



Part-Time Employee

# Benefits

Guide

2024



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**“...and if you spend yourselves in behalf of the hungry and satisfy the needs of the oppressed, then your light will rise in the darkness, and your night will become like the noonday.”**

*- Isaiah 58:10*



# Mission, Vision & Commitment

## Mission

Feeding God's starving children, hungry in body and spirit.

## Vision

Through God, Feed My Starving Children (FMSC) will strive to eliminate malnutrition and starvation in children throughout the world by helping to instill compassion in a generation that hears and responds to the cries of those in need, until all are fed.

## Our Commitment to Excellence

We will provide for our employees a satisfying work environment that is based on trust, mutual respect and doing the right thing.

## Human Resources Mission Statement

Strategically partnering in building FMSC's global operations by recruiting, developing, rewarding and retaining our national workforce and aligning it with our Christian mission and values.

## Diversity, Equity and Inclusion Statement

At Feed My Starving Children, we feed kids, feed spirits, and empower communities. To do this well, we must continually invest in diversity and inclusion. All of God's children – whether they eat FMSC meals, distribute them, fund them, or work to make them possible – bear His image. Jesus calls us to love our neighbors and for us, that means welcoming, honoring, and empowering each and every one. These values are non-negotiable.

# Contact Information



## Email

hr@fmsc.org



## Phone

763-267-6325



## Address

401 93rd Ave N.  
Coon Rapids, MN 55433

### Retirement Plan – 401(k)

#### The Standard

800-858-5420

[standard.com](http://standard.com)

### Vision Plan

#### EyeMed

866-939-3633

[eyemedvisioncare.com](http://eyemedvisioncare.com)

### Dental Reimbursement

#### FMSC Benefits Department

763-267-6325

[hr@fmsc.org](mailto:hr@fmsc.org)

### Paid Time Off

#### FMSC Human Resources

763-404-7871

### Clothing Discounts

#### FMSC MarketPlace

763-267-6314

## Eligibility

### Who is eligible and when:

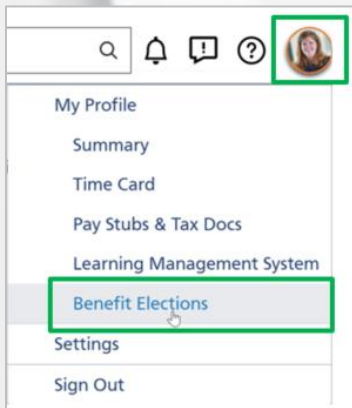
Regular, part-time employees are eligible to enroll in the following plans on the effective date shown.

Benefit Description	Effective Date
Paid Time Off (PTO)	Accruals begin immediately upon date of hire
FMSC Clothing Discounts	Immediately eligible upon date of hire
Employee Assistance Program (EAP)	Immediately eligible upon date of hire
Vision Benefit	1 <sup>st</sup> of the month following part-time start date
401(k)	1 <sup>st</sup> of the month following a 2-month waiting period
Dental Reimbursement	1 <sup>st</sup> of the month following a 6-month waiting period

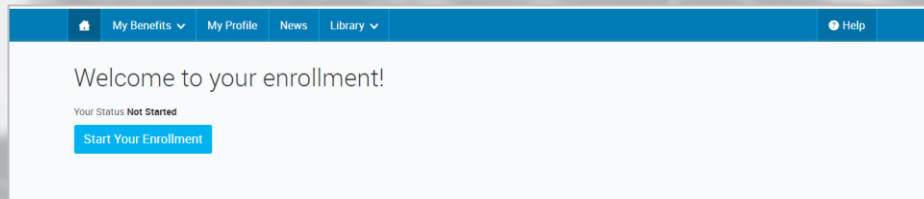
# Making your Benefit Selections

This page outlines the steps to complete your benefit enrollment online in Paycor. Please note – if you are newly eligible, enrollment may look different for you.

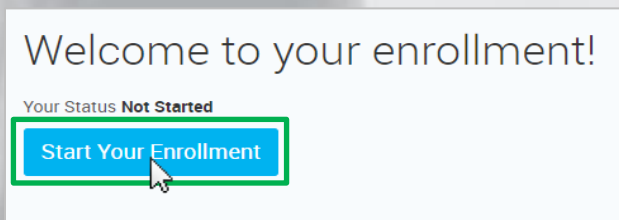
Login to [Paycor](#). Click your **Profile Image** on the right hand side, click **My Profile**, then click **Benefit Elections**



You will then be directed to your Benefits home screen



On your Benefits home screen, select **Start Your Enrollment**



For complete instructions please view [this guide](#).



# Retirement Plan – 401(k)

## Who is eligible and when:

All regular employees age 18 or older are eligible to enroll in the plan at any time after they have met the eligibility requirements as shown below. You can change or cancel the deferral election at any time.

### New Hire

*(You have not previously been employed by FMSC)*

- › You will be automatically enrolled in the plan at 1% of pay on the first of the month following a 2-month waiting period. You can change or cancel the deferral election at any time.

### Rehire

*(You have previously been employed by FMSC)*

- › If you were previously employed by FMSC and met eligibility requirements during your previous employment dates, you will be eligible to enroll on your first day of employment as soon as administratively possible.

## Plan features:

FMSC provides this benefit to help you save a portion of your income for retirement. To encourage saving for retirement, FMSC will contribute up to 4% matching contributions as shown below:

Employee Deferral	Employer Match	Total
1%	1%	2%
2%	2%	4%
3%	3%	6%
4%	3.5%	7.5%
5%	4%	9%
>5%	4%	>9%

## You May:

- › Roll over account balances from a prior employer's plan and/or IRA
- › Defer up to 90% of your eligible compensation
- › Elect to contribute pre-tax or post-tax (Roth) deferrals

## Contributions:

- › Your contributions are 100% vested
- › Employer match contributions are 100% vested

2024 Contribution limit:	\$23,000
Catch-up contribution (age 50+)	\$7,500



# Dental Reimbursement

## Benefits you receive:

FMSC will reimburse each regular, eligible part-time employee up to \$300\* per calendar year for the employee's dental expenses, orthodontia expenses, or premiums paid to obtain individual dental insurance.

To receive this reimbursement, the employee must complete a reimbursement form, attach the itemized receipt along with other required documentation, and then submit the form to Human Resources for processing. If you are covered by individual insurance, an Explanation of Benefits (EOB) from the insurance company is required. If covered by a dental savings plan or discount program, a Fee Schedule of Coverage is required. Premiums to another employer-sponsored dental plan (e.g. spouse's group plan through employer) are not reimbursable. For more information, please view this 10-minute video regarding the Dental Reimbursement Plan: <G:\Everyone\HR Forms & Resources\Benefits\Dental Reimbursement\Dental Reimbursement Presentation.mp4>

Dental Reimbursement
\$300*

*\*Eligible part-time employees will receive a prorated amount during their first calendar year.*

### Please note:

The Participant will be required to complete their signature on the [Dental Reimbursement Form](#) verifying that the claimed expense amount has not been reimbursed under any other coverage. Dental expenses are **not reimbursable** if the participant has received (or will receive) reimbursement from another source - including other insurance, accident, health plan, other dental care plan, or tax favored health plan as defined by [IRS Publication 969](#) (such as a Flexible Spending Account, Health Savings Account, etc.).

If you have questions regarding these guidelines, please reach out to HR at [hr@fmsc.org](mailto:hr@fmsc.org) or 763-267-6325.



# Vision Plan

## Benefits you receive:

Reduce your out of pocket expenses for eyeglasses and contact lenses by enrolling in this plan. This is a materials-only plan, meaning that exams are not covered. A snapshot of your in-network vision benefits is shown below.

	In-Network Benefits
<b>Exam</b>	Not covered
<b>Frames</b>	\$0 copay; \$130 allowance, 20% discount over \$130
<b>Lenses</b> Single Vision, Bi-Focal, Tri-Focal, Lenticular	\$25 copay
<b>Lenses</b> Progressive (standard) Progressive (premium) Tier 1 Tier 2 Tier 3 Tier 4	\$90 copay \$110 – 135 copay \$110 copay \$120 copay \$135 copay \$90 copay; 20% off charge less \$120 allowance
<b>Contact Lenses</b> Conventional Disposable	\$0 copay; \$130 allowance, 15% discount over \$130 \$0 copay; \$130 allowance, plus balance over \$130
<b>Benefit Frequency</b> Lenses or Contact Lenses Frames	12 months 24 months

## Employee Vision Contributions:

Vision plan premiums are deducted from your paycheck on a pre-tax basis. These rates are based on 26 per-pay-period deductions each year.

Tier of Coverage	Employee Per Pay Period Premium	Employee Annual Premium
Employee only	\$2.09	\$54.36
Employee + Spouse	\$3.97	\$103.32
Employee + Child(ren)	\$4.18	\$108.72
Family	\$6.15	\$159.84



# Employee Assistance Program

provided by Health Partners

## Always-there-for-you-partner when you need it

When you need everyday support, your HealthPartners Employee Assistance Program (EAP) is your free and confidential partner to help with whatever life throws your way, 24/7. Think of your EAP as that life coach you always wanted and never knew you had until now.

And let's face it — life is stressful. That stress can weigh you down, drain your energy, create irritability and weaken your health. That's why self-care is so important. Let your EAP be that critical resource to support your self-care and help you be a better version of yourself, inside and out.

Whatever you're struggling with — whether it be mental health, financial concerns, child care, elder care, navigating challenging relationships, your career and more — we are here no matter what with tailored, free and confidential support for you and your household.



## Don't hesitate any longer: Reach out today

It's easy to put off self-care. But remember, the longer you do, the more the stressors in your life will negatively affect your overall health and well-being. You have a team at your fingertips to support you. You just have to take that first step. What are you waiting for? Reach out to your EAP — your always-there-for-you-partner — today.

*Please note – this service is entirely confidential between you and HealthPartners. Your information is not shared with Feed My Starving Children.*

## Contact Information



**Web**

[hpeap.com](http://hpeap.com)



**Mobile App**

iConnectYou



**Phone**

1-866-326-7194



# Remote Work

Feed My Starving Children is happy to provide flexible work arrangements that allow you to accommodate personal life demands and work in such a way that you feel most productive. Some of our jobs are conducive to a hybrid work structure, where employees have the choice to work remotely or from the office, based on the demands of specific tasks and personal work preferences. However, FMSC also encourages in-office work to strengthen team collaboration and facilitate face-to-face interactions that contribute to building a strong culture that is united by our Organization's mission and values. Please discuss with your manager whether or not your job is suitable for working remotely.

## Paid Time Off

### Benefits you receive:

FMSC provides a flexible PTO program that combines vacation, sick and personal time into one bank of time.

During an employee's first 12 months of regular part-time employment, PTO is accrued at a rate of .04 hours of PTO for every paid hour. For an employee working on average 20 hours per week, that translates to about 42 hours of PTO during their first year. The employee's PTO accrual increases each year for the first 4 years of employment.

PTO does not expire, but there is a cap on the amount of accrued, unused PTO an employee may have in their bank.

See policy in the [Employee Handbook](#) for more information.

## Clothing Discounts

From the FMSC Marketplace

### Benefits you receive:

Employees receive \$10 off FMSC T-shirts and sweatshirts sold in our MarketPlace.\*

\*The Donation T-shirt, online purchases, and other MarketPlace goods are not eligible for an employee discount.

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*This document is a summary and is not intended as policy or a complete description of benefits. This document is not a guarantee of benefits and is subject to change at any time. Details of each plan are contained in the plan documents which legally govern the operation of the programs. If there is any conflict between this document and any of the plan documents, the plan documents will always govern.*

# Crisis and Support Hotlines

## Hotlines

911 - An emergency is any situation that requires immediate assistance from the police, fire department or ambulance.

988 Suicide & Crisis Lifeline

Call or text 988; or chat at [988lifeline.org](https://www.988lifeline.org).

National Youth Crisis Hotline:

800-442-4673

## Arizona

La Frontera EMPACT – Suicide Prevention Center

Call: 480-784-1500



**988** SUICIDE & CRISIS  
**LIFELINE**

## Illinois

Suicide Prevention Services – Depression Line

Call: 630-482-9696

## Minnesota

United Way Hotline

Call: 211 or 800-543-7709 or 651-291-0211  
Text your zip code to 898-211

## Pennsylvania

Centre Helps

Call: 814-237-5855

## Texas

Integral Care

Call: 512-472-4357

**Additional Resources Available in Everyone Folder:**

<G:\Everyone\HR Forms & Resources\Benefits\Mental Health>

# IMPORTANT LEGAL NOTICES

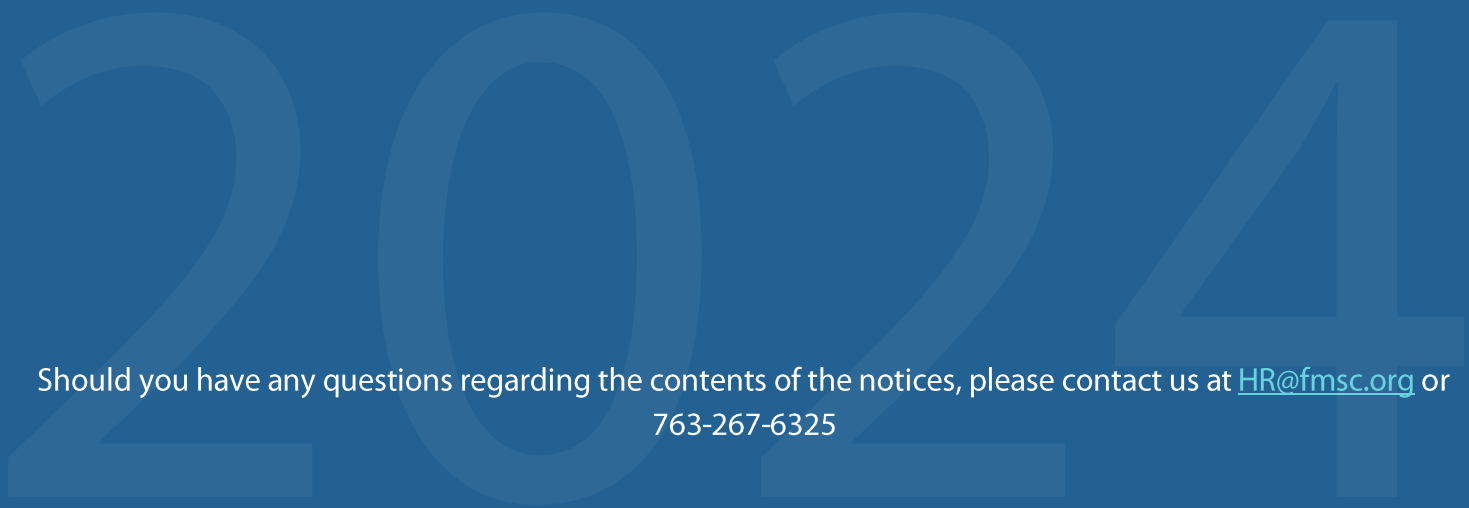


*As required by Federal Law*

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Should you have any questions regarding the contents of the notices, please contact us at [HR@fmisc.org](mailto:HR@fmisc.org) or 763-267-6325



# Statement of Rights (ERISA)

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all participants shall be entitled to:

## Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan’s annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

## Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

## Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants. No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

## Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$149 per day (up to a \$1,496 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

## Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

# *Your Information. Your Rights. Our Responsibilities.*

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Feed My Starving Children sponsors certain group health plan(s) (collectively, the “Plan” or “We”) to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the “Notice”) describes the legal obligations of Feed My Starving Children, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

- › your past, present or future physical or mental health or condition;
- › the provision of health care to you; or
- › the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully-insured group health plans offered by Feed My Starving Children, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

## Contact Information

If you have any questions about this Notice or about our privacy practices, please contact the Feed My Starving Children HIPAA Privacy Officer or the Human Resources Department:

Feed My Starving Children  
Attention: HIPAA Privacy Officer  
Jeanie Picardi, VP of Human Resources

## Effective Date

This Notice as revised is effective November 1, 2024.

## Our Responsibilities

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

We are 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 this Notice of our legal duties and privacy practices with respect to your protected health information; and
- › follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

### For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

### For Payment

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether



the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

### For Health Care Operations

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

### To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

### As Required by Law

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

### To Avert a Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

### To Plan Sponsors

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### Organ and Tissue Donation

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

### Workers' Compensation

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### Public Health Risks

We may disclose your protected health information for public health actions. These actions generally include the following:

- › to prevent or control disease, injury, or disability;
- › to report births and deaths;
- › to report child abuse or neglect;
- › to report reactions to medications or problems with products;
- › to notify people of recalls of products they may be using;
- › to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- › to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

### Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### Law Enforcement

We may disclose your protected health information if asked to do so by a law enforcement official—

- › in response to a court order, subpoena, warrant, summons or similar process;
- › to identify or locate a suspect, fugitive, material witness, or missing person;
- › about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- › about a death that we believe may be the result of criminal conduct;
- › about criminal conduct; and
- › in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

### National Security and Intelligence Activities

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### Inmates

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to

provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## Research

We may disclose your protected health information to researchers when:

- › the individual identifiers have been removed; or
- › when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

## Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

### Government Audits

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

### Disclosures to You

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

### Notification of a Breach

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

## Other Disclosures

### Personal Representatives

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). **Note:** Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- › you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- › treating such person as your personal representative could endanger you; or
- › in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

### Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

### Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your

revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

## Your Rights

You have the following rights with respect to your protected health information:

### Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

### Right to Amend

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- › is not part of the medical information kept by or for the Plan;
- › was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- › is not part of the information that you would be permitted to inspect and copy; or
- › is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

### Right to an Accounting of Disclosures

You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period ABC Company has been subject to the HIPAA Privacy rules, if shorter.

Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### Right to Request Restrictions

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health

information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

### Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

### Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact Human Resources at 763-267-6325 or HR@fmhc.org.

For more information, please see [Your Rights Under HIPAA](#).

### Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

# General Notice of COBRA Continuation Coverage Rights

**\*\* Continuation Coverage Rights Under COBRA\*\***

## Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- > your hours of employment are reduced, or
- > your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- > your spouse dies;
- > your spouse's hours of employment are reduced;
- > your spouse's employment ends for any reason other than his or her gross misconduct;
- > your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- > you become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- > the parent-employee dies;
- > the parent-employee's hours of employment are reduced;
- > the parent-employee's employment ends for any reason other than his or her gross misconduct;
- > the parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);



- › the parents become divorced or legally separated; or
- › the child stops being eligible for coverage under the Plan as a “dependent child.”

### ***When is COBRA continuation coverage available?***

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- › the end of employment or reduction of hours of employment;
- › death of the employee; *or*
- › the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify Human Resources within 60 days after the qualifying event occurs. You must provide this notice to: [HR@fmhc.org](mailto:HR@fmhc.org), or by calling Melissa Orrey, Benefits Analyst at 763-267-6325. Additional information on necessary documentation for qualifying events can be found in the Everyone folder: <G:\Everyone\HR Forms & Resources\Benefits\Qualifying Life Events>**

### ***How is COBRA continuation coverage provided?***

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### *Disability extension of 18-month period of COBRA continuation coverage*

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

#### *Second qualifying event extension of 18-month period of continuation coverage*

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### ***Are there other coverage options besides COBRA Continuation Coverage?***

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children’s Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### ***Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?***

In general, if you don’t enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of:

- › The month after your employment ends; *or*



- › The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

#### ***If you have questions***

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

#### ***Keep your Plan informed of address changes***

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

#### ***Plan contact information***

Name of Entity/Sender: Jess Jadwin  
Contact--Position/Office: Benefits Specialist, Human Resources  
Address: 401 93<sup>rd</sup> Ave N. Coon Rapids, MN 55433  
Phone Number: 469-830-8703

<sup>1</sup> <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 9-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name <b>Feed My Starving Children</b>	4. Employer Identification Number (EIN) <b>41-1601449</b>	
5. Employer Address <b>401 93<sup>rd</sup> Avenue NW</b>	6. Employer Phone Number <b>763-504-2919</b>	
7. City <b>Coon Rapids</b>	8. State <b>Minnesota</b>	9. ZIP Code <b>55433</b>
10. Who can we contact about employee health coverage at this job? <b>Melissa Orrey, Benefits Analyst</b>		
11. Phone Number (if different from above) <b>763-267-6325</b>	12. Email Address <b>morrey@fmsc.org</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

**Full-Time, regular employees working 30+ hours per week.**

- With respect to dependents:

We do offer coverage. Eligible dependents are:

**-Enrollee's current legal spouse**

**-Dependent children (natural or legally adopted, child for whom enrollee or spouse is legal guardian, child covered under a qualified medical child support order) up to age 26 or disabled.**

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## Qualified Medical Child Support Orders

### Procedures for Feed My Starving Children's Group Health Plans

## ARTICLE I. INTRODUCTION

This document sets forth the procedures to be followed by Feed My Starving Children's group health plans upon receipt of "qualified medical child support orders" (QMCSOs), including National Medical Support Notices (NMSNs). These QMCSO procedures have been developed in accordance with Section 609(a) of the Employee Retirement Income Security Act of 1974 (ERISA), which requires group health plans to establish reasonable administrative procedures for determining whether orders are QMCSOs and administering the provision of benefits under QMCSOs. They are designed to assist the Plan Administrator in determining whether a particular order is a QMCSO and in carrying out its responsibilities relating to QMCSOs.

These procedures do not apply to benefits that are not "group health plan" benefits under ERISA, such as life insurance benefits and retirement benefits.

All actions related to QMCSOs and NMSNs must be taken in accordance with these procedures and must be performed on a timely basis.

### > WHAT IS A QMCSO?

A QMCSO is a judgment, decree, or order, issued by a court or through a state administrative process, that requires health plan coverage for the child of a participant (called an "alternate recipient") and that meets certain legal requirements. Such orders typically are issued as part of a divorce or as part of a state child support order proceeding, and are typically drafted by divorce lawyers. Unlike NMSNs, they are not required to follow a standard format. As a result, they may vary widely in terminology, format, and sophistication. Federal law requires a group health plan to provide benefits in accordance with such an order, if it is "qualified."

A QMCSO may apply to an employer's major medical plan, as well as to other types of group health plans such as dental plans, vision plans, and health FSAs.

In general, a child who is an alternate recipient under a QMCSO must be treated the same as any other child covered by the plan. If the Medical Child Support Order is not qualified, the group health plan will not provide group health plan coverage to the child, unless the child is otherwise eligible for and enrolled in the plan. More information on QMCSOs can be found at <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/qualified-medical-child-support-orders.pdf>.

### > WHAT IS AN NMSN?

State child support enforcement agencies are required to use an NMSN when enforcing the provision of health care coverage to children under an employment-related group health plan. This is a standard form that was jointly developed by the DOL and HHS. When properly completed by the issuing agency, the NMSN will constitute a QMCSO.

In some cases, orders will refer to or require a plan to comply with state laws enacted in response to Section 1908A of the Social Security Act, which requires states to enact certain medical child-support laws in order to receive federal Medicaid funds. These state laws are designed to help state governments and non-employee parents obtain private-sector health coverage for children, including coverage under employer-sponsored group health plans.

The NMSN will normally be sent to the employer. If the Feed My Starving Children determines that the NMSN cannot be implemented, the employer is required to notify the issuing agency, which is then responsible for notifying the child and/or parents. If the Feed My Starving Children determines that the specified conditions that might prevent the NMSN from being are not present, Feed My Starving Children is then required to forward Part B of the NMSN to the Plan Administrator, at which point the Plan Administrator becomes responsible for complying with the applicable notification requirements.

### > WHAT ARE THE PLAN'S RIGHTS AND RESPONSIBILITIES RELATING TO QMCSOs AND NMSNs?

Plans are not required to provide coverage in accordance with a child support order or other court order unless the order is "qualified" in accordance with ERISA §609(a). The Plan Administrator has the authority to determine whether an order

meets the requirements of ERISA §609(a). If the order does not meet these requirements, the Plan need not (and should not) provide any benefits to the alternate recipient, unless the child is otherwise eligible for and enrolled in the Plan or the order's deficiencies are corrected by the parties.

## ARTICLE II. PROCEDURES FOR DETERMINING WHETHER ORDERS ARE QMCSOS

The procedures to be followed upon the receipt by the Plan Administrator of a child support order depend on whether the order is an NMSN or another type of order.

### › UPON RECEIPT OF ANY ORDER OTHER THAN AN NMSN

#### 1. *Notification to the Participant and the Alternate Recipient Upon Receipt of the Order*

Upon receipt of any order other than an NMSN, the Plan Administrator must promptly provide written notification to both the participant and the alternate recipient(s) named in the order. The notification must inform the participant and the alternate recipient(s) that the Plan has received the order and should include a copy of the Plan's QMCSO procedures.

For the participant, the Plan Administrator should send the notification to the participant at the address shown in the employer's records. If the participant is represented by legal counsel, the notification may be sent to the participant in care of the participant's legal counsel.

For the alternate recipient(s), the Plan Administrator should send the notification to the address in the order, or if the order does not specify such an address, to the last-known address shown in the employer's records. If there are multiple alternate recipients named in the order, a single notification may be sent addressed to those alternate recipients who are, so far as the Plan Administrator is aware, residing at the same address. If the alternate recipients are minors, the notification may be sent to them in care of the parent with whom they are residing or, if they are represented by legal counsel, in care of their legal counsel.

#### 2. *Review of the Order*

The Plan Administrator must review the order using the checklist attached to these procedures to determine if it meets the legal requirements for a QMCSO. If the Plan Administrator considers it to be necessary or advisable, the Plan Administrator may seek the assistance of legal counsel in reviewing a proposed QMCSO.

#### 3. *Notification to the Participant and the Alternate Recipient Following Review of the Order*

Within a reasonable time after receipt of the order, the Plan Administrator must notify the participant and alternate recipient of the determination that it has reached as to whether the order is, or is not, a QMCSO. If the Plan Administrator determines that the order is not a QMCSO, an explanation of the defective or missing provisions should be included.

#### 4. *Time Period for the Plan Administrator's Review*

The Plan Administrator should review a proposed QMCSO as quickly as possible. Under normal circumstances, the Plan Administrator's review must be completed within 40 business days following receipt of the proposed QMCSO.

#### 5. *Combining Notifications to the Participant and Alternate Recipient*

When the Plan Administrator is able to review a proposed QMCSO immediately upon its receipt of the proposed order, the Plan Administrator may provide a single notification to the participant and the alternate recipient(s) informing them of its receipt of the proposed order, of the Plan's QMCSO procedures, and of the determination it has made as to whether the proposed order should be recognized as a valid QMCSO. Alternatively, the Plan Administrator may include separate notifications in the same envelope sent to the participant or to the alternate recipient(s).

### › UPON RECEIPT OF AN NMSN

Upon receipt of an NMSN, the Plan Administrator must follow the "Instructions to Plan Administrator" that are included in Part B of the NMSN. In addition, because a properly completed NMSN is deemed to be a QMCSO under ERISA, the Plan Administrator must also ensure that the notifications to the participant and to the alternate recipient(s) that are required upon the receipt of a proposed QMCSO are also provided upon the receipt of an NMSN.

The required notifications can generally be provided by sending copies of the completed "Plan Administrator Response" to the NMSN to the parties using the addresses on Part B of the NMSN. In addition, if the NMSN is determined to be a QMCSO, the parties must be provided with certain information, such as the effective date of the child's coverage (or the steps necessary to effectuate coverage), a description of the coverage, and any forms or documents necessary to enroll in the Plan. (See the instructions to the NMSN.)

### > DESIGNATION OF REPRESENTATIVE

An alternate recipient may designate a representative to receive copies of notices that are sent to him or her with respect to an order. If an alternate recipient is a minor, the custodial parent or the issuing agency will be deemed to be the representative of the alternate recipient unless contrary instructions have been provided. If any party is represented by legal counsel, that party's legal counsel will be deemed to be that party's representative for purposes of the notification requirements in these procedures.

### > DISPUTES

Within 30 days after the date of the Plan Administrator's notice as to whether an order is a QMCSO, the parties (or their legal counsel) will have the right to submit written comments regarding the determination. After considering any comments received, the Plan Administrator will make a final determination as to the qualified status of the order. If no comments are received during the 30-day period, the decision will become final.

### > RESUBMITTED ORDERS

If an order (including an NMSN) is determined to not be a QMCSO, the parties or agency may submit a revised order to cure the deficiencies. If a revised order is submitted, the evaluation process in subsection A or B is repeated.

## ARTICLE III. ADDITIONAL CONSIDERATIONS

### > FORMS AND INFORMATION

Additional forms and information may be necessary to effectively administer benefits under an order that has been determined to be a QMCSO and to enroll the alternate recipient in the applicable plans. These forms and information include the following:

The name and address of the alternate recipient's custodial parent, legal guardian, or other person(s) to whom the SPDs and other plan-related information and correspondence should be furnished following the alternate recipient's enrollment. Where an agency is involved (as in the case of a National Medical Support Notice), it may be necessary or appropriate to provide certain plan information and/or correspondence to the agency as well.

A completed enrollment form, if required under the Plan.

A change in the participant's cafeteria plan election, if applicable. If benefits required to be provided under a QMCSO are paid for on a pre-tax basis, the QMCSO may qualify as a permitted election change event under the company's cafeteria plan. If applicable, and if the cafeteria plan document permits an election change on account of the QMCSO, the participant may submit a change in his or her cafeteria plan election in accordance with the cafeteria plan's rules.

The name and address of an individual to whom it is expected that benefit reimbursements, (including Feed My Starving Children's Dental Reimbursement plan), may be made for the alternate recipient's child's claimed expenses. The QMCSO rules provide that if medical expenses are paid by either the alternate recipient or the alternate recipient's custodial parent

or legal guardian, a plan must reimburse that person (not the employee) for those expenses. If expenses are submitted for reimbursement, information identifying the individual to receive payment should be provided to the Plan.

Note that a QMCSO may provide that a person or entity other than the participant is responsible to pay for the alternate recipient's coverage. In such cases, the Plan Administrator should indicate how and when payment is to be made. For example, payments might be required concurrent with each payroll period or on a monthly basis as required of qualified beneficiaries receiving COBRA continuation coverage. The Plan Administrator should also make sure that it has contact information for the person or entity who will be making the payments.

### › ALTERNATE RECIPIENT AS "BENEFICIARY"

In general, the alternate recipient must be treated like any other covered child under each plan in which he or she is enrolled.

Unless a QMCSO is more restrictive, the alternate recipient should be given the same coverage as would be provided to any other dependent child under the Plan.

The alternate recipient should be treated as a qualified beneficiary and offered COBRA continuation coverage upon the occurrence of a COBRA qualifying event (such as the participant's termination of employment or the alternate recipient's ceasing to qualify as a dependent child under the Plan due to age).

### › ALTERNATE RECIPIENT AS "PARTICIPANT"

With respect to ERISA reporting and disclosure rules, the alternate recipient generally is to be treated like a participant under each plan in which he or she is enrolled. Therefore, the alternate recipient should be sent copies of all applicable disclosures as required by ERISA or other applicable laws, including, for example, summary plan descriptions and summaries of material modifications. These items generally should be furnished to the alternate recipient's custodial parent or guardian. (If the alternate recipient is an adult, the Plan Administrator may provide copies to both the alternate recipient and the custodial parent or guardian.) Where an agency is involved (as in the case of an NMSN), it may be necessary or appropriate to provide copies of these items to the agency as well. Note that the alternate recipient need not be counted as a participant for purposes of the annual report (Form 5500).

### › EFFECTIVE DATE OF ENROLLMENT

If an order is determined to be a QMCSO or an NMSN is determined to be valid, that order will be given effect as soon as administratively practicable following such determination or, if later, as of the date specified in the order. Retroactive coverage will not, however, be provided. If an employee is eligible for the Plan but is not enrolled, he or she will also be enrolled if his or her enrollment is necessary for the alternate recipient to have the coverage required under the QMCSO. However, if the employee has not yet satisfied the Plan's waiting period, enrollment of the alternate recipient and employee will be delayed until the employee has completed the waiting period.

### › TERMINATION OF COVERAGE

Coverage for the alternate recipient will cease, subject to COBRA, if the alternate recipient ceases to be eligible to participate in the Plan for any reason, including the following:

- The period for coverage under the QMCSO ends;
- The QMCSO is revoked or materially amended by a court of competent jurisdiction or through an administrative process;
- The participant ceases to be a participant under the terms of the Plan or an applicable component plan of the Plan;
- The participant ceases to be eligible for coverage under the terms of the Plan or an applicable component plan of the Plan; or



- Similarly situated beneficiaries cease to be eligible for coverage under the terms of the Plan or an applicable component plan of the Plan.

#### › SPECIAL CONSIDERATION-CHILD ALREADY ENROLLED

The parties may submit an order (including a National Medical Support Notice) that purports to require that a child be covered under a plan in which he or she is already enrolled. In this circumstance, the plan administrator should process the order under these procedures but should also inform the parties of the child's status as a current beneficiary under the Plan.

#### › PLANS WITH MULTIPLE OPTIONS

An otherwise-qualified order may identify a plan or type of coverage with multiple options without designating the option in which the alternate recipient is to be enrolled or the manner in which an option is to be chosen. In the case of an NMSN, the Plan Administrator should follow the instructions in the NMSN regarding plans with multiple options. For other orders, the Administrator should enroll the alternate recipient in the same option as the employee if the employee is enrolled in the Plan. Otherwise, the Plan Administrator may follow procedures similar to those in the NMSN. That is, the Plan Administrator may, instead of rejecting the order, provide the parties with information about the available options and direct them to make a selection. If a selection is not made, the Plan Administrator may notify the parties that the alternate recipient and employee will be enrolled in Feed My Starving Children's default group plan option(s) if a response is not received within a 20 business days.

# Other Documents

## Feed My Starving Children Master Wrap Document:

- › [Everyone\HR Forms & Resources\Benefits\Required Notices\Health and Welfare Plan Wrap Document Amended \(Signed\) - 2019.01.01.pdf](#)

## Dental Summary Plan Description

- › [Summary Plan Description – G:\Everyone\HR Forms & Resources\Benefits\Dental Reimbursement\Dental Plan Summary Plan Description.pdf](#)
- › [Plan Amendment I - G:\Everyone\HR Forms & Resources\Benefits\Dental Reimbursement\Signed Dental Reimbursement Plan Amendment I & SMM - 2022.01.01.pdf](#)
- › [Plan Amendment II - G:\Everyone\HR Forms & Resources\Benefits\Dental Reimbursement\Signed Dental Reimbursement Plan Amendment II & SMM - 2023.01.01.pdf](#)

## Employee Rights under the Family and Medical Leave Act (FMLA)

- › <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/fmlaen.pdf>
- › [G:\Everyone\HR Forms & Resources\HR Policies](#)

## Employee Rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA)

- › <https://www.dol.gov/sites/dolgov/files/VETS/files/USERRA-Poster.pdf>
- › [G:\Everyone\HR Forms & Resources\HR Policies](#)

### Right to a Paper Copy of This Notice

You have the right to a paper copy of any of these notices. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive these notices electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact Human Resources at 763-267-6325 or HR@fmcs.org.