



Employee Benefits Summary

2023

Benefit plans, policies, and carriers are subject to change from time to time. Group benefits change or renew on January 1st. Participation is subject to timely election of benefits, as required, which may include online or paper election notifications. This Employee Benefits Summary contains brief descriptions of benefits, and is not intended to be a contract or to take the place of summaries of benefits and coverage, summary plan descriptions, or plan documents.

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GROUP BENEFITS FOR FULL-TIME AND BENEFITED PART-TIME EMPLOYEES

For benefits purposes, full-time and benefited part-time regular employees are eligible for the full benefits package. Staff who work a schedule of at least 30 hours per week on a 12-month per year basis (or equivalent), and faculty who have a teaching load of 18 or more credits on an ongoing academic-year basis, qualify.

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For benefits purposes, benefited, part-time refers to employees who work a regular schedule (continuing year-to-year) of 1,000 hours per year or more. For faculty, this translates to a teaching load of 18 credits per academic year.

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MEDICAL AND PRESCRIPTION DRUG INSURANCE PLANS

Beginning 2023, Cairn University will have a new partnership with Christian Employers Alliance. CEA's member organizations form an insurance "captive" which allows the CEA and its affiliates to offer unique plan designs and attractive funding options. The plans, supported by Cigna's provider network, *do not* cover abortive services, sex-altering services, or same-sex or domestic partnerships.



- Pricing is excellent
- Cigna's network is strong, especially in the MidAtlantic region
- The plans offer Advocacy services to assist with claims question
- Network benefits apply to members' CURRENT providers who may not be in the Cigna network

TrueChoice

TruChoice is an innovative technology company which has partnered with Cairn University to provide medical insurance plans that have excellent pricing and integrated services.

Pre-existing Provider Relationship Rider

Cairn recognizes that our employees have trusted physician relationships who provide quality care. The Cairn Integrated Health Plan offers a unique and beneficial pre-existing provider relationship feature. This program encourages employees to continue to receive care from their current physician even when insurance providers change. This helps to ensure greater quality and continuity of care for the patient.

- You control your health provider relationships.
- Update your existing health care provider with your new identification card.
- In-network benefits apply to your current providers who may not be in the Cigna network.
- Direct questions from your provider's office to TrueChoice advocacy:

(888) 517-2454 or email: cairnadvocacy@itp4.com

When identifying new care providers, employees are encouraged to find providers within the Cigna network. (See link at right.)

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention in

healthcare goes a long way. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying problems early, they often can be treated at less cost.

The TrueChoice "5-Minute Rule"

The TrueChoice Advocacy Line provides personalized assistance with medical claim problems, benefit coverage, and health care questions.

If you are speaking for more than **5 minutes** about any benefit or health care issue and there is any **confusion**, contact the **TrueChoice Advocacy team**.

Your Advocacy Representative will cut through the red tape, speak with your care providers, and plan administration to resolve your issue.

Questions or concerns about your benefits? Please call the [Advocacy Line](tel:(888)517-2454) at:
(888) 517-2454
Or email: cairnadvocacy@itp4.com

Find a Cigna-Participating Provider

[Cigna Health Care Provider Directory](https://hcpdirectory.cigna.com)
hcpdirectory.cigna.com



GUIDESTONE DENTAL, LIFE AND DISABILITY INSURANCE PLANS

Cairn University is pleased to continue its partnership with GuideStone Financial Resources. GuideStone is a Christian organization with one goal: *to serve those who serve the Lord*.

- Pricing remains good, with no increases to employee costs in 2023.
- GuideStone is well-established and offers solid member service.
- Plans utilize major carriers which have strong national provider networks. Dental plans are with Cigna, and life and disability plans are with Unum.

MEDICAL PLANS

Benefits Options and Costs – Three Plan Choices

The plan you elect remains in effect for you and your eligible dependents through the calendar year. See pages 3 through 6 for additional plan details. Medical insurance plans include prescription drug, and telemedicine services, using the Cigna national network, with many participating providers in the greater Philadelphia region and broader mid-Atlantic region.

Plan A – High Option	Plan B – H.S.A. Compatible	Plan C – Base Plan
<p>This plan is a close match to the Health Choice Plan in effect in 2021 and 2022.</p> <p>The “High Option” name reflects that the employee per-pay cost is higher compared to Plans B and C. However, more services, including prescription medications, are provided on a copay basis, rather than paid out-of-pocket until a deductible is met.</p> <p>Employees who have chosen this plan design previously pay more up front, but less out-of-pocket through the year, and like that predictability.</p> <p>The High Option Plan allows for employees to elect participation in a Flexible Spending Account, to set aside some of their own pre-tax funds (deducted from pay) to cover out-of-pocket expenses. The H.S.A. (Health Savings Account), is <i>not</i> available to employees selecting this plan.</p> <p>See page 3 for details.</p>	<p>This plan is a close match to the Health Saver Plan in effect in 2021 and 2022.</p> <p>The H.S.A. Compatible plan is just that – it is the one plan option for employees who want to take advantage of participation in the Health Savings Account.</p> <p>This plan requires employees and dependents to meet the established single/family deductible before claims are paid by the plan.</p> <p>Employees electing this plan are automatically enrolled in the H.S.A. with the online bank, HealthEquity. This account belongs to the employee. The University (as in recent years) contributes \$400 (\$15.38 per pay) for a single and \$800 (\$30.77 per pay) for a family into this account over the course of the plan year. Employees may also make (and often do) their own pre-tax contributions.</p> <p>See page 4 for details.</p>	<p>The Base Plan is a newly added option in 2023. This plan has a significantly higher deductible than the other two plans, but a significantly lower per pay contribution cost.</p> <p>Employees who might wish to consider this plan are typically those who are super healthy and only need to use medical insurance for occasional minor illnesses. However, the plan also provides protection in the event of a serious illness or injury: the participants will need to have sufficient funds to cover the cost of the high deductible, if necessary.</p> <p>The Base Plan allows for employees to elect participation in a Flexible Spending Account, to set aside some of their own pre-tax funds (deducted from pay) to cover out-of-pocket expenses. The H.S.A. (Health Savings Account), is <i>not</i> available to employees selecting this plan.</p> <p>See page 5 for details.</p>
Employee Premium Cost Share Per Pay	Employee Premium Cost Share Per Pay	Employee Premium Cost Share Per Pay
Employee Only \$ 73.02	Employee Only \$ 37.37	Employee Only \$ 22.35
Employee + Spouse \$168.24	Employee + Spouse \$ 85.59	Employee + Spouse \$ 51.53
Employee + Child(ren) \$130.45	Employee + Child(ren) \$ 66.74	Employee + Child(ren) \$ 40.09
Employee + Family \$214.52	Employee + Family \$109.55	Employee + Family \$ 65.73

COMPARE TO 2022 RATES, BELOW

Employee Only	\$ 74.30	Employee Only	\$ 40.50
Employee + Spouse	\$171.20	Employee + Spouse	\$ 93.10
Employee + Child(ren)	\$132.75	Employee + Child(ren)	\$ 72.35
Employee + Family	\$218.30	Employee + Family	\$118.75

Plan A – High Option

COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	LIMITS/COMMENTS
COST SHARING & LIMITS			
Deductibles: Single / Family	\$500 / \$1,000	\$10,000 / \$20,000	
Out-of-Pocket Max: Single / Family	\$1,700 / \$3,400	\$15,000 / \$30,000	
PHYSICIAN SERVICES			
Primary Care Office Visits	\$25 Copay	40% Coinsurance	
Specialist Office Visits	\$25 Copay	40% Coinsurance	
Diagnostic Services	\$25 Copay	40% Coinsurance	Performed at physician's office
Chiropractic Manipulative Treatment	\$25 Copay	40% Coinsurance	
Maternity	100% After Deductible	40% Coinsurance	
Inpatient Visits	100% After Deductible	40% Coinsurance	
ER Physician Emergency Services	100% After Deductible	40% Coinsurance	Copay waived if admitted
Second Opinion	100% After Deductible	40% Coinsurance	
Physician Surgery Services	100% After Deductible	40% Coinsurance	
Inpatient Surgery	100% After Deductible	40% Coinsurance	
Outpatient Surgery	100% After Deductible	40% Coinsurance	
Telemedicine/Virtual Visits	100% After Deductible	40% Coinsurance	
ROUTINE PREVENTIVE CARE			
In-Network benefits for routine preventive care will follow the USPTF A and B recommendations, including diabetic supplies.	100% deductible waived	100% deductible waived	
MENTAL HEALTH & SUBSTANCE ABUSE CARE			
In-patient and Outpatient	100% After Deductible	40% Coinsurance	
FACILITY SERVICES			
Inpatient	100% After Deductible	40% Coinsurance	
Outpatient	100% After Deductible	40% Coinsurance	
Emergency Room	\$200 Copay After Deductible	\$200 Copay after Deductible	
Urgent Care	100% After Deductible	40% Coinsurance	
Skilled Nursing Facility	100% After Deductible	40% Coinsurance	
Rehabilitation Hospital	100% After Deductible	40% Coinsurance	
Home Health Care	100% After Deductible	40% Coinsurance	
Hospice Care	100% After Deductible	40% Coinsurance	
THERAPY			
Physical	100% After Deductible	40% Coinsurance	
Occupational	100% After Deductible	40% Coinsurance	
Speech	100% After Deductible	40% Coinsurance	
Chemotherapy	100% After Deductible	40% Coinsurance	
Radiation Therapy	100% After Deductible	40% Coinsurance	
OTHER SERVICES			
Ambulance Services – Medical Emergency - Ground	100% After Deductible	40% Coinsurance	
Ambulance Services – Air/Water	100% After Deductible	40% Coinsurance	
Durable Medical Equipment/Supplies	100% After Deductible	40% Coinsurance	
Outpatient/Independent Diagnostic Services performed by a hospital or other facility	100% After Deductible	40% Coinsurance	
PET, MRI, or CT if different than above	100% After Deductible	40% Coinsurance	
Cochlear Implants	100% After Deductible	40% Coinsurance	
Temporomandibular Joint (TMJ)	100% After Deductible	40% Coinsurance	
SECONDARY PRESCRIPTION DRUG PROG.	COPAY RETAIL	AFTER DEDUCTIBLE? Y/N	MAXIMUMS AND LIMITS
Tier 1 - Generic	\$10	N	Pharmacy benefit will default to plan maximums unless noted otherwise.
Tier 2 – Preferred brands (formulary)	\$35	N	
Tier 3 – Non-Preferred (non-formulary)	\$65	N	
Specialty	\$65	N	
Mail Order (maintenance meds)	No copay	N	Request mail order authorization from Advocacy
This plan uses the Magellan Rx Pharmacy Benefit Management:	https://us01.l.antigena.com/l/9U-5gbpmcpHXcOVyOUd9iaVugCXya0MfWqG0onaAHzV2qArHXjQQ419wXacWB8P4jy05ra9eWWfU6A0Z2UeaFrARn2Q0V~TTwQ3jBCh5K5IEjCtCUjknaFzCBYu7BbH03uS4OvLymu9LPnuqXJtpb9P96R--9iNQQdAD6IPOaJg5At09-NqbNylpHzgKiV~pdgUPNrWDXBWBWgjc9m		

Plan B - H.S.A. Compatible

COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	LIMITS/COMMENTS
COST SHARING & LIMITS			
Deductibles: Single / Family	\$1,700 / \$3,400	\$10,000 / \$20,000	
Out-of-Pocket Max: Single / Family	\$1,700 / \$3,400	\$15,000 / \$30,000	
Univ. H.S.A. Contributions: S/F			Up to \$400 / \$800 per year
PHYSICIAN SERVICES			
Primary Care Office Visits	100% After Deductible	40% Coinsurance	
Specialist Office Visits	100% After Deductible	40% Coinsurance	
Diagnostic Services	100% After Deductible	40% Coinsurance	Performed at physician's office
Chiropractic Manipulative Treatment	100% After Deductible	40% Coinsurance	
Maternity	100% After Deductible	40% Coinsurance	
Inpatient Visits	100% After Deductible	40% Coinsurance	
ER Physician Emergency Services	100% After Deductible	40% Coinsurance	Copay waived if admitted
Second Opinion	100% After Deductible	40% Coinsurance	
Physician Surgery Services	100% After Deductible	40% Coinsurance	
Inpatient Surgery	100% After Deductible	40% Coinsurance	
Outpatient Surgery	100% After Deductible	40% Coinsurance	
Telemedicine/Virtual Visits	100% After Deductible	40% Coinsurance	
ROUTINE PREVENTIVE CARE			
In-Network benefits for routine preventive care will follow the USPTF A and B recommendations, including diabetic supplies.	100% deductible waived	100% deductible waived	
FACILITY SERVICES			
Inpatient	100% After Deductible	40% Coinsurance	
Outpatient	100% After Deductible	40% Coinsurance	
Emergency Room	\$200 Copay After Deductible	\$200 Copay after deductible	
Urgent Care	100% After Deductible	40% Coinsurance	
Skilled Nursing Facility	100% After Deductible	40% Coinsurance	
Rehabilitation Hospital	100% After Deductible	40% Coinsurance	
Home Health Care	100% After Deductible	40% Coinsurance	
Hospice Care	100% After Deductible	40% Coinsurance	
MENTAL HEALTH & SUBSTANCE ABUSE CARE			
In-patient and Outpatient	100% After Deductible	40% Coinsurance	
THERAPY			
Physical	100% After Deductible	40% Coinsurance	
Occupational	100% After Deductible	40% Coinsurance	
Speech	100% After Deductible	40% Coinsurance	
Chemotherapy	100% After Deductible	40% Coinsurance	
Radiation Therapy	100% After Deductible	40% Coinsurance	
OTHER SERVICES			
Ambulance Services – Medical	100% After Deductible	40% Coinsurance	
Emergency - Ground			
Ambulance Services – Air/Water	100% After Deductible	40% Coinsurance	
Durable Medical Equipment/Supplies	100% After Deductible	40% Coinsurance	
Outpatient/Independent Diagnostic Services	100% After Deductible	40% Coinsurance	(erformed by a hospital or other facility)
PET, MRI, or CT if different than above	100% After Deductible	40% Coinsurance	
Cochlear Implants	100% After Deductible	40% Coinsurance	
Temporomandibular Joint (TMJ)	100% After Deductible	40% Coinsurance	
SECONDARY PRESCRIPTION DRUG PROG.	COPAY RETAIL	AFTER DEDUCTIBLE? Y/N	MAXIMUMS AND LIMITS
Tier 1 - Generic	\$0	Y	Pharmacy benefit will default to plan maximums unless noted otherwise.
Tier 2 – Preferred brands (formulary)	\$0	Y	
Tier 3 – Non-Preferred (non-formulary)	\$0	Y	
Specialty	\$0	Y	
Mail Order (maintenance meds)	100% After Deductible	N	Request mail order authorization from Advocacy
This plan uses the Magellan Rx Pharmacy Benefit Management:	https://us01.l.antigena.com/l/9U-5gbpmcpHXcOVyQUd9iaVugCXya0MfWqG00naAHZV2qArHXjQQ419wXacWB8P4jv05ra9eWWfU6A0Z2UeaFrArn2Q0V~TTwQ3jBCh5K5IEjCStCUjknaFzCBYu7BbH03uS4OvLymu9LPnuqXJtpb9P96R-9iNQQdAD6IPOajg5At09-NqbNylpHqKiV~pdgUPNrwDKxBWGjc9m		

Plan C – Base Plan

COVERED SERVICES	IN-NETWORK	OUT-OF-NETWORK	LIMITS/COMMENTS
COST SHARING & LIMITS			
Deductibles: Single / Family	\$3,000 / \$6,000	\$10,000 / \$20,000	
Out-of-Pocket Max: Single / Family	\$3,000 / \$6,000	\$15,000 / \$30,000	
PHYSICIAN SERVICES			
Primary Care Office Visits	\$25 Copay	40% Coinsurance	
Specialist Office Visits	\$25 Copay	40% Coinsurance	
Diagnostic Services	\$25 Copay	40% Coinsurance	Performed at physician's office
Chiropractic Manipulative Treatment	\$25 Copay	40% Coinsurance	
Maternity	100% After Deductible	40% Coinsurance	
Inpatient Visits	100% After Deductible	40% Coinsurance	
ER Physician Emergency Services	100% After Deductible	40% Coinsurance	Copay waived if admitted
Second Opinion	100% After Deductible	40% Coinsurance	
Physician Surgery Services	100% After Deductible	40% Coinsurance	
Inpatient Surgery	100% After Deductible	40% Coinsurance	
Outpatient Surgery	100% After Deductible	40% Coinsurance	
Telemedicine/Virtual Visits	100% After Deductible	40% Coinsurance	
ROUTINE PREVENTIVE CARE			
In-Network benefits for routine preventive care will follow the USPTF A and B recommendations, including diabetic supplies.	100% deductible waived	100% deductible waived	
MENTAL HEALTH & SUBSTANCE ABUSE CARE			
In-patient and Outpatient	100% After Deductible	40% Coinsurance	
FACILITY SERVICES			
Inpatient	100% After Deductible	40% Coinsurance	
Outpatient	100% After Deductible	40% Coinsurance	
Emergency Room	\$200 Copay After Deductible	\$200 Copay after Deductible	
Urgent Care	100% After Deductible	40% Coinsurance	
Skilled Nursing Facility	100% After Deductible	40% Coinsurance	
Rehabilitation Hospital	100% After Deductible	40% Coinsurance	
Home Health Care	100% After Deductible	40% Coinsurance	
Hospice Care	100% After Deductible	40% Coinsurance	
THERAPY			
Physical	100% After Deductible	40% Coinsurance	
Occupational	100% After Deductible	40% Coinsurance	
Speech	100% After Deductible	40% Coinsurance	
Chemotherapy	100% After Deductible	40% Coinsurance	
Radiation Therapy	100% After Deductible	40% Coinsurance	
OTHER SERVICES			
Ambulance Services – Medical Emergency - Ground	100% After Deductible	40% Coinsurance	
Ambulance Services – Air/Water	100% After Deductible	40% Coinsurance	
Durable Medical Equipment/Supplies	100% After Deductible	40% Coinsurance	
Outpatient/Independent Diagnostic Services performed by a hospital or other facility	100% After Deductible	40% Coinsurance	
PET, MRI, or CT if different than above	100% After Deductible	40% Coinsurance	
Cochlear Implants	100% After Deductible	40% Coinsurance	
Temporomandibular Joint (TMJ)	100% After Deductible	40% Coinsurance	
SECONDARY PRESCRIPTION DRUG PROG.	COPAY RETAIL	AFTER DEDUCTIBLE? Y/N	MAXIMUMS AND LIMITS
Tier 1 - Generic	\$10	N	Pharmacy benefit will default to plan maximums unless noted otherwise.
Tier 2 – Preferred brands (formulary)	\$35	N	
Tier 3 – Non-Preferred (non-formulary)	\$65	N	
Specialty	\$65	N	
Mail Order (maintenance meds)	No copay	N	Request mail order authorization from Advocacy
This plan uses the Magellan Rx Pharmacy Benefit Management:	https://us01.l.antigena.com/l/9U-5qbpmpcHXcOVyOUd9iaVugCXya0MfWqG0onaAHzV2qArHXjQQ419wXacWB8P4jy05ra9eWWfU6A0Z2UeaFrARn2Q0V~TTwQ3jBCh5K5IEjCStCujknaFzCBYu7BbH03uS4OvLYmu9LPnuqXjtpb9P96R-9iNQQdAD6IPOaJg5At09-NqbNylpHzqKiV~pdgUPNrWDKxBWGjc9m		



TELEMEDICINE

Cairn's medical insurance plan includes a national Telemedicine program, 1.800MD, as a valuable benefit available to you and your covered dependents. **1.800MD provides access to board certified physicians around the clock (24/7/365) via telephone or secure video.** Their doctors can answer questions, give advice, and even diagnose and treat illnesses - without long wait times and high costs.

With Cairn's plan, this program is the least expensive, most convenient access to a doctor for minor medical needs. Some of the common conditions treated by 1.800MD:

- Allergies
- Arthritic Pain
- Bronchitis
- Cold/Flu
- Gastroenteritis
- Headaches
- Insect Bites
- Sprains/Strains
- Respiratory Infection
- Sinus Infections
- Diarrhea
- Upset Stomach
- Urinary Tract Infections

About 1.800MD:

1.800MD provides fast and convenient access to quality medical care 24 hours a day, 7 days a week, 365 days a year throughout the United States. 1.800MD saves you and your family time and money as an alternative to non-emergent Emergency Room visits, Urgent Care Clinic visits or the inconvenience of traveling to a scheduled appointment with your Primary Care Physician.

How It Works:

Step 1: Activate Membership

To activate your account, please visit www.1800md.com and choose Member Login. Click the Activate button and enter your Group # & Member # (This can be found on your Membership Card).

Once you are logged into your Member Portal, you will need to complete your quick and easy Health History form. This **MUST** be completed before requesting a consultation.

Step 2: Request a Consultation

Simply request a consultation straight from your **Member Portal**. (Your basic member information, pharmacy information and symptoms will be noted at this step).

Step 3: Talk to a Doctor

A physician will call you within 1 hour for a diagnosis and if necessary e-prescribe to your pharmacy of choice.

Step 4: Continued Care

Your consultation notes and prescription information can be found on your member portal for you to share with your care coordinator or primary care physician if desired.

SAMPLE CARDS – will be updated



DENTAL PLANS – through GuideStone

Benefits Options and Costs – Three Plan Choices

Three plan options are available. The plan you elect remains in effect for you and your eligible dependents through the calendar year. The Cigna Dental Care DHMO is the most cost effective but requires participants to use the Cigna DHMO network. The Premier and Choice Dental Care Plan options represent a mid- and high-level PPO (Preferred Provider Option); if you were not covered under a dental insurance program immediately prior to electing PPO coverage, a waiting period will apply for certain services.

Per Pay Employee Rates for Dental	Premier PPO	Choice PPO	Cigna DHMO
Employee Only	\$14.65	\$9.94	\$6.31
Employee + Child(ren)	\$37.10	\$25.32	\$14.91
Employee + Spouse	\$30.36	\$20.94	\$10.68
Employee + Family	\$53.75	\$37.26	\$17.54

Dental Benefits	Premier Dental Care Plan*	Choice Dental Care Plan*	Cigna Dental Care DHMO Plan
Providers	May use any provider or save with network providers	May use any provider or save with network providers	Limited to network providers
Deductible - pp-py (per person, per year)	\$50**	\$50**	No deductible
Annual maximum benefit - pp-py	\$1,500	\$1,200	No annual maximum
Waiting periods	6 to 24 months for certain services	6 to 24 months for certain services	None
Preventive and Diagnostic Care	100%	90%	\$5 office visit copay + applicable fee***
Routine oral examinations - two per calendar year	100%	90%	No charge
Routine dental cleanings - two per calendar year	100%	90%	No charge – Limit 1 every 6 months
Bitewing x-rays – once every 12 months	100%	90%	No charge
Fluoride treatments for children under age 14 – one treatment per 12 months	100%	90%	No Charge****
Basic Restorative Care	80%	70%	\$5 office visit copay + applicable fee***
Panoramic x-ray – once every 60 months	80%	70%	No charge****
New fillings or replacement fillings – once every 24 months per filling	80%	70%	\$17 - \$35 for simple fillings; \$22 - \$115 for composite fillings
Simple extractions	80%	70%	\$53
Major Restorative Care	50%	50%	\$5 office visit copay + applicable fee***
Endodontic treatment (root canal)	50%	50%	\$38 - \$675
Dentures	50%	50%	\$430 - \$670
Crowns	50%	50%	\$105 - \$515
Implants	50%	50%	\$770 - \$970
Orthodontia	50% (\$1,000 lifetime maximum benefit)	50% (\$1,000 lifetime maximum benefit)	\$5 office visit copay + applicable fee*** (24 month limitation)

*Coverage percentages based on reasonable and customary charges; patients may be responsible for charges above that amount.

**Deductibles apply to basic and major services for the Premier and Choice Dental Care Plans.

***Fees based on the Cigna Dental Care DHMO Plan Patient Charge Schedule

****Limit of two times per calendar year for the Cigna Dental Care DHMO Plan only.

*****Limit once every three years for the Cigna Dental Care DHMO Plan only.

DENTAL PLANS

Tips and Tools

GuideStone gives you dental plans to smile about!

my.Cigna.com

Everything you need to know about accessing and managing your dental benefits is just a click away.

[my.Cigna.com](https://my.cigna.com)

Find a Dentist

Use providers in the Cigna Dental PPO network (Premier Dental Care and Choice Dental Care) to receive services at a discounted rate.

[my.Cigna.com](https://my.cigna.com)

[Look here for area DHMO participating dentists](#)

Cigna Healthy Rewards

Access discounts on health and wellness products and programs.

[my.Cigna.com](https://my.cigna.com) | 1-800-Cigna24

Oral Health Integration Program®

These enhanced benefits are available to pregnant women and those diagnosed with certain health conditions.

GuideStone.org/AdditionalBenefits
1-800-Cigna24

Dental Plan Schedules

See what's included in your dental plan benefit

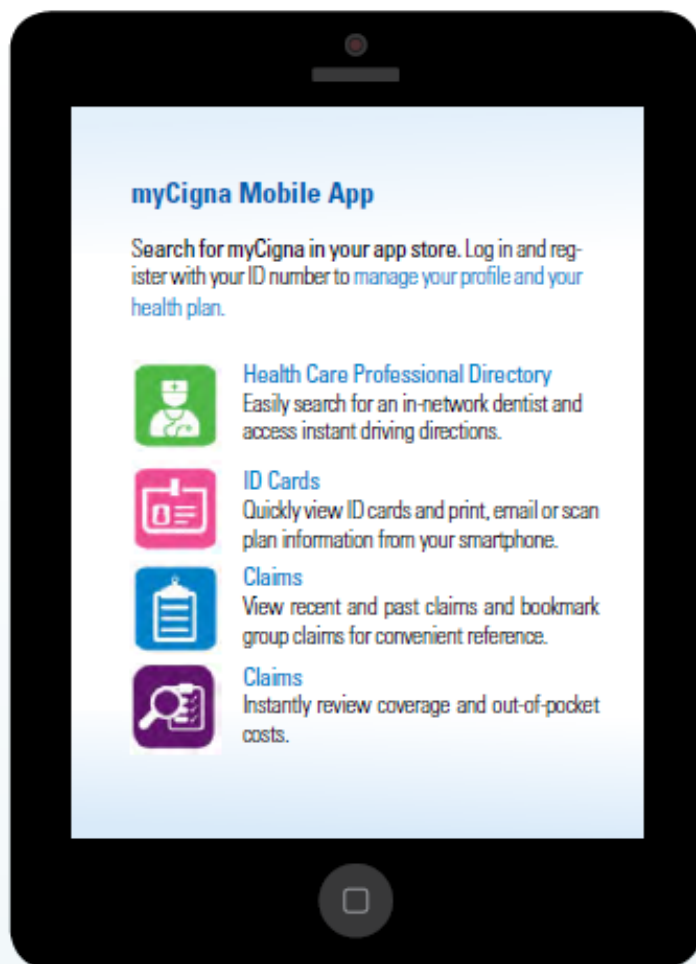
GuideStone.org/ProductDocuments

Dental FAQs

Here's where you can find answers to all your dental plan questions.

GuideStone.org/DentalFAQs

Explore all your additional dental benefits at:
[**GuideStone.org/AdditionalBenefits.**](https://GuideStone.org/AdditionalBenefits)



DENTAL COVERAGE

To find a dentist near you,
or view dental health
plans, call 1-800-244-6224
or visit *my.Cigna.com*.

WHAT IF I HAVEN'T RECEIVED MY ID CARD?

If you need to visit a dentist before receiving your ID card,
reference the **plan information below**.

PLAN INFORMATION

GuideStone Group Number — **3172000**
GuideStone HMO Group Number — **10112922**
Subscriber ID — Your Social Security number
Benefit questions — **1-800-CIGNA24** (1-800-244-6224)



ORDERING A NEW ID CARD

Employees are encouraged to call Cigna directly
at **1-800-244-6224** to request replacement ID
cards, or print them online at *my.Cigna.com*.


GuideStone®

Do well. Do right.®

Dental Discount Program – An Alternative to Dental Insurance



Take a Bite Out of Your Dental Bills!

Save on Braces, Oral Surgery, Root Canals,
Wisdom Teeth Extractions, Fillings & more.

CAIRN UNIVERSITY

Join Today & Receive
10% Off + 1 Extra Month Free

Use Coupon Code
CAIRN

Visit www.DentalPlans.com or
Call **1-855-873-7385** for help picking the
perfect plan to fit your dental needs.

:DentalPlans™

Why Choose Discount Dental Plans?

Advantages	Discount Dental Plans	Dental Insurance
Quick Plan Activation	✓	X
No Health Restrictions	✓	X
No Annual Limits	✓	X
No Paperwork Hassles	✓	X
No Waiting for Dental Care	✓	X

Receive 12 Months of Membership for One Low Payment

Visit www.DentalPlans.com or
Call **1-855-873-7385** for More Information

Savings plans are NOT insurance and the savings will vary by provider, plan and zip code. These plans are not considered to be qualified health plans under the Affordable Care Act. Please consult with the respective plan detail page for additional plan terms. The discounts are available through participating healthcare providers only. To check that your provider participates, visit our website or call us. Since there is no paperwork or reimbursement, you must pay for the service at the time it's provided. You will receive the discount off the provider's usual and customary fees when you pay. We encourage you to check with your participating provider prior to beginning treatment. Special promotions including, but not limited to, additional months free are not available to California residents. Note – not all plans and offers available in all markets. © 1999-2015 DentalPlans.com, Inc. All Rights Reserved. Patents Pending.

TERM LIFE AND ACCIDENT

University-provided and paid



Cairn provides university-paid life insurance for benefit-eligible employees, as well as additional coverage for accidental death and non-work-related accidents which result in certain types of disabilities. Enrollment is automatic. The IRS requires employees to be taxed on group life benefits which exceed \$50,000.

No enrollment is required, but a Beneficiary Designation Form must be completed.

EMPLOYEE TERM LIFE PLAN		
	Coverage amounts	1.5X Annual Salary, but not exceeding \$750,000.
	Age Reduction	At age 65, reduces to 65% of current amount but not to reduce below \$20,000 of coverage.
	Accelerated death benefit	50% of coverage amount not to exceed \$250,000.

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)		
	Benefit	Pays you or your beneficiary if you die or suffer a specified loss [eyesight, hand, foot, speech, or hearing] in an accident.
	Coverage amount	Equals Employee Group Life Plan amount

LONG-TERM DISABILITY

University-provided and paid



Long-term Disability Plans

Economy Long-term Disability Plan	
Elimination period	180 days
Benefit percentage	Up to 60% of monthly earnings
Maximum monthly benefit	\$7,500 per month
Definition of disability	2 years own occupation
Maximum benefit period (based on age at disability, see chart page 16)	ADEA I
Social Security integration benefit	Family must be eligible for SSI
Self-reported Symptoms/Disabilities due to mental illnesses	Limited pay period up to 12 months
Rehabilitation & Return to Work Assistance	Included

Important Information

- » Long-term disability coverage will not be extended in these locations: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan, and Yemen.
- » Short-term disability coverage is available only within the United States.

ADEA I	Age at disability	Maximum period of payment
	Less than 60	To age 65
	60	60 months
	61	48 months
	62	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 and over	12 months



Long-term Disability Plans: ADEA* Schedules

*Maximum benefit period (ADEA I):
The length of time the benefit will continue if the insured becomes disabled after age 60. The maximum benefit period depends on employee's age at the time disability begins. These schedules comply with Age Discrimination Employment Act (ADEA) guidelines.

TERM LIFE AND ACCIDENT

Optional and Employee-paid



Cairn offers benefit-eligible employees the opportunity to purchase life insurance for a spouse and/or children. Rates and coverage are excellent and payments are conveniently made by payroll deduction. Employees may purchase supplemental life and disability insurance for themselves. Certain limits and conditions apply. *See rates, next page.*

Upon termination of employment (or in the event of a status change to non-benefit eligible) an employee may be eligible to retain coverage through Unum through a GuideStone personal plan. Eligibility and rates are subject to GuideStone's personal plan criteria and options in effect at that time. Contact HR for details.

SPOUSE TERM LIFE PLAN (Optional)

Coverage amounts	\$10,000.
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CHILD TERM LIFE PLAN (Optional)

Coverage amount & limitations	\$10,000. Coverage begins at live birth and may continue up to age 26. There is a 60-day period to enroll a newborn.
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EMPLOYEE SUPPLEMENTAL AD&D

Benefit	Pays you or your beneficiary if you die or suffer a specified loss [eyesight, hand, foot, speech, or hearing] in an accident.
Employee coverage amount	\$25,000 increments up to a maximum of \$500,000

SPOUSE SUPPLEMENTAL AD&D

Spouse coverage amount	50% of employee coverage amount
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OPTIONAL EMPLOYEE TERM LIFE PLAN

Coverage	Available for employees who want additional coverage above their base Employee Term Life Plan. Optional Term Life coverage is available in \$5,000 increments from \$10,000 to \$50,000, a flat amount of \$100,000, or one to eight times salary. Guaranteed issue is available at initial eligibility for up to \$50,000 in coverage. Medical underwriting is required for enrollment after initial eligibility or for amounts in excess of \$50,000. The combined maximum for Employee Term Life and Optional Life is the lesser of \$750,000 or eight times salary. The combined accelerated death benefit for Employee Term Life and Optional Life is 50% of the total coverage amount, but not to exceed \$250,000.
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OPTIONAL SPOUSE TERM LIFE PLAN

Coverage	Spouse Optional Term Life coverage is available in \$5,000 increments (with underwriting). The combined maximum for Spouse Term Life and Optional Life is \$250,000, not to exceed half of the combined Employee Term and Optional Life amount.
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Coverage is not available to participants working in the following locations: Afghanistan, Algeria, Central African Republic, Chad, Congo, East Timor, Eritrea, Iran, Iraq, Kenya, Lebanon, Pakistan, Somalia, South Sudan, Sudan, Syria, Tanzania, Uganda, Uzbekistan, or Yemen.

TERM LIFE AND ACCIDENT

Optional and Employee-paid

Employee & Spouse Optional Term Life

Age	Monthly rate per \$1,000 coverage
19 & under	\$0.02
20 - 24	\$0.03
25 - 29	\$0.04
30 - 34	\$0.05
35 - 39	\$0.08
40 - 44	\$0.12
45 - 49	\$0.20
50 - 54	\$0.35
55 - 59	\$0.53
60 - 64	\$0.83
65 - 69	\$1.46
70 - 74	\$2.51
75 - 79	\$4.26
80 - 84	\$7.05
85+	\$10.74

Child Term Life

Age	Monthly rate
All ages (up to 26)	75¢ per family per month, regardless of number of children covered

Employee Accidental Death & Dismemberment

Age	Monthly rate
All ages	2.5¢ per \$1,000 coverage

Supplemental Accidental Death & Dismemberment

Age	Monthly rate
All ages	2.5¢ per \$1,000 coverage

Interested in exploring voluntary insurance options?

1. Use the [Optional Life Worksheet](#) to explore coverage amount options and use the cost calculator.
2. Contact Human Resources at human.resources@cairn.edu.

ADDED BENEFITS:

GuideStone gives you the help to deal with the challenges and triumphs of tomorrow.

Life Planning

When a loved one is terminally ill, or passes away, you may need help with the personal, financial, and legal decisions that need to be made.

[GuideStone.org/LifePlanning](https://www.guidestone.org/LifePlanning)

Assist America

A 24-hour network of emergency medical and legal resources offering worldwide emergency assistance to active employees and their families who are traveling.

[GuideStone.org/AssistAmerica](https://www.guidestone.org/AssistAmerica)

Accelerated Death Benefit

Allows terminally ill participants with a life expectancy of 12 months or less to receive up to 50% of the death benefit prior to death.

[GuideStone.org/TermLifeFAQs](https://www.guidestone.org/TermLifeFAQs)

Portability and Conversion

You and your dependents can continue coverage by converting to a policy directly through Unum if you leave your employer or otherwise lose eligibility.

[GuideStone.org/TermLifeFAQs](https://www.guidestone.org/TermLifeFAQs)

Education Benefit

For qualified dependents, your GuideStone AD&D coverage includes an additional education benefit of 6% of the full amount of the AD&D benefit, up to \$6,000 a year for up to four years.

[GuideStone.org/TermLifeFAQs](https://www.guidestone.org/TermLifeFAQs)

Designate a Beneficiary

Choosing a primary and secondary beneficiary assures that your benefits are inherited according to your wishes. Be sure to update your beneficiary designations if your circumstances change.

[GuideStone.org/InsBeneficiary](https://www.guidestone.org/InsBeneficiary)

Explore all your additional term life benefits at:
[**GuideStone.org/AdditionalBenefits.**](https://www.guidestone.org/AdditionalBenefits)

ADDED BENEFITS:

GuideStone gives you valuable programs at no additional cost with your disability plans.

Survivor Benefits

If you die after receiving disability benefits for 180 or more consecutive days, your survivor will receive a lump sum payment of three times your last month's gross disability benefit.

Rehabilitation and Return to Work Program

Individuals receive an additional benefit for participating in a rehabilitation program.

Unum Employee Assistance Program

Life's stresses aren't a game. That's why GuideStone has teamed up with our long-term disability benefits provider, Unum, to offer a free employee assistance program.

[GuideStone.org/WorkLifeBalance](https://www.GuideStone.org/WorkLifeBalance)

Explore all your additional disability benefits at:

[GuideStone.org/AdditionalBenefits](https://www.GuideStone.org/AdditionalBenefits).



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[GuideStoneInsurance.org](https://www.GuideStoneInsurance.org)

1-844-INS-GUIDE

ADDITIONAL CAIRN UNIVERSITY BENEFITS FOR FULL-TIME AND BENEFITED PART-TIME EMPLOYEES

COBRA

Employees and dependents covered under the medical insurance plans are eligible for COBRA coverage if their eligibility ends due to employment termination, change to part-time status or are no longer eligible for coverage (such as children who turn 26). COBRA requires payment of the full premium, and generally expires after three months of coverage. Please contact HR for details.

Pre-Tax Payroll Deduction Options for Medical & Dental Insurance

This IRS benefit allows for payroll deductions for your contributions toward the cost of medical and/or dental insurance premiums to be made on a pre-tax basis. Employees enrolling in group medical and/or dental insurance must elect or decline pre-tax deductions. The election may be changed at open enrollment.

Flexible Spending Accounts (FSA)

Employees may elect participation in the FSA upon full-time hire, and annually during open enrollment. The election may be changed at open enrollment or on the occasion of a qualifying event. FSAs are IRS-regulated. Contact HR for an enrollment form.

HEALTH CARE ACCOUNT

An IRS Section 125 benefit, the health care FSA allows you to reduce your taxable income by setting money aside on a pre-tax, calendar year basis to pay for certain *medical, dental, pharmacy, and vision* expenses not covered by Cairn's or other insurance plans. Examples of eligible expenses include co-pays, deductibles, and some medical supplies. The 2023 contribution maximum for health care expenses is \$3,050. Up to \$610 per year may roll-over to the following year's account if unused by Dec. 31. Employees who enroll in the medical insurance plan that partners with a Health Savings Account may not participate in the health care FSA, but may enjoy similar benefits in the H.S.A.

DEPENDENT CARE ACCOUNT

A DCA FSA allows you to set aside money on a pre-tax, calendar year basis to pay for the cost of caring for dependents while you are working. The 2023 DCA contribution maximum \$5,000 per household (\$2,500 per spouse if filing separately). Employees may participate in the DCA FSA even if enrolled in a Health Savings Account.

Health Savings Account (HSA)

Employees who enroll in medical insurance Plan B – H.S.A. Compatible are registered for an H.S.A. with our online bank partner, HealthEquity. For employees in this plan, the University contributes \$400/yr for a Single and \$800/yr for a Family. Contributions are prorated on a per-pay basis. Funds in an H.S.A. do not expire and may be used to pay for health-related expenses. An employee may receive employer and make employee contributions so long as s/he remains enrolled in a Cairn high-deductible health plan. [K:\Benefits Information\H.S.A. Employee Contribution Authorization Form for 2023.xlsx](#). Funds may be withdrawn even after the employee discontinues enrollment in a qualified high deductible health plan.

NOTE: Employees age 65 and over who have registered for Medicare may not make or have contributions made to an H.S.A. Those employees may take advantage of using the funds already accumulated in their H.S.A.s, and may still enroll in the medical insurance plan that partners with an H.S.A.

The 2023 annual maximum is \$3,850 single and \$7,750 family (+ \$1,000 for employees 55 or older), and there is flexibility as to how employee-elected contributions may be made throughout the year. H.S.A.s are IRS-regulated.

Paid Time Off

See policies 5506-04 and 5521-06.

HOLIDAYS The University observes between 19 and 21 paid holidays per year including, for most employees, New Year's Day, Martin Luther King, Jr. Day, Good Friday, Memorial Day, Independence Day *week*, two days for Fall Break (in lieu of Labor Day), three days at Thanksgiving, and December 24 through 31. Holidays vary slightly in some years depending on the academic calendar and the days of the week on which certain holidays fall.

PAID TIME OFF - Staff who are benefit-eligible receive personal paid time off to use for illness, personal reasons, and vacation. Staff members' PTO for the calendar year in which they are hired, or attain benefit-eligible status, is prorated by calendar year quarter. As of Jan. 1 following eligibility, new employees have 18 days of personal PTO per year. As of Jan. 1 following completion of 5 years, personal PTO increases to the maximum amount of 22 days per year. Employees eligible for PTO prior to 1/1/16 are grandfathered with a maximum of 28 days per year.

PAID TIME OFF – Faculty use sick/personal time as needed. Faculty receive four weeks of paid vacation per calendar year.

Staff and Faculty PTO is allocated on a calendar year basis and does not carry over from one year to the next.

Retirement Plan 403(b)

The 403(b), a defined contribution plan, allows employees to put money aside on a pre-tax or post-tax basis to be invested for use as income during retirement years. Full-1,000 hours per year are eligible to enroll.

Newly-eligible employees must elect or waive enrollment at the time they become eligible. A change in election or contribution amount may be made at any time by contacting the Human Resources Department.

The University provides a matching contribution once a participating employee has completed 3 calendar months of service. The match, which is subject to change, is 3%.

The IRS annual contribution limit is \$22,500 for 2023. The catch-up contribution for individuals aged 50 and over is \$7,500.

The University partners with the Standard as the plan record keeper, and Retirement Plan Advisors for consulting, fiduciary, and employee educational services.

BENEFITS FOR FULL- AND CERTAIN PART-TIME EMPLOYEES

Commuter Benefit

The program allows regular employees (consistently paid bi-weekly) to purchase train or bus fare up to a monthly maximum which is established by the IRS and subject to change. Transit voucher purchases are made directly with SEPTA. By presenting your monthly receipts to Human Resources, the University collects the cost for fare or monthly passes from your pay on a pre-tax basis, then reimburses your expenses (equal to the deductions) by way of non-taxable earnings, through payroll.

Employee Service Awards

Each December or January, regular faculty and staff are invited to attend a program during which employees are recognized for milestone years of service. Awards are given to those who, during the recent calendar year, completed 5, 10, 15, 20, 25, 30, etc., years of service.

Leaves of Absence

The University offers various types of leaves of absence. Some are available to full-time employees only, some to certain part-time employees as well, and some to all employees. Please read the referenced policies for details.

BEREAVEMENT See policies 5506-04 and 5521-06.

The University provides paid leave for a period of three work days of missed time when you experience a death in your immediate family. One paid day off is provided when a death of a non-immediate family member occurs.

JURY AND WITNESS DUTY

See policies 5506-04 and 5521-06.

If you are called to serve on jury duty, or to be a witness on behalf of or related to the business of the University, you will receive full regular pay for time missed.

MILITARY DUTY See policy 5521-11

Cairn complies with the Uniformed Services Employment and Re-employment Rights Act (USERRA) which established standards for job security and continuation of benefits for employees serving in the uniformed services.

FAMILY/MEDICAL LEAVE See policy 5521-08

Employees who have worked at least 12 months and 1,250 hours within the 12-month period immediately preceding the leave are eligible. FMLA is provided for your own serious health condition, or that of your spouse, child or parent who requires you to provide care; or for the birth, adoption or foster care placement of a child as your dependent. The University requires use of this PTO (when available) during FMLA leave.

During FMLA, when used for your own serious health condition, the University provides:

SHORT-TERM DISABILITY to allow for a level of income continuation during the FMLA leave and, under certain circumstances, personal leave.

PERSONAL LEAVE See policy 5521-10

You may request a personal leave of absence to follow an FMLA leave taken for your own illness, or for other reasons of a personal nature. Leaves are considered for approval on a case-by-case basis and, if approved, may be granted for up to three one-month periods.

Tuition Assistance See policy 5521-03

Tuition for undergraduate programs is provided to full-time employees and eligible dependent children (up to age 24).

Regular part-time employees working at least 1,000 hours per year, and their dependents, receive ½ the tuition benefit offered to full-time, and part-time benefited employees. Coverage for fees, housing, books, materials, etc. are not included in tuition assistance program. (continued)

Employees interested in using the tuition benefit should email their request to human.resources@cairn.edu.

The chart below shows the benefit available to employees and dependents, by program and employee status.

Summary of Tuition Remission Eligibility and Benefit/Scholarship Level

THIS TABLE PROVIDES A SUMMARY ONLY. PLEASE REVIEW POLICY FOR DETAILS AND EXCEPTIONS.	UNDERGRADUATE COURSES <i>INCLUDING DUAL-LEVEL AND DEGREE COMPLETION</i>			GRADUATE COURSES		
	Employee Tuition Remission*	Spouse Tuition Remission	Child(ren) Tuition Remission	Employee Tuition Benefit / Scholarship	Spouse Child(ren) Graduate Scholarship	
Full-time or benefitted part-time employee who is employed 12 mos/yr and works at least 30 hrs/wk (18 cr/yr if faculty) *	Trad: 100% up to 6 cr/sem, max. 18/yr, D.C.: 100% up to 18 cr/yr (no per sem. limit)	Hired prior to 1/1/08: 100% Hired after 1/1/08: 12.5% 1 st yr; 25% 2 nd yr; 50% thereafter.	Traditional Undergraduate only: 100%. (See 3.5.2 of Policy.)	<u>Benefit</u> , Max. 18 credits/acad. yr. Hired prior to 1/1/08: 100%; Hired after 1/1/08: 25% 1st yr; 50% 2nd yr; 100% thereafter. Benefit is taxable in excess of \$5,250/calendar year.	50%	50%
Part-time employee who is employed 12 mos/yr & who works 1,000+ hrs/yr (12 cr/yr if faculty) *	half of above	half of above	half of above	<u>Benefit</u> , half of above	half of above	half of above
Cairn-assigned FT Independent Contractor **	After one year of full-time service, same as PT Employee hired prior to 1/1/08.					
Presidential Intern ***	N/A	N/A	N/A	Scholarship. 100% for 3 credits/sem.	N/A	N/A
Graduate Assistant ***	N/A	N/A	N/A	Scholarship. 100% for full-time enrollment	N/A	N/A
Head and Assistant Coaches ****	N/A	N/A	N/A	Scholarship. 100% for maximum 18 credits per academic year	N/A	N/A
* Takes effect the semester immediately following employee date of hire/eligibility, provided such date is on or before the last day of the drop/add period. ** Takes effect semester immediately after IC has served one year in a FT capacity, provided such date is on or before the last day of the drop/add period. *** In effect in the full semester(s) during which Internship or Graduate Assistantship is served. For GAs, includes summer session. **** In effect during the academic year during which the coach is actively employed. Does not apply to full-time employees who also coach part-time.						

OTHER EMPLOYEE BENEFITS

Dental Discount

Cairn partners with DentalPlans.com to offer discounted membership in your choice of more than 30 dental discount plans. This is not insurance. Members pay an annual fee and may then obtain dental services at discounted rates from providers participating in the selected plan. Coverage for a family includes all members of one's household including children who may be ineligible for coverage in a traditional dental insurance program. DentalPlans.com also offers flexibility to choose and change plans, which is not available with traditional insurance plans.

Direct Deposit

Direct deposit is the University's preferred method of issuing pay. This method is beneficial to you in that the University electronically transmits pay into up to four bank or credit union accounts in a timely and efficient manner. Your accounts can be easily changed by submitting a new Direct Deposit Authorization Form to Human Resources no later than the Friday before the pay date on which the change is to take effect. For security purposes, submit direct deposit forms personally, by email to human.resources@cairn.edu from your Cairn email account, or via the secure HR portal at <https://cairn.edu/hr/start/>.

Discounts, Other

CAMPUS STORE

The Cairn campus store offers discounts to employees of up to 10% on certain items, excluding textbooks. Present your employee ID at time of purchase to receive your discount.

CAFETERIA – Pioneer College Caterers (PCC)

PCC, Cairn's food services provider, welcomes your use of the Dining Commons and Highlanders. To put Flex Dollars on your ID card, go to

<https://oncampusdining.com/cairn/product/flex-dollars>.

Employees can purchase between \$25 and \$200 of Cafeteria flex dollars on their account. Funds take 1-2 business days to register to your account. To use, simply present your ID at point of purchase.

If you receive a replacement ID, funds will need to be transferred from your former card. Contact Peter Gorman, Food Services Director, at ext. 4257, pgorman@cairn.edu, for assistance with Flex Dollars-related issues.

RICHTER OFFICE SUPPLIES

The office supply provider for Cairn, Richter extends the University discount to employees' personal purchases. Richter has an extensive office supply inventory and offers next-day delivery to most locations. To establish a personal account with Richter, call their Accounting Department at 215-723-3900. Be prepared to provide your credit card information.

VERIZON DISCOUNT

Verizon offers an 18% discount on personal Verizon Wireless service to Cairn employees. For more information, see the Verizon flyer available from the Discount Programs folder under Benefits Information on the K drive or from the Human Resources department.

MERCHANT DISCOUNTS

From time to time, area businesses offer a variety of coupons or discounts to Cairn employees. See [Restaurant Specials for Cairn](#) for a list of area restaurants which provide employee discounts. As new merchant discounts become available, they are announced in the *The Campus Walk*, Cairn's weekly faculty and staff newsletter.

Fitness Center

We all know how important it is to exercise and stay fit. With that in mind, the University encourages use of the Fitness Center at no charge to employees. Spouses and dependents, age 16 and over, may also use the Fitness Center; a nominal fee may be charged. Access to the Fitness Center is provided to both employees and guests by means of a University-issued identification card. General hours are Monday through Friday 6:00 am to 11:00 pm; Saturday and Sunday 3:00-11:00 pm. Hours are subject to change during breaks in the University's academic schedule.

Oasis Counseling Services

Cairn's Oasis Counseling Center provides Christian counseling services to faculty, staff, students, and members of the community. For information, contact the Center at oasis@cairn.edu or call 215-702-4224.

Pre-Paid Funeral Arrangements

Cairn partners with Life Celebration Funeral Homes to provide specially-packaged, prearranged funeral planning and final expenses insurance programs. Programs allow individuals to plan and fund their final expenses now, thus reducing financial and emotional burdens at the time of a loved one's death. Contact H.R. for information.

Unemployment Compensation

Under state-regulated unemployment compensation law, employees are taxed and employers are charged to fund unemployment compensation benefits for employees who become unemployed due to circumstances beyond their control.

Workers' Compensation

See policy 5521-14

Workers' Compensation pays for medical expenses and a portion of lost income in the event that you are injured or become ill as a result of a work-related incident. Workers' Compensation is funded by insurance paid for by the University, and is subject to state's regulations.

FEDERAL LEGISLATION IMPACTING CAIRN'S HEALTH CARE PLANS

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	CALIFORNIA-Medicaid Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	FLORIDA-Medicaid Website: https://www.flmedicaidtprerecovery.com/flmedicaidtprerecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA-Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	MASSACHUSETTS-Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102

INDIANA-Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	MINNESOTA-Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA-Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hippp HIPPP Phone: 1-888-346-9562	MISSOURI-Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS-Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	MONTANA-Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov
KENTUCKY-Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEBRASKA-Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA-Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEVADA-Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE-Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	NEW HAMPSHIRE-Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY-Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	SOUTH DAKOTA-Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	TEXAS-Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493

NORTH CAROLINA-Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	UTAH-Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	VERMONT-Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	VIRGINIA-Medicaid and CHIP Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON-Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WASHINGTON-Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	WEST VIRGINIA-Medicaid and CHIP Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP Website: http://www.cohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	WISCONSIN-Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	WYOMING-Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

HIPAA Notice of Privacy Practices for Protected Health Information

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects certain medical information known as “protected health information”. Generally, protected health information includes certain health information collected from you or created or received by a health care provider or your employer’s group health plan, from which it is possible to individually identify you and that relates to: (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present, or future payment for the provision of health care to you. Please refer to your employer’s separately-provided HIPAA Notice of Privacy Practices that describes the legal obligations of your employer’s health plan and your legal rights regarding your protected health information that is held by the plan. Generally, the employer’s plan is required by law to maintain the privacy of your protected health information; provide you with certain rights with respect to your protected health information; provide you with a copy of a HIPAA notice of the plan’s legal duties and privacy practices with respect to your protected health information; and follow the terms of the HIPAA notice that is currently in effect.

Special Enrollment Notice

This notice is provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage - If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 60 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). *Example:* You waived coverage under this Plan because you were covered under a plan offered by your spouse’s employer. Your spouse terminates employment. If you notify your employer within 60 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan. In response to the COVID-19 pandemic in the 2020 plan year, the timeline for reporting special enrollment events was extended 60 days past the end of the declared outbreak period. This provision carries over to 2021 until revoked.

Marriage, Birth or Adoption - If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, or placement for adoption. *Example:* When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 60 days from the date of your marriage.

Medicare Creditable Coverage Notice

The medical insurance plans offered by Cairn University are classified as creditable coverage for the purpose of enrolling in a Medicare Prescription Drug Plan (Part D). The Centers for Medicare & Medicaid Services (CMS) requires the carrier and Cairn University to notify all Medicare-eligible participants of this information about their health plan.

Employees and their Medicare-eligible spouses who are enrolled in Cairn’s medical insurance plans may enroll in Part D in the future and will not be subject to the late enrollment penalty paid by those in non-creditable plans.

To comply with Medicare requirements and to inform eligible individuals, the carrier mails *Notice to Medical Plan Participants* to these employees, in October each year. In addition to informing these employees of their plan status, the letter will also provide more information about the decisions they may need to make regarding Part D enrollment.

For individualized Medicare advice, please contact Malloy Advisors (see details, next page).

PROVIDER PHONE AND WEBSITE INFORMATION

Medical Insurance

TrueChoice Advocacy: 1-888-517-2454

Email: cairnadvocacy@itp4.com

MORE INFORMATION TO COME

Telemedicine: 1-800-530-8666

WEBSITE INFORMATION : www.1800MD.com

Dental, Life, Accident, and Long-term Disability Insurance

GuideStone Customer Solutions: 1-844-INS-GUIDE (1-844-467-4843)

GuideStone Website: GuideStone.org

For questions about eligibility or enrollment, contact Cairn HR at human.resources@cairn.edu.

For questions about coverage or claims, contact Rob Rudd, Relationship Manager at GuideStone, Rob.Rudd@GuideStone.org.

DENTAL PLANS - Cigna

Cigna Member Services: 1-800-224-6224

Cigna Website: my.Cigna.com

GuideStone Dental Plan No., PPOs 3172000

GuideStone Dental Plan No., DHMO 10112922

LIFE, ACCIDENT, and DISABILITY PLANS – Unum

Contact GuideStone for information and assistance

Other Plans and Providers

For questions about eligibility or enrollment, contact Cairn HR at human.resources@cairn.edu

Flexible Spending Account - HealthEquity

Client Number: 37922

PHONE INFORMATION: For Customer Service, call

1-877-924-3967 M-F, 8:00am to 8:00pm.

- ➔ FSA participants, keep in mind that your FSA ID number is your 9-digit Cairn ID, not your social security number.

WEBSITE INFORMATION

- HealthEquity.com
- Select EMPLOYEES, then review FSA information for “Healthcare” or “Dependent Care”
- Enrolled employees are encouraged to register as an online user through “Account Management”

Health Savings Account – HealthEquity

Client Number: 42863

PHONE INFORMATION: For Customer Service, call

1-877-915-3233 (24/7)

- ➔ HSA participants, keep in mind that your HSA is a personal bank account. While you can change your contributions thru HR, debit card issues or changes to personal information must be handled directly between you and HealthEquity.

WEBSITE INFORMATION

- my.healthequity.com

403(b) Retirement Plan – The Standard

Plan Number 809681

PHONE INFORMATION: STANDARD CUSTOMER SERVICE, 1-800-858-5420

- Call this number between 8:00 a.m. and 8:00 p.m. Eastern Time, or email to savings@standard.com

WEBSITE INFORMATION - www.standard.com/retirement to access your account balance, make investment changes or initiate a loan/distribution.

RETIREMENT PLAN ADVISORS (RPA), 1-855-772-2344 - Contact Financial Advisor and Client Service Specialist, Tom Clooney, for investment advice, assistance completing enrollment forms, and transfer/rollover paperwork related to Cairn’s retirement plan, or other questions about your Cairn 403(b). E-mail: tclooney@retirementplanadvisors.com; phone: 855.772.2344.

Medicare Advice - Malloy Advisors

The goal at Malloy Advisors is to help you choose the right Medicare Advantage or Medicare Supplement Plan that fits both your financial and medical needs. Malloy is a Medicare Supplemental Plan Broker and their advisors are well-informed about plan options, Medicare enrollment timing, and processes. There is no fee for consultations.

PHONE INFORMATION: 1-800-933-8129

WEBSITE INFORMATION: www.malloymedicare.com

Email: answers@malloymedicare.com

EMPLOYEE INFORMATION FORM FOR BENEFITS

If you're submitting this electronically, be sure to first save a copy using your name.

Employee Name: Last, First, Middle	Sex (M/F)	Social Security Number	Date of Birth (mm/dd/yyyy)

MEDICAL INSURANCE ELECTION

☐ **Plan A – High Option** (similar to the Health Choice Plan)
Per-Pay Employee Payroll Contribution Rates

Employee	Emp+Spouse	Emp+Child(ren)	Family
\$73.02	\$168.24	\$130.45	\$214.52

☐ **Plan B – H.S.A. Compatible** (similar to the Health Saver plan)
Per-Pay Employee Payroll Contribution Rates

Employee	Emp+Spouse	Emp+Child(ren)	Family
\$37.37	\$85.59	\$66.74	\$109.55

☐ **Plan C – Base Plan** (new option for '23)
Per-Pay Employee Payroll Contribution Rates

Employee	Emp+Spouse	Emp+Child(ren)	Family
\$22.35	\$51.53	\$40.09	\$65.73

☐ **I waive Cairn medical insurance**
Please provide proof of other health insurance coverage to HR.

DENTAL INSURANCE ELECTION

☐ **Dental Premier PPO**
Per-Pay Employee Payroll Contribution Rates

Employee	Emp+Spouse	Emp+Child(ren)	Family
\$14.65	\$30.36	\$37.10	\$53.75

☐ **Dental Choice PPO**
Per-Pay Employee Payroll Contribution Rates

Employee	Emp+Spouse	Emp+Child(ren)	Family
\$9.94	\$20.94	\$25.32	\$37.26

☐ **DHMO** Please indicate a DHMO participating dentist, below*
Per-Pay Employee Payroll Contribution Rates

Employee	Emp+Spouse	Emp+Child(ren)	Family
\$6.31	\$10.68	\$14.91	\$17.54

*
☐ **I waive Cairn dental insurance**

PRE-TAX DEDUCTION AUTHORIZATION	FLEXIBLE SPENDING ACCOUNT	403(b) RETIREMENT PLAN
Applies to employees who enroll in medical and/or dental insurance	Request & complete the FSA Enrollment Form	Upon initial enrollment, additional forms are required. Once enrolled you can make changes to your contributions at any time. You may complete this section of the form, or email decision to human.resources@cairn.edu .
<input type="checkbox"/> I ELECT the pre-tax option	<input type="checkbox"/> I elect the Healthcare FSA	<input type="checkbox"/> I authorize pre-tax salary reduction of this amount: %
<input type="checkbox"/> I DECLINE the pre-tax option	<input type="checkbox"/> I elect the Dependent Care FSA	<input type="checkbox"/> I authorize post-tax (Roth) salary reduction of this amount: %
<input type="checkbox"/> Does not apply at this time	<input type="checkbox"/> I waive participation in an FSA	<input type="checkbox"/> I decline participation (or wish to stop contributing) at this time.

Dependent #1 **MEDICAL INSURANCE:** ☐ Cover ☐ Remove **DENTAL INSURANCE:** ☐ Cover ☐ Remove

Dependent Name: Last, First, Middle	Sex (M/F)	Spouse or Child?	Social Security Number	Date of Birth (mm/dd/yyyy)

Dependent #2 **MEDICAL INSURANCE:** ☐ Cover ☐ Remove **DENTAL INSURANCE:** ☐ Cover ☐ Remove

Dependent Name: Last, First, Middle	Sex (M/F)	Spouse or Child?	Social Security Number	Date of Birth (mm/dd/yyyy)

Dependent #3 **MEDICAL INSURANCE:** ☐ Cover ☐ Remove **DENTAL INSURANCE:** ☐ Cover ☐ Remove

Dependent Name: Last, First, Middle	Sex (M/F)	Spouse or Child?	Social Security Number	Date of Birth (mm/dd/yyyy)

Dependent #4 **MEDICAL INSURANCE:** ☐ Cover ☐ Remove **DENTAL INSURANCE:** ☐ Cover ☐ Remove

Dependent Name: Last, First, Middle	Sex (M/F)	Spouse or Child?	Social Security Number	Date of Birth (mm/dd/yyyy)

Dependent #5 **MEDICAL INSURANCE:** ☐ Cover ☐ Remove **DENTAL INSURANCE:** ☐ Cover ☐ Remove

Dependent Name: Last, First, Middle	Sex (M/F)	Spouse or Child?	Social Security Number	Date of Birth (mm/dd/yyyy)

Dependent #6 **MEDICAL INSURANCE:** ☐ Cover ☐ Remove **DENTAL INSURANCE:** ☐ Cover ☐ Remove

Dependent Name: Last, First, Middle	Sex (M/F)	Spouse or Child?	Social Security Number	Date of Birth (mm/dd/yyyy)

EMPLOYEE SIGNATURE (not required if provided via Cairn email account)

DATE

EFFECTIVE DATE OF CHANGE