



Alfred University  
OUTSIDE of ORDINARY

**BENEFIT ELIGIBLE  
STATUTORY EMPLOYEES**

**Benefit Effective Date**

*January 1, 2021*

# 2021 Employee Benefits Guide



*All Employees must complete an Election Form*

*Changes, no changes and coverage waivers.*

Benefits provided in association with



Questions | Help

1-800-836-0026

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**Legal Disclaimer:** Relph Benefit Advisors has attempted to ensure that the information in this Benefits Guide is clear and accurate. However, this Benefits Guide is not a legal document; the terms and provisions of each benefit are governed by the Plan Document or Summary Plan Description.

# Benefits at a Glance—2021

Benefit Plans	Coverage	Rates / 26-Pay Periods
<b>HEALTH BENEFITS</b>		
<b>Vision—EyeMed</b> <i>Dependents to age 26</i>	Employee	\$2.71
	Employee + 1	\$5.15
	Family	\$7.53
<b>REIMBURSEMENT ACCOUNTS</b>		
<b>Flexible Spending Arrangements (FSAs)</b>	Health Care FSA	\$2,750 (annual maximum)   \$250 minimum
	Dependent Care FSA	\$5,000 (annual maximum)   \$250 minimum
<b>EMPLOYER PAID BENEFITS</b>		
<b>Long Term Disability Insurance—Cigna</b>	Employee	60% of Base Monthly Earnings & 7% Pension Benefit (Max: \$8K monthly Benefit and \$1,000 Monthly Pension Benefit)
<b>Basic Term Life/AD&amp;D Insurance—Cigna</b>	Employee, Spouse & Child(ren)	Life=Employee: \$10K / Spouse: \$5,000 / Child(ren): \$2,000 AD&D= Employee Only: \$10K
<b>New York State Disability Insurance</b>	Employee	50% of Average Wages
<b>VOLUNTARY BENEFITS</b>		
<b>Term Life Insurance—Cigna</b>	Employee, Employee+ Spouse/Dom Partner and/or Child(ren)	Rates based on age and benefit elected Employee: up to 1-5x annual earnings to a max of \$550K Spouse: 50% of employee's election to a max of \$275K Child(ren): \$1K increments to a max of \$5K
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Insurance—Cigna</b>	Employee, Employee+ Spouse/Dom Partner and/or Child(ren)	Rates based on benefit elected Employee: Increments of \$25,000, \$300K Maximum Spouse: If no child(ren) insured: 50% of employee's benefit If child(ren) insured: 100% of employee's benefit \$250K, Maximum Child(ren): If no spouse insured: 10% of employee's benefit If spouse insured: 15% of employee's benefit \$25K Maximum
<b>Short Term Disability Insurance—Cigna</b>	Employee	Monthly Rate per \$10 of weekly benefit to a max of \$1,500 or 50% of earnings. <Age 54: \$0.254      Age 60-64: \$0.367 Age 55-59: \$0.311      Age 65+: \$0.403

**Medical Payroll Deductions** are subject to change pending final rate approval from the NYS Finance Department

# Eligibility

## Requirements

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You are eligible for vision, long-term disability, FSA, and group life benefits coverage if you are an active eligible employee of the College of Ceramics.

If you enroll, you also may enroll your eligible dependents including:

- Your lawful spouse (including same-sex spouse in a state that recognizes such unions)
- Your same or opposite sex domestic partner (per Alfred policy guidelines)

- Your dependent child(ren)

- Vision Plan: Up to age 26

- Your unmarried children of any age who are permanently and totally disabled physically or mentally for whom you provide financial support. You must periodically provide medical documentation of such disability

If you are adding dependents to your medical, dental, and/or vision benefits, proof of dependent eligibility may be required, such as a birth, adoption, or marriage certificate, or domestic partner certification.

## Changes to Your Benefit Elections

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Generally, employees may only make changes to your benefit elections during Open Enrollment; however, mid-year changes can be made, should you experience an IRS qualifying change in status listed below:

- Marriage;
- Birth or adoption of a child;
- Divorce / Dissolution of Domestic Partnership;
- Death of your spouse/domestic partner or child;
- Change in employment status that affects benefit eligibility for you or your spouse/domestic partner;
- or
- Change of eligibility status of a dependent (i.e., your child reaches the age limit of a benefit plan).

For full details, reference the Plan Documents or contact Human Resources. **If a request for a change does not meet at least one of the criteria above, you will not be able to change your election until the next open enrollment period.**

Benefit changes must take place within  
30-days of the qualifying change in status  
OR during Open Enrollment

## Who is entitled to Benefits under COBRA?

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**COBRA Qualified Beneficiaries** are individuals covered by a group health plan on the day before a COBRA qualifying event who is an employee, the employee's spouse, or an employee's dependent child.

**The COBRA Qualifying Events noted below** are certain events that would cause an employee, their covered spouse and dependent children to lose health coverage:

- The death of the employee/parent;
- The employee/parent's hours of employment are reduced;

- The employee/parent's employment ends for any reason other than gross misconduct;
- The employee/parent becomes entitled to Medicare benefits (under Part A, Part B, or both);
- The employee/parent divorces or is legally separated;
- or
- The child is no longer eligible for coverage under the Plan as a "dependent child" (usually due to over-age status).

# Eligibility

## State and Federal Regulations Regarding Enrollment in Benefits and Dependent Status

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Employees should consider that the choices made regarding their benefits and the decision to cover their dependents (i.e. spouse, domestic partner, children, etc.) could affect their State and Federal taxable income.

The reimbursement plans offered by your employer are subject to State and Federal regulations; therefore, please be advised that claims for reimbursement may be affected by your marital status.

*Please consult with your financial advisor, accountant or tax attorney for specific implications.*

Flexible Spending Arrangements are governed by Federal IRS Code 152.

## Domestic Partner Coverage Rules

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Employees may cover their domestic partner provided each are over 18 years old and each other's sole domestic partner and are not married to anyone.

Employees must provide documentation verifying the existence of the domestic partnership to qualify a domestic partner for coverage. Acceptable forms of documentation are listed below.

1. Registration as a domestic partnership or an affidavit of domestic partnership;
2. Proof of cohabitation for 6 months (for example, a driver's license or tax return); and
3. Proof of financial interdependence, as evidenced by two or more of the following:
  - a. A joint bank account
  - b. A joint credit or charge card
  - c. Joint obligation on a loan
  - d. Status as authorized signatory on the partner's bank account, credit or charge card
  - e. Joint ownership of holding of investments
  - f. Joint ownership of a residence
  - g. Joint ownership of real estate other than residence
  - h. Listing of both partners as tenants on the lease of the shared residence
  - i. Shared rental payments of residence (need not be shared 50/50)
  - j. Listing of both partners as tenants on a lease, or shared rental payments, for property other than residence
  - k. A common household and shared household expenses (for example, shared grocery, utility, telephone bills—(need not be shared 50/50)
  - l. Shared household budget for purposes of receiving government benefits
  - m. Status of one as representative payee for the other's government benefits
  - n. Joint ownership of major items of personal property (for example, appliances, furniture)
  - o. Joint ownership of a motor vehicle

- p. Joint responsibility for child care (for example, school documents, guardianship)
- q. Shared child care expenses (for example, baby-sitting, day care, school bills (need not be shared 50/50)
- r. Execution of wills naming each other as executor and/or beneficiary
- s. Designation as beneficiary under the other's life insurance policy
- t. Designation as beneficiary under the other's retirement benefits account
- u. Mutual grant of durable power of attorney
- v. Mutual grant of authority to make health care decisions (for example, health care power of attorney)
- w. Affidavit by creditor or other individual able to testify to partners' financial interdependence
- x. Other item(s) of proof sufficient to establish economic interdependency under the circumstances of the particular case.

Coverage of the subscriber's domestic partner under the medical contract will terminate on the date the domestic partnership ends. You are responsible for notifying Human Resources. A six (6) month waiting period will be imposed from the date a covered domestic partner is no longer eligible, until the date a new domestic partner is deemed eligible for coverage.

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**The value of your Domestic Partner's coverage will be added as taxable income to your pay.**

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# Vision Plan—EyeMed

The vision plan, through EyeMed, covers eye exams and materials, such as glasses, frames, and contacts. To receive maximum coverage, visit a provider in the Select network. When you visit an out-of-network provider, you receive reimbursement up to a scheduled amount for each covered service or supply after you file a claim for reimbursement. The plan helps you pay for a range of vision-related services and products as shown below.

Vision Plan—EyeMed	In-Network Member Cost	Out-of-Network Reimbursement
<b>Network</b>	Select	Not Applicable
<b>Vision Exam</b> (Once Per 12 Months)	\$10	Up to \$30
<b>Frames</b> (Once Per 24 Months)	\$0; \$130 Allowance; 20% off balance above \$130	Up to \$65
<b>Lenses</b> (Once Per 12 Months)		
<b>Single</b>	\$25	Up to \$25
<b>Bifocal</b>	\$25	Up to \$40
<b>Trifocal</b>	\$25	Up to \$60
<b>Progressive</b>	\$25	Up to \$40
<b>Contact Lenses</b> (Once Per 12 Months)		
<b>Fit &amp; Follow up</b>	Up to \$40	Not Covered
<b>Conventional</b>	\$0; \$130 Allowance; 15% off balance above \$130	Up to \$104
<b>Disposable</b>	\$0; \$130 Allowance	Up to \$104
<b>Medically Necessary</b>	\$0; Paid in full	Up to \$200
<b><u>Coverage Tier</u></b>		<b><u>Bi-Weekly Contributions</u></b>
Employee	\$2.71	
Employee + 1	\$5.15	
Family	\$7.53	
<b>To find a network provider, visit <a href="http://www.eyemed.com">www.eyemed.com</a></b>		

# Flexible Spending Accounts (FSAs)

When you participate in the Health Care and/or Dependent Care Flexible Spending Accounts (FSAs), administered by Benefit Resource, you can pay for eligible expenses with pre-tax dollars. Since your contributions are deducted before federal income taxes and Social Security taxes are calculated, your taxable income is lowered. This means you pay less tax in each paycheck and you reimburse yourself with tax-free money from your account, as shown in the chart below.

<b>Savings Example</b>	<b>With FSA</b>	<b>Without FSA</b>
Annual Pay	\$30,000	\$30,000
Health Care FSA Contributions	\$1,000	\$0
Federal, State and Social Security Taxes*	\$8,019	\$8,295
After-Tax Dollars Spent on Health Care Expenses	\$0	\$1,000
Net Available Income	\$20,981	\$20,705
<b>Tax Savings with the FSA Plan</b>	<b>\$276</b>	<b>\$0</b>

\*Assumes 15% federal tax, 5% state tax and 7.65% Social Security tax.

## FSA Facts

In exchange for tax advantages, the IRS sets certain requirements for FSAs:

- **Use it or lose it.** Any balance left in your FSA(s) after all of your incurred expenses are submitted and paid timely (see next page) will be forfeited. You cannot roll the balance over to the next year.
- **You must enroll each year.** Your enrollment will not carry over to the following benefit plan year.
- **The two Accounts are separate.** You cannot use the money in your Health Care FSA to pay for Dependent Care expenses, nor vice versa.
- **You may not be eligible for both the Dependent Care FSA and the dependent care tax credit on your federal income tax return.** Check with your tax advisor for details.
- **If you contribute** to a Health Savings Account, you cannot contribute to a Full Health Care FSA for reimbursement for medical expenses.

<b>Actions to Follow</b>	<b>Full Health Care FSA</b>	<b>Dependent Care FSA</b>
<b>Eligible Expenses</b>	<ul style="list-style-type: none"> <li>▪ Deductibles, copays and coinsurance for medical, prescription drug, dental and vision care that are not paid under any health plan.</li> <li>▪ Expenses exceeding plan limits or UCR cost. Over-the-counter medications not eligible unless insulin or with a prescription.</li> <li>▪ Refer to Publication 502 for more information.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Expenses that enable you and your spouse to work, look for work or attend school full-time.</li> <li>▪ Child care centers, private providers, nursery schools, summer day camps and after-school care provided for your eligible dependent (children up to age 13).</li> <li>▪ Care provided for your eligible elderly or disabled, tax-qualified dependent.</li> <li>▪ Refer to Publication 503 for more information.</li> </ul>
<b>Annual Contributions</b>	Up to \$2,750 Per Year, \$150 minimum	Up to \$5,000 Per Year, \$150 minimum (\$2,500 if Married and Filing Separately)
<b>Payroll deductions are taken:</b>	January 1, 2021 – December 31, 2021	
<b>Amount Available for Reimbursement</b>	Annual Elected Amount	Account Balance
<b>Enrollment Deadline</b>	Enroll during Open Enrollment OR when you have a qualifying life event You must re-enroll every year. Your election will NOT carry over.	
<b>Important Deadlines</b>	<ul style="list-style-type: none"> <li>▪ Incur expenses: March 15, 2022</li> <li>▪ Submit expenses: March 31, 2022</li> </ul>	

For more information, including a list of eligible expenses, visit [www.benefitresource.com](http://www.benefitresource.com), or call 1-800-473-9595.

## Paying for Eligible Expenses

- **Debit Card** – It works like a credit card and you can use it to pay for your health care and/or dependent care, expenses. Just one Debit Card is needed for all accounts. Keep your receipts. You may need to provide documentation to substantiate your purchase.
- **Submit a Claim for Reimbursement** – You will receive payment by check or Direct Deposit.

# Term Life/AD&D Insurances (Basic & Voluntary Plans)

## Basic Term Life/AD&D Insurance (Employer Paid)

Your employer provides eligible employees with this basic coverage at no cost to you.

According to Federal law, the first \$50,000 of employer provided Life Insurance is not taxable.

See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options.

### LIFE/AD&D INSURANCE FEATURES

Life Insurance Benefit	Employee: \$10,000 Spouse: \$5,000; Child(ren): \$2,000
Accidental Death Benefit	Employee: \$10,000
Reductions due to age	All amounts reduce to 50% at age 70

## Voluntary Term Life Insurance (Employee Paid)

### EMPLOYEE LIFE INSURANCE FEATURES

Life Insurance Benefit	Purchased in increments of 1, 2, 3, 4 or 5x basic annual earnings.
Maximum Benefit	The lesser of 5x-earnings or \$550,000.
Guaranteed Issue Amount	\$350,000 at initial eligibility.
Reductions Due to Age	Reduces to 50% at age 70

### SPOUSE LIFE INSURANCE FEATURES

Life Insurance Benefit	50% of the employee election
Maximum Benefit	The lesser of 50% of the employee's benefit or \$275,000
Guaranteed Issue Amount	\$20,000
Reductions Due to Age	Same as the employee and based on the employee's age.

### CHILD LIFE INSURANCE FEATURES

Eligible Dependents	Unmarried dependent children, to age 20; or to 25 if full-time student.
Life Insurance Benefit	Purchased in increments of \$1,000.
Maximum Benefit	\$5,000
Guaranteed Issue Amount	\$5,000

**Requirement:** Employee coverage required to purchase spouse and/or dependent coverage.

See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options

## Voluntary Term AD&D Insurance (Employee Paid)

### EMPLOYEE AD&D INSURANCE FEATURES

AD&D Benefit	Purchased in increments of \$25,000
Maximum Benefit	Lesser of 10 x annual earnings or \$300,000
Age Reductions	From age 70-74 reduces by 32%, at age 75-79 reduces by 53%, at age 80-84 reduces by 68%, and at age 85+ reduces by 84%

### SPOUSE AD&D INSURANCE FEATURES

Benefit	If no child(ren) insured: 50% of employee's benefit If child(ren) insured: 100% of employee's benefit
Maximum Benefit	\$250,000

See the carrier plan booklet for limitations, exclusions, and full benefit details including continuation of coverage options

Evidence of Insurability (Proof of Good Health) is required if:  
1- enrollment is waived at initial date of eligibility;  
2- applying for an amount greater than the Guaranteed Issue Amount; and  
3- increases in coverage.

Employee paid with after tax payroll deductions.

Coverage ends at the employee's retirement or if leaving employment.

### TERM LIFE INSURANCE

#### Monthly Rates for Employees & Spouse Plans

**Benefits for Employee and Spouse are NOT the Same**

Age	Per \$1,000	Age	Per \$1,000
<20	\$.037	55-59	\$.394
20-34	\$.058	60-64	\$.605
35-39	\$.071	65-69	\$1.025
40-44	\$.103	70-74	\$1.945
45-49	\$.154	75+	\$3.929
50-54	\$.245		
<b>Dependent Children</b>			\$.271

**Example: \$40,000 Life Insurance for an employee, age 57.**  
 $40,000 \div 1,000 = 40 \times \$0.394$  (rate) = **\$15.76/Month**

### CHILD AD&D INSURANCE FEATURES

Eligible Dependents	Unmarried dependent children, to age 20; or to 25 if full-time student.
Benefit	If no insured spouse: 10% of employee's benefit If insured spouse: 15% of employee's benefit
Maximum Benefit	\$25,000

### AD&D INSURANCE--Monthly Rates / \$1,000

Employee or Spouse	\$0.029	Child(ren)	\$0.062
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**Example: \$50,000 AD&D for an employee**  
 $50,000 \div 1,000 = 50 \times \$0.029$  (employee rate) = **\$1.45/Month.**



# Disability Insurances (Long and Short Term Plans)

## Employer Paid—Long Term Disability (LTD) Insurance

Alfred University provides a level of income protection should you become disabled and cannot work. Since Alfred University pays for your LTD coverage, any benefits you receive would be taxed as ordinary income.

LTD coverage is provided to you automatically.

### FEATURES OF THE PLAN

Maximum Benefit Period* <i>(see contract for full details)</i>	To normal Social Security Retirement Age
Monthly Benefit	60% of Base Monthly Earnings. May be reduced by other incomes eligible to receive.
Maximum Benefit / Monthly	\$8,000
Maximum Benefit / Monthly Pension	7% of Base Monthly Earnings or \$1,000 Max.
Benefit Start Date	180-days (Elimination Period)
Own Occupation Period	24-months
Any Occupation Period	60-months

*For more information about benefits and limitations, contact your HR department*

## Voluntary—Short Term Disability (STD) Insurance

Employees are automatically enrolled in this employee paid short term disability program.

Employees may opt-out of coverage but must elect that change.

The Short Term Disability benefits are offset by your NYS DBL benefit, as well as any other income you receive as a result of your disability.

### FEATURES OF THE PLAN

<b>Contributions</b>	Employee Paid
<b>Benefit Start Date</b>	After 7-days (injury or illness)
<b>Maximum Benefit Period</b>	26-weeks (25-payments)
<b>Benefit Amount</b>	50% of Base <u>Weekly</u> Earnings
<b>Maximum Benefit / week</b>	\$1,500
<b>Payments</b>	Pays in addition to any other benefits, including New York State Disability.

*For more information about benefits and limitations, contact your HR department*

### SHORT TERM DISABILITY INSURANCE

*Monthly Rate / \$10 Of Monthly Covered Payroll*

<b>Age &lt;54</b>	\$0.254	<b>Age 60-64</b>	\$0.367
<b>55-59</b>	\$0.311	<b>65/+</b>	\$0.403

#### Example

Annual Income	÷ 52 and x 50%= Weekly Benefit	÷ 10= Multiplier	See Rate Above/ (Age)	Multiplier x Rate= Monthly Rate
<b>\$28,000</b>	\$269	26.9	<b>\$.254 / (32)</b>	<b>\$6.83</b>

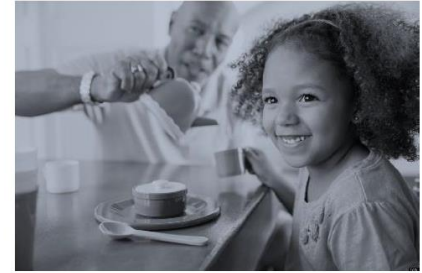
Monthly Rate x 12= Annual Premium and ÷ 26 = Per Pay Premium

*Insert Your Income and Compute Your Monthly Rate*

\$	\$		\$	\$
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**NOTE:** This benefit is in addition to the mandatory New York State Disability (NYS DBL) that provides a benefit of 50% of your weekly earnings up to \$170 per week.

# NY Paid Family Leave (PFL)



Paid Family Leave (PFL) is a mandatory benefit for most New York employers. PFL provides employees with paid benefits and job protection for three qualifying events.

## **CARE** for a family member with a serious Health Condition.

A leave taken to care for a family member (spouse, domestic partner, child, parent, grandparent, grandchild, and in-laws) with a serious health condition such as an illness, injury, impairment, or physical or mental condition that involved: inpatient care in a hospital, hospice, or residential health care facility; or continuing treatment or continuing supervision by a health care provider; or a family member who donates or is preparing to donate, an organ, **may include COVID-19 orders of quarantine or isolation.**

## **BOND** Maternity and Paternity Leave

A leave taken as a time to bond with a child.

Employee may seek these benefits: -during the first twelve months after the child's birth; or  
-during the first twelve months after the placement of a child as an adoption or foster care.

## **ASSIST** Family experiencing Active Duty Deployment

Active Duty Orders are required for the initial leave request to assist when a covered active duty or call to active duty status is issued for a spouse, domestic partner, child or parent.

**Eligibility**—Employees eligible for **Paid Family Leave (PFL)** must meet a qualification period:

- Employees working 20 or more hours per week, must have been employed at least 26 consecutive weeks at their current employer
- Employees working less than 20 hours a week, must have completed at least 175 work days at their current employer

**NOTE:** If an employee changes employers, time worked at the previous employer does not count.

In other words, employees with the new employer, begin a new qualification period. Time out on NYS Disability (DBL) does not count toward the qualification period.

## **What is the Paid Family Leave (PFL) Benefit?**

<b>Effective Date</b>	January 1, 2021
<b>Benefit Amount</b>	<b>67%</b> of an Employee's Average Weekly Wage*
<b>Maximum Benefit Amount</b>	<b>67% of NY State Average Weekly Wage (up to \$971.61)</b>
<b>Duration of Benefits</b>	Up to 12 Weeks

—Increases to Benefit Amount and Duration will be implemented incrementally through 2021.

—Benefit paid on wages up to the 2020 Statewide Average Weekly Wage of \$1,401.17.\*

—Leaves taken in weekly increments are paid the full benefit.

—Leaves taken in daily increments are based on the average number of days worked per week during the last 8 weeks before the leave and capped at 60 days.

## **Who pays for the Paid Family Leave (PFL) coverage and how does it work?**

**The cost of PFL is 100% employee paid** at .511% of weekly pay to an annual maximum of \$385.34.

*For more information about benefits and limitations, contact your HR department*

# Pet Insurance

## Discover the greatest pet insurance plans ever offered.

My Pet Protection® is offered exclusively to employees and gives your pet superior protection at an unbeatable price.

- ✓ 90% back on vet bills<sup>1</sup>
- ✓ Exclusive to employees, not available to the general public
- ✓ Same price for pets of all ages
- ✓ Best deal: average savings of 30% over similar plans from other pet insurers<sup>2</sup>
- ✓ Wellness plan option that includes spay/neuter, vaccinations and more



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Just like all other pet insurers, we don't cover **pre-existing conditions**.<sup>\*</sup> However, we go above and beyond with extra features such as **emergency boarding, lost pet advertising and more**. Plus, both plans have a low \$250 annual deductible and a generous \$7,500 maximum annual benefit.

<sup>\*</sup>Any illness or injury that your pet had prior to the start of your policy will be considered a pre-existing condition.

### Easy enrollment

- 1 Select the species (dog or cat)\*\*
- 2 Provide your zip code
- 3 Pick your plan

\*\*To enroll your bird, rabbit, reptile or other exotic pet, please call 888-899-4874.



Available to all pet insurance members. Unlimited, 24/7 access to a veterinary professional (\$150 value). Only from Nationwide®.



Get your pet insurance reimbursements deposited directly to your bank.

Submit claims right from your smartphone with the free VitusVet app.



Download from the App Store



Download from Google Play

Email, fax and snail mail claim submissions also available.

Sign up multiple pets with individual plans and receive a discount<sup>†</sup> for even more savings.

Get a free, no-obligation quote today at  
[www.petinsurance.com/alfred](http://www.petinsurance.com/alfred)



## For Assistance



**Relph Benefit Advisors | 1-800-836-0026**

### Insurance Carrier Contact Information

*Many websites require registration to login using information from your ID card and SSN.*

<b>Benefit</b>	<b>Insurance Provider</b>	<b>Website</b>	<b>Phone</b>
Vision	EyeMed	<a href="http://www.eyemed.com">www.eyemed.com</a>	1-866-299-1358
FSA's	Benefit Resource	<a href="http://www.benefitresource.com">www.benefitresource.com</a>	1-800-473-9595
Short Term Disability Insurance (Voluntary)	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	1-888-842-4462
Long Term Disability Insurance (Employer Paid)	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	1-888-842-4462
Term Life & AD&D Insurance (Employer Paid)	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	1-888-842-4462
Term Life Insurance (Voluntary)	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	1-888-842-4462
Term AD&D Insurance (Voluntary)	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	1-888-842-4462
Pet Insurance	Nationwide	<a href="http://www.nationwide.com">www.nationwide.com</a>	1-877-738-7874