



## **BENEFITS TERMINATION NOTICE**

**Research Foundation Regular Employee**

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### **MEMORANDUM**

TO:

FROM: Personnel Administrator

SUBJECT: Research Foundation Regular Employee Benefits Termination Letter

Our Records indicate that you are no longer eligible for Research Foundation (RF) group insurance. Any benefits in which you were enrolled will be discontinued on the date indicated below. Valuable conversion and continuation privileges are outlined in the attached summary.

Date of termination of employment\_\_\_\_\_

Or

Last Date in benefits eligible status\_\_\_\_\_

Date of cancellation of health insurance\_\_\_\_\_

## **HEALTH, DENTAL, AND VISION COVERAGE**

Health coverage ceases 28 days after termination of employment or 28 days from the date that you are no longer in an eligible status.

You and your dependents may continue health, dental, and vision coverage under federal (COBRA) law for 18 months and continue health insurance only under New York State law for up to a total of 36 months, depending on your and your dependents' individual circumstances, as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace. See the attached COBRA Notice for full details. You may opt to apply for conversion to an individual health insurance policy, either now or when your COBRA coverage expires.

### **Empire Blue Cross PPO (Preferred Provider Organization) Plans**

If you are covered under either the Traditional PPO or the Deductible PPO, you have the option of continuing your coverage through an individual policy with the carrier.

To convert to a direct payment contract, you must apply within 90 days of the termination date of your group contract and pay the premiums for the conversion contract when due. To obtain either an application or additional information, call:

New York City boroughs, Long Island, and Mid-Hudson - 1-800-261-5962.

All other areas - Please contact your local Blue Cross and Blue Shield Plan.

### **Health Maintenance Organization (HMO) Plan**

If you have been covered under a health maintenance organization plan and wish to convert to an individual policy, contact your local HMO office.

## **DENTAL/VISION INSURANCE**

Dental/Vision coverage ceases 28 days after termination of employment or 28 days from the date that you are no longer in an eligible status. There is no individual conversion privilege for these benefits.

## **LIFE INSURANCE**

You may be eligible to continue all or a portion of your group life insurance without evidence of insurability through continuation, portability, or conversion by paying premiums directly to Securian Life. Future premiums may be higher than current premiums. Contact Securian Term Life at 877-491-5265 to discuss the options available to you.

Securian Life Insurance Company  
Group Administration Department  
400 Robert Street North  
St. Paul, MN 55101

You must request to continue coverage within 31 days from when your group coverage ends. If a death should occur within 31 days of the date your coverage under the group policy ends, a death benefit may be payable for the amount that could have been converted.

### **TIAA-CREF RETIREMENT ANNUITIES AND TAX DEFERRED PROGRAMS**

Contributions made by the Research Foundation to your basic retirement plan account and your contributions to optional retirement plan account cease with your final paycheck. Funds in these accounts will continue to accrue earnings until you withdraw the funds. You continue to own these benefits after you terminate employment.

**Important: you must submit your time reporting document to your campus office as soon as possible to assure timely retirement contributions on final pay, including vacation accruals.**

Please consult The Research Foundation Benefits Handbook for information on collecting retirement benefits, taxation and other details on cash withdrawals from your TIAA-CREF contracts and accounts. Questions about your retirement or Group Supplemental Retirement Annuity (GSRA) account should be directed to TIAA-CREF at 1-800-842-2252.

**IF YOUR NAME OR ADDRESS CHANGES, NOTIFY TIAA-CREF IMMEDIATELY.**

### **NEW YORK STATE DISABILITY**

If you become disabled during the first four weeks of unemployment, please notify the Research Foundation. If you become disabled after the first four weeks of unemployment, file your claim with the Workers' Compensation Board on their Form DB-300. If you become employed elsewhere in New York State, your new employer will provide your benefits.

### **VOLUNTARY SHORT-TERM DISABILITY INSURANCE**

Voluntary short-term disability coverage ceases on the earlier of your last day of employment or on the last day that you were in an eligible status. No conversion privilege is available for this benefit.

### **LONG-TERM DISABILITY INSURANCE**

Long-term disability coverage ceases on the last day of your employment or on the last day that you were in eligible status. There is no conversion privilege for this benefit.

### **WELLNESS PROGRAM**

Enrollment in the Virgin Pulse wellness program ceases on the last day of your employment. There is no continuation privilege for this benefit. You have 30 days from the last day of your employment to redeem any rewards earned while you were enrolled.

## **LONG TERM CARE**

Your Long Term Care coverage ceases on the last day of employment, however, this coverage through CNA is completely portable. You may elect to continue your coverage with no change in rates or benefits. Please contact CNA directly 1-877-777-9072 to elect continuation of coverage.

## **FLEXIBLE SPENDING ACCOUNTS**

You coverage under both Health Care Spending and Dependent Care Spending accounts terminates on the last day of your employment. Expenses for services you have after your termination date are not eligible for reimbursement.

**Please Note:** You may be entitled to elect COBRA under the health FSA and receive reimbursement for qualified expenses incurred after your termination, but only if you continue to make the required FSA COBRA premium payment using your money after taxes have been taken out. However, you generally do not have the right to elect COBRA continuation coverage if the cost of COBRA continuation coverage for the remainder of the plan year equals or is more than the amount left in your FSA. There is not option to continue the dependent care FSA under COBRA.

## **ADDITIONAL CONTINUATION PRIVILEGES**

### **LEAVE OF ABSENCE**

During an approved leave of absence, you may continue your health, dental, life, and vision care plan insurance by direct payment of the required premium to the Research Foundation. If you wish to continue your coverage, you must contact us immediately so there will be no break in your coverage.

If you are reemployed by the Research Foundation within 1 year, contact our office concerning benefit waiting periods. We will be glad to assist you with any questions you may have on your benefit status at that time.

Attachment: COBRA Notice (Regular Employees)