

I. Participation in the Plan


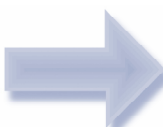
Employee Eligibility

To enroll in a benefit program offered by Wellesley College, you must be eligible for that program. Your eligibility is based on employment classification including the hours you are regularly scheduled to work each week and any collective bargaining agreement relating to your employment. The programs currently available are:



- Medical Coverage (HMO or PPO)
- Dental Coverage (Delta Dental Premier or DeltaCare)
- Employee Assistance Plan (EAP)
- Life Insurance (Basic, Contributory, Spouse)
- Short Term Disability (STD) Insurance – Union only
- Long Term Disability (LTD) Insurance
- Long Term Care (LTC) Insurance
- Flexible Spending Accounts (FSAs)

To determine your eligibility for a specific benefit program, and your effective date of coverage once you elect to enroll in a program, refer to the appropriate table:

I: Faculty and Administrative Staff Eligibility

Your Job Classification:	Your Eligibility:	Your Enrollment Date:
<ul style="list-style-type: none">• Faculty or Administrative Staff 	<ul style="list-style-type: none">• You must work at least 17.5 hours per week to enroll in: Medical and/or Dental coverage or the FSA Reimbursement Plans.• You must work at least 35 hours per week to enroll in Life Insurance and LTD. 	<ul style="list-style-type: none">• Medical, Dental, and the FSA Reimbursement Plans: the 1st of the month co-incident with or following your date of hire.• EAP: on your date of hire.• Basic Life Insurance and Contributory/Spouse Life Insurance: the 1st of the month co-incident with or following your date of hire.• Long Term Disability: the 1st of the month co-incident with or following your date of hire.• Long Term Care Insurance: within the first thirty days of employment no statement of health required.

II: Union Employee Eligibility

Your Job Classification:	Your Eligibility:	Your Enrollment Date:
<ul style="list-style-type: none">• Union Employees 	<ul style="list-style-type: none">• You must be scheduled to work at least 20 hours per week to enroll in: Medical, Dental or the FSA Reimbursement Plans.• You must work at least 40 hours per week to enroll in Life Insurance and LTD. 	<ul style="list-style-type: none">• Medical, Dental, and the FSA Reimbursement Plans: the 1st of the month co-incident with or following your date of hire.• EAP: on your date of hire.• Basic Life Insurance and Contributory/Spouse Life Insurance: after 12 consecutive months of being actively at work 40 hours per week.• Long Term Disability: after 12 consecutive months of being actively at work 40 hours per week.• Long Term Care Insurance: within the first thirty days of employment no statement of health required.

Employees Ineligible for College Benefit Programs

An individual who is employed in a division, department, unit, or job classification designated as not eligible for benefits, regardless of the individual's work schedule or number of hours worked, is not eligible for benefits under the Plan. This not eligible designation includes all casual wage and contract employees.

Short Term Disability (STD) Eligibility

Administrative Staff: STD coverage for administrative staff is a payroll practice and is not included in the Employee Welfare Benefits Plan. Please refer to the Administrative Handbook which is available on the Human Resources website for further information.

Faculty: Faculty are not eligible for STD coverage.

Union Employees: STD is provided through the Employee Welfare Benefits Plan and coverage is outlined in this SPD. Eligible employees are automatically enrolled, and the College pays the cost of coverage.

Eligible Dependent Children Include

- Your biological children
- Your adopted children (including children placed with you for adoption)
- Your stepchildren
- Your foster children
- Children of your spouse
- Children for whom you are the legal guardian
- Dependent children of an unmarried eligible dependent

Dependent Eligibility for Medical and Dental Coverage

Eligible employees who are enrolled for medical and/or dental coverage under the Plan may enroll their eligible spouse and eligible dependents for coverage, if and to the extent such coverage is available. Your dependents must be enrolled in the same medical and/or dental coverage in which you enroll. If you enroll a dependent you will be asked to provide proof of the dependent's eligibility.

Eligible Dependents

For medical and dental coverage, your eligible dependents can include:

- Your spouse
- Children up to age 26 (regardless of tax dependent status). If your adult child is eligible for another employer group health plan (other than their parent's plan) they are not eligible to be covered under Wellesley College's medical and/or dental plan. It is your responsibility to notify the Human Resources Office if your child is no longer eligible for the plan(s).

Proof of dependent eligibility includes the following:

- Valid marriage certificate for spousal coverage
- Birth certificate for eligible children

Children Who Are Incapacitated

Your unmarried children who are physically or mentally disabled and incapable of self-support are eligible for benefits regardless of age, as long as your own

coverage remains in effect (this requires proof of incapacitation approved by your specific health insurance medical provider).

How to Enroll in a Benefits Program

You must Complete and Return Enrollment Paperwork

When you are hired or become newly eligible for benefits at Wellesley College, you receive a “New Employee Packet” from the Wellesley College Human Resources Office. This packet contains enrollment forms that you must complete and return to Wellesley College’s Human Resources Office to enroll in Medical, Dental, Contributory and Spouse Life Insurance, Long Term Care insurance and Flexible Spending Accounts.

To enroll in Medical, Dental, Contributory and/or Spouse Life, or to enroll in an FSA Reimbursement Plan, you must complete and return the applicable enrollment form(s) to the Human Resources Office within 30 days of your date of hire. To enroll in Long Term Care insurance, you must complete the appropriate LTC form and return it directly to the LTC insurer as directed. Enrollment in Basic Life, Short Term and Long Term Disability (LTD) coverage is automatic with no enrollment paperwork.

If you do not enroll in Wellesley College’s medical plan, you must complete an Employee Health Insurance Responsibility Disclosure (HIRD) form annually. This form will be provided to you, generally during the annual Open Enrollment period, and it must be returned to the Wellesley College Human Resources Office no later than the December 30th of a given calendar year.

You have 30 Days to Return Your Enrollment Paperwork

It is important to remember that when you become newly eligible for Wellesley College’s Employee Welfare Benefits Plan you have 30 days from your date of hire (or from your date of benefits eligibility, if that date is different from your date of hire), to complete, sign, and return your enrollment forms for Medical, Dental, Contributory and Spouse Life Insurance or to enroll in one of the FSA Reimbursement Plans.

All enrollment forms with the appropriate documentation must be returned to the Wellesley College Human Resources Office 106 Central Street Wellesley, MA 02481. **If you do not return your paperwork within 30 days of your date of hire, or the date of benefits eligibility if you are not a new hire, you will not be**



allowed to enroll in Medical, Dental, Contributory or Spouse Life Insurance or one of the FSA Reimbursement Plans until the next annual Open Enrollment. Open Enrollment is held each fall with coverage beginning the following January 1st.

Since your Medical, Dental and FSA Reimbursement Plan elections are taken on a pre-tax basis you will only be able to make a benefits election change outside of your 30-day enrollment period, if you experience a qualified change in family or employment status (see ***When You May Change Your Benefit Elections*** in this SPD).

Should you decide to elect Contributory and/or Spouse Life Insurance or Long Term Care insurance after the 30 day enrollment period, you will be subject to certain restrictions and may be asked to submit evidence of good health.

Coverage Levels of Specific Benefit Programs

You may elect Medical and/or Dental coverage at the individual or family level:

- Individual coverage is for you.
- Family coverage is for you and your eligible dependents.
- Same-sex marriage coverage for you and your spouse (equivalent to family coverage). If you have a same-sex spouse and are electing family coverage for the first time, call the Wellesley College Human Resources Office to speak with a Benefits Representative about the enrollment process and the tax implications.

When You Enroll in Wellesley College's Employee Welfare Benefits Plan You Are Entitled to Certain Rights

As a participant in Wellesley College's Employee Welfare Benefits Plan and the Health Care FSA Reimbursement Plan, you have specific rights and protections related to the administration of your benefit programs. See **Employee Retirement Income Security Act of 1974 (ERISA)** found in the ***Your Rights as a Participant*** section of this SPD. Once you have enrolled in Medical or Dental coverage or in the Health Care FSA Reimbursement Plan, you also have the right to elect COBRA continuation coverage should your coverage end. See **Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)** also found in the ***Rights*** section.

When you elect to enroll in the Health Care FSA Reimbursement Plan, you make an annual pre-tax salary deferral to cover eligible health care expenses, as defined by the IRS, and not reimbursed from another source (e.g., your medical and dental program). When you elect to enroll in the Dependent Care FSA Reimbursement Plan, you make an annual pre-tax salary deferral to cover eligible dependent care expenses for children under age 13.

For in-depth descriptions of the above programs, go to the ***Benefit Programs*** section in this SPD.

Your Effective Date of Coverage

When you enroll in Medical or Dental coverage or elect to participate in an FSA Reimbursement Plan, your participation in these programs becomes effective the 1st of the month co-incident with or following your date of hire. Deductions for your benefits are based on your date of participation. Faculty and administrative staff gain eligibility for Life Insurance and Long Term Disability coverage on the first of the month coincident with or following date of hire provided you are

actively at work and work at least 35 hours per week. Union employees gain eligibility for Life, Short Term and Long Term Disability coverage after one year of continuous full time employment.

Once you enroll in coverage, circumstances that may result in disqualification, ineligibility, denial, loss, forfeiture or suspension of any benefits are described in the appropriate Subscriber Certificate (the benefit contract between Wellesley College and the insurance carrier of a specific benefit program). You should review the applicable Subscriber Certificate(s) in order to acquaint yourself with these provisions. You may lose coverage under the Plan or the Reimbursement Plans if Wellesley terminates the Plan or Reimbursement Plans or amends them to reduce or eliminate your coverage. Your coverage under the Plan and the Reimbursement Plans generally terminates when you terminate employment with Wellesley College or otherwise cease to be an eligible employee.

Paying for the Benefits You Elect

When you enroll in a benefits program, you begin to pay for the benefits you have elected as of the effective date of your coverage. Automatic payroll deductions will be taken during each of your pay periods throughout the course of the year. The amount you pay per pay period depends upon which benefits you elect, your coverage level, and how often you are paid.

Pre-Tax Deduction of Premiums from Your Salary

Medical and Dental premiums, along with FSA Reimbursement Plan contributions, are deducted from your gross salary before taxes are applied to your pay. If you elect Contributory and/or Spouse Life Insurance, your premium is deducted from your post-tax pay. If you elect Long Term Care Insurance, the insurer will send the bill directly to you at your home address (payroll deduction does not apply to LTC insurance).

Any deductions for benefits do not lower the dollar figure used in computing salary increases, pension contributions, Life Insurance amounts, or disability benefits, which remain based on your total, actual salary before benefit deductions are made from your salary.

Your future Social Security benefits are based on your reduced salary. When you pay for benefits on a pre-tax basis the cost of your coverage is deducted from your salary before Federal, Social Security, and state income taxes are withheld. As a result, your taxable income is reduced, thereby saving you money. Paying for Medical or Dental coverage or making Reimbursement Plan contributions on a pre-tax basis could slightly reduce future Social Security benefits. In most cases, however, any reduction in future benefits is offset by current tax savings. If you have any questions regarding this transaction, consult your tax advisor to determine your personal tax consequences.

Current Cost of Medical, Dental, and Contributory & Spouse Life Insurance

You can access current cost information on the Wellesley College Human Resources website at www.wellesley.edu/HR/ (click on: Benefits>Benefits at a Glance>Rates). You may also refer to the fall issue of the Illuminator for the current costs of programs and per pay period costs.

Medical and Dental Coverage: You and Wellesley College Share the Cost

Your share of the cost of Medical or Dental coverage is paid through pre-tax payroll deductions. Wellesley College pays the remainder of the premium. Refer to the fall edition of the *Illuminator* or the most recent rate information on the Human Resources website for the cost of the various plans and coverage levels (www.wellesley.edu/HR/).

Employee Assistance Program Cost

The cost of EAP coverage is paid 100% by Wellesley College. The College provides an employee assistance program to help faculty and staff with the stresses of life and work including personal and family issues, drug or alcohol problems, and job-related tensions. The program provides counseling, consultation, and education to staff and faculty.

Life Insurance Cost

The cost of Basic Life is paid 100% by Wellesley College. The cost of Contributory Life Insurance is paid 100% by the employee through post-tax payroll deduction, and is based on age and amount of coverage elected. The cost of Spouse Life Insurance for your spouse is also paid on a post-tax basis and is based on the employee's age and the amount of coverage elected. To obtain rate information, visit the Human Resource's website (www.wellesley.edu/HR/).

Short Term Disability Cost

The cost of STD coverage is paid 100% by Wellesley College.

Long Term Disability Cost

The cost of LTD coverage is paid 100% by Wellesley College.

Long Term Care Cost

The employee pays for this coverage directly upon receipt of a premium invoice from the LTC carrier.



Flexible Spending Account Contributions

There is no cost to employees to enroll in a Reimbursement Plan. When you elect to establish an FSA under a Reimbursement Plan, you have dollar contributions reduced directly from your pre-tax gross salary to pay for eligible medical or dental expenses, as defined by the IRS. These expenses include medical, dental, prescription and vision expenses not reimbursed by another source (e.g., your medical or dental coverage). You may also set aside pre-tax dollars to pay for eligible dependent care costs. See the **Benefit Programs** section in this SPD for specific FSA Reimbursement Plan information.

Payroll Deduction Process for Same-Sex Marriage Coverage

If you enroll in same-sex marriage Medical or Dental coverage, you will have the individual premium rate for employees deducted pre-tax from your gross earnings. The difference between the family premium rate and the individual premium rate will then be deducted from your gross earnings before state taxes are applied to the remaining paycheck amount.

This is because same-sex marriage is recognized by the Commonwealth of Massachusetts. Federal taxes, however, are applied to the gross paycheck amount before this deduction occurs (the marriage is not recognized by the Federal government).

Imputed Income for Medical, Dental, and Life Insurance Costs

Life Insurance Imputed Income

IRS guidelines require that you pay imputed income on amounts of employer provided group term Life Insurance in excess of \$50,000. The imputed income amount is determined by using the IRC Section 79 table I rates and will be added to your W-2 and is subject to Federal, state, Social Security and Medicare taxes.

Same-Sex Marriage Imputed Income

The imputed income dollar amount for the Medical or Dental cost for same-sex marriage coverage is the difference between what Wellesley College contributes toward the premium cost of the individual and family coverage levels. The Federal government views this premium subsidy by Wellesley College as taxable income to the employee. For same-sex marriage you, are not assessed imputed income by the state of Massachusetts, and therefore none of the premium costs made by Wellesley, which is seen as a subsidy by the Federal government, is added to your gross income for state tax purposes (same-sex marriage is recognized by the Commonwealth of Massachusetts as of May 2004).

Deductions for Summer Months for Academic Year Employees

The Payroll Office will make additional payroll deductions to cover Medical, Dental, and Contributory and Spouse Life Insurance for employees who do not work in the summer months of June, July or August.

When You May Change Your Benefit Elections

Changes to Medical, Dental, and Flexible Spending Accounts

When you become newly eligible for benefits at Wellesley College you have a 30-day enrollment period in which to elect or to waive benefits. Because special Internal Revenue Service (IRS) rules apply to benefits that are deducted on a pre-tax basis, once your initial 30-day enrollment period ends, changes to your Medical, Dental, or Flexible Spending Accounts under the Reimbursement Plans may only be made when you experience a qualified change in your family or employment status, or during Wellesley College's annual Open Enrollment.

During the Annual Open Enrollment Period You May Elect to:

- Enroll in a program
- Change your coverage level in a program
- Add an eligible dependent to your medical or dental coverage
- Drop a dependent from your medical or dental coverage
- Stop your participation in a program

Changes to Contributory and/or Spouse Life Insurance

Because you pay for Contributory and/or Spouse Life Insurance on a post-tax basis, you may enroll in coverage or make changes to your coverage outside the 30-day enrollment window and throughout the calendar year; however, proof of good health may be required if you elect or increase the amount of your Contributory or Spouse insurance coverage at a future date. See **Life Insurance** in the **Benefit Programs** section of this SPD.

Benefit Changes Are Allowed During the Annual Open Enrollment Period

Open Enrollment is held each fall at Wellesley College. During Open Enrollment you are allowed to make changes to your benefit elections.

Any changes to your benefits that you elect during the annual Open Enrollment period become effective January 1st of the new calendar year, and remain effective for the duration of the calendar year, unless you experience a qualified change in family or employment status.

If you do not make any changes or new elections, you will keep the same Medical and Dental coverage for the new calendar year that you had in the previous calendar year.

If you want to participate in a Flexible Spending Account, however, you must make an active election during Open Enrollment each year. If you do not make a new election you will not be enrolled in an FSA Reimbursement Plan in the following calendar year. See **Flexible Spending Accounts** in the **Benefit Programs** section of this SPD.

Each year you will be notified of the annual Open Enrollment period, enrollment procedures, coverage costs, and time period available to enroll in or change your benefit elections for the upcoming calendar year. Wellesley College may

make changes to benefit coverages at any time thus it is important to review your annual Open Enrollment materials carefully when you receive them.

Qualified Change in Status

Outside of the annual Open Enrollment period, Federal law allows you to change certain benefit elections if you experience a change in status. Any change in benefit elections must be consistent with your change in status. A change in status includes, but is not limited to, the following types of life events:

- Changes in your legal marital status, as defined under Federal law (marriage, divorce, death of a spouse, legal separation).
- Changes in the number of your dependents (birth, death, adoption, placement for adoption).
- Change in employment status (termination or commencement of your own, your spouse's, or your eligible dependents employment, or your own, your spouse's, or your eligible dependents commencement of or return from an unpaid leave of absence).
- Work schedule changes (reduction or increase in hours by you, your spouse, or your eligible dependents).
- Changes in your dependent's eligibility (change in age, marital, student, or disability status).

How to Request a Change in Your Benefit Elections

Any requested change in coverage must be consistent with your change in status. **You must notify the Wellesley College Human Resources Office within 30 days of the date of your life event.** If you do not request a change to your benefit elections within 30 days of your life event, you must wait until the next annual enrollment period, or until you experience another life event recognized as a qualified change in status, to make a change.

The effective date of your change in coverage generally will be the date that your change in status occurred—the date of the life event. Any resulting change in the cost of your coverage (for example, going from individual coverage to family coverage) is effective on the first pay period following the date of your requested change in coverage as a result of a change in status. There may, however, be additional or prorated amounts due to payroll timing.

You will need to provide the following information to request a change:

- The type of family or employment status change
- Proof of the change (documentation showing the change)
- The effective date of the change
- The benefit coverage to be dropped or added



Special Enrollment Periods: Health Insurance Portability and Accountability Act

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in one of the health care options offered by the Plan Sponsor if (a) the other coverage was COBRA coverage and such coverage was exhausted, (b) the other coverage is terminated due to you or your dependents' loss of eligibility, or (c) employer contributions toward such other coverage ceased, provided that, in all cases, you request enrollment within 30 days after the other coverage is exhausted or ends or after employer contributions cease. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll you and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Special Enrollment Relating to Termination of Medicaid or CHIP Coverage and Eligibility for Employment Assistance Under Medicaid or CHIP

If you are an employee who is eligible but not enrolled for medical coverage under the terms of Wellesley College's Employee Welfare Benefits Plan (or a dependent of such an employee if the dependent is eligible but not enrolled for coverage under the Plan), Wellesley must allow you to enroll for medical coverage under the Plan if either of the following conditions is met:

- The employee or dependent is covered under a Medicaid plan under Title XIX of the Social Security Act or under a State child medical plan ("CHIP") under Title XXI of such Act and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility for such coverage and the employee requests coverage under Wellesley College's group medical coverage not later than 60 days after the date of termination of such coverage.
- The employee or dependent becomes eligible for assistance, with respect to coverage under Wellesley College's group medical coverage, while under such Medicaid plan or State child medical plan (including under any waiver or demonstration project conducted under or in relation to such a plan), and if the employee

requests coverage under Wellesley College's group medical coverage not later than 60 days after the date the employee or dependent is determined to be eligible for such assistance.

To request special enrollment or obtain more information, contact Wellesley College's Human Resources Office at the address and phone number listed in this SPD.



When Your Participation Ends

You may elect to end your coverage in a particular benefit program during the annual Open Enrollment period or in the event that you experience a change in family or employment status, which allows you to do so. There are also other circumstances that may cause your participation to end in a particular benefit program. Other circumstances that may result in disqualification, ineligibility, denial, loss, forfeiture or suspension of any benefits are described in the appropriate Subscriber Certificate, which outlines in detail the coverage and benefits provided by an insurance carrier of a specific benefit program. You should review the applicable Subscriber Certificate(s) in order to acquaint yourself with these provisions.

You may also lose coverage under the Wellesley College Employee Welfare Benefits Plan if the College terminates the Plan or amends it to reduce or eliminate your coverage. One's coverage under this Plan, however, generally terminates when one ends employment with Wellesley College or otherwise ceases to be an eligible employee, though you may be eligible to receive continuation coverage under the Wellesley College group health plan through COBRA as described below in greater detail.

What Happens When Your Participation Ends?

If You (Or a Dependent) Lose Benefits Eligibility

Medical and Dental benefits end the last day of the month in which you no longer meet the eligibility requirements to participate in the Plan (or the FSA Reimbursement Plans as applicable):

- You (and any affected dependents under your coverage) become ineligible for Medical or Dental coverage through Wellesley College and may elect continuation coverage under COBRA (see **COBRA** under **Your Rights as a Participant** in this SPD)
- Note: When only a dependent loses eligibility under the Medical or Dental plan, he or she is removed from the plan as of the date when eligibility is lost, and their benefits do not continue to the end of the month.

The following benefits end the day after you (or any dependent under your coverage) no longer meet the eligibility requirements to participate in the Plan:

- Your Employee Assistance Plan coverage ends
- Your Long Term Disability coverage ends
- Your Basic Life, Contributory and Spouse Life Insurance coverage ends (you have a right to continue coverage under the conversion or portability option (see **Life Insurance**, under **When Your Life Insurance Ends**).
- Your Health Care FSA Reimbursement Plan eligibility and contributions (if you were enrolled in the Health Care FSA Reimbursement Plan) end; you may submit claims for reimbursement of FSA expenses incurred through your last

Your Coverage Under the Employee Welfare Benefits Plan Ends at the Earliest of the Date When:

- You no longer meet the eligibility requirements to participate.
- You fail to make the required premium contributions.
- Your employment with Wellesley College ends.
- Wellesley College cancels the Plan or a benefit program.

day of eligibility. If you elect COBRA, you must continue contributing to your account under the Health Care FSA Reimbursement Plan under COBRA on a post-tax basis, if you are continuing to submit claims to use up any remaining balance through the end of the calendar year in which your coverage terminated.

- When your Dependent Care FSA Reimbursement Plan eligibility and contributions (if you were enrolled in the Dependent Care FSA Reimbursement Plan) end, you may submit claims for reimbursement of expenses incurred through the end of the calendar year in which your coverage terminated. There is no COBRA continuation for the Dependent Care FSA Reimbursement Plan.

If You Divorce

Should you divorce, your former spouse and his or her dependent children may continue Medical or dental coverage to the extent that Federal law would usually apply (see **COBRA** under ***Your Rights as a Participant***).

If You Die As an Active Employee

Wellesley College allows surviving family members of deceased employees the option of retaining group coverage at the employee cost for five months following the employee's death. After five months, the surviving family members may maintain their coverage under COBRA at 102% of the premium cost. Your spouse and eligible dependent family members may continue medical and/or dental coverage under COBRA for up to 36 months from the date of your death.

You Automatically Receive COBRA Paperwork

If you or a covered dependent should become ineligible for a group health plan benefit, Crosby Benefit Systems will mail a packet to your address of record explaining your rights and eligibility for COBRA continuation coverage. Should you not receive COBRA paperwork contact Crosby Benefit Systems at 1-800-462-2235 (www.crosbybenefits.com).

Leave of Absence and Sabbatical Coverage

You may be eligible for benefit continuation while you are on a leave of absence or sabbatical. See below for details about how the length of time benefits continue varies by benefit and type.

Contact the Wellesley College Human Resources Office with any questions.

Deduction Process for Leave of Absence or Sabbatical

If you are on an unpaid leave, you will be billed for your benefits by Wellesley College on a post-tax basis. You will receive instructions along with payment coupons. You have the option to pay your premiums to Wellesley College on a monthly basis via check or in one lump sum so coverage remains active during your leave of absence.

If premium payments are not made, your participation in benefit programs you have elected will end. Once terminated, you will have to wait until the next Open Enrollment period to re-enroll or you may be able to re-enroll upon your return to work from unpaid leave (as permitted by law).

Your Medical & Dental Eligibility Continues If You Go on a Leave of Absence

Your Medical and Dental coverage automatically continues while you are on leave. You have 30 days from the start of your leave to stop your coverage or to change coverage. If you cancel coverage you can re-enroll when you return from leave or at the next open enrollment. If you want coverage to stop, you must submit a request in writing.

Billing Process:

- If on an unpaid, personal leave, you will be billed monthly for continued coverage by Wellesley College at 100% of the cost of coverage (employee and employer cost).
- If on an unpaid, medical leave, you will be billed monthly for the employee portion of the premium.
- If on a paid leave, you will continue to pay the employee portion of the premium through payroll deduction.
- If on Long Term Disability, you will be billed the employee portion of the premium.

Your Life Insurance Eligibility While on a Leave of Absence or Sabbatical

Non-Faculty Staff on Leave

If you are not a faculty member, your Basic Life coverage continues to the end of 60 days or, if earlier, the period of leave approved by the College. If your leave of absence extends beyond 60 days, you will be terminated from the Life Insurance plan and offered conversion or portability.

The Contributory and/or Spouse Life Insurance that you pay for may be continued to the end of 60 days, or if earlier, the period of leave approved by the College. You have the option to pay your premiums to Wellesley College on a monthly basis or in a one lump sum so coverage remains active during your leave of absence. If your leave of absence extends beyond 60 days you will be terminated from the Contributory and/or Spouse Life Insurance plan and provided portability and conversion paperwork.

If you return from your leave of absence within the allowed 60 day period, your insurance never becomes inactive. If you return to active work within 90 days of the end of the 60 day leave of absence period, you are reinstated at the benefit amount you had in effect prior to your leave and do not have to submit evidence of good health. If you return more than 90 days after the end of the 60 day period, you will be considered a new employee and evidence of insurability will need to be completed for amounts over the guarantee issue.



Faculty on Leave or Sabbatical

If you are a faculty member going on a leave of absence or sabbatical, your Basic Life coverage continues to the end of 12 months or, if earlier, the period of leave approved by the College. If your leave or sabbatical extends beyond 12 months you will be terminated from the Life Insurance plan and offered conversion or portability.

The Contributory and/or Spouse Life Insurance that you pay for may be continued to the end of 12 months or, if earlier, the period of leave or sabbatical approved by the College. You have the option to pay your premiums to Wellesley College on a monthly basis or in a one lump sum, so coverage remains active during your leave. If your leave of absence or sabbatical extends beyond 12 months, you will be terminated from the Contributory and/or Spouse Life Insurance plan and provided portability and conversion paperwork.

If you return from a leave of absence or sabbatical within the allowed 12 month period, your insurance never becomes inactive. If you return to active work within 90 days of the end of the 12 month leave or sabbatical period, you are reinstated at the benefit amount you had in effect prior to your leave and do not have to submit evidence of insurability. If you return more than 90 days after the end of the 12 month period, you will be considered a new employee and evidence of good health will need to be completed for amounts over the guarantee issue.

Your LTD Coverage Continues If You Go on a Leave of Absence or Sabbatical

Non-Faculty Staff

If you are an administrative staff member or union employee, your LTD insurance through Wellesley College may be continued to the end of 90 days or, if earlier, the period of leave approved by the College. If your leave of absence extends beyond 90 days, you will be terminated from the LTD Plan.

If you return from your leave of absence within the allowed 90 day period your insurance never becomes inactive. If you do not return to active work within the 90 day period, you have 90 days from the end of the 90 day period to return to work after which time you will be considered a new employee.



Faculty

If you are a faculty member, your LTD insurance through Wellesley College may be continued to the end of 12 months or, if earlier, the period of leave or sabbatical approved by the College. If your leave extends beyond 12 months, you will be terminated from the LTD plan.

If you return from your leave of absence or sabbatical within the allowed 12 month period, your insurance never becomes inactive. If you do not return to active work within the 12 month period, you have 90 days from the end of the 12 month period to return to work after which time you will be considered a new employee.

Flexible Spending Accounts and Unpaid Leave

If you go on an unpaid leave of absence, your FSA Reimbursement Plan contributions will stop. You do not have a paycheck and, therefore, no contributions can be deducted.

Health Care FSA Reimbursement Plan

Claims incurred under the Health Care FSA Reimbursement Plan during your leave will not be eligible for reimbursement unless you elect to continue participation through COBRA.

However, you will have to continue your FSA contributions post-tax if you elect COBRA in order to use your existing pre-tax balance. You may stop COBRA once you have used your balance.

Dependent Care FSA Reimbursement Plan

Claims incurred under the Dependent Care FSA Reimbursement Plan during unpaid leave are not eligible for reimbursement. There is no COBRA for the Dependent Care Reimbursement Plan.

Flexible Spending Accounts Upon Returning from Leave

If you elected COBRA under the Health Care FSA Reimbursement Plan, and you return to work during the same calendar year, your deductions will begin again based on your remaining pay periods and your total election for that calendar year (minus what you had contributed post-tax on COBRA).

If you did not elect COBRA, and you return to work in the same calendar year, your deductions for either FSA Reimbursement Plan will begin again based on your remaining pay periods and your total election for that calendar year.

If you return in another calendar year, you must make a new election under the appropriate FSA Reimbursement Plan to participate. Your coming back from an unpaid leave of absence in another calendar year is considered a qualifying event to elect to make deductions under an FSA Reimbursement Plan.

COBRA Allows You to Use Your FSA Balance

If you have a Health Care FSA balance you have not used, COBRA will allow you to use that balance during your leave of absence and before the end of the calendar year if your leave extends beyond that. You will receive an account statement from Crosby Benefit Systems twice per year notifying you of your current balance. You may also check your balance by going online at www.mycrosbybenefits.com.