



Separation of Employment Benefits Information

The following information is intended to provide you with a summary of who to contact and the process to follow should you choose to continue any of your benefit plan coverages.

General Notice of COBRA Continuation Coverage Rights

Continuation Coverage Rights Under COBRA

Introduction

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all 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 Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Human Resources, 215 North Mason Street, 2nd Floor, Fort Collins, CO 80524.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information**Human Resources**

215 North Mason Street, 2nd Floor
Fort Collins, CO 80524
970-221-6535

COBRA benefits are administered by UMR. You may contact UMR COBRA after your termination date at 800-207-1824.

Medical, Dental, and Vision benefits end at the end of the month in which you are terminating employment.

2025 COBRA Rates

MEDICAL	TIER	MONTHLY PREMIUMS
UMR: PPO	Participant	\$837.24
	Participant w/Spouse	\$1,841.95
	Participant w/Child(ren)	\$1,507.07
	Participant w/Family	\$2,344.29
UMR: HDHP	Participant	\$689.41
	Participant w/Spouse	\$1,516.72
	Participant w/Child(ren)	\$1,240.97
	Participant w/Family	\$1,930.37
DENTAL	TIER	MONTHLY PREMIUMS
Delta Dental	Participant	\$45.12
	Participant w/Spouse	\$81.22
	Participant w/Child(ren)	\$101.54
	Participant w/Family	\$135.38
VISION	TIER	MONTHLY PREMIUMS
VSP	Participant	\$7.66
	Participant w/Spouse	\$15.33
	Participant w/Child(ren)	\$15.33
	Participant w/Family	\$24.12

HEALTH SAVINGS ACCOUNT (HSA)

- **Alerus**

Contributions made pre-tax, by you and the City, will remain in your Health Savings Account. Even if you switch employers or choose a different health insurance plan, your HSA stays with you. You can no longer make contributions to your Health Savings Account after you separate employment. However, you can continue to use your HSA money to pay for eligible medical, dental or vision expenses incurred by you and your qualified tax dependents after you opened your HSA. Login to your account at <http://www.alerusrb.com> or call 1-877-661-4727 with additional questions.

FLEXIBLE SPENDING ACCOUNTS: Health Care or Dependent Care Reimbursement

- **Alerus**

Only claims for **expenses incurred on or before your termination date** may be submitted for reimbursement. Claims and supporting documents and/or receipts must be filed with Alerus within 90 days of termination. Claims submitted after this date cannot be accepted and your remaining balance will be forfeited unless you elect to continue participation through COBRA continuation.

You may continue your participation in the health care account and receive reimbursement for charges incurred after your termination if you sign up for COBRA continuation. Please call Alerus if you have additional questions at 1-877-661-4727.

VOLUNTARY BENEFITS

- **Aflac Critical Illness Plan**
- **Aflac Accident Plan**

If you elected coverage under Aflac's Critical Illness and/or Accident plans, your benefit plans will end on the last day of the termination month. **You have 31 days to port/convert your Aflac Accident and Critical Illness plans** which will allow you to keep the City's rates.

Aflac will require an alternate method for your payments. **Call Aflac toll-free at 1-800-433-3036 within 31 days** of your payroll termination date and let them know you would like to continue your Aflac coverage.

Aflac will mail you a Continuation of Coverage form for completion.

Completed forms, required premium* and voided check (if applicable) should be mailed to the address below:

Aflac
P.O. Box 84069
Columbus, GA 31908

** Please make your check or money order payable to Aflac and be sure to include your certificate number.*

SUPPLEMENTAL LIFE INSURANCE

- **Reliance Standard Supplemental Life Insurance**

If you had elected supplemental group term life and/or accidental death insurance as an active employee for you, your spouse or your eligible dependents, these policies **terminate at the end of the month in which you terminate employment** with the City of Fort Collins. You may elect to convert or port these coverages to individual term life insurance policies without evidence of eligibility. Individual life insurance is more expensive than group term insurance and rates will be provided after termination of employment from Reliance Standard.

Within two weeks of your termination date, the Reliance Standard Portability packet will be mailed to your home address on record with the City of Fort Collins. The completed Insurance Services Portability Form should be mailed to:

AmWINS Group Benefits, Inc.
P.O. Box 152501
Irving, TX 75015-2501
Fax: 1-469-417-1675
Email: irvcustomerservice@amwins.com

Reliance Standard must receive the completed portability form within 31 days of the coverage termination date.

After termination, for additional questions, Insurance Services, Division of Protective Life Insurance Company, 1-800-268-4887.

- **Anthem Voluntary Life Insurance**

If you elected voluntary life insurance during your period of employment with the City of Fort Collins, you may complete an [application for continued coverage](#) under this plan for yourself and any dependents that were covered prior to your termination of employment. The premium rates provided will be the same as the premium rates for active employees and are subject to change each January 1. To continue coverage, submit your Portability Application directly to Anthem Life at the address shown on the bottom of the application. **Your application must be submitted within 30 days of your employment termination date.**

If you choose to continue this coverage, Anthem Life will bill you directly at your home address, and your premiums will be paid directly to the insurance company.

LONG TERM DISABILITY

Eligibility for Long Term Disability ends on your last day of employment and is not subject to continuation or conversion unless you became disabled and have started your disability claim prior to your termination date. Payment of LTD benefits is subject to the approval of Reliance Standard Life Insurance. If approved, you may be required to submit periodic medical updates to Reliance Standard. Your LTD Benefit may be reduced by income you receive from other sources, such as other employment, social security, retirement, disability, and workers compensation. If other benefits are approved retroactively, you are required to reimburse Reliance Standard for the value of those additional benefits.

LTD benefits are payable for up to two years if you are continually unable to perform the essential duties of your own occupation. After two years, benefits may continue if you are unable to perform the essential duties of any occupation for which you are reasonably well suited by virtue of your education, training, and experience. Benefits for disability due to mental illness are limited to two years. Subject to the approval of Reliance Standard, benefits could be paid until age 65 or beyond, depending upon your age at the time you became disabled.

*** IMPORTANT NOTE:** LTD benefits are subject to Federal and State income taxes.

RETIREMENT

When making decisions about your retirement funds, you **are strongly encouraged to obtain professional assistance from an accountant, Financial Planner or tax advisor**. If applicable, you have several options from which to choose regarding the disposition of your account(s):

- **401 (a) Money Purchase Plan**

- Rollover/Transfer of funds to another employer's eligible qualified pension plan.
- Rollover/Transfer of funds to an Individual Retirement Account (IRA), call the Nationwide service center at 1-877-677-3678 to obtain the form.
- Maintain your account with Nationwide under the City of Fort Collins' plan. By doing so, you may continue to manage the allocation of your investment funds, and you preserve your right to rollover funds to another employer's qualified pension plan or an IRA in the future; however, you may not make additional contributions to the plan.
- Withdrawal of funds can be completed online via www.fortcollinsrp.com. Log on to your account and follow the instructions as noted on the website.

- **Loans**

There are 3 options available to you if you have an outstanding loan balance when you separate employment with the City:

1. Pay off the loan in full upon termination.
2. Continue repaying the loan via ACH Debit from your personal bank account.
3. Default the loan and allow the unpaid balance to become a taxable distribution.
 - With this option, you may incur a substantial tax liability. Please consult your tax or financial advisor.

- **457 Deferred Compensation Account:**

- Rollover/Transfer of funds to another employer's eligible qualified pension plan
- Rollover/Transfer of funds to an Individual Retirement Account (IRA), call the Nationwide service center at 1-877-677-3678 to obtain the form.
- Maintain your account with Nationwide under the City of Fort Collins' plan. By doing so, you may continue to manage the allocation of your investment funds, and you preserve your right to rollover funds to another employer's qualified pension plan or an IRA later; however, you may not make additional contributions to the plan.
- Withdrawal of funds can be completed online via www.fortcollinsrp.com. Log on to your account and follow the instructions as noted on the website.
- You may choose to transfer your accrued vacation balance pre-tax to your 457 Account. The request to transfer your vacation balance to your pre-tax 457 Account must be submitted in writing to HRBenefits@fcgov.com ten calendar days prior to your last paycheck. Exceptions are not allowed due to payroll deadline requirements.

Special Note to Employees on Disability benefits: 457 Funds may be used to supplement Long Term Disability (LTD) earnings without reducing your monthly LTD benefit payment.

- **Post-Employment Health Plan (PEHP):**

You are eligible to begin receiving reimbursement from your PEHP/Retirement Health Savings Plan for IRS approved medical expenses as soon as you separate employment with the City of Fort Collins. The City will notify Nationwide that you have terminated employment and are eligible to use funds from the Plan. Contact the Nationwide service center for questions at 1-877-677-3678.

- **General Employees Retirement Plan (GERP):**

If applicable, this plan is a defined benefit plan. Benefits are determined by a formula based on your years of eligible service with the City of Fort Collins and your final average monthly compensation (FAMC). Normal retirement age is 65. Benefits may be taken as early as age 55, but they are reduced according to the number of months at retirement that you are under age 65. The benefit formula is: $(FAMC) \times (\text{years of eligible service}) \times 1.5\% \times (\text{vesting for early retirement}) = \text{monthly benefit}$. If you would like a benefit calculation prepared, please call Human Resources at 970-221-6562 or email HRBenefits@fcgov.com to request and complete the GERP Calculation Estimate Form.

Special Note to Employees on Disability benefits: Any distribution from your GERP pension must be reported to Reliance Standard and will offset/reduce your LTD benefit.