypothetical and are based on the historical data from the Core Funds and, if applicable, the predecessor pooled separate accounts. The predecessor pooled separate accounts were not registered under the Investment Company Act of 1940 and, therefore, were not subject to certain investment restrictions imposed by that Act. If the predecessor pooled separate accounts had been registered under the Act, performance might have been adversely affected. Stock Index Fund returns for periods prior to the commencement of operations are hypothetical and are based on the historical data from the S&P 500 Index Master Investment Portfolio, established on August 31, 1993. Other classes of shares, with different fee structures, may be available from the Funds depending on the retirement plan investor status. Transamerica Asset Management, Inc. ("TAM") is the investment advisor to each of the Core Funds and has the ability to appoint sub-advisors to manage the portfolio of each Core Fund.



Did you read about...

- How the plan works?
- How much you can contribute?
- Investment options?

Disability Income Protection

Post-tax Benefits

In this section...

- Eligibility
- Plan provisions
- Short and Long-Term options
- Additional benefits

Plan Provider: Hartford Life and Accident Insurance Company

Your greatest asset is your ability to earn a living. What if you lost your ability to work? You may be eligible to replace a portion of your income if you become disabled due to a covered accident or illness.

You may select the Short Term Disability plan (STD) or Long Term Disability plan (LTD), or both. These benefits work in conjunction with and not in addition to sick leave. Premiums are based on your age and salary and will be updated as your salary changes. See your Enrollment Counselor to obtain rate information.

Eligibility

The Voluntary Disability Program is available to employees who:

- are actively at work
- work full time or at least 20 hours per week for all regular employees or 18.75 hours per week for those in the CTA bargaining group
- meet the eligibility requirements of the School District.

You may elect this coverage during the annual enrollment period or within the first 30 days of your employment date.

Earning/Salary Definition

For the purpose of disability premiums and benefit determinations, earnings or salary includes most year round supplements such as:

- degree supplements
- complexity level supplements
- shift differentials
- supervisory supplements and certifications
- other salary included in the Districts Multiple Components of Pay

Please refer to the disability plan document for further information.

Provisions Affecting Both Plans

Elimination Period – The time between the start of the disability and the date the benefit payments begin. This will vary for each person in the Short Term Income Protection plan based on the plan that you choose.

Waiver of Premium – You do not pay premiums while benefits are payable. Premiums are waived beginning with the next premium due date following the completion of the elimination period (or when you are notified by Hartford Life and Accident Insurance Company's Claims Department).

Maternity Benefits – Disability caused by pregnancy is covered as any other sickness, and as with other sicknesses, is subject to both the pre-existing exclusion clause as well as the 7-day, 14-day, or 60-day elimination period during which no benefits are payable (Short-Term Disability only).

Integration – The benefits will be reduced by other sources of income the employee receives. Examples of other sources of income include: retirement benefits, Social Security and Workers Compensation. A more detailed explanation is available in the certificate issued to all participants.

Benefits for mental illness, alcoholism, or drug abuse –

Benefits are payable for a limited period. See your Certificate(s) of Coverage for details.



Disability Income Protection

About the Plan Provider

Hartford Life and Accident Insurance Company underwrites the Short Term and Long Term Disability plans. If you have any questions regarding these plans, please call Hartford Life and Accident Insurance Company at 1-800-741-4306 between 8:00 am and 8:00 pm ET, Monday through Friday.

A certificate of coverage for your Disability Income Protection Plan is available at www.palmbeach.k12.fl.us/risk.

Short-Term Disability Plan

The Short-Term Disability Plan is designed to offer temporary income protection. You have three options from which to choose. Each plan provides coverage for up to 26 weeks (unless otherwise stated in your policy). Commencement of benefit and benefit amount depends on which option you choose. Refer to the chart in this section to determine which option best fits your needs. The maximum benefit under this plan is \$2,500 per week per employee. An employee cannot collect sick pay and Short-term Disability benefits at the same time.

When Coverage Ends

Coverage ends on the earliest of:

- The last day of the month during which the policy terminates
- The last day of the month during which the policy no longer insures your class
- The last day of the month during which the premium payment is due but not paid
- The last day of the period for which you make any required premium payment
- The last day of the month during which your employer terminates your employment
- The last day of the month during which you cease to be an active employee in an eligible class for any reason

unless continued in accordance with any of the Continuation Provisions.

Important: Your premium and any benefit will be based on your salary, which includes: (1) degree supplements; (2) other supplements; (3) complexity level supplements, etc. Your salary is annualized then divided by 52 to determine your weekly salary.

Pre-existing Limitation – The Short Term Disability plan contains a pre-existing condition limitation which will pay benefits for any disability that results from or is caused or contributed to by a pre-existing condition for four weeks, unless at the time you became disabled:

- You have not received medical care for the condition for 6 months while insured under the policy or
- You have been continuously insured under the policy for 12 months

Pre-existing condition means any injury, sickness, mental illness, pregnancy or episode of substance abuse for which you received medical care including consultation, medical advice, recommendation or prescriptions or treatment during the 6 month period prior to your effective date of coverage or change in coverage.

OPTION	Benefit Amount	Benefit Begins	
	% OF WEEKLY INCOME	ACCIDENT	SICKNESS
A	66 2/3%	1st day*	8th day*
B	60%	15th day*	15th day*
C	60%	61st day*	61st day*

*Except as otherwise stated in your policy.

What's Not Covered

The policy does not cover and no benefit will be paid for any disability:

- Unless you are under the regular care of a physician
- That is caused or contributed to by war or act of war, whether declared or not
- Caused by your commission of or attempt to commit a felony
- Caused or contributed to by an intentionally self-inflicted injury
- For which Workers' Compensation benefits are paid or may be paid if claimed
- Sustained as a result of doing any work for pay or profit for another employer
- If you are receiving or are eligible for benefits for a disability under a prior disability plan that was sponsored by your employer and was terminated before the effective date of the policy.

Disability Income Protection

When to Submit a Short Term Disability Claim

You should file your claim with The Hartford if you anticipate being disabled or are disabled and will be unable to work for a period of time that exceeds the elimination period you selected during enrollment.

How to Submit a Short Term Disability Claim

You may initiate your claim by calling The Hartford's toll-free telephonic claim intake number at 1-800-741-4306 and report your claim. You will not need to submit a paper claim form as The Hartford clinical intake specialist will take your information by phone. However, it will be your responsibility to provide an authorization form to your physician to be signed/dated and faxed or mailed to The Hartford. This allows The Hartford to access your medical information in order to process your claim.

Long-Term Disability Plan

The Long-Term Disability Plan is designed to offer financial security for you and your family. Features include:

- a benefit amount of up to 60 percent of your pre-disability monthly salary
- a 180-day elimination period
- a minimum monthly benefit of the greater of \$100 or 10% of the benefit based on monthly income loss before the deduction of other income benefits
- a maximum monthly benefit amount of \$12,500.

How Long are Benefits Payable?

Age at Disability	Benefit Duration
Prior to Age 63	To Normal Retirement Age (NRA) or 42 months if greater
63	To NRA or 36 months if greater
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 & over	12 months

What is the Definition of Disability?

Disability or Disabled means you are prevented from performing one or more of the essential duties of your occupation during the elimination period and your occupation for the 5 year period following the elimination period, and as a result, your current monthly earnings are less than 80% of your indexed pre-disability earnings. After the 5 year period, disability means you are prevented from performing one or more of the essential duties of any occupation for which you are qualified by education, training or experience and that has an earnings potential greater than the lesser of the product of your indexed pre-disability earnings and the benefit percentage or the maximum monthly benefit.

If at the end of your elimination period, you are prevented from performing one or more of the essential duties of your occupation, but your current monthly earnings are greater than 80% of your pre-disability earnings, your elimination period will be extended for a total period of 12 months from the original date of disability, or until such time as your current monthly earnings are less than 80% of your pre-disability earnings, whichever occurs first.

What's Not Covered

The policy does not cover and no benefit will be paid for any disability:

- Unless you are under the regular care of a physician
- That is caused or contributed to by war or act of war, whether declared or not
- Caused by your commission of or attempt to commit a felony
- Caused or contributed to by your being engaged in an illegal occupation
- Caused or contributed to by an intentionally self inflicted injury
- If you are receiving or are eligible for benefits for a disability under a prior disability plan that was sponsored by your employer and was terminated before the effective date of the policy.



Disability Income Protection

When Coverage Ends

Coverage ends on the earliest of:

- The last day of the month during which the policy terminates
- The last day of the month during which the policy no longer insures your class
- The last day of the month during which the premium payment is due but not paid
- The last day of the period for which you make any required premium payment
- The last day of the month during which your employer terminates your employment
- The last day of the month during which you cease to be a active employee in an eligible class for any reason

unless continued in accordance with any of the Continuation Provisions.

Pre-existing Condition – The Long-Term Disability Plan contains a pre-existing disability condition limitation which will not pay benefits, or any increase in benefits, for any disability that results from or is caused or contributed to by a pre-existing condition, unless at the time you became disabled:

- You have not received medical care for the condition for 6 months while insured under the policy or
- You have been continuously insured under the policy for 12 months

Pre-existing condition means any injury, sickness, mental illness, pregnancy or episode of substance abuse for which you received medical care including consultation, medical advice, recommendation or prescriptions or treatment during the 6 month period prior to your effective date of coverage or change in coverage.

Recurrent Disability – A recurrent disability is a disability that is related to, or due to the same cause or causes of a prior disability for which a monthly benefit was paid. A recurrent disability will be treated as part of the prior disability and you will not have to complete another elimination period if, after receiving disability benefits under the plan, an employee returns to work on a full-time basis for less than six months and performs all of the duties of the employee's own occupation. Benefit payments will be subject to the terms of the plan for the prior disability.

When to Submit a Long Term Disability Claim

If you have enrolled for Short –Term Disability, the transition process to Long-Term Disability is automated – you do not need to file a separate Long-Term Disability claim form.

If you have not enrolled in the Short-Term Disability plan and have enrolled in the Long-Term Disability plan only, you should file your claim with The Hartford half-way through your LTD elimination period.

How to Submit a Long-Term Disability Claim

If you have enrolled for Short-Term Disability, the transition process to Long-Term Disability is automated by The Hartford's claim system. A separate Long-Term Disability claim form is not needed. However, a claimant questionnaire is sent to you that requests information about other income/offset information, past work experience/education and medical providers. The Hartford may also obtain additional information from the employer.

If you did not enroll in the Short-Term Disability plan and have enrolled in the Long-Term Disability plan only, a paper claim will need to be filed with The Hartford for consideration for LTD benefits. You can obtain the Application for Long-Term Disability Income Benefits form via your Employer's website. The application gives instructions on the submission process.

What Benefits are Included in Long-Term Disability?

If you become disabled, the following benefits can help until you get back to full-time work.

Work Incentive Benefit – This benefit offers an effective incentive if you are disabled and return to work. You may receive your full disability benefit during the first 12 months after returning, as long as your benefit and earnings are not more than 100 percent of pre-disability earnings.

Rehabilitation and Return to Work Assistance – The Hartford vocational rehabilitation experts provide qualified employees with formalized assessment and planning as well as financial support to help you return to productive, independent lifestyles.

Worksite Modification Benefit – The Hartford helps your employer make the worksite accommodations necessary to enable employees to return to work. This benefit reimburses your employer up to the amount equal to the amount of the maximum monthly benefit for worksite modifications for each employee.

Disability Income Protection

Family Care Credit Benefit – When you are disabled and incurring child care expenses for your dependent child(ren) and participating continuously in the Rehabilitation and Return to Work Assistance program, The Hartford will, for the purpose of calculating your benefit, deduct the cost of family care from earnings received from work as part of a program of Rehabilitation, subject to limitations. The reimbursement payment will begin immediately after you start the Rehabilitation and Return to Work Program. The child must be under 13 years of age or incapable of providing their own care on a daily basis due to their own physical handicap or mental retardation.

Survivor Income Benefit – If you were receiving a monthly disability benefit at the time of your death, The Hartford will pay your eligible survivor a lump sum benefit equal to three months of your gross disability payment.

Ability Assist – Ability Assist helps you deal with life's challenges after a disability. The services available include:

- Easy access to professionals – toll-free, 24/7
- Up to five face-to-face sessions per year
- Financial and legal consultation
- Trusted online resources and tools

The Hartford offers the professional support of Ability Assist to you at no additional cost if you have enrolled in the Long-Term Disability plan. You and your family, including spouse and dependents, can use these services for up to two years after The Hartford has approved your LTD claim. You will be notified how to access these services at the time your LTD claim is approved.

Additional Benefits Included with the STD & LTD Plans

Employee Travel Assistance Program – Just one phone call gives employees and their families 24-hour access to a network of emergency medical and legal resources any time they travel more than 100 miles from home. The toll-free number to access these services is 1-800-243-6108.

The Hartford's Travel Assistance Program is provided by Europ Assistance, the world's leading assistance network. The program provides three kinds of services for your business or vacation travel - Pre Trip Information, Emergency Medical Assistance, and Emergency Personal Services subject to terms and conditions of the policy. All the travel services are simple to take advantage of from start to finish.

Pre Trip Planning includes:

- Visa, Passport, inoculation and Immunization Requirements
- International "Hot Spots"

- Travel Advisories
- Foreign Exchange Rates
- Embassy and Consular Referrals

Emergency Medical Assistance includes:

- Medical Referrals, Medical Monitoring, and Medical Evacuation
- Repatriation
- Traveling Companion and Dependent Children Assistance
- Emergency Medical Payments
- Return of Mortal Remains
- Replacement of Medication and Eyeglasses

Emergency Personal Services includes:

- Sending and Receiving Emergency Messages
- Emergency Travel Arrangements
- Emergency Cash
- Locating Lost Items
- Legal Assistance
- Bail Advancement
- Translation

Note: These product descriptions do not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusion of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies.

Certificate(s) of Coverage for your insurance benefits are available to you online throughout the year. A hard copy of these certificates will not be mailed to you automatically. Your Certificate(s) of Coverage are document(s) issued by the insurance company for benefits registered with the State of Florida. These documents are available for the benefits you selected during Annual Enrollment or as a new employee.

To view or print a copy of a Certificate of Coverage, log on to www.palmbeach.k12.fl.us/risk.

Disability Income Protection

24 Payroll Deductions Per Year
For Employees Receiving 26 Pay Checks Per Year

SHORT TERM DISABILITY															
Sample Payroll Deductions & Benefits - 2010 Rates															
Based on Bi-Monthly Payroll with 24 Payroll Deductions Per Year															
Annual Salary	PLAN A					PLAN B					PLAN C				
	Weekly Benefit Amount	EMPLOYEE'S AGE				Weekly Benefit Amount	EMPLOYEE'S AGE				Weekly Benefit Amount	EMPLOYEE'S AGE			
		54 & Under	55 - 59	60 - 64	65 & Over		54 & Under	55 - 59	60 - 64	65 & Over		54 & Under	55 - 59	60 - 64	65 & Over
\$20,000	\$256	\$7.42	\$9.75	\$11.17	\$13.58	\$231	\$5.08	\$6.67	\$7.58	\$9.33	\$231	\$4.00	\$5.33	\$6.08	\$7.42
25,000	321	\$9.27	\$12.19	\$13.96	\$16.98	289	\$6.35	\$8.33	\$9.48	\$11.67	289	\$5.00	\$6.67	\$7.60	\$9.27
30,000	385	\$11.13	\$14.63	\$16.75	\$20.38	346	\$7.63	\$10.00	\$11.38	\$14.00	346	\$6.00	\$8.00	\$9.13	\$11.13
35,000	449	\$12.98	\$17.06	\$19.54	\$23.77	404	\$8.90	\$11.67	\$13.27	\$16.33	404	\$7.00	\$9.33	\$10.65	\$12.98
40,000	513	\$14.83	\$19.50	\$22.33	\$27.17	462	\$10.17	\$13.33	\$15.17	\$18.67	462	\$8.00	\$10.67	\$12.17	\$14.83
45,000	577	\$16.69	\$21.94	\$25.13	\$30.56	519	\$11.44	\$15.00	\$17.06	\$21.00	519	\$9.00	\$12.00	\$13.69	\$16.69
50,000	641	\$18.54	\$24.38	\$27.92	\$33.96	577	\$12.71	\$16.67	\$18.96	\$23.33	577	\$10.00	\$13.33	\$15.21	\$18.54
55,000	705	\$20.40	\$26.81	\$30.71	\$37.35	635	\$13.98	\$18.33	\$20.85	\$25.67	635	\$11.00	\$14.67	\$16.73	\$20.40
60,000	769	\$22.25	\$29.25	\$33.50	\$40.75	692	\$15.25	\$20.00	\$22.75	\$28.00	692	\$12.00	\$16.00	\$18.25	\$22.25
65,000	833	\$24.10	\$31.69	\$36.29	\$44.15	750	\$16.52	\$21.67	\$24.65	\$30.33	750	\$13.00	\$17.33	\$19.77	\$24.10
70,000	897	\$25.96	\$34.13	\$39.08	\$47.54	808	\$17.79	\$23.33	\$26.54	\$32.67	808	\$14.00	\$18.67	\$21.29	\$25.96
75,000	962	\$27.81	\$36.56	\$41.88	\$50.94	865	\$19.06	\$25.00	\$28.44	\$35.00	865	\$15.00	\$20.00	\$22.81	\$27.81
80,000	1,026	\$29.67	\$39.00	\$44.67	\$54.33	923	\$20.33	\$26.67	\$30.33	\$37.33	923	\$16.00	\$21.33	\$24.33	\$29.67

LONG TERM DISABILITY											
Sample Payroll Deductions & Benefits - 2010 Rates											
Based on Bi-Monthly Payroll with 24 Payroll Deductions Per Year											
Annual Salary	Monthly Benefit Amount	EMPLOYEE'S AGE									
		24 & Under	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 & Over	
\$20,000	\$1,000	\$0.67	\$0.92	\$1.42	\$2.25	\$3.17	\$4.25	\$5.83	\$6.83	\$7.17	
25,000	1,250	\$0.83	\$1.15	\$1.77	\$2.81	\$3.96	\$5.31	\$7.29	\$8.54	\$8.96	
30,000	1,500	\$1.00	\$1.38	\$2.13	\$3.38	\$4.75	\$6.38	\$8.75	\$10.25	\$10.75	
35,000	1,750	\$1.17	\$1.60	\$2.48	\$3.94	\$5.54	\$7.44	\$10.21	\$11.96	\$12.54	
40,000	2,000	\$1.33	\$1.83	\$2.83	\$4.50	\$6.33	\$8.50	\$11.67	\$13.67	\$14.33	
45,000	2,250	\$1.50	\$2.06	\$3.19	\$5.06	\$7.13	\$9.56	\$13.13	\$15.38	\$16.13	
50,000	2,500	\$1.67	\$2.29	\$3.54	\$5.63	\$7.92	\$10.63	\$14.58	\$17.08	\$17.92	
55,000	2,750	\$1.83	\$2.52	\$3.90	\$6.19	\$8.71	\$11.69	\$16.04	\$18.79	\$19.71	
60,000	3,000	\$2.00	\$2.75	\$4.25	\$6.75	\$9.50	\$12.75	\$17.50	\$20.50	\$21.50	
65,000	3,250	\$2.17	\$2.98	\$4.60	\$7.31	\$10.29	\$13.81	\$18.96	\$22.21	\$23.29	
70,000	3,500	\$2.33	\$3.21	\$4.96	\$7.88	\$11.08	\$14.88	\$20.42	\$23.92	\$25.08	
75,000	3,750	\$2.50	\$3.44	\$5.31	\$8.44	\$11.88	\$15.94	\$21.88	\$25.63	\$26.88	
80,000	4,000	\$2.67	\$3.67	\$5.67	\$9.00	\$12.67	\$17.00	\$23.33	\$27.33	\$28.67	

Disability Income Protection

24 Payroll Deductions Per Year
For Employees Receiving 26 Pay Checks Per Year

Voluntary Disability Program

How to Estimate Payroll Deduction – Based on **24** Payroll Deductions per year

	Short Term Disability	Long Term Disability
A. Enter Annual Salary	\$ _____	\$ _____
B. Divide by 100	\$ _____	\$ _____
C. Multiply by your appropriate rate below	\$ _____	\$ _____
D. Divide by 24 (number of payroll deductions/yr)	\$ _____	\$ _____

EXAMPLE:

	Short Term Disability	Long Term Disability
A. Enter Annual Salary	\$20,000.00	\$20,000.00
B. Divide by 100	\$200.00	\$200.00
C. Multiply by your appropriate rate below (\$.89)	\$178.00	\$16.00
D. Divide by 24	\$7.42	\$.67

Short Term Disability Rates

Employee's Age	Rates per \$100 of Covered Payroll		
	A	B	C
54 & Under	\$0.89	\$0.61	\$0.48
55 - 59	\$1.17	\$0.80	\$0.64
60 - 64	\$1.34	\$0.91	\$0.73
65 & Over	\$1.63	\$1.12	\$0.89

Long Term Disability Rates

Employee's Age	Rates per \$100 of Covered Payroll
24 & Under	\$0.08
25 - 29	\$0.11
30 - 34	\$0.17
35 - 39	\$0.27
40 - 44	\$0.38
45 - 49	\$0.51
50 - 54	\$0.70
55 - 59	\$0.82
60 & Over	\$0.86

Note: Rates effective January 1, 2010



Disability Income Protection

22 Payroll Deductions Per Year
For Employees Receiving 22 Pay Checks Per Year

SHORT TERM DISABILITY															
Sample Payroll Deductions & Benefits - 2010 Rates															
Based on Bi-Monthly Payroll with 22 Payroll Deductions Per Year															
Annual Salary	PLAN A					PLAN B					PLAN C				
	Weekly Benefit Amount	EMPLOYEE'S AGE				Weekly Benefit Amount	EMPLOYEE'S AGE				Weekly Benefit Amount	EMPLOYEE'S AGE			
		54 & Under	55 - 59	60 - 64	65 & Over		54 & Under	55 - 59	60 - 64	65 & Over		54 & Under	55 - 59	60 - 64	65 & Over
\$20,000	\$256	\$8.09	\$10.64	\$12.18	\$14.82	\$231	\$5.55	\$7.27	\$8.27	\$10.18	\$231	\$4.36	\$5.82	\$6.64	\$8.09
25,000	321	\$10.11	\$13.30	\$15.23	\$18.52	\$289	\$6.93	\$9.09	\$10.34	\$12.73	\$289	\$5.45	\$7.27	\$8.30	\$10.11
30,000	385	\$12.14	\$15.95	\$18.27	\$22.23	\$346	\$8.32	\$10.91	\$12.41	\$15.27	\$346	\$6.55	\$8.73	\$9.95	\$12.14
35,000	449	\$14.16	\$18.61	\$21.32	\$25.93	\$404	\$9.70	\$12.73	\$14.48	\$17.82	\$404	\$7.64	\$10.18	\$11.61	\$14.16
40,000	513	\$16.18	\$21.27	\$24.36	\$29.64	\$462	\$11.09	\$14.55	\$16.55	\$20.36	\$462	\$8.73	\$11.64	\$13.27	\$16.18
45,000	577	\$18.20	\$23.93	\$27.41	\$33.34	\$519	\$12.48	\$16.36	\$18.61	\$22.91	\$519	\$9.82	\$13.09	\$14.93	\$18.20
50,000	641	\$20.23	\$26.59	\$30.45	\$37.05	\$577	\$13.86	\$18.18	\$20.68	\$25.45	\$577	\$10.91	\$14.55	\$16.59	\$20.23
55,000	705	\$22.25	\$29.25	\$33.50	\$40.75	\$635	\$15.25	\$20.00	\$22.75	\$28.00	\$635	\$12.00	\$16.00	\$18.25	\$22.25
60,000	769	\$24.27	\$31.91	\$36.55	\$44.45	\$692	\$16.64	\$21.82	\$24.82	\$30.55	\$692	\$13.09	\$17.45	\$19.91	\$24.27
65,000	833	\$26.30	\$34.57	\$39.59	\$48.16	\$750	\$18.02	\$23.64	\$26.89	\$33.09	\$750	\$14.18	\$18.91	\$21.57	\$26.30
70,000	897	\$28.32	\$37.23	\$42.64	\$51.86	\$808	\$19.41	\$25.45	\$28.95	\$35.64	\$808	\$15.27	\$20.36	\$23.23	\$28.32
75,000	962	\$30.34	\$39.89	\$45.68	\$55.57	\$865	\$20.80	\$27.27	\$31.02	\$38.18	\$865	\$16.36	\$21.82	\$24.89	\$30.34
80,000	1,026	\$32.36	\$42.55	\$48.73	\$59.27	\$923	\$22.18	\$29.09	\$33.09	\$40.73	\$923	\$17.45	\$23.27	\$26.55	\$32.36

LONG TERM DISABILITY										
Sample Payroll Deductions & Benefits - 2010 Rates										
Based on Bi-Monthly Payroll with 22 Payroll Deductions Per Year										
Annual Salary	Monthly Benefit Amount	EMPLOYEE'S AGE								
		24 & Under	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 & Over
\$20,000	\$1,000	\$0.73	\$1.00	\$1.55	\$2.45	\$3.45	\$4.64	\$6.36	\$7.45	\$7.82
25,000	1,250	\$0.91	\$1.25	\$1.93	\$3.07	\$4.32	\$5.80	\$7.95	\$9.32	\$9.77
30,000	1,500	\$1.09	\$1.50	\$2.32	\$3.68	\$5.18	\$6.95	\$9.55	\$11.18	\$11.73
35,000	1,750	\$1.27	\$1.75	\$2.70	\$4.30	\$6.05	\$8.11	\$11.14	\$13.05	\$13.68
40,000	2,000	\$1.45	\$2.00	\$3.09	\$4.91	\$6.91	\$9.27	\$12.73	\$14.91	\$15.64
45,000	2,250	\$1.64	\$2.25	\$3.48	\$5.52	\$7.77	\$10.43	\$14.32	\$16.77	\$17.59
50,000	2,500	\$1.82	\$2.50	\$3.86	\$6.14	\$8.64	\$11.59	\$15.91	\$18.64	\$19.55
55,000	2,750	\$2.00	\$2.75	\$4.25	\$6.75	\$9.50	\$12.75	\$17.50	\$20.50	\$21.50
60,000	3,000	\$2.18	\$3.00	\$4.64	\$7.36	\$10.36	\$13.91	\$19.09	\$22.36	\$23.45
65,000	3,250	\$2.36	\$3.25	\$5.02	\$7.98	\$11.23	\$15.07	\$20.68	\$24.23	\$25.41
70,000	3,500	\$2.55	\$3.50	\$5.41	\$8.59	\$12.09	\$16.23	\$22.27	\$26.09	\$27.36
75,000	3,750	\$2.73	\$3.75	\$5.80	\$9.20	\$12.95	\$17.39	\$23.86	\$27.95	\$29.32
80,000	4,000	\$2.91	\$4.00	\$6.18	\$9.82	\$13.82	\$18.55	\$25.45	\$29.82	\$31.27

Disability Income Protection

22 Payroll Deductions Per Year
For Employees Receiving 22 Pay Checks Per Year

Voluntary Disability Program

How to Estimate Payroll Deduction – Based on **22** Payroll Deductions per year

	Short Term Disability	Long Term Disability
A. Enter Annual Salary	\$ _____	\$ _____
B. Divide by 100	\$ _____	\$ _____
C. Multiply by your appropriate rate below	\$ _____	\$ _____
D. Divide by 22 (number of payroll deductions/yr)	\$ _____	\$ _____

EXAMPLE:

	Short Term Disability	Long Term Disability
A. Enter Annual Salary	\$20,000.00	\$20,000.00
B. Divide by 100	\$200.00	\$200.00
C. Multiply by your appropriate rate below (\$.89)	\$178.00	\$16.00
D. Divide by 24	\$8.09	\$.73

Short Term Disability Rates

Employee's Age	Rates per \$100 Covered Payroll		
	A	B	C
54 & Under	\$0.89	\$0.61	\$0.48
55 - 59	\$1.17	\$0.80	\$0.64
60 - 64	\$1.34	\$0.91	\$0.73
65 & Over	\$1.63	\$1.12	\$0.89



Long Term Disability Rates

Employee's Age	Rates per \$100 of Covered Payroll
24 & Under	\$0.08
25 - 29	\$0.11
30 - 34	\$0.17
35 - 39	\$0.27
40 - 44	\$0.38
45 - 49	\$0.51
50 - 54	\$0.70
55 - 59	\$0.82
60 & Over	\$0.86

Note: Rates effective January 1, 2010

Did you read about...

- How the plan works?
- Coverage levels?
- Short and Long-Term options?

Group Term Life

Post-tax Benefits

In this section...

- Basic Life features
- Optional insurance
- Personal Accident insurance
- Dependent Life features

Plan Provider: Underwritten by Life Insurance Company of North America, a CIGNA company

The School District of Palm Beach County is always looking for ways to improve your benefits plan and wants you to have the opportunity to apply for the life coverage you need at a price you can afford. Getting the income protection needed to guard against life's uncertainties shouldn't be difficult or expensive. That's why the School District of Palm Beach County is offering you a life benefits plan from the Life Insurance Company of North America. This coverage is designed to help provide your family with a financial foundation that you can build upon. You have the opportunity to benefit from all that the Life Insurance Company of North America offers, including:

- Basic Life and Personal Accident Insurance (Employer Paid)
- Optional Life Insurance and Personal Accident Insurance (Employee Paid)
- Spouse Life and Personal Accident Insurance (Employee Paid)
- Dependent Life Insurance (Employee Paid)

Please Note: The Eligibility Waiting Period for both Basic Life and Accident is the 1st day of the month following 30 days of employment for both current and new employees.

You must submit a completed Statement of Health form directly to the Life Insurance Company of North America to the address noted below by December 7, 2009.

Submission of an incomplete application will not extend the deadline.

Life Insurance Company of North America
P.O. Box 20310
Lehigh Valley, PA 18003-9924
Fax: 800.440.0856

Basic Life Insurance

Protecting your family's future is no doubt one of your highest priorities. One way to help achieve this goal is through life insurance. Your employer provides you with a valuable Basic Life Insurance plan at no cost to you.

What are my Basic Life Insurance benefits?

Your employer provides you with Basic Life Insurance coverage in the amount of \$20,000 for full-time employees, and \$10,000 for part-time employees. This benefit is provided at no cost to you.

What are the Basic Life Insurance features?

- Conversion
- Accelerated Benefits
- Waiver of Premium

For more information regarding these features, please refer to the Product Features section.

Exclusion - This plan will not pay benefits if loss of life is the result of suicide that occurs within the first two years of coverage.

Dependent Children

Coverage available: life insurance only

Amount of Coverage available: For dependent child(ren) from age 6 months to 19 years, or 25 years of age if a student.

Personal Accident Insurance Coverage

The Life Insurance Company of North America insurance products are designed to provide full-time protection against accidental death or injuries – 24 hours a day, 365 days a year.

What benefits are available?

When enrolled in Basic Life Insurance coverage, you automatically receive Personal Accident Insurance in an amount equal to your Basic Life Insurance coverage. Provided alongside your Basic Life Insurance, this coverage is designed to help safeguard you and your family from a financial loss due to an unexpected accidental death or injury.

The Life Insurance Company of North America and School District of Palm Beach County know that you are the best judge of your life insurance needs.

Two Options are available:

Life insurance only

Option One \$5,000* at a **monthly** rate of
\$.30 for all children

Option Two \$10,000* at a **monthly** rate of
\$.60 for all children

*For dependent child(ren) from live birth to 6 months, the benefit is \$1,500. There is no matching amount of Accident coverage for children.

Group Term Life

Post-tax Benefits

Optional Insurance

What benefits are available?

In addition to your Basic Life Benefits, your employer is offering the opportunity to purchase additional term life insurance protection through the Life Insurance Company of North America's Optional Life Insurance program. This benefit is designed to help provide financial security for you and your family. Since this coverage is an employee-paid benefit, premiums will be conveniently deducted from your paycheck post-tax. The monthly cost of both Optional Life and Personal Accident Insurance is only \$3.28 per \$20,000 of coverage.

What are my options? What are the maximum amounts I can apply for?

After carefully considering your lifestyle and utilizing the tools provided, you can decide just how much life insurance protection is right for you.

Guaranteed Issue: New Hires

At the time of hire and during the benefit selection process, a new hire employee may select up to five (5) times their basic annual salary in \$20,000 increments, not to exceed \$500,000, with a minimum selection amount of \$20,000. A Statement of Health form is required for coverage exceeding \$100,000. The

For optional spouse life, an employee may select optional spouse coverage in \$10,000 increments, not to exceed 50 percent of the employee-optional coverage, with a minimum amount of \$10,000 and a maximum amount of \$250,000. A Statement of Health form for the spouse is required for coverage exceeding \$50,000.

For optional child life, an employee may select optional child coverage in \$5,000 increments with a minimum amount of \$5,000 and a maximum amount of \$10,000. A Statement of Health form is NOT required for either election as both elections are guaranteed issue. The following age limit payout and eligibility applies:

- Live Birth to 6 months: \$1,500
- 6 months to 19 years (25 if full time student): \$5,000 or \$10,000



During Annual Enrollment

You may enroll for an additional \$20,000 of optional term life for yourself without providing a statement of good health, as long as you are currently enrolled for optional term life and carry less than five times your annual salary or \$100,000 (whichever is less) of coverage.

For other optional coverage on yourself, your spouse or dependent child(ren), you may also apply at annual enrollment.

What are the Optional Life Insurance features?

- Conversion
- Accelerated Benefits
- Will Preparation Services
- Waiver of Premium

For more information regarding these features, please refer to the Product Features section.

Optional Life coverage is provided under group insurance policy FLX-980074, issued in Florida to your employer by the Life Insurance Company of North America. Optional Life coverage under your employer's plan terminates when you are no longer eligible, your employment ceases, when your Optional Life contributions cease or upon termination of the group contract by your employer upon prior written notice to the Life Insurance Company of North America. Optional Life insurance does not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota) of an increase in coverage. (This exclusion does not apply in Missouri and Washington.) This coverage may also be discontinued by the Life Insurance Company of North America for non-payment of premium or if participation requirements are not met.

Note: If you are covered as an employee, you cannot also be covered as a spouse or dependent child. No person may be eligible for insurance under this Policy as both an Employee and a Spouse at the same time.

Your dependent child(ren) may be enrolled for Optional Dependent Child(ren) Life Insurance under one insured employee's plan of benefits. You may either be enrolled as an employee or a dependent but not covered and enrolled under both classifications.

Group Term Life

Post-tax Benefits

Personal Accident Insurance

Provided alongside your Optional Life Insurance, Personal Accident Insurance offers a matching amount of Personal Accident Insurance benefits in addition to the Personal Accident Insurance coverage that your employer has made available to you.

What benefits are available?

When you enroll in Optional Life Insurance, you are automatically enrolled in Personal Accident Insurance. The benefit amount for Personal Accident Insurance is equal to the benefit amount for Optional Life. Since this coverage is an employee-paid coverage, post-tax premiums will be conveniently deducted from your paycheck.

What are the Personal Accident Insurance features?

- **For Wearing a Seat belt and Protection by an Airbag** - Death benefits will be increased by 10%, but not by more than \$25,000, if the insured person dies as a direct result of injuries in a covered automobile accident while wearing a properly fastened seat belt. We will increase the death benefit by an additional 5%, but not more than \$10,000, if the insured person was in a seat protected by a properly functioning and deployed airbag.
- **For Child Care Expense** - We will pay a benefit for a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterward. This benefit is 3% of the benefit amount, to a maximum of \$3,000 a year for 4 straight years or until the child turns 13, whichever occurs first.
- **For Home Alteration and Vehicle Modification** - If you or your insured spouse requires home alteration or vehicle modification within one year of a covered accident, we will pay 10% of your benefit amount, to a maximum of \$25,000, for alterations or modifications that are physician-certified as necessary for an independent lifestyle.
- **For Rehabilitation** - If you or your insured spouse incurs rehabilitative expenses within two years of a covered loss, we will pay an additional 5% of the benefit amount, up to \$10,000, for each covered accident.
- **For Furthering Education** - If you die in a covered accident, we will pay an extra benefit for each insured child who is enrolled in a school of higher learning or is in the 12th grade and enrolls within one year of the accident. We will increase your benefit amount by 3%, up to \$3,000, for each qualifying child. This benefit is payable each year for four consecutive years as long as your children continue their education. If there is no qualifying child, we will pay an additional \$1,000 to your beneficiary.

- **For Training for Your Spouse** - If you die in a covered accident and your insured spouse enrolls, within three years of your death, in an accredited school to gain skills needed for employment, we will pay the actual cost of this education or training program, up to 3% of your benefit amount, not to exceed \$3,000.

Rates (Monthly)

Optional Life & Accident Insurance

Employee Only \$3.28 per \$20,000 of coverage

Spouse \$5.90 per \$10,000 of coverage

How Much Coverage Can I Buy?

You – You will automatically receive an amount equal to your voluntary life insurance benefit in effect under Policy Number FLX-980074, underwritten by Life Insurance Company of North America.

Your Spouse – an amount equal to your voluntary life insurance benefit in effect under Policy Number FLX-980074, underwritten by Life Insurance Company of North America.

Your Children – You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

What is not covered?

- (1) self-inflicted injuries or suicide, while sane or insane;
- (2) commission or attempt to commit a felony or an assault;
- (3) any act of war, declared or undeclared;
- (4) any active participation in a riot or insurrection;
- (5) bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
- (6) sickness, disease, physical or mental impairment or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound, or accidental food poisoning.)

Group Term Life

Post-tax Benefits

- (7) voluntarily using any drug, narcotic, poison, gas or fumes, except one prescribed by a licensed physician and taken as prescribed;
- (8) while operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant, including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it;
- (9) while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days);
- (10) traveling in an aircraft that is owned, leased or controlled by the sponsoring organization, or any of its subsidiaries or affiliates;
- (11) flying in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface, except as a passenger on a regularly scheduled commercial airline; that is: an ultra-light or glider; designed to be used in outer space; being used by any military authority, except the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew; being used for parachuting, hang-gliding, crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, skydiving, pipeline or power line inspection, aerial photography, or exploration, racing, endurance tests, stunt or acrobatic flying, or any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on).

- (12) services or treatment rendered by a physician, nurse or any other person who is employed or retained by the subscriber or who is providing homeopathic, aroma-therapeutic or herbal therapeutic services, living in the covered person's household or a parent, sibling, spouse or child of the insured.

What are the Dependent Life Insurance features?

Conversion

Dependent Life Insurance coverage is provided under a group insurance policy (Group Policy Number 980074, on Policy Form TL-004700; issued in Florida) issued to your employer by the Life Insurance Company of North America.

Dependent Life coverage terminates when Dependent Life contributions cease, upon the death of the employee, when a dependent no longer qualifies as a dependent, or upon termination of the group contract by your employer upon prior written notice to the Life Insurance Company of North America.

This coverage may also be discontinued by the Life Insurance Company of North America for non-payment of premium or if participation requirements are not met. Dependent Life insurance does not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within the first two years (one year in North Dakota) of an increase in coverage (except in Missouri, Washington, and Massachusetts).

Product Features

- **Accelerated Death Benefit – Terminal Illness** – Up to 50% of the death benefit (not to exceed \$250,000) may be advanced to the insured who is diagnosed with a terminal illness (life expectancy of 12 months or less) by two unaffiliated physicians. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.
- **Will Preparation Services** – Online interactive tool helps covered employees and their spouses create a will and other legal documents. The site also provides access to other valuable financial educational materials.
- **Conversion** – If your coverage is reduced or ends due to age, disability or termination of employment, you can obtain an individual whole life policy, without proof of good health. To convert coverage, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Eligible family members may convert their coverage as well. Converted policies are subject to additional restrictions if you convert because of termination or amendment of the group policy.



Group Term Life

Post-tax Benefits

- **Conversion Provisions** - If you retire, terminate employment, or cease being an actively at work employee (regardless of pay status):

1. You and your dependents may be eligible to convert your optional coverage to an individual permanent policy.
2. If you are retiring, you may be eligible to continue up to \$50,000 of your Employee Only optional coverage on an age-rated premium basis. Coverage terminates at age 70. Premiums are paid on an annual basis.

- **Term Life Coverage Reduction** - At age 70, providing you are still employed, your coverage will decrease to 65% of the benefit amount. It will decrease to 45% at age 75, and to 30% at age 80. Premiums and coverage for your spouse will end at age 70; at that time your spouse may choose to convert this coverage to a permanent life insurance policy.

You must submit your application to continue coverage within 31 days of termination and pay your premium. See your certificate of coverage booklet from the carrier for more details. It is the sole responsibility of the employee to apply for this benefit.

- **Waiver of Premium (If you become totally disabled)** - To make sure you can keep the life insurance protection you need during a difficult period of your life, this plan provides a waiver of premium feature. If you are totally disabled prior to age 60 and can't work for at least 12 months, your coverage will continue and you won't need to pay premiums for your coverage while you are disabled, provided the insurance company approves you for this benefit. You must continue to pay premiums until the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 65, subject to proof of continuing disability each year. If you qualify for this benefit and have insured your spouse or children, the premium for their coverage is also waived.

"CIGNA" and "CIGNA Group Insurance" are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its subsidiaries.

Products and services are provided by underwriting subsidiaries of CIGNA Corporation, including Life Insurance Company of North America and CIGNA Life Insurance Company of New York and not CIGNA Corporation.

- **Coverage Reduction for Optional Life plans** – At age 70, your coverage amount reduces to 65 percent. At age 75, your coverage reduces to 45 percent, and at age 80, coverage is reduced to 30 percent. When your coverage reduces, any dependent insurance you've purchased will reduce by the same percentage.
- **Online Plan Description** – you will be able to review any of these benefits and their provisions in more detail through the School District of Palm Beach County's Web site at www.palmbeach.k12.fl.us/risk.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between the Life Insurance Company of North America and the School District of Palm Beach County. Specific details regarding these provisions can be found in the booklet certificate of coverage. If you have additional questions regarding the Life Insurance Program underwritten by the Life Insurance Company of North America, please contact your Benefits Administrator.

Coverage is underwritten by: Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA 19192.

A certificate of coverage for your Group Term Life Plan is available online at www.palmbeach.k12.fl.us/risk or can be accessed by contacting the Risk & Benefits Management Department at (561)434-8580.

Licensed Resident Agent: Christine Carolyn Wise

License #E026735

Did you read about...

- Basic Life description?
- Optional features?
- Dependent Life options?

Long-Term Care

In this section...

- Long-Term Care options
- Enrollment
- Long-Term features

Plan Provider: MetLife®

The School District of Palm Beach County offers a Group Long-Term Care Insurance Plan for employees and their eligible family members, insured by MetLife®. With MetLife® you will get an experienced benefit provider, a wide range of plan options and a superior level of service.

What Are Your MetLife® Long-Term Care Options?

- Daily Benefit Amount – The maximum amount of money you can receive for each day you are eligible for benefits and receive a covered service.
- Total Lifetime Benefit – The maximum amount the plan will pay for covered services. The lifetime maximum equals the Daily Benefit Amount multiplied by the number of days in the Total Lifetime Benefit.

Sample Long-Term Care Premiums

Palm Beach County
Sample Monthly Rates based on
Comprehensive Coverage,
\$100 Day, 3 Year Lifetime Benefit

Sample Age	Periodic Inflation, No non-forfeiture
30	\$5.40
40	\$9.60
50	\$19.40
55	\$29.20

- Nursing Facility or Home Care – You can choose where to receive your care - nursing home facility, assisted living facility, or home care setting.
- Portable – Your coverage is portable in the event that you retire or change jobs.
- Inflation Protection – Periodic inflation is included in the plan. You have the option to select automatic inflation.
- Nonforfeiture – If contributions have been paid for at least three years and your coverage ends due to cancellation or nonpayment of contributions, you will receive a reduced level of benefits.

This Plan is underwritten by Metropolitan Life Insurance Company, New York, New York

Daily Benefit Amount	\$100, \$150, \$200
Nursing Home Benefit	
Reimbursement Percent	100%
Assisted Living Facility Benefit	
Reimbursement Percent	60%
Home Care Benefit	
Reimbursement Percent	60%
Total Lifetime Benefit	3 Years or 5 Years
Inflation	Periodic or Automatic
Nonforfeiture	Included or Not Included



Long-Term Care

Enrollment Process

ACT NOW – The MetLife Long-Term Care Plan – The Right Choice For You

- Go to www.metlife.com/mybenefits to learn more about long-term care.
- Call 1-800-438-6388 for more information or to request a kit.
- Your spouse and other eligible family members can also apply.

To get more information visit www.metlife.com/mybenefits or call 1-800-438-6388. TDD users can call 1-800-638-1004.

Long-Term Care Insurance

The School District of Palm Beach County offers a Long-Term Care Insurance Plan for employees and their eligible family members, insured by MetLife®. Long-Term Care Insurance provides financial assistance toward the cost of services associated with long-term care. This coverage can help protect you and your family from the high costs associated with prolonged nursing home stays, extended home care services and other forms of daily care. Long-term care insurance from MetLife® can assist you in securing your financial future while providing for long-term care for those you love.

Newly hired employees can enroll in the plan without having to provide evidence of insurability, as long as they enroll within 90 days of their hire date and are actively at work (not absent due to illness, disability, or leave) on the effective date of coverage. Your rates are based on your age on the effective date of coverage and may never be lower. Employees applying outside the initial enrollment period, as well as eligible family members, need to provide evidence of insurability.

The cost of long-term care services can be expensive. The national average annual home care cost is over \$26,000* and the national average annual cost of nursing home care is over \$69,000.** You may think you're covered. But you are probably not. Most people think long-term care services are covered under other types of insurance:

- Medical insurance and HMOs only cover traditional medical services such as hospital care doctor's offices, and medication.
- Medicare provides limited coverage and has age restrictions
- Medicaid won't provide assistance until you have depleted most of your assets and income
- Disability Income Insurance only covers a portion of lost wages.

In the event the terms contained in this description of the Plan conflict with the terms contained in your MetLife® Certificate of Coverage, the Certificate of Coverage will govern. Limitations and exclusions do apply.



Did you read about...

- Long-Term Care options?
- Enrollment details?
- Long-Term Care description?

Source:

* MetLife Market Survey of Adult Day Service and Home Care Costs," MetLife Mature Market Institute, September 2008. (\$20/hr., 5 hours per day, five days per week for a home health aide.)

**MetLife Market Survey of Nursing Home and Assisted Living Costs," MetLife Mature Market Institute, October 2008. (Semi-private room, \$191/day.)

Employee Wellness

Feel Good. Be Healthy. Live Well

In this section...

- Wellness mission
- Wellness essentials
- Available programs
- Employee Assistance Program

Mission:

The School District of Palm Beach County's Employee Wellness Program seeks to establish a workplace that encourages and supports a healthy lifestyle by integrating health promotion activities and resources that help to enhance health and well-being.

The Palm Beach County School District is proud to offer an exciting workplace wellness program designed exclusively for all school district employees.

Our goal is to keep people healthy, reduce the risk factors among at-risk employees and improve the health of those who already have chronic conditions by encouraging them to make lifestyle changes. Employee Wellness offers various programs and opportunities to help lower the risk of disease and improve overall health.

Wellness is the ability to take responsibility for your own health by learning how to stay healthy and practicing good health habits. Knowing that wellness is a balance between all aspects of life, the information and activities provided by Employee Wellness will continue to assist employees in choosing positive health practices.

Essentials for Healthy Living You Can Do Today:

1. **Prevention** - Regular visits to your primary care physician and preventive health screenings can protect you and your family from illnesses.

2. **Nutrition** - Healthy eating is a great place to start. Why not try fruits and veggies for snacks instead of sweets?
3. **Quit Smoking** - There are various smoking-cessation programs, products and even new medications to help. It's never too late to benefit from quitting.
4. **Exercise/Lose Weight** - Did you know that by walking just 30 minutes a day you can add 1.3 years to your life? Or that consuming just 100 calories less a day equals a loss of 10 pounds in a year?
5. **Stress Management** - Relax and take time for yourself. Learn ways to help reduce stress in your life.

Employee Wellness Programs:

- **Education & Awareness:** Provision of workshops, classes and information on common health issues for school district employees such as healthy lifestyle behaviors, eating, physical activity and injury prevention.
- **Physical Activity:** Opportunities to integrate physical activity in the school day such as walking, jogging or yoga programs.
- **Healthy Foods & Beverages:** Access to healthy options for school district employees to eat and drink throughout the school day.
- **Weight Control Programs & Nutrition Programs:** Support and resources provided such as assessment of current diet and goal setting to eat healthier. Resources provided can include meal planning, education on healthy foods, weight check-ins, etc.
- **Immunization:** Provision of immunization for common illnesses found in the school environment such as the flu.
- **Health Screenings:** Periodic onsite screening for blood pressure, blood cholesterol, blood sugar, body mass index, bone density scans, mammography and other health indicators with advice on appropriate follow-up medical treatment.
- **Individual Health-Risk Appraisal:** to help school district employees establish personal health-improvement goals.
- **Stress Management:** Provision of workshops, information and counseling on how to manage stresses specific to the school environment and how to balance work and family.
- **Encouragement:** of school district employees to set medical appointments for screening for cancer, heart disease, diabetes and other diseases.
- **Disease Management:** Our disease management programs offer condition-specific education and information to help employees understand their disease better and take a more active role in controlling it. These programs, along with the sound advice of physicians, provide employees with the support to take charge of their health.
- **Ongoing Assessments:** of the staff wellness plan to update and improve the effectiveness.



This year we have some new and exciting programs available to you.

Please make sure to visit

<http://www.palmbeach.k12.fl.us/wellness/> for monthly health tips and wellness events.

For more information please contact Employee Wellness at (561)434-8044.

Employee Assistance Program

Corporate Care Works

What is an Employee Assistance Program (EAP)?

An EAP is designed to help solve personal, work related or family problems.

When personal problems such as marital, emotional, financial, substance abuse, stress, parenting or job issues occur, it is helpful to talk to someone. Friends and family members may not always have the necessary knowledge to help.

Your EAP is staffed by licensed clinical professionals with masters or doctoral degrees. It is a confidential program that is protected by state and federal laws.

Plan Features

The Employee Assistance Program (EAP) will provide free professional, confidential counseling and coaching to you or an immediate family member with the following concerns:

- Substance abuse
- Dual career family issues
- Depression and anxiety
- Marital/relationship problems
- Parent/child relations
- Divorce, separation, single and step-parenting issues
- Sexual assault/harassment
- Crisis intervention following a traumatic event (e.g., accidental death, robbery)
- Eldercare
- Retirement
- Support for transferred employees and their families
- Stress management
- Domestic violence

If we do not provide a particular service you require, we will refer you to the appropriate resource. Through follow-up, we will make sure that you get the help you need.

We are here for you

There is counseling help available for you through your EAP benefits. Call us at Corporate Care Works. In accordance with State and Federal laws, your concerns will be held strictly confidential.

The EAP is available to help you:

- Gain a better understanding of your problems
- Locate the best professional help for your particular problem
- Decide upon a plan of action

What will the program cost me?

The School District's contract allows up to eight confidential sessions at no cost to you. The EAP covers all regular employees of the School District, both full time and permanent part time; immediate family members residing in the same household; family members including spouse, and unmarried dependent children under age 25. This benefit is available for 90 days after retiring or terminating your employment with the District.

How do I contact the EAP?

The EAP is available 24 hours a day, seven days a week.

To make an appointment or speak with a counselor immediately, simply call **1-800-327-9757**. Tell us your name, the name of your employer and that you want to use your EAP benefits. Also, in an emergency, you can phone us to receive assistance.

If you would like further information about your EAP and Corporate CareWorks, just call **1-800-327-9757**.

You are invited to visit us online at www.corporatecareworkspbc.com, where you may access a variety of health and wellness articles, and information about stress or mental health concerns.

CORPORATE CARE WORKS
1-800-327-9757 OR (561)433-9588
COUNSELING LOCATIONS ARE THROUGHOUT
PALM BEACH COUNTY

Did you read about...

- Wellness mission?
- Available programs?
- Employee Assistance Program?

Critical Illness Insurance Plan

A Payroll Deductible Post-tax Benefit

In this section...

- Plan features
- Eligibility
- Underwriting guidelines
- Additional riders and benefits

Trustmark Insurance Company

The Critical Illness Insurance Plan provides a lump sum benefit payment of \$5,000 to \$100,000 upon first diagnosis of a covered illness after the plan's effective date.

Plan Features

- Coverage will be effective on the date assigned to the policy, provided that the insured and family members qualify for coverage under Trustmark's normal underwriting guidelines.
- Renewability – Guaranteed renewable (for life) level premium. Trustmark reserves the right to change the premium on this policy based on experience.
- Portability – This plan is fully portable.

Who is eligible?

All eligible employees may purchase the Trustmark Critical Illness / Cancer coverage.

- Employees who have NOT previously purchased the Cancer Coverage may apply for up to \$100,000 of coverage.
- Employees who have previously purchased Cancer Coverage may apply for a new Critical Illness/Cancer Plan up to a total \$100,000 of coverage. The \$100,000 is a combination of current Cancer Coverage (including past EZ Values) and new Critical Illness Insurance Plan coverage.
- You can not increase your current Cancer Plan. You can purchase additional PremierSelectSM coverage.
- The EZ Value plan may be added to the Critical Illness Insurance Plan plan. Future EZ Value Plan increases can exceed the \$100,000 maximum. (EZ Value increases will cease when the total coverage amount reaches \$125,000.)

Issue Age:

- Employee 18 to 70
- Spouse 18 to 70
- Children Birth through age 23

Underwriting Guidelines:

Guaranteed Issue up to \$25,000* to all new employees. New employee amounts of \$25,001 up to \$100,000, are based on the response to six questions. Coverage of \$5,000 to \$100,000 for spouse and child coverage or any employee hired prior to October 1, 2008 are also based on the response to six questions.

The six health questions are:

- 10 years cancer-free (breast cancer two years in Florida)
- AIDS question
- Major Illness or Disease question
- Height & Weight
- Ever had alcohol or drug treatment
- Two or more immediate family members diagnosed with same disease prior to age 60

Benefits from \$50,001 up to \$100,000 is limited to two times annual pay.

Policy form CACI-82001.



* Guaranteed Issue does not mean guaranteed benefits, if a person was previously diagnosed with a covered condition or illness prior to the plan effective date no benefit will be paid for a subsequent diagnosis of the same covered condition or illness after the plan effective date. Guaranteed Issue is contingent upon specific enrollment conditions being met. Guaranteed Issue is not available for employees who previously applied for Critical Illness or Cancer coverage.

Critical Illness Insurance Plan

A Payroll Deductible Post-tax Benefit

What payroll deduction premiums will I pay for this plan?

You select the coverage and premium that best fits your budget and family needs. As a School District of Palm Beach County employee, your group purchasing power ensures you receive a high insurance value at an affordable cost. Speak with your Enrollment Counselor for more information.

Can I continue my coverage if I terminate or retire?

Yes. This plan is portable after the first payroll deduction. You can continue with the full amount of insurance coverage and arrange for premiums to be billed directly to you.

Additional Riders and Benefits

Health Screening Benefit (optional)

Pays the cost of one screening test per calendar year (up to \$50 or \$100 benefit maximum). Eligible tests include:

- Low Dose Mammography
- Chest X-ray
- Pap Smear (women over age 18)
- Breast ultrasound
- Hemocult Stool Specimen
- Colonoscopy
- Prostate Specific Antigen
- Fasting blood glucose test
- Flexible Sigmoidoscopy
- Blood test for triglycerides
- Stress test on a bicycle or treadmill
- Bone marrow testing
- Serum cholesterol test to determine
- Thermography levels of HDL and LDL
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Serum Protein Electrophoresis (blood test for myeloma)

Waiver of Premium (optional)

Premiums for base coverage and added riders and benefits may be waived if the primary insured is totally disabled as defined in the rider prior to the policy anniversary date nearest his or her 60th birthday.

EZ Value Plan (optional)

Inflation-fighting option that automatically increases the lump sum benefit amount of your Critical Illness policy on each of the first five policy anniversaries. The increase equals an additional lump sum amount purchased by an additional \$1 per week premium for each of the first five years at the attained age of the employee when the increase goes into effect. EZ Value cannot be added after age 60.

Plan Provider

Trustmark Insurance Company, Lake Forest, Illinois, underwrites this plan. The A.M. Best Company, an organization that compares and rates the financial strength and performance of insurance companies, has rated Trustmark "A-" (Excellent). Policy form CACI-82001

What if I have questions about my certificate?

After you enroll, you can get answers about your certificate by calling **Trustmark Customer Service at 1-866-636-5525**.



Did you read about...

- Plan features?
- Underwriting guidelines?
- Optional riders?

Voluntary Universal Life Insurance Plan

In this section...

- Plan offerings
- Eligibility
- How to apply
- Payroll deduction premiums

Plan Provider: Trustmark Insurance Company

Wouldn't you like to have life insurance you can take with you whenever you leave the school district...a plan that features portable coverage and may accumulate cash values?

Thanks to The School District of Palm Beach County, you have the opportunity to apply for this plan without a medical examination.

Who is eligible?

The following employees are eligible and may apply for coverage during an annual enrollment period:

- Full-time or regular part-time employees
- Employees between the ages of 18 and 80
- Employees actively working at the time of application and the first deduction date

Can I apply for my dependents?

Yes. Your spouse, children or grandchildren might also qualify for coverage. In fact, you don't have to get coverage for yourself to cover family members. There may be additional eligibility requirements to include your grandchildren. If you have any questions, please speak with your Enrollment Counselor.



What does the plan offer?

This plan offers more than just the peace of mind that your family will be taken care of if something happens to you. It also offers you and your family flexible benefits that include:

Accelerated Death Benefit — If a physician determines that you have 24 months or less to live, an advance death benefit pays up to 75 percent of the base certificate death benefit (up to \$225,000). The Accelerated Death Benefit is subject to review by the insurer and reduces the final death benefit.

Interest-earning Cash Value — Interest is credited to your plan. Current tax law allows the cash value in this life insurance plan to accumulate on a tax-deferred basis (within guidelines).

Home Health, Adult Day Care & Long-Term Care Rider — If you are confined in a qualified long-term care facility, assisted living facility or require medically necessary home health or adult day care, this pays you a monthly benefit of 4 percent of your policy for up to 25 months. And you don't have to make your monthly payments while confined. Benefits are paid as advance death benefits and will proportionally reduce both the final death benefit payable to beneficiaries and the plan's cash value.

Optional Accidental Death Benefit — If you should die by accidental means before your 75th birthday, your death benefit will double. Available to ages 15 - 70.

Optional EZ Value Plan — This plan also offers the EZ Value Plan Option, an inflation-fighting option which automatically increases coverage annually on each of the first five or ten policy anniversaries. For employees and their spouses under 65, the amount of the Death Benefit Increase is equal to the amount of protection an additional \$1 per week deduction (or \$2 per week for employees only) would purchase on the first five anniversaries. An increase of \$1 per week on each of the first 10 anniversaries is available to employees and spouses up to age 60. Existing EZ Value participants may extend to the 10-year options (with restrictions) if they choose to do so.

Voluntary Universal Life Insurance Plan

Death Benefit Restoration Rider — Automatically increases the Death Benefit to restore the advanced death benefits for home healthcare, adult day care or long-term care confinement in a nursing home.

Example: An insured party has a \$50,000 death benefit with the Home Health and Long-Term Care rider and dies after 10 months of long-term care confinement.

	With Rider	Without Rider
Total Benefits Paid	\$70,000	\$50,000
Death Benefit	\$50,000	\$30,000
Living LTC Benefits	\$20,000	\$20,000

Long Term Care Rider Upgrade — For those with an older plan who haven't yet upgraded the LTC Rider, all current participants may request to receive the enhanced LTC benefits at no additional cost to you. The LTC enhancements include a 4% per month benefit for Nursing Home Confinement, Home Health and Adult Day Care Services (current rider provides a 2% per month benefit). It also provides benefits for ADL assistance in an Assisted Living Facility.

All new applicants will receive the LTC rider enhancements.

Waiver of Premium (optional)

Premiums for base coverage and added riders and benefits may be waived if the primary insured is totally disabled as defined in the rider prior to the policy anniversary date nearest his or her 60th birthday.

How do I apply?

Have your Enrollment Counselor fill out the Universal Life Insurance plan application.

New Employees – Guaranteed Issue of amount purchased by \$10 per week in premium (ages 18 - 64), plus you may apply for coverage amounts up to \$200,000 (not to exceed \$14 per week in premiums). Spouses may apply for up to \$4 per week in premium, and children ages 0 days to 23 years may apply for up to \$4.32 per week certificate. In most cases, only two medical questions will be asked.

Current Participants – Employees may apply for an additional \$3/week Guaranteed Issue. Plus, you may apply for \$5/week up to a total of new and existing coverage of \$200,000; spouses may apply for an additional \$2/week of coverage. Both employees and spouses may add the EZ Value Plan Option to their coverage. In most cases only two medical questions will be asked.

Non-Participants – Employees who were eligible but did not apply during previous enrollments Guarantee Issue of amount purchased by \$8 per week in premium (ages 18 - 64). Plus, you may apply for weekly premium amounts of \$10 to a maximum of \$200,000; spouses are eligible for \$3/week; and dependent children are eligible for up to two units (\$10,000) of child term rider or children ages 0 days to 23 years may apply for up to \$4.32 per week certificate. In most cases, only two medical questions will be asked.

Anyone applying for amounts of insurance over these limits and up to the plan maximum of \$300,000, or previous participants whose Trustmark coverage has terminated, must answer a few additional questions concerning health history.

Can I continue my Universal Life coverage if I terminate employment or retire?

Yes. This plan is portable after the first payroll deduction. You can continue with the full amount of insurance coverage and arrange for premiums to be billed directly to you. Your coverage and rates stay the same.

What about the group term life policy I already have with the School District?

This Universal Life Insurance plan complements any group term life insurance you may have, and enables you to vary your premiums, coverage, and cash value accumulation as your needs change. You can adjust the death benefit and premium upward and downward throughout your lifetime, subject to certificate limits.

What if I become disabled?

You can have your premiums waived in case of total disability with the optional Waiver of Premium rider, available to ages 18-60. Your Counselor can discuss with you the features and costs for this additional rider.



Voluntary Universal Life Insurance Plan

What payroll deduction premiums will I pay?

You select the coverage and premium that best fits your budget and family needs. As a School District of Palm Beach County employee, your group purchasing power ensures you receive a high insurance value at an affordable cost. Speak with your Enrollment Counselor for more information.

Remember, this contract is offered in addition to any employer coverage and is paid solely by the employee through post-tax contributions.

What if I have questions about my certificate?

After you enroll, you can get answers about your certificate by calling the dedicated **Trustmark Customer Service at 1-866-636-5525**.

How do I make changes to my coverage?

For more information regarding coverage changes, call Trustmark Customer Service at **1-866-636-5525**.

Plan Provider

Trustmark Insurance Company, Lake Forest, Illinois, underwrites this plan. The A.M. Best Company, an organization that compares and rates the financial strength and performance of insurance companies, rates Trustmark "A-" (Excellent).

Universal Life Insurance is available on a post-tax basis, and a separate application is required. This employer-provided information is in advance of more complete coverage information from the insurer.

Issue Ages:

Employee	18 to 80
Spouses	18 to 70
Children	0 to 23*

*Children and grandchildren are eligible the day after they leave the hospital.

Policy Form GUL-205 and Riders HH/LTC and BRR



Did you read about...

- Plan features?
- Eligibility?
- How to apply?

Tax Sheltered Annuities (TSA)

& Roth Tax Sheltered Mutual Funds (TSM)

Enrollment in a TSA/TSM can take place at any time during the year.

Pre-Tax

The School District of Palm Beach County provides the opportunity for eligible employees to make tax-sheltered investments through payroll deductions in accordance with Internal Revenue Code 403(b) & 403(b)(7). You will not have to pay federal income tax on the money you invest until the money is withdrawn. This is a smart way to save money for retirement.

Post-Tax

We are now able to allow Roth 403(b) and Roth 403(b)(7) plans. Roth plans allow you to invest funds from your salary on a post-tax basis. Your investments will grow tax-free and you will not have to pay any income tax on the investments or profits when the funds are withdrawn after you retire or otherwise qualify. Most of the vendors on this page also administer the Roth plans.

Please visit www.tsacg.com/employee_site/vendors/Florida/Palm_Beach_vendors.htm for a complete listing of what program each vendor offers.

Contact the Agent/Broker of Record for the company of your choice listed to the right for investment options and to schedule an appointment with a company representative.

All employees receiving a W-2 each year are eligible to participate in any of the 403(b) annuity or mutual funds.

See our Web site after January 1, 2010, for a copy of the plan document for 403(b) plans.

www.palmbeach.k12.fl.us/risk, then click on "Benefits".



American Century Services*

(No Agent of Record) (800)345-3533

AXA Equitable Life Assurance Co. *

Anthony LoFaso (561)689-6775

Buttelman & Strehlow Financial Group

Michael Buttelman (561)965-1000, ext. 237

Fidelity Retirement Services

(No Agent of Record) (561) 434-8959 or (PX 4-8959) for a Fidelity Enrollment Kit

Great American Life Insurance Co.

Mike Mracna (561)649-9200

Horace Mann

Theresa Goulet (561)743-1669

ING/ReliaStar

ING/Life Insurance and Annuity Company

Paul Indianer (800)327-7888

The Legend Group

Andrew Takach (561)694-0110

Life Insurance Company of the Southwest

Matt Bell (800)906-3310

Lincoln Investment Planning

Mike Mracna (561)649-9200

MetLife

Ken Suchy (561)746-6652

Plan Member Services*

Richard Rush (800)874-6910 ext. 2332

Primerica

Ray Krutz (561)642-7459

VALIC (Variable Annuity Life) *

David Allen (561)684-3775 or (954)946-1765 (800)854-7888

* Member of the IBC. The Independent Benefits (IBC) is a not-for-profit corporation made up by a coalition of The Florida Education Assoc., The Florida School Board Assoc., The Florida Assoc. of District School Superintendents and The Florida Assoc. of School Administrators. They developed the IBC 403(b) Model Plan. The companies selected by the IBC have agreed to offer favorable rates to all districts. Ask your company to match the fees of the Model Plan. For more info: www.theModelPlan.com.

COBRA Notification

Important Continuation Coverage Information

What is continuation coverage?

Federal law requires that most group health plans, including Health Care Flexible Spending Accounts (FSAs), give employees and their families the opportunity to continue their health care coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. “Qualified beneficiaries” can include the employee covered under the group health plan, a covered employee’s spouse and dependent children of the covered employee.

Each qualified beneficiary who elects continuation coverage will have the same rights under the plan as other participants or beneficiaries covered under the plan, including special enrollment rights. Specific information describing continuation coverage can be found in the summary plan description (SPD), which can be obtained from the School District of Palm Beach County (Risk & Benefits Management Department).

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage may be continued for up to 18 months. In the case of losses of coverage due to an employee’s death, divorce or legal separation, the employee’s enrollment in Medicare or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to 36 months.

Continuation coverage will be terminated before the end of the maximum period if any required premium is not paid on time, if a qualified beneficiary becomes covered under another group health plan that does not impose any pre-existing condition exclusion for the qualified beneficiary, if a covered employee enrolls in Medicare, or if the employer ceases to provide any group health plan for its employees. Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

You may continue your Health Care FSA (on a post-tax basis) only for the remainder of the plan year in which your qualifying event occurs, if you have not already received, as reimbursement, the maximum benefit available under the Health Care FSA for the year. For example, if you elected a Health Care FSA benefit of \$1,000 for the plan year and have received only \$200 in reimbursement, you may continue your Health Care FSA for the remainder of the plan year or until such time that you receive the maximum Health Care FSA benefit of \$1,000.

If you have questions about your Health Care FSA, you should call Fringe Benefits Management Company (FBMC) at 1-800-342-8017.

A notice form is provided for your use and can be found on the School District’s Web site at www.palmbeach.k12.fl.us/risk. You may also obtain the notice form by writing to the Risk & Benefits Management Department, Attention COBRA technician, at 3370 Forest Hill Blvd., Suite A-103, West Palm Beach, FL 33406 or by calling (561)434-8959.

Keep Your Plan Informed of Address Changes

In order to protect your family’s rights, you should keep the School District of Palm Beach County informed of any changes in your address or in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the School District of Palm Beach County. Address changes should be sent to:

Risk & Benefits Management Department
Attention: COBRA Technician
3370 Forest Hill Blvd., Suite A-103
West Palm Beach, FL 33406

Continuation coverage will be terminated before the end of the maximum period if:

- a. any required premium is not paid on time, or
- b. a qualified beneficiary becomes covered under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary, or
- c. if a covered employee enrolls in Medicare, or
- d. if the employer ceases to provide any group health plan for its employees.

How can you extend the length of continuation coverage?

For Group Health Plans (Except Health Care FSAs):

If you elect continuation coverage, an extension of the maximum period of 18 months of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the Risk & Benefits Management Department (Attention COBRA technician) of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries are disabled. The Social Security Administration (SSA) must determine that the qualified beneficiary was disabled at some time during the first 60 days of continuation coverage, and you must notify the Risk & Benefits Management Department (Attention: COBRA Technician) of that fact within 60 days of the SSA’s determination and before the end of the first 18 months of continuation coverage. All qualified beneficiaries who have elected continuation coverage and qualify will be entitled to the 11-month disability extension. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Risk & Benefits Management Department (Attention: COBRA Technician) of that fact within 30 days of SSA’s determination.

COBRA Notification

Important Continuation Coverage Information

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage, resulting in a maximum amount of continuation coverage of 36 months. Such second qualifying events include the death of a covered employee, divorce or separation from the covered employee or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. You must notify the Risk & Benefits Management Department (Attention: COBRA Technician) within 60 days after a second qualifying event occurs.

How can you elect continuation coverage?

Each qualified beneficiary has an independent right to elect continuation coverage. For example, both the employee and the employee's spouse, or only one of them, may elect continuation coverage. Parents may elect to continue coverage on behalf of their dependent children only. A qualified beneficiary must elect coverage by the date specified on the COBRA Election Form. Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

You should take into account that a failure to continue your group health coverage will affect your future rights under federal law. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.



COBRA Notification

Important Continuation Coverage Information

How much does continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. This amount may not exceed 102 percent of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage (or, in the case of an extension of continuation coverage due to a disability, 150 percent). For Health Care FSAs, the cost for continuation of coverage is a monthly amount calculated and based on the amount you were paying via pre-tax salary reductions before the qualifying event.

When and how must payments for continuation coverage be made?

First Payment for Continuation Coverage

If you elect continuation coverage, you do not have to send any payment for continuation coverage with the COBRA Election Form. However, you must make your first payment for continuation coverage within 45 days after the date of your election. (This is the date the Election Notice is postmarked, if mailed.) If you do not make your first payment for continuation coverage within that 45 days, you will lose all continuation coverage rights under the Plan.

Your first payment must cover the cost of continuation coverage from the time your coverage under the Plan would have otherwise terminated up to the time you make the first payment. You are responsible for making sure that the amount of your first payment is enough to cover this entire period. You may contact the Risk & Benefits Management Department (Attention: COBRA Technician) to confirm the correct amount of your first payment.

Your first payment for continuation coverage should be sent to:

Risk & Benefits Management Department
Attention: COBRA Technician
3370 Forest Hill Blvd., Suite A-103
West Palm Beach, FL 33406

Periodic Payments for Continuation Coverage

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the first day of each month. Instructions for sending your periodic payments for continuation coverage will be shown on your COBRA Election Notice/Form. The Risk & Benefits Management Department will send coupons for use in making periodic payments.

Periodic payments for continuation coverage should be sent to:

Risk & Benefits Management Department
Attention: COBRA Technician
3370 Forest Hill Blvd., Suite A-103
West Palm Beach, FL 33406

Grace Periods for Periodic Payments

Although periodic payments are due on the first day of the month, you will be given a grace period of 30 days to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment. If you pay a periodic payment later than its due date but during its grace period, your coverage under the Plan will be suspended as of the due date and then retroactively reinstated (going back to the due date) when the periodic payment is made. This means that any claim you submit for benefits while your coverage is suspended may be denied and may have to be resubmitted once your coverage is reinstated. If you fail to make a periodic payment before the end of the grace period for that payment, you will lose all rights to continuation coverage under the Plan.

General Notice Of COBRA Continuation Coverage Rights

Introduction

You are receiving this notice because you have recently become covered under a group health plan sponsored by the School District of Palm Beach County (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage.

This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the School District of Palm Beach County (Risk & Benefits Management Department).

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

COBRA Notification

Important Continuation Coverage Information

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his or her gross misconduct;
4. Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the School District of Palm Beach County, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the School District of Palm Beach County (Risk & Benefits Management Department) has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer or enrollment of the employee in Medicare (Part A, Part B or both), the School District of Palm Beach County (Risk & Benefits Management Department) will offer COBRA continuation coverage to each qualified beneficiary.

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the School District of Palm Beach County (Risk & Benefits Management Department). The Plan requires you to notify the School District of Palm Beach County (Risk & Benefits Management Department) within 60 days by completing the required notice form which is available on the District's Web site (see page 19) after the qualifying event occurs. The Risk & Benefits Management Department (Attention COBRA Technician) at 3300 Forest Hill Blvd., Suite A-103, West Palm Beach, FL 33406.

Once the School District of Palm Beach County (Risk & Benefits Management Department) receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that Plan coverage would otherwise have been lost.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the School District of Palm Beach County (Risk & Benefits Management Department) in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the School District of Palm Beach County (Risk & Benefits Management Department) is notified of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to:

The Risk & Benefits Management Department
Attention: COBRA Technician
3370 Forest Hill Blvd., Suite A-103
West Palm Beach, FL 33406

You must attach a copy of the SSA Determination Letter to the notice.

COBRA Notification

Important Continuation Coverage Information

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare (Part A, Part B, or both), or gets divorced or legally separated. The extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. In all of these cases, you must make sure that the School District of Palm Beach County (Risk & Benefits Management Department) is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to:

The Risk & Benefits Management Department
Attention: COBRA Technician
3370 Forest Hill Blvd., Suite A-103
West Palm Beach, FL 33406

You must attach a copy of the applicable supporting documentation to the notice (i.e. the divorce decree, death certificate).

If You Have Questions

If you have questions about your COBRA continuation coverage, you should contact the Risk & Benefits Management Department (Attention COBRA Technician) at (561)434-8959 or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's Web site at www.dol.gov/ebsa.

Retiree Q&A - What should I do when I retire?

During the 90 days prior to your anticipated retirement date, contact the Department of Employee Benefits, Retiree Technician, at (561) 434-8673 to schedule an appointment for retirement and continuation of group health/life plans and flexible benefits.

Special Consideration for Term Life Insurance:

Refer to the Conversion Provision on the Group Term Life pages as well as your policy certificate for timelines and application requirements.

When I retire, to whom do I send payments?

Retirees continuing their eligible group health, dental, vision and/or term life (\$1,000) insurance must elect to pay their full premium payments through deduction from the Florida Retirement System – provided the benefit would support the deduction. Until FRS deductions begin, payment by personal check or money order is required.

Beyond Your Benefits

Social Security

Social Security consists of two tax components: the FICA or OASDI component (the tax for old-age, survivors' and disability insurance) and the Medicare component. A separate maximum wage to which the tax is assessed applies to both tax components. There is no maximum taxable annual wage for Medicare. The maximum taxable annual wage for FICA is subject to federal regulatory change. If your annual salary after salary reduction is below the maximum wage cap for FICA, you are reducing the amount of taxes you pay and your Social Security benefits may be reduced at retirement time.

However, the tax savings realized through the Flexible Benefits Plan generally outweighs the Social Security reduction. Call FBMC Customer Care at 1-800-342-8017 for an approximation.

Itemized deductions

The portion of your salary set aside for before-tax benefit premiums and Flexible Spending Accounts through your employer's plans will not be included in the taxable salary or reported to the IRS on your W-2 form. However, your annualized Dependent Care FSA contributions will appear on your W-2 form as a non-taxable item. You will not have to claim these payments as deductions at the end of the calendar year. Your before-tax deductions cannot be used as itemized deductions for income tax purposes at the end of the calendar year.

Special Enrollment Rights Pertaining to Medical Benefits

If you are declining enrollment for yourself or your dependent (including your spouse) because of other health plan insurance coverage, you may in the future be able to enroll yourself or your dependent in your employer's plan provided that you request enrollment within 60 days after the other coverage ends.

Disclaimer - Health Insurance Benefits Provided Under Health Insurance Plan(s)

Health Insurance benefits will be provided, not by your Employer's Flexible Benefits Plan, but by the Health Insurance Plan(s) Certificates of Coverage. The types and amounts of health insurance benefits available under the Health Insurance Plan(s), and the other terms and conditions of coverage and benefits of the Health Insurance Plan(s) are set forth from time to time in the Health Insurance Plan(s) Certificates of Coverage. All claims to receive benefits under the Health Insurance Plan(s) shall be subject to and governed by the terms and conditions of the Health Insurance Plan(s) Certificates of Coverage.

Notice of Administrator's Capacity

PLEASE READ: This notice advises insured persons of the identity and relationship among the contract administrator, the policyholder and the insurer:

1. FBMC has been authorized by your employer to provide administrative services for your employer's insurance plans offered herein. In some instances, FBMC may also be authorized by one or more of the insurance companies underwriting the benefits offered herein to provide certain services, including (but not limited to) marketing, underwriting, billing and collection of premiums, processing claims payments, and other services. FBMC is not the insurance company or the policyholder.
2. The policyholder is the entity to whom the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. The insurance companies noted herein have been selected by your employer, and are liable for the funds to pay your insurance claims.

If FBMC is authorized to process claims for the insurance company, we will do so promptly. In the event there are delays in claims processing, you will have no greater rights to interest or other remedies against FBMC than would otherwise be afforded to you by law. FBMC is not an insurance company.

FBMC Privacy Notice

4/14/03

This notice applies to products administered by Fringe Benefits Management Company and its wholly-owned subsidiaries (collectively "FBMC"). FBMC takes your privacy very seriously. As a provider of products and services that involve compiling personal—and sometimes, sensitive—information, protecting the confidentiality of that information has been, and will continue to be, a top priority of FBMC. This notice explains how FBMC handles and protects the personal information we collect. Please note that the information we collect and the extent to which we use it will vary depending on the product or service involved. In many cases, we may not collect all of the types of information noted below. FBMC's privacy policy is as follows:

I. We collect only the customer information necessary to consistently deliver responsive services. FBMC collects information that helps serve your needs, provide high standards of customer service and fulfill legal and regulatory requirements. The sources and types of information collected generally varies depending on the products or services you request and may include:

- Information provided on enrollment and related forms - for example, name, age, address, Social Security number, e-mail address, annual income, health history, marital status and spousal and beneficiary information.
- Responses from you and others such as information relating to your employment and insurance coverage.
- Information about your relationships with us, such as products and services purchased, transaction history, claims history and premiums.
- Information from hospitals, doctors, laboratories and other companies about your health condition, used to process claims and prevent fraud.

II. Under HIPAA, you have certain rights with respect to your protected health information. You have rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with the Plan in care of FBMC's Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

Additional information that describes how medical information about you may be used and disclosed and how you can get access to this information is provided electronically on our Web site: www.myFBMC.com. You have a right to a paper copy at any time. Contact FBMC Customer Care at 1-800-342-8017.

III. We maintain safeguards to ensure information security. We are committed to preventing unauthorized access to personal information. We maintain physical, electronic and procedural safeguards for protecting personal information. We restrict access to personal information to those employees, insurance companies and service providers who need to know that information to provide products or services to you. Any employee who violates our Privacy Policy is subject to disciplinary action.

IV. We limit how, and with whom, we share customer information. We do not sell lists of our customers, and under no circumstances do we share personal health information for marketing purposes. With the following exceptions, we will not disclose your personal information without your written authorization. We may share your personal information with insurance companies with whom you are applying for coverage, or to whom you are submitting a claim. We also may disclose personal information as permitted or required by law or regulation. For example, we may disclose information to comply with an inquiry by a government agency or regulator, in response to a subpoena or to prevent fraud.

We will provide our Privacy Notice to current customers annually and whenever it changes. If you no longer have a customer relationship with us, we will still treat your information under our Privacy Policy, but we will no longer send notices to you. In this notice of our Privacy Policy, the words "you" and "customer" are used to mean any individual who obtains or has obtained an insurance, financial product or service from FBMC that is to be used primarily for personal or family purposes.

Medicare Part D Certificate of Credible Coverage

Important Notice from School District of Palm Beach County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with School District of Palm Beach County and prescription drug coverage available for people with Medicare.

It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage.
2. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
3. The School District of Palm Beach County has determined that the prescription drug coverage offered by United Health Care is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from November 15th through December 31st. Beneficiary's leaving employer/union coverage may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your United Health Care prescription drug coverage, be aware that you may not be able to get this coverage back. Prescription drug coverage is a part of the total health insurance plan offered by United Health Care and cannot be purchased separately.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

If you drop your coverage with the School District of Palm Beach County and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with the School District of Palm Beach County and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll.

For more information about this notice or your current prescription drug coverage...

Contact our office for further information at (561)434-8580.

Note: You will receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage change. You also may request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Medicare Part D Certificate of Credible Coverage

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare that offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date: October 1, 2009
Name of Entity: School District of Palm Beach County.
Contact: Retiree Benefits Technician
Address: 3370 Forest Hill Boulevard, Suite A-103
West Palm Beach, FL 33406-5870
Phone: (561)434-8673

Employee Self Service

Self Service

Keeping your data updated and close at hand just got a lot easier. Employee Self Service provides you with 24/7 access to your personal data. You can view your personal data, including your benefit enrollment and dependent information. You can modify beneficiary information at your convenience you can take advantage of Employee Self Service

Q: What am I able to view or change using the Self-Service module of PeopleSoft?

A: You can view paycheck and W-2 information, you can update/change beneficiary information, you can change your life insurance beneficiary percentage, you can view which plans you are enrolled in as well as which dependents are enrolled.

Q: I can not seem to get logged in PeopleSoft to complete my benefits, who should I contact?

A: Make sure you have first followed the instruction on how to obtain or reset your password. If you still need help, contact the IT Help Desk at PX 44100 or 242-4100 for further assistance. Remember your enrollment is time sensitive, so do not delay completing your enrollment within 30 days.

Q: How much time do I have to complete my on-line enrollment?

A: You have 30 days calendar days from their start date to complete your on-line benefit enrollment

Q: Will more time be granted to me if there is a holiday, system outage or if I have problems with my password?

A: In most cases, no additional time will be granted. Since you have 30 days to complete your enrollment, it is expected that you will act promptly; thus, allowing time to resolve any unexpected issues well before the final date to enroll.

Q: When should I be able to access the on-line enrollment system?

A: Within 24 to 48 hours of your start date, you should be able to create a password and then have immediate access to complete your enrollment.

Q: How do I create a password?

A: Follow the step by step on-line enrollment instruction which explains how to create a password as well as how to get help if you have forgotten your password.





The School District is pleased to announce a new PeopleSoft feature— **Employee Self Service - ePay**

Effective August 21, 2009, all employees will be able to perform the following activities online in PeopleSoft:

- * **View your Paychecks**
- * **Update your Direct Deposit**
- * **Update your W-4 Tax Information**

This functionality will enable you to perform these activities directly in PeopleSoft, from any location and at any time, without having to fill out paper forms. These streamlined processes will enable more efficient and paperless practices at the District. Detailed step-by-step instructions for *Viewing Paychecks*, *Updating Direct Deposit* and *W-4 Tax Information Job Aids* can be found on the PeopleSoft Portal page.

Please note that effective October 31, 2009, the District will no longer print or distribute Direct Deposit Pay Stubs.

To navigate to the Self Service ePay Job Aids, please follow these step-by-step instructions:



1. Access the District's home page at <http://www.palmbeach.k12.fl.us/>



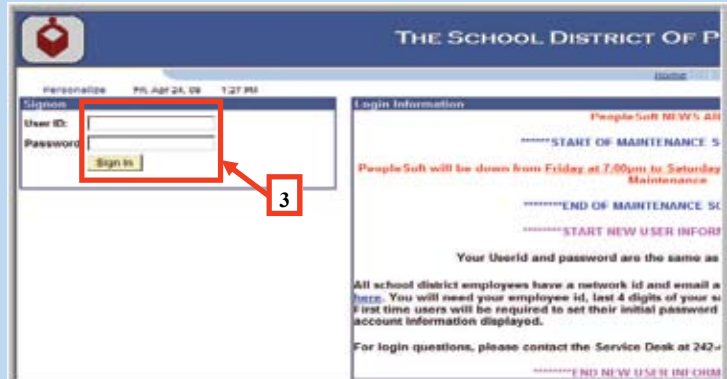
2. On the right side of the page is the **PEOPLESOFT** link. Click to access the PeopleSoft Portal page.

- * First time users, click on User I.D. Information to retrieve your login.
- * If you have forgotten your password, click on For got Password.

The District's PeopleSoft Portal page appears.



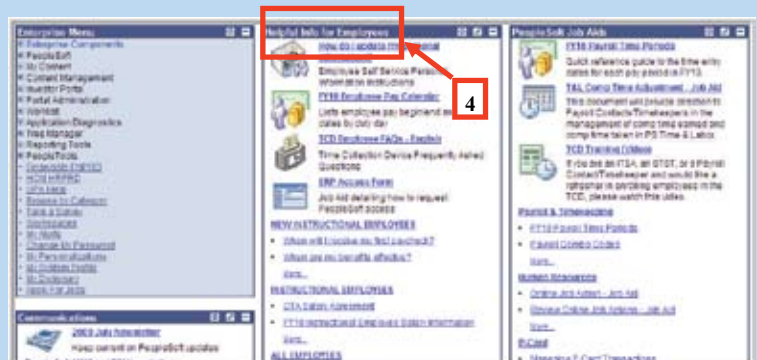
3. Enter your **User ID** and **Password**, and then click on the **Sign In** button.



A second portal page appears. The number of links will vary based on your level of security access.



4. In the **Helpful Info for Employees** section, you will find ePay Employee Self Service Job Aids on Viewing your Paycheck, Updating your Direct Deposit and Updating your W-4 Tax Information.



If you need further assistance, please contact the HR Customer Contact Center at (561) 434-8777 (PX 48777) or via e-mail at AskHR@palmbeach.k12.fl.us

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