



2020 OPEN ENROLLMENT

October 24 - November 8, 2019



FRATERNAL ORDER OF POLICE (FOP) OPEN ENROLLMENT NEWSLETTER & ENROLLMENT FORM NO ACTION REQUIRED TO KEEP CURRENT BENEFITS (EXCEPT for Flexible Spending Accounts (FSAs) – You Must Re-Enroll in FSAs for 2020)

This communication is for eligible FOP employees and contains important information about Voluntary Benefits Open Enrollment. FOP eligible employees receive Core benefits (Medical, Dental and Vision) through the FOP Insurance Trust Fund. For detailed information about the City voluntary benefits, please visit LauderShare or the City of Fort Lauderdale Benefits webpage www.fortlauderdale.gov/benefits which includes plan information and Important Disclosure Notices. Open Enrollment is your one-time annual opportunity to enroll in or make changes, unless you or your eligible dependents experience a qualified life event.

The information provided in this communication is a general summary of Voluntary Benefits changes and options available for plan year 2020. If any information conflicts with governing plan documents, certificates of coverage, city resolutions and state/federal laws, the provisions of the governing plan documents, certificates of coverage, city resolutions and state/federal laws will prevail.

Part 1: What’s New and Reminders for 2020

Open Enrollment for 2020 will be passive. This means that all 2019 benefits will automatically continue EXCEPT for Flexible Spending Accounts (FSAs) effective January 1, 2020. 2019 FSAs will end unless you RE-ENROLL for 2020 during Open Enrollment.

1. Health Care and Dependent Care FSAs

The FSA program offered by the City is administered by Benefits Outsource, Inc. (BOI). Employees wishing to enroll in Health Care and Dependent Care FSAs effective January 1, 2020, must complete this 2020 Open Enrollment Form.

- ❖ Health Care FSA enrollment range is \$260 - \$2,700 annually.
- ❖ Dependent Care FSA enrollment range is \$260 - \$5,000 annually.

BOI Debit Card: Current FSA account owners who re-enroll will continue to use the same BOI debit card up to the card’s expiration date at which time a new card will be issued. New 2020 FSA enrollees will be provided with a benefit debit card from BOI for use with eligible expenses incurred in 2020.

2019 Grace Period: Last day to incur 2019 eligible expenses is March 15, 2020. Claims incurred through the grace period must be submitted to BOI no later than March 31, 2020.

2020 Grace Period: Last day to incur 2020 eligible expenses is March 15, 2021. Claims incurred through the grace period must be submitted to BOI no later than March 31, 2021.

2. Voluntary Group Term Life Insurance (Includes Accidental Death and Dismemberment Coverage)

If you are not currently enrolled and wish to enroll, make changes, or update your beneficiaries, please complete this 2020 Open Enrollment Form.

- ❖ **Automatic rollover:** Employee and dependent life insurance amounts in effect under Standard Insurance Company plan, as of December 31, 2019, will automatically continue, effective January 1, 2020, unless you cancel or make a change.
- ❖ **Medical History Statement (aka: Evidence of Insurability (EOI)):** Employees who are not newly eligible for benefits must complete a Medical History Statement (aka: EOI) if they enroll or increase coverage for themselves and/or their dependents. A Standard Insurance Company Medical History Statement (aka: EOI form) must be completed and approved by Standard Insurance Company before coverage will begin. **Employees enrolling in life insurance or increasing the benefit must be actively at work for coverage to become effective.**
- ❖ Spouse/domestic partner rates are based on the employee’s age. The employee must be enrolled in voluntary group term life insurance to select spouse/domestic partner coverage.
- ❖ Children may be enrolled for \$10,000 of coverage through the end of the calendar year that they turn age 26 for a biweekly premium of \$.23 (covers all children at one price). The employee must be enrolled in voluntary group term life insurance to select coverage for their child(ren).

3. Voluntary Benefits

The City offers Voluntary Benefits that are administered by FBMC Benefits Management to all eligible employees. These are optional benefit plans that are paid 100 percent by the employee and typically have the advantage of preferred rates not available to individuals on their own with the convenience of paying premiums through payroll deduction.

Automatic rollover: If you are currently enrolled in any of the voluntary benefits for 2019, your coverage will automatically continue, effective January 1, 2020, unless you cancel or make a change.

Aflac Plans:

- **Group Hospital Indemnity Insurance, Aflac (Post-Tax):** Provides financial assistance when you are confined to a hospital.
- **Group Accident Insurance, Aflac (Pre-Tax):** Provides financial benefits for covered accidents.
- **Short Term Disability Insurance, Aflac (Post-Tax):** Provides financial benefits in the event of a qualified disability.
- **Group Critical Illness Insurance, Aflac (Pre-Tax):** Provides benefits when diagnosed with a covered critical illness.

If you are not currently enrolled and wish to enroll or make changes to your current Aflac voluntary benefit(s), you **MUST** meet with a Professional Benefits Counselor/Enroller. Schedule your appointment to meet with a Professional Benefits Counselor/Enroller at www.myenrollmentschedule.com/Lauderdale or by calling 1-866-998-2915. Meet with a Professional Benefits Counselor/Enroller to be entered in a raffle to win a Smartwatch, Smart Speaker or a Samsung Galaxy Tablet.

ARAG Legal Insurance:

- **Legal Insurance, ARAG (Post-Tax):** Provides attorney fees for most covered legal matters within the plan limits.
- The Ultimate Advisor Plan will have a \$0.81 bi-weekly increase with plan enhancements.

If you are not currently enrolled and wish to enroll or make changes to your current ARAG Legal Insurance, you must complete this 2020 Open Enrollment Form.

4. Open Enrollment Benefits Education Workshops

Education Workshops will be conducted throughout the City, from 10/14/19 through 10/22/19, prior to the start of the annual open enrollment period. This is your opportunity to meet vendors and City staff to learn more about the 2020 Voluntary Benefits and have your questions answered. The full schedule is posted on www.fortlauderdale.gov/benefits.

❖ **Benefits Education Workshop at Fort Lauderdale Police Station: Wednesday, October 16, 2019, 12:00pm-1:00pm, 2nd Floor Classroom. Eligible FOP Employees may attend any of the Citywide Benefits Education Workshops.**

5. Dependent Eligibility Documentation

❖ **REMINDER:** You must provide documentation of eligibility (for example birth certificate, marriage certificate, certification of domestic partnership etc.) for each new dependent to be enrolled. **New dependents will not be added to plans without the required eligibility documentation. Proof of eligibility documentation for new dependents enrolled must be submitted to the Benefits Section, HR, no later than November 8, 2019. Please remember to write your employee ID number on each document submitted.**

Part 2: Enrollment Form

Enrollment Instructions: Automatic rollover - 2019 Benefits will automatically continue (**EXCEPT** for Flexible Spending Accounts (FSAs)), effective January 1, 2020, **unless** you cancel or make a change. If you wish to continue funding a FSA(s), you **MUST** re-enroll in FSA(s) for 2020. Follow 3-simple steps below:

Step 1: Review your current 2019 Benefits Statement, 2020 Open Enrollment Newsletter and Benefits Information on LauderShare or at www.fortlauderdale.gov/benefits. If you do not want to make any changes AND you do **not** want a FSA(s), **STOP HERE** (no further action required). If you want to make **ANY** changes or enroll in a FSA(s) for 2020, continue to Step 2.

Step 2: Enroll/Make Changes: There are 2 options:

Option 1. Self-Enroll by Completing and Submitting this Form:

- If you are not currently enrolled and wish to enroll or make **ANY** change to your **Flexible Spending Accounts, Voluntary Group Term Life Insurance or Legal Insurance**, please complete only the sections of this form that you wish to change. This includes adding or deleting a dependent.
- To carryover all 2019 enrollments with no changes, except 2020 FSA enrollment, complete sections 1 and 2; sign section 7 and submit the form.

Option 2. Meet with a Professional Benefits Counselor/Enroller. To enroll in or make changes to any of the Aflac Voluntary Benefits you **must** schedule an appointment to meet with a Professional Benefits Counselor/Enroller at <http://www.myenrollmentschedule.com/lauderdale> or by calling 1-866-998-2915.

2020 Onsite Open Enrollment Professional Benefits Counselor/Enroller Schedule at the Fort Lauderdale Police Station		
Dates	Times	Police Station Room Locations
Monday, October 28	6:00am – 8:00pm	2nd Floor Classroom
Tuesday, November 5	6:00am – 8:00pm	2nd Floor Classroom
Friday, November 8	6:00am – 8:00pm	2nd Floor Classroom

Step 3: Sign, submit form and documents:

- **Completed enrollment form and required documents must be received by Benefits Section, HR no later than November 8, 2019.**
- Please keep a copy of this completed form for your records.
- Verify the deductions on your January 3, 2020 paycheck and report any discrepancies no later than January 10, 2019.

Four (4) ways to submit this completed form (and any required documents) (DO NOT EMAIL):

1. Meet with a Professional Benefits Counselor/Enroller (Retain a copy, stamped by the Enroller, as proof of receipt)
2. Fax to Benefits-HR: 954-828-5328 (Retain a copy of the fax confirmation)
3. Drop Off in Person to Benefits Section, HR at City Hall, 3rd Floor (Retain a copy, stamped by HR, as proof of receipt)
4. Mail to: City of Fort Lauderdale (Retain proof of mailing)
Attn: Benefits Section, HR
100 N Andrews Ave 3rd Floor
Fort Lauderdale, FL 33301

PLEASE DO NOT EMAIL THIS COMPLETED FORM DUE TO CONFIDENTIALITY.



Start Enrollment/Changes:

1. Employee Data (please print):				
LAST NAME		FIRST NAME		MI
DATE OF BIRTH (MM/DD/YYYY)	CELL PHONE	WORK PHONE	GENDER: MALE	FEMALE
			<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE ID NUMBER	EMAIL			

2. Benefits Outsource Inc. FLEXIBLE SPENDING ACCOUNTS (FSA) (Pre-tax):	
Complete this section if you wish to participate in either or both Flexible Spending Accounts for 2020 by entering the ANNUAL DOLLAR AMOUNT. Participation does NOT carryover from the previous year; YOU MUST RE-ENROLL during open enrollment. The minimum you may contribute to either FSA account is \$260 annually.	
<input type="checkbox"/> *Opt-Out/Decline flexible spending account(s) coverage for 2020	
A. HEALTH Flexible Spending Account – A pre-taxed benefit used for eligible healthcare expenses for you, your spouse and your eligible dependents. (\$2,700 Annual Maximum)	B. DEPENDENT CARE Flexible Spending Account - A pre-taxed benefit used to pay for eligible dependent care expenses for children under the age of 13 or adult daycare. (\$5,000 Annual Maximum)
\$	\$

The Standard City Paid Life Insurance - The City pays the full cost for 1 times the base salary as of January 1 of each year up to a maximum of \$300,000 life insurance coverage for all active full-time, senior management fellows and temporary full-time employees. Imputed Income applies for salaries that exceed \$50,000.

3. The Standard VOLUNTARY GROUP TERM LIFE INSURANCE (Post-tax and Subject to Evidence of Insurability)**:		
A: Additional Coverage Desired For Employee - Employees may apply for life insurance coverage in increments of \$5,000 within a range of \$10,000 (minimum) to \$400,000 (maximum). (Please select one)		
<input type="checkbox"/> *Opt-Out/Decline <input type="checkbox"/> \$_____,000		
B: Coverage Desired For Spouse/DP - Spouse/DP qualifies for \$5,000 to \$200,000 in \$500 increments but not to exceed 50% of employee’s additional coverage. (Please select one)	C: Coverage Desired For Child(ren) to the end of the calendar year in which they turn Age 26. (Please select one)	
<input type="checkbox"/> *Opt-Out/Decline <input type="checkbox"/> \$_____,000	<input type="checkbox"/> *Opt-Out/Decline <input type="checkbox"/> \$10,000	

In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary (ies) and contingent beneficiary (ies) (if any) and designate as primary beneficiary (ies) and contingent beneficiary (ies) (if any) in the event of my death, the following:

4. GROUP TERM AND AD&D LIFE INSURANCE Primary Beneficiary(ies) Designation – FOR EMPLOYEE COVERAGE ONLY:				
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (Required)	Address (Street, City, State, Zip Code)	Share %
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL 100%

In the event said primary beneficiary(ies) predecease(s) me, I designate as contingent beneficiary(ies):

Contingent Beneficiary(ies) Designation – FOR EMPLOYEE COVERAGE ONLY:				
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth (Required)	Address (Street, City, State, Zip Code)	Share%
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL 100%



5. DEPENDENT INFORMATION: Please complete this section if you wish to add or delete a dependent. If you have any additional children to add or delete, mark here and list on a separate sheet, sign and staple it to this form. A copy of the supporting document(s) (i.e.: marriage certificate, birth certificate, DP Affidavit) is required.

Add Delete	LAST NAME	FIRST NAME	SOCIAL SEC #	DOB MM/DD/YYYY	SEX M/F
	Spouse/DP				
	Child				
	Child				
	Child				

6. ARAG VOLUNTARY LEGAL INSURANCE (Post-tax):

*Opt-Out/Decline voluntary legal coverage for 2020

Ultimate Advisor \$8.42

Ultimate Advisor Plus \$10.15

IMPORTANT TERMS AND CONDITIONS

- I authorize my employer to deduct from my pay the cost of any pre or post-tax benefits I have elected. I understand the contribution to my Social Security account may be reduced for pre-tax contributions based on my income after reduction.
- I certify that the information supplied in this application is true to the best of my knowledge.
- I understand that once this form is submitted, I cannot request a change until the next annual open enrollment. A change of coverage type may be requested to add a newly acquired dependent within 30 days of the event (60 days for newborns, newborns adopted/placed for adoption), or to add or delete existing dependents subject to the requirements of the Internal Revenue Code Section 125 and the City's Flexible benefits Plan document. Please refer to the Employee Benefits web page or plan specific governing documents for more information.
- I understand for ALL dependents to be enrolled, legal documents (example: marriage certificate, birth certificate, Affidavit of domestic partnership, etc.) must be attached to this form and submitted to the Benefits Section. Include your employee ID number on all dependent documentation submitted.
- I hereby acknowledge and certify that I have received and read this 2020 FOP Open Enrollment Newsletter & Enrollment Form. I am aware that the "2020 Benefits Handbook" and this 2020 FOP Open Enrollment Newsletter & Enrollment Form are available for review on LauderShare and online at www.fortlauderdale.gov/benefits.

IMPORTANT NOTICES

***Opting-Out or Cancelling Coverage:** If you opt-out or cancel coverage, you cannot re-apply until the next open enrollment, unless you or your eligible dependents experience a qualified life event.

****Voluntary Group Term Life Insurance:** I understand that if this application is received after 30 days of initial eligibility, or if coverage is in excess of the guaranteed issued amount, or if I increase my current coverage amount(s), evidence of insurability will be required by the current Group Carrier and is subject to medical approval. I must be actively at work for coverage to take effect. I authorize the City of Fort Lauderdale to provide a complete copy of this Group Term, Accidental Death and Dismemberment (AD&D) Life Enrollment and Beneficiary Designation Form, including my social security number, to the life insurance provider for the purpose of processing life insurance claim(s).

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. Florida Statute Section 817.234 (1) (b)

7. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND AGREE TO THE STATEMENTS, TERMS AND CONDITIONS PROVIDED IN THIS ELECTION FORM.

Employee's Signature

Date

For Internal Use Only:

Received By

Date

All enrollment changes (and any required documents) must be received by Benefits Section, HR by November 8, 2019. Change requests received after November 8, 2019 will not be processed. For questions, please contact Benefits Section, HR at 954-828-5160.

Please keep a copy of this completed form for your records.

Check the deductions on your January 3, 2020 paycheck and report any discrepancies no later than January 10, 2020.

If you would like this form in an alternate format or if you need reasonable accommodation to participate in this event, please call Benefits, HR (954) 828-5160 or email benefits@fortlauderdale.gov.