

## **Operations Policy #913 Other Insurance**

### **Purpose:**

Proper Charter School operation requires that adequate, basic insurance programs be provided for the protection of the SusQ-Cyber Charter School “Charter School” and its employees.

### **Guidelines:**

- The Board of Trustees shall provide insurance through contract(s) with a corporation or agency authorized to provide such insurance in Pennsylvania to cover every employee of the Charter School against liability, in accordance with this policy, and/or to cover its employees under policies of insurance covering life, health, accidents, hospitalization and medical services.
- Insurance shall be purchased in such a manner as to provide adequate coverage, which provides satisfactory and convenient service at the lowest cost.
- The Board of Trustees may select an insurance agency, agents, or brokers in order to take care of the Charter School’s insurance needs.

### **Liability Insurance**

- The Board of Trustees shall purchase with district funds the type and amount of insurance necessary to protect itself as a corporate body, its individual members, its appointed officers, and its employees from financial loss arising out of any claim, demand, suit, or judgment by reason of alleged negligence or other act resulting in accidental injury to any person or in property damage within or without the school building while the above-named insured are acting in the discharge of their duties within the scope of their employment and/or under the direction of the Board.

### **Medical Coverage**

- All full-time employees shall be provided with medical coverage.
- A spousal eligibility rule is in effect for all SusQ-Cyber Charter School employees who enroll and remain enrolled in a medical (including prescription drug coverage), and/or dental, and/or vision insurance benefit plan of the charter school as follows:
  - If the spouse of an employee is employed and eligible for PLAN benefits at his/her own place of employment, the spouse of the employee must be enrolled for at least individual coverage under his/her employer’s plan(s), not the Charter School plan whether or not a premium is charged.
  - An employee must provide evidence in a form reasonably satisfactory to the charter school to determine spousal coverage. This may, within the discretion of the charter school, be determined through an affidavit prescribed by the charter school. The charter school reserves the right to further exercise reasonable verification means at any time to determine whether an employee’s spouse has available PLAN coverage at the employee’s spouse’s place of employment.

- An employee shall have an affirmative obligation to notify the charter school Administrative Office when his/her spouse becomes eligible for employer-provided plan(s) benefits, whether or not a premium is charged.
- Failure of the spouse to enroll for at least individual coverage under his/her employer's plan(s) will result in his/her loss of coverage.
- All active employees must complete a Spousal Rule Eligibility Questionnaire if applicable.

**Life Insurance**

- All full-time employees shall be provided with life insurance.

**Short Term and Long Term Disability**

- All full-time employees shall be provided with short-term and long-term disability insurance.

**COBRA**

- In the event of a qualifying event to the employee, the employer has thirty (30) days to notify the plan administrator of the termination, reduction in hours, or death of the employee. This terminates his/her insurance under the plan.
- The plan administrator has fourteen (14) days to notify the employee of the right to continue coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).
- In the event of a qualifying event to a dependent, the employer has fourteen (14) days to notify the dependent of his/her rights to continue coverage after being advised by the employee or dependent that the event has occurred.

<u>Qualifying Event</u>	<u>Duration of Continuance of Coverage</u>
Termination of employment (except for gross misconduct)	Up to 18 months
Reduction of the employee's hours which results in loss of coverage	Up to 18 months
Death of an employee	Up to 36 months
Divorce	Up to 36 months
Loss of dependent coverage because employee becomes entitled to Medicare benefits	Up to 36 months
Dependent child no longer meets definition of an eligible dependent	Up to 36 months

Terminated employees are responsible for the premiums charged.

**Delegation of Responsibility:**

The CEO shall be responsible for the annual review of these insurances to insure adequate coverage is maintained.

TO THE EXTENT THAT ANYTHING IN THIS POLICY COULD BE CONSTRUED TO CONFLICT WITH APPLICABLE STATE AND/OR FEDERAL LAWS, THE APPLICABLE STATE AND/OR FEDERAL LAWS CONTROL. THIS POLICY IS NOT INTENDED TO CONFLICT WITH CHARTER REQUIREMENT.

SPOUSAL RULE ELIGIBILITY QUESTIONNAIRE  
 (Active Employees)  
 (Reference Policy Other Insurance #913)  
 January 1, 2015

Effective January 1, 2015, if your spouse is employed and eligible for health insurance (medical, prescription, dental and/or vision) through his or her employer your spouse MUST take coverage through that Plan.

**Completion of this form is mandatory in order to continue spousal coverage:**

- Is your spouse employed? Yes  No
- Does your spouse's employer make medical insurance Benefits available to employees? Yes  No.
- Does your spouse's employer make prescription benefits available to employees? Yes  No
- Does your spouse's employer make dental benefits available to employees? Yes  No
- Does your spouse's employer make vision benefits available to employees? Yes  No
- Is your spouse currently covered under his/her employer's plan for:
  - Medical benefits Yes  No
  - Prescription benefits Yes  No
  - Dental benefits Yes  No
  - Vision benefits Yes  No
- Does your spouse have special enrollment periods for Status changes? Yes  No
- When is open enrollment for your spouse's employer health plan? \_\_\_\_\_
- What is the waiting period for coverage after enrollment? \_\_\_\_\_

Please provide the following information: **(PLEASE PRINT)**

Spouse's name \_\_\_\_\_

Spouse's Employer & Employer's Address and Telephone Number \_\_\_\_\_

Spouse's Employer's Insurance Carrier \_\_\_\_\_

SusQ-Cyber Charter School Employee Name \_\_\_\_\_

SusQ-Cyber Charter School Employee Signature \_\_\_\_\_

**Attach a copy of your spouse's employee benefit ID card(s) to this form**