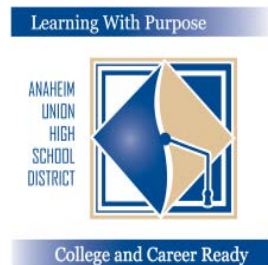


# Health Benefits Guide

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ANAHEIM UNION HIGH SCHOOL DISTRICT  
2020



For questions and documentation  
verification appointments contact  
[benefits@auhsd.us](mailto:benefits@auhsd.us)

# Welcome!

This guide focuses on employee benefits for eligible employees and dependents of the Anaheim Union High School District. These programs encourage development, self-improvement and well-being. We offer you the opportunity to stay healthy and secure with comprehensive health programs.

We encourage you to review these materials and think carefully about which options can help meet the needs of you and your family. As health care costs continue to rise, the best way for all of us to control costs is to become informed consumers and to use our benefits wisely.

We appreciate all that you do and welcome any questions you may have.

## Health Benefits Department

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## ANNUAL NOTICES

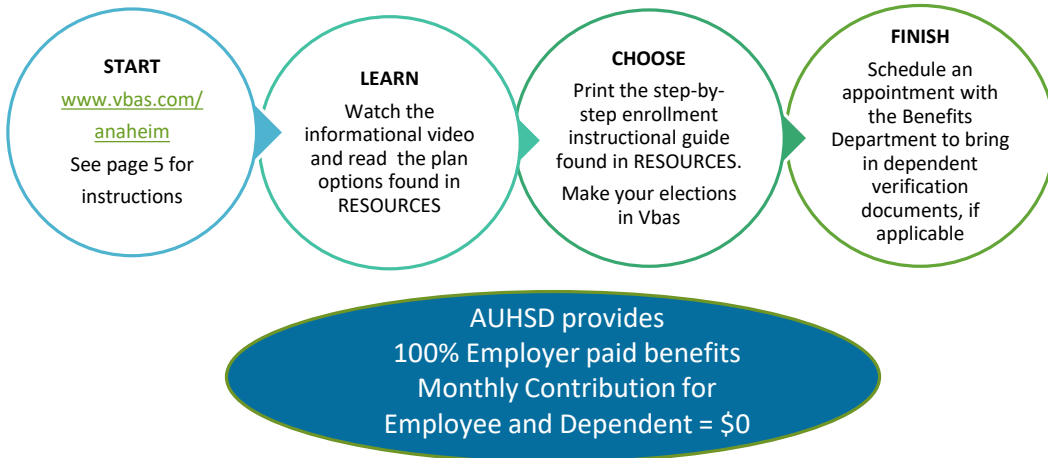
ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The following is a list of the annual notices:

- Medicare Part D Notice of Credible Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program

AUHSd has posted all federally required annual notices on our internet for you to download and read at your convenience. Please see the AUHSd website at [www.auhsd.us](http://www.auhsd.us)

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

# Getting Started



When enrolling DEPENDENTS, you will need the following information:

1. Full legal name of dependent as stated on the Social Security card or ITIN
2. Social Security Number or ITIN
3. Birth Certificate
4. Marriage Certificate
5. Adoption documents
6. Legal Guardianship documents

You are automatically enrolled in the following benefit plans.

NO ACTION NECESSARY IN VBAS

- ✓ Employee Assistance Program (EAP)
- ✓ Short Term Disability plan – Classified Staff Only
- ✓ Employer – Paid Life Insurance
  - ❖ Need more life insurance? You can purchase additional coverage for you and your dependents through payroll deduction. You must pass evidence of insurability to be eligible. Refer to the District web page for more information.



***You must complete the following within 30 days of your new position!***

**☐ ONLINE ENROLLMENT**

Enrollment in Vbas must be completed.

**☐ DEPENDENT VERIFICATION**

Documents must be submitted to the Health Benefits department.

APPOINTMENT ONLY email: [BENEFITS@AUHSD.US](mailto:BENEFITS@AUHSD.US)

**☐ SECTION 125 – FLEXIBLE SPENDING**

Enrollment in a voluntary plan or flexible spending account offered by American Fidelity. Call 800.365.9180 for an appointment.



# Online Enrollment

## Virtual Benefits Administration System (Vbas)

Vbas enrollment allows you to do much more than enroll into benefits. You can add or change your beneficiary designations and access a comprehensive resource library containing a variety of information about your benefits.

### Logging In

1. In your web browser, enter [www.vbas.com/anaheim](http://www.vbas.com/anaheim)
2. Enter the following information and the click submit.
  - Your **User Name** (AUHSD, Your Date of Birth {2 digit month, 2 digit day, 2 digit year}, the last 4 digits of you Social Security Number)
  - Your **Password** (BENEFIT, last four digits of your Social Security Number, and the four digit year of your birth)
  - Example: **Mary Smith, DOB: 11/07/1980, SSN: 123-45-6789**
    - Username: AUHSD1107806789
    - Password: BENEFIT67891980
3. Review the Vbas User Agreement, click **Accept**
4. When prompted, create a **New Password**—your initial password was only temporary. In addition, Vbas will periodically prompt you to change your password for security reasons. Your password must be a minimum of eight characters (numbers, letters or a combination of both). Re-enter your new password to confirm.
5. Click **Save** to save your new password.

### Enrolling in Benefits

1. Click on the Benefits Tab section of Vbas. The plan types available for enrollment will be displayed.
2. If you are adding dependents (spouse or children) to any of your benefit plans, please add your dependents, by clicking the Profile Tab section, prior to enrolling in coverage. VERIFYING DOCUMENTS MUST BE REVIEWED BY THE HEALTH BENEFITS DEPARTMENT WITHIN 30 DAYS OF YOUR FIRST DAY OF YOUR NEW POSITION.
3. Click on the first plan type, usually Medical, and walk through the enrollment process. Continue through each plan type.
4. All plan enrollments will be approved by your employer.
5. When you are finished enrolling or making changes, be sure to go to the Benefits Summary tab and click **Printable Summary** to print your enrollment summary.
6. Click **Sign Out** when you are finished. That's it!

# Benefits Overview

## Who is eligible

Employees who work on average of at least 20 hours/week throughout the year are eligible for benefits. Your benefits are effective the 1st of the month following your hire date unless you are hired on the first of the month. You may also enroll the following family members:

- Your legally married spouse\*
- Your registered domestic partner
- Your children\*\* under age 26
- Your children\*\* who are age 26 or older and mentally or physically disabled and primarily depend on you for support. To maintain coverage all requirements must be met within required deadlines.

Enrolling dependents requires proof of eligibility. **Provide the following documents to the Health Benefits department within 30 days of your date of hire:**

- Certified marriage certificate
- Certified birth certificates (for children only)
- Certificate of registered domestic partnership
- Legal guardianship orders
- Social Security cards, ITIN's, (or equivalent document) for all dependents

*\* Which does not include a spouse from whom you are legally separated*

*\*\*Children includes your children, your step-children, children covered under a child support order, your domestic partner's children, and children under your legal guardianship ordered by a court.*

## Paying for Coverage

Health benefit premiums for you and your eligible dependents are 100% paid by the Anaheim Union High School District, unless you are informed otherwise from your HR department.

## Making Changes to Your Benefits

The AUHSD plan year runs from January 1 to December 31. You may make changes to your benefit choices once a year during the open enrollment period. Elections you make will be effective for a full year, unless you terminate employment or have a qualified status change:


- A change in legal marital status (e.g., marriage, divorce or legal separation)
- A change in number of dependents (e.g., birth, adoption or death)
- A change in your/your spouse's/your registered domestic partner's employment status (e.g., reduction in hours affecting eligibility or change in employment)
- A substantial change in your/your spouse's/your registered domestic partner's benefits coverage
- A Qualified Medical Child Support order or other judicial decree
- Loss of other coverage

**You must notify the Health Benefits department within 30 days of the above change in status.** Bring the following applicable documents when enrolling dependents or for changes due to a qualifying status change.

- Certified birth certificates
- Social Security cards or ITIN's (or equivalent document) for all dependents
- Certified marriage certificate
- Final adoption paperwork
- Final divorce paperwork
- Legal separation paperwork
- Legal guardianship orders
- Certificate of registered domestic partnership
- Proof of loss for all new enrollees

Email  
[benefits@auhsd.us](mailto:benefits@auhsd.us)  
for an  
appointment

# Benefits At A Glance

BENEFITS	COVERAGE OPTIONS
<b>Benefits Provided by AUHSD</b>	
Medical	<ul style="list-style-type: none"> <li>• PPO plan - Anthem Blue Cross PPO (Prudent Buyer) – large group - network</li> <li>• EPO plan - Anthem Blue Cross PPO (Prudent Buyer) – large group – network</li> </ul>
Dental	<ul style="list-style-type: none"> <li>• Delta Dental PPO</li> <li>• DeltaCare HMO</li> </ul>
Vision	<ul style="list-style-type: none"> <li>• VSP</li> </ul>
Basic Life and AD&D	<ul style="list-style-type: none"> <li>• Lincoln Life - Benefit for employee, spouse and dependents</li> </ul>
Employee Assistance Program (EAP)	<ul style="list-style-type: none"> <li>• Anthem – 24 hour toll-free telephone consultations and referral service available 7 days a week</li> </ul>
Short Term Group Disability (Classified Only)	<ul style="list-style-type: none"> <li>• Benefit administered through American Fidelity</li> </ul>
<b>Voluntary Employee-Paid Benefits</b>	
Supplemental Life and AD&D	<ul style="list-style-type: none"> <li>• Evidence of Insurability required for amount over Guaranteed Issue</li> </ul>
Flexible Spending Accounts (FSA)	<ul style="list-style-type: none"> <li>• American Fidelity Assurance (AFA)  <u>Health Care FSA</u> – \$2,700 maximum plan year contribution  <u>Dependent Care FSA</u> – \$5,000 maximum plan year contribution</li> </ul>
Additional supplemental plans also available from AFA	

# Medical Plan Options

Anaheim Union High School District offers two medical plans. These medical plans provide comprehensive coverage but are different in how they are designed. You decide if the PPO Plan or the EPO plan best meets your needs.

## **PPO Plan - Preferred Provider Organization**

### **Network: Anthem Blue Cross PPO Prudent Buyer Large Group**

The PPO (Preferred Provider Organization) offers a network of providers who have agreed to discount their fees for their services. You may choose to have your treatment provided by a PPO provider within the network and receive a higher level of benefit with a lower out-of-pocket cost to you.

You may also choose to go outside the network; however, generally benefits are reimbursed at a lower level and you may have higher out-of-pocket costs. The PPO plan has a deductible that must be met before insurance pays on some services.



## **EPO Plan – Exclusive Provider Organization**

### **Network: Anthem Blue Cross PPO Prudent Buyer Large Group**

An Exclusive Provider Organization (EPO) plan provides you with choice, flexibility and affordability. The EPO plan works like an HMO but gives you access to the full PPO network of doctors and hospitals. The result is an easy-to-use plan that delivers convenience, cost, predictability and choice.

This plan allows you to visit any doctor or hospital within the network. There is no need to select a primary care physician nor do you need a referral to see a specialist within the PPO network. Please note that services received outside of the PPO network are only covered in the event of an emergency.



# Medical Plans Comparison

Benefit	EPO*	PPO	
	In-Network Only	In-Network	Non-Network
Lifetime Maximum	Unlimited	Unlimited	
Calendar Year Deductible	None	\$275 Individual / \$1,100 Family	
Calendar Year Out-of-Pocket Maximum (including deductible)	\$2,000 Individual / \$4,000 Family	\$1,475/Individual	\$5,075/Individual
<u>Office Visit</u> Physicians and Specialists	\$20 copay	10% after deductible	40% after deductible
<u>Preventive Care</u> Adult-annual physical, mammogram, Children-immunizations, well-baby	No charge	No charge	40% after deductible
- Hospitalization	No charge	10% after deductible	40% after deductible
- Outpatient Services	No charge	10% after deductible	40% after deductible
Emergency Room (copay waived if admitted)	\$150 copay	\$100 copay + 10% after deductible	
Chiropractic Care & Acupuncture	\$20 copay (Limited to a maximum of 52 visits per year combined with rehabilitation services & physical therapy)	10% after deductible Maximum 52 visits per calendar year	No coverage
Physical Therapy	\$20 copay (Limited to a maximum of 52 visits per year combined with rehabilitation services, acupuncture & chiropractic care)	10% after deductible	No coverage
Mental Health & Substance Use - Inpatient - Outpatient	No charge \$20 copay	10% after deductible 10% after deductible	40% after deductible 40% after deductible
Prescription Drugs Express Scripts	<b>Retail</b> (34 day supply) Copay: Generic \$7 / Brand Name Formulary \$25/ Non-Formulary Brand \$50 <b>Mail Order</b> (90 day supply) Copay: Generic \$14 / Brand Name Formulary \$50 / Non-Formulary Brand \$100 <b>Specialty Drugs:</b> (34-90 day supply) through Accredo Pharmacy. Network provider - Subject to the applicable copay as generic, formulary, or non-formulary – there is no out-of-network coverage		

\* The EPO plan does not coordinate coverage

# Locate an In-Network Medical or Mental Health Provider

## Looking for a doctor?

### 1. Go to [anthem.com/ca/find-doctor](https://www.anthem.com/ca/find-doctor)

2. You can look for a doctor by using either:

- *Search as a member:* Log in with a username and password or with the member number on your ID card. (AUHSD: use MDE for your member number)
- *Search as a guest:* Select a plan or network

What type of care are you searching for?

Medical

**i** Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.



What state do you want to search in? **SELECT YOUR STATE**

California

What type of plan do you want to search with?

Medical (Employer-Sponsored)

Select a plan/network **FOR CALIFORNIA**

Blue Cross PPO (Prudent Buyer) - Large Group

**FOR OUT-OF-STATE**

National PPO (BlueCard PPO)

Both the PPO and EPO utilize the "Blue Cross PPO (Prudent Buyer) Large Group" network for in-network providers and facilities



## Third Party Administrator



### **BRMS – Third Party Administrator**

BRMS is the third party administrator providing services to meet the diverse needs of both our PPO and EPO plans. In addition to providing a complete portfolio of standard TPA services, they offer state-of-the-art technology, custom benefit solutions and plan design support. BRMS is dedicated to meeting the needs of our employees and families, and places customer service and satisfaction as its highest priority. **Contact BRMS with your medical plan or claims questions or to replace your ID cards.**

### **Avoid Overpaying Your Medical Bills**

Before paying the bill from the provider it is important to review the Explanation of Benefits (EOB) sent to you from BRMS. The EOB will reflect all negotiated rates that have been applied and will reflect the amount you owe the provider.

## Mental Health Provider

### **Anthem Blue Cross – Mental/Behavioral Health & Substance Abuse In-Network Provider**

The mental health & substance abuse benefit is designed to help you address various issues that affect your daily life. Through face-to-face counseling sessions the mental health & substance abuse benefit is the first step to regaining control and improving life quality. Locate an Anthem Provider today!

**100% Confidential**



Online: [Anthem.com/ca/find-doctor](https://www.anthem.com/ca/find-doctor)  
Member Services (BRMS): **866.730.8588**  
TAuthorization: **800.274.7767**

# Employee Assistance Program (EAP)

Life is full of challenges and sometimes balancing it is difficult. The EAP is there when you need it. The Anthem EAP offers the appropriate assistance for a wide range of issues and provides referrals to professional counselors or services that can help you resolve emotional health, family and work issues.

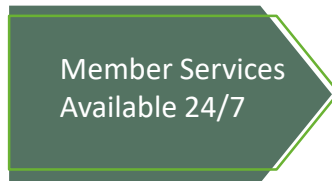
All AUHSD benefit eligible employees and members of your household are provided with the employer paid Employee Assistance Plan (EAP). All eligible employees are automatically enrolled in the EAP.

**Along with unlimited telephonic access, the EAP also offers 3 face -to-face visits with a counselor per person per issue.**

Work or Life Needs, Clinical Counseling, Financial Information, Legal Information...and more



**100% CONFIDENTIAL**



**MEMBER SERVICES AVAILABLE 24/7**

Toll free: **800.999.7222**

On-line: **anthemEAP.com**

Code: **AUHSD**

## Vision

### VSP Vision Care

VSP has one of the largest networks of private practicing optometrists, ophthalmologists, and opticians. In addition to the vision plan benefits provided through your benefits program, VSP offers a number of non-covered services at a discount.



Benefit	In Network Member Pays	Non Network Reimbursement
Exam	\$10 copay	Up to \$50
Frames	\$115-\$135 allowance \$70 Costco allowance	Up to \$70
Lenses Single Bi-Focal Tri-Focal	Combined with exam Combined with exam Combined with exam	Up to \$50 Up to \$75 Up to \$100
Contacts	Up to \$175	Up to \$105
Frequency Exam Contacts <b>or</b> Lenses Frames	Once every 12 Months Once every 12 Months Once every 24 Months	

Sign up as a member online to print ID cards, locate providers, and view benefits and claims.

[www.VSP.com](http://www.VSP.com)

# Dental Plans



## DELTA DENTAL PPO Plan

Visit a dentist in the PPO network to maximize your savings. The dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill. Seeing a Delta PPO network dentist gives you a higher benefit level (\$1,700 per calendar year) and lower out-of-pocket costs.

If you see an out-of-network dentist, benefit amounts are subject to the DELTA contracted fee schedule. You will be responsible for the difference between the plan payment and the dentist's usual charge. You will also have a lower benefit level (\$1,500 per calendar year).

## DELTACARE USA HMO Dental Plan

Dental HMOs are designed to help you and your family maintain oral health and reduce your out-of-pocket costs, and they're simple to use. Just select a participating (network) dentist at enrollment and refer to your Schedule of Benefits to determine your benefits for each covered service.

Benefit	Delta Dental (PPO)		DeltaCare (HMO) <input type="checkbox"/>
	Delta PPO Network	Non Delta PPO Network	In-Network Only
<b>Calendar Year Deductible</b>	None	None	None
<b>Calendar Year Maximum Benefit</b>	\$1700/person	\$1500/person	Unlimited
<b>Preventative &amp; Diagnostic</b>			
Oral evaluation, cleaning, x-ray	20% co-pay	20% co-pay	No charge
<b>Basic Services</b>			
Fillings, simple tooth extractions	20% co-pay	20% co-pay	No cost
Root canals	20% co-pay	20% co-pay	\$30-\$90 co-pay
<b>Major Services</b>			
Crowns, inlays and onlays	30% co-pay	30% co-pay	\$60-\$75 co-pay
Gum treatment	30% co-pay	30% co-pay	\$75 co-pay
<b>Prosthodontia</b>			
Bridge - porcelain fused to metal	30% co-pay	30% co-pay	\$60 co-pay
Complete upper denture	30% co-pay	30% co-pay	\$70 co-pay
<b>Implant Services</b>	not covered	not covered	not covered
<b>Orthodontia</b>			
Start up fee	not covered	not covered	\$350 co-pay
Orthodontia treatment - child/adult	not covered	not covered	\$1600/\$1800 co-pay

Sign up as a member online to print ID cards, locate providers, and view benefits and claims.

[www.DELTADENTALINS.com](http://www.DELTADENTALINS.com)



# Life Insurance

All benefit eligible employees (and their eligible dependents) with AUHSD are provided with employer-paid life and Accidental Death & Dismemberment (AD&D) coverage. You are automatically enrolled in life and AD&D plans.

## Employee Life

Benefit amount of \$50,000\*

\*Note: Employees in a management position should contact the Health Benefits office for additional information.

## Dependent Life

- Spouse/Domestic Partner - \$1,000
- Dependent Children
  - Live birth to 6 months - \$100
  - 6 months to 26 years - \$1,000

## Accidental Death and Dismemberment (AD&D)

- 100% of the Life benefit
- Provides specified benefits for a covered accidental bodily injury that directly causes dismemberment.
- In the event of death from a covered accident, both Life and AD&D benefit would be payable each in the amount of the basic life insurance.

## Benefits After Retirement

- Benefits will terminate at retirement

## Supplemental Life Insurance

- Payroll deduction applies
- Evidence of Insurability required
- **Go to the District web page to learn more – TIME SENSITIVE**



Complete the attached life insurance beneficiary form found at the back of this booklet and return to the Health Benefits department.

Refer to the plan documents for a complete description of this plan.

# Short Term Group Disability (Classified Staff Only)

- Your plan pays a monthly disability benefit of 66 2/3% of your monthly compensation not to exceed: (1) a maximum covered monthly compensation of \$7,500.00; (2) the amount for which premium is being paid. If applicable, your disability benefit will be reduced by deductible sources of income.
- Coverage begins on the 61<sup>st</sup> day of disability or after the end of accumulated sick leave, whichever is greater, due to a covered injury or sickness.
- Benefits are payable up to 2 years for a covered injury or sickness.



# Flexible Spending Accounts

Flexible spending accounts (FSA) provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. As an eligible employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to social security (FICA), federal, state or local income taxes—effectively adjusting your annual taxable salary.

## Health Care Reimbursement FSA *The annual maximum contribution \$2,700*

The Health Care Reimbursement FSA allows you to pay for certain IRS-approved health care expenses not covered by your insurance or reimbursed by any other benefit plan. Eligible expenses include those incurred by you, as well as your spouse and dependents. Typical expenses include co-pays, coinsurance, deductibles, and prescription drug expenses..

## Dependent Care Reimbursement FSA *The annual maximum contribution is \$5,000*

The Dependent Care Reimbursement FSA allows you to use pre-tax dollars toward qualified dependent care. Care must be for a tax-dependent child under age 13 who lives with you, or a tax-dependent spouse or child who lives with you and is incapable of caring for themselves. Also, the care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours and cannot be provided by another of your dependents. Typical expenses include baby-sitters, nursery schools, pre-schools, and day care centers.

## “Use-It-or-Lose-It” Rule

The Health Care and Dependent Care Reimbursement FSAs run on a calendar basis. The current plan year is from January 1 through December 31; claims can only be for services/expenses incurred in the calendar year. All claims MUST be submitted no later than 70-days from end of plan year for reimbursement. Any funds left unclaimed will be forfeited. Please refer to your plan documents for additional information.

	Without FSA	With FSA
Monthly Salary	\$2,000	\$2,000
Medical Expenses	N/A	-\$250
<b>Taxable Gross</b>	<b>\$2,000</b>	<b>\$1,750</b>
Taxes (Federal & State @ 20%)	-\$400	-\$300
Less Estimated FICA (7.65%)	-\$153	-\$133
Medical Deductions	-\$250	N/A
<b>TAKE HOME PAY</b>	<b>\$1,197</b>	<b>\$1,267</b>



If you are subject to FICA taxes, there might be a reduction in your social security benefit due to the reduction of FICA contributions. Example is hypothetical for illustrative purposes only. Please contact your tax advisor for actual tax savings.

<https://americanfidelity.com/support/videos/section-125/>

# Contact Information

Contact Information	Group #	Phone number/Website	Will I receive an Insurance Card?
<b>PPO Medical Plan</b> <u>BRMS – third party administrator</u> Network: Anthem Blue Cross PPO Prudent Buyer – large group	10804	<a href="http://www.brmsonline.com">www.brmsonline.com</a> 866.730.8588 www.anthem.com/ca (Blue Cross – PPO Prudent Buyer Large Group Network)	Yes
<b>EPO Medical Plan</b> <u>BRMS – third party administrator</u> Network: Anthem Blue Cross PPO Prudent Buyer – large group	10804	<a href="http://www.brmsonline.com">www.brmsonline.com</a> 866.730.8588 www.anthem.com/ca (Blue Cross – PPO Prudent Buyer Large Group Network)	Yes
<b>PPO Dental</b> <u>Delta Dental of California</u>	6654-1006 certificated 6654-1007 classified 6654-1008 retiree	866.499.3001 <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	No, but you can register on Delta's website and print your own card if you'd like; however it is not required.
<b>HMO Dental</b> <u>DeltaCare USA</u>	70760-001 Active	800.422.4234 <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	Yes
<b>Vision</b> <u>Vision Service Plan VSP</u>	08 809301 0008-0008	800.877.7195 <a href="http://www.vsp.com">www.vsp.com</a>	No, an ID is not required to see a VSP provider.
<b>Express Scripts (Rx Plan)</b> For both the PPO & EPO Medical Plans	RxBin: 003858 RxGroup: KKRA Control #: 4A ID: your SSN	866.727.5892 Mail order: 866.727.5892 <a href="http://www.express-scripts.com">www.express-scripts.com</a>	No separate card issued. Express Scripts is shown on your medical ID card.
<b>Employee Assistance Program</b> <u>Anthem</u>		800.999.7222 <a href="http://anthemEAP.com">anthemEAP.com</a> User Name: AUHSD	No separate card issued. The EAP phone number is shown on your medical ID card.
<b>Life/AD&amp;D</b>	Contact the District Benefits Office for Assistance		No
<b>Group Disability Income Benefits</b> (Classified Staff Only)	Contact the District Benefits Office for Assistance		No
<b>Flexible Spending Accounts (FSA)</b> <u>American Fidelity (AFA)</u>	800.365.9180 dial "0" for customer service		No



# *Notes*

For questions and documentation verification appointments contact  
[benefits@auhsd.us](mailto:benefits@auhsd.us)

# *Notes*

For questions and documentation verification appointments contact  
[benefits@auhsd.us](mailto:benefits@auhsd.us)



# Anaheim Union High School District Enrollment Form Beneficiary Designation Form

Please return completed form to: Benefits Department / Mail Stop #77

Employee Name (First Middle Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

- Beneficiary Designations shown on this page apply to the plans insured by Lincoln Financial Group.
- This beneficiary information will replace any prior beneficiary designation for group life and AD&D (both basic and optional).
- You must elect at least one primary beneficiary (this designee will receive the insurance proceeds at the time of your death).
- You may elect more than one primary beneficiary but total percentages for all primary beneficiaries must equal 100%.
- A contingent beneficiary or more (will receive the insurance proceeds if the primary beneficiary dies before you).
- You may elect more than one contingent beneficiary but the total percentages for all contingent beneficiaries must equal 100%.
- Benefits cannot be released to a minor. Benefit will be paid to the court-appointed guardian of the minor's estate.
- If you wish to name more beneficiaries than this form allows, complete your list on an additional copy of this form and attach.

## Beneficiary Designation

Primary (At least one is required) Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

## Additional Beneficiary Designation(s)

Primary  Contingent Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

Primary  Contingent Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

Primary  Contingent Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

Primary  Contingent Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

Primary  Contingent Share % \_\_\_\_\_

Name/Trust Name	Relationship	Soc Sec #
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Address		Email

Employee Signature: _____	Date: _____
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*Retain a copy for your records and submit completed form to: Benefits Department; Mail Stop #77*

Group insurance products and services described herein are issued by Lincoln Life Assurance Company of Boston. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.

