

General Description Group Insurance Plans

ELIGIBILITY REQUIREMENTS

To be eligible for insurance coverages, an employee must be a full-time permanent employee working on a full-time basis for an Employer, who is a member in good standing of the Pennsylvania State Association of Township Supervisors, or a member of the PA. Municipal Authorities Association, working 15 or more hours per week and earning W-2 wages. An eligible employee must apply for coverage, or a change in coverage, for himself and his dependents, if any, within 30 days of the date he first becomes eligible.

Dependents:

Eligible dependents are the employee's spouse, domestic partner and child under 26 years of age, provided that satisfactory documentation is supplied, showing the child is not eligible for an employer-sponsored group medical or dental plan in his or her own right as an employee. A child who, because of a handicap condition that occurred before the attainment of the limiting age, is also an eligible dependent. Proof of incapacity and dependency will be required.

Effective Date:

An eligible person must be actively at work for his coverage, any coverage on dependents, or any increase in coverage, to become effective. If, due to disability, leave of absence, temporary layoff, or other reason, he is not at work on his effective date, his coverage shall be delayed until the first day he is actively at work. **The insurance will become effective on the first day of the month following 31 days of full-time employment.**

If application for coverage is not made within the 30 days after the date he is eligible, the employee will be considered a late enrollee and enrollment and effective date will be processed accordingly. The completion of Evidence of Insurability forms may be required and, depending upon the individual's health history, enrollment may be denied.

Open Enrollment Period:

We have two "open enrollment" periods. If you are currently insured with any of our coverages and wish to upgrade your insurance plan or add additional coverages to your insurance program, this change can only be done during the "open enrollment" period. The "open enrollment" periods are January 1st and July 1st. For your coverage to become effective on one of these dates, we must be notified at least 30 days prior to these dates.

Termination Date:

Upon termination, the insurance cancellation date will be the last day of the month in which the termination occurs.

Conversion of Insurance Privileges:

Conversion applies only to persons who have been continuously covered under the medical and/or life insurance plans for at least 90 days.

Conversion to an individual policy may be made if the Township maintains these coverages with us and any of the following occur:

- Your coverage ends. Conversion may be made by you or your dependents.
- A person's coverage ends because he is no longer a dependent as defined herein (conversion may be made by that person).
- A person ceases to be eligible under any insurance class set forth in the Schedule of Benefits (conversion may be made by all such persons).
- You die while coverage is in force for you and your dependents (conversion may be made by your dependents).

To convert the insurance, the necessary conversion form must be sent to Aetna within 31 days after the date coverage ends.



PSATS Trustees Insurance
and Retirement Services