

# ***NPUT***

## ***NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND***

Ron Noelle, Administrator  
Jon Stern, Asst. Administrator  
Ron Simon, Asst. Administrator

NEW MEMBER ORIENTATION  
BENEFITS - RECAP

July 1, 2017

### **LET'S RECAP... TRUST FUND PLANS OF COVERAGE**

THE FOLLOWING MAY ASSIST IN UNDERSTANDING THE BENEFIT TRUST FUND, THE BENEFITS PROVIDED AND COMPLETION OF THE PLAN APPLICATIONS. IF THERE ARE ANY QUESTIONS PLEASE CONTACT THE TRUSTEE IN YOUR BUILDING OR CONTACT RON SIMON, JON STERN OR MYSELF. A PHONE CALL WORKS BEST, (845) 255-5770.

The Board of Trustees that govern the functioning of the Trust Fund are:

Kieran Bell, Trustee – High School                      Diane Batista, Trustee – Middle School  
Janice Pallus, Trustee – Duzine School              Dal Veeder, Trustee – Lenape School  
Arielle Chiger, Trustee / NPUT President – Duzine School

The NPUT Benefit Trust Fund services the following units :

The New Paltz United Teachers    Building Administrators    Managerial & Confidential  
Educational Support Staff        Facilities and Operations    Secretarial & Clerical  
Bus Attendants                              Bus Drivers

#### **A. PAYROLL & YOUR DEDUCTIONS**

- (i) There are 22 payrolls in the school year.
- (ii) You may elect to have your salary over the 22 payrolls or over 26 payrolls, in which case the equivalent of 4 payrolls are held until the end of the school year (as a balloon check).
- (iii) Deductions for benefits are over 20 payrolls, starting with the third payroll.

#### **B. PART-TIME STAFF                      (Only Applies to the NPUT Teacher Unit)**

- (i) **HALF-TIME ( 0. 5) OR MORE RECEIVE FULL BENEFITS.**
  - (a) Complete ALL applications.
- (ii) **LESS THAN HALF-TIME (0. 4 OR LESS) RECEIVE 40 % BENEFITS.**
  - (a) Complete the Registration Form
  - (b) Required Plans ... Unum Long Term Disability, Stacy Braun Financial Counseling, Life Insurance & Vision Plan ( in which, if eligible dependents exist the Family Plan must be selected.)
- (iii) **A SPECIAL ENROLLMENT FORM WILL BE PROVIDED TO YOU.**
  - (a) Part-time members less than 0. 5 have **\$ 850** in their name.
  - (b) A deduction will be made for those required plans. Disability deductions are based on salary and Vision is based on coverage (individual or family).
  - (c) Once these deductions are made you may select from plans that are available, namely catastrophe plan, dental insurance , ID Watchdog or long term care.
  - (d) Remaining funds will be applied to these selections.
  - (e) If the remaining fund is not applied in full the balance will be placed in a Trust Annual Flex Fund to be claimed in June by submitting unreimbursed dental or vision expenses to the Trust.
  - (f) If you exceed the remaining funds that are available the excess will be applied through payroll deductions.

**C. LEFT POCKET OF YOUR PORTFOLIO -  
FORMS MUST BE RETURNED IMMEDIATELY –  
PARTICIPATION OF THE MEMBER IS PAID FOR BY TRUST FUND.**

**1. REGISTRATION ( Yellow Form )**

- (a) This form must be completed by all NEW and RETURNING staff and **RETURNED IMMEDIATELY, if not already returned.**
- (b) With this form we can automatically enroll you and your eligible dependents in the Pre-Paid Legal Plan and Stacy Braun Financial Counseling Program. No applications or payroll deduction forms are required.

**2. CATASTROPHE MAJOR MEDICAL INSURANCE (CMM) You will be enrolled in the NYSUT Catastrophe Major Medical (CMM) Plan by completion of the CMM Enrollment Form. This plan is Paid for by the Trust Fund [ As defined B (i)]**

- (a) **ADVISORY** If you wish to add dependents NEW staff must do so now or The following rules will apply - new dependent(s) may only be added as a result of a Life Event (marriage, birth, adoption, placement for adoption) and must be done within 60 days of such an event. To do so **See RIGHT POCKET Section 8 (Plan A) or Section 7 (Plan B)**

**3. DENTAL INSURANCE**

- (a) **The Trust pays the premium** for your Dental coverage. [ As defined B (i)]
- (b) If you **ONLY** wish to enroll yourself complete the Delta Dental Enrollment Form and **RETURN IT IMMEDIATELY.**
- (c) If you enroll a spouse / domestic partner or child(ren) then you must complete the Delta Dental Enrollment Form and the Payroll Deduction Form. **See RIGHT POCKET section 9 (Plan A ) or Section 8 (Plan B).**
- (d) Dependent children are covered to age 26. It is the member's responsibility to advise the Trust when the dependent child reaches age 26.
- (e) There is **NO membership card.**
- (f) This is a self-funded plan, where the Trust determines the coverage and premiums. Delta Dental administers the claims for the Trust. If there is a concern contact the Trust Administrator.
- (g) The Plan term year is from July 1 to June 30.
- (h) The maximum annual coverage is \$ 3000. Orthodontia has a \$ 3000 lifetime maximum.

**4. ID WATCHDOG**

ID Watchdog Platinum Coverage includes advanced identity monitoring of a member's personal, identifiable and financial information. The plan includes:

- Tri-Bureau (Experian, Equifax & TransUnion) Credit Monitoring and Rapid Alert Notices
- Tri-Bureau Credit Report and Score
- TransUnion Monthly Score Tracker
- Non-Credit Monitoring
- High-Risk Transaction Monitoring
- Social Network Alerts
- Registered Sex Offender Reporting and Notifications
- \$1Million Expense Reimbursement Insurance
- Fully-Managed Resolution Services
- 24/7 Call Center
- Guaranteed Fraud/Identity Theft Resolution if a Breach Should Occur

5. UNUM LONG & SHORT TERM DISABILITY. TERM LIFE/AD&D INSURANCE
- (a) **Trust pays for Basic Long Term Disability protection** to 70 % of your annual salary up to \$ 60,000 and provides a Basic Term Life / AD& D Insurance of \$ 200,000.
  - (b) The Trust provides non-teachers with Short Term Disability protection to 70 % of your annual salary to a maximum benefit of \$ 2000 per week.
  - (c) The four page enrollment form and the Page 3 Beneficiary assignment must be completed and **RETURNED IMMEDIATELY**.
  - (d) Unum Term Life / AD&D Insurance. If you wish to purchase more than the provided \$ 200,000 Life Insurance or for your spouse more than \$ 25,000, an Evidence of Insurability Form is required. **The form is in RIGHT POCKET Section 10 (Plan A) or Section 9 (Plan B)**.
  - (e) Supplemental Disability Insurance (Option B) may be selected to cover your full salary at 70% up to \$ 171, 429. The application / payroll deduction form for same must be **completed and returned by September 25, see RIGHT POCKET Section 11 (Plan A) or Section 9 (Plan B)**.
  - (f) You are covered under these benefits for the entire year.
6. UNUM LONG TERM CARE PLAN **(NPUT, Administration and Managerial ONLY)**
- (a) **The Trust pays for your** BASIC Unum Long Term Care Plan 1.
  - (b) Complete the two page enrollment form in the separate plan portfolio and **RETURN IT IMMEDIATELY see LEFT Pocket Section 6**.
  - (c) The base plan is \$ 3500 per month for 2 years (\$ 84,000) with no inflation, and payment over a lifetime.
  - (d) The member may purchase additional (supplemental) coverage and provide coverage for spouse, parents, grand parents and in-laws. There is an Enrollment Guide, Application and Premium Tables **see RIGHT POCKET section 12**.
7. NYSUT-DAVIS VISION PLAN
- (a) **The Trust pays the individual and family premiums** on this plan.
  - (b) There Enrollment that **MUST** be completed and **returned IMMEDIATELY**. **See LEFT POCKET section 7 (Plan A ) or Section 6 (Plan B)**.
  - (c) Those with dependents **must file a Family plan** and include all eligible dependents.
  - (d) Dependent children are covered to age 26. It is the member's responsibility to advise the Trust when the dependent child reaches age 26.
  - (e) A membership card **will be issued**.
- D. **RIGHT POCKET OF YOUR PORTFOLIO**  
**(TRUST PLAN ADDITIONAL OPTIONS / BY-UPS – PAID FOR BY THE MEMBER THROUGH PAYROLL DEDUCTIONS)**
8. NYSUT MAJOR MEDICAL CATASTROPHE PLAN (CMM)
- (a) New staff may cover other family members, spouse and child(ren).
  - (b) **ADVISORY** If you wish to add dependents you must do so now or the following rules will apply - new dependent(s) may only be added as a result of a Life Event (marriage, birth, adoption, placement for adoption) and must be done within 60 days of such an event.

- (c) Coverage of dependents will be charged through payroll deductions. The premium is based on the member's age.
- (d) If you are providing coverage for others on the Catastrophe Plan, the attached Enrollment Form and Payroll Deduction Form must be completed and **RETURN IMMEDIATELY**.
- (e) A domestic partner application is available from the Trust Administrator.

#### 9. DENTAL INSURANCE

- (a) If you enroll a spouse / domestic partner or child(ren) then you must complete the Delta Dental Enrollment Form and the Payroll Deduction Form contained in this section.
- (b) Dependent children are covered to age 26. It is the member's responsibility to advise the Trust when the dependent child reaches age 26.
- (c) The Plan term year is from July 1 to June 30.
- (d) The maximum annual coverage is \$ 3000. Orthodontia has a \$ 3000 lifetime maximum.

#### 10. UNUM TERM LIFE / AD&D INSURANCE

- (a) The Trust provides each member with Unum Term Life / AD&D Insurance policy of \$ 200,000 . This is free of health questions.
- (b) At age 65 the face value is reduced to 65 % and at age 70 to 50%, that is \$ 130,000 and \$ 100,000, respectively.
- (c) You may purchase supplemental, spousal coverage and child(ren) may be covered to \$ 4000. **This application may be found as part of your LEFT POCKET 5 form.** Return application form to the Trust Administrator.
- (d) If you wish to purchase more than the provided \$ 200,000 Life Insurance or your spouse more than \$ 25,000, an Evidence of Insurability Form is required which is included this section.
- (e) Members may carry this coverage into retirement at a \$ 100,000 level. At age 65 the face value is reduced to 65 % and at age 70 to 50%, that is \$ 65,000 and \$ 50,000, respectively. The premium decreases accordingly.

#### 11. LTD UNUM LONG TERM DISABILITY INSURANCE (LTD)

- (a) Supplemental Disability Insurance (Option B) may be selected to cover your full salary at 70% up to \$ 171, 429. The attached application / payroll deduction form must be **completed and returned by September 25. See RIGHT POCKET 11.**
- (b) Once enrolled it remains automatic from year to year with the premium increased in accord with your annual salary.

#### 12. UNUM LONG TERM CARE PLAN

- (a) The member may purchase additional (supplemental) coverage and provide coverage for spouse, parents, grand parents and in-laws. There is an Enrollment Guide, Application and Premium Table attached. Complete the appropriate forms and return to the Trust Administrator.

**E. ADDITIONAL AVAILABLE PLANS TO BE CONSIDERED.**

**13. AFLAC CANCER PLAN**

- (a) The Trust does not provide funding for this plan.
- (b) If you are interested contact the Trust Administrator to arrange for an AFLAC representative to meet with you.
- (c) The Trust provides the AFLAC with a list bill whereby the premiums are processed through the Trust via payroll deductions. This plan provides financial support / incentive for one to check out concerns related to cancer. The plan is offered on an individual or family basis

**14. COLONIAL SHORT TERM DISABILITY – PAUL REVERE INSURANCE**

- (a) The Trust does not provide funding for this plan.
- (b) If your are interested contact the Trust Administrator to arrange for an Colonial representative to meet with you.
- (c) The Trust provides the Colonial with a list bill whereby the premiums are processed through the Trust via payroll deductions. This plan provides financial support or one while on short term leave.

**15. VPI PET INSURANCE**

- (a) The Trust provides a discounted rate for the VPI Pet Insurance plans but does not fund them . Payroll deductions is provided. See the enclosed flier on the plan and how to enroll.

**16. APPOINTMENT OF PERSONAL REPRESENTATIVE**

- (a) This is required if you are incapacitated and wish to have another individual seek information about your coverage.
- (b) If your spouse / domestic partner, child(ren) over age 18 are covered on your plan you must have a Personal Representative Form prepared for them or information about their coverage cannot be shared.
- (c) On the blue page of EXAMPLES – YOU are the MEMBER and your representative is the INDIVIDUAL.

**F. RETIREE PARTICIPATION IN THE TRUST**

- (a) With more than 200 District retirees, about 80 % participate in some aspect of the Trust program. Generally, the retiree pays the full cost of the plan(s) selected while enjoying the group rates .
- (b) The Trust pays the retiree premium for those participating the NYSUT Catastrophe plan on or after July 1, 2008.
- (c) By contract with NYSUT- Davis Vision all retirees must participate in the Vision Plan. The Trust pays for the individual vision plan premium. If there is family coverage the retiree pays the dependent premium.

