

ARKANSAS STATE EMPLOYEE NEW HIRE BENEFIT INFORMATION



2021

Arkansas State Employees New Hire Benefit Guide

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STATE OF ARKANSAS
ASA HUTCHINSON
GOVERNOR

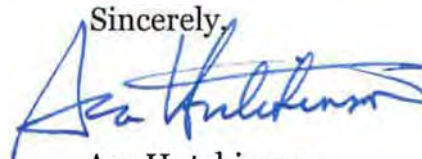


Dear New Arkansas State Employee:

Welcome to employment with the State of Arkansas! I am delighted you are joining the hard-working men and women that keep our great state operating every day. Each and every role is critical in running our state in a successful and efficient manner. The Employee Benefits Division of the Department of Transformation and Shared Services oversees the selection and administration of state employee benefits. They have worked to put together a very comprehensive benefit package for employees.

The enclosed information is designed to serve as an introduction to employment with the state and provide resources that will help you make a smooth transition into your new role. Many benefits are time sensitive when starting employment, so please contact your local Health Insurance Representative or the Employee Benefits Division with questions you might have.

Good luck, and we're glad you're here!

Sincerely,

Asa Hutchinson



Benefits are a valuable part of any compensation package. State employees are offered a wide variety of benefits. These benefits are available through payroll deduction and are available on a pre-tax basis when appropriate.

This benefit book is to outline the benefits that are subsidized by the state as well as the voluntary benefits that are wholly employee paid.

Eligibility – You are eligible to participate in the benefits program if you receive a regular paycheck, meaning you are not a seasonal or contract employee and working 1,000 or more hours each year. An extra help employee whose agency has agreed to pay the State match for their coverage and is willing to be responsible for all costs for participating in the Plan.

Dependents Eligible for Coverage – In most cases, eligible dependents include:

- Your legal spouse. Spouses eligible for coverage through his or her employer are not eligible for coverage.
- Your dependent child(ren) who are under age 26
- Dependent child(ren) are defined as your or your spouse's natural or legally adopted child(ren)
- To verify eligibility of newly added dependents, you may be requested to provide supporting documentation (i.e. birth certificates, marriage certificate).

When your dependents no longer meet eligibility requirements, their coverage ends the last day of the month they become ineligible. You may be responsible for any cost for services received while your dependent was incorrectly listed as eligible.

Coverage Effective Date – Coverage is effective the first day of the month following the date of application and following your qualifying event. Note: The qualifying event is not the date of eligibility.

Qualifying Events – For qualifying events, active members have 60 days from the date of the qualifying event to enroll/drop a spouse and/or dependent to the plan. Please note, retirees have only 30 days. List of approved qualifying events:

- Marriage, divorce, legal separation
- Birth or adoption of a child
- Death of a spouse or child
- You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status
- Loss of eligibility for group health coverage or health insurance coverage

Pre-tax Premiums – Most products available to the state employees are available on a pre-tax basis. Pre-tax premiums increase your take-home pay because your insurance premiums will be deducted from your salary before taxes are calculated. For products such as health, dental, and vision insurance, you will automatically be in a pre-tax status unless you stipulate otherwise.



Below is a snapshot of benefits covered by the ARBenefits plan for each of our 2021 Arkansas State Employee (ASE) plan levels. A full schedule of benefits for each plan level is available at www.ARBenefits.org.

Questions? Contact EBD Member Services at 1-877-815-1017 x1, or e-mail AskEBD@dfa.arkansas.gov.

 Health Advantage <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small>	PREMIUM		CLASSIC		BASIC
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Individual Deductible	\$500	\$2,000	\$2,500	\$4,000	\$6,450
Family Deductible	\$1,000	\$4,000	\$2,800/\$5,000	\$8,000	\$12,900
Individual Medical Out-Of Pocket Max	\$3,000	N/A	\$6,450	N/A	\$6,450
Family Medical Out-Of Pocket Max	\$6,000	N/A	\$12,900	N/A	\$12,900
	You Pay		You Pay		You Pay
Covered Services	In Network	Out of Network	In Network	Out of Network	In-Network
Physician's Office Visit	\$25 copay	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Specialist's Office Visit	\$50 copay	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Other Physician Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Advanced Imaging (Radiology)	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Emergency Room Visit & Observation	\$250 copay	0%	20% after deductible	40% after deductible	0% after deductible
In-patient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Diagnostic Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Urgent Care Center	\$100 copay	0%	20% after deductible	40% after deductible	0% after deductible
Physical Exams/Preventative Care	0%	40% after deductible	0%	40% after deductible	0%
Immunizations	0%	0%	0%	0%	0%
Well Baby/ Child Care visits	0%	40% after deductible	0%	40% after deductible	0%
Vision Screening	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Hearing Screening	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Insulin Pump	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
Glucometers	20% after deductible	40% after deductible	20% after deductible	40% after deductible	0% after deductible
<ul style="list-style-type: none"> Members must meet their plan's deductible amount before coinsurance begins for covered services. The family deductible is the deductible amount for any tier above Employee Only coverage (Employee + Spouse, Employee + Children, Family). Copays do not count towards the satisfaction of your deductible amount. The out-of-pocket maximum includes the deductible, copays and coinsurance amounts you have paid towards covered in-network services. Employees on the Premium plan can have the \$250 ER copay waived if they are referred to the ER by the 24/7 Nurse Hotline (1-866-458-0408). The 24/7 Nurse Hotline is not intended for use during a medical emergency. The plan will pay 100 percent for individuals on family coverage when they reach the individual out-of-pocket maximum amount. No out-of-network coverage for Basic Coverage. 					

Prescription Drugs	PREMIUM	CLASSIC	BASIC
Tier 1 - Generic	\$15 copay	20% after deductible	0% after deductible
Tier 2 - Preferred	\$40 copay	20% after deductible	0% after deductible
Tier 3 - Non-Preferred	\$80 copay	20% after deductible	0% after deductible
Tier 4 - Specialty	\$100 copay	20% after deductible	0% after deductible
Reference Priced Drugs	Plan pays certain amount per unit; the member is responsible for the remaining cost.	Not covered	Not covered
Individual RX Out of Pocket Max	\$3,100	N/A	N/A
Family RX Out of Pocket Max	\$6,200	N/A	N/A
* Employees on the Classic or Basic plans must meet their plan medical deductible amounts prior to starting 20% coinsurance for covered drugs.			

2021 OPEN ENROLLMENT - OCTOBER 1- 31, 2020

Open enrollment for the 2021 plan year is October 1-31, 2020 for Arkansas State Employees (ASE). Open enrollment changes must be submitted to EBD no later than October 31. Changes elected during open enrollment are effective 1/1/2021.

If you do not want to make any changes to your ARBenefits health plan, you do not have to submit any forms to EBD. Your current coverage will stay as is for 2021.

Employees who would like to make changes, can elect to change the following during open enrollment:

- Enroll in the plan
- Change plan level (Premium, Classic or Basic)
- Cancel coverage
- Enroll a spouse and/or dependents
- Drop a spouse and/or dependents from your plan

You can submit forms & documents to EBD by fax or mail, however, the quickest way to elect changes for open enrollment is online through the ARBenefits Member Portal at my.ARBenefits.org.

The ARBenefitsWell program is a wellness program that allows for a monthly discount when certain wellness criteria are met during the plan year. More information can be found online at <https://www.transform.ar.gov/employee-benefits/wellness/employee-wellness-program-guidelines/>.



2021 ASE ACTIVE EMPLOYEE MONTHLY RATES

2021 Plan Year Rates	PREMIUM		CLASSIC		BASIC	
	With Wellness	Without Wellness	With Wellness	Without Wellness	With Wellness	Without Wellness
Employee Only	\$143.99	\$193.99	\$77.79	\$127.79	\$0.00	\$50.00
Employee + Spouse	\$455.48	\$505.48	\$300.98	\$350.98	\$175.44	\$225.44
Employee + Children	\$263.52	\$313.52	\$149.30	\$199.30	\$56.98	\$106.98
Family	\$575.01	\$625.01	\$372.49	\$422.49	\$207.43	\$257.43

2021 ASE RETIREE MONTHLY RATES

2021 Plan Year Rates	PREMIUM	CLASSIC	BASIC
	Monthly Retiree Cost	Monthly Retiree Cost	Monthly Retiree Cost
Retiree Only	\$293.71	\$227.51	\$174.72
Retiree + Non-Medicare Spouse	\$751.78	\$597.26	\$471.74
Retiree + Children	\$542.75	\$428.53	\$336.19
Retiree + Non-Medicare Spouse + Children	\$1,000.80	\$798.27	\$633.21
Retiree + Medicare Primary Spouse	\$567.55	N/A	N/A
Retiree + Medicare Primary Spouse + Children	\$816.59	N/A	N/A



This form is to be used for Open Enrollment and New Enrollees ONLY. Please use the Change Form for Qualifying Events.

ACTIVE STATE & PUBLIC SCHOOL ENROLLMENT ELECTION FORM

Part 1: Employee Information							
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number		
Agency/School District Name (Required):		Group#	Home/Cell Phone Number		Work Phone Number		
Home Address			City		State	Zip Code	
Part 2: Coverage							
Reason for Enrollment <input type="checkbox"/> Open Enrollment <input type="checkbox"/> New Hire Period <input type="checkbox"/> Qualifying Event	Type of Action <input type="checkbox"/> Enroll in the Plan <input type="checkbox"/> Decline Coverage <input type="checkbox"/> Add/Drop Dependent		Select a Benefit Option <input type="checkbox"/> Premium <input type="checkbox"/> Classic <input type="checkbox"/> Basic Select a Coverage Level <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Child(ren) <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Family				
<input type="checkbox"/> Please only check this box if you wish to have your premiums withheld on a post-tax basis.							
Part 3: Add Dependents							
Check the appropriate column to ADD eligible dependents not currently covered and/or DROP currently covered dependents. Proof of a dependent's eligibility must be submitted with this application for all dependents. To complete the RELATIONSHIP column, use the number that describes your dependent(s). Spouse - 1, Child - 2, Permanent Legal Guardianship - 3							
Add	Drop	Name (First, MI, Last)	Date of Birth	Social Security Number	Male	Female	Relationship
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
Part 4: Subscriber Certification							
I authorize deductions of the required contributions (if applicable). I understand that my elections can only be changed during the next open enrollment period or if I have a qualifying status change event as defined in the ARBenefits Summary Plan Description. I understand I must request such changes within 60 days of the qualifying event. On behalf of myself and anyone enrolled on or added to this form, I authorize any health care professional or entity to give the health plan/insurer or any of their designees, any and all records or information pertaining to medical history or services rendered to the health plan/insurer, for any administrative purpose, including evaluation of an application or a claim. I also authorize on behalf of health plan/insurer the use of a Social Security Number for the purpose of identification. A photocopy of this authorization will be as valid as the original. Please note that falsifying documents, misrepresenting dependent status or using other fraudulent actions to gain coverage may be criminal acts and can lead to permanent termination of coverage. I understand by signing the election form, it means I have read and agree with the attached instruction page and understand the options I chose on the election form.							
Employee Signature			Date	Email Address:			

SUBMISSION TO EBD IS FINAL

ARBenefits • Department of Transformation and Shared Services • Employee Benefits Division
Post Office Box 15610 • Little Rock, AR 72231-5610 • Fax: 501.683.0983

ALL PORTIONS OF THE ELECTION FORM MUST BE COMPLETED OR IT WILL BE SENT BACK FOR COMPLETION PRIOR TO PROCESSING.

Social Security Numbers are required for enrollment. If you do not provide a Social Security Number for yourself or your dependents, health insurance coverage cannot be provided. Exception: A newborn's Social Security number will be accepted after enrollment but must be sent in once it is received.

You must drop all of your ineligible dependents. When your dependents no longer meet eligibility requirements, their coverage ends the last day of the month they became ineligible. You may be responsible for any cost for services received while your dependent was incorrectly listed as eligible.

If you experience a qualifying event that allows you to cancel your health insurance, you can only enroll again during the next annual open enrollment period or if you have a qualifying status change event. Qualifying status change events include marriage, birth and loss of group coverage.

You should receive plan information and ID cards in a timely manner from ARBenefits. If you do not, call ARBenefits at 1-877-815-1017 (When you hear the recording, Just Press One).

Your elections will remain in effect for the remainder of the calendar year unless you experience a qualifying status change event, as defined by the ARBenefits Summary Plan Description.

Your effective date of coverage will be the first of the month following date of application and following your qualifying event. Note: The qualifying event is not the date of eligibility.

Pre-tax premiums increase your take-home pay because your insurance premiums will be deducted from your salary before taxes are calculated. You will automatically be in a pre-tax status unless you otherwise notify your payroll clerk.

Members who turn age 65 or become eligible for Medicare must send in a copy of their Medicare card to ARBenefits.

Supporting documentation is required for proof of dependent eligibility. For changes being made due to a qualifying event, documented proof a qualifying event has occurred is also required such as a Certificate of Credible Coverage (COCC). More information available in the ARBenefits Summary Plan Description.

Adding a spouse:

- * Copy of marriage license
- * Completed ARBenefits Spousal Affidavit available at www.transform.ar.gov/employee-benefits

Adding a dependent child:

- * Newborns - Birth certificate or hospital birth announcement that includes child's parents and date of birth (up to 6 months of age)
- * Child - Copy of child's birth certificate
- * Step-child - Copy of marriage license to the step-child's parent and a copy of the child's birth certificate
- * Legal Guardianship - Court-approved guardianship papers (with signature & seal)

Completed election forms can be submitted to EBD by fax, mail, or online through the ARBenefits Member Portal at www.transform.ar.gov/employee-benefits/arbenefts.

For assistance, contact ARBenefits at 1-877-815-1017 Monday through Friday, from 8:00 a.m. to 4:30 p.m. CST. Learn more about plans, costs and provider at www.transform.ar.gov/employee-benefits



Return this form to the Department of Transformation and Shared Services: Employee Benefit Division

Mail to: P.O Box 15610, Little Rock, AR 72231

Fax: 501-683-0983

Upload on your ARBenefits Portal at: www.transform.ar.gov/employee-benefits/arbenefts

Affidavit of Spousal Health Care Coverage

This Affidavit must be completed for consideration to cover a spouse.

Employee Name:		Employee SSN:	
Spouse Name:		Spouse SSN:	

To be completed by employee electing to enroll a spouse in coverage.

Pursuant to Arkansas Code §21-5-407(4), any spouse who is offered coverage for Medical Benefits under any other employer-sponsored health plan is NOT eligible to be covered under the Plan.

1. Is your spouse currently employed?

☐ **Yes** (If yes, please proceed to question #2)

☐ **No** (If no, sign and return this form along with your election form and a copy of your Marriage License.)

2. Is your spouse currently employed by an Arkansas state agency or public school district?

☐ **Yes** (If yes, sign and return this form along with your election form and a copy of your Marriage License.)

☐ **No** (If no, proceed to question #3)

3. Does your spouse's employer offer health insurance coverage?

☐ **Yes** ☐ **No**

4. Is your spouse covered by his/her employer sponsored health plan?

** If No, please submit information from your spouse's employer as to why your spouse is not covered.*

☐ **Yes** ☐ **No**

5. Does your spouse's employer sponsored coverage meet the Affordable Care Act (ACA) minimum guidelines?

** If No, please provide information from your spouse's employer stating that coverage does not meet ACA guidelines.*

☐ **Yes** ☐ **No**

For any questions or concerns, contact EBD Member Services at 1-877-815-1017x1

By signing this affidavit, I certify that the information provided above is accurate. I understand that any misrepresentation in the information I provided above will permit the Plan to terminate my coverage. If applicable, I authorize the release of the information noted above, and agree to its use in the application process for ARBenefits plan coverage.

Employee Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

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ARKANSAS STATE EMPLOYEES
BENEFIT ADVISORS

For more information please contact: Arkansas State Employees Benefit Advisors
Phone: (501)224-5234 or (888)224-5233 E-mail: service@arseba.com
Website: www.arseba.com

For provider search please visit www.deltadentalar.com



State of Arkansas		Base Plan		Premium Plan		Plan Differences
		In Network	Out of Network	In Network	Out of Network	
Calendar Year Maximum (Preventative, Basic and Major Expenses)		Delta Dental PPO (4 out of 10 dentist in Arkansas)		Delta Dental PPO Plus Premier (9 out of 10 dentist in Arkansas)		Network Access
		\$1,000		\$2,000		Annual Maximum
Calendar Year Deductible Per Individual Per Family						
Preventative and Diagnostic Services		100%	80%	100%	80%	
		No Deductible	No Deductible	No Deductible	No Deductible	
Oral exams and Cleanings		1 Per Year	1 Per Year	2 Per Year	2 Per Year	1 Exam &Cleaning versus 2
		Bitewings- as required, Full mouth - 1 in 60 consecutive months	Bitewings- as required, Full mouth - 1 in 60 consecutive months	Bitewings- as required, Full mouth - 1 in 60 consecutive months	Bitewings- as required, Full mouth - 1 in 60 consecutive months	
X-Rays(Bitewing, Panoramic, Full Mouth)		1 per year for dep children to age (19)	1 per year for dep children to age (19)	1 per year for dep children to age (19)	1 per year for dep children to age (19)	
Fluoride Application		dep children to age (16)	dep children to age (16)	dep children to age (16)	dep children to age (16)	
Sealants		dep children to age (16)	dep children to age (16)	dep children to age (16)	dep children to age (16)	
Basic and Major Services- Deductible applies						
Space Maintainers		80%	60%	80%	60%	Fillings at 60% versus 80%
Minor emergency treatment		80%	60%	80%	60%	
Simple Extractions		80%	60%	80%	60%	
Fillings		60%	50%	80%	60%	
Crowns		60%	50%	60%	50%	Oral Surgery coverage Non-Surgical Periodontal Periodontal Maintenance Endodontics coverage
Prostodontics(Dentures and Bridges)		60%	50%	60%	50%	
Surgical Periodontics		60%	50%	60%	50%	
Oral Surgery		Not covered	Not covered	60%	50%	
Non-Surgical Periodontics		Not covered	Not covered	60%	50%	
Periodontal Maintenance		Not covered	Not covered	60%	50%	
Endodontics(Root Canal)		Not covered	Not covered	60%	50%	
Riders						
Child Orthodontia (through age eighteen (18))		Not covered	Not covered	60%	50%	Orthodontia coverage
Lifetime Orthodontia Maximum		Not covered	Not covered	\$1,000		
Carryover Benefit 2018*		Carryover Benefit: \$250 Claims Threshold: \$499 Carryover Benefit Maximum: \$1,000		Carryover Benefit: \$500 Claims Threshold: \$999 Carryover Benefit Maximum: \$2,000		Carryover Benefit
Other Items Waiting Periods		6 Month on Major services		6 Month on Major & Orthodontic Services		
Monthly Rates Guaranteed for 1 Year from 1/1/2021-12/31/2021		Employee \$ Employee + Spouse \$ Employee + Children \$ Family \$	20.60 41.06 40.12 66.48	\$ \$ \$ \$	30.72 61.22 59.78 99.08	Monthly Rate Difference \$ 10.12 \$ 20.16 \$ 19.66 \$ 32.60

Carryover Benefits

Delta Dental's Carryover Benefit allows you to carryover a portion of your unused benefits each year giving you the opportunity to grow your coverage. If you need a procedure that costs more than your annual maximum, you can pay the difference with carryover benefits.

For BASE plan members:

You will qualify to carryover \$250 or 25% of your annual maximum each year if you meet the following requirements:

- You must submit at least one claim for covered services during the calendar year.
- Your paid claims must be less than half (\$499) of your annual maximum (\$1,000) for the Accumulation Year.

The amount accumulated under the Carryover Benefit cannot exceed the amount of the member's annual maximum (\$1,000).

For PREMIUM plan members:

You will qualify to carryover \$500 or 25% of your annual maximum each year if you meet the following requirements:

- You must submit at least one claim for covered services during the calendar year.
- Your paid claims must be less than half (\$999) of your annual maximum (\$2,000) for the Accumulation Year.

The amount accumulated under the Carryover Benefit cannot exceed the amount of the member's annual maximum (\$2,000).

Fax form to ARSEBA
(501) 663-1445

Arkansas State Employees Benefit Advisors
1301 West 7th Street, Little Rock, AR 72201
Questions? Call (501) 224-5234 or (888) 224-5233



ARKANSAS STATE EMPLOYEES
BENEFIT ADVISORS

AGENCY NAME: _____

For internal use only:

Delta Dental Group Number: _____

Effective Date: (MM) (DD) (YY)

LAST NAME: _____ FIRST: _____ MI: _____

SSN: _____ PERSONNEL NUMBER: (employee ID) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () EMAIL: _____

DATE OF HIRE: (MM) (DD) (YY) GENDER: ☐ MALE ☐ FEMALE

DATE OF BIRTH: (MM) (DD) (YY) MARITAL STATUS: ☐ SINGLE ☐ MARRIED

1. COVERAGE CHANGES

*Please check the box(es) next to the reason for your change

Type of coverage selected & plan option (choose one)

Base Dental

- ☐ Employee \$20.60
☐ Employee/Spouse \$41.06
☐ Employee/Child(ren) \$40.12
☐ Employee/Family \$66.48

Premium Dental

- ☐ Employee \$30.72
☐ Employee/Spouse \$61.22
☐ Employee/Child(ren) \$59.78
☐ Employee/Family \$99.08

Monthly Rates effective January 1, 2021 – December 31, 2021

☐ Open enrollment

☐ New Hire

☐ Agency Change

☐ Term Coverage

☐ Status Change

☐ Address Change

Reason(s) for Status Change:

- ☐ Marriage*
☐ Divorce*
☐ Birth or adoption of child*
☐ Loss of spouse's coverage*
☐ No longer dependent child*
☐ Death of dependent*
☐ Name Change
☐ Other

*Date of event above: _____

2. LIST ALL MEMBERS TO BE ENROLLED OR AFFECTED BY CHANGE

Add	Remove	Last Name	First Name	MI	Spouse or Dependent	Gender M/F	Birthdate (MM/DD/YY)
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

3. AUTHORIZATION

I authorize dentists, dental office personnel, and other health care professionals and entities to disclose to Delta Dental of Arkansas, its agents and employees (including, without limitation, its claims and customer service personnel) all information necessary to determine (1) eligibility for coverage and (2) covered benefits. This authorization is made for each individual to be enrolled or affected by this change. The authorization is valid for 30 months from the date this form is signed for the purpose of collecting information in connection with enrollment, coverage reinstatement, or requests to change benefits. The authorization is valid for the term of coverage for the purpose of collecting information in connection with claims for benefits. The applicant or the applicant's authorized representative is entitled to receive a copy of the authorization form.

4 CERTIFICATION

I certify that the information supplied by me on this form is accurate to the best of my knowledge. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

☐ I authorize payroll deductions.

Signature: _____

Date: _____

DAR-ENR-12

Note: For new hires, the effective date will be first of the month following the signature date provided on this form.

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Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames³	\$135 allowance 20% off balance over \$135	\$65 allowance
Standard plastic lenses⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options⁴ • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	\$150 allowance, 15% off balance over \$150 \$150 allowance \$0	\$104 allowance \$104 allowance \$200 allowance

Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency <ul style="list-style-type: none"> Examination Lenses or contact lenses Frame 	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
Diabetic Eye Care: care and testing for diabetic members <ul style="list-style-type: none"> Examination <ul style="list-style-type: none"> Up to (2) services per year Retinal Imaging <ul style="list-style-type: none"> Up to (2) services per year Extended Ophthalmoscopy <ul style="list-style-type: none"> Up to (2) services per year Gonioscopy <ul style="list-style-type: none"> Up to (2) services per year Scanning Laser <ul style="list-style-type: none"> Up to (2) services per year 	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

Optional benefits

- Polycarbonate Lenses for Children <19 Provides for standard polycarbonate lens with \$0 copay. Not available in AK, CT, ID, & OH.

- ¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
- ² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
- ³ Discounts available on all frames except when prohibited by the manufacturer.
- ⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
- ⁵ Plan covers contact lenses or frames, but not both.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Please note that limitations and exclusions can be found in your policy or by contacting ARSEBA.

Provider Search Tool: [Humana Vision Insight Network Provider Search](#)



Current Agency Name: _____				Employee Number:	Group Number:
If this is an agency change, previous Agency Name: _____					
Social Security No.	Last Name	First	MI	Date of Birth / /	
Home Address				Date of Hire / /	
City			State	Zip Code	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Home Phone ()		Business Phone ()		Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/>	

List all members to be enrolled or affected by change

Add	Remove	Last Name	First Name	MI	Spouse or Dependent	Gender M/F	Date of Birth (MM/DD/YYYY)
<input type="checkbox"/>	<input type="checkbox"/>						/ /
<input type="checkbox"/>	<input type="checkbox"/>						/ /
<input type="checkbox"/>	<input type="checkbox"/>						/ /
<input type="checkbox"/>	<input type="checkbox"/>						/ /
<input type="checkbox"/>	<input type="checkbox"/>						/ /
<input type="checkbox"/>	<input type="checkbox"/>						/ /
<input type="checkbox"/>	<input type="checkbox"/>						/ /

Coverage Changes

*Please check the box(es) next to the reason for your change

Type of Coverage (Select One)	<input type="checkbox"/> Open enrollment	Reason(s) for Status Change:
<input type="checkbox"/> Employee Only \$8.24 (Monthly)	<input type="checkbox"/> New Hire	<input type="checkbox"/> Marriage*
<input type="checkbox"/> Employee Family \$21.42 (Monthly)	<input type="checkbox"/> Agency Change	<input type="checkbox"/> Divorce*
Plan Code: VISION	<input type="checkbox"/> Status Change	<input type="checkbox"/> Birth or Adoption of Child*
Agent Number: 1738312	<input type="checkbox"/> Term Coverage	<input type="checkbox"/> Loss of spouse's coverage*
EFFECTIVE DATE: _____		<input type="checkbox"/> Dependent no long eligible*
		<input type="checkbox"/> Death of Dependent*
		<input type="checkbox"/> Name Change
		<input type="checkbox"/> Address Change
		<input type="checkbox"/> Other _____
		* Date of Event Above: _____

I wish to enroll/change in the plan indicated above as offered through my employer. I understand that this is a minimum one (1) year contract. I hereby authorize my employer to deduct all applicable contribution amounts from my salary or other compensation for the plan year, and for future renewal period(s). I understand that such contribution rate is subject to change on the anniversary date of the plan.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

FAX COMPLETED FORM TO ARSEBA: (501) 663-1445

Signature: _____ Date: _____

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How secure is your family's financial future without you?

If something happened to you, would your family be able to maintain their way of life? How would they cover ongoing living expenses? Colonial Life's group term life insurance can help provide financial security for your family.

There are two convenient options to enroll:

1. Enroll with a telephonic Colonial Life benefits counselor.

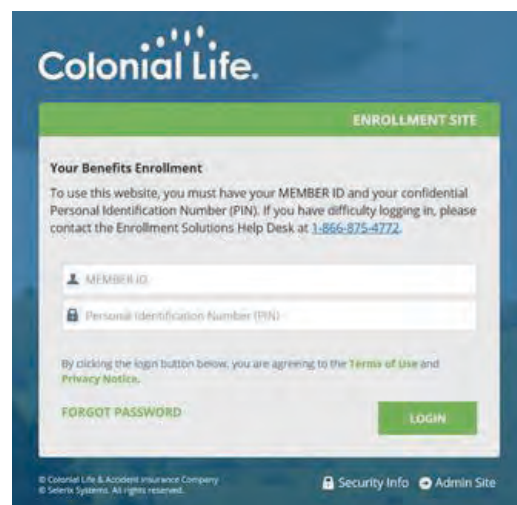
Ask benefits questions and complete your enrollment by calling:
(866) 753-3250 | Monday-Friday | 8 a.m. – 5 p.m. CT
 Benefit confirmation forms can be emailed to you at the conclusion of the enrollment.

2. Self-enroll online.

Access the enrollment site URL: Harmony.benselect.com/SoA
 Use the following login information:

- **Log In: MEMBER ID** (This is also your Health ID number.)
- **Personal Identification Number:** The last four digits of your Social Security number and the last two digits of your birth year (six digits total)

During your online enrollment, you will be prompted to accept or decline each coverage type, premiums will be displayed for your selections and the appropriate health questions will be displayed, when applicable. Benefit confirmation forms can be printed or saved at the conclusion of the enrollment.



Enrollment opportunities:

1. During annual enrollment
2. 60-day new hire eligibility period
3. Within 60 days of a qualifying event, such as marriage, birth or adoption

Employees who are eligible for ARBenefits health insurance are also eligible for Group Term Life with AD&D insurance. Employees should allow a minimum of 7 business days from their new hire date before accessing the enrollment site or the telephonic enrollment. This will allow time for employees' eligibility data to be uploaded into the enrollment platform.

Your basic and optional coverages

Coverage options	Who pays	Benefit amount(s)	
Basic group term life with AD&D insurance	Employer	\$10,000	Your employer is providing this benefit, and you will be automatically enrolled.
Expanded basic group term life with AD&D insurance	Employee	\$1,000 increments up to \$40,000	Health questions are not asked during the 2021 Plan Year Open Enrollment and new hire enrollment.
Supplemental employee group term life with AD&D insurance	Employee	\$1,000 increments up to \$250,000	Health questions are not asked during the 2021 Plan Year Open Enrollment and new hire enrollment for benefit amounts up to \$100,000. Any benefit amount over \$100,000 is subject to evidence of insurability.
*Supplemental spouse group term life with AD&D insurance	Employee	\$1,000 increments up to \$50,000	Health questions are not asked during the 2021 Plan Year Open Enrollment and new hire enrollment for spouse benefit amounts up to \$10,000. Any benefit amount over \$10,000 is subject to evidence of insurability.
*Supplemental dependent child(ren) group term life with AD&D insurance	Employee	\$1,000 increments up to \$50,000	Health questions are not asked during the 2021 Plan Year Open Enrollment and new hire enrollment for spouse and coverage up to \$10,000. Any benefit amount over \$10,000 is subject to evidence of insurability.

* Employee must elect supplemental group term life with AD&D insurance on themselves in order to elect supplemental group term life with AD&D insurance for the spouse or dependent child(ren). Effective 1/1/2020, the spouse and/or child supplemental group term life with AD&D benefit amount must be either equal to or lower than the employee's supplemental group term life with AD&D benefit amount.

2021 Rates (per \$1,000) Monthly cost of coverage

Expanded basic group term life with AD&D insurance

\$0.25 per \$1,000

Supplemental group term life with AD&D insurance

Age	Employee
Under 25	\$0.09
25-29	\$0.09
30-34	\$0.12
35-39	\$0.13
40-44	\$0.20
45-49	\$0.33
50-54	\$0.52
55-59	\$0.76
60-64	\$1.13
65-69	\$2.20
70-74	\$ 3.58
75+	\$ 7.14

Supplemental spouse group term life with AD&D insurance

All eligible ages \$0.68

Supplemental dependent child(ren) group term life with AD&D insurance

All eligible ages \$0.12

A person may only be insured once under this plan. Married employees eligible for ARBenefits life insurance may not be insured both as an employee and as a spouse, and a child may only be insured by one employee.

EXCLUSIONS AND LIMITATIONS

Losses Not Covered Under Your Life Insurance Benefit:

Your life insurance benefit does not cover any losses where death is caused by, contributed to by, or results from suicide occurring within 24 months after a covered person's initial effective date of insurance or after the date any increases or additional insurance becomes effective, whether sane or insane.

This applies to any amounts of insurance for which you pay all or part of the premium.

This applies to any amount subject to evidence of insurability requirements and we approve the evidence of insurability form and the amount you applied for at that time.

You will be given credit for any period of time applied toward the satisfaction of the suicide provision, if any, under your Employer's prior group life insurance plan.

Losses Not Covered Under the AD&D Insurance Benefit:

Your AD&D benefit does not cover any losses that are caused by, contributed to by, or resulting from:

- an attempt to commit or commission of suicide or intentional self-inflicted injury while sane or insane;
- active participation in a riot;
- an attempt to commit or commission of a felony or engaging in an illegal occupation;
- voluntary use of any drugs, poisonous substance, intoxicant or narcotic, except any drugs taken as prescribed by a physician and taken as prescribed. Accidental exposure to any poisonous substance will not be excluded;
- the presence of that percentage of alcohol in the covered person's blood which raises a presumption that the covered person was under the influence of alcohol. The blood-alcohol level which raises this presumption is governed by the laws of the state in which the accident occurred;
- disease of the body, mental infirmity or diagnostic, medical or surgical treatment;
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release; or
- investigational or experimental procedures, surgery, or drugs, including complications arising from having experimental or investigative procedures, surgeries, or drugs.

Termination

Coverage terminates:

- if the group policy ends;
- the date you no longer meet eligibility requirements;
- the end of the grace period if we do not receive the required premium for your insurance; or
- the date the next premium is due after you ask us to end your coverage.

If you are no longer eligible for coverage as an active employee, you may be eligible to port your group term life and AD&D coverage, or you may convert your group term life and AD&D coverage to an individual life insurance policy. Premiums may be higher than those paid by active employees.

Evidence of Insurability means a statement of medical history which we will use to determine if an applicant is approved for coverage. Blood profiles and medical examinations, if applicable, will be provided at our expense. Evidence of Insurability is required for any amount of life insurance over the maximum guaranteed issue amount.

Premium will vary based on plan options and face amount selected.

The effective date of your coverage will be delayed if you are not a member of an eligible class on the coverage effective date. The coverage will be effective on the date that you return to status as a member of an eligible class. If the certificate covers your spouse and/or dependent children, their coverage will be effective on the date that you return to status as a member of an eligible class.

Applicable to policy number GTL1.0-P-AR-SOA and certificate number GTL1.0-C-AR-SOA. This is not an insurance contract and only the actual policy provisions will control.

EMPLOYEE ASSISTANCE PROGRAM - EAP

When life's a little much, reach out and get in touch.

Let's be real: life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. You can lean on your free and confidential Employee Assistance Program (EAP) for support.

We've got your back.

A free benefit from your workplace, the EAP can help you or anyone in your household:

- Be more present and productive at work
- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Grow personal and career skills
- Be a caring, loving friend or family member
- Receive care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve and inspire daily life

We're here for you, always.

Life happens, regardless of the day or time. That's why we make ourselves available 24/7, even on holidays. So whenever you need to reach out, we're here for you.



Support Line
Call anytime
877-300-9103



Mobile app
Search for New
Directions EAP



Web
Visit ndbh.com
for resources

SERVICES

- ☑ **Counseling**
 - In-person
 - Telephone
 - Text messaging
 - In-the-moment
 - Video
- ☑ **Consultation on**
 - Finances
 - Legal needs
 - Managing employees
 - Life
- ☑ **Crisis support**
- ☑ **Coaching**
- ☑ **Adult and child care resources**
- ☑ **Personal and professional training**
- ☑ **Digital behavioral health tools**

ndbh.com
877-300-9103

Services are free and your employer will not know you reached out.

FSA/HSA



Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA) are a benefit available to state of Arkansas employees as a way to set aside pre-tax money for medical expenses not covered by insurance.

Three types of FSAs are available: Health Care, Limited-Purpose and Dependent Care.

Healthcare FSAs provide tax savings on your out-of-pocket health expenses. A Limited Purpose FSA allows you to pay for dental and vision expenses until your deductible.

While employees cannot contribute to a Health Care FSA and an HSA at the same time, employees with an HSA can establish a Limited-Purpose FSA. Limited-Purpose FSAs can be used for dental and vision expenses only.

Employees can use their account funds on expenses such as: dental work, eye glasses and contact lenses, prescription drugs, and physical therapy just to name a few.

A Dependent Care FSA is a pre-tax benefit that allows you to pay for eligible dependent care services such as preschool, before/after school programs, child and elder day care. Once your account is funded, you can use the balance to be reimbursed for eligible expenses.

If you have questions regarding FSA/HSA, you can contact EBD Member Services at 1-877-815-1017 x1 and by e-mail at AskEBD@dfa.arkansas.gov.

	Health Savings Account (HSA)	Flexible Spending Account (FSA)
Eligibility	Must be enrolled in an ARBenefits High-Deductible Health Plan (Classic or Basic).	No eligibility requirements. You can have an FSA on any plan level, and even if you do not have ARBenefits coverage.
Annual contribution limits	2021 Limits: Individual: \$3,600 Family: \$7,200 <i>Persons aged 55 and older may contribute an additional \$1,000 annually above those limits.</i>	2021 Limits: Health and Limited: \$2,750 Dependent Care: \$5,000
Changing contribution amount	Employees can adjust their contribution amount anytime during the year.	Contributions can only be adjusted at open enrollment, or with a qualifying change in employment or family status.
Re-Enrollment	Employees do not have to re-enroll their HSA every year.	Employees must submit an election form every year during open enrollment to establish their FSA.
Rollover of funds	Unused funds roll over year-to-year.	Employees can rollover up to \$550 year-to-year. Any amount unused over \$550 will be forfeited after the annual run-out period.
When can I use funds?	You must have the funds in your account in order to use them.	The amount you elect to contribute is available for you to use at the start of the year with the exception of Dependent Care FSA.
Connection to employer	You can take your HSA with you as you change employers. You own your account.	You will lose your FSA funds when you term employment with the State.
State contribution	The State of Arkansas contributes \$25 for individuals and \$50 for families per month with an HSA. The state contribution counts towards your annual maximum contribution limit.	No state contribution

State of Arkansas FSA Election Form

Follow these easy steps:

1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Human Resources Department

For Employer Use	
Date of Hire (MM/DD/YYYY)	
Benefits Effective Date (MM/DD/YYYY)	
Department Information	
Department Name	
Department Number	

Personal Information			
Employee Name (last name, first name)		Social Security Number	
Street Address (cannot be PO Box)		City, State, Zip Code	
Mailing Address (if different)		City, State, Zip Code	
Day Time Phone Number		Email Address	
Date of Birth (MM/DD/YYYY)		Enrollment Status	<input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			

Health Flexible Spending Account (FSA)	Dependent Care Assistance Plan (DCAP)
<input type="checkbox"/> Select FSA <input type="checkbox"/> Decline FSA	<input type="checkbox"/> Select DCAP <input type="checkbox"/> Decline DCAP
I. Annual Contribution (Not to exceed IRS limits*)	I. Annual Contribution (Maximum Contribution: \$5,000)
II. Number of regular pay periods	II. Number of regular pay periods
III. Contribution per pay period (I divided by II)	III. Contribution per pay period (I divided by II)
IV. Type of Health Care FSA	
<input type="checkbox"/> General Purpose - covers medical, prescription, OTC, dental and vision expenses. Not compatible with a Health Savings Account (HSA).	
<input type="checkbox"/> Limited Purpose - covers dental and vision expenses only. Compatible with a Health Savings Account (HSA).	

Authorization and Certification
<p>I understand that:</p> <ul style="list-style-type: none"> • I am authorizing my employer to reduce my compensation by the amount specified. This election will expire at the end of the plan year, and I must make a new election each year. • I am not permitted to change my elections during the plan year unless the change is due to and in accordance with certain recognized IRS regulations for change in status events. • I must report any administrative errors to my payroll administrator or human resources department within 10 days of my first payroll deduction of the plan year. • Funds left in my Dependent Care Account at the close of the plan year will be forfeited. Funds left in my Health Flexible Spending Account may be forfeited, per plan rules. See plan documents for more details. <p>I will receive a ConnectYourCare Payment Card to access funds in my account. I certify that:</p> <ul style="list-style-type: none"> • The card will only be used for eligible medical and/ or dependent care expenses. • Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits.
<div> <div>Employee Signature</div> <div>Date</div> </div>

*Health FSA contributions are limited by the IRS. The limit is per person; a married couple may each contribute up to the specified limit. For 2021, the limit is \$2,750.

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State of Arkansas HSA Election Form

Follow these easy steps:

1. Complete all entries on this Enrollment Form. Please print.
2. Sign and date this form.
3. Submit it to your Human Resources Department

For Employer Use	
Date of Hire (MM/DD/YYYY)	<input type="text"/>
Benefits Effective Date (MM/DD/YYYY)	<input type="text"/>
Department Information	
Department Name	<input type="text"/>
Department Number	<input type="text"/>

Personal Information			
Employee Name (last name, first name)	<input type="text"/>	Social Security Number	<input type="text"/>
Street Address (cannot be PO Box)	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Mailing Address (if different)	<input type="text"/>	City, State, Zip Code	<input type="text"/>
Day Time Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Date of Birth (MM/DD/YYYY)	<input type="text"/>	Enrollment Status	New enrollment <input type="checkbox"/> Re-enrollment <input type="checkbox"/>
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		

Health Savings Account Qualification
<p>Your Health Savings Account is your financial asset even if you change employers or health plans. To open a Health Savings Account through the State of Arkansas benefits program, you must meet three criteria:</p> <ol style="list-style-type: none"> 1) You must be enrolled in the AR Classic Plan or AR Basic 2) You cannot be covered by another health plan, including Medicare or Flexible Spending Account. (You may be covered by a Limited Use Flexible Spending Account or Limited Use Health Reimbursement Arrangement.) 3) You cannot be claimed as a dependent on another individual's tax return.

Health Savings Account (HSA)
<input type="checkbox"/> Select HSA <input type="checkbox"/> Decline HSA Annual Employer Contribution <input type="text"/>
I. Annual Employee Contribution (Not to Exceed Contribution Maximums*) <input type="text"/>
II. Number of regular pay periods <input type="text"/>
III. Contribution per pay period (I divided by II) <input type="text"/>

Authorization and Certification
<p>I accept the terms of the ConnectYourCare HSA enrollment form. I understand that:</p> <ul style="list-style-type: none"> • I am authorizing my employer to reduce my compensation by the amount specified. I understand the HSA election I have made will remain in place from year-to-year until I notify my employer of a change to my HSA election. • I must report any administrative errors to my payroll administrator or HR department within 10 days of my first payroll deduction of the plan year. <p>I will receive a ConnectYourCare Payment Card to access funds in my account. I certify that:</p> <ul style="list-style-type: none"> • The card will only be used for eligible medical expenses. • Claims I pay with the card have not been reimbursed and I will not seek reimbursement from any other plan covering health or dependent care benefits.
<div style="display: flex; justify-content: space-between;"> <div>Employee Signature <input type="text"/></div> <div>Date <input type="text"/></div> </div>

*The total combined amount of both employer and employee contributions cannot exceed IRS maximum contribution limits. For 2021, the limits are \$3,600 for self-only coverage, and \$7,200 for family coverage. There is an additional \$1,000 'catch-up' contribution amount available to those age 55 and older.

IRS regulations are indexed annually for inflation. If you want to contribute the total annual amount for a tax year in which you were only HSA eligible for a portion of that year, you must remain HSA eligible through the end of the next tax year or face tax penalties.

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Let's talk about the future

Have you thought about how to begin building the income you'll need for the future?

While your pension and Social Security offer you a good start, they may not be enough to fund the lifestyle you want in retirement. The AR Diamond Plan – your employer's 457 Plan – is here to help you generate the income you may need by offering you an easy, tax-deferred way to save. The AR Diamond Plan provides you with additional flexibility to save and invest for your future. To help you get started in the Plan, you'll be automatically enrolled into the AR Diamond Plan on your first day of employment. You'll be enrolled saving 3% each pay period on a pre-tax basis, and be invested in a Retirement Target Date Fund based on your birth year, assuming a retirement date of age 65, unless you choose to decline enrollment by logging in to the AR Diamond Plan website at myplan.voya.com or by calling the Plan Information Line at **800-905-1833** before your first payroll is processed.

Once you're enrolled, you can choose to not participate (or opt out) in the Plan at any time. If you opt out within the first 90 days after your first payroll is processed, you can request a refund of any contributions made into the Plan. If you choose to opt out on day 91 and beyond, normal qualifying 457 distribution rules will apply.

What's in it for you – key benefits of the AR Diamond Plan

- **Pre-tax savings** – you may pay less in taxes today
- **Roth savings** – you pay taxes today but not in retirement*
- **Tax-deferred investing** – your employer's savings plan grows tax deferred. Contributions and any earnings are tax-deferred and will be taxed as ordinary income when distributed.
- **A choice of investments** – so you can create a portfolio that's right for you
- **Qualifying withdrawals** – should you need to take a withdrawal before retirement
- **24/7 account access** – by smartphone or computer
- **Automatic enrollment** – easy enrollment starting at a 3% pre-tax contribution rate

To learn more about the Plan, go to myplan.voya.com.

* For Roth contributions and earnings to be eligible for tax-free withdrawals, your initial Roth deposit must have been in your account for at least five years and you must be at least age 59½ (or in the event of your disability or your death)

Your contributions

You can save up to the annual IRS contribution limit on a pre-tax basis, after-tax with Roth contributions or a combination of both. If you are age 50 or older in any given year or within three years of your Normal Retirement Age, you can make additional catch-up contributions. You can change your contribution rate at any time. Please refer to www.voya.com/IRSlimits for current limitations.

About Voya Financial®

At Voya (NYSE: VOYA) we're dedicated to helping people feel more confident about the future. For more than 40 years, we've helped millions of people like you prepare for it through employer-sponsored retirement plans and other financial solutions.

As the plan record keeper for the AR Diamond Plan, we will manage the daily servicing of your Plan and provide you with plan information, transaction processing, account statements, saving and investing education and more.

Ready to make a move for your future?

If you are a new employee of the State of Arkansas, you will receive a Personal Identification Number (PIN) by mail.

If you misplace your password or previously opted not to enroll, it's easy to request a new password.

- Go to the **Plan website** at myplan.voya.com and click on "Forgot Password?" or
- Call the **Plan Information Line** at 800-905-1833. Customer Service Associates are here to help Monday through Friday, 7:00 AM to 7:00 PM CT (excluding New York Stock Exchange holidays).

A new password will be mailed to your home address within seven business days.

Want to meet with a Plan Advisor to learn more about the Plan?

Your local Arkansas Diamond Plan Advisors are available to meet with you one-on-one at your convenience. Call 501-301-9900 (or 866-271-3327) during standard business hours except on New York Stock Exchange holidays to schedule a time.

- Cheryl Daughenbaugh (Central AR)
- Nancy Lewis (Southern AR)
- Brete Garland (Northern AR)

See how your savings translate into estimated monthly retirement income with **myOrangeMoney®**, an interactive educational experience. You'll find it on the Plan website and **Voya Retire** mobile app.**



**iPhone® is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Android is a trademark of Google Inc. Amazon and Kindle are trademarks of Amazon.com, Inc. or its affiliates.

This material is intended to provide educational information on the subjects covered. It is general in nature and the strategies suggested may not be suitable for everyone. It is not intended to provide specific tax, legal or other professional advice. You should seek advice from your tax and legal advisors regarding your individual situation.

Plan administrative services are provided by Voya Institutional Plan Services, LLC, a member of the Voya family of companies. **Representatives who provide investment services to the Arkansas Diamond Deferred Compensation Plans or to Plan Participants are Registered Representatives of Stephens Inc.** There is no affiliation between the Arkansas Diamond Deferred Compensation Plans, any of the Voya family of companies and/or Stephens Inc.

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New hire enrollment



ARKANSAS STATE EMPLOYEES BENEFIT ADVISORS

State of Arkansas is pleased to have Arkansas State Employees Benefit Advisors assist with your enrollment. During the enrollment, each of you are encouraged to attend a quick, private 1-to-1 session with a benefits counselor. In that session, you'll discuss all of your current benefits as well as new and updated benefit options. Your benefits counselor will answer any questions you may have and offer you simple, straightforward advice as you sort through your choices.

Contact your office HIR to find out when a benefit counselor will be at your office!

**If you are unable to attend a
1-to-1 benefits counseling
session, contact the
Enrollment Call Center to apply:**

**(866)753-3250
8 a.m. – 5 p.m. CT**

Here's how it works:

1. Gather any information you may need to apply, such as dependents' names, birth dates, ages, Social Security numbers and addresses.
2. Call the Enrollment Call Center at 866-753-3250 from 8 a.m. – 5 p.m. CT. A benefits counselor will answer any questions you may have, and complete your enrollment over the telephone.
3. You will receive an Election Form confirming your voluntary benefit elections via secure email.

You also have the opportunity to apply for these voluntary benefits:

Accident insurance helps offset unexpected covered medical expenses, such as emergency room fees, deductibles, and co-payments that can result from a fracture, dislocation, or other covered accidental injury.

Group specified disease insurance helps pay for covered non-medical and out-of-pocket medical expenses upon diagnosis of a specified critical illness. This plan may also include a benefit for the extended treatment of cancer.

Term life insurance offers a predictable way to provide more coverage at more affordable prices during high-need years.

Whole life insurance provides guaranteed features – cash value accumulation, premium rates and death benefit (minus any loans and loan interest) – that help ensure those benefits will be there to help protect your family's way of life.

These benefits are offered with guaranteed issue underwriting for a limited time, which means no health questions will be asked.

Important features of Colonial Life's coverage:

- Benefits are paid directly to you, unless you specify otherwise, to use as you see fit.
- With most plans, you can continue coverage with no increase in premium when you retire or change jobs.
- Most plans pay benefits regardless of any other insurance you may have with other companies.
- Most plans offer coverage for your spouse and dependent children.

For more details contact:

Arkansas State Employees Benefit Advisors

888-224-5233 ■ 501-224-5234 ■ www.arseba.com

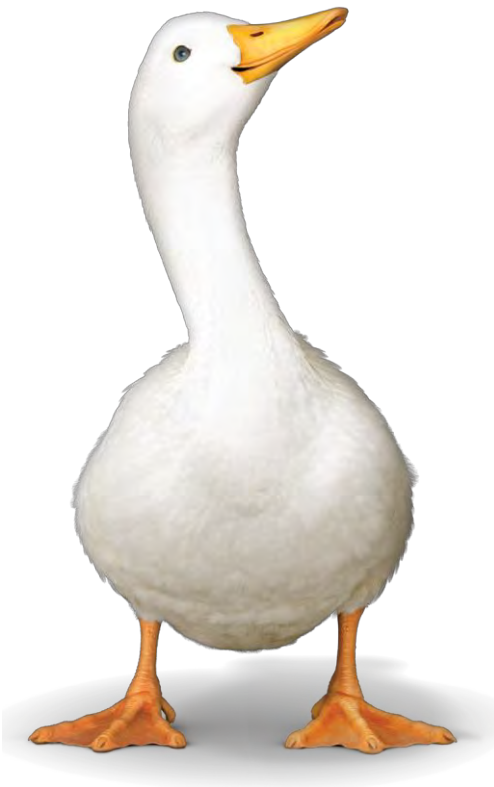
Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your Colonial Life benefits counselor for complete details.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC

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State of Arkansas

State of Arkansas is now making the following Aflac insurance policies available to its employees:



Group Hospital Indemnity Coverage

The Aflac Group Hospital Indemnity Plan provides cash benefits directly to your employees (unless otherwise assigned) that help pay for some of the costs - medical and non-medical - associated with a covered hospital stay due to a sickness or accidental injury.

For more information about enrolling, policy benefits, limitations and exclusions, please visit:

Arkansas State Employees Benefit Advisors
AR license number 100172283, at
(888) 532-4320 or email service@arseba.com

State of Arkansas:

- Aflac is different from major medical insurance; it's insurance for daily living.
- Aflac pays cash benefits to the policyholder, unless otherwise assigned, to use as they see fit.
- Aflac benefits can help with unexpected expenses.
- Aflac offers competitive rates.
- Aflac processes claims quickly - usually within four days.¹

This is a brief product overview only. Benefits/premium rates may vary based on plan selected. Optional riders are available at an additional cost. Policies have limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions.

¹Aflac processes most claims in about four days. Processing time is based on business days, after all required documentation needed to render a decision is received & no further validation and/or research is required. Individual Company Statistic, 2017.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina



ManhattanLife

Standing By You. Since 1850.™

State of Arkansas

State of Arkansas is now making the following ManhattanLife Assurance products available to its employees.

CANCER CARE PLUS

“Limited Cancer and Dread Disease Policy”

Portable And Renewable For Life! *

BENEFIT PACKAGE OPTIONS	LOW PLAN	HIGH PLAN
CANCER SCREENING TEST - Payable for one annual cancer screening test. Not payable if received through any free-testing program or for any other cancer screening test for which a charge is not made. Payment based on benefit amount selected.	Pays \$50 per calendar year	Pays \$100 per calendar year.
FIRST OCCURRENCE BENEFIT (RIDER) - Payable when a covered person is diagnosed with cancer for the first time. Payable only once for each covered person and not payable for skin cancer. Not available for ages 65 and above.	Pays \$2,500.	Pays \$10,000.
DAILY HOSPITAL CONFINEMENT BENEFIT - Payable when a covered person is confined to the hospital for the treatment of cancer or a dread disease. Payment is based on the daily benefit amount selected. Payable for the first 70 days of each period of confinement.	Pays \$150 per day.	Pays \$150 per day.
SURGICAL BENEFIT - Payable for surgeries performed in or out of the hospital to treat cancer or a specified dread disease. Benefits for surgical procedures are calculated as a percentage of the per-surgery maximum benefit amount selected.	Pays max per surgery \$3,000.	Pays max per surgery \$4,000.
RADIATION, CHEMOTHERAPY AND IMMUNOTHERAPY* - We will pay the actual charges for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drugs, and Anti-Nausea and Immunotherapy drugs, as indicated in the policy, for the treatment of cancer or a specified dread disease. Benefits are based on the maximum monthly benefit amount selected. Actual Charges means the amount(s) actually paid by or on behalf of the Covered Person and accepted by the provider as full payment for the covered services provided. This benefit is not payable if treatment is received in a government or charity hospital. <i>*Note - Immunotherapy must be FDA approved</i>	Pays actual charges, max \$5,000 per month.	Pays actual charges, max \$5,000 per month.

This plan covers an additional 27 dread diseases.

** Subject to company's right to change premium.*

CENTRAL CARE DISABILITY INCOME

SHORT-TERM DISABILITY

The ManhattanLife Central Care Group Disability Income Insurance Policy provides a monthly disability benefit payable to an insured employee in the event of a total disability resulting from an off-the-job, covered accident or sickness.

Benefit coverage for up to 65% of salary, excluding bonuses and overtime.

MONTHLY BENEFIT AMOUNT

- \$500 - \$6,000

ELIMINATION PERIOD

(Refers to the number of consecutive days you must be Totally Disabled before the policy begins to pay the Monthly Benefit for Total Disability)

- 0/7 or 0/14 (Accident/Sickness)

BENEFIT DURATION

- Total Disability - 6 months

This is not a policy of workers' compensation insurance. The employer does not become a subscriber to the Workers' Compensation System by purchasing this policy, and if the employer is a non-subscriber, the employer loses those benefits that would otherwise accrue under the Workers' Compensation Laws. The employer must comply with the Workers' Compensation Law as it pertains to the non-subscribers and the required notifications that must be filed and posted.

For more information about enrolling, policy benefits, limitations and exclusions, please visit:

Arkansas State Employees Benefits Advisors
(888) 224-5233 or email service@arseba.com

POLICY FORM NUMBERS: CP4000 AR 4/04, DIMSTR and DICERT

OPEN ENROLLMENT DISCLAIMER: Not all products offered are guaranteed to issue and may include a pre-existing condition waiting period; please consult your agent representative for policy underwriting parameters.

Coverage is subject to policy exclusions and limitations that may affect benefits payable. This is not a complete disclosure of plan qualifications and limitations. See your ManhattanLife benefits counselor for complete details.

Underwritten by ManhattanLife Insurance Company of America, 107777 Northwest Freeway, Houston, Texas 77092



Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?

- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Will/Living Will/Health Care Power of Attorney
- **Speeding Ticket Assistance** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **High Risk Application and Transaction Monitoring** We can detect fraud up to 90 days earlier than traditional credit monitoring services; we carefully watch all your accounts, reorders, loans and more. If a new account is opened, you will receive an alert.
- **Social Media Monitoring** for privacy concerns and reputational risks
- **Credit Monitoring** continuous credit monitoring through TransUnion
- **Monthly Score Tracker** watch your credit score and map your credit trends
- **Credit Inquiry Alerts** (instant hard inquiry alerts)
- **Consultation** on any cyber security question
- **\$1 Million Insurance** (coverage for lost wages, legal defense fees, stolen funds and more)
- **Full Service Restoration & Unlimited Service Guarantee** We don't give up until your identity is restored!
- **24/7 Emergency Access** in the event of an identity theft emergency



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price	Individual Price
LegalShield		
IDShield		
Combined		

Prepared for:

For more information, contact your Independent Associate:

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million insurance policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

FLIER_LS+IDS_1895_USA_051519

If you couldn't work, could you pay your bills?

Help protect your finances with
Long Term Disability Insurance from Unum.



Savings aren't always enough.

Dave is an office manager for an accounting firm. On weekends, he enjoys do-it-yourself projects. If he has

a serious accident at home and can't work, he doesn't want his family's finances to suffer — or to use up his savings — while he recovers.

Keep your finances on track

If a sudden illness or injury temporarily disrupts your life, disability benefits can help protect a portion of your income — and your family's financial security.* With disability coverage, you can have money coming in when your paycheck is not, to help cover your bills and protect your savings.

If a disability kept you from earning an income, how would you pay for:

- Mortgage/rent
- Groceries
- Utilities
- Car insurance
- Medical bills
- Credit card bills

Some common conditions that can interrupt your ability to earn an income:¹

- Cancer
- Back disorders
- Injuries
- Cardiovascular problems
- Joint disorders
- Behavioral issues

What's the risk?

Consider the true odds of becoming disabled. Can you afford *not* to be protected?

One in four

The Social Security Administration estimates that just over one in four of today's 20-year-olds will become disabled before reaching age 67.²



90% of households say that they would **suffer financial hardship** if they were disabled and unable to work for a year.³



How to apply

To learn more, watch for
information from your employer.

Arkansas State Employees Benefit Advisors
Call 888-532-4320

Choice 1	60% of monthly earnings to a maximum of \$5,000 to SSNRA
Choice 2	Closed Group
Choice 3	60% of monthly earnings to a maximum of \$5,000 up to 5 years
Choice 4	50% of monthly earnings to a maximum of \$5,000 up to 5 years

Get the coverage you need.

This coverage works hard when you can't, to help you meet your important obligations. Depending on the plan your employer has chosen, you may be able to choose from coverage options that fit your individual needs.

Reasons to buy this coverage at work — now

- 1. Competitive group rates you won't find outside your workplace.
- 2. If you apply during your initial enrollment, you can get this coverage without a health exam or medical questions.**
- 3. No checks to write — your portion of the premium is conveniently deducted from your paycheck.
- 4. This plan covers disabilities that leave you unable to work or only able to work part time.

Why Unum?

With more than 160 years in the insurance industry, Unum has the expertise to create coverage designed to meet your specific needs.

And if you ever need us, our experienced claims professionals will be there to help you every step of the way.

DID YOU KNOW?



Once an individual has been disabled for 90 days, the average length of disability is four years.⁴

* Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled.
** In some cases medical questions may apply. Benefits may be subject to a pre-existing condition limitation. You must be actively employed to apply for benefits. You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your company for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.
1 Unum internal data, 2013. Top six causes of long term disability claims, in rank order.
2 Social Security Administration, "Social Security Basic Facts" (Apr. 2, 2014; accessed Sept. 23, 2014), <http://www.ssa.gov/pressoffice/basicfact.htm>
3 Consumer Federation of America and Unum, *Employee Knowledge and Attitudes about Employer-Provided Disability Insurance* (2012).
4 Society of Actuaries, *Group Long-term Disability Experience Table* (2012). The most recent source of its kind.
Work-life balance employee assistance program services are provided by Ceridian HCM.

Extra features that add value

This coverage may come with other valuable features, including:

Work-life balance employee assistance program

Access to master's-level consultants who can help with everyday issues — or more serious problems, such as divorce or addiction. Available online or over the phone, 24 hours a day.

Worldwide emergency travel assistance program

Emergency medical help is a phone call away any time you or family members are in another country or traveling 100 or more miles from home.

Survivor benefit

If you were to die while out of work on a disability claim, your survivor could receive a lump-sum benefit. This benefit is not subject to any deductions.

Accelerated (early) survivor benefit

You may request some or all of your benefit if you have been diagnosed with a terminal illness, and your life expectancy is less than 12 months.

Rehabilitation and return-to-work assistance

Unum also provides the vital support and services you need to get back to work and to a productive lifestyle. If you are deemed eligible and are participating in the rehabilitation and return-to-work program, Unum will pay an additional benefit of 10% of your gross disability payment to a maximum of \$1,000 per month.

What do these terms mean?

Benefit period — The maximum amount of time you can receive benefits for a covered disability.

Elimination period — The number of days that must pass between your first day of a covered disability and the day you can begin to accrue your disability benefits.

Benefit amount — The amount you can receive every month while on disability.

GetBenefitSmart.com
Finally, benefits made simple



Worldwide emergency travel assistance services are provided by Assist America, Inc. Services are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Service providers do not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.
Underwritten by: Unum Life Insurance Company of America, Portland, Maine
In New York, underwritten by: First Unum Life Insurance Company, New York, New York
The policy provides disability income insurance only. The policy does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.
The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.
unum.com
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The Arkansas State Employees Association is a association that works with the State Legislature and Governor's for the betterment of Arkansas State Employees, as well as ensuring an and effective state government. It also offers its members optional,

*ASEA membership is not a requirement.

An ASEA membership offers many unique benefits to save you time and money.

For only \$2 a pay period, members receive:

- **Scholarships** - Each year ASEA awards scholarships. Members and their dependents are eligible to apply.
- **Retail Discounts** - Our extensive network of retail discount partners can save you money.
- **Representation** - ASEA represents Arkansas state employees on all your issues year around.
- **VanPool** - Lower your gas bill and join our VanPool! Let us do the driving!
- **Benevolent Fund** - Our fund assists members' survivors with up to \$1,000 paid upon death.
- **Professional development workshops** - Let us provide you with additional skills to help you develop your career.
- **Outstanding State Employee of the Year** - We award thousands each year; It could be you!
- **ASEA Newsletter** - As a member you can receive a subscription to our newsletter (print or digital available).

3 WAYS TO JOIN:

Online at aseaar.org • Mail form to: P.O. Box 1588, Little Rock, AR 72203 • Fax form to: 501-378-0113

ARKANSAS STATE EMPLOYEES ASSOCIATION, INC. • An Independent Organization
APPLICATION FOR MEMBERSHIP AND REPRESENTATION • Please complete for payroll deduction

By _____
(PRINT) Last Name First Name Middle Name

I work for _____
Agency/Institution Work Location Personnel Number

Effective _____ I hereby authorize you to deduct from my earnings each pay period the amount of \$ _____, as my current dues. The amount deducted shall be paid to the Treasurer of Arkansas State Employees Association. This authorization shall remain in effect unless terminated in writing by me.

Employee's Signature Mailing Address (street, route or P.O. Box)

Social Security Number City, State and Zip Code

E-mail Address Referred by (if applicable)

☐ I prefer to pay dues on annual basis and enclose check for \$52.00.

☐ I prefer to have my newsletter emailed to me.

IRS regulations require ASEA to notify its members regarding a reasonable estimate of the portion of their annual dues that are allocable to lobbying and political expenses and will be nondeductible for individual tax reporting. Currently, up to 5% of membership dues received may be used for lobbying and political expenses.

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New Hire Benefit Book Acknowledgment

I acknowledge that I have received a new hire benefit book detailing the benefits offered to me as an employee of the State of Arkansas. I understand this guide only contains partial information regarding benefits and insurance plans available to me.

Section 125 Authorization and Enrollment Form

I hereby authorize my employer to withhold the required premiums from my paycheck under the guidelines of IRS SECTION 125 if applicable. I understand any reduction in gross income may reduce my Social Security income benefit. Under Section 125 guidelines, a participant may NOT modify or revoke an election made pursuant to Section 3.2 of Article III of the Plan for the remainder of the Plan Year except where both the revocation (or modification) and new election are as the result of and consistent with a change in the Participant's family status: (1) marriage, (2) divorce, (3) death of spouse or dependent, (4) birth or adoption of a child, (5) spouse's commencement or termination of employment, (6) unpaid leave of absence by a spouse or participant, (7) switching from part-time to full-time employment or full-time employment to part-time employment by a spouse or participant, (8) significant change in the health coverage of a spouse or participant attributable to the spouse's employment or (9) such other circumstances as may be provided for in IRS Regulations, Revenue Rulings, or other administrative pronouncements.

Employee

Employee ID (AASIS ID)

Health Insurance Representative

Please return to Employee Benefits Division via fax 501-683-0983 or upload to the member portal at:
<http://my.arbenefits.org>.

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Contact Information for Benefits

Benefit	Contact	Phone	Address
Health Insurance	Employee Benefits Division (EBD) Transform.ar.gov/employee-benefits/ e-mail: askEBD@dfa.arkansas.gov	(877) 815-1017 x1	501 Woodlane St., Ste 500 Little Rock, AR 72201
Dental and Vision Insurance	ARSEBA – Arkansas State Employees Benefit Advisors www.arseba.com e-mail: service@arseba.com	(501) 224-5234 (888) 224-5233 (501) 663-1445 fax	1301 West 7 th Street Little Rock, AR 72201
Health Savings Account/Flexible Spending Account	ConnectYourCare https://www.connectyourcare.com/arbenefits	(833) 229-4431	
Group Term Life Insurance	Colonial Life Transform.ar.gov/employee-benefits/	(855) 868-6009	PO Box 1365 Columbia, SC 29202
Deferred Compensation	Arkansas Diamond Plan – Voya https://myplan.voya.com	(501) 301-9900 (866) 271-3327	
Other Voluntary Insurance: Accident Cancer Critical Illness Hospital Indemnity Life Insurance (Individual Term, Universal and Whole) Short Term Disability Long Term Disability Identity Guard	ARSEBA – Arkansas State Employees Benefit Advisors www.arseba.com e-mail: service@arseba.com	(501) 224-5234 (888) 224-5233 (501) 663-1445 fax	1301 West 7 th Street Little Rock, AR 72201
AR State Employees Association	ASEA - www.aseaar.org	(501) 378-0187 (800) 950-8139	PO Box 1588 Little Rock, AR 72203
Employee Assistance Program - EAP	New Directions www.ndbh.com	(877) 300-9103	

Additional information and forms including Notice of Privacy Practices and HIPAA information can be found at: <https://www.transform.ar.gov/employee-benefits>

ARKANSAS STATE EMPLOYEE
NEW HIRE BENEFIT INFORMATION
2021