



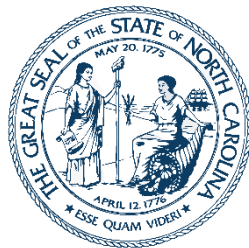
- Dental Care
- Vision Care
- Health Care Flexible Spending Account
- Dependent Day Care Flexible Spending Account
- Critical Illness
- Cancer
- Group Term Life Insurance
- Core Accident Death & Dismemberment
- Voluntary Accidental Death & Dismemberment
- TRICARE Supplement



## NCFLEX STATE INSURANCE PLANS

# HBR Administration Manual

REVISED: March 2017



The NCFlex Program is administered by  
North Carolina Office of State Human Resources

## Table of Contents

---

	Page
<b>HISTORY OF NCFLEX.....</b>	<b>4</b>
Plan Rules	4
FSA Plan Forfeitures Rule	4
<b>ELIGIBILITY .....</b>	<b>5</b>
Employee	5
Dependent	5
New Hires	5
Rehires/Transfer	6
Newly Eligible for Benefits	6
9 or 10 Month Employees	6
<b>ENROLLMENT PROCEDURES .....</b>	<b>7</b>
Termination of Benefits	8
Change of Name or Address	8
Changing a Beneficiary	8
Exception Process	8
<b>ENROLLMENT AND ELIGIBILITY CONTACTS .....</b>	<b>9</b>
Enrollment   Eligibility   Life Event Changes   Customer Service	9
Vendor Contact Listing—Contact Vendors for Benefits or Claims Questions	9
State of North Carolina Contacts	11
<b>PAID OR UNPAID LEAVE OF ABSENCE .....</b>	<b>13</b>
Payment Options for Leave of Absence	13
Payment Instructions for Leave Of Absence	13
Leave of Absence Details by Benefit	15
Resuming Coverage Upon Return From LOA	18
Disability	19
<b>COVERAGE TERMINATION.....</b>	<b>20</b>
Termination of Employment, Death and Other Losses of Eligibility	20
Retirement	21
Coverage Continuation Options At Termination	21

<b>QUALIFYING LIFE EVENT (FAMILY STATUS CHANGE).....</b>	<b>23</b>
Set Election Rule	23
Notification Period	23
“Consistent With” Rule	23
Effective Date	23
QLE Noted Items	24
Qualifying Life Event Chart	24
Qualifying Life Events for Dependent Day Care FSA	27
<b>ANNUAL ENROLLMENT .....</b>	<b>28</b>
Employees on Unpaid Leave during Annual Enrollment	28
New Hires during Annual Enrollment	28
Evidence of Insurability (EOI)	28
<b>HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996) PRIVACY ISSUES.....</b>	<b>29</b>
HIPAA Applies To:	29
HIPAA Does Not Apply To:	29
HBR Responsibilities	29
HIPAA Tips	30
Where to Send the HIPAA Privacy Authorization Form	31
<b>ADDITIONAL VENDOR INFORMATION.....</b>	<b>32</b>
Flexible Spending Accounts (FSA)	32
Dental Plan	33
Vision Care Plan	33
Core Wellness Vision Plan	34
Critical Illness	34
Cancer Insurance	34
Voluntary Accidental Death and Dismemberment	34
Core Accidental Death and Dismemberment	35
Term Life	35
TRICARE Supplement	36
<b>APPENDIX .....</b>	<b>37</b>
Employer Unit Chart	37

**IMPORTANT**

*Benefit provisions and costs are described in more detail on the NCFlex website: [www.NCFlex.org](http://www.NCFlex.org).*

## History of NCFlex

---

The NCFlex Program is offered to eligible State of North Carolina employees and is established under the Internal Revenue Code Section 125 regulations.

The main purpose of the program is to allow employees to purchase benefits on a pre-tax basis, saving the employee in federal, state and FICA taxes. In many cases, the tax savings will equal 30% or more of the premium. **Participation in the program is strictly voluntary.**

The State of North Carolina established NCFlex on December 5, 1994 by the Governor's Executive Order #66. The NCFlex program has been serving NC State employees since January 1, 1996. The Order designated that the State Human Resources Director will coordinate the program for all State employees.

- Dental Care
- Vision Care
- Cancer
- Critical Illness
- Term Life
- Health Care Flexible Spending Account (HCFSA)
- Dependent Day Care Flexible Spending Account (DDCFSA)
- Core AD&D
- Voluntary AD&D
- TRICARE Supplement

Employees will either receive a "Certificate of Insurance" or a "Certificate of Coverage". The certificates are also posted at the NCFlex website at [www.ncflex.org](http://www.ncflex.org). Note: Some carriers may send a postcard to the member giving them the option to call to request a certificate by mail or to go online to review a certificate.

This manual provides guidance in the administration of the NCFlex benefit programs.

### Plan Rules

#### Set Election Rule

Once an employee has made their benefit elections for a plan year, they cannot change that election unless they experience a Qualifying Life Event (QLE). The change must be made within 30 days of the life event and must be consistent with the life event.

### FSA Plan Forfeitures Rule

The Internal Revenue Service requires that any funds remaining in the Health Care or Dependent Day Care Spending Accounts after the end of the plan year must be forfeited and cannot be returned to the employees. These amounts are forfeited to the State of North Carolina. There is an extension (2 1/2 months) in the FSA expense period, so eligible expenses can be incurred between January of the current plan year and March 15 of the following year. The claim filing deadline is April 30 following the end of the plan year. (Employees will continue to enroll in the FSA each annual enrollment period.)

---

# Eligibility

---

## Employee

An employee is eligible to participate in NCFlex if they are an employee of a state agency, university, community college or charter school working 20 or more hours per week in a permanent, probationary or time-limited position.

Employees must be Actively at Work or on a Paid Leave of Absence to enroll or make changes to coverage under the NCFlex plans.

Actively at Work is defined as the employee being physically present at his or her customary place of employment with the intent and ability of working the scheduled hours and doing the normal duties of his or her job on that day.

For NCFlex TRICARE Supplement, employees must be military retirees, qualified National Guard member or a Reserve member, under age 65, and enrolled in TRICARE. Benefitfocus (the web enrollment and eligibility system for NCFlex and the State Health Plan) cannot restrict enrollment in this plan based on these eligibility restrictions. The vendor will confirm eligibility and provide Benefitfocus with a report for any ineligible employees or dependents.

## Dependent

For the Dental, Vision, Critical Illness, Cancer, AD&D, and Life Insurance Plan you may cover dependents that meet the following requirements:

- Your legally-married spouse (same or opposite gender);
- Any unmarried child, including stepchild and foster child, who is dependent upon you for support and maintenance until the end of the month in which the child turns age 26;
- Any unmarried child, including stepchild and foster child, of any age who remains dependent upon you for support and maintenance and who is unable to make a living because of a mental or physical handicap;
- Allstate Benefits only continues coverage for disable dependents who were previously enrolled in the plan before the age of 26. Dependents who are over the age of 26, and are not currently enrolled, are ineligible for coverage under Allstate Benefits.

For the Health Care Flexible Spending Account, you may also cover children under the age of 26, regardless of student, tax dependency, or marital status.

For NCFlex TRICARE Supplement, you may cover dependents that meet the following requirements:

- Dependents must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) to be eligible for the NCFlex TRICARE Supplement Plan.
- Dependent children are eligible to be covered up to age 21 (age 23 if a full-time student), or age 26 if enrolled in the TRICARE Young Adult (TYA) program (TYA program is not administered by Benefitfocus).
- Disabled children may be covered after age 21 if enrolled in the plan prior to their 21st birthday.
- Benefitfocus will follow standard dependent child age rules and will not restrict enrollment. The Vendor will confirm eligibility and notify Benefitfocus of any ineligible dependents.

## New Hires

New hires are employees who are newly hired into a benefits-eligible group. Employees can start benefits the first of the month following hire date. Employees can select any of the NCFlex benefits available to them.

## Rehires/Transfer

The State of NC is the employer for NCFlex benefits. When an employee transfers between state agencies, university, community colleges or charter schools, they are considered as a rehire or a transfer. Below is how an employee will be classified if there is a break in service.

- **Rehires** - A rehire is an employee who is terminated and rehired more than 31 days from their termination date. This includes transfers, or employees who terminate from one Employer Unit (EU) and are hired by another EU more than 31 days from their termination date. Treated as new hires – benefits elected will be effective 1<sup>st</sup> of the month following rehire date.
- **Transfers** - Employees who are terminated and rehired within 31 days or less from their Termination Date. **Employees need to be re-enrolled with the same coverage elections they had with previous EU.** The Health Benefits Representatives (HBR) is responsible to notify Benefitfocus to enter the employee elections, or the HBR can enter the employee elections that were selected at the prior EU. Coverage is effective 1<sup>st</sup> of the month coincident with or after the rehire/reinstatement date. Note: If an employee transfer is effective the 1<sup>st</sup> of the month at the new employer, benefits will begin the 1<sup>st</sup> of that month.

Example 1: Employee did not enroll in NCFlex Dental and transfers to another state employer. The employee would not be able to enroll in the NCFlex Dental plan.

Example 2: Employee was previously enrolled in NCFlex High Dental Option with Family Plan and transfers to another state employer. Employee can only enroll in NCFlex High Dental Option with Family Plan.

Transfers are not given an opportunity to enroll in benefits not previously elected.

## Newly Eligible for Benefits

Employees who previously worked part-time (e.g. PT working < 20 hours) and begin working 20 or more hours per week will be treated as a new hire and be eligible for benefits on the first of the month following the registration date. This event requires the employee to go into system and register and then sign up for benefits, since PT employees are not in the Benefitfocus system. HBR will need to approve benefit election.

## Nine (9) or Ten (10) Month Employees

For 9 or 10 month employees, the EU payroll department should ensure that per pay period deductions are calculated to cover the premium due for the entire plan year, so that the employee pays for the 12-month premium over the 9 or 10-month period they are actively at work. If deductions are not adjusted for the 9 or 10-month employee, and the employee owes premium for the period they are not working, the HBR is responsible for collecting any missed premium during the period they are not working.

# Enrollment Procedures

Enrollment is processed through Benefitfocus, also known as eEnroll. Benefitfocus is the web enrollment and eligibility system for NCFlex and the State Health Plan. Employee enrollment eligibility or status change information is based on data passed from State HRIS (payroll) systems or data hand keyed by the HBR.

Enrollment is open to employees who meet the eligibility requirements during Annual Enrollment and other event enrollment windows during the year, such as New Hire, Rehire, and QLE. Refer to the information in this section and **Qualifying Life Events** section of this document for details on the allowable changes for each event.

When members have an enrollment opportunity, they have two options:

- 1) **Web:** Members enroll, make enrollment changes, and view other enrollment tools and resources online through eEnroll.
- 2) **Telephonic:** Members can call the Eligibility and Enrollment Call Center at 855-859-0966 and have a Customer Service Representative (CSR) walk them through the enrollment process and complete the enrollment on their behalf over the phone. If a CSR completes an enrollment on behalf of the member, a postal confirmation will be generated and mailed, regardless of the member's notification delivery preference.

NCFlex	Effective Date		
Coverage	New Hires	Terminations*	Changes**
All Benefits	30 days to elect. Effective first of the month following the date of hire.	Coverage is lost at the end of the month of termination or loss of eligibility, or the end of the last period that premium was payroll deducted.	Effective first of the month following the date of the life event.

\* *Benefitfocus will end benefits on the last day of the month in which the termination occurred, i.e., employee terminates 1/10/2016, then benefits will end 1/31/2016.*

**Important:**

*Termination of coverage may occur earlier if the employee's payroll deductions are not adequate to cover the NCFlex benefit costs.*

\* *FSA: Coverage is lost as of the employee's termination date. If the employee's termination date is earlier than the end of the month, the HBR has the option to e-mail P&A (Jennifer Nolan) and verify the last month of payroll deduction and request the termination date be the end of the month.*

\*\* *For birth, adoption or placement for adoption, the effective date for HCFSA or TRICARE Supplement is 1st of the month of event. For all other benefits it is the 1st of the month after the event. For FSA, if a change is requested towards the end of the plan year, the benefits and payroll processing deadlines will determine which month and plan year the change will take effect.*

**NOTE**

If Evidence of Insurability (EOI) is required, it must be processed and approved by the vendor before the coverage takes effect. EOI is defined as documentation of good health in order to be approved for insurance coverage. If the coverage is approved, the employee will receive a letter from the vendor with the effective date of coverage.

## Termination of Benefits

The vendors are notified of terminations or changes in status due to reduction in hours, loss of eligibility, termination, or death, through weekly electronic files from Benefitfocus. Benefitfocus will automatically terminate dependents reaching age 26 at the end of the month. Benefitfocus will report COBRA qualifying events to applicable vendors on outbound data files, so COBRA notifications can be mailed.

It is the employee's responsibility to provide notification of terminations or loss of eligibility within 30 days. Benefits will not be paid for employees that do not meet the eligibility requirements. Premiums will not be reimbursed retroactively for employees that do not provide timely notification.

Note: Hand Keyed units are responsible for updating the Benefitfocus system when an employee loses coverage under NCFlex. It is important to update the employee's record in Benefitfocus as soon as possible, so plan vendors can be advised of terminations and COBRA information can be sent.

## Change of Name or Address

Employees must make name and address changes through their HRIS system or on Benefitfocus for hand keyed EU.

## Changing a Beneficiary

To change the Cancer, Critical Illness, Core and Voluntary AD&D, and/or Term Life primary or contingent beneficiary designation, please have the employee complete the information through Benefitfocus system or by using the vendor's beneficiary designation form. Beneficiaries may be changed at any time during the year.

## Exception Process

Changes to the NCFlex Plans that are not due to a QLE, but rather an administrative error, must be submitted by the HBR on the Exception Request Form located on the [www.NCFlex.org](http://www.NCFlex.org) website. Provide as much information and detail as possible about the reason for the exception, including dates, benefits affected and the intended outcome. Once submitted, NCFlex will review the exceptions, which are considered on a case by case basis, including the reason for the request, if the request is submitted within a reasonable amount of time and whether or not it will be in conflict with the rules of the Plan. If an exception is granted, any and all retro payments will be required to re-instate or start a plan.

# Enrollment and Eligibility Contacts

Refer to appendix for list of EUs and method of sending eligibility updates.

## Enrollment | Eligibility | Life Event Changes | Customer Service

Enrollment questions should be directed to your employing unit dedicated Benefitfocus Account Manager. Benefits and claims questions should be directed to the appropriate NCFlex benefit vendor.

Benefitfocus
<b>Eligibility and Enrollment Call Center</b> Monday through Friday 8:00 a.m. to 5:00 p.m. EST 855-859-0966

## Vendor Contact Listing—Contact Vendors for Benefits or Claims Questions

	Vendor Contact for HBR	Billing/Eligibility	Claims Customer Service
FSA	Jennifer Nolan 800-688-2611, ext. 5524 716-362-5524 Nolanj@Padmin.com  <i>Secondary:</i> Steve Brostko 800-688-2611 (ext. 5411) 716.362.5411 brostkos@padmin.com	Jennifer Nolan 800-688-2611, ext. 5524 716-362-5524 Nolanj@Padmin.com  <i>Secondary:</i> Steve Brostko 800-688-2611 ex 5411 716.362.5411 brostkos@padmin.com	COBRA Customer Service 866.916.3475  M – F: 8 a.m. to 10 p.m. ET  <b>WEBSITE</b> ncflex.padmin.com



*Do not give vendor contact information listed in this manual to employees. This is only for HBR use. Employees should direct their questions to the customer service numbers found in the enrollment materials, on applicable ID cards or on the website, [www.ncflex.org](http://www.ncflex.org)*

	Vendor Contact for HBR	Billing/Eligibility	Claims Customer Service
Dental	<p>Carl Ripberger Client Services Consultant  704-942-2053 <a href="mailto:ncflex@metlife.com">ncflex@metlife.com</a></p>	<p>Carl Ripberger Client Services Consultant 704-942-2053 ncflex@metlife.com</p>	<p>Customer Service for Members: 855-676-9441 HBR Contact Only: Dedicated Benefit Rep Line 888-466-8673</p> <p>Claims Address: MetLife Dental Claims PO Box 981282 El Paso, TX 79998-1282 Fax: 1-859-389-6505</p> <p>Customer Service for Members: 8:00 am to 11:00 pm ET</p> <p><b>WEBSITE (MetLife)</b> <a href="http://www.metlife.com">www.metlife.com</a> <a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a></p>
Vision	<p>Stephanie Kowerduck 800.923.6766, ext 2204 Fax: 800.777.1811 skowerduck@superiorvision.com</p> <p>Kimberley Hess 800.923.6766, ext 2219 khess@superiorvision.com</p>	<p>Stephanie Kowerduck 800.923.6766, ext 2204 Fax: 800.777.1811 skowerduck@superiorvision.com</p>	<p>Customer Service for Members: 800.507.3800</p> <p>COBRA Customer Service 800.923.6766 ext.2232</p> <p>Claims Address: P O Box 967 Rancho Cordova, CA 95741</p> <p>8:00 a.m. to 9:00 p.m. ET Saturday: 11:00 a.m. to 4:30 p.m. ET</p> <p><b>WEBSITE (Superior Vision)</b> <a href="http://www.superiorvision.com">www.superiorvision.com</a></p>
Critical Illness	<p>Carrie Hirst Carrie.hirst@allstate.com 904-992-5979</p>	<p>Samantha Lewis Samantha.Lewis@allstate.com 904-992-3421 Fax: 866-428-2516 800-521-3535 Ext 9923421 Direct 904-922-3421</p>	<p>Customer Care Center 866-232-1517</p> <p>M – F: 8 a.m. to 8 p.m. ET</p> <p><b>WEBSITE (All State)</b> <a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a></p>



*Do **not** give vendor contact information listed in this manual to employees. This is only for HBR use. Employees should direct their questions to the customer service numbers found in the enrollment materials, on applicable ID cards or on the website, [www.ncflex.org](http://www.ncflex.org)*

	Vendor Contact for HBR	Billing/Eligibility	Claims Customer Service
Cancer	Carrie Hirst Carrie.hirst@allstate.com 904-995-5979	Samantha Lewis Samantha.Lewis@allstate.com 904-992-3421 Fax: 866-428-2516 800-521-3535 Ext 9923421 Direct 904-922-3421	Customer Care Center 866-232-1517  M – F: 8 a.m. to 8 p.m. ET  <b>WEBSITE</b> (Allstate) <a href="http://www.allstatebenefits.com">www.allstatebenefits.com</a> <a href="http://www.allstatebenefits.com/mybenefits/User/Login/">www.allstatebenefits.com/mybenefits/User/Login/</a>
AD&D	Tracy Duarte 877.464.5111 Fax: 530.223.7712 tduarte@lifehelp.com  Aaron Norman 704-942-4892 Aaron.norman@voya.com	Tracy Duarte 877.464.5111 Fax: 530.223.7712 tduarte@lifehelp.com	Tracy Duarte 877.464.5111 Fax: 530.223.7712 <a href="mailto:tduarte@lifehelp.com">tduarte@lifehelp.com</a>  M – F: 9 a.m. to 6 p.m. ET  <b>WEBSITE</b> (Voya) <a href="http://www.voya.com">www.voya.com</a>
Life	Tracy Duarte 877.464.5111 Fax: 530.223.7712 tduarte@lifehelp.com  Aaron Norman 704-942-4892 Aaron.norman@voya.com	Tracy Duarte 877.464.5111 Fax: 530.223.7712 tduarte@lifehelp.com	Tracy Duarte 877.464.5111 Fax: 530.223.7712 <a href="mailto:tduarte@lifehelp.com">tduarte@lifehelp.com</a>  M – F: 9 a.m. to 6 p.m.  <b>WEBSITE</b> (Voya) <a href="http://www.voya.com">www.voya.com</a>
TRICARE Supplement	Stephanie Hrouda 800.638.2610 ext. 262 shrouda@selmanco.com	Stephanie Hrouda 800-638-2610 ext. 262 shrouda@selmanco.com	Customer Service Call Center 800.638.2610 option 1 Claims Address P.O. Box 2510 Rockville, MD 20847  M – F: 9a.m. to 7p.m.  <b>WEBSITE</b> (Selman) <a href="http://www.selmantricareresource.com">www.selmantricareresource.com</a>



*Do not give vendor contact information listed in this manual to employees. This is only for HBR use. Employees should direct their questions to the customer service numbers found in the enrollment materials, on applicable ID cards or on the website, [www.ncflex.org](http://www.ncflex.org)*

## State of North Carolina Contacts

---

### **NCFlex State Insurance Plan**

Office of Human Resources  
1331 Mail Service Center  
Raleigh, NC 27699-1331

Courier 51-01-03

OSHR Main # 919.807.4800  
Secondary Fax #: 919.733.0653

### **MAIN CONTACTS**

Hadley Griffin  
919.807.4820  
Hadley.Griffin@nc.gov

Bob Kelley  
919.807.4853  
Robert.Kelley@nc.gov

Kara Rouse  
919.807.4834  
Kara.f.Rouse@nc.gov

### **SECONDARY CONTACT**

Ray Scerri  
919.807.4811  
Ray.Scerri@nc.gov

### **Office of State Controller**

Employer FICA  
FSA Flex Spending account premiums  
1410 Mail Service Center  
Raleigh, NC 27699-1410  
Courier 56-50-10  
Phone Number: 919.981.5406

*Do not give vendor contact information listed in this manual to employees. This is only for HBR use. Employees should direct their questions to the customer service numbers found in the enrollment materials, on applicable ID cards or on the website, [www.ncflex.org](http://www.ncflex.org).*

## Paid or Unpaid Leave of Absence

---

The EU determines the paid or unpaid leave status of their employees.

- **Paid Leave:** Some EUs do not distinguish employees on a Paid Leave of Absence from active employees. Therefore, Benefitfocus does not restrict enrollment and/or changes to coverage under the Actively at Work provision. The EUs and/or carrier will administer actively at work provisions for paid leaves.
- **Unpaid Leave:** NCFlex coverage is terminated when an HRIS files an employee on an unpaid leave of absence. Employees must contact the Vendor to continue coverage while on an unpaid leave and arrange to make premium payments directly to the Vendor. Exception: Federal Services Military Leave results in a termination of coverage. COBRA is offered if applicable.

Employees must decide whether or not to continue their benefits during the leave period. If possible, discussions concerning benefits should occur before the employee begins his/her unpaid leave of absence. If this is not possible, the HBR or someone in the benefits department should contact employees as soon as possible to review their options. To avoid misunderstandings, HBRs should provide employees with a letter explaining their benefit options while on leave.

Employees who take an unpaid personal leave covered under Family Medical Leave (FML) or military leave will be allowed to continue eligible benefits and pay premiums directly as described in Payment Options and Payment Instructions below:

### Payment Options for Leave of Absence

#### Prepay

An employee may arrange with his/her HBR or benefits department to pay for NCFlex benefits before the unpaid leave begins. Payments would be made directly to the vendor (FSA payments are sent to the Office of State Controller). Contributions are paid on an **after-tax** basis by personal check or money order payable to the vendor.

#### Pay-as-you-go

An employee may decide to pay for NCFlex benefits during the unpaid leave by sending in his/her contributions on a **monthly** basis directly to the vendor (FSA payments are sent to the Office of State Controller). Contributions are paid on an **after-tax** basis by personal check or money order. Payments must be received **no** later than the end of each coverage month, or coverage will be terminated.

Important: The NCFlex Program and its vendors do not send notices, payment reminders, invoices, or payment coupons to employees on leave. It is the responsibility of the employee to make timely monthly payments to avoid termination of coverage. All payments must be accompanied by identifying information as to what the payment is for and personal contact information in the event the vendor must contact the individual.

#### Terminate Coverage

An employee may decide to stop coverage during an unpaid leave of absence. The employee cannot use the benefits if they decide to stop their coverage.

### Payment Instructions for Leave of Absence

**Important:** Please ask the employee to note their contact information so vendors may reach them with questions.

NCFlex Benefits	Remit To:	
Health Care Flexible Spending Accounts	Office of State Controller 1410 Mail Service Center Raleigh, NC 27699-1410 (Inter-Office Courier #56-50-10) Phone Number: 919-981-5406 Email Address: Note: Controller will notify P&A Group in writing when contributions are received by check	Make check payable to: <b>State of North Carolina</b>
Dental Plan	Interactive Medical Systems PO Box 1349 Wake Forest, NC 27588 Phone Number: 800-426-8739 x 5054	Make check payable to: <b>Interactive Medical Systems</b>
Vision Care Plan	Superior Vision Services Attention: Stephanie Kowderuck 11101 White Rock Road Rancho Cordova, CA 95670 800.923.6766, ext. 2204	Make check payable to: <b>NGLIC</b>
Cancer and Specified Disease	Allstate Benefits PO Box 4311 Carol Stream, IL 60197-4331	Make check payable to: <b>Allstate Benefits</b> Include certificate number on your payment
Critical Illness	Allstate Benefits PO Box 4311 Carol Stream, IL 60197-4331	Make check payable to: <b>Allstate Benefits</b> Include certificate number on your payment
Term Life	LifeHelp Attention: Tracy Duarte PO Box 492517 Redding, CA 96049-251796099 Phone Number: 866.232.1517 Fax Number: 530.223.7712 Email Address: tduarte@lifehelp.com	Make check payable to: <b>ReliaStar Life Insurance Company</b>
Accidental Death and Dismemberment	LifeHelp Attention: Tracy Duarte PO Box 492517 Redding, CA 96049-251796099 Phone Number: 866.232.1517 Fax Number: 530.223.7712 Email Address: tduarte@lifehelp.com	Make check payable to: <b>ReliaStar Life Insurance Company</b>
TRICARE Supplement	Selman & Company Attention: TRICARE Premium Billing 6110 Parkland Blvd. Cleveland, OH 44124 Phone Number: 800.638.2610 option 1	Make check payable to: <b>Selman &amp; Company</b>

## Leave of Absence Details by Benefit

### Health Care & Dependent Day Care Flexible Spending Accounts

- Since employees do not save taxes under the Flexible Spending Account (FSA) unless they are receiving a paycheck and because elections do not automatically continue into the new plan year, employees on leave can only continue their FSA elections until the end of the plan year.
- Employees are encouraged to continue their Health Care Flexible Spending Account elections during the leave period if they are expecting to incur health claims and they have a remaining account balance that they do not wish to forfeit. If they do not make contributions during the leave period, any claims incurred during the leave cannot be reimbursed.
- For the Dependent Day Care Flexible Spending Account, it is recommended that employees not continue this benefit because expenses incurred during the leave period cannot be reimbursed under this plan.
- If employee returns to work during plan year, benefit deductions are reinstated based on annual enrollment elections made for that plan year. If employee is on unpaid leave prior to or during annual enrollment they will have 30 days to elect coverage upon return to work.

### Dental Care

- Employees may continue the Dental plans for up to 24 months (26 months for military leave) provided premiums are paid directly to the vendors. If payments are received beyond 24 months, the dental plan will return payment 25 (27 if military) and send COBRA notification to the employee to extend coverage.
- If an employee decides not to continue the benefits (or fails to pay the required premiums), they will have no coverage during the leave period, but can restart the same level of benefits that were in place when the leave began.
- If an employee makes initial payment for dental and then stops paying while on leave, the dental plan will not allow retroactive payment if more than 3 months of payments are due.
- Waiting periods would be dependent upon the waiting period in place when the leave began, provided they return to work within the 24-month period (26-month period for military leave).
- Re-enrollment must be done within 30 days of the return to work date to resume benefits.

### Vision Care

- Employees may continue the Vision Care plans for up to 24 months (26 months for military leave) provided premiums are paid directly to the vendors. If payments are received beyond 24 months, the vision plan will return payment 25 (27 if military) and send COBRA notification to the employee to extend coverage.
- Core Wellness Vision Plan is terminated while on unpaid leave. Employees may elect to continue the Core Wellness Plan through COBRA. They will be responsible for the entire premium amount. There will be no subsidy payment.
- If an employee decides not to continue the benefits (or fails to pay the required premiums), they will have no coverage during the leave period, but can restart the same level of benefits that were in place when the leave began. Re-enrollment must be done within 30 days of the return date otherwise the employee can enroll the next annual enrollment period for the Core and Enhanced Plans. Basic Plan is subject to the 2-year lockout rule. Additional information on 2-year lockout under Additional Vendor Information.

## **Critical Illness**

- Employees can continue the Critical Illness plan provided they pay the premiums based on the Prepay or Pay-as-you-go options.
- If an employee decides not to continue the benefits or fails to pay the required premiums, the Critical Illness Insurance will be canceled.
- The employee can choose to re-enroll into the Critical Illness plan once they return to work. The effective date will be the first of the month following the date the employee resumes an active work status and elects to re-enroll in the Critical Illness plan. All policy and certificate requirements will apply (including the waiting period and pre-existing limitation). Any claims incurred during the gap period will not be paid.

## **Cancer**

Employees can continue coverage provided they pay premiums as required. If the employee is not back to work within the required time frame and has not qualified for waiver of premium under the policy, the coverage automatically terminates and they will have to satisfy EOI to restart the coverage. Coverage can continue through portability provision.

- If an employee decides not to continue the coverage or fails to pay the required premiums during the personal leave of absence, FML or military leave, any claims incurred during this gap period cannot be paid.
- The employee can restart the coverage without EOI provided the employee returns to work and re-enrolls for coverage within 30 days. After 30 days, EOI will be required.
- Employees returning to work from military leave within 26 months, pre-existing condition limitations and waiting periods will not be imposed, except for cancer incurred or aggravated during military service.

## **Voluntary Accidental Death and Dismemberment**

For any approved medical leave, personal leave, educational leave, FML or military leave, employees may continue their Accidental Death and Dismemberment (AD&D) coverage for up to 12 months, provided they pay the monthly premiums on a timely basis. If they terminate coverage during the leave period, they can re-enroll for coverage upon return to work.

For an approved Disability leave, employees may continue their AD&D coverage for up to 24 months. Employee must complete the AD&D Waiver of Premium form and submit for approval by the AD&D vendor. Premiums will be waived if the employee is temporarily totally disabled or permanently totally disabled and under the care of a licensed physician. Employees must contact the vendor to apply for waiver of premium. If they terminate coverage during the leave period, they can re-enroll for coverage upon return to work.

## **Core Accidental Death and Dismemberment**

Coverage is terminated while on unpaid leave.

**Term Life**

<p><b>Non-FML</b> Employees will have three options:</p>	<p>1) <b>Continue Coverage:</b> See Payment Options for Leave of Absence section.</p> <p>2) <b>Port or Convert Coverage:</b> <i>Port Coverage:</i> If the employee is under age 70, he/she can port their coverage by completing the Term Life Coverage Continuation Request Form, which is available on the NCFlex website (<a href="http://www.ncflex.org">www.ncflex.org</a>) or by contacting the vendor. Employees should send the completed form with premium payment (on an after-tax basis) to the address on the form. A bill will be sent to their home on a quarterly basis, which includes a small billing/administration fee. When the employee returns to active status, the employee can switch back to payroll deduction.</p> <p><i>Convert Coverage:</i> If the employee is age 70 and above, he/she can convert their coverage to a whole life individual policy by completing the Life Conversion Information Request Form which is available on the NCFlex website (<a href="http://www.ncflex.org">www.ncflex.org</a>) or by contacting the vendor. Plan information and rates will be sent to employee's home address upon request.</p> <p>3) <b>Terminate Coverage:</b> If the employee does not port or convert coverage, coverage will terminate for non-payment of premiums. If the unpaid leave of absence does not qualify under FML, an employee can re-apply for coverage when the employee subsequently returns to work. At that time, EOI must be provided and the insurance company must approve coverage.</p>
<p><b>FML</b> Employees will have two options:</p>	<p>1) <b>Continue Coverage:</b> If the leave was previously approved by the HBR or benefits department under FML and lasts for no more than 12 or 26 weeks, the life coverage can be continued. If the employee continues to receive a paycheck during any part of the 12-week FML period, the premium deductions will be deducted from the employee's paycheck.</p> <p>If the employee does not receive enough pay to cover the full premium during the 12 or 26 -week FML period, premium payments should be made to the vendor directly.</p> <p>2) <b>Terminate Coverage:</b> Employees can terminate life coverage through Benefitfocus during FML period or within 30 days upon return from FML. Re-enrollment is required within 30 days to reinstate coverage to original benefit amount without having to satisfy EOI.</p> <p><b>Important:</b> <i>If the employee does not return to work within the 12 or 26 week FML period, the employee must submit an EOI form and may be denied Life coverage.</i></p>

**Military Leave**

All sections above apply to employees on Military Leave.

## TRICARE Supplement Rules

- Employees can continue the TRICARE Supplement plan provided they pay the premiums based on the Prepay or Pay-as-you-go options.
- If an employee decides not to continue the benefits or fails to pay the required premiums, the TRICARE Supplement plan will be canceled.
- The employee can choose to re-enroll into TRICARE Supplement plan once they return to work. The effective date will be the first of the month following the date the employee resumes an active work status and elects to re-enroll in the TRICARE Supplement plan. All policy and certificate requirements will apply. Any claims incurred during the gap period will not be paid.

## Resuming Coverage Upon Return from LOA

Upon return to work from an unpaid LOA, employees may choose to re-enroll or to not enroll in any plans they were enrolled in prior to the leave, except for HCFSA. Enrollment changes are permitted according to the Qualifying Life Event section. Employees must complete their enrollment within 30 days of returning to work. Re-enrollment is required to continue benefits even if you have been making premium payments directly to vendors.

### NOTE

HBR must manually update employment status for hand keyed units.

## Health Care Flexible Spending Account Election (HCFSA)

Upon returning from an unpaid leave, employees **must** re-enroll in the HCFSA.

1. If HCFSA coverage continues during the LOA by the employee making post-tax contribution, they must re-enroll for the same annual election that was in place prior to the unpaid leave or request a change based on a QLE.
  2. If HCFSA coverage was dropped during the LOA, the employee has two options:
    - a) Prorate: Resume coverage at the same monthly election, which will result in a reduced annual maximum.
    - b) Reinstatement: Reinstatement coverage at the original annual election and make-up unpaid contributions.

*Example:* Employee elects \$1,200 annual HCFSA and contributes \$100 per month. On April 1<sup>st</sup> the employee goes out on a 3 month LOA and does not continue HCFSA coverage. Upon return employee can elect:
- c) Prorate: Have \$900 reinstated (\$1,200 minus \$300 in missed contributions) and monthly contributions remain at \$100.
  - d) Reinstatement: Have \$1,200 reinstated with \$150 monthly contributions (\$100 original contribution plus \$50 to make up \$300 in missed contributions (\$300 divided by six remaining months 6 (July – December) equals \$50).

### NOTE

Claims incurred during the LOA under options a and b will not be eligible for reimbursement since coverage was terminated.

## **Dependent Day Care Flexible Spending Account (DCFSA), Dental, Vision, Critical Illness, Cancer, AD&D, Term Life, and TRICARE Supplement Election**

Upon returning from an unpaid LOA, employees may choose to re-enroll in any plans they were enrolled in prior to the leave. Employees must elect same coverage option and dependent level in place prior to the unpaid LOA unless there was a status change. If the employee is returning from non-FML, EOI will be required. Employees that do not re-enroll within 30 days will have to wait until the next annual enrollment to participate and waiting periods, pre-existing conditions, and EOI will apply.

## **Disability**

### **Short-Term Disability**

NCFlex benefit premiums may be deducted from short-term disability pay, depending on policy of payroll center.

### **Long-Term Disability**

When short-term disability benefits end after 12 months and long-term disability benefits begin, employees will be treated as terminated employees. These terminated employees will either have continuation (COBRA), conversion, or portability rights for the NCFlex benefits in force during the short-term disability period, provided the premium has been paid during the short-term disability period through the date of the termination of benefit coverage.

#### **NOTE**

Since there are certain age requirements and deadlines, employees should review online information and the insurance certificates available at [www.NCFlex.org](http://www.NCFlex.org).

### **Waiver of Premium**

Cancer, AD&D and Term Life offer a waiver of premium due to disability provided the employee satisfies certain conditions. Please have the employee review online information and the insurance certificates available at [www.NCFlex.org](http://www.NCFlex.org), and contact the vendor for more information.

---

# Coverage Termination

---

## Termination of Employment, Death and Other Losses of Eligibility

An NCFlex employee will lose eligibility under the plan if the employee no longer satisfies the eligibility requirements of being a state agency, university, community college or charter school employee working 20 or more hours per week in a permanent, probationary or time-limited position. For example, if an employee reduces his/her regularly scheduled work hours from 40 to 15 hours per week, eligibility under NCFlex will terminate.

### Termination Date

Coverage is lost at the end of the month of termination or loss of eligibility, or the end of the last period that premium was payroll deducted. See the Enrollment Procedures section for more information.

Important: FSA coverage is lost as of the employee's termination date. If the employee's termination date is earlier than the end of the month, the HBR has the option to e-mail P&A (Jennifer Nolan) and verify the last month of payroll deduction and request the termination date be the end of the month.

### Notification Procedures

The vendors are notified of terminations through Benefitfocus weekly outbound eligibility files. It is the employee's responsibility to provide notification of terminations or loss of eligibility within 30 days. Benefits will not be paid for employees that do not meet the eligibility requirements. Premiums will not be reimbursed retroactively for employees that do not provide timely notification.

NOTE
Hand Keyed units are responsible for updating the Benefitfocus system when an employee loses coverage under NCFlex. It is important to update the employee's record in Benefitfocus as soon as possible, so plan vendors can be advised of terminations and COBRA information can be sent.

### Employer's Risk under the Health Care Flexible Spending Account

If a Health Care Flexible Spending Account (HCFSA) employee has a negative account balance (meaning the employee has been reimbursed more than he has contributed through payroll deduction) on the date of termination or death, the NCFlex Program will experience a loss. The State does not ask the employee to repay the loss.

### Death of Employee

In the case of the employee's death, eligible covered dependent family members may continue the HCFSA, Dental, and Vision as mentioned in the following chart under COBRA. AD&D can be continued for covered dependents for up to 12 months at no cost or converted to an individual policy under Conversion. The DDCFSA, Term Life, Cancer and Critical Illness cannot be continued beyond the employee's death.

The employee's estate can submit allowable expenses incurred (date of service) within the plan year and after the date of death against the employee's remaining plan year election under the HCFSA or remaining account balance under the DDCFSA. A claim form with the supporting documentation is required along with a note on the claim form mentioning the date of death. The NCFlex spending account administrator will process the claim and issue a reimbursement check payable to the employee. The executor of the estate should be able to endorse and deposit the check into the estate's checking account.

## Retirement

When an employee under the NCFlex Program retires, this is considered a termination of benefits. Retirees may continue their NCFlex benefits, which were in force on the last day of employment by electing COBRA, conversions or portability coverage if available. Since there are certain age requirements and deadlines, employees should review the enrollment materials and insurance certificates for detailed information. The DDCFSA cannot be continued. Premiums paid to continue coverage will be made on an after-tax basis.

## Coverage Continuation Options at Termination

When NCFlex coverage is lost due to termination of employment or other losses of eligibility, employees may continue certain benefits. The following chart lists the continuation options:

NCFlex Coverage	Option	Remarks
Health Care Flexible Spending Account	COBRA	After receiving the termination notice, P&A will send COBRA enrollment materials to the employee's last known address. Cost is 102% of the employee's monthly premium. Payments are made by sending <u>after</u> -tax check to P&A. Checks should be made payable to P&A and are due by the first day of each month.
Dependent Day Care Flexible Spending Account	None	Cannot be continued.
Dental	COBRA	After receiving the termination notice, the termination information is sent electronically to the COBRA administrator for the Dental coverage. The administrator will send COBRA enrollment materials to the employee's last known address. The cost is 102% of the contracted premium rate. Instructions on where and when to send the premiums will be included in the COBRA materials. Direct Contact information for MetLife's COBRA Administrator is: Interactive Medical Systems 800-426-8739 x5054.
Vision Care	COBRA	After receiving the termination notice, the Vision Care vendor will send COBRA enrollment materials to the employee's last known address. Cost is 102% of the contracted premium rate. Instructions on where and when to send the premiums will be included in the COBRA materials. For questions, please contact Virginia Hoppert with Superior Vision Services at 800.923.6766, ext.2232.
Critical Illness	Portability	Employees will have the option to exercise the Portability option which allows them to continue coverage by paying premiums directly to Allstate Benefits. A request and payment of the first premium for the portability coverage must be received no later than 30 days of the employee's termination date. Employees may contact Allstate Benefits at 866.232.1517 for additional information.
Cancer	Portability	Employees will have the option to exercise the Portability option which allows them to continue coverage by paying premiums directly to Allstate Benefits. A request and payment of the first premium for the portability coverage must be received no later than 30 days of the employee's termination date. Employees may contact Allstate Benefits at 866.232.1517 for additional information.
Core Accidental Death and Dismemberment (AD&D)	None	Cannot be continued

NCFlex Coverage	Option	Remarks
Voluntary Accidental Death and Dismemberment (AD&D)	Portability	The employee must contact the AD&D vendor for an application. Portability may be elected due to termination of employment if termination was not due to a disability. The employee may elect to port coverage for all or any part of AD&D benefit for themselves and their dependents. The employee must apply and pay the premiums within 45 days after his insurance terminates. A detailed explanation of Portability can be found on the NCFlex website at <a href="http://www.NCFlex.org">www.NCFlex.org</a> .
Term Life	Continuation	The employee can contact the Term Life vendor for an application (and with any questions) or print the Continuation Form from the NCFlex website at <a href="http://www.NCFlex.org">www.NCFlex.org</a> . If the employee is under age 70, the employee may elect to continue any or all of his/her Term Life benefit. If the employee is age 70 or above, the employee can only convert the benefit to an individual policy. The employee must submit an application and pay the premium within 31 days after the insurance terminates.
TRICARE Supplement	Portability	Employees who terminate employment may continue coverage by paying their monthly premiums directly to Selman & Company. A continuation of coverage letter will be mailed to the terminating employee within 5 business days of receipt of the termination date received from the employer, allowing them to continue coverage on a direct bill method. Premium payments will be offered at the same rates as offered through their employer. There are no separate administrative fees. Continuation of coverage does not apply to an employee, spouse or dependent child who no longer meets the TRICARE Supplement eligibility requirements, e.g. an employee or spouse who attains age 65 and has Medicare as primary coverage or a dependent child who reaches age 21/23 and has not enrolled in the TRICARE (TYA) program or is listed in DEERS.

Important: You should not attempt to explain the COBRA rules to an employee who is losing coverage, unless you are knowledgeable about the COBRA regulations. The 'Remarks' column in the chart above does not attempt to go into the necessary detail that an employee should know concerning his COBRA rights. For more details, the employee should carefully review the initial COBRA election notice distributed by the vendors when the employee was first covered as well as the COBRA materials that will be sent to the employee after the vendors are notified of the termination or loss of eligibility through Benefitfocus outbound files. The COBRA election notice should have a telephone number that the employee can call to ask any COBRA question.

Also, be very careful about responding to Portability and Conversion questions. It is better for employees to review the NC Flex Enrollment Guide, certificate of insurance or certificate of coverage that was sent to them (which can be located on the NCFlex website) and to contact the appropriate vendor with any questions. All of these choices contain time limits in applying for coverage, so employees should be encouraged not to delay in contacting the appropriate vendor.

## Qualifying Life Event (Family Status Change)

---

All NCFlex changes should be reported through Benefitfocus or the Eligibility and Enrollment Call Center.

### PROCESSING (QLE) STATUS CHANGES

1. Employee enters status change in Benefitfocus or contacts Eligibility and Enrollment Call Center.
2. The HBR will collect required documentation based on the status change and approve or deny the request. Note: Best Shared Service will process status changes for Beacon EU's and notify the HBR to collect the QLE documentation. If documentation is not received, the status change will be retroactively terminated. Examples of acceptable documentation include a marriage certificate, death certificate, the first page of divorce decree, or a letter from the government or social services agency of Medicare or Medicaid entitlement.
3. Approved changes are sent to the vendors/carrier and deductions are adjusted in accordance with the change.

### Set Election Rule

Under IRS Section 125, once an employee makes an election, that election is set for the entire calendar year of January 1 – December 31, unless the employee experiences a QLE.

### Notification Period

Employees must enter the QLE in the system within 30 days of the event.

Exceptions:

- A 60-day notification is permitted if the QLE is Change in Medicaid or CHIP status.
- Birth or Adoption: For Medical and TRICARE Supplement coverage only, if the employee had Employee + Child(ren) or Employee + Family coverage at the time of birth/adoption, the child may be added to coverage even if reported more than 30 days after the birth or adoption.
- Ineligible Dependent due to Death: A covered dependent who is deceased will be terminated the end of the month of the death regardless of when it is reported (as if the notification had been timely).
- For Qualified Medical Child Support Orders (QMCSO), the member must contact their HBR to initiate the event.

### “Consistent with” Rule

The regulations also require that the requested change be “consistent with” the QLE. To satisfy this requirement, an election change is only permitted if:

- (1) The QLE affects the **eligibility** for coverage of the employee, spouse or the dependent under an employer's plan (employee's or dependent's employer); and
- (2) The election change corresponds with that gain or loss of coverage.

### Effective Date

The effective date of the election change due to the QLE is the first day of the month following the date of the event. However, for birth or adoption the effective date is the date of birth, adoption or placement for adoption, provided the request was made within 30 days of the event. For FSA, if a change is requested towards the end of the plan year, the benefits and payroll processing deadlines will determine which month and plan year the change will take effect.

## QLE Noted Items

All Flexible Spending Account election increases or decreases are still subject to the plan year maximums and minimums as mentioned in the employee Enrollment Guide.

The NCFlex Program does not allow a change in dental, vision or cancer plan options as a result of a Status Change event (for example, low option to high option). **A QLE will not enable an employee to enroll or cancel the Core AD&D benefit.** Refer to the Addendum for Core AD&D administration.

Core Vision: If the employee is enrolled in the Core Vision and spouse and/or dependent loses vision coverage at another employer, the employee may move to a different plan (Basic or Enhanced Coverage) in order to cover the family.

NOTE
Some status changes are limited based on Benefitfocus access as noted in the QLE Chart. Only HBRs with Benefitfocus access can see all options, which include University HBRs, Community Colleges HBRs, Charter School HBRs and Best Shared Services. Employees and Agency HBRs utilizing Beacon with Best Shared Service will not see some options in the enrollment system. Agency HBRs should contact Best Shared Service for QLEs not available on Beacon.

## Qualifying Life Event Chart

Events and Coverage	Actions and Comments
<b>Marriage</b>	
Dental/Vision/Cancer/Critical Illness/TRICARE	Add self, spouse, and all children.
Flexible Spending Accounts	Health: Add or increase. Dependent: Add or increase, Drop or decrease
Voluntary AD&D	Add or increase coverage; add family coverage.
Term Life	Add or increase coverage subject to EOI.
<b>Death of Dependent</b>	
Dental/Vision/Cancer/Critical Illness/TRICARE	Drop dependent; add self or children if loses similar coverage under spouse's plan.
Flexible Spending Accounts	Health: Drop or decrease or increase. Dependent Day Care: Increase, drop or decrease.
Voluntary AD&D	Increase coverage or drop family coverage.
Term Life	Add or increase coverage subject to EOI; drop or decrease coverage.
<b>Divorce/Legal Separation</b>	
Dental/Vision/Cancer/Critical Illness/TRICARE	Drop spouse; add self or children if loses similar coverage under spouse's plan.
Flexible Spending Accounts	Health: Drop or decrease; add or increase.  (Divorce) Dependent Day Care: Increase; drop or decrease. (Legal Separation) Dependent Day Care: Add or increase, drop or decrease.
Voluntary AD&D	Add or increase coverage; add or drop family coverage.
Term Life	Add or increase coverage subject to EOI; drop or decrease coverage.

<b>Birth, Adoption, Legal Custody or Guardianship</b>	
Dental/Vision/Cancer/Critical Illness/TRICARE	Add self, spouse, and all children.
Flexible Spending Accounts	Health: Add or increase; drop or decrease. Dependent Day Care: Add or increase; drop or decrease.
Voluntary AD&D	Add or increase coverage; add family coverage.
Term Life	Add or increase coverage subject to EOI.
<b>Loss of Other Coverage (Other than a state sponsored post tax plan)</b>	
Dental/Vision/Cancer/Critical Illness/TRICARE	Add self, spouse, and all children.
Flexible Spending Accounts	Health: Add or increase. Dependent Day Care: Add or increase.
Voluntary AD&D	Add or increase coverage; add family coverage.
Term Life	Add or increase coverage subject to EOI.
<b>Now Eligible for other Coverage/Gain of Other Coverage (Other than a state sponsored post tax plan)</b>	
Dental/Vision/Cancer/Critical Illness/TRICARE	Drop Plan or drop dependents. .
Flexible Spending Accounts	Health: Increase, drop or decrease. Dependent Day Care: Increase, drop or decrease.
Voluntary AD&D	Cancel or Drop family coverage, or add family coverage.
Term Life	Drop.
<b>Reduction of Hours (Less than 20 hours) (Only HBR with Benefitfocus access can see this option)</b>	
Dental/Vision/Cancer/TRICARE	Coverage terminates.
Critical Illness	Coverage terminates.
Flexible Spending Accounts	Health: Coverage terminates. Dependent: Coverage terminates.
Voluntary AD&D	Coverage terminates.
Term Life	Coverage terminates.
<b>Unpaid Leave of Absence (Only HBR with Benefitfocus access can see this option - FML or Non-FML)</b>	
Dental/Vision/Cancer/ Critical Illness/ TRICARE	Coverage terminates – see Unpaid Leave of Absence section. (Cancer may require EOI to restart benefit.)
Flexible Spending Accounts	Health: Coverage terminates – see Unpaid Leave of Absence section. Dependent Day Care: Coverage terminates.
Voluntary AD&D	Coverage terminates – see Unpaid Leave of Absence section.
Term Life	Coverage terminates – see Unpaid Leave of Absence section. (Term Life may require EOI to restart benefit.)
<b>Return from Leave of Absence</b>	
Dental/Vision/Cancer/ Critical Illness/ TRICARE	Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section.
Flexible Spending Accounts	Health: Re-enroll using Prorate or Reinstatement method – see Unpaid Leave of Absence section. Dependent Day Care: Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section.
Voluntary AD&D/Term Life	Re-enroll with same election if coverage dropped while on leave – see Unpaid Leave of Absence section. (Term Life will require EOI to restart benefit.)

<b>Court Order</b>	
Dental/Vision/Cancer/Critical Illness/TRICARE	Add or drop for self and/or dependents. (EOI will be required to add cancer benefit.)
Flexible Spending Accounts	Health: Add or increase, drop or decrease. Dependent Day Care: Add, increase or decrease.
Voluntary AD&D/Term Life	No change.
<b>Military Leave/Reinstatement (Only HBR with Benefitfocus access can see this option)</b>	
Dental/Vision/Cancer/Critical Illness/TRICARE	Reinstatement: Add Military Leave Begins: Drop coverage. See Unpaid Leave Of Absence section.
Flexible Spending Accounts	Health-Military Leave Begins: Drop coverage. See Unpaid Leave Of Absence section. Health-Reinstatement: Add or increase, drop or decrease. Dependent Day Care-Military Leave Begins: Drop or decrease. Dependent Day Care-Reinstatement: Add or increase, drop or decrease.
Voluntary AD&D/Term Life	Military Leave Begins-Voluntary AD&D: Cancel coverage. Reinstatement-Voluntary AD&D: Add, increase or add family coverage. Term Life: Add or drop coverage. See Unpaid Leave Of Absence section. (Term Life may require EOI to restart benefit.)
<b>FMLA Subscriber non pay (Employee) (Only HBR with Benefitfocus access may see this)</b>	
Dental/Vision/Cancer/Critical Illness/TRICARE	Drop.
Flexible Spending Accounts	Health: Drop Dependent Day Care: Drop.
Voluntary AD&D/Term Life	Drop.
<b>Transferring EU or Re-hire with less than 30 days break in service.</b>	
Dental/Vision/Cancer/Critical Illness/TRICARE	No change
Flexible Spending Accounts	Health: No Change Dependent Day Care: No Change
Voluntary AD&D/Term Life	No Change

**NOTE**

Changing medical options under the State Health Plan is NOT considered a status change event per IRS Regulations. A QLE will not enable an employee to enroll or cancel the Core AD&D benefit. Refer to the Addendum for Core AD&D administration.

## Qualifying Life Events for Dependent Day Care FSA

Events Specific to Dependent Day Care Spending Account	Actions and Comments
Dependent Child Becomes Ineligible at Age 13	Employee can drop or decrease election.
Dependent Child Begins Kindergarten or First Grade	Employee can drop or decrease election.
Day Care Provider Change Rates	If provider is a Relative – no change allowed. Other providers: <ul style="list-style-type: none"> <li>• Rates increase – increase election.</li> <li>• Rates decrease – decrease election.</li> </ul>
Day Care Provider Significantly Changes Coverage	Employee can change election consistent with coverage change.
Employees Change Day Care Providers or Terminates Day Care Services	Employee can change election consistent with coverage change.

The word “**Add**” as used in the above charts means an employee does not currently have the benefit and wishes to enroll due to a QLE.

### Important:

*Several life events may occur at the same time. Employees should select the event, which provides the maximum time period to make a decision. For example, if an employee experiences a birth of a child and is also out on an unpaid leave of absence, the employee may be better off selecting the unpaid leave as the event. This gives the employee flexibility to drop their existing Dependent Day Care Flexible Spending Account election at the beginning of the unpaid leave when they are not working and cannot incur expenses against their account. When they return to work, they can increase their election to cover the additional Dependent Day Care Flexible Spending Account expenses. Always remember that a change must be requested within 30 days of an event and expenses must be incurred on or after the effective date of coverage.*

## Annual Enrollment

---

Each year employees must be given an opportunity to enroll and re-enroll in the NCFlex benefits. The annual enrollment period generally begins in October. Employees are permitted to change existing elections or enroll for the first time in the program. All elections are effective for the following plan year of January 1 through December 31.

Elections by employees in the Dental, Vision Care, Core Wellness Vision, Critical Illness, Cancer, Core and Voluntary AD&D, Term Life Plans, and TRICARE Supplement automatically continue each plan year. No additional enrollment is needed; unless employees wish to change their elections (increase, decrease or cancel coverage).

### Employees on Unpaid Leave during Annual Enrollment

Certain elections may be subject to EOI requirements and pre-existing condition limitations. The election changes will be effective the first of the month following the date of the Family/Employment Status Change event (the return from an approved leave) and EOI (if applicable) is approved by the insurance vendor. Please refer to the Eligibility and Qualifying Life Event sections of the manual for more details.

### New Hires during Annual Enrollment

For a new hire during the October – December annual enrollment timeframe:

- Current Plan Year - An employee may select current year benefits.
- Next Plan Year – An employee may select Annual Enrollment for future benefits.

### Evidence of Insurability (EOI)

#### Approval Process

An EOI form is required for late applicants (applicants who did not enroll during their first 30 days of eligibility) enrolling for Cancer and Term Life benefits, and for current employees who wish to increase the amount of their cancer or life coverage. (Special offers waiving EOI may be made for certain products and plans for marketing purposes during the annual enrollment period. Special offers will be noted in the enrollment materials.) Note: No Cancer EOI for 2017.

If you have not been previously declined coverage, Term Life allows one either \$10,000 or \$20,000 increase, up to the guaranteed issue maximum of \$200,000 for an employee and one \$10,000 or \$20,000 increase up to the guaranteed issue maximum of \$50,000 for a spouse, at annual enrollment without providing EOI. EOI is required for new hires electing Term life coverage that exceeds the \$200,000 for employee or \$50,000 for spouse guaranteed issue amount.

Employees will be mailed an EOI form from the carrier. Coverage amounts greater than the guaranteed issue amount will be pended until EOI approval. EOI's must be approved or denied within 90 days or the system will cancel the pended coverage amount.

When the EOI has been approved, the new coverage level goes into effect as of the first of the month following the date of approval. If the enrollment is made during Annual Enrollment and the approval is effective prior to January 1 of the upcoming plan year, the new coverage level goes into effect as of January 1. If the approval date is effective after 1/1, the new coverage goes into effect the first of the month following the approval date as noted in the approval letter sent to the employee.

# HIPAA\* Privacy Issues

(\*Health Insurance Portability and Accountability Act of 1996)

---

Under federal law, the NCFlex Program cannot use or disclose individually identifiable health information (also called “protected health information” or PHI) without authorization by the individual or as authorized by the regulations.

The privacy standards protect medical records and other confidential health information that identifies (or could reasonably be used to identify) an individual and relates to a past, present or future physical or mental condition of the individual or the payment of health care for that individual. This individually identifiable PHI can be in any form (including electronic, written or oral) that is created or received by an HBR. Examples of receiving the information electronically include, but are not limited to facsimile (fax) machines, telephones and attachments to electronic mail (e-mails).

## HIPAA Applies to:

- Health Care Flexible Spending Account
- Dental
- Vision Care Plan
- Critical Illness Plan
- Cancer Plan
- TRICARE Supplement

## HIPAA Does Not Apply to:

- Dependent Day Care Spending Account
- Accidental Death and Dismemberment (HIPAA privacy form is required if medical records are needed to process a claim.)
- Term Life

## HBR Responsibilities

As a HBR, you will generally be responsible for answering enrollment, eligibility, coverage and specific claim questions concerning the NCFlex Program.

If you have to identify a specific employee by name and/or Social Security number in order to resolve a claim problem, a HIPAA Privacy Authorization Form from the vendor must be completed and signed/dated by the employee. The Authorization Form must indicate the entity authorized to disclose the health information (Health Care Flexible Spending Account, Dental Plan, Vision Care Plan, Critical Illness, Cancer, and TRICARE Supplement) and the person(s) or organization(s) authorized to receive the information (State HBR, NCFlex Department, Benefitfocus, and other persons, such as spouse).

In addition, the Authorization Form must include a description of the health information to be disclosed and an expiration date (which can be when the issue/question has been resolved). The Authorization Form must be sent to the entity named on the form to whoever is authorized to investigate and disclose the health information.

Important: Please remember that at the top of the Authorization Form, the “Individual’s Name” is the person (employee, spouse, or child 18 years and older) who has the specific health claim or issue which needs to be researched. This means only that particular individual can receive the answer from the carrier (and not the spouse or HBR asking on behalf of the employee) without an Authorization Form.

## HIPAA Tips

Whenever possible, do not mention the employee's name, Social Security number or other identifier when asking a general benefit or coverage question. Instead, refer to the person as an employee or dependent. For example, instead of saying "John Smith is an employee that needs a root canal. What would his benefits be?" say "I have an employee under the High Option Dental Plan who needs a root canal. What will the Dental Plan pay?" By not identifying a specific employee or dependent, you just saved time in not having to complete the Authorization Form.

- The employee or spouse who has a claim issue or question should be encouraged to first call the customer service number of their NCFlex vendor directly to resolve the problem. This does not require an Authorization Form.
- If you do have to research a claim problem or issue for an individual, an Authorization Form is not required if you make a joint call by having the individual in your office or on the same conference call with you.
- An Authorization Form is not required if you contact the vendor to explain the claim issue for the individual and the vendor then directly contacts the individual with the answer. The vendor can only let you know that the problem has been resolved and you can then seek details from that individual.
- The following are not subject to the HIPAA privacy regulations since protected health information is not being shared:
  - Enrollment questions
  - Eligibility questions
  - Coverage questions
- When handling and protecting employees' personal health information, please continue to follow established internal policies.
- Please remember that a completed written Authorization Form from the vendor, signed and dated by the individual with the claim issue/question, is absolutely required when someone other than that individual receives PHI.

## Where to Send the HIPAA Privacy Authorization Form

<b>Dental Plan</b>
<b>MetLife</b> PO Box 14587 Lexington, KY 40512 Fax: 1-859-389-6505 Email: dental@metnotices.com
<b>Vision Care Plan</b>
<b>Superior Vision Services</b> Attn: Stephanie Kowderuck 11101 White Rock Road Rancho Cordova, CA 95670 Phone Number: 800.923.6766, ext. 2204 Fax Number: 800.777.1811
<b>Health Care Flexible Spending Account</b>
<b>P&amp;A Group</b> Attention: NCFlex FSA Plan 17 Court Street, Suite 500 Buffalo, NY 14202 Phone: 866.916.3475 Fax Number: 877.213.8917
<b>Cancer and Specified</b>
<b>Allstate Benefits</b> Attention: NCFlex Enrollment 1776 American Heritage Life Drive Jacksonville, FL 32224 Phone Number: 866.232.1517 Fax Number: 572.510.1795
<b>Critical Illness</b>
<b>Allstate Benefits</b> Attention: NCFlex Enrollment 1776 American Heritage Life Drive Jacksonville, FL 32224 Phone Number: 866.232.1517 Fax Number: 572.510.1795
<b>TRICARE Supplement</b>
<b>Selman &amp; Company</b> Attention: Stephanie Hrouda 6110 Parkland Blvd. Cleveland, OH 441214 Phone Number: 800.638.2610 ext. 262

## Additional Vendor Information

---

This section of the Administration Manual includes information from NCFlex vendors. Please refer to the enrollment materials for benefit details and cost. Enrollment materials, benefit certificates, forms and other helpful tools can be found on the NCFlex website at [www.NCFlex.org](http://www.NCFlex.org).

### Flexible Spending Accounts (FSA)

#### Administered by P&A Group

Please refer to the FSA claims kit for more detailed information by going to the NCFlex website.

#### Direct Deposit for Spending Accounts

For Health Care Flexible Spending Account (HCFSA) and Dependent Day Care Flexible Spending Account (DDCFSA) employees will automatically receive their reimbursement by direct deposit. It will be deposited into the same account where their State pay is being deposited.

#### Changing Banking Accounts under the Spending Accounts

It is the sole responsibility of the Spending Account employees to report changes in their banking account that would cause a direct deposit payment to fail. Neither the FSA claims administrator nor the State is financially liable or responsible for personal checks employees issue in anticipation of receiving reimbursement under the Spending Accounts.

To report changes in banking accounts, employees must provide the new banking information to their HBR or benefits department (not to the vendor). This form must be sent to the payroll department, which will not only change the employee's regular payroll information, but will also notify the FSA vendor by sending them a record at the end of the month.

Note: only the bank account that is identified as the main bank for payroll direct deposit is sent to the vendor for FSA direct deposit.

#### Limitation Affecting Increases to Spending Account Election

If an FSA employee uses an approved family/employment status change event to increase his/her election amount, reimbursement of expenses incurred prior to the change date will be limited to his/her original account maximum and not to the new higher maximum. For example, if an employee elects \$1,200 for the plan year, and then increases his plan year maximum to \$2,400 on July 1st, the employee cannot be reimbursed more than \$1,200 for expenses incurred prior to July 1st.

#### Plan Year Election

FSA pre-tax elections are effective only for one plan year (January 1 - December 31). If employees wish to participate again in the new plan year, they must elect coverage during the annual fall enrollment period.

Important: Please note that the elections for both of the FSAs are stated on an annual basis. All other insurance premiums are monthly amounts.

#### Online Claim and Account Information

Employees can easily access information concerning their current FSA account balance, status of claim, and other account information by linking to the FSA vendor at the NCFlex website.

## **FSA Plan Forfeitures Rule**

Under IRS regulations, you will lose money remaining in your account after the deadline to submit eligible claims. Expenses must be incurred during the plan year, including the extension period January 1 – March 15 of the following year, provided the employee remains active through December. Employees should be encouraged to use the worksheet available in the enrollment materials to plan for expenses for themselves and their dependents and keep in mind the normal fluctuations in dependent care expenses during a school year. The eligible/ineligible expenses and other rules are detailed on the NCFlex website at [www.NCFlex.org](http://www.NCFlex.org). By taking advantage of an FSA, employees save about 25%-30% or more in taxes (state, federal and FICA).

Note: Employees should consider the following eligibility rules in their DDCFSA planning process:

- Children must be under age 13, unless physically or mentally handicapped;
- Both the employee and spouse must be employed or the spouse may be a full-time student or looking for work; and
- Special rules apply if the employee is divorced or legally separated.

## **Dental Plan**

**Administered and underwritten by MetLife (effective 1/1/2017) Group Policy # 165756**

### **Customer Service Information and online tools**

All employees will receive a membership ID card from MetLife 1/1/2017. Employees can access forms and information from the NCFlex website, [www.NCFlex.org](http://www.NCFlex.org) or on MetLife's MyBenefits website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) after 12/15/2016. On the MyBenefits website, type in "NC Flex" for the Company Name.

MetLife also provides customer service options by phone. The member's ID card includes MetLife's toll-free customer service number, which allows you to access the automated system, 24/7, or talk to a representative 8 a.m. to 11 p.m. Monday – Friday. The Customer Service number for NCFlex is 855-676-9441.

### **Claim Processing Information – effective 1/1/2017 with MetLife**

For a dental claim to be eligible for payment, claims must be filed and received by the dental plan within 365 days from the date of service. Claims should be submitted using your social security number. It is recommended that a predetermination of benefits be submitted if the estimated charges for a particular procedure are expected to be \$300 or more.

United Concordia Life and Health Group Policy #0262613 administered plan through 12/31/2016.

## **Vision Care Plan**

Administered by Superior vision services and Underwritten by National Guardian Life Insurance Co. Group Policy #26963

### **Enrollment Restrictions – Basic Plan Only**

In order to maintain affordable rates for the Vision Care plan, employees who enroll in the Vision Basic plan, and later terminate their coverage, will have a two-year waiting period before they can re-elect that plan. However, the employee may elect the Enhanced Plan without the two year waiting period.

## Core Wellness Vision Plan

This benefit is paid for in full by the State of North Carolina. Enrollment is required. Employees do not contribute towards the cost of this benefit. The Core Wellness Vision Plan benefit is one of the three vision options available. This is Employee Only coverage.

## Critical Illness

Underwritten by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation; using marketing name of Allstate Benefits Group Policy #83126

### Beneficiary Designation

Beneficiary designation is not required for the Critical Illness Insurance. If the employee chooses to designate a beneficiary, they can make elections through Benefitfocus or download the form from the NCFlex website at [www.NCFlex.org](http://www.NCFlex.org) or call Allstate Benefits at 866-232-1517. If the employee were to become deceased and did not have a designated beneficiary, Allstate Benefits would pay out the claim based on the standard facility of payment clause.

### Tax Issues

Whenever a benefit claim is paid, a 1099 tax form will be mailed to the employee's home address in January of the following year. The employee should consult with their tax advisor regarding the possible effects of the purchase and/or receipt of benefits that you might have or obtain.

## Cancer Insurance

Underwritten by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation; using the marketing name of Allstate Benefits Group Policy #83126

### Evidence of Insurability Requirement (EOI)

EOI is not required for 2017 plan year

### Pre-Existing Conditions Limitation

Once an employee and eligible dependents are approved for coverage, a pre-existing condition may not be covered if it was diagnosed prior to the effective date of coverage. (See NCFlex enrollment materials or insurance certificate on the website for more details).

## Voluntary Accidental Death and Dismemberment

Administered by Voya financial and underwritten by Reliastar life insurance company, a member of the Voya family of companies (effective 1/1/2017) Group Policy # 68077-0

### Beneficiary Designation

The employee should then list the full name or names of the primary and contingent beneficiaries. The contingent beneficiary receives the death benefit if the primary beneficiary is not living on the date of death of the employee. More than one primary and contingent beneficiary can be listed and the benefit will be paid in equal portions. The employee's estate can also be listed as the beneficiary. If an employee has elected family AD&D coverage and a covered dependent dies, the beneficiary is automatically the employee.

Administered by AC Newman and Underwritten by Gerber Life Insurance Company  
Group Policy #PAI-119466 through 12/31/2016.

## **Core Accidental Death and Dismemberment**

Administered by Voya financial and underwritten by Reliastar life insurance company, a member of the Voya family of companies (effective 1/1/2017) Group Policy # 68077-0

This benefit is paid for in full by The State of North Carolina. Enrollment is required. Employees do not contribute towards the cost of this benefit. The Core AD&D benefit is offered in addition to the voluntary AD&D benefit. Employees will also receive an informational piece with contact information for worldwide travel assistance services which is included with the AD&D coverage and provided through Voya by Europe Assistance USA.

An employee can elect Core AD&D Employee Only coverage through web enrollment during annual enrollment or as a new hire.

### **Beneficiary Designation**

The employee should list the full name or names of the primary and contingent beneficiaries. The contingent beneficiary receives the death benefit if the primary beneficiary is not living on the date of death of the employee. More than one primary and contingent beneficiary can be listed and the benefit will be paid in equal portions. The employee's estate can also be listed as the beneficiary.

Administered by AC Newman and Underwritten by Gerber Life Insurance Company  
Group Policy # ADD-120234 through 12/31/2016.

## **Term Life**

Underwritten by ReliaStar Life insurance company, a member of the Voya family of companies  
Group Policy #680770-6GAT

### **Beneficiary Designation**

It is important that a primary beneficiary or beneficiaries be named during the enrollment process. The same is true for the contingent beneficiary or beneficiaries who will receive the life amount if the primary beneficiary or beneficiaries are not living at the time of the employee's death.

Please make sure the beneficiary or beneficiaries' full name is included when an employee elects life coverage through the web enrollment process. Failure to designate an individual(s) or the person's estate leaves it up to the courts to decide who should be paid the money. Remind employees to update their beneficiaries when they have a family status change (e.g., marriage, birth, divorce). The employee is the beneficiary on spouse/child coverage.

### **Tax Issues**

Because the Term Life premiums are being deducted on a pre-tax basis, the IRS requires taxes to be paid on life amounts over \$50,000. The NCFlex enrollment materials and the NCFlex website has specific information about these tax calculations and the amounts, called imputed income, that will automatically be included in a employee's pay check. Employees can use the income calculator on the NCFlex website to calculate their imputed income amount.

---

## **TRICARE Supplement**

Administered by Selman & Company and underwritten by Transamerica Premier Life Insurance Company

### **Policyholder**

The American Military Insurance Trust is the policyholder for the TRICARE Supplement plan. Plan employees will receive a Certificate of Insurance from Selman & Company. Additionally, all plan employees can download the Certificate of Insurance from the NCFlex website at [www.NCFlex.org](http://www.NCFlex.org).

### **Enrollment Instructions**

Coverage is elected through web enrollment during annual enrollment or as a new hire.

### **Customer Service**

Selman & Company provides customer service by phone at 1-800-638-2610 option 1 Monday-Friday 9:00 a.m. – 7:00 p.m. or by email at [memberservices@selmanco.com](mailto:memberservices@selmanco.com).

# Appendix

## Employer Unit Chart

Employer Unit	Employer Unit #	HRIS	HRIS Frequency or Hand Keyed
Administration, Dept. of	002	BEACON	Daily - one file for all agencies
Agriculture & Consumer Services, Dept. of	003	BEACON	Daily - one file for all agencies
Appalachian State University	800	BANNERAPPST	Weekly
Auctioneer Licensing Board	045	BEACON	Daily - one file for all agencies
Cape Fear Center for Inquiry	905	SCHOOL	Hand Key
Carteret Community College	706	CARTERETCC	Weekly
Charlotte Secondary School	900	SCHOOL	Hand Key
Commerce - DES & DWS,	019	BEACON	Daily - one file for all agencies
Commerce, Dept. of	019	BEACON	Daily - one file for all agencies
Community College System Office	017	BEACON	Daily - one file for all agencies
Community School of Davidson	910	SCHOOL	Hand Key
Corvian Community School	904	SCHOOL	Hand Key
Cultural Resources, Dept. of	005	BEACON	Daily - one file for all agencies
East Carolina University	804	BANNERECU	Weekly
Edgecombe Community College	710	EDGECOMBECC	Weekly
Education Lottery	006	NC Education Lottery	Hand Key
Elizabeth City State University	085	BANNER085	Weekly
Environmental & Natural Resources,	014	BEACON	Daily - one file for all agencies
Fayetteville State University	086	BANNER086	Weekly
General Assembly	100	NC General Assembly	Hand Key
General Assembly Legislators	808	NC General Assembly Legislators	Hand Key
Haliwa Saponi Tribal School	909	SCHOOL	Hand Key
Health & Human Services, Dept. of	51A	BEACON	Daily - one file for all agencies

Employer Unit	Employer Unit #	HRIS	HRIS Frequency or Hand Keyed
Housing Finance Agency	022	HOUSING	Weekly
Insurance, Dept. of	029	BEACON	Daily - one file for all agencies
Johnston Community College	714	SCHOOL	Hand Key
Judicial Department, NC Courts	037	BEACON	Daily - one file for all agencies
Justice, Dept. of	007	BEACON	Daily - one file for all agencies
Labor, Dept. of	032	BEACON	Daily - one file for all agencies
Mayland Tech Community College	707	SCHOOL	Hand Key
Mountain Community School	903	SCHOOL	Hand Key
Mountain Discovery Charter	906	SCHOOL	Hand Key
NC A and T University	088	BANNER088	Weekly
NC Central University	087	BANNER087	Weekly
NC State Board of Elections	002	BEACON	Daily - one file for all agencies
NC State Board of Opticians	068	BEACON	Daily - one file for all agencies
NC State University	816	PPSFTNCS	Daily
NE Academy for Aerospace & Advance Technologies	911	SCHOOL	Hand Key
Office of Administrative Hearings	038	BEACON	Daily - one file for all agencies
Office of Information Tech Svcs,	012	BEACON	Daily - one file for all agencies
Office of State Auditor	008	BEACON	Daily - one file for all agencies
Office of State Budget & Management	023	BEACON	Daily - one file for all agencies
Office of State Human Resources	002	BEACON	Daily - one file for all agencies
Office of State Treasurer	052	BEACON	Daily - one file for all agencies
Office of the Governor	024	BEACON	Daily - one file for all agencies
Office of the Lt. Governor	002	BEACON	Daily - one file for all agencies
Office of the State Controller	004	BEACON	Daily - one file for all agencies
Psychology Board	066	BEACON	Daily - one file for all agencies
Public Instruction, Dept. of	018	BEACON	Daily - one file for all agencies
Public Safety, Dept. of	033	BEACON	Daily - one file for all agencies
Research Triangle High School	912	School	Hand Key
Revenue, Dept. of	046	BEACON	Daily - one file for all agencies
Roanoke Chowan Community College	715	SCHOOL	Hand Key
School of Science and Math	063	BEACON	Daily - one file for all agencies
Secretary of State,	048	BEACON	Daily - one file for all agencies

Employer Unit	Employer Unit #	HRIS	HRIS Frequency or Hand Keyed
Shinning Rock Classical	907	SCHOOL	Hand Key
State Board of Barber Examiners	010	BEACON	Daily - one file for all agencies
State Board of Cosmetic Arts	016	BEACON	Daily - one file for all agencies
State Board of Ethics	002	BEACON	Daily - one file for all agencies
Transportation, Dept. of	810	BEACON	Daily - one file for all agencies
Two Rivers Community School	908	SCHOOL	Hand Key
UNC Asheville	060	BANNER060	Weekly
UNC Chapel Hill	818	PPSFTUNCCH	Daily
UNC Chapel Hill - Faculty Physicians & Dentists FT	818	PPSFTUNCCH	Daily
UNC Chapel Hill - Faculty Physicians & Dentists PT	818	PPSFTUNCCH	Daily
UNC Charlotte	820	BANNERUNCCHAR	Weekly
UNC Greensboro	822	SCHOOL	Hand Key
UNC Health Care	812	LAWSONUNCH	2X/Week
UNC Pembroke	089	BANNER089	Weekly
UNC Wilmington	093	BANNERUNCW	Weekly
University of NC Press	824	SCHOOL	Hand Key
University of NC School of Arts	062	BANNER062	Weekly
Veterans Affairs	095	BEACON	Daily - one file for all agencies
Wayne Community College	709	WAYNECC	Weekly
Western Carolina University	092	BANNER092	Weekly
Wildlife Resources Commission	056	BEACON	Daily - one file for all agencies
Willow Oak Montessori	902	SCHOOL	Hand Key
Wilson Community College	701	SCHOOL	Weekly