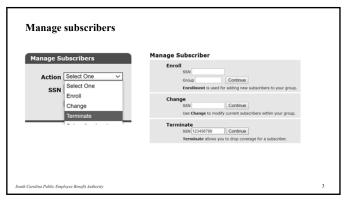


1

Important information

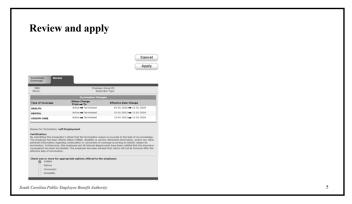
- This overview is not meant to serve as a comprehensive description of the insurance benefits offered by PEBA.
- More information can be found in the following:
- Benefits Administrator Manual; and
 Insurance Benefits Guide.
- The plan of benefits documents, certificates of coverage and benefits contracts contain complete descriptions of the insurance benefits offered by or through PEBA. Their terms and conditions govern all these benefits.

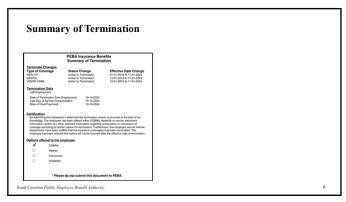
2



3

Termination	n deta	ails					
Terminate Coverage				Reason for Termination: nation from Employment:	Choose One Choose One Death		
SSN: Name:		mployer Group ID: Subscriber Type:		of Earned Compensation:			
Please ch	sech the covere	ge options to terminate			Retired Disability Retired		
Coverage	Status	Description	Effective Date		Transfer		
Health/State Life/LTD	Active	SAVINGS PLAN - Enrollee	01-01-2016		Reduction in Hours	1	
Tobacco	Terminate	d	01-01-2016				
Cental	Active	Enrollee	12-01-2012				
Dental Plus	Terminate	d	01-01-2006				
Vision	Active	Enrollee	12-01-2012				
Dependent Life Child	Terminate	d	12-01-2012				
Dependent Life Spouse	Terminate	d Age Grp: . Cov. Level:	12-01-2012				
Reason for Terminati Date of Termination from Employme Last Day of Earned Compensati Date of Final Psyche	ent: -	(mm-dd-yyyy) - (mm-dd-yyyy) - (mm-dd-yyyy)					
			Next				
Note: The "Reduction in Hours" reas	on is for those v	who are voluntarily dropping ben	efits while in a Stabilit	y Period.			
	enefit Author						





Terminating coverage

- Send COBRA notification, available at peba.sc.gov/forms.
- Service and disability retirement.

 - ervice and disability retirement.

 Provide employee with <u>Retiree Packet</u> and life event checklist.

 MetLife will mail continuation and/or conversion forms directly to retiree, if applicable.
- Terminations.
 - · MetLife will mail a conversion form directly to
 - employee.

 Request Long Term Disability conversion material from The Standard, if applicable.
- - Provide survivor with enrollment forms and life event checklist.
 - PEBA will mail condolence letter and life insurance claim form.

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Terminating coverage

- If you do not submit the termination in EBS, submit the Active Termination Form to PEBA.
 Resigned, terminated from employment or not eligible (TS).
 Service retirement (T7).
 Disability retirement (T2).
 Death (T1).
- Delays in processing will occur for paper form submissions.

- Review the monthly Terminated Subscriber Listing (HIS512) enrollment report in EBS.
- If a termination is received more than 31 days from the date of loss of eligibility, PEBA will cancel coverage the first of the month after the date of receipt.

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Disclaimer

This presentation does not constitute a comprehensive or binding representation of the employee benefit programs PEBA administers. The terms and conditions of the employee benefit programs PEBA administers are set out in the applicable statutes and plan documents and are subject to change. Benefits administrators and others chosen by your employer to assist you with your participation in these employee benefit programs are not agents or employees of PEBA and are not authorized to bind PEBA or make representations on behalf of PEBA. Please contact PEBA for the most current information. The language used in this presentation does not create any contractual rights or entitlements for any person.

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