

# Administration Manual

A guide to your Plan basics

## Bradley University

### Group Term Life Insurance and Disability Income Insurance

Self-Administered

Products and services are provided by ReliaStar Life Insurance Company, a member of the Voya® family of companies.

Version 12.4.15

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# Welcome to Voya Employee Benefits

This manual is designed as a reference tool to address questions you may have about the administration of your employee benefits. If you do not find the answers you need in this manual, call your Account Representative identified in the Quick Plan Reference section of this manual.

We look forward to serving the benefit needs of you and your employees.

## About Voya Employee Benefits

Insurance products and services are provided by ReliaStar Life Insurance Company, Minneapolis, Minnesota. ReliaStar Life Insurance Company provides only administrative services for self-funded disability plans. Voya Employee Benefits is a division of ReliaStar Life Insurance Company.

## Plan Administration

Your group policy is "Self-Administered". What this means is that the employer (policyholder) or third party administrator maintains all the enrollment, beneficiary, and billing records in the event of a claim. The enrollment information is recorded by reporting the monthly premium. Because the employer is responsible for maintaining these records, the insurance company will not have individual records on file. The employer will be required to maintain good records so that the employer will:

- appropriately apply Policy limits and rules
- know how much coverage the employee has at all times
- provide the employee with the appropriate "Conversion" and/or "Portability" documentation (as applicable)
- set up any payroll deductions correctly
- pay premium to the insurance company with supporting documentation
- file a claim

# Quick Plan Reference

**Group Name:** Bradley University

**Your Group Benefit Plan Number is:** **66718-8**  
*(please use it on all correspondence and forms)*

**Your Group Anniversary Date is:** October 1

<p>The premium/fees remittance address is:</p> <p><i>Your premium is due on the Due Date indicated on your Statement of Payment Due.</i></p> <p>For questions related to your Statement of Payment Due and/or premium payment:</p>	<p>ReliaStar Life Insurance Company            3702 Paysphere Circle            Chicago, IL 60674</p> <p>The name of your Billing Administrator is provided on your Statement of Payment Due.</p> <p>Please call: 1-800-955-7736</p>
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<p>Medical Underwriting:</p> <ul style="list-style-type: none"> <li>To check the status of an EOI</li> </ul>	<p>Voya Employee Benefits            P O Box 20, Route 7812            Minneapolis, MN 55440            Phone: 1-800-537-5024 - Option 4            OR 1-612-342-7262            Fax: 1-612-467-8721</p>
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<p>To file a claim</p>	<p>Visit the Voya Claims Center to obtain claim forms, contact phone numbers and mailing information, or to submit your claims to Voya electronically.</p> <p><a href="http://www.voya.com/">http://www.voya.com/</a></p> <p>Select Contact &amp; Services from the top menu bar and then select Claims:</p> <ul style="list-style-type: none"> <li>Start a Claim – Tool available to obtain a customized claim form package.</li> <li>Claim Forms Library – A Library of claim forms available for download.</li> <li>Upload a Claim – A tool to be used to submit claim documents electronically.</li> </ul> <p>For Phone, Fax, Address Contact information, Select the “Need help with your claim? Click here” link available on the Claims Center home page.</p>
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<p>To discuss Life claim procedures:</p>	<p>Voya Life Claims            PO Box 1548            Minneapolis, MN 55440            Phone Number: 1-888-238-4840</p>
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Voya Travel Assistance	<p>Access the Voya Travel Assistance website at: <a href="https://eservices.europassistance-usa.com/sites/Voya">https://eservices.europassistance-usa.com/sites/Voya</a></p> <p>Group ID: N1VOY  Activation Code: 140623  24 hour assistance center, please call 1-800-859-2821</p>
Everest Funeral Planning Services	<p>Phone: 1-800-456-5050  <a href="http://www.everestfuneral.com/ing">www.everestfuneral.com/ing</a></p>
EAP	<p>Call: 877.533.2363 OR TDD: 800.697.0353  Online: <a href="http://guidanceresources.com">guidanceresources.com</a>  Your company Web ID: MY5848i</p>
<p>To discuss Long Term Disability Income :</p> <ul style="list-style-type: none"> <li>• Claim procedures</li> <li>• Return to Work</li> </ul>	<p>Voya Employee Benefits*  300 Southborough Drive  Suite 200  South Portland, ME 04106-6914  Phone No.: 1-888-305-0602  FAX: 1-888-305-0605</p> <p>* Disability RMS is the claims administrator on behalf of the insurance company</p>
<p>Contact us at the following address or phone number with your administration and billing questions:</p> <ul style="list-style-type: none"> <li>• General policy and coverage questions</li> <li>• Service type requests</li> <li>• Premium remittance questions</li> <li>• Requests for additional enrollment material</li> <li>• Requests for additional forms or supplies</li> <li>• Plan renewal</li> </ul>	<p>Jenna Zielinski, Account Representative  Voya Employee Benefits Regional Office  200 W Madison St, Suite 3840  Phone No.: (312) 422-8561  FAX: (312) 629-0185  Email: <a href="mailto:Jenna.Zielinski@voya.com">Jenna.Zielinski@voya.com</a></p> <p>Taylor Vivant, Client Support Representative  Voya Employee Benefits Regional Office  200 W Madison St, Suite 3840  Phone No.: (312) 422-8573  FAX: (312) 629-0185  Email: <a href="mailto:Taylor.Vivant@voya.com">Taylor.Vivant@voya.com</a></p>

# Administration Forms and Materials

Forms **that are personalized to your group** can be obtained from your Account Representative.

Forms **that are not personalized to your group** are available on the Voya Employee Benefits Forms Library in PDF format. Forms are frequently updated; therefore, we ask that you print each form on an as-needed basis from the Voya Employee Benefits website.

You will need the free Adobe Reader in order to open and print them. If you don't currently have Adobe Reader, it can be downloaded to your computer from the site [www.adobe.com](http://www.adobe.com). Click on Download and select Adobe Reader and follow the instructions to select and load the software appropriate for your system.

## Administration forms

Go to <http://foremployers.voya.com/employee-benefits/forms-library/>

## Claim Forms

Go to <http://www.voya.com/> and click on Contact & Services and select Claims

## Available Forms

Form Name	Form No.
Port Select Group Term Life Portability Application – Employee	Use form supplied by your Account Representative
Port Select Group Term Life Portability Application – Spouse	
Life Conversion Information Request Form	147077
Conversion of Your Group Term Life Insurance Coverage Brochure	151671
Request for Change	37831
Amendment to Original Application	48725
Beneficiary Designation	7384
Absolute Assignment of Group Life Insurance	14294
Statement of Intent	24661
Death Claim Forms State Specific Proof of Death - Claimant's Statement & Death Claim for Group Life Plans	See Website
Trust Verification	142020
Accelerated Benefit Claim (and associated forms)	See Website
Accidental Dismemberment Claim	
Employee form	171882
Employer form	171881
Attending Physician's Statement of Dismemberment	116150
Waiver of Premium Disability Claim	
Employee form	171891
Employer form	171892
Attending Physician's Statement of Disability	171893
Authorization for Electronic Funds Transfer (Claimant)	47996

Long Term Disability - Occupational Demands	171889
Authorization for Release of Health-Related Information	127182
Consumer Privacy Notice	47316
Disability Income Insurance Claim	
Employer's Statement	171335
Employee's Statement	171336
Long Term Disability Income Attending Physician's Statement of Impairment and Function	117010

If you have questions, call your Account Representative listed in the Quick Plan Reference section of this manual.

# Enrollment

It is the employer's responsibility to fully understand and apply all plan rules according to the Certificate of Coverage/contract. This means you are responsible for maintaining all enrollment, beneficiary, and billing records for Policies (as applicable). Enrollment records must provide the ability for you and/or your employees to:

- appropriately apply Policy limits and rules
- know how much coverage the employee has at all times
- set up any payroll deductions correctly
- file a claim

Your Account Representative will provide you with an electronic master copy of the enrollment form for your plan. Using the master copy, you may make photocopies of the entire enrollment form, as needed.

If you need additional enrollment material, or want to review alternate enrollment methods, contact your Account Representative listed in the Quick Plan Reference section of this manual.

## Enrollment Period

Employees have 31 days following the date they become eligible (completion of the employer defined waiting period) to apply for coverage. Enrollment within the 31 days is required to qualify for coverage without underwriting.

Employees enrolling during this initial eligibility period may be eligible for guaranteed issue coverage. This means a certain dollar amount of coverage does not require evidence of insurability when applied for within the designated enrollment period. Refer to your Certificate for full plan detail.

Eligible employees must be actively at work as defined in your Certificate/contract.

## Enrollment Process

Follow these steps to enroll the employee:

1. Have the employee complete enrollment in your system or using the provided form.
2. Review the enrollment for accuracy and completeness. Take special note that a beneficiary is named for life coverage and the form has been securely authorized in your enrollment system or signed and dated on the paper enrollment form.
3. Your enrollment system should pend coverage for medical underwriting when required. Otherwise, you're responsible for reviewing enrollment to determine if underwriting by the insurance company is required. If underwriting is required, provide the applicant with an Evidence of Insurability (EOI) form.

***Refer to the Evidence of Insurability section of this manual to determine if enrollment of any coverage will require underwriting by the insurance company.***

4. If underwriting is required, forward the properly completed Evidence of Insurability form to the insurance company for underwriting. The address is:

ReliaStar Life Insurance Company



P.O. Box 20  
Mail Stop 4-S  
Minneapolis, MN 55440

**Note: Retain the enrollment and a copy of the EOI form in your files.**

5. Distribute certificate and/or rider (if applicable) for:
  - coverage not requiring underwriting
  - eligible Guaranteed Issue coverage
  - approved underwritten coverage
6. Begin the appropriate payroll deductions and make any required adjustments on the premium statement.

Note: For employees being underwritten, **do not begin payroll deductions, do not make adjustments to the premium statement and do not distribute the certificate or rider** until receiving a Final Action Notice (FAN) from the insurance company indicating approval of coverage.

## Effective Dates

Non-Contributory plans (employer pays 100% cost of coverage): coverage becomes effective on the date of eligibility.

Contributory plan (employee pays part or all cost of coverage):

- A. If requested within 31 days following the eligibility date, coverage becomes effective according to the terms of your contract.
- B. If underwriting is required, only **approved** coverage becomes effective. The effective date will be the actual approval date or the first of the month following actual approval date, depending on terms of the contract.

## Enrollment – Spouse/Children Life Coverage

If an employee's spouse or child is also eligible for coverage as an employee under the same plan, most plans prohibit the spouse/children from being covered both as an employee and as a dependent of another employee. Also, most plans prohibit married employees from both covering the same children. Check your certificate or contact your Account Representative if you have questions.

### **Evidence of Insurability** (also known as medical underwriting)

Refer to the Evidence of Insurability section of this manual to determine if enrollment of the Spouse/Children Life coverage will require underwriting by the insurance company.

### **Enrolling Spouse/Children without Evidence of Insurability**

Employees have 31 days following the date they become eligible for spouse/children coverage to elect spouse/children coverage by enrolling for coverage unless the certificate provisions state otherwise.

1. The employee completes the Spouse/Children Coverage section in the enrollment system or using the provided enrollment Form. The employee (and spouse if applicable) must securely authorize the enrollment online or sign and date the form.
2. All enrollment files must be accurately maintained to reflect the enrollment, including but not limited to the date of election and coverage amount.
3. Distribute certificate booklets and/or riders for the spouse/children coverage, if necessary. *Refer to the Certificate Booklet section of this manual.*
4. Make the appropriate change in payroll deductions and any required adjustments on the premium statement.

### **For Underwritten Spouse/Children Coverage**

If the employee does not elect spouse/children coverage within 31 days following the date he/she becomes eligible for spouse/children, and wants to elect spouse/children coverage at a later date, evidence of insurability for each spouse/child, satisfactory to the insurance company, must be provided. There may also be other situations in which underwriting of spouse/children coverage is required. *Refer to the Evidence of Insurability section to determine whether spouse/children coverage will require underwriting.*

1. The employee completes the Spouse/Children Coverage section in the enrollment system or using the provided enrollment Form. The employee (and spouse if applicable) must securely authorize the enrollment online or sign and date the form.
2. If underwriting is required, provide the employee with an Evidence of Insurability form.
3. The employee completes the Evidence of Insurability form with information for all spouse/children. The form may also require additional signatures of spouse/children.
4. Forward the properly completed Evidence of Insurability form to the insurance company for underwriting. The address is:

ReliaStar Life Insurance Company  
P.O. Box 20

Mail Stop 4-S  
Minneapolis, MN 55440

If the applicant has any questions regarding their EOI application, please contact 1-800-537-5024, Option 4.

5. After receiving a Final Action Notice (FAN) from the insurance company indicating approval of spouse/children coverage, distribute any certificate and/or rider (if applicable), begin payroll deductions, and make the appropriate adjustment to the premium statement.

**Note: Please be sure to retain the enrollment form and a copy of the EOI form in your files.**

## Terminating Benefits

If this change is handled through your core enrollment system, you are required to adjust your payment deduction(s) and make appropriate adjustment(s) to the premium statement.

If this change is processed on paper, have the employee complete, date and sign the Request for Change form. After the signed form is received, you are required to adjust your payment deduction(s) and make appropriate adjustment(s) to the premium statement. Keep the original signed form in the employee's file, and provide a copy of the form to the employee.

## The Following Special Requirement May Apply to Group Term Life:

In some states, spouse and child coverage (including AD&D), may not exceed 100% or 50% of the employee coverage. Refer to your group contract for the specifics of your plan or contact your Account Representative listed in the Quick Plan Reference section of this manual.

## Domestic Partner Coverage

The same levels of coverage and underwriting requirements apply to a domestic partner of the employee as apply to a spouse of an employee. Under some plans, coverage for domestic partners is subject to a waiting period during which the employee and domestic partner must be continuously living together. Check the eligibility requirements for your plan.

The employee and domestic partner must complete an Affidavit of Domestic Partnership, which will be filed along with the employee's enrollment form. A copy of this affidavit will be required along with enrollment information whenever a death claim on the dependent domestic partner is submitted.

For plans covering California or Oregon registered domestic partners, a copy of the certified registration form will be accepted instead of an Affidavit.

If coverage under your plan is extended to the domestic partner's children, an Affidavit for Children of Domestic Partnership is also required (not applicable to California or Oregon plans). Note: natural and adopted children of the domestic partner that are covered must reside with the employee, the same as stepchildren of the employee.

## Evidence of Insurability

It is the employer's responsibility to fully understand and apply all plan rules according to the Certificate of Coverage/contract. That said, if an Employee falls into one of the situations listed below, an Evidence of Insurability (EOI) form must be submitted to the Voya Employee Benefits Medical Underwriting Department. Coverage can only be made effective if approved by the insurance company.

- Coverage is contributory and application for employee coverage is made more than 31 days after becoming eligible for this coverage.
- Employee applies for coverage outside of the employer's designated enrollment period.
- Participation requirements have not been satisfied and coverage must be underwritten.
- An employee is re-hired and coverage was converted when employment was previously terminated.
- Coverage is contributory and employee previously waived coverage.
- Any other situations indicated in the employee's certificate booklet.

## Paper Evidence of Insurability

Voya Employee Benefits will supply you with a master copy of the EOI form(s) for your plan. Copy the front and back sides of the form(s) "back-to-back." The Employee must be given the EOI form plus the two additional pages regarding EOI instructions and the Information Practices Notice. The applicant completes the EOI form.

If you have questions regarding the EOI form, contact your Account Representative.

Instruct the applicant to do **one** of the following with the completed EOI form:

- Send the completed EOI form directly to the insurance company:
  - ReliaStar Life Insurance Company
  - P.O. Box 20
  - Mail Stop 4-S
  - Minneapolis, MN 55440
- Return the completed EOI form to your Human Resources department.
- Send the completed EOI form to your third party administrator, if applicable.

The employee should also keep a copy of the completed EOI form for his/her records.

If the applicant has any questions regarding their EOI application, please contact 1-800-537-5024, Option 4.

Make copies of the applicant's enrollment form and EOI form, for your files.

## The Medical Underwriting Process & Final Action Notices

The insurer's Medical Underwriting Department may take action based only on the information found on the EOI form or may do the following:

- Request an applicant's medical records directly from the applicant's physician or other health care provider.
- Write directly to the applicant requesting additional information.
- Request a physical examination and/or urinalysis, blood profile, EKG, etc.

The applicant and plan administrator are notified of additional underwriting requirements.

Taking the time to make sure that all the requirements are met for medical information, and that the forms are complete and accurate, can help to eliminate processing delays.

Final Action may be determined within eight business days, provided the EOI is complete and accurate, and no additional requirements are necessary. Processing could take longer, depending on the amount of coverage applied for, complexity of the applicant's medical history, or other delays that the insurer has no control over.

The Final Action Notice (FAN) is the document prepared by the insurance company showing approval or denial of the coverage. It:

- Is usually prepared within two weeks
- May take longer- depending on height/weight, age, risk factors, and/or delays over which the insurer has no control.

The FAN is always sent to the applicant and plan correspondent. Due to confidentiality, if an employee is declined for coverage, or their file is being closed due to medical requirements not being met, a FAN will always be sent to the employee stating the reason(s) for the decline or close-out. A FAN will also be sent to the plan correspondent but the reasons for decline or close-out will not be disclosed.

If the employee is declined or their file is closed (because requirements were not completed) coverage cannot be made effective.

### Important information regarding medical underwriting for the amount of life coverage

- The amount to be medically underwritten is the dollar amount of coverage for which the applicant must submit evidence of insurability (i.e. be medically underwritten for). The amount to be medically underwritten does not include coverage that can be Guaranteed Issue or Simplified Issue and does not include coverage already in force or already approved.
- The employer must determine and fill in the appropriate amounts in all four amount columns on the Evidence of Insurability form prior to distributing the EOI form to the Employee or Spouse/Children. DO NOT give an Employee and/or Spouse/Children an EOI form without the amount columns completed. EOI forms that are received without the columns completed will be returned during the medical underwriting process.
- The current amount is the dollar amount of coverage that the Employee and/or Spouse/Children already has in force. The Guaranteed Issue Amount is the amount allowed during this enrollment without submitting EOI and/or can be issued without medical underwriting (Guaranteed Issue or Simplified Issue coverage).

- The current amount, shown below, is the coverage amount the Employee and/or Spouse/Children currently has in force.
- The Guaranteed Issue amount is the amount of insurance available without medical underwriting. This amount may be the Guaranteed Issue amount as a *new hire*, or it may be an amount offered *during an annual enrollment*.
- The amount to be underwritten is the difference between the Employee's and/or Spouse/Children current amount, the available GI amount, and the total amount desired.
- The amounts stated on the EOI form must always be a dollar amount, never a multiple of salary.
- Coverage that does not require medical underwriting should not be checked on the EOI form.
- It is important that the amounts indicated on the EOI form are correct. This prevents the requesting of unnecessary underwriting requirements such as exams, blood profiles, etc.
- Disability income coverage that requires medical underwriting review does not require any amount fields to be completed. Checking the Employee LTD and/ or Employee STD box is sufficient.

**Example (Please refer to your group certificate for your plan's specific GI parameters):**

An employee who earns a salary of \$50,000 wants a total of four times salary. He currently has two times salary (\$100,000) in force and can be issued another one times salary during the annual enrollment without medical underwriting. The amounts on the EOI form should be:

<b>Amount Desired</b>	<b>Current Amount</b>	<b>Guaranteed Issue</b>	<b>Amount To be underwritten</b>
<b>\$200,000</b>	<b>\$100,000</b>	<b>\$50,000</b>	<b>\$50,000</b>

# Certificate Booklets

The certificate booklet is the insured's written record coverage. It is the employer's responsibility to distribute certificate booklets to employees. Please refer to the certificate booklet for plan design and coverage details.

## Supply of Certificate Booklets & Completion of Master Policy

Voya Employee Benefits will send you an electronic copy of the certificate booklets and applicable riders and state notices. If you require a small paper supply, contact your Account Representative listed in the Quick Plan Reference section of this manual. An additional charge may apply. When relaying your order to your Account Representative, consider anticipated changes that may affect the content and quantity needed so that appropriate adjustments can be made in order to have your supply last you approximately two years.

When you receive the certificate booklets and riders electronically, you will be given thirty (30) days to complete your review and submit changes to your Account Representative. Upon completion of this review period, your certificate booklets will be considered final and your master policy will be drafted and distributed to you electronically. Please note that if any state filing is required, the filing must be approved by your situs state prior to completion of your master policy.

## Distributing Certificate Booklets

It is your responsibility to distribute the certificate booklets to employees and ensure the following requirements are met:

- Employees have the ability and opportunity to access, as well as print, the certificate booklets at his or her worksite. If there are instances where employees do not have the ability to access the certificate booklets electronically at their worksite, you will provide them with a paper copy.
- You will provide each employee with a written or electronic notice that the certificate booklets are available through electronic means.
- You will not alter the text and appearance of the certificate booklets in any way. They must be delivered exactly as provided by us and must be secured against unauthorized use by employees and other parties.
- Certificate booklets and any subsequent updates will be distributed to employees within 30 business days of receipt of the electronic files from Voya Employee Benefits.

All certificate booklets and riders are group-based certificates. Individual policies/certificates will not be issued to insureds.

If there are riders for extra benefits or indicating additional provisions for specific classes of employees, the appropriate rider needs to be distributed along with the certificate booklet. If you have printed certificate booklets and riders, the rider should be inserted in the certificate booklet prior to distribution.

If more than one class of employees are covered by the certificate booklet, but not all classes are listed on the Schedule of Benefits, determine which rider is appropriate and distribute it along with the certificate booklet. If you have printed certificate booklets and riders, the rider should be inserted in the certificate booklet prior to distribution.

## **Changes in Classification and Amendments**

Any change in classification (i.e. salary, job title) or amendment to the master policy may change an individual's amount of insurance coverage, eligibility provisions, or other plan features.

If this should occur, proceed as follows:

1. If you have separate certificate booklets for certain classifications, determine which certificate booklet is now appropriate and distribute.
2. If you have riders or stickers applicable to the different classifications, determine which rider or sticker is now appropriate and distribute. Instruct the insured to put the rider with the certificate booklet.
3. If an amendment to the master policy generates the printing or electronic issue of new riders and/or the reprinting or electronic re-issue of the certificate booklet, distribute the new riders and/or certificate booklet to the insureds to whom they apply. Instruct the insureds to destroy any obsolete materials in their possession.

## **Ordering Additional Certificate Booklets**

To order an additional supply of certificate booklets, contact your Account Representative listed in the Quick Plan Reference section of this manual. An additional charge may apply. Please allow six weeks for processing.

When relaying your order to your Account Representative, consider anticipated changes that may affect the content and quantity needed so that appropriate adjustments can be made in order to have your supply last you approximately two years.



# Voya Travel Assistance Program

Voya Travel Assistance Services are available to eligible employees and their dependents covered under your Group Life Insurance policy.

## Communications

Travel Assistance communications are designed to be distributed electronically. Voya will provide you with standard language you may use to communicate these benefits through email, flyer, payroll stuffer or internal intranet. (See next page for more information)

Eligible employees may access the Voya Travel Assistance website at:

Website: [www.europassistance-usa.com](http://www.europassistance-usa.com)

User Name: Voya

Password: assistance

## Sample Employee Announcement

Instructions for employer use:

- This announcement should be distributed to eligible employees
- The user name and password information may be disseminated through email, flyer, payroll stuffer or intranet.

Bradley University is pleased to present the Voya Travel Assistance program. The Voya Travel Assistance program offers you enhanced security for your leisure and business trips.

Effective immediately, you and your dependents will have toll-free or collect call access to the Voya Travel Assistance customer service center, or access to the services provided on the Voya Travel Assistance website, 24 hours a day, 365 days a year – from anywhere in the world!

When traveling more than 100 miles from home, Voya Travel Assistance offers you and your dependents four types of services: Pre-Trip Information, Emergency Personal Services, Medical Assistance Services and Emergency Transportation Services.

The Voya Travel Assistance website provides additional sources of travel-related information. We encourage you to visit the website to access a detailed program description and convenient wallet cards. These documents provide important contact information for Voya Travel Assistance.

Access the Voya Travel Assistance website at: [www.europassistance-usa.com](http://www.europassistance-usa.com)

**User Name:** Voya

**Password:** assistance

Insurance products and services provided by ReliaStar Life Insurance Company. Voya Travel Assistance services provided by Europ Assistance USA, 1825 K St. NW, Suite 1000, Washington, D.C. 20006.

## Calculating Premiums

As a self-administered client, you will calculate any applicable payroll deductions for non-contributory coverage and monthly premium due for all coverage. Here are a few key factors to consider when calculating premium due:

- Plan design, including minimums and maximums
- Rounding provisions
- Definition of earnings
- Age reduction rules
- Timing of increases/decreases and new hires/terminations
- Salary changes (for salary based disability income plans)
- Approval of medical underwriting status
- Rates and rating methodology used (i.e., age bands, covered payroll for LTD)

Please refer to your Certificate(s) of Coverage and Premium Rate Notification for all such items above.

# Group Term Life Insurance Premium Calculation – Basic and Supplemental

Please refer to the Premium Rate Notification that is provided at each policy anniversary.

## Basic Life Total Covered Lives and Volume

You will be asked to calculate premium based on the total covered lives and total covered volume of Group Term Life coverage in force for that month.

To calculate the total covered lives for basic life, add the total number of eligible lives with coverage in force. The total covered volume is the total dollar amount of basic life coverage in force for the total sum of covered lives. For example:

Basic Life is \$50,000 per employee. You have 100 eligible employees. Total Volume is \$5,000,000.

Step 1: Enter the rate per \$1,000: \_\_\_\_\_

Step 2: Take the total covered volume of insurance and divide it by 1,000: \_\_\_\_\_

Step 3: Multiply lines 1 and 2 (this is the total monthly cost for all basic life): \_\_\_\_\_

Your Certificate's definition of annual earnings will detail the types of compensation for a salary based Group Term Life benefit (volume). It will also outline rounding, age reductions and other plan-specific details that factor into the calculation of premiums.

For illustrative purposes only, an example for a salary based plan with multiple classes is shown below:

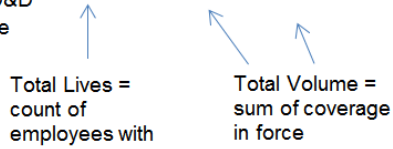
Class	Basic Life Benefit	Basic AD&D Benefit
Class 1	The lesser of: 3 times your Basic Yearly Earnings or \$400,000, rounded to the next \$1,000	The lesser of: 3 times your Basic Yearly Earnings or \$400,000, rounded to the next \$1,000
Class 2	The lesser of: 1 times your Basic Yearly Earnings or \$50,000, rounded to the next \$1,000	The lesser of: 1 times your Basic Yearly Earnings or \$50,000, rounded to the next \$1,000
Class 3	\$10,000	\$10,000

See below for a sample snapshot of how the various class coverages apply

Employees Covered:	Age	Annual Salary	Class	Basic Life	Basic AD&D	Coverage	Total Volume	Monthly Rate / 1,000	Monthly Premium Due
Sally**	23	\$ 25,600	3	\$ 10,000	\$ 10,000	Basic Life	\$ 919,000.00	0.07	\$ 64.33
Susie*	54	\$ 148,550	1	\$ 400,000	\$ 400,000	Basic AD&D	\$ 919,000.00	0.02	\$ 18.38
Henry	55	\$ 33,500	3	\$ 10,000	\$ 10,000				
Jake**	34	\$ 48,900	2	\$ 49,000	\$ 49,000				
Heidi*	43	\$ 400,000	1	\$ 400,000	\$ 400,000				
Mark*	38	\$ 88,550	2	\$ 50,000	\$ 50,000				
			<b>6</b>	<b>\$ 919,000</b>	<b>\$ 919,000</b>				

To calculate the Premium for Basic Life/AD&D:  
 Total monthly premium due = total volume divided by 1,000 X  
 monthly rate = monthly premium

\*note that the Basic Life/AD&D Cap has been applied to the overall amount



\*\* Rates may vary by class, division or age band. Make sure the correct rate is used for each employee. Rates used in examples are for example purposes only.

### Supplemental Life Total Covered Lives and Volume

Group Term Supplemental Life is typically rated using five-year age bands. Use the steps below to calculate premium based on the amount of insurance elected for each employee/dependent:

Step 1: Enter the rate per \$1,000 based on age: \_\_\_\_\_

Step 2: Take the amount of insurance and divide it by 1,000: \_\_\_\_\_  
(Example: For \$150,000 of coverage, enter "150")

Step 3: Multiply lines 1 and 2 (this is the monthly cost): \_\_\_\_\_

Perform the calculation above for each employee to determine monthly payroll deductions.

Similar to the Basic Group Term Life, you calculate the total covered lives, by adding the total number of eligible lives with the specific life coverage in force. The total covered volume is the total amount of life coverage in force for the total sum of covered lives. Your Certificate's definition of annual earnings will detail the types of compensation for a salary based Group Term Life benefit (volume). It will also outline rounding, age reductions and other plan-specific details that factor into the calculation of premiums.

Basic and Supplemental AD&D is calculated in a similar manner to Basic Life and Supplemental Life. Refer to your Certificate for plan design and your Premium Rate Notification for rates.

# Long Term Disability Income Premium Calculations Based on Salary

Please refer to the Premium Rate Notification that is provided at each policy anniversary.

## Total Monthly Volume based on Salary

The total monthly volume equals the Basic Annual Earnings divided by 12. Each employee's volume is capped at the Maximum Covered Salary of the plan.

## Steps for Calculating Covered Monthly Volume based on Salary

- Divide the Basic Annual earnings for each employee by 12 to determine monthly earnings
- Divide the maximum monthly benefit by the benefit percent to determine the maximum covered monthly salary
- Compare the employee's monthly salary with the max covered monthly salary calculated above; take the lesser of the two
- The result is the employee's monthly covered volume
- Repeat the above steps for each employee
- Add all employees' monthly volumes together to get the total monthly covered volume

## Example for Calculating Covered Monthly Volume based on Salary

1. Basic Annual Earnings for an eligible employee	\$150,000
2. Divide Basic Annual Earnings by 12	12,500
3. Enter the Benefit Percentage for plan	60%
4. Enter the Maximum Monthly Benefit for the plan	6,000
5. Divide the Max Monthly Benefit (step4) by the Benefit Percent (step 3); the result is the Maximum Covered Salary	10,000
6. Compare the employee's monthly earnings (step 2) to the Max Covered Salary (Step 5) and take the lesser of the two.	10,000
7. The result in step 6 is the employee's covered salary	
8 Repeat steps for all employees and add results on line 7 together for total monthly volume	

## Steps for calculating the Monthly Premium due based on Salary:

- Divide the total monthly volume calculated above by 100
- Multiply the result by the LTD rate \*\*
- The result is your monthly premium

## Example for calculating Monthly Premium Due based on Salary

1. Enter Total Monthly Volume	\$1,500,000
2. Divide Total Monthly Volume by 100	15,000
3. Enter the rate for the LTD plan **	.20
4. Multiply the result in Step 2 by the rate for the plan; this is your monthly premium	\$3,000

\*\* Rates may vary by class, division or age band. Make sure the correct rate is used for each employee. Rates used in examples are for example purposes only.

# Self-Administered Billing Options

## Traditional Self-Administered Billing Overview

This billing option is ideal for clients who prefer to reconcile premium mirroring the coverage level sold rate structure per the proposal. It is broken out further by the additional account structure as needed.

## Traditional Self-Administered Billing Process Overview

1. Voya Employee Benefits will generate a monthly bill using the prior month's lives and volumes by coverage level (EE/SP/CH). If approved, the client may use a billing report generated from their online enrollment system or that of their designated technology provider.
2. The client receives the bill and calculates the current lives and volume for the period for which the premium is being remitted.
3. The client remits payment (see payment options below) with back-up detail which will support the remittance amount. *Please review back-up detail reports with your Account Representative to ensure the report includes all necessary information.*
4. Voya reconciles the premium.
5. The process is repeated for the next months' billing cycle.

# Self-Administered (SA) – Paper Billing Process

Premium for your group plan is due on the “Due Date” indicated on your Invoice.

A monthly Premium Statement will be sent to you including a pre-addressed return remittance envelope. The Premium Statement will display estimated lives, volume, and premium numbers based on the previous enrollment. Each month you must complete the Premium Statement on each policy number and billed organization for which you are remitting premium.

## Updating your Self-Administered (SA) Paper Invoice

The items listed below must be completed on the Premium Statement.

Note: Shaded items are the ones needed to be completed on the Premium Statement	
<b>Invoice No.</b>	The invoice number assigned to the Premium Statement. Write this number on your check or reference it on your wire transfer.
<b>Group Benefit Plan Number</b>	The group number as given in the group contract.
<b>Billing Period</b>	Beginning and ending dates of coverage for which premium is due.
<b>Billed Organization</b>	The name of the billed company or division.
<b>Total Payment Due Date</b>	The month, day and year when all premium is due for the stated billing period.
<b>Coverage/Description</b>	The appropriate descriptions for the plan benefits, each on a separate line. The descriptions can be found on your premium rate notification (PRN).
<b>Actual Lives</b>	Enter the number of lives currently in force as of the premium due date.
<b>Actual Volume</b>	Enter the insurance volume currently in force as of the premium due date.
<b>Rate</b>	The premium rate for each coverage. The rates can be found on your PRN.
<b>Adjustments</b>	Enter any premium adjustment that normally would have been reflected in a previous month’s statement but is being reported on the current statement. Give a brief explanation on the bottom of the form.
<b>Total Premium Due (for each Coverage)</b>	Multiply the Actual Volume by the Rate. Refer to your PRN for division factor (i.e. per \$1,000). Add or subtract Adjustments and enter the result.
<b>Total Premium Due</b>	Enter the sum of the Total Premium Due column.
<b>Amount Enclosed</b>	Enter the amount of your payment.

## Sending in Your Premium Payment

After completing the Premium Statement, make a copy for your files. You have the option to pay your invoice via check, ACH or wire transfer.

### **Pay by ACH**

To send your premium payment via ACH, you must provide your bank with the following information to ensure money is sent to the correct Voya Employee Benefits bank account.

<b>Business Unit:</b>	RLIOO
<b>Bank Account Name:</b>	Bank of America
<b>Bank Account Number:</b>	5800965427
<b>Transit number (routing number):</b>	071000039
<b>Name on Account:</b>	ReliaStar Life Insurance Company
<b>Bank Mailing Address:</b>	100 West 33rd St., New York, NY 10001
<b>Billing Reference Information:</b>	Invoice Number; Group Number; and Account Number
<b>Bank Phone number:</b>	312-904-5636
<b>Bank Fax number:</b>	312-904-0940
<b>Voya Employee Benefits Contact email:</b>	<u><a href="mailto:EB.Cash@voya.com">EB.Cash@voya.com</a></u>

For all payments submitted, backup documentation (changes, discrepancies, etc) is required. If the backup documentation is not received timely, the payment cannot be applied timely. Send all back up documentation to the Billing Administrator at the following e-mail or mailing address:

**E-mail address:** [ebpa1@voya.com](mailto:ebpa1@voya.com)

**Mailing Address:**

ReliaStar Life Insurance Company  
3702 Paysphere Circle  
Chicago, IL 60674-0037



### **Pay by Wire**

To send your premium payment via wire transfer, you must provide your bank with the following information to ensure money is sent to the correct Voya Employee Benefits bank account.

<b>Business Unit:</b>	RLIOO
<b>Bank Account Name:</b>	Bank of America
<b>Bank Account Number:</b>	5800965427
<b>Transit number (routing number):</b>	026009593
<b>Name on Account:</b>	ReliaStar Life Insurance Company
<b>Bank Mailing Address:</b>	100 West 33rd St., New York, NY 10001
<b>Billing Reference Information:</b>	Invoice Number; Group Number; and Account Number
<b>Bank Phone number:</b>	312-904-5636
<b>Bank Fax number:</b>	312-904-0940
<b>Voya Employee Benefits Contact email:</b>	<a href="mailto:EB.Cash@voya.com">EB.Cash@voya.com</a>

For all payments submitted, backup documentation (changes, discrepancies, etc) is required. If the backup documentation is not received timely, the payment cannot be applied timely. Send all back up documentation to the Billing Administrator at the following e-mail or mailing address:

**E-mail address:** [ebpa1@voya.com](mailto:ebpa1@voya.com)

**Mailing Address:**  
ReliaStar Life Insurance Company  
3702 Paysphere Circle  
Chicago, IL 60674-0037

### **Pay by Check**

Be sure to use our standard pre-addressed premium payment envelope sent to you each month with your Premium Statement. Send the following items to our payment processing center:

1. Your **total payment** (this must equal to the amount on the **Amount Enclosed** line on the statement.
2. Your **completed Premium Statement**. Note: Checks submitted without a statement will greatly delay processing and may not be applied to your account. Lapse of your group's benefits could result.

**Payments, along with the completed Premium Statement must be sent to one of the following addresses below:**

Bank Address:

**ReliaStar Life Insurance Company  
3702 Paysphere Circle  
Chicago, IL 60674-0037**

Overnight Bank Address (Use address exactly as listed below. Do not reference a contact name)

**Bank of America  
Attn: Lockbox Dept (LBX 3702)  
540 West Madison 4th floor  
Chicago, IL 60661**

## Frequently Asked Questions Self Administered (SA) – Online Billing Process

### 1. What does Self-Administered billing mean?

You maintain the enrollment documentation and premium information and you must report enrollments on each invoice.

### 2. What does reconciled mean?

The invoice has been paid and there are no outstanding dues or credits.

### 3. When should an insured move to a new age bracket?

Insureds should move to the next higher age bracket coinciding with the anniversary date of the plan.

### 4. What do I do if I have an adjustment to make for a product that is larger than the premium due?

If you have an adjustment to make for a product where the adjustment would result in a negative number, contact your Billing Administrator. The invoice cannot have negative numbers in the Amount Due section.

### 5. How do I save my changes?

Changes are automatically saved when selecting one of the Payment Type buttons on the Online Billing. It is necessary to select one of the options even if you are not ready to pay, as clicking on one of these options is what saves your information to Voya Employee Benefits systems.

### 6. Why didn't the changes I made last month show up on the current invoice?

Likely the changes were made after the new bill generated. Once a bill is produced, changes are not reflected online. If you update an invoice after another one has produced, those changes will not be shown. If you have questions regarding the receipt of your changes, please contact your Voya Employee Benefits Billing Administrator.

### 7. What needs to be done to notify Voya Employee Benefits of a billing contact or address change?

Contact your Account Manager to make any change to your billing account.

# Lapse Procedure

## Summary of Billing Cycle

We produce and email/mail each Statement of Payment Due ten days prior to the payment due date.

When we do not receive timely premium payments from you, it is our procedure to follow up with the appropriate correspondence to remind you of payments past due.

A Reminder Letter will be mailed to you if we have not received payment by 17 days after the payment due date, as indicated on your Statement of Payment Due.

A Lapse Letter will be mailed to you if payment has not been received by the end of your grace period, as stated in your group contract. This letter will state that your coverage has lapsed and give you the effective date of the lapse.

A Grace Period Premium Letter will be mailed to you approximately three weeks after a lapse of coverage has occurred. This letter will request premium payment for coverage that was continued during the grace period.

## Lapse Procedure

A grace period of 45 days after the due date is standard allowance for remittance of premium payment. Consult your group contract for your exact grace period. If payment is not received within the grace period, the group coverage will automatically lapse.

Lapse notification is sent to your plan administrator at the end of the grace period. Claims incurred after the end of the grace period will not be paid until your premium payment is received.

If you allow your policy to lapse and do not plan to replace it by another policy or plan providing similar coverage, you are required to distribute a Lapse Notice to all covered employees (and to all owners of coverage if other than the employees). A template of the Lapse Notice is provided on the following page in this manual. Produce a duplicate of the template omitting the page number at the bottom. On your template, enter the current date and the effective date of lapse. Add your group name and group policy number if not already displayed. Produce and distribute copies of the Lapse Notice to your employees at least 10 days prior to the date of policy cancellation.

**Note:** If employees contribute to the cost of coverage under this policy, state law may require that if you or any other entity continues to collect contributions for coverage beyond the date the policy is cancelled, that you or the other entity may be held solely liable for the benefits with respect to which the contributions have been collected.

**Questions?** If you have questions, call your Account Manager listed in the Quick Plan Reference section of this manual or the Billing Administrator named on your Statement of Payment Due.

## Lapse Notice Template

ReliaStar Life Insurance Company  
*A member of the Voya family of companies*  
20 Washington Avenue South  
Minneapolis, MN 55401

### **LAPSE NOTICE**

For Distribution to All Owners of Coverage Insured under the Policy

Date: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Policy Number: \_\_\_\_\_

This notice is being sent to inform you that the policy noted above will be cancelled due to non-payment of premium effective 12:01 AM, \_\_\_\_\_. All coverage under the policy will end on this date. Unless otherwise provided for in the policy, the insurance company will not be liable for any claims or losses incurred after this date.

You are urged to refer to your policy or certificate of coverage in order to determine what rights, if any, are available to you at this time.

Customer Service  
Group Administration  
1-800-955-7736

## Renewal Administration

Your plan(s) will renew each year on the plan anniversary date. Before your plans can be underwritten, Voya Employee Benefits will need information on your employees.

Approximately six months prior to your plan anniversary date, we will email you a Census Request letter requesting your current employee census data, to be provided to us via secure email. See example of Census Input Instructions below.

Please send Voya Employee Benefits the requested information at least 90 days before your plan anniversary date.

### **Notification of Premium Renewal Rates**

Prior to your plan anniversary date, Voya Employee Benefits will mail or email you a letter informing you of the new premium rates for the upcoming year.

Please make the necessary payroll deduction changes for insureds who are experiencing a change in premium due to renewal. Any premium changes should be made effective on the plan anniversary date.

If you have questions, call your Account Representative listed in the Quick Plan Reference section of this manual.

## Census Requirements

Census Column Heading	Census Data Description
<b>Name of Employee</b>	Enter the name of each employee in a format consistent with your Payroll System. Example: Last Name, First Name, Middle Initial When census is validated, it will alphabetize the records by the first character entered for each individual.
<b>Employee ID or Unique Identifier</b>	Enter the Employee ID of the employee. Format: Key in either alpha or numeric characters.
<b>Date of Birth (DOB)</b>	Enter Date of Birth of the employee. Format: mm/dd/yyyy You must key the slashes between the month, day, and year.
<b>Annual Salary</b>	Enter Annual Salary of the employee. Format: Key in dollars and cents. Key decimal point. Commas are optional.
<b>EE Basic Life Volume</b>	Enter the appropriate volume for the employee Format: Key in dollars and cents. Key decimal point. Commas are optional. <b>Salary Multiple must be converted to a Volume prior to entering</b>
<b>EE AD&amp;D Volume</b>	Enter the appropriate volume for the employee. Format: Key in dollars and cents. Key decimal point. Commas are optional. <b>Salary Multiple must be converted to a Volume prior to entering.</b>
<b>Spouse Name</b>	Enter the first name of the spouse of the employee, if applicable
<b>Spouse Date of Birth (DOB)</b>	Enter Date of Birth of the spouse if applicable (mm/dd/yyyy)
<b>Dependents Covered?</b>	Enter the appropriate response for Dependent Coverage. Format: Y = Yes      N = No
<b>Monthly Premium</b>	This field will be filled in after you have <b>validated</b> the census and <b>calculated</b> the premiums.
<b>Occupation</b>	Enter the job title of employee.

## Coverage Cancellation by Employee

The insured may request cancellation of a voluntary product benefit at any time. The cancellation must never be made retroactive. The cancellation may be made via the employer's documented process or via the Request for Change form.

If this change is handled through your core enrollment system, you are required to stop your payment deduction(s) and make appropriate adjustment(s) to the premium statement.

If this change is processed on paper, have the employee complete, date and sign the Coverage Cancellations section of the Request for Change form. After the signed form is received, you are required to adjust your payment deduction(s) and make appropriate adjustment(s) to the premium statement. Keep the original signed form in the employee's file, and provide a copy of the form to the employee.

If you have questions, call your Account Representative listed in the Quick Plan Reference section of this manual.

## Changes

Maintaining employee enrollment or demographic detail is the responsibility of the employer. Any changes must be captured through the core enrollment system or in writing. Changes include but are not limited to:

- Name
- Address
- Qualifying Events changing dependent detail (see enrollment)
- Salary
- Beneficiary
- Coverage increases/decreases/cancellations

### Name or Address Changes

There are several reasons for name changes, such as:

- Marriage
- Divorce
- Court Order
- Name entered on the form originally was incorrect

Note: A court order must be on file if a name change is other than by marriage.

If changes are handled through your core enrollment system, capture the change with the appropriate date. If the change affects contributory coverage, make any necessary adjustments to payroll deductions and the monthly premium statement.

If changes are processed on paper, have the employee complete, date and sign the Request for Change form. Keep the original signed form in the employee's file, and provide a copy of the form to the employee.

# Beneficiaries

A beneficiary is the individual or entity designated to receive proceeds from the life coverage upon the insured's death. It is the employer's responsibility to maintain beneficiary records on behalf of employees.

Employees designate beneficiary(ies) when completing the initial enrollment form for coverage. Beneficiary elections made in a core enrollment system must support requirements for filling a claim. If using a paper beneficiary election form and if there is not enough room on the enrollment form to list all beneficiaries, additional beneficiaries can be named on a separate piece of paper. The employee should list their own full name, date of birth, social security number, and group plan number on the sheet of paper, sign and date it, and attach it to the enrollment form.

Beneficiary designations should be kept up to date and reviewed when changes in status occur, such as:

- Marriage
- Birth of a Child
- Death in the Family
- Name Change
- Divorce

## **Beneficiary Designations Not Allowed**

- ⇒ The plan/policyholder cannot be named as beneficiary.
- ⇒ An organization or endowment should not be named as beneficiary unless it is certain that such an organization or endowment is a legal entity (i.e. it has a recognized legal existence such as a corporation, trust, or partnership).

## **Spouse/Children Life Standard Designation**

- ⇒ The beneficiary for spouse/children coverage is always the insured to whose policy/certificate the spouse/children coverage is attached. This beneficiary cannot be changed. Contingent beneficiaries cannot be named.

## **Minor Beneficiaries**

NOTE: Life Insurance benefits cannot be paid directly to a minor beneficiary. How payment is made depends on the amount that is payable to a minor and in what state the minor resides. Some states allow benefits to be paid under the Uniform Transfers to Minors Act if the amount payable is less than a specified amount. The amount payable is state specific. If the amount payable is greater than allowed under the Uniform Transfers to Minors Act, the person having care and custody of the child will need to obtain Certified Letters of Guardianship for the Estate of the minor child. This is a court issued document and legal representation is usually required.

At the request of the person having care and custody of the minor child, the life insurance proceeds can be held with the insurance company until the child reaches the age of majority. To hold the proceeds, we require a written request from the person having care and custody of the minor.

## **Other Beneficiary Designations**

- Trust  
If a trust is named as beneficiary, the name of the trust, trustee, and date of the trust must be included on the form. At the time a claim is filed, Voya Employee Benefits will request a copy of the trust and a statement from the trustee indicating the trust is in effect and the trustee is willing to act as trustee.
- Charity  
If a charity or other organization is named as beneficiary, the city and state of charity or organization must be included.



Before naming an organization as beneficiary, it should be verified as a recognized legal entity (refer to paragraph, Beneficiary Designations Not Allowed).

- Irrevocable An irrevocable beneficiary is one whose interest in the policy cannot be changed or reduced without his/her consent. The wording of the beneficiary designation must stipulate "irrevocable." If an irrevocable beneficiary has been named at the time the insured enrolls for life coverage, both the insured and irrevocable beneficiary must sign the enrollment form. To change the beneficiary will require both signatures.
- Contingent A contingent (secondary) beneficiary is the person designated to receive life insurance policy proceeds if the primary beneficiary should die before the insured dies or otherwise be ineligible to receive the proceeds. Contingent beneficiaries may be listed on a separate piece of paper. The insured should list his/her full name, date of birth, social security number and group plan number, designate the contingent beneficiary, date and sign the paper, and attach it to the enrollment form.
- Beneficiary Resides in Foreign Country If a beneficiary resides in a foreign country, additional documentation may be required. Please contact the Voya Life Claims Department at 1-888-238-4840 for additional information.

## Spousal Consent

Voya Employee Benefits does not require spousal consent for a beneficiary designation. This includes Enrollment forms and Beneficiary Designation forms for all states.

If the insured resides in a community property state and changes the beneficiary from the spouse to another person or entity, then it is suggested in these situations that spousal consent be obtained. However, Voya Employee Benefits will not refuse a beneficiary designation that doesn't show spousal consent.

The community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

## Change of Beneficiary

If beneficiary changes are handled through your core enrollment system, capture the change with the appropriate date.

If changes are processed on paper, have the employee follow these steps:

1. The insured completes a Beneficiary Designation form. The form must be completed, dated and signed. For each individual named as a beneficiary, the following information should be included: full name, date of birth, social security number, phone number, relationship to insured, and address.

**Note:** Refer to the backside of the Beneficiary Designation form for suggested wording of beneficiary designations.

2. The employer should process the form as follows:
  - a) Verify that the form has been completed properly.
  - b) Verify the beneficiary is a standard designation (**refer to paragraph titled Non-Standard**

**Designations).**

3. The employer should attach the original beneficiary form to the employee's enrollment form and provide the insured with a photocopy.

## **Non-Standard Designations**

The Beneficiary Designation form **must** be sent to Voya Employee Benefits for approval in the following situations:

- The wording used in the request differs from the examples given on the reverse side of the Beneficiary Designation form. *Please call Voya Employee Benefits at 1-800-955-7736 with specific questions and uncertain situations.*
- The certificate has been assigned. *See Assignment section.*
- The previous beneficiary is irrevocable. An irrevocable beneficiary would typically be used when a divorce occurs where a life insurance benefit is awarded as part of the divorce decree. An irrevocable beneficiary could be changed if the beneficiary dies, at which time we would request proof of death, or if the irrevocable beneficiary agrees to the change.

## Assignment

An assignment is the legal transfer of all of one person's interest in a life insurance policy to another person. The original policyowner transfers (assigns) his or her right to any benefits from a policy to another person (the assignee).

Absolute assignments, which transfer ownership of a life insurance policy, are the only type of assignment allowed for group life policies. Absolute assignment is sometimes required as the result of a divorce settlement or may be desired if the insured becomes disabled or incapacitated. However, a reason for making the assignment is not required.

Collateral assignments, which are used to secure a loan, are not allowed.

<b>IMPORTANT</b>
------------------

- Once an assignment has been made, only the assignee can make beneficiary changes, assignments or apply for conversion. Both the insured and assignee must sign any re-enrollment forms.
- If the assignee dies before the insured, please contact Voya Employee Benefits Customer Service for instructions, toll free number 1-800-955-7736.
- The assignment does not change or revoke the beneficiary currently in effect. The assignee may change the beneficiary by completing a Beneficiary Designation form. If an irrevocable beneficiary is named, both the assignee and beneficiary must sign the Beneficiary Designation form.
- If the assignee is going to change the beneficiary, the Beneficiary Designation form should be dated at least one day later than the absolute assignment.
- The assignment cannot be released, but a new assignment can be made by the current assignee.
- Assignments will be accepted only as provided in the group policy.
- **When a group policyholder transfers coverage from a prior carrier to ReliaStar Life Insurance Company, an existing assignment can be carried forward from the prior carrier to ReliaStar Life Insurance Company to prevent a break in the assignment for estate tax purposes. In order to accomplish this, the insured employee must submit a signed Statement of Intent form. See the Statement of Intent section of this manual for additional information.**

## How to process an Absolute Assignment

Follow these steps when processing the Absolute Assignment of Group Life Insurance form:

1. Have the Absolute Assignment form completed, dated and signed by the insured and the assignee.
2. Mail the Absolute Assignment form to Voya Employee Benefits for approval. Include copies of all enrollment forms, change forms, signed letters, previous absolute assignments and beneficiary changes related to the policy.
3. **Send all required documents to:**  
  
Voya Employee Benefits  
P O Box 122  
Minneapolis MN 55440-0122
4. When approved, Voya Employee Benefits will return the approved Absolute Assignment form to the employer. **The employer should make a photocopy for their records and forward the original Absolute Assignment form to the assignee.**

**Important:** In the event of filing a claim, a copy of the Absolute Assignment form must be submitted to Voya Life Claims. Refer to the Quick Plan Reference section of this manual.

If you have questions, call your Account Representative listed in the Quick Plan Reference section of this manual.

## Statement of Intent

The purpose of a Statement of Intent form is to continue an absolute assignment made by an employee/owner with a prior carrier. This form affirms the earlier assignment with the prior carrier and serves as a new assignment under the ReliaStar Life Insurance Company policy. An insured should consult with a personal tax advisor before declining to provide a Statement of Intent to continue an assignment.

### Follow these steps when processing a Statement of Intent

1. The employee/owner completes a Statement of Intent form. The form must be dated and signed.
2. Mail the following to Voya Employee Benefits:
  - Completed Statement of Intent form
  - Copy of the absolute assignment form that the insured/owner completed with the prior carrier.
  - Copy of employee's enrollment form
3. **Send all required documents to:**

Voya Employee Benefits  
P O Box 122  
Minneapolis MN 55440-0020
4. When approved, the form will be returned to the employer. The employer should attach the form to the employee's enrollment form and forward a copy to the employee/owner.

**Important:** In the event of filing a claim, a copy of the Statement of Intent must be submitted to Voya Life Claims. Refer to the Quick Plan Reference section of this manual.

If you have questions, call your Account Representative listed in the Quick Plan Reference section of this manual.

## Portability Select

The portability option allows participating employees to keep their Basic and/or Supplemental Life coverage (up to the maximum amount, if any, outlined in the rider) if the participating employee leaves his/her employer, reduces hours at work, or retires. The employee's application for portability is subject to approval by the insurance company.

"Ported" Life coverage may also include the employee's AD&D coverage (up to age 70 and up to the maximum amount outlined in the rider), if any, and Spouse/Children Life coverage, if any. The contract provisions will remain the same with the exception of premium rates. Life Insurance coverage will terminate when the employee attains age 70.

Employees must apply for portability within 31 days of employment termination, reduction of work hours, or retirement and before age 70. Coverage not eligible for portability may be converted, or all coverage may be converted if the employee does not elect portability or is declined for portability.

The portability option allows an insured spouse to continue coverage if requested within 31 days of either divorce or the death of the employee. Refer to the riders for information on other conditions that may apply.

In the event the employer terminates the Basic Life plan with portability and/or the Supplemental Life plan with portability, the following conditions apply to the insureds under the terminated plan.

1. If the employer replaces the Life plan with another carrier's term life plan, the Life coverage for active insureds will terminate and they will not be given the option to "port" coverage.
2. If the employer does not replace the Life plan with another carrier's term life plan, active insureds will be given the option to "port" their Life coverage via direct payment to the insurance company; subject to approval of their applications.
3. Coverage will continue for insureds who were previously approved for portability, provided that all premiums are paid.

If you have questions about terminating your plan, call your Account Representative listed in the Quick Plan Reference section of this manual.

## Procedure to Apply for Portability

Note: This procedure must be followed if an employee is missed on the Termination File.

1. The employer completes and signs the employer section of the Group Term Life Portability Application. If you did not receive this form with your enrollment materials, contact your Account Representative to obtain the correct form.
2. The employer sends the form to the employee. Copies of beneficiary designations and assignments should be included (if applicable).
3. The applicant completes the remainder of the form and mails to Voya Employee Benefits per mailing instructions on the form. The copy of the enrollment form(s) and attached documents must be included.
4. If it is a Spouse request due to death of employee or divorce, send the Spouse form (Employer Section completed) to the Spouse along with copies of document(s) indicating proof of current coverage. Please note that Child coverage can be ported along with Spouse coverage only in the event of the employee's death.
5. If an applicant answers unfavorably to any of the Evidence of Insurability questions, coverage will be ported with the standard rates. If a question is not answered, it will be considered an unfavorable

answer and coverage will be ported with the standard rates. The applicant can revise the form and resubmit the application within the initial 31 days.

6. If the application is issued with the standard rates, the insurance company will notify the applicant.

If approved, the “ported” insured will be directly billed at home on a quarterly basis for premium due. **A billing charge of \$3.50 will be added to each quarterly bill.**

If you have questions about the process of “porting” coverage, you may contact your Account Representative listed in the Quick Plan Reference section of this manual.

## Life Conversions

Our group life policies contain a conversion privilege, which permits covered employees, covered spouses and eligible children to convert his/her life coverage to an individual policy. The conversion must be applied for within 31 days after the termination of group coverage (unless the group contract specifies a different time period). A conversion is made without evidence of insurability.

Please refer to your certificate booklet (and riders, if any) for further information about conversion.

Usually employers are required to notify previously covered participants of their conversion rights. The Life Conversion Information Request Form satisfies this requirement and must be given to persons eligible to convert.

### Follow this procedure to process a life conversion\*:

1. Complete the **top portion** of the applicable Life Conversion Information Request Form. Give the following to the employee, spouse or eligible children upon loss of coverage:
  - Life Conversion Information Request Form (top portion must be completed)
  - Premium Rates for Whole Life Conversion Policies (page 2 of the above form)
  - Conversion of Your Group Life Insurance Coverage brochure

Make a photocopy of the Life Conversion Information Request Form to be retained in your files.

2. The previously covered participant is responsible for completing the **bottom portion** of the form and mailing to Voya Employee Benefits at the address indicated on the bottom of the form. The form must be received at Voya Employee Benefits within 31 days after termination of group coverage.

Our Customer Service Department will send the appropriate application information directly to the employee, spouse or eligible children. From this point on, the insured will deal directly with Voya Employee Benefits.



## Life Claims

Voya Employee Benefits strives for the prompt payment of all life insurance benefits. To assist us in the timely processing of claim payments, we greatly appreciate your cooperation in making sure all claim forms are completed properly before submitting to Voya Employee Benefits. Incomplete and unsigned forms will delay processing.

To assist you and your employees with your claim needs, we have an online Claims Center providing tools for you to initiate a claim, obtain a claim form, access specific contact information based on your need, and submit claims electronically.

Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services.

Payments are mailed directly to the beneficiary, insured, or legal representative with an Explanation of Benefits. The employer will receive a copy of the Explanation of Benefits showing the date and amount of payment.

Questions may be directed to Voya Life Claims at 1-888-238-4840.

## Voya Personal Transition Account

If the total amount payable to a claimant is \$5,000 or greater, a Voya Personal Transition Account will generally be issued for the insurance policy funds unless another settlement option is elected. It is a secure account that earns a competitive interest rate. The funds are accessed by using drafts from a draftbook provided to the claimant.

A check, rather than the Voya Personal Transition Account, is issued under the following circumstances:

- If the proceeds are less than \$5,000
- If the beneficiary resides in a foreign country
- If the claim is for dismemberment
- If the beneficiary resides in a state where the Voya Personal Transition Account is not available

## Claim Forms

Because some states require specific wording on claim forms, the appropriate claim forms must be used. Please refer to the Voya Employee Benefits website (see below) to select the correct claim form(s):

Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services to Start a Claim or obtain direct access to the claim form(s) by clicking on the Claim Forms Library.

## Requirements to File a Death Claim

1. Complete the Death Claim for Group Life Plans form. The Employer Certification section must be signed by an authorized company representative.

**Note:** The date last worked and the status of the employee at the date of death are also needed to verify eligibility for benefits on spouse/children claims. The dependent claim section should be completed only in the case of the death of a spouse/child.

2. Choose the appropriate Proof of Death – Claimant’s Statement The Voya.com claim center provides current forms and instructions and also instructs beneficiaries on how to begin a claim.
3. Have the beneficiary complete, date, and sign all applicable sections of the Proof of Death – Claimant’s Statement form.  
Under the U.S. Taxpayer Certification (W-9) sections, if the beneficiary is not a U.S. citizen or organization, please contact Voya Life Claims for more information.
4. Obtain a certified copy of the official Certificate of Death issued by the Bureau of Vital Statistics. A photocopy of this document may be submitted for claims of \$100,000 or less; however, we require an original certified copy of the Certificate of Death for all claims if the death benefit is greater than \$100,000 or at our discretion. The original certified copy of the death certificate is the official legal record of death and cannot be easily duplicated; therefore, it is a deterrent to fraud.
5. Submit copies of all enrollment forms, change forms, signed letters, absolute assignments, and beneficiary changes along with the completed claim forms.
6. If newspaper clippings of the death are available, please send them with the required forms. A clipping can often speed claim payment since it may adequately answer questions that would otherwise require correspondence.
7. If a trust is named as the beneficiary, the Trust Verification form must be completed by the trustee of the trust.
8. If the beneficiary is a minor, a certified copy of the Letters of Guardianship for the minor’s estate may be required under some circumstances. Payment is made to the legal guardian. If this situation arises, contact Voya Life Claims.
9. If the employee did not name a beneficiary, or if the named beneficiary predeceased the employee or is otherwise ineligible to receive proceeds, payment will be made in accordance with the terms of the group policy. If this situation arises, contact Voya Life Claims.
10. Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services and select “Upload a Claim” to submit your claim electronically or mail or fax all documents to:

Voya Life Claims  
P O Box 1548  
Minneapolis, MN 55440

## **Frequently Asked Questions for Death Claims**

### **1. Why does the insurance company need enrollment information submitted with a death claim?**

Enrollment information is always needed if the insured person has any coverages that are contributory (in other words, the insured pays all or part of the premium). This usually includes any Supplemental, Optional or Voluntary Life coverage. The insurer needs to determine if Evidence of Insurability was required and approved at the time any contributory coverage was elected.

### **2. How do I know if I am including the correct enrollment information?**

The initial and any subsequent enrollment forms/data for contributory coverage needs to be included with the claim submission. The enrollment data must include the amounts of coverage and effective dates. This documentation may be paper enrollment forms or a screen print from a Human Resource administrative system that shows when coverages were initially elected. Beneficiary documentation is also required for all death claims.

### **3. Why is the employee's date last worked required?**

Under most of our group life insurance plans, an employee must be actively at work to be considered eligible for life insurance. By providing the date last worked, the employer is certifying that the employee was last actively at work on that date. This applies to both employee and spouse/children claims.

### **4. Is a certified death certificate required?**

We require a certified death certificate for all claims if the death benefit is greater than \$100,000 or at our discretion. The certified death certificate is the official legal record of death and cannot be easily duplicated; therefore, is a deterrent to fraud. A photo copy of the death certificate may be acceptable for claims that are \$100,000 or less.

### **5. Why does the insurance company need the death certificate that includes manner and cause of death?**

Cause and manner of death are required to rule out that the death was the result of a homicide. If the death is the result of a homicide we need to verify that the beneficiary did not cause the insured's death. State laws prohibit the payment of life insurance to anyone that has caused the death of another person. Some policies also have suicide exclusions, so cause and manner of death is relevant for those claims as well.

### **6. Will the life insurance be paid if the cause of death is the result of a suicide?**

Please refer to the group certificate booklet and riders. Many of our plans pay for any cause of death. However, some of our plans provide that if the death is the result of a suicide, benefits for employee-paid coverage are not payable if the death occurs during the first year or during the first two years the employee or spouse/child is covered for life insurance.

## **7. What are the requirements when a beneficiary is a minor?**

Life Insurance benefits cannot be paid directly to a minor beneficiary. How payment is made depends on the amount that is payable to a minor and in what state the minor resides. Some states allow benefits to be paid under the Uniform Transfers to Minors Act if the amount payable is less than a specified amount. The amount payable is state specific. If the amount payable is greater than allowed under the Uniform Transfers to Minors Act, the person having care and custody of the child will need to obtain Certified Letters of Guardianship for the Estate of the minor child. This is a court issued document and legal representation is usually required.

If the court document is not obtained, at the request of the person having care and custody of the minor child, the life insurance proceeds can be held with the insurance company until the child reaches the age of majority. To hold the proceeds, we require a written request from the person having care and custody of the minor.

## **8. What is required if the Estate is named as the beneficiary?**

In addition to the other required documents, some states allow benefits to be paid under a Small Estate Affidavit if the amount payable is less than a specified amount. This amount is state specific. If the amount payable is greater than allowed under the Small Estate Affidavit, we require a Certified Letter of Administration for the Estate of the insured. This is a court issued document and legal representation may be required.

## **9. What is required if a Trust is named as the beneficiary?**

In addition to the other required documents, the trustee of the Trust must complete the Trust Verification form. For more detailed information, please refer to the Trust Verification form available on our website.

## **10. What if the insured person has not named a beneficiary or the beneficiary has pre-deceased the insured person and there is no contingent beneficiary?**

In addition to the other required documents, under the Payment of Proceeds provision, the policy may provide that if there is no eligible beneficiary or if none was named, the insurer pays the life insurance in the following order: 1. Your spouse, 2. Your natural and adopted children, 3. Your parents, 4. Your estate. If the policy does not have this provision or a variation of it, the life insurance is payable to the estate of the insured.

## **11. Are life insurance benefits taxable to the beneficiary?**

Under current tax law, life insurance benefits are generally not taxable by the IRS (federal) when paid to individuals and we do not report life insurance benefits paid to U.S. citizens. However, interest paid on death benefits is taxable and is reported to the IRS.

## **12. Does the insurance company accept funeral home assignments?**

Yes, provided the funeral home assignment is submitted with the life insurance claim, it indicates the amount assigned and is signed by the named beneficiary.

## **13. What is the Voya Personal Transition Account?**

The Voya Personal Transition Account acts like a checking account. If the amount of the lump sum payment is \$5,000 or more, it may be paid by setting up an Account for the beneficiary. For more detailed information, including state availability, please refer to the Voya Personal Transition Account Supplemental Contract available on our web site.

**14. What happens if the insured person is divorced at the time of death and the insured's former spouse is named as the beneficiary?**

Allow the named beneficiary to file a claim. Any questions should be directed to our Life Claims Department.

**15. How long will it take to process the life insurance claim?**

Our goal is to process the life insurance claim within 5 days from the date we receive all the completed proofs required to pay the life insurance claim. Additional time needs to be allowed for the mailing of the payment.

**16. Will you provide a Form 712?**

Yes, one will be provided upon request and will be prepared at the time we make the life insurance payment.

**17. What happens at the time of death of an insured employee with child coverage when there is no spouse coverage?**

The child coverage can be converted to an individual policy. See Conversion instructions section.

# Funeral Planning and Concierge Service Program

Funeral Planning and Concierge Services are available to employees covered under your Group Life Insurance policy including their dependents. Services are provided by Everest Funeral Package, LLC.

## Communications

All communication and information for this program is provided electronically.

Eligible employees may visit the Everest website using the link below to create a personal user id which will give them access to online planning tools and additional information on the program and services.

[www.everestfuneral.com/voya](http://www.everestfuneral.com/voya)

Employees may also request information or services by calling an Everest Service Advisor at the number below and identifying themselves as an employee of Bradley University.

1-800-456-5050

This website and toll free number should be distributed to all eligible employees. We have provided standard language that you may use to distribute this information. The information may be disseminated through email, flyer, payroll stuffer or intranet (see next page).

## Sample Employee Announcement

### Funeral Planning and Concierge Service *Offered through Voya Employee Benefits*

The death of a family member is one of life's most stressful times. It requires grieving survivors to quickly make many decisions about funeral services, something most of us know little about.

Bradley University employees and eligible family members have access to Everest Funeral Planning and Concierge Service to assist with funeral planning and negotiation at time of need as well as pre-planning tools that can be used to research and document decisions and wishes.

Everest is an independent service that works exclusively on behalf of their clients and is not associated with any funeral home or service provider.

#### **Services Provided by Everest**

Employees eligible for Group Life coverage, their spouse/partner and children under the age of 26 are entitled to the following services at no cost:

- Expedited Life Insurance Claim Process is available for eligible beneficiaries. A portion of their life insurance benefit may be available within 2 business days.
- Unlimited use of Everest's secure, online planning tools to include personalized PriceFinder Reports that compare local funeral home prices nationwide.
- Round-the-clock, toll-free access to Everest Advisors who can answer general funeral planning questions.
- Concierge services at or near the time of death, to provide personal assistance including planning a funeral or memorial service and negotiating prices with the funeral home(s) selected by the family.

#### **Additional Information & Access**

To access this benefit go to the Everest Enrollment site to create your personal user ID and profile which can be used to enter Everest's Planning Tools Center.

[www.everestfuneral.com/voya](http://www.everestfuneral.com/voya)

If you do not have internet access, or would like further information or assistance, contact an Everest Service Advisor at 1-877-456-5050.

*Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Funeral Planning and Concierge Service provided by Everest Funeral Package, LLC., 1300 Post Oak Blvd., Suite 1210, Houston, TX 77056*

## Requirements to file an Accelerated Benefit Claim

Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services to Start a Claim or obtain direct access to the claim form(s) by clicking on the Claim Forms Library.

Note: The accelerated benefit may be payable if an insured has a terminal condition with a limited life expectancy or is continuously confined in an eligible institution. Refer to your certificate or rider for complete details.

1. Verify eligibility: the insured must have a specified minimum amount of term life coverage.
2. Complete the Employer's Statement section of the Accelerated Benefit Claim form. The Employer Certification section must be signed by an authorized company representative.
3. Give the Accelerated Benefit Claim form, the Accelerated Benefit Disclosure form, the Authorization for Release of Health-Related Information form, and the Consumer Privacy Notice to the insured. Have the insured complete and sign the Insured Statement section of the Accelerated Benefit Claim form, the U.S. Taxpayer Certification (W-9) sections, the Accelerated Benefit Disclosure (if that form requires a signature), and the Authorization for Release of Health-Related Information form.
4. If there is an irrevocable beneficiary or assignee on the policy, or if the insured resides in a community property state, the appropriate releases on the claim form must also be completed and signed.
5. Give the insured an Attending Physician's Statement of Terminal Condition or Continuous Confinement form. This form must be completed and signed by the insured's attending physician.
6. Submit copies of all enrollment forms, change forms, signed letters, absolute assignments and beneficiary changes along with the completed claim forms.
7. Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services and select "Upload a Claim" to submit your claim electronically or mail or fax all documents to:

Voya Life Claims  
P O Box 1548  
Minneapolis, MN 55440



## Requirements to file an Accidental Dismemberment Claim

Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services to Start a Claim or obtain direct access to the claim form(s) by clicking on the Claim Forms Library.

Note: The dismemberment benefit may be payable to an insured who suffers a covered loss as the result of an accidental injury. For a complete listing of the conditions that constitute dismemberment, see your certificate or rider.

1. Verify the insured has the AD&D benefit on his/her coverage.
2. Complete the Accidental Dismemberment Claim – Employer form. The Employer Certification section must be signed by an authorized company representative.
3. Give the Accidental Dismemberment Claim – Employee form, and the Authorization for Release of Health-Related Information form, to the insured. Have the insured complete and sign the Accidental Dismemberment Claim – Employee form and the Authorization for Release of Health-Related Information form.
4. Also give the insured an Attending Physician's Statement of Dismemberment form. This form must be completed and signed by the insured's attending physician.
5. Obtain copies of any accident reports that are available.
6. Submit copies of all enrollment forms, change forms, signed letters, and absolute assignments along with the completed claim forms.
7. Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services and select "Upload a Claim" to submit your claim electronically or mail or fax all documents to:

Voya Life Claims  
P O Box 1548  
Minneapolis, MN 55440

## Claims – Life Waiver of Premium

Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services to Start a Claim or obtain direct access to the claim form(s) by clicking on the Claim Forms Library.

**Note: Please refer to the Claims – Disability section of this manual for complete information about the forms and process for submitting a Disability Income claim.**

The Waiver of Premium benefit allows the insured's life insurance to be continued without payment of premium while the insured is totally disabled. Refer to the certificate booklet or rider for further information and specific requirements for this benefit.

### Frequently Asked Questions for Waiver of Premium Claims

#### 1. Why should a Waiver of Premium claim be submitted?

The Waiver of Life Insurance Premium Disability Benefit provides that the life insurance will be continued without payment of premium as long as the insured remains totally disabled as provided by the policy, up to the benefit's termination age, if any. This benefit provides valuable life insurance protection to the insured while he or she is totally disabled.

#### 2. When should a Waiver of Premium claim be submitted?

A claim should be submitted when you believe an insured may be totally disabled, as provided by the policy, and the waiting period has been met. The claim must be submitted within 12 months of the date of the insured's disability. You may not want to submit a claim if you know the insured will return to work within a short period of time or already has returned to work. If the insured has any coverages that are contributory and the insured is asking to file a claim, always allow them to do so.

#### 3. What is the definition of total disability?

Please refer to your certificate booklet or rider for the specific definition. Our standard language defines total disability as the insured's inability, due to sickness or accidental injury, to work at any job suited to their education, training or experience.

#### 4. Are there certain eligibility requirements that an insured must meet in order to be eligible for Waiver of Premium?

Most plans provide that total disability must begin before age 60 or 65. Please check your certificate booklet or rider to determine the eligibility requirements.

#### 5. Why does Voya Employee Benefits need enrollment information submitted with a Waiver of Premium claim?

Enrollment information is always needed if the employee has any coverages that are contributory. This usually includes any Supplemental, Optional or Voluntary Life coverage. The insurer needs to determine if proof of good health was required at the time any contributory coverage was elected.

#### 6. How do I know if I am including the correct enrollment information?

The initial and any subsequent enrollment forms for contributory coverage needs to be included with the claim submission. The enrollment forms must include the amounts of coverage and effective dates. This documentation may be paper enrollment forms or a screen print from a Human Resource administrative

system that shows when coverages were initially elected. Beneficiary documentation is also required for our files.

**7. If the insured is approved for Waiver of Premium what happens to any spouse/children coverage or accidental death coverage the insured may have had?**

Please refer to your certificate booklet or rider. Under most plans these coverages terminate when the Waiver of Premium claim is approved.

**8. How will I know when a Waiver of Premium claim is approved or denied?**

The insurer will send you a copy of our final determination letter. If the claim is approved, any adjustments to your premium statement should be made the next time you send premium to us. Premiums must continue to be paid while the claim is pending.

**9. If the insured's claim is denied, can they appeal?**

Yes, any appeal must be submitted to us in writing within 180 days of the date of our final determination. The appeal should include the reason for the appeal and include supporting documentation for the appeal. We will respond to the appeal within 45 days of receiving the appeal.

**10. How long does the Waiver of Premium continue?**

Please refer to your certificate booklet or rider. Under some plans waiver of premium terminates at age 65 or 70. At termination of coverage the insured will have the right to convert the coverage that is stopping to an individual whole life insurance policy. We notify the insured when the benefit stops and offer the insured the opportunity to convert.

## **Steps for Filing a Waiver of Premium Claim (Life)**

1. Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services to Start a Claim or obtain direct access to the claim form(s) by clicking on the Claim Forms Library.
2. Verify eligibility: most policies specify that the insured must be disabled prior to age 60 or 65. Total, but not permanent, disability is required to qualify for this benefit.
3. Complete the Waiver of Premium Disability Claim – Employer form. The Employer Certification section must be signed by an authorized company representative.
4. Give the Waiver of Premium Disability Claim – Employee form and Authorization for Release of Health-Related Information form to the employee to complete. Have the insured complete and sign the Waiver of Premium Disability Claim – Employee form and the Authorization for Release of Health-Related Information form. Please refer to the Claims – Disability section for complete information about the forms and process for submitting a Disability Income claim.

Also give the insured an Attending Physician's Statement of Disability form. This form must be completed and signed by the insured's attending physician.

5. The completed and signed forms should be returned to your office.
6. Submit copies of all enrollment forms, change forms, signed letters, absolute assignments, and beneficiary changes along with the completed claim forms.
7. Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services > Claims > and select "Upload a Claim" to submit your claim electronically or mail or fax all documents to:

Voya Life Claims  
P O Box 1548  
Minneapolis, MN 55440-1548  
FAX: 1-855-653-5339

8. Voya Employee Benefits will notify you in writing of the effective date approved for the claim or why the claim may not be eligible. After the claim is approved, you may make an adjustment on your premium statement for any premium paid on or after the effective date.

# Claims - Long Term Disability Income

When an employee becomes disabled, a claim should be submitted to Voya Employee Benefits after the onset of the disability.

## How to Submit a Claim

Note: Every field on these forms should be completed to avoid delay in claim processing. If for some reason a section does not apply, or information is not available, "N/A" or "unknown" should be written in the field. Have the following forms completed when filing a Long Term Disability Income claim.

1. Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services to Start a Claim or obtain direct access to the claim form(s) by clicking on the Claim Forms Library.
2. Disability Income Insurance Claim - Employer
  - This form must be completed in entirety by the employer. Section 2 is very important as you are documenting to Voya Employee Benefits that the employee has coverage. Section 5 should be completed only if Life Insurance with Waiver of Premium is included in the Employee's Benefits package
  - The Certification section must be signed by an authorized company representative.
  - A copy of the employee's LTD and Life enrollment forms should be attached.
3. Long Term Disability - Occupational Demands
  - This form should be filled out objectively by the employee's immediate supervisor (who may request assistance from the employee) or someone with comprehensive knowledge of the position.
  - A copy of the employee's job description should be attached to the form.
4. Disability Income Insurance Claim - Employee
  - Must be completed in entirety by the employee, including the Authorization to Release Information.
  - Attach any information regarding a claim made because of the disability and any award letters where income from other sources might be payable, such as Workers' Compensation.
  - Voya Employee Benefits will advise the employee when they should contact the Social Security Office to request forms to file a claim for Social Security Disability Benefits.
5. Attending Physician's Statement of Impairment and Function.
  - Must be completed by the employee's treating physician based on the physician's knowledge, care and treatment of that individual.

**Note: All of the above forms may be returned to the employer, and then sent directly to:**

Visit the Voya Claims Center at <http://www.voya.com/> and click on Contact & Services and select "Upload a Claim" to submit your claim electronically or mail or fax all documents to:

Voya Employee Benefits  
300 Southborough Drive, Suite 200  
South Portland, ME 04106-6914

The employee or Attending Physician can submit the claim form directly to Voya Employee Benefits if they choose to do so.

## Claim Processing

Each claim is assigned to a Disability Benefit Coordinator who performs a review of the claim to verify the forms are complete and the claim is in good order.

Each claim is then assigned to a Disability Benefit Adjudicator who performs a review of the claim, using the following criteria:

- Verification of eligibility
- Validity of diagnosis
- Appropriateness of care and treatment
- Physician credentials
- Co-morbid factors
- Contractual applicability of definition of disability

The Disability Benefit Adjudicator will follow up with the claimant and the medical provider regarding additional information or clarification that may be needed. When a determination is made to approve or deny a claim, a telephone call is made to the claimant, followed by a letter advising of the decision.

The employer will receive a notification letter of the initial claim determination.

## Return to Work

Please immediately call or send a letter to the Disability Benefit Adjudicator when your employee returns to work to provide:

- Date of return to work.
- If return to work is full-time, part-time or to a different occupation.  
If different occupation, state title and rate of pay.  
If part-time, state hours worked.

## Questions

If you have questions regarding Long Term Disability Income claims, please contact the Disability Benefit Adjudicator for your Plan.

# Online Reports

## Overview

The Online Reports process takes advantage of the Voya Employee Benefits website. Using the Online Reports system will give you convenient access to reports and information, making it easier to manage your benefits program.

The Online Reports system is available 24 hours a day, 7 days a week.

## Privacy Procedures

The reports produced from Voya Employee Benefits' Online Reports system contain data about individuals that may be considered to be private and/or personal information. Both federal and state legislation that addresses the protection of private and personal information is applicable to online reports.

Your Client User Guide provides you with procedures to follow in order to be in compliance with privacy legislation when using the Online Reports system.

You will be provided with instructions for accessing information via our Online Reports system.

If you need additional assistance with using the Online Reports system, please contact your Account Representative listed in the Quick Plan Reference section of this manual.

# Glossary

<b>Approved</b>	Individual has been underwritten by Medical Underwriting; coverage can become effective, payroll deductions begun, and certificate may be distributed.
<b>Assignee</b>	The person to whom the rights or interest of a policy are transferred.
<b>Assignment</b>	The legal transfer of all of one person's interest in a policy to another person.
<b>Assignor</b>	The person who transfers the legal rights of his or her coverage.
<b>Beneficiary</b>	The person to whom the proceeds of a life insurance policy are payable at the death of the insured.
<b>Benefit Waiting Period</b>	A specified period of time between the onset of disability and the date disability income benefits begin.
<b>Blood Profile</b>	Individual's blood is drawn by a qualified technician and sent to a designated laboratory to be analyzed for blood chemistries regarding diabetes, kidney and liver, hyperlipidemia and HIV.
<b>Certificate</b>	The certificate booklet that the insurance company prepares for an individual insured under a master group policy.
<b>Claim</b>	A demand presented for payment of benefits under an insurance policy.
<b>Claim Form</b>	A claim form is submitted to the Claim Department after coverage is effective (not to be confused with the EOI Form) to collect benefits when a covered loss occurs.
<b>Closed-Out</b>	The underwriting process is stopped and coverage does not become effective. Common reasons for a Medical Underwriting file to be closed out: <ol style="list-style-type: none"><li>1. Underwriting requirements for an individual have not been received by Medical Underwriting; coverage is not effective.</li><li>2. Request for coverage is withdrawn; the employee terminated; the plan canceled - coverage is not effective.</li><li>3. Individual did not need to be underwritten; EOI was submitted in error - coverage is already effective.</li></ol>
<b>Conversion</b>	The exchange of a term life insurance contract for a whole life or endowment contract in accordance with the terms of the policy provisions granting that right.
<b>Declined</b>	Individual has been underwritten by Medical Underwriting and coverage not approved; coverage is not effective.
<b>Effective Date</b>	The date the insured is actually covered under the insurance contract (the date following the insured's eligibility period, or the date of approval by Medical Underwriting, unless indicated otherwise in the contract).
<b>EFT</b>	Electronic Funds Transfer
<b>EKG</b>	This is a request for a resting electrocardiogram (not an exercise or stress test).
<b>Elimination Period</b>	A specified period of time between the onset of disability and the date disability income benefits begin, sometimes referred to as a Benefit Waiting Period.



<b>Enrollment Waiting Period</b>	The period of time employees are required to be at work on a full-time basis in order to be eligible for coverage.
<b>Evidence of Insurability (EOI)</b>	This is the Evidence of Insurability Form submitted to Medical Underwriting to provide proof of good health (not to be confused with a claim form or an enrollment form).
<b>ERISA</b>	Employee Retirement Income Security Act (1974) – Federal legislation establishing a comprehensive set of laws pertaining to employee benefit plans.
<b>Examination</b>	Individual must have a physical exam to obtain coverage. This “insurance physical” is done by a designated paramedical company and is done at the insurance company’s expense.
<b>FAN</b>	Final Action Notice. Sent out by the Voya Employee Benefits Medical Underwriting Department to indicate status of an application for coverage: approved, declined, or closed.
<b>FICA</b>	Federal Insurance Contribution Act or Social Security – Voya Employee Benefits withholds FICA tax on disability payments during the first six months of disability and remits it to the Internal Revenue Service.
<b>Grace Period</b>	The period granted under the terms of a contract, following the day a premium becomes due and during which the payment may be made without loss of any rights.
<b>Guaranteed Issue</b>	Coverage issued without the applicant answering health related questions or undergoing a physical exam. Not available on all plans.
<b>Medical Records</b>	This is a request for the individual’s medical records from his/her medical provider. An advance notice is sent to the individual. However, the individual does not need to do anything regarding this request for records. A designated company will obtain these medical records for Medical Underwriting at the insurance company’s expense.
<b>Premium</b>	The payment, or one of several payments, required to establish and keep an insurance policy in full effect.
<b>PRN</b>	Premium Rate Notification – A document prepared by Group Underwriting to notify the policyholder, agent, regional office, and home office staff of the premium rates.
<b>Proceeds</b>	The amount of money payable under a policy at the death of an insured.
<b>Questionnaire</b>	This is a request from the Voya Employee Benefits Medical Underwriting Department for additional information to be answered by the individual applicant. A questionnaire is not a request for medical records and should not be completed by the individual’s physician.
<b>Rider</b>	A special policy provision which may be added to a policy to expand or limit the benefits otherwise payable.
<b>Simplified Issue</b>	Coverage issued based on one or more health questions answered by the applicant indicating no history of specific health impairments. No physical exam required. Not available on all plans.

<b>SPD</b>	Summary Plan Description – A small booklet with brief information about the plan and its administration. The group’s employees may receive an SPD with other plan materials.
<b>Specimen</b>	This is a request for a urine specimen, which must be sent to a designated laboratory for analysis. A special specimen kit must be used for this urinalysis and the analysis is done at the insurance company’s expense.
<b>Term Insurance</b>	Life insurance under which the benefit is payable only if the insured dies during a specified period of time or term, nothing being payable if insured survives to the end of the term.
<b>Waiting Period</b>	The period of time employees are required to be at work on a full-time basis in order to be eligible for coverage. The other type of waiting period controls the date that waiver of premium benefits or disability benefits begin after the insured is disabled.
<b>Waiver of Premium</b>	A provision under which payment of premiums is waived (not required) on and after the insured’s becoming disabled. Not available on all plans.