

Congratulations on your new, benefitted position at the University of North Dakota. Below you will find information to help guide you through the benefit enrollment process.

Please print and complete the three attached forms regarding your benefits and return to und.payrollbenefits@und.edu as soon as possible. These forms are in addition to the online enrollment to follow. Electronic signatures cannot be accepted on these forms, however scanned copies are acceptable.

- **UND Life Insurance** – All benefitted employees are required to take the basic amount of \$5,000 of term life insurance at no cost to the employee. You will be providing your beneficiaries and level of coverage on this form.
- **NDPERS State Life Insurance** – All benefitted employees are required to take with the basic amount of \$12,000 of term life insurance at no cost to the employee. You will only be providing beneficiary information on this form with coverage amounts to be chosen in the online enrollment process through NDPERS.
- **NDPERS Designation of Beneficiary for Group Retirement** – This beneficiary form is for the NDPERS retirement account and there are no coverage levels to select.

NDPERS Retirement – The NDPERS retirement plan is a defined benefit plan. The monthly benefit at retirement is based on final average salary and years of service.

Additional Benefits:

Once we have received the above signed forms your NDPERS Member ID will be created. You will then receive an email from und.payrollbenefits@und.edu providing your NDPERS Member ID. This email includes instructions on how to create your NDPERS account and enroll in **health, dental, vision and life insurances** on NDPERS **Member** Self-Service. The NDPERS Member ID is what you will use when signing into Member Self-Service and not your UND EMPL ID.

Health Insurance - UND pays the full monthly premium for single or family coverage. There are two options available: Dakota Plan (PPO/Basic) or the High Deductible Plan (HDHP). Information is available during the NDPERS online enrollment process or at <https://campus.und.edu/human-resources/files/docs/insurance/ndpers-health-plan-comparison.pdf>.

Life Insurances –There is the option to enroll in supplemental life insurance in one or both plans. Additional term life insurance is available for yourself, spouse and dependents at the rates outlined on the included rate sheet.

Dental and Vision Insurance – Monthly premiums are paid for by the employee. Information and rates are available during the NDPERS online enrollment process or at <https://campus.und.edu/human-resources/employees/benefits/insurance.html#Dental>.

Supplement Retirement – All benefitted employees have the option to enroll in a supplemental 403(b) or 457(b) plan with TIAA. The 403(b) is available in pretax or Roth. This can be done at any time. You would enroll in the account online (www.tiaa.org/und) and complete the Salary Reduction Agreement at:

https://campus.und.edu/human-resources/_files/docs/retirement/salary-reduction-agreement-6-2018.pdf

NDPERS also offers an elective deferred comp 457(b) plan available to enroll in on the NDPERS site.

Flexible Spending Account – Information on Healthcare Spending Accounts can be found at https://campus.und.edu/human-resources/_files/docs/flex/asiflex-medical-fsa-information.pdf. Information on Dependent Care Spending Accounts can be found at https://campus.und.edu/human-resources/_files/docs/flex/asiflex-dependent-care-fsa-information.pdf.

You must enroll within 31 days of employment for the current plan year or wait until the open enrollment period for enrollment in the following year. Enrollment forms can be found at https://campus.und.edu/human-resources/_files/docs/flex/2019-flexcomp-enrollment-form.pdf

Waiver of Pretax Premiums - Eligible insurance premiums will automatically be pre-taxed unless you sign the waiver of pre-tax form. Information and the waiver form are available at: https://campus.und.edu/human-resources/_files/docs/insurance/waiver-of-pre-tax-insurance-8-2017.pdf.

Questions:

Retirement – Katie Douthit katie.douthit@und.edu or 701 777-2157

Insurances – Brandi Byrne brandi.byrne@und.edu or 701 777-2158

Flexible Spending – Cheryl Arntz cheryl.arntz@und.edu or 701 777-4423

UND LIFE Group Term Life and Personal Accident Insurance Enrollment

Life Insurance Coverage Underwritten by:

Mutual of Omaha

Name (Last, First, MI)		Employee ID
Social Security #	Date of Birth	Permanent Employment Date
<input type="checkbox"/> New Hire <input type="checkbox"/> Increase Coverage <input type="checkbox"/> Decrease Coverage <input type="checkbox"/> Beneficiary Change <input type="checkbox"/> Name Change (Former Name) _____		

Requested Coverage

<input checked="" type="checkbox"/> Basic Life (\$5,000 provided by Employer)	\$ <u>5,000</u>
<input type="checkbox"/> Employee Supplemental Life (\$10,000 minimum). <i>Maximum 10X salary or \$500,000 (whichever is less). Evidence of Insurability is required over \$150,000. Life insurance amounts will be reduced starting at age 70</i>	\$ _____
<input type="checkbox"/> Spouse Supplemental Life (\$5,000 increments) <i>Cannot exceed 50% of employee supplemental. Evidence of Insurability is required over \$20,000</i>	\$ _____
<input type="checkbox"/> Dependent Child(ren) (covers all dependent children) <i>Must have employee supplemental</i>	\$ <u>10,000</u>

EMPLOYEE IS AUTOMATICALLY THE BENEFICIARY FOR SPOUSE/DEPENDENT COVERAGE

Designation of Beneficiaries

Primary Beneficiary(ies)	% Share	Relationship	Birth Date	Address
			/ /	
			/ /	
			/ /	

Contingent Beneficiary(ies)	% Share	Relationship	Birth Date	Address
			/ /	
			/ /	
			/ /	

I hereby apply to Mutual of Omaha for Group Term Life Insurance as presented to me and authorize my employer to make any necessary premium deduction from my salary.

Applicant's Signature	Date Signed
Group Policy # G000AVV8	Effective Date



LIFE INSURANCE DESIGNATION OF BENEFICIARY
 NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
 SFN 53855 (Rev. 07-2019)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

NDPERS • 400 East Broadway • Suite 505 • PO Box 1657 • Bismarck • ND • 58502-1657
(701) 328-3900 • (800) 803-7377 • Fax (701) 328-3920

PART A MEMBER INFORMATION

Policy Number
67389-7

Name (Last, First, Middle)	NDPERS Member ID
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Effective Date	

PART B DESIGNATION OF BENEFICIARY

Primary Beneficiary(ies) If person enter Last, First, Middle	Relationship	Gender	Social Security Number	Birth Date	% Share	Address
Total must equal 100%						
Contingent/Secondary Beneficiary(ies) If person enter Last, First, Middle	Relationship	Gender	Social Security Number	Birth Date	% Share	Address
Total must equal 100%						

PART C MEMBER AUTHORIZATION

I understand that this election revokes any previous life insurance beneficiary designations. I have read and understand the terms and conditions listed on page two (2) of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

Member's Signature (Electronic Signatures will <u>not</u> be accepted)	Date
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Part A Member Information

Enter your name, NDPERS ID number, date of birth, last four digits of your Social Security Number, marital status, and effective date of change.

Part B Designation of Beneficiary

1. Use full legal name. (Example: "Anna May Smith," not Mrs. John Smith")
2. A member may designate contingent beneficiary(ies) who will receive benefits if the primary beneficiary(ies) predecease member.
3. If more than one person in a class (primary or contingent beneficiary) is named, members of that class will share equally in the benefits unless specific shares are designated. The total number of shares must equal 100 percent. The benefit will be distributed as directed by the designation. If a named beneficiary does not survive, the beneficiary's share will be distributed among any surviving beneficiaries, in the same proportion as the initial shares.
4. To file a death claim, a certified copy of the Death Certificate must be provided to NDPERS to process the claim.
5. Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established, or as allowed by law.
6. If an estate is named, specify whose estate such as: "Estate of the Insured." Full name and address of the executor must be included.

TRUSTEE DESIGNATION:

1. Trustee under the last will and testament of the insured, or his/her successors in trust, PROVIDED, HOWEVER, that if no claim is made by the Trustee within one year from the date of death of the insured or if the insured shall die leaving no last will and testament containing the trust covering this policy, the proceeds shall be payable to the estate of the insured. Payment of the proceeds of this policy to said Trustee or successors in trust shall fully and finally discharge the Company from all liability.
2. "The _____ Trust Company, trustee under written trust agreement date (month, date, year) _____, or its successor or successors in trust, and payment of the proceeds of this policy to said Trustee or successor or successors shall fully and finally discharge the Company from all liability." Full name and address of trust administrator must be included.

IT IS IMPORTANT TO KEEP YOUR BENEFICIARY DESIGNATIONS CURRENT IF YOU EXPERIENCE LIFE CHANGE EVENTS.

Part C Member Authorization

You must sign and date this section for this form to be valid.



DESIGNATION OF BENEFICIARY FOR THE GROUP RETIREMENT PLAN

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 2560 (Rev. 07-2019)

NDPERS • 400 East Broadway • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920

*In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used for tax reporting and as an identification number.

PART A MEMBER INFORMATION

Name (Last, First, Middle)	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	NDPERS Member ID
Date of Birth (mm/dd/yyyy)	Last Four Digits of Social Security Number	
Spouse Name (Last, First, Middle)		Spouse Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

PART B PLAN

<input type="checkbox"/> Main	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Judges	<input type="checkbox"/> Highway	<input type="checkbox"/> Defined Contribution	<input type="checkbox"/> Job Service
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PART C PRIMARY BENEFICIARY(IES) – Complete all sections

Name	Relationship	Social Security Number*	Birth Date (mm/dd/yyyy)	% Share	Address
Total must equal				100%	

PART D CONTINGENT/SECONDARY BENEFICIARY(IES)

Name	Relationship	Social Security Number*	Birth Date (mm/dd/yyyy)	% Share	Address
Total must equal				100%	

PART E MEMBER AUTHORIZATION

I understand that this election revokes any previous retirement account beneficiary designations. I understand that, if married, any initiation of dissolution or annulment of my marriage may void this designation. I have read and understand the terms and conditions listed on page two (2) of this designation. I hereby certify that the information provided on this form is true and correct to the best of my knowledge.

Member's Signature (Electronic Signatures will not be accepted)	Date
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PART F SPOUSE AUTHORIZATION

If you are married and designate a beneficiary other than or in addition to your spouse, your spouse must complete this section.

If a member dies while actively employed before completing three years of service, a lump sum payment of his/her retirement account will be paid to the listed beneficiary (ies).

If a member with three or more years of credited service is married, North Dakota law requires the spouse's consent before benefits can be paid other than to the member's spouse. (NDCC 30.1-05-02). If spouse's consent is given, please be advised, that if your primary beneficiary election is someone in addition to or in lieu of your spouse, there is no monthly pre-retirement death benefit provision.

I consent to the above retirement beneficiary (ies) designated by the above named NDPERS member.

Spouse's Signature (Electronic Signatures will not be accepted)	Date
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PROVISIONS FOR ALL BENEFITS

1. This "Designation of Beneficiary" is for the group Retirement Plan only. To designate beneficiary (ies) for the group Life Insurance Plan, please complete a "Life Designation of Beneficiary SFN 53855".
2. **EFFECTIVE WHEN FILED:** This designation will be effective when properly executed and received in the NDPERS office.
3. **SUBJECT TO LAWS AND REGULATIONS:** This designation is subject to the governing statutes and to rules and regulations established by the Retirement Board of the North Dakota Public Employees Retirement System. The acceptance of the designation by NDPERS does not establish that a survivor benefit will be payable. Whether or not a benefit is payable and the amount thereof will be determined at the time of death under laws and regulations then applicable.
4. **WHO IS ELIGIBLE TO BE A BENEFICIARY:** Any person, whether or not a relative, or a church or charity may be designated as a primary or contingent beneficiary. A member may also designate his or her estate as beneficiary and the benefits will be distributed according to his or her testamentary will or according to the state laws for interstate distribution. A creditor of a member (such as a bank, credit union, loan company, etc.) may not be named a beneficiary as a means of providing security for a debt. (N.D.C.C. 28-22-19)
5. **DESIGNATED BENEFICIARIES:** All beneficiary designations shall equal 100% of the benefit. If the benefit is being divided amongst multiple beneficiaries and the total share does not equal 100%, NDPERS shall amend the designations in order to reach the 100% in total, but in no circumstance will NDPERS amend the beneficiary designation by more than one (1) %. If an amendment is necessary, the additional percentage shall be credited to the eldest beneficiary.

If shares are not designated, NDPERS will distribute benefits equally to the named beneficiary (ies). As this distribution may not reflect the member's preference, we recommend the member be sure to designate the percent of share for each listed beneficiary.
6. If there are no surviving beneficiaries, all benefits will be paid to your estate.
7. A **certified** copy of the death certificate must be sent to NDPERS to process a claim.

PROVISIONS FOR RETIREMENT BENEFITS ONLY

1. **DEATH OF ACTIVELY EMPLOYED MEMBER:**
 - A. If a member dies while actively employed before completing three years of service, a lump sum payment of his/her retirement account will be paid to whoever is the listed beneficiary(ies).
 - B. If a member dies after completing three years of service, his/her retirement account will be distributed pursuant to N.D.C.C. 54-52-17(6) and N.D.C.C. 39-03.1-11(6).
2. **DEATH OF RETIREE:** Benefits will be paid to the named beneficiary based upon the option selected by the member at retirement. If there are no surviving beneficiaries, any remaining cash value will be paid to your estate.
3. **DEATH OF SURVIVING SPOUSE (in accordance with North Dakota law):** A lump sum payment of any remaining cash value will be paid to the spouse's named beneficiary. If there are no surviving beneficiaries, any remaining cash will be paid to the spouse's estate.

<p>NOTE: Benefits are not paid out to minor children listed as beneficiaries unless a trust or guardianship has been established.</p>



STATE LIFE INSURANCE RATES

Term Life Insurance

Underwritten by **VOYA**

- **Basic Life** - \$12,000 (employer paid).
- **Employee Supplemental** - Up to \$300,000 without medical approval in \$5,000 increments within 31 days of hire date. **Coverage over \$300,000 (maximum of \$600,000) must be medically approved.** Coverage includes the \$12,000 basic. All coverage must be medically approved after 31 days of employment.
- **Spouse Supplemental** - Up to \$100,000 without medical approval. Spouse coverage is limited to 50% of total employee supplemental. **Coverage over \$100,000 (maximum of \$300,000) must be medically approved within 31 days of hire.**
Employee supplemental and dependent coverage are required. All coverage must be medically approved after 31 days of employment.
- **Dependent** - \$2,000, \$5,000, \$7,000 or \$10,000 - (covers spouse and unmarried children from birth but less than 26 years of age). **Employee supplemental is required.**
- **If both husband and wife are UND employees** - Dependents and spouse may be insured by both members.

Monthly Rates				
Employee Age	Employee / Spouse: Rate is based on employee's age	Dependent		
	Per \$1,000 coverage	Spouse	Children	Rate
Under 25	0.02 / 0.02	\$2,000	\$2,000	.20 per month
25-29	0.02 / 0.02	\$5,000	\$5,000	.50 per month
30-34	0.04 / 0.04	\$7,000	\$7,000	.70 per month
35-39	0.06 / 0.06	\$10,000	\$10,000	\$1.00 per month
40-44	0.08 / 0.08	Dependent rate is not age based. It is a flat rate per month no matter how many dependents you are covering.		
45-49	0.09 / 0.10			
50-54	0.15 / 0.16			
55-59	0.30 / 0.32			
60-64	0.47 / 0.50			
65-69	0.92 / 0.98			
70+	1.52 / 1.60			

Upon termination of employment Voya will send the employee information to continue the coverage.

UND Life Insurance

University of North Dakota

Underwritten by



The following life insurance plans are provided for all benefit eligible employees of the University of North Dakota.

<p>Basic Life Insurance</p> <ul style="list-style-type: none"> • Coverage for Employee 	<ul style="list-style-type: none"> ▪ All eligible employees receive \$5,000 of Life Insurance coverage. This benefit includes Accidental Death & Dismemberment (AD&D) coverage. ▪ Provided by University of North Dakota. No cost to employee.
<p>Supplemental Life Insurance</p> <p><i>Additional Coverage for:</i></p> <ul style="list-style-type: none"> • Employee • Spouse • Dependent Unmarried Children <p style="text-align: center;">See page 2 for Monthly Rates</p>	<ul style="list-style-type: none"> ▪ You may purchase additional life insurance coverage. See rate table on page 2. ▪ If you enroll during the first 31 days you are eligible, you can purchase up to these amounts without providing any medical information. The coverage is guaranteed to be issued. Employee: \$150,000 Spouse: \$20,000 Children: \$10,000 ▪ You and/or your spouse may purchase coverage above the Guaranteed Amounts with proof of good health. You will need to complete a <i>Personal Health Application</i> and be approved by Mutual of Omaha to receive the additional coverage. This application is available from the HR & Payroll Services Office. The maximum amounts that can be purchased are: <i>Employee: \$500,000 or 10 times annual income, whichever is less</i> <i>Spouse: \$250,000, not to exceed 50% of employee amount</i> ▪ You must elect Supplemental Life Insurance for yourself in order to purchase this coverage for your spouse. Minimum employee coverage is \$10,000. ▪ Spouse coverage cannot exceed 50% of the employee supplemental coverage. ▪ Spouse rates are based on the <i>Employee's</i> age. ▪ You may not elect coverage for your spouse if he/she is an active member of the armed forces of any country or international authority or is already covered as a University of North Dakota Employee under this policy. <p><i>Dependent Child Coverage</i></p> <ul style="list-style-type: none"> ▪ If you elect Supplemental Life Insurance for yourself, you may purchase coverage for your unmarried dependent children. <i>No medical information is required.</i> ▪ One premium covers all children. This premium provides \$10,000 of coverage for each child. ▪ Children are covered from Live Birth to age 26 (if unmarried).

- Your premium is based on your age on the date you begin coverage, and then your age on January 1 each year thereafter.
- Your coverage and your spouse's coverage will be reduced by 35% at age 70 and by 55% at age 75 (of the original amount). This reduction applies to the Supplemental Life and Personal Accident coverage. The Basic Life coverage is not reduced. All coverage ends at retirement.
- Upon termination of employment, Supplemental Life coverage may be continued as a term life insurance plan or converted to a permanent cash value type plan.
- If both husband and wife are eligible University of North Dakota employees, you cannot elect spouse coverage.
- If you wish to begin or increase Supplemental Life coverage after you have been eligible for more than 31 days, you will need to complete a Personal Health Application and be approved by Mutual of Omaha to receive the additional coverage.
- If you become totally disabled before age 60 and your disability lasts for at least 3 months, your life insurance coverage may be continued, and the premium may be waived.
- Refer to the group policy for provisions regarding coverage for members of the armed forces, and disability of dependents on their normal effective date.

As is standard with most term life insurance, this Insurance coverage includes limitations and exclusions:

- Death by suicide (one year).
- Other exclusions may apply depending upon your coverage.

UND Life Monthly Deductions

Employee Age as of Effective Date	EMPLOYEE Life Insurance Coverage									
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<25	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
25-29	0.60	1.20	1.80	2.40	3.00	3.60	4.20	4.80	5.40	6.00
30-34	0.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
35-39	0.90	1.80	2.70	3.60	4.50	5.40	6.30	7.20	8.10	9.00
40-44	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00
45-49	1.60	3.20	4.80	6.40	8.00	9.60	11.20	12.80	14.40	16.00
50-54	2.50	5.00	7.50	10.00	12.50	15.00	17.50	20.00	22.50	25.00
55-59	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
60-64	6.80	13.60	20.40	27.20	34.00	40.80	47.60	54.40	61.20	68.00
65-69	13.20	26.40	39.60	52.80	66.00	79.20	92.40	105.60	118.80	132.00
70-74	22.60	45.20	67.80	90.40	113.00	135.60	158.20	180.80	203.40	226.00
75+	37.40	74.80	112.20	149.60	187.00	224.40	261.80	299.20	336.60	374.00

Employee Age as of Effective Date	EMPLOYEE Life Insurance Coverage					Employee Age as of Effective Date	SPOUSE COVERAGE			
	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000		Premium based on Employee Age			
							\$5,000	\$10,000	\$15,000	\$20,000
<25	5.50	6.00	6.50	7.00	7.50	<25	0.25	0.50	0.75	1.00
25-29	6.60	7.20	7.80	8.40	9.00	25-29	0.30	0.60	0.90	1.20
30-34	8.80	9.60	10.40	11.20	12.00	30-34	0.40	0.80	1.20	1.60
35-39	9.90	10.80	11.70	12.60	13.50	35-39	0.45	0.90	1.35	1.80
40-44	11.00	12.00	13.00	14.00	15.00	40-44	0.50	1.00	1.50	2.00
45-49	17.60	19.20	20.80	22.40	24.00	45-49	0.80	1.60	2.40	3.20
50-54	27.50	30.00	32.50	35.00	37.50	50-54	1.25	2.50	3.75	5.00
55-59	48.40	52.80	57.20	61.60	66.00	55-59	2.20	4.40	6.60	8.80
60-64	74.80	81.60	88.40	95.20	102.00	60-64	3.40	6.80	10.20	13.60
65-69	145.20	158.40	171.60	184.80	198.00	65-69	6.60	13.20	19.80	26.40
70-74	248.60	271.20	293.80	316.40	339.00	70-74	11.30	22.60	33.90	45.20
75+	411.40	448.80	486.20	523.60	561.00	75+	18.70	37.40	56.10	74.80

DEPENDENT CHILDREN:	\$1.60	One premium provides \$10,000 of coverage for each eligible child.
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This Benefit Highlights Sheet is an overview of the Insurance being offered. It is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all the provisions, terms, conditions, limitations, and exclusions of your insurance coverage. In the event of any difference between this Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

For more information, contact the UND HR & Payroll Services office at brandi.byrne@und.edu or 701-777-2158.