

Document: Summary of Benefits at Termination	Document #: BEN-Term-001	Issue date: 06/15/2011	Revision #: 003	Revision date: 04/26/2012
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# Summary of Benefits

## Event: Termination of Employment

**The information presented in this summary does not replace the official documents that legally govern the plan's operation. In the event that any conflict between this summary and the official plan document, the official document will govern. Fermilab (FRA) reserves the right to terminate or amend these plans at any time.**

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<b>Plans and Benefits</b>	
	<b>Impact of Termination on Coverage, Action Required</b>
	<ul style="list-style-type: none"> <li>• <b>If enrolled, your coverage will be cancelled on your last day of employment</b></li> <li>• <b>Information regarding continuation of your coverage under the Consolidated Omnibus Benefits Reconciliation Act (COBRA) will be provided by the Benefits Office as part of the Benefits Termination Packet. The information will be mailed to your home within 14 days of your termination date</b></li> <li>• <b>You will be responsible for completing your COBRA coverage election within the allowable time frame</b></li> <li>• <b>You will also be responsible for making your COBRA premium payments by the due date or no later than the allowable grace period</b></li> <li>• <b>You can set up your COBRA premiums to be automatically deducted from your checking account. Information will be included with your COBRA notification</b></li> <li>• <b>Your COBRA enrollment form and your first premium payment (if paying by check) should be sent to: Fermilab Benefits Office PO Box 500 MS 126 Batavia, IL 60510</b></li> <li>• <b>Subsequent payments (if paying by check) should be sent to: Fermilab Attn: Sylvia Gonzalez P.O. Box 500, M.S. 112 Batavia, IL 60510</b></li> </ul>
<b>Medical Insurance</b>	
<i>If you are eligible for retirement, please schedule an appointment with the Benefits Office to discuss retiree medical coverage.</i>	

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<b>Plans and Benefits</b>	
<b>Dental Insurance</b>	<b>Impact of Termination on Coverage, Action Required</b>
	<ul style="list-style-type: none"> <li>• <b>If enrolled, your coverage will be cancelled on your last day of employment</b></li> <li>• <b>Information regarding continuation of your coverage under the Consolidated Omnibus Benefits Reconciliation Act (COBRA) will be provided by the Benefits Office. The information will be mailed to your home within 14 days of your termination date.</b></li> <li>• <b>You will be responsible for completing your COBRA coverage election within the allowable time frame</b></li> <li>• <b>You will also be responsible for making your COBRA premium payments by the due date or no later than the allowable grace period</b></li> <li>• <b>You can set up your COBRA premiums to be automatically deducted from your checking account. Information will be included with your COBRA notification</b></li>   <li>• <b>Your COBRA enrollment form and your first premium payment (if paying by check) should be sent to:</b>  <b>Fermilab Benefits Office</b>  <b>PO Box 500 MS 126</b>  <b>Batavia, IL 60510</b></li> <li>• <b>Subsequent payments (if paying by check) should be sent to:</b>  <b>Fermilab</b>  <b>Attn: Sylvia Gonzalez</b>  <b>P.O. Box 500, M.S. 112</b>  <b>Batavia, IL 60510</b></li> </ul>

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<b>Plans and Benefits</b>	
<b>Flexible Spending Accounts:</b>  <b>Health Care</b>	<p style="text-align: center;"><b>Impact of Termination on Coverage, Action Required</b></p> <ul style="list-style-type: none"> <li>• <b>Your contribution to your healthcare account will be taken from your final paycheck, but will not be taken from any vacation pay. Coverage ends on your last day of employment.</b></li> <li>• <b>Reimbursement requests may be submitted up to 120 days after the end of the plan year (December 31).</b></li> <li>• <b>Information regarding continuation of your coverage under the Consolidated Omnibus Benefits Reconciliation Act (COBRA) will be provided by the Benefits Office. The information will be mailed to your home within 14 days of your termination date.</b></li> <li>• <b>You will be responsible for completing your COBRA coverage election within the allowable time frame</b></li> <li>• <b>You will also be responsible for making your COBRA premium payments by the due date or no later than the allowable grace period</b></li> <li>• <b>You can set up your COBRA premiums to be automatically deducted from your checking account- information will be included with your COBRA notification</b></li> <li>• <b>Contributions after termination are on an after tax basis</b></li> <li>• <b>Your COBRA enrollment form and your first premium payment should be sent to:</b>  <div style="margin-left: 40px;"> <b>Fermilab Benefits Office</b>  <b>PO Box 500 MS 126</b>  <b>Batavia, IL 60510</b> </div> </li> <li>• <b>Subsequent payments (if paying by check) should be sent to:</b>  <div style="margin-left: 40px;"> <b>Fermilab</b>  <b>Attn: Sylvia Gonzalez</b>  <b>P.O. Box 500, M.S. 112</b>  <b>Batavia, IL 60510</b> </div> </li> </ul>

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<b>Plans and Benefits</b>	
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	<b>Impact of Termination on Coverage, Action Required</b>
<b>Flexible Spending Accounts:</b>	<ul style="list-style-type: none"> <li>• Your contribution to your dependent care account will be taken from your final paycheck, but will not be taken from any vacation pay. Coverage ends on your last day of employment.</li> <li>• Reimbursement requests may be submitted until the end of the next fiscal quarter for any expenses incurred while you were covered.</li> <li>• This benefit cannot be continued under COBRA</li> </ul>
<b>Dependent Care</b>	<ul style="list-style-type: none"> <li>• Long Term disability coverage ends on your last day of employment</li> </ul>
<b>Long Term Disability</b>	

<b>Retirement Account – 401(a) Plan</b>	<ul style="list-style-type: none"> <li>• The Lab’s contribution to your retirement account will cease on your last day of employment.</li> <li>• You may wish to contact TIAA CREF to set up a personal counseling session to review your retirement account.</li> </ul>
<b>Supplemental Retirement Account - 403(b) Plan</b>	<ul style="list-style-type: none"> <li>• Your contribution to your SRA will be taken from your final paycheck</li> <li>• No contribution may be taken from severance pay</li> <li>• You may elect to have a deduction taken from any vacation pay.</li> </ul>

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<b>Plans and Benefits</b>	
	<b>Impact of Termination on Coverage, Action Required</b>
	<p>Coverage under the life insurance and AD&amp;D Plan ends on the date you terminate employment.</p> <p><b><u>Conversion</u></b></p> <ul style="list-style-type: none"> <li>• You may convert any portion of your Basic Life Insurance coverage that you had as an active employee to an individual policy without evidence of insurability.</li> <li>• If you would like to convert your life insurance coverage, you must complete the conversion forms included in the Benefits Termination Packet</li> <li>• You must submit the conversion form and payment within 31 days of the date your coverage terminated</li> </ul> <p><b><u>Portability</u></b></p> <ul style="list-style-type: none"> <li>• If your employment ends prior to age 70, and you have supplemental life insurance, you may continue these life insurance benefits under the portability provision</li> <li>• Coverage may be continued until you reach age 70</li> <li>• You must complete the portability forms and submit payment within 31 days of the date your coverage terminated</li> </ul> <p>There is no continuation provision for your AD&amp;D coverage.</p>
<b>Basic Life Insurance</b>	
<b>Supplemental Life Insurance</b>	
<b>Accidental Death and Dismemberment (AD&amp;D)</b>	