

CUMBERLAND REGIONAL BENEFITS

The following benefits are provided to you by the Cumberland Regional School District. You are eligible for these benefits as of the first day of your Employment Contract (or first day you begin in a benefits-eligible position) but only if you **return the appropriate paperwork within 30 days of eligibility** – sooner is better:

MEDICAL INSURANCE

Southern Coastal HIF/Perma is our Aetna medical provider. We offer four plan levels: 1) Patriot X, and 2) Patriot XV, PPO Core A, and PPO Core B. Patriot X, PPO Core A and PPO Core B are provided by the Board subject to **Employee Benefit Contributions (EBC)**, but **you may buy up to Patriot XV through payroll deductions** via the enclosed Payroll Deductions for Benefits Upgrade form. Plan Descriptions for all Plans and a summary worksheet comparing all Plans are included in this kit.

PRESCRIPTION INSURANCE

Benecard is our prescription provider. **Only single coverage is provided by the Board (subject to EBC) until the beginning of your fourth year of employment.*** In the meantime, **you may buy up to a higher coverage level (i.e., family) through payroll deductions** via the enclosed Payroll Deductions for Benefits Upgrade form. A brochure summarizing our Plan is enclosed.

DENTAL INSURANCE

Delta Dental is our dental provider. **Only single coverage is provided by the Board (subject to EBC) until the beginning of your fourth year of employment.*** In the meantime, **you may buy up to a higher coverage level (i.e., family) through payroll deductions** via the enclosed Payroll Deductions for Benefits Upgrade form. A booklet detailing our Plan is enclosed.

Attached is the Enrollment Form for the above healthcare benefits.

Please return a completed Enrollment Form (indicating enrollment or waiver) to Jackie Jackson at the Board Office.

If waiving, please also complete the enclosed Cash-in-Lieu form.

If “buying up,” please also complete the enclosed Payroll Deductions for Benefits Upgrade form. There are two versions of this form enclosed: one version for 10-month employees, and another version for 12-month employees. Please make sure you complete the correct one.

Call Jackie Jackson at Ext. 211 if you have any questions.

**Years of experience in other districts may be credited to dependent coverage eligibility on prescription and dental for new hires at the discretion of the Superintendent at time of hire.*

PENSION FUND

Pension benefits are provided by the State of New Jersey, Division of Pensions and Benefits. **Enrollment in the Pension system is mandatory for all eligible employees.** An Enrollment Application for employees entering the system for the first time and a Report of Transfer/Multiple Enrollment Form for employees transferring an existing account are both enclosed. Please be sure to complete the appropriate Enrollment Form and **return it to Jackie Jackson at the Board Office**. Please note you need to elect your beneficiary(ies) electronically via the state’s MBOS website. Information on this website is enclosed. **Your Pension begins retroactive to your Date of Hire.**

<u>Pension Fund Name</u>	<u>Fund #</u>	<u>Eligibility Summary*</u>
TPAF (Teachers’ Pension and Annuity Fund)	105089	Teaching Staff
PERS (Public Employees’ Retirement System)	257590	Full-Time Non-Teaching Employees, certain Part-Time Employees Working Regular Hours, and certain other employees as defined by the New Jersey Division of Pensions and Benefits

****Additional eligibility requirements apply. Only the state can determine official eligibility status.***

***** IF IN DOUBT, FILL IT OUT *****