

# Income Protection Plan for Managers



<b>Employee Information</b> Employee ID # _____ Social Security # _____ Name _____ <small>(Last, First, Middle Initial)</small> Address _____ City _____ State _____ Zip _____	Work phone (____) _____ Home phone (____) _____ Agency _____ Hourly Salary _____ Birthdate _____
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**Instructions:** Please refer to your bargaining agreement or plan, or *Your Employee Benefits* booklet at [www.mmb.state.mn.us](http://www.mmb.state.mn.us) for the amount and type of optional coverage for which you may apply. You may be asked for evidence of good health when applying for Manager's long-term disability insurance outside of new hire or newly eligible event. If evidence is required, you will be contacted directly by the insurance carrier and your enrollment will not be complete until we receive notification of acceptance. You may only enroll in or increase long term disability coverage when you initially become eligible for insurance or during the annual Open Enrollment. You may decrease or cancel these optional coverages anytime.

**Note:** Under IRS code, the value of premiums on Employer provided life insurance in excess of \$50,000 is taxable income to the employee. Any premiums on Manager life insurance will be reported on your W-2 for the tax year. **IF YOU WISH TO LIMIT THE VALUE OF YOUR LIFE INSURANCE TO \$50,000 and, therefore, limit your tax liability on your premium, select Manager's Life Plan A 50K or Manager's Life Plan B 50K and select the employee paid disability options.**

**PLAN A**  
 Employer paid life insurance of 1 1/2 times annual salary.  
 Employer paid long term disability insurance—150 day elimination period.

**EMPLOYER/EMPLOYEE PAID OPTIONS FOR PLAN A:**

- 120 Day Elimination Period
- 90 Day Elimination Period
- 60 Day Elimination Period
- 30 Day Elimination Period

**MANAGER'S LIFE PLAN A 50K**  
 Employer paid life.

**EMPLOYER/EMPLOYEE PAID OPTIONS FOR PLAN A:**

- 120 Day Elimination Period
- 90 Day Elimination Period
- 60 Day Elimination Period
- 30 Day Elimination Period

**PLAN B**  
 Employer paid life insurance of 2 times annual salary. Employee option (contributory) to purchase long term disability insurance.

**EMPLOYEE PAID OPTIONS FOR PLAN B:**

- 150 Day Elimination Period
- 120 Day Elimination Period
- 90 Day Elimination Period
- 60 Day Elimination Period
- 30 Day Elimination Period

**MANAGER'S LIFE PLAN B 50K**  
 Employer paid life.

**EMPLOYEE PAID OPTIONS FOR PLAN B:**

- 150 Day Elimination Period
- 120 Day Elimination Period
- 90 Day Elimination Period
- 60 Day Elimination Period
- 30 Day Elimination Period

**Employee Authorization**

I am applying for coverage or changing coverage in the Minnesota State Employee Group Insurance Program, as indicated above, subject to approval of my eligibility. I authorize my employer to disclose the foregoing information to those carrier(s) who have contracted to provide this benefit to participants of the program for use in determining my eligibility and processing my application for coverage. I authorize payroll deduction for my portion of the premium for this coverage. This authorization is valid until revoked by operation of law.

\_\_\_\_\_  
 Your signature

\_\_\_\_\_  
 Today's Date

**For MMB use only**

- New employee       Change  
 Open enrollment     Return from leave    Date \_\_\_\_\_

MN Life  
 Current annual life insurance value (Plan A) \_\_\_\_\_  
 Projected annual life insurance value (Plan B) \_\_\_\_\_  
 Amount to be underwritten \_\_\_\_\_

Hartford  
 Current IPP elimination period \_\_\_\_\_  
 New IPP elimination period \_\_\_\_\_

**Minnesota Management & Budget**  
**NOTICE OF COLLECTION OF PRIVATE DATA**

Minnesota Management & Budget (MMB) administers the State Employee Group Insurance Program (SEGIP). This notice explains why we may request information (data) about you, your dependents and beneficiaries, how we will use it, who will see it, and your obligation to provide that information.

**What information will we use?**

We will use the information you provide us at this time, as well as information you have previously provided us about yourself, your dependent(s), and/or your beneficiary. If you provide any information about yourself or your dependent or beneficiary that is not necessary, we will not use it for any purpose.

SEMA4, the information system used to administer employee benefits, contains required information fields that may not be necessary for us to process your request. We do not need the gender or marital status for your beneficiary designation, so you may enter "unknown" in these fields. We only need your dependent's date of death to process a death benefit claim or to discontinue the dependent's coverage due to his or her death. Student status and disability status are needed only to determine eligibility for insurance continuation for your dependent. We need your dependent's social security number and birth to offer insurance continuation, process a death benefit and to comply with federal Medicare coordination laws.

**Why we ask you for this information?**

We ask for this information to process your request to add or change coverage for yourself, your dependent or a beneficiary. The requested information helps us to determine eligibility, to identify you and your dependents and beneficiaries, and to contact you or your dependents and beneficiaries. We use the information so that we can successfully administer SEGIP, including analyzing unidentifiable aggregate data to develop new programs and ensure current programs are effectively and efficiently meeting member needs. We may ask for information about you that we have already collected, including all or part of your social security number, in order to ensure we are matching you to the correct change request or other insurance benefit transaction.

**Do you have to answer the questions we ask?**

You are not legally required to provide any of the information requested.

**What will happen if you do not answer the questions we ask?**

If you do not answer these questions, the insurance benefit transaction you requested for you or your dependent or other insurance benefit transaction may be delayed or denied.

**Who else may see this information about you and your dependents and beneficiaries?**

We may give information about you and your dependents and beneficiaries to the insurance carrier you have chosen, SEGIP's representatives, vendors, and actuary, the Legislative Auditor, the Department of Health, any law enforcement agency or other agency with the legal authority to the information, and anyone authorized by a court order. In addition, the parents of a minor may see information on the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from that information. We can use or relate this information only as stated in this notice unless you give your written consent to authorize release of the information to another person/entity, or if Congress or the Minnesota Legislature passes a law allowing or requiring us to release the information or to use it for another purpose.