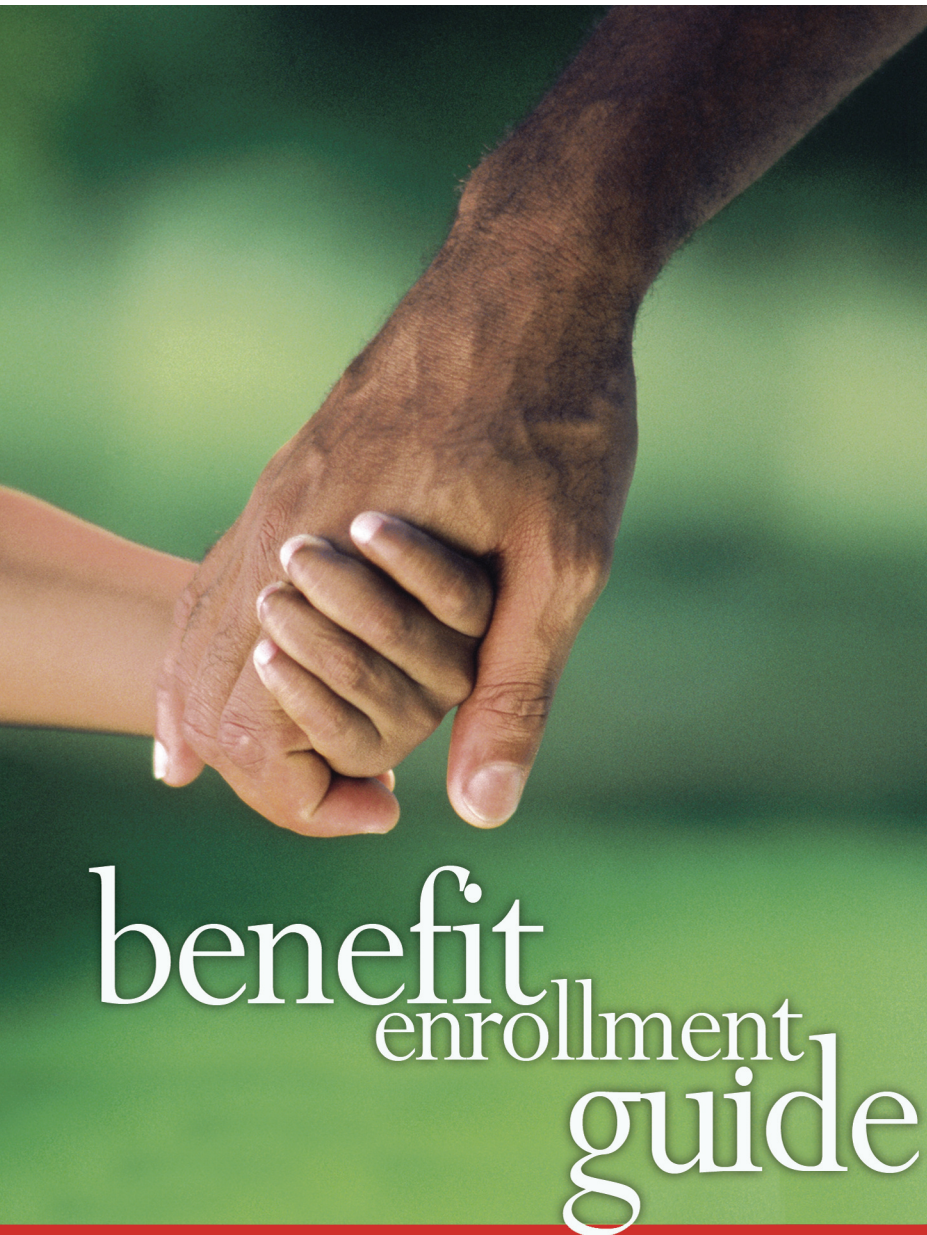


SMART Benefits Decisions



benefit enrollment guide 2011

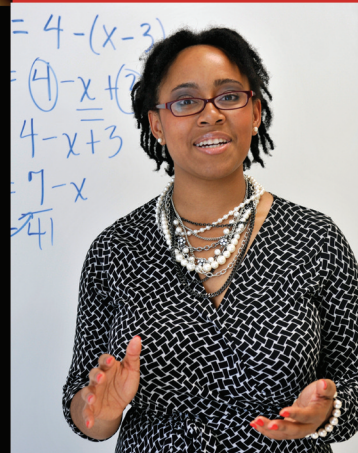
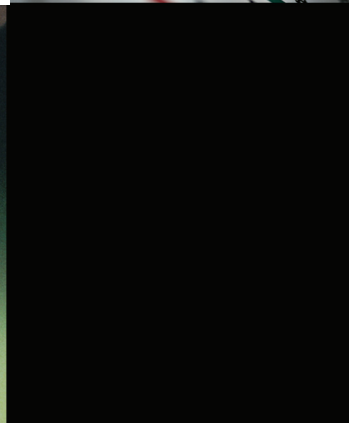




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**New carrier, rates and/or plans effective 7/1/11.*

In compliance with federal law, Charlotte-Mecklenburg Schools administers all education programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.



ANNUAL BENEFITS ENROLLMENT OVERVIEW

Charlotte-Mecklenburg Schools' 2011–2012 Annual Enrollment period is just around the corner. Now is the time to evaluate your current benefits package and determine what will meet your family's needs now and in the future.

Annual Enrollment for all non-medical plans takes place March 30 through May 6, 2011. During this time you will have the opportunity to make changes to all of your benefits except medical. All changes that you elect during Annual Enrollment become effective July 1, 2011.

Medical plan enrollment dates will be finalized after the North Carolina General Assembly determines the benefits and rates for the State Health Plan for 2011.

A SMARTER WAY TO ENROLL...

With the changes and new options available to you, we believe it's important that you have the support necessary to help you make an educated decision.

CMS is providing you with an individual enrollment session, an opportunity to sit with an experienced benefits counselor who can explain the options available, answer any questions and help you make the right decisions.

Enrolling for benefits is easy. Simply follow these steps:

1. Visit www.univers.biz/appointments to schedule a meeting with a benefits counselor.
2. Prepare yourself by reviewing this enrollment guide and other benefit information available to you.
3. Meet with a benefits counselor and make your enrollment elections. Remember, your counselor can answer any questions and help you make the right choices.

Watch for more details about setting up your personal enrollment session coming soon.

WHAT YOU'LL NEED:

Please be prepared for your enrollment session. You will be asked to provide the following information:

- **HRInTouch Log-in Information:**
 - Login ID:** Your first name, the first initial of your last name and the last 4 digits of your Social Security number.
 - Initial Password:** Your Social Security number without spaces or dashes.
(Example for employee John Doe with SSN 111-22-3333: Login ID is JohnD3333 and Password is 111223333.)
- **Other Insurance Information:** If you have insurance with another insurance company, have the name of the insurance company and the policy number.
- **Dependent Information:** If you will be covering your spouse or dependent(s), have their dates of birth and Social Security numbers.
- **Beneficiary Information:** To designate beneficiaries for your life insurance plans, you'll need to provide their dates of birth and Social Security numbers.



YOUR 2011-2012 NON-MEDICAL BENEFITS

Charlotte-Mecklenburg Schools provides a full range of benefits that address your needs now and in the future. This enrollment guide presents highlights of each of the benefit plans available this year. We hope you will use this information to make informed decisions that make the most sense for you and your family.

- Dental Plans
- Vision Plans
- Flexible Spending Accounts
- Term Life Insurance
- Legal Plan
- Specified Disease Insurance with Optional Cancer Benefit
- Premier Whole Life Insurance
- Disability Insurance
- Permanent Life Insurance
- MedSupport Insurance (Hospital Confinement)
- Accident Insurance

What's New for 2011-2012

- New plan choices and lower rates for dental and vision plans
- Enhanced voluntary benefit options

IMPORTANT! For less than 12 month employees, if your rates increase July 1, 2011, you will owe additional amounts for July and August escrow payments. These amounts will be deducted from your paycheck(s) beginning in August.

QUESTIONS?

Call an Enrollment Center representative at 1-866-874-8747, Monday – Friday, 7 am – 6 pm EDT.

Enroll with a benefits counselor during Open Enrollment and be registered to win a \$25 gas or grocery gift card!

WHO IS ELIGIBLE

EMPLOYEE ELIGIBILITY

Benefit eligibility varies for full-time and part-time employees. Please use the chart below to find out which plans are available to you. **Employees must enroll in the benefit plans for the coverage to be applied.**

FULL-TIME EMPLOYEES		PART-TIME EMPLOYEES	
<ul style="list-style-type: none"> • State Health Plan^{1,2} • Dental Plans • Vision Plans • Flexible Spending Accounts • Term Life Insurance² • Legal Plan • Specified Disease Insurance with Optional Cancer Benefit 	<ul style="list-style-type: none"> • Premier Whole Life Insurance • Disability Insurance • Permanent Life Insurance • MedSupport Insurance (Hospital Confinement) • Accident Insurance 	<ul style="list-style-type: none"> • State Health Plan¹ • Dental Plan • Term Life Insurance² • Legal Plan • Vision Plan • Specified Disease Insurance with Optional Cancer Benefit 	<ul style="list-style-type: none"> • Premier Whole Life Insurance • Permanent Life Insurance • MedSupport Insurance (Hospital Confinement) • Accident Insurance

1. State Health Plan enrollment period to be determined. 2. CMS pays for basic term life and employee-only State Health Plan coverage.

DEPENDENT ELIGIBILITY

If you are eligible to participate in the benefits offered through CMS, your eligible dependents may also participate. Your eligible dependents include*:

- Your legal spouse
- Your children** up to age 26
- Your children** of 26 or more years old and incapable of self-sustaining employment by reason of mental or physical disability

*Dependent eligibility varies for voluntary benefits.

**Children include natural, legally adopted, step or foster children.

MAKING CHANGES DURING THE PLAN YEAR

Once you enroll during Open Enrollment or during your new hire initial eligibility period, you are required to maintain your benefit elections throughout the benefit year, unless you experience a Qualified Life Event, as defined by the IRS:

- Marriage, death of a spouse, divorce, annulment or legal separation
- A change in the number of dependent children; including birth, adoption, placement for adoption, becoming responsible for a stepchild who will reside in your home or death of a child
- Employment change by the employee, spouse or dependent child that results in a loss or gain of health coverage
- Child's loss of eligibility due to age, student status or marriage
- For Dependent Day Care FSA – enrollment into or removal from day care

If you experience a Qualified Life Event during 2011–2012, you have 30 calendar days from the date you experience the event to change your benefit elections. The benefit changes you make must be consistent with your life event, and you will be asked to provide Compensation and Benefits with documentation of the event (e.g., birth certificate, marriage certificate, COBRA or HIPAA letter showing loss of coverage). If you do not make the change within 30 calendar days, you must wait until the next annual enrollment period. To report a Qualified Life Event and to make your benefit changes online, visit HRInTouch.



MEDICAL OPEN ENROLLMENT DATES COMING SOON!

The North Carolina General Assembly determines the benefits and rates for the State Health Plan, and a final decision has not been reached at this time.

Once a final decision has been reached, the 2011–2012 Medical Open Enrollment dates will be announced on the CMS website.

Please be aware that your current medical plan election will not carry forward to the 2011–2012 benefit plan year and will end on June 30, 2011.

In order to elect medical insurance for the 2011–2012 plan year, you must log back in to HRInTouch when the Medical Open Enrollment begins.



DENTAL PLANS

CMS is pleased to announce several enhancements to our dental plans. These include:

- New carrier with better PPO network access
- Lower cost options
- New Dental HMO (DHMO) plan that provides a comprehensive plan at a significantly lower cost (requires selection of a network Primary Care Dental Provider)

	CIGNA Dental Plans				
	DHMO	PPO - Basic Plan		PPO - Enhanced Plan	
	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Maximum Preventive, Basic & Major Care	None	\$750	\$750	\$1,500	\$1,000
Annual Deductible Individual / Family	N/A	\$50 / \$150	\$50 / \$150	\$25 / \$75	\$75 / \$225
Office Visit Copay	\$5	N/A	N/A	N/A	N/A
Preventive & Diagnostic Care Exams, Cleanings, X-rays	Copays apply. See schedule of benefits.	100%, no deductible	100%, no deductible	100%, no deductible	100%, no deductible
Basic Restorative Care Fillings, Extractions, Oral Surgery		80% after deductible	80% after deductible	90% after deductible	80% after deductible
Major Restorative Care Crowns, Bridges, Dentures		50% after deductible	50% after deductible	60% after deductible	50% after deductible
Orthodontia		Not covered	Not covered	50%, no ortho deductible	50%, no ortho deductible
Orthodontia Lifetime Maximum	N/A	N/A	N/A	\$1,000	\$1,000
Monthly Rates					
Employee Only	\$16.19	\$21.75		\$31.75	
Employee + Spouse	\$44.02	\$59.36		\$86.10	
Employee + Children	\$41.93	\$56.53		\$88.08	
Family	\$70.42	\$95.04		\$147.65	

CIGNA has set up an enrollment hotline to answer your questions about the new plans and networks. Contact them during Annual Enrollment at 1-800-CIGNA24 (1-800-244-6224). Say "Enrollment Information" when prompted. They can help you by:

- Answering questions on each of the plan options to help you make the most informed choice to fit with your dental needs.
- Answering questions about the difference in selecting a Dental HMO or PPO.
- Answering specific benefit questions that may not be outlined in the general information available.
- Assisting with finding participating network providers (DHMO and PPO).

For detailed information on the new plan options, visit cms.hrintouch.com.



TERM LIFE INSURANCE

BASIC TERM LIFE

As a CMS permanent employee, you are automatically enrolled in Basic Term Life Insurance paid for by CMS. A benefit of \$9,300 is payable to your beneficiary upon your death from any cause.

You are eligible for this coverage if you are an active, permanent full-time or part-time employee as defined by the North Carolina Department of Public Instruction or a member of the Board of Education.

SUPPLEMENTAL TERM LIFE

Charlotte-Mecklenburg Schools and Sun Life Financial offer group term life insurance that helps provide you and your family with additional financial protection at affordable group rates. You have the option to purchase coverage for yourself and your dependents.

- Employee:** An amount between \$10,000 and \$1,000,000, in increments of \$10,000, not to exceed 5x your basic annual earnings.
- Spouse:** An amount between \$5,000 and \$100,000, in increments of \$5,000, not to exceed 50% of the employee's coverage.
- Child(ren):** An amount between \$2,500 and \$10,000, in increments of \$2,500 for each child up to age 19 years old (or 25 years if a full-time student).

Evidence of Insurability is required for all employees who are enrolling or increasing coverage. Ask your counselor for more details. Dependent coverage is contingent upon employee coverage.

Supplemental Term Life rates vary based on your age and the amount of coverage you choose. For specific rate information, please visit HRInTouch.



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) enable you to put aside money for important expenses and help you reduce your income taxes at the same time. CMS offers two types of Flexible Spending Accounts — a Health Care FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.

HOW FLEXIBLE SPENDING ACCOUNTS WORK

1. Each year during Annual Enrollment, you decide how much to set aside for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year. A \$4.00 monthly administrative fee is deducted along with your contributions.
3. As you incur health care or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. For health care expenses, you may also use your FSA debit card to pay at the point of sale. You will not be paying out of pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note that these accounts are separate — you may choose to participate in one, both or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

**You must actively re-enroll in the FSAs each year.
You are not automatically re-enrolled.**

Plan	Annual Maximum Contribution	Examples of Covered Expenses
Health Care Flexible Spending Account	\$5,000	Copays, deductibles, orthodontia, prescription medications, etc.*
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.*

*See IRS Publications 502 and 503 for a complete list of covered expenses.

WORD TO THE WISE

Remember to calculate your expenses conservatively when making your FSA elections. IRS regulations require that you forfeit any money left in your account after the claims submission deadline.

VISION PLANS

CMS offers permanent full-time and part-time employees the option to purchase vision insurance through UnitedHealthcare. You may choose either the Standard Plan or the Premium Plan.

	UnitedHealthcare Vision Plans			
	Standard Plan		Premium Plan	
	In-Network	Out-of-Network Reimbursements	In-Network	Out-of-Network Reimbursements
Exam (Every 12 months)	\$10 copay	\$45	\$10 copay	\$45
Materials	\$20 copay	See below	\$20 copay	See below
Frames (Every 12 months)	\$100 allowance	\$45	\$175 allowance	\$45
Lenses (Every 24 months) Single Vision Bifocal Trifocal Lenticular	Covered in full after copay	\$40	Covered in full after copay	\$40
		\$60		\$60
		\$80		\$80
		\$80		\$80
Elective Lenses (Every 12 months)				
Elective	Covered in full after copay \$105 allowance applied towards contact lenses outside covered selection	\$105	Covered in full after copay \$175 allowance applied towards contact lenses outside covered selection	\$175
Necessary	Covered in full after copay	\$210	Covered in full after copay	\$210
Monthly Rates				
Employee Only	\$4.64		\$8.24	
Employee + Spouse	\$9.01		\$17.56	
Employee + Children	\$9.44		\$18.39	
Family	\$13.69		\$25.79	

DISABILITY INSURANCE

SHORT-TERM AND LONG-TERM DISABILITY INCOME BENEFITS

The state retirement system provides short-term and long-term disability benefits to employees who contribute to the Teachers' and State Employees Retirement System (TSERS). The table below summarizes the benefits available to TSERS members after meeting the eligibility requirements.

As you can see, employees do not qualify immediately for these disability plans and years must go by before employees are fully covered. Therefore, CMS offers an additional disability plan for employees to purchase.

	Short-Term Disability	Extended Short-Term Disability	Long-Term Disability
<i>How long?</i>	Up to one year of benefits	Up to 1 year	Until eligible for unreduced retirement or no longer disabled
<i>How much?</i>	50% of 1/12th of your annual salary up to \$3,000/mo.	50% of 1/12th of your annual salary up to \$3,000/mo.	65% of your annual salary up to \$3,900/mo
<i>Who is eligible?</i>	Members with at least 1 year of contributing service	Members with at least 1 year of contributing service with a temporary disability	Members with at least 5 years of contributing service with a permanent disability
<i>When do I get it?</i>	Begins after 61st day of continuous disability	Begins after STD benefits are exhausted	Begins after STD benefits are exhausted



DISABILITY INSURANCE

VOLUNTARY LONG-TERM DISABILITY INSURANCE

The Standard's Choice Group Voluntary Disability Insurance can help supplement the existing state disability plans in North Carolina. It is designed to pay you a monthly benefit in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, helping you to meet your financial commitments in a time of need.

You may elect a benefit amount from \$200 up to 66 2/3% of your monthly earnings. Premiums are based on the benefit amount and the waiting period you select. The disability waiting period can range from 7 to 180 days, and the longer the waiting period, the smaller the monthly premium. And, unlike a short-term disability product that pays a benefit for 12 months, you can continue to receive payments until age 65. (Employees age 65+ when injured may be able to receive benefits until age 70.)

In addition, unlike the short-term disability policies, long-term disability premiums are deducted from your paycheck post-tax. This means any benefit you receive is not subject to income tax.

Your benefits counselor can provide additional plan details and rates during your enrollment session.

FACTORS TO CONSIDER

- Your income** When you're ill or injured, your out-of-pocket expenses and lost wages can have a devastating impact on your family's financial well-being. Disability insurance can help cover these expenses and make up for lost wages.
- Your savings** Statistics show that many families today are living paycheck to paycheck. Without additional financial protection, the added expenses due to a disability could deplete your savings very quickly.
- Your future** Without the security of your regular paycheck, it is difficult to set money aside for future expenses like college tuition or retirement funding. With added disability insurance, you won't have to give up your future plans as a result of an extended illness or injury.

PREMIER WHOLE LIFE INSURANCE

Premier Whole Life Insurance offered by ING Employee Benefits, underwritten by ReliaStar Life Insurance Company, provides insurance coverage with a guaranteed death benefit to meet long-term insurance needs. You can take comfort in the guaranteed level premiums and the cash value accumulation throughout the life of the policy as long as you make the required premium payments. Premier Whole Life Insurance is a traditional life insurance option for meeting insurance needs over one's lifetime.

PLAN FEATURES:

- You have the ability to purchase whole life insurance for yourself, your spouse, your children and/or grandchildren.
- Whole life insurance is voluntary, which means you purchase the precise amount of coverage that is right for your needs.
- No physical exams are required to apply for coverage amounts within the offer (although health questions may be asked).
- Because your coverage is individually owned, you can take your policy with you if you leave the company or retire.

Your enrollment representative¹ can help you calculate the premium, which will vary depending upon your age, tobacco use, the amount of coverage you elect, and the optional riders you choose. Your enrollment representative¹ can give you detailed information on the policy and costs during your enrollment session.

This is a brief summary of benefits only. The policy may vary by state. The policy has exclusions and limitations which may affect any benefits payable. Policy Form #: RL-WL2-POL-07 03/2011

1. A licensed insurance agent/producer



GROUP SPECIFIED DISEASE INSURANCE WITH OPTIONAL CANCER BENEFIT

Could your bank account survive a serious illness? Be prepared with group specified disease insurance from Unum. Specified disease insurance can pay a lump sum benefit at the diagnosis of a covered illness. You choose the level of coverage — from \$5,000 to \$50,000 — and you can use the money any way you see fit.

Illnesses covered by the base plan include:	
Base covered conditions – Category 1 Coronary artery bypass surgery (<i>pays 25% of the benefit amount</i>) Heart attack Stroke (<i>evidence of persistent neurological deficits confirmed at least 30 days after the event</i>)	Base covered conditions – Category 2 Benign brain tumor End stage renal (kidney) failure Major organ failure Blindness
Base covered conditions – Category 3 Coma (<i>resulting from severe injury lasting for 14 consecutive days or more</i>) Occupational HIV Permanent paralysis (<i>complete and permanent loss of the use of two or more limbs for a continuous 90 days as a result of a covered accident</i>)	Cancer conditions – Category 4 You may choose to select this benefit for an additional premium. Cancer Carcinoma in situ ¹ (<i>pays 25% of the lump sum benefit</i>)
100% of the benefit payable for each category. Please see policy definitions for complete details about these covered conditions.	

You can use this coverage more than once and you may receive up to 100% of the benefit amount for each category. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining specified diseases if listed under another category and medically unrelated. Payout of the coronary artery bypass surgery and carcinoma in situ, which are paid at 25% of the benefit amount and payable once per covered individual, reduces the remaining amount payable for another specified disease in the same category.

Who is eligible?

- All employees who are actively at work
- Spouse ages 17 – 64
- Child(ren) newborn – age 24 and unmarried

All eligible children are automatically covered at 25% of the employee benefit amount at no additional cost. Eligible children are covered for the same conditions as employee and the following specific childhood conditions: Category 1: Down syndrome; Category 2: cerebral palsy, cystic fibrosis, and spina bifida; Category 3: cleft lip or palate.

The following is automatically included in your plan:

- **Wellness benefit:** can pay \$75 per calendar year per insured individual if a covered health screening test is performed, including: blood tests, chest X-rays, stress tests, mammograms, colonoscopies. A full list of covered tests will be provided in your certificate.
- **Recurrence benefit:** can provide an additional payout for a second occurrence of: benign brain tumor, coma, heart attack, stroke. 12 months must elapse between occurrences of the same condition. A benefit payout of 50% will be paid for the second occurrence of one of the covered conditions listed above.

Being “actively at work” means that on the day you apply for coverage, you are working at one of your company’s business locations, or you are working at a location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health, or if you are on a leave of absence.

¹ Carcinoma in situ is defined as cancer that involves only cells in the tissue in which it began and that has not spread to nearby tissues. Underwritten by: Unum Life Insurance Company of America, 2211 Congress Street, Portland, ME 04122 unum.com
Unum complies with all state civil union and domestic partner laws when applicable. This information is not intended to be a complete description of the insurance coverage available. 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. For complete details of coverage and availability, please refer to Policy Form: CI-I or contact your Unum representative. © 2010 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. THIS INSURANCE PROVIDES LIMITED BENEFITS. CU-9516 (3/2011)



ACCIDENT INSURANCE

(A limited benefit policy)

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact, which can absorb your savings if you are not prepared.

Voluntary Accident Insurance can help cover the out-of-pocket expenses and extra bills associated with an accident or injury. The plan pays benefits for covered injuries and specified accident-related expenses.

The plan covers a wide variety of injuries and accident-related expenses such as:

- Ambulance rides
- Doctor visits
- Physical therapy
- Emergency room care
- Hospitalization
- Common injuries

PLAN FEATURES:

- Benefits are paid for accidents that occur off the job.
- You can also elect to cover your spouse and children.
- There are no health questions or physical exams required.
- Coverage is portable — you may be able to take your policy with you if you retire or leave the company.

Your benefit representative, who is a licensed insurance producer, can give you detailed information on the plan and costs during your enrollment session.

This is a brief summary of benefits, please see your policy and certificate for complete details, exclusions and limitations. 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. Issued by ReliaStar Life Insurance Company, a member of ING. Policy Form Numbers: RL-ACC2005-POL, RL-0ACC2005-SAR, RL-ACC2005-RCHILD 3/2011



MEDSUPPORT INSURANCE (HOSPITAL CONFINEMENT)

Don't let a hospital visit put your wallet in intensive care. Help keep your finances healthy with MedSupport Insurance from Unum. Unum's MedSupport Insurance pays you a lump sum benefit amount when you are hospitalized or have outpatient surgery for a covered injury or illness. MedSupport is offered to all eligible employees ages 17 to 64 who are actively at work. It can be used any way you choose for the expenses health insurance doesn't cover. Best of all, there's no eligibility waiting period.

Events covered by the plan include:

- Hospital¹ confinement
- Outpatient surgery

Additional coverage option:

- **Emergency care rider:** \$100 for emergency room visit, \$100 for ambulance transport and \$500 for air ambulance transport. For an extra premium, you can add the emergency care rider that allows you a maximum of two visits or trips per covered person per calendar year.

Choose the benefit amount you need:

- Hospital confinement plan - You select the benefit amount:* \$500 or \$1,000
- Outpatient surgery plan - Can pay up to the amount you select for the hospital confinement benefit. (Benefit amount based on the covered outpatient surgery performed; minimum benefit paid is \$250)

Reasons to buy this coverage at work:

1. You get affordable rates when you buy this policy through your employer, and the premiums are conveniently deducted from your paycheck.
2. You own the policy so you can keep it even if you leave the company or retire. Unum will bill you directly for the same premium amount.
3. Family coverage is available to your spouse and children.

Policy provisions

- Pre-existing condition limitations — Benefits will not be paid for a pre-existing condition if it occurs during the first 12 months after the coverage effective date. A pre-existing condition means a sickness or physical condition for which (in the 12 months before the coverage effective date) you or an insured family member received treatment or medical advice from a physician, took medicine, or had symptoms that would cause a person to seek medical treatment.
- Re-occurrence provision — If you are in the hospital more than once within 90 days for the same or a related covered condition, it's considered the same stay and you will receive only one benefit payment.
- Pregnancy — Nine months after coverage becomes effective, pregnancy is considered as any other covered illness. The available monthly benefits will be paid upon fulfillment of the elimination period. Benefits will not be paid if the insured individual gives birth within nine months after the coverage becomes effective. However, medical complications of pregnancy may be considered as any other covered sickness, subject to the pre-existing condition limitation.

¹ The definition of hospital does not include certain facilities. See your contract for details.

*Benefit amounts may vary based on selection by your employer. Please ask your benefit representative for details.

THIS IS A LIMITED POLICY. For employee information.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21804 or contact your Unum representative.

Underwritten by: Provident Life and Accident Insurance Company, 1 Fountain Square, Chattanooga, TN 37402 unum.com

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CU-9516 (3/2011)



PERMANENT LIFE INSURANCE

Permanent, Portable Life Insurance:

Voluntary permanent life insurance from Texas Life can be an ideal complement to the group term life insurance. Designed to be in force when you die, this voluntary universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium.

PLAN FEATURES:

- **Express Issue** – Employees and spouses only have to answer three work- and health-related questions to qualify for significant amounts of coverage; children and grandchildren only have to answer one health-related question.
- **High Death Benefit** – With one of the highest death benefits available at the worksite,¹ PURELIFE gives your loved ones peace of mind, knowing there will be significant life insurance in force should you die prematurely.
- **Minimal Cash Value** – Designed to provide high death benefit, PURELIFE does not compete with the cash accumulation in your employer-sponsored retirement plans.
- **Long Guarantees** – Enjoy the assurance of a policy that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).
- **Refund of Premium** – Unique in the marketplace, PURELIFE offers you a refund of five years' premium, should you surrender the policy if the premium you pay when you buy the policy ever increases. (Conditions apply.)
- **Family Coverage** – You may apply for this permanent, portable coverage, not only for yourself, but also for your spouse, minor children and grandchildren.

1 Voluntary and Universal Whole Life Products, Eastbridge Consulting Group, October 2008

PURELIFE:

PORTABLE PERMANENT LIFE INSURANCE FOR YOU AND YOUR FAMILY

Permanent, individual life insurance can be an ideal way to provide money for your family when they need it most. To help ensure that your family has money when you die, consider applying for this permanent, portable and individually owned life insurance policy.



LEGAL PLAN

Finding an affordably-priced lawyer to represent you when you have trouble with creditors, buy or sell your home or even prepare your will can be a challenge. Now there's a smart, simple, affordable solution. Hyatt Legal Plans is a legal services plan that provides legal representation for you, your spouse and dependents at a price that won't break your budget. Now you have a resource at your fingertips for important, everyday legal services. What's more, for only \$15.75 a month (based on 12 deductions), you'll also have someone to turn to for unexpected legal matters. With Hyatt Legal you can receive legal advice and fully covered legal services for a wide range of personal legal matters, including:

- Court Appearances
- Document Review & Preparation
- Debt Collection Defense
- Wills
- Family Matters
- Real Estate Matters

IMPORTANT NOTICES

NOTICE REGARDING RATES:

The rates listed in this guide are monthly rates based on 12 deductions. If you are paid on a biweekly basis, divide the rates by two to determine the biweekly per pay period amount. Please note that these premiums are deducted on a pre-tax basis; therefore, changes are regulated by the IRS and may be made only during Open Enrollment unless there has been a qualifying status change. Life insurance premiums and The Standard disability insurance premiums are deducted post-tax.

ESCROW NOTICE FOR LESS THAN 12 MONTH EMPLOYEES:

In order to provide continuous medical coverage for less than 12-month employees and their dependents during the summer months (June–August), CMS deducts additional amounts, called escrow payments, to cover the summer months' deductions. The total premiums for June, July and August are divided equally into nine monthly deductions beginning the month of September. For employees who increase their coverage for July 1, additional escrow payments will be collected.

To see your individual rates per paycheck, log on to cms.hrintouch.com and view your employee benefits summary under the enrollment link.

Charlotte-Mecklenburg Schools reserves the right to amend, modify, suspend or terminate — in whole or in part — the plan at any time without approval, consent or acceptance of participants. This reservation applies to all active benefit plans including all medical and prescription drug plans, and includes the right to change contributions and available benefits.

Charlotte-Mecklenburg Schools will make reasonable efforts to maintain personal information, but it is entirely the responsibility of employees to maintain accurate and current personal information, including address, with the company. Failure to do so could result in loss of coverage.

It is the responsibility of employees and their covered dependents to notify Charlotte-Mecklenburg Schools of changes that may affect the eligibility of covered dependents, including but not limited to

- (1) the death of the covered employee,*
- (2) divorce or legal separation of the covered employee,*
- (3) a covered dependent child ceasing to qualify as a "dependent child" under the terms of the plan, and*
- (4) a covered member's entitlement to medicare.*

Notice of change must be made within 30 days of the change. Failure to notify may result in loss of coverage.

NOTE: This statement is intended to summarize the benefits you receive from Charlotte-Mecklenburg Schools. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.

SMART *Benefits*
Decisions

