



BENEFITS

Open Enrollment Guide

April 25 – May 16, 2011



Your guide to enrolling and changing benefits.

- UBT Dental Plan
- Vision Plans
- Legal Services Plan
- Supplemental Life Insurance

Look for supplemental life insurance enrollment information and forms in a separate mailing.



MyUBT

24/7 online service

We've Got You Covered

**Choices you make will take effect July 1, 2011,
and are effective through June 30, 2012.**





April 25, 2011

Dear UBT Member;

Welcome to Open Enrollment 2011 with the Union Benefits Trust! Open enrollment is the time when you can make changes to your benefits.

The Union Benefits Trust's mission is:

To deliver high-quality benefits and services to Union-represented public employees, to enrich their overall quality of life and to enhance their appreciation of their respective Unions.

The Trust is proud to provide benefits to you and your family. Given this uncertain time due to proposed legislation and budget constraints, the Trust is proud to maintain the same level of benefits as in years past. The Trust provides:

- With no monthly premium:
 - Dental Coverage (with one year of service).
 - Vision Coverage (with one year of service).
 - Basic Life Insurance
 - Working Solutions—No cost to you or enrollment required.
- With minimal monthly premium:
 - Supplemental Life Insurance—Apply now for 2x your annual salary without providing proof of insurability (good health).
 - Legal Insurance—Please note that Established Term employees are not eligible for this service.

Of special note this open enrollment period, the Trust is able to provide you (with one year of service) with dental and vision insurance *with no monthly premium cost*. Additionally, the Trust was able to negotiate a 10% reduction in supplemental life insurance rates.

This guide was designed to help you begin to learn more about your benefits and make open enrollment changes if needed. For more detailed information on these benefits, please visit the Union Benefits Trust (UBT) website at www.benefitstrust.org or contact UBT customer service at (614) 508-2255 or (800) 228-5088.

We look forward to serving you.

Eddie L. Parks,
Chair, Union Benefits Trust
President, OCSEA, AFSCME Local 11

Trustees & Staff,
Union Benefits Trust

390 Worthington Road • Suite B • Westerville, Ohio 43082-8332
Customer Service: Franklin County 614.508.2255 • Ohio 800.228.5088
Fax 614.508.0025 • www.benefitstrust.org

HIGHLIGHTS 2010

Dental

- There are no changes.

Delta Dental of Ohio
1-877-334-5008
Group Number: 1009

Vision

- There are no changes.

Vision Service Plan (VSP)
1-800-877-7195
Group Number: 12022914

Eyemed
1-866-723-0514
Group Number: 9674813

Basic and Supplemental Life

- There is a 10% rate reduction for Supplemental!

Look for the enrollment kit from THE PRUDENTIAL the week of April 18th.

The Prudential Life Insurance
1-800-778-3827
Group Number: LG-01049

Legal

- There are no changes.

Hyatt Legal Plan
1-800-821-6100
Group Number: 46000010

Working Solutions Program

1-800-358-8518
Group Number: 4718

Plan Year July 1, 2011 thru June 30, 2012. Choices you make now will be effective through the 2012 plan year.

If you are not making changes to your current coverage or dependents, you do not need to do anything.



UBT has you covered 24/7 online at
www.benefittrust.org

MyUBT

- Link through the Trust website at www.benefittrust.org
- Register and create a password for a secure login
- Check your dental or vision plans and providers
- Find out how much life insurance you have for you and your dependents
- See if you are covered by the Hyatt Legal Plan
- Learn about your FREE Working Solutions information and referral service
- Check what dependents you have covered
- Link to plan providers for claims information, where applicable



QUESTIONS?

UBT Customer Service is available to answer questions and assist you with enrollment options from 8 a.m. to 5 p.m. In Columbus call 614.508.2255 or 800.228.5088 outside Columbus.

ELIGIBILITY

For UBT-sponsored benefits, you must first be an active full- or part-time permanent bargaining unit employee, or eligible established term employee, and a member of:

- OCSEA/AFSCME
- District 1199/SEIU
- OSTA
- FOP/OLC
- SCOPE/OEA
- CWA

UBT eligible employees may cover current legal spouse and unmarried children who meet the eligibility requirements.

You must provide to HR proof of eligibility and required documentation or your dependents will not have coverage.

Dental and vision dependent coverage is not affected by federal health care reform and Ohio House Bill 1. Dependent coverage for dental and vision end at age 19 or 23. Documentation of dependent eligibility is required.

Dependents that lose coverage at 19 or 23 may be eligible to continue coverage under COBRA. See page 11 for more information.



FOR MEMBERS WITH ONE YEAR OF CONTINUOUS STATE SERVICE

UBT pays your dental and vision premiums for you and your family.

Benefits will take effect July 1, 2011 and are effective through June 30, 2012. Once you enroll, you will not need to enroll again unless you need to make a change.

UBT Dental Plan — You must have at least one year of service to enroll. Enrollment is not automatic. If you are not already enrolled in a plan, you must complete the enrollment form or apply online to receive coverage.

Vision Plan — You must have at least one year of service to enroll. Enrollment is not automatic. You must complete the enrollment form or apply online to receive coverage. You may not change carriers until the next open enrollment period, even if you move within Ohio or your provider leaves the plan's network.

Basic life insurance is provided to you at no cost.

Basic Life Insurance — Coverage for UBT members will be effective automatically on the first day of the month following one year of continuous State service. Insurance is provided through Prudential Life Insurance. You should designate your beneficiary. Beneficiary forms are available online at www.benefitstrust.org.

FOR ALL MEMBERS

Supplemental Life Insurance — You may enroll within 90 days of hire or during the open enrollment period. Supplemental life insurance is an additional layer of coverage

BASIC AND SUPPLEMENTAL LIFE CONTINUATION

Through the Prudential, members have two options to continue their basic, supplemental and dependent life insurance when leaving state employment without providing evidence of insurability (good health).

The options include a whole life policy through conversion or a term life policy via portability. Rates for both options are considerably higher than the rates you are currently paying.

Prudential will notify you of your conversion and portability options when you leave state service. You will have 31 days to elect coverage.

More information is available on our website or if you have questions you may contact Prudential at 1.800.778.3827.

you may purchase to help financially protect your family. Beneficiary forms are available online at www.benefitstrust.org.

Legal Service — You may enroll within 90 days of hire or during the open enrollment period. You may purchase legal services for yourself or your family. Once enrolled, you must maintain coverage until the following June 30. If you choose to drop your coverage, you must fill out a form during open enrollment; otherwise your coverage will continue.

ENROLLING AND CHANGING BENEFITS

Review your current coverage and dependents.

You may enroll online or complete paper forms. Make a paper copy of your choices whether you enroll online or with a paper form.

If you are enrolling in Dental or Vision for the first time, it is recommended that you use the paper option and submit forms to your HR Representative.

Should you accidentally enroll both online and by paper form, your last submission will be your final.

Be sure to review your pay detail information after July 1 to verify your coverage choices. You will receive a confirmation statement from the state around June 1st.

Dental and Vision

Monday, May 16 is the deadline for online and paper enrollment.

Online enrollment is available at www.myOhio.gov from April 25 to midnight May 16 all day **except** as follows:

- Weekdays – 7 to 9 p.m.
- Saturdays – 4 to 6 p.m.
- Sundays – 4 p.m. to midnight

You will need your Employee ID number and password. Click on **Self Service > Benefits > Benefits Summary > Enroll in Benefits.**

The paper enrollment form included in this book on page 15 should be turned into your agency's HR office by 4 p.m. Monday, May 16.



If you are not making any changes to your current coverage or dependents, you do not need to do anything.

In early June everyone will receive a confirmation letter from the state in the mail. If information is incorrect, contact your HR department immediately.

Legal Services Plan

Midnight Monday, May 16 is the deadline for online and paper enrollment.

Link through the UBT website at www.benefitstrust.org for online enrollment.

The form for enrollment and changes is included on page 13. Mail the completed form directly to Hyatt Legal Services. The form must be postmarked by May 16, 2011. Do not submit legal plan enrollment forms to your HR department.

Supplemental Life Insurance

Midnight Monday, May 16 is the deadline for online and paper enrollment.

Link through the UBT website at www.benefitstrust.org for online enrollment.

The form for enrollment and changes is included in the Prudential Enrollment Kit, which is mailed to

your home. Mail the completed form directly to Prudential. The form must be postmarked by May 16, 2011. Do not submit legal plan enrollment form to your HR department.

Important:

If you are enrolling for the first time and are covering dependents, or if you are adding new dependents during this open enrollment, you are required to provide the required eligibility documentation for your dependents. A listing of the required documentation can be found at das.ohio.gov/EligibilityRequirements. Coverage will not be provided for dependents until the eligibility documents are received and approved.

PLAN INFORMATION

UBT has made every effort to accurately summarize your UBT-sponsored benefits. A complete description of each benefit is available from UBT in the official plan documents. If discrepancies exist between official documents and the printed materials (e.g., the UBT plan booklets or brochure), the official documents govern. To view the official summary plan documents, visit the UBT website at www.benefitstrust.org



VISION BENEFITS

For members with at least one year of service

Vision Plan premiums are paid by UBT for you and your family!

Eligible employees may choose one plan from the following two options:

- Vision Service Plan (VSP)
- EyeMed Vision Care Plan.

Network availability varies by location.

Once enrolled, you may not switch plans even if your current provider leaves the network. Networks grow and change throughout the plan year, you may want to consider the number of providers in your area. Review the benefit levels in the chart at right and obtain provider directories.

After you have selected the plan that is best suited for you and your family, complete the Enrollment and Change Form In this book and submit to HR by May 16 or enroll online by Monday May 16.

VSP

VSP offers high-quality eye care and optical materials through a national independent network of private practice providers. The network has participating doctors in all 88

counties. A list of providers is available online or call **VSP** at 800-877-7195.

EyeMed

EyeMed offers high-quality eye care and optical materials through national locations that include LensCrafters, Sears, Target Optical, participating Pearle Vision Centers and JC Penney Optical Centers. The network also offers many independent private practice providers.

A list of providers is available online or call **EyeMed** at 866-723-0514.

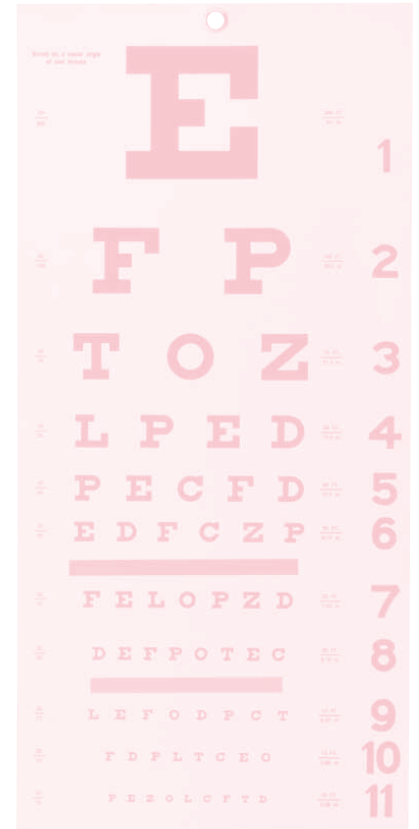
Enrollment

To Enroll

Monday, May 16 is the deadline for online and paper enrollment!

Link through the UBT website at www.benefitstrust.org. You can enroll online until midnight.

The paper enrollment form included in this book should be turned in to your human resources office by 4 p.m. Monday, May 16.



Optical Materials Discount Programs

You will automatically be covered under the optical materials discount programs associated with your vision plan.

Both plans offer discount programs you may use after you have exhausted your UBT coverage. Discounts on photochromic lenses or tints, may be used at the same time as your UBT coverage. See your plan booklet for full details about EyeMed's or VSP's discount offerings.

Laser Surgery Discount Programs

Both EyeMed and VSP offer laser surgery discount programs. Please contact them directly for information. These are discount programs, not vision benefits plans. You will want to research options on your own.

VSP laser partner • 888-354-4434

EyeMed laser partner •
877-5-LASER-6 (877-552-7376)



VISION PLAN CHOICES — A Summary of Benefits

	Vision Service Plan (VSP)		EyeMed Managed Vision Plan	
	Network	Out-of-network	Network	Out-of-network
Standard Exam				
Spectacle Exam	you pay only \$10	plan pays up to \$25 you pay remainder	you pay only \$5	plan pays up to \$25 you pay remainder
Contact Lens Exam	you pay \$10 plus amount over spectacle exam	plan pays up to \$25 you pay remainder	you pay \$5 plus amount over spectacle exam	plan pays up to \$25 you pay remainder
Exam available every 12 months, all ages.				
Materials				
Single Vision Lenses	you pay only \$15	plan pays up to \$25	plan pays in full	plan pays up to \$25
Bifocal Lenses	you pay only \$15	plan pays up to \$35	plan pays in full	plan pays up to \$35
Trifocal Lenses	you pay only \$15	plan pays up to \$52	plan pays in full	plan pays up to \$52
Lenticular Lenses	you pay only \$15	plan pays up to \$62	plan pays in full	plan pays up to \$62
Frames – ask at purchase to see frames fully covered	plan pays up to \$120 retail	plan pays up to \$18	plan pays up to \$120 retail	plan pays up to \$18
Polycarbonate Lens Option	plan pays in full	you pay full cost	plan pays in full	you pay full cost
Standard Progressive Lens Option	plan pays in full	you pay full cost	plan pays in full plan	pays up to \$55
Contact Lenses Elective	plan pays up to \$125	plan pays up to \$105	plan pays plan up to \$125	pays up to \$105
Contact Lenses Medically Necessary	plan pays in full	plan pays up to \$210	plan pays in full	plan pays up to \$210
Benefits for one set of materials (either spectacle lenses and frames or contact lenses) are available once every 12 months. Single, Bifocal, Trifocal, Progressive and Lenticular lenses in chart reflect plastic lenses only.				

Network or Out-of-Network

The benefit care levels of EyeMed and VSP are similar. With either plan, your out-of-pocket costs will be less if you choose a network provider. Actual costs will vary depending on the options you select; for example, anti-scratch, high-index or photochromic

lenses will cost you more. Ask your provider for the full cost at the time of service.

The primary difference between the plans is the network providers and where you prefer to receive your eye care.

NETWORK INFORMATION

Link through www.benefitstrust.org to the vision provider networks or call:

VSP 800-877-7195

EyeMed 866-723-0514

DENTAL BENEFITS

For members with at least one year of service



Plan Highlights

The UBT Dental Plan covers diagnostic and preventative services at 100%, and no deductible is required. Out-of-pocket costs vary depending on the provider you choose.

You must meet the annual deductible of \$25 per person, for class 2 and 3 services, before benefits are paid.

Benefits will be paid up to the maximum annual benefit amount of \$1500 per person per plan year.

Your options

The UBT Dental Plan is administered by Delta Dental of Ohio, a Third-Party Administrator* (TPA) with two dental provider networks: The Delta Preferred PPO and The Delta Premier Plan. With the two networks available the UBT Dental Plan offers access to more in-network providers and greater savings to its members. The UBT Dental Plan also has an out of network benefit. So you can see any dentist you choose and the plan will pay, however benefits are better in one of Delta's two networks:

- **Delta Preferred PPO** providers offer the highest level of savings and cannot balance-bill you for additional payment for the services you received. That means no additional out of pocket expenses.
- **Delta Premier** providers are in the secondary network. While you receive a more modest savings compared to the PPO dentist you will have many more dentists to choose from than the PPO. You cannot be balance-billed for the difference between the dental charge and the allowed amount.
- **Non-participating** providers will balance-bill you for any amount that exceeds the Delta Dental's allowed amount. They may ask you to pay the full amount up front and may have you submit your claim information to receive re-imbusement.

You will be covered by one plan but your savings will be determined by the dentist you choose. See the chart on page 9 to compare the three payment levels and the sample payment chart on page 10.

Finding a Participating Dentist

To find the names of participating dentists near you, call the Delta Dental's customer service department toll-free at (877) 334-5008. The DASI (Delta's Automated Service Inquiry) system is available 24 hours a day, seven days a week, and can provide you with the names of participating dentists. You can also check the

UBT Dental Plan premiums are paid by UBT for you and your family!

It is not necessary to enroll in medical health care to enroll in the UBT Dental Plan.

For most members, dental coverage is available the first day of the month following the date of your one-year anniversary of hire.

You must enroll to receive coverage, it is not automatic. Once enrolled, you do not need to enroll again unless you wish to make a change.

During the annual open enrollment period, you may enroll or opt out of the plan. Complete the form on page 15 and submit to your HR office. You may also enroll or make changes online at www.myOhio.gov

All benefit amounts are subject to plan limits. Consult the charts in the plan booklets or online for additional information, restrictions and limitations.

Delta Dental link on UBT's website www.benefitstrust.org or go directly to www.deltadentaloh.com.

Questions?

Contact UBT customer service toll-free at 800.228.5088 or local 614.508.2255 or UBT's website www.benefitstrust.org.

*A party that pays claims and other administrative services on behalf of a group

Delta Preferred PPO **HIGHEST** Discount Savings

Delta Premier Substantial Discount Savings

Non-Participating No Discount Savings

UBT DENTAL PLAN — Allows the patient to choose the plan payment based on the provider chosen to perform the dental services each time dental services are rendered.

	PPO Dentist	Premier Dentist	Non-participating Dentist
Effective Date: July 1, 2010	Plan Pays	Plan Pays	Plan Pays
Annual maximum \$1,500 per person per benefit year			
CLASS 1			
Diagnostic and Preventive Services – Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings, and fluoride treatments).	100%	100%	100%
Emergency Palliative Treatment – Used to temporarily relieve pain.	100%	100%	100%
Radiographs – X-rays.	100%	100%	100%
Sealants – Dental sealants to prevent decay of permanent molars (to age 19 on permanent molars; once per tooth per three years).	100%	100%	100%
Annual \$25 Deductible (does not apply to Class 1 & 4 services)			
CLASS 2			
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, fillings).	100%	65%	65%
Oral Surgery Services – Extractions and dental surgery, including preoperative and postoperative care.	100%	65%	65%
Periodontics – Used to treat diseases of the gums and supporting structures of the teeth.	100%	65%	65%
Endodontics – Used to treat teeth with diseased or damaged nerves (for example, root canals).	100%	65%	65%
CLASS 3			
Major Restorative Services – Used when teeth cannot be restored with another filling material (for example, crowns).	60%	50%	50%
Prosthodontics – Used to replace missing natural teeth (for example, bridges, endosteal implants, and dentures).	60%	50%	50%
Lifetime Orthodontic Maximum \$1,500			
CLASS 4			
Orthodontic Services (to age 19 or 23 if student) – Used to correct malposed teeth and/or facial bones (for example, braces)	50%	50%	50%

This chart presents a summary of benefits.

Percentages in the chart reflect the amount that the plan pays for your treatment or services. This chart is just a summary, and there are additional restrictions or limitations. See the plan booklet.

Most dental offices will submit the claim form on your behalf. However, if you see a non-participating dentist, you may be required to submit the claim form to:

Delta Dental
P.O. Box 9085
Farmington Hills, MI 48333-9085

NETWORK INFORMATION

Link through www.benefitstrust.org to Delta Dental or call:

Delta Dental (877) 334-5008



EXAMPLE OF UBT DENTAL PLAN PAYMENT

	PPO Dentist	Premier Dentist	Non-participating Dentist
Who will the check be sent to?	The PPO Dentist	The Premier Dentist	You will have to file your own claim forms.
What is the payment based on?	The billed fee or the amount in your dentist's local PPO Fee Schedule ¹ , whichever is less.	The billed fee or the Maximum Approved Fee ² , whichever is less.	The billed fee or the Non-participating Dentist Fee ³ , whichever is less.
Payment example of a Class 2 dental benefit (assuming any applicable deductible has been met)	Billed Charges: \$100.00 PPO Fee Schedule amount: \$76.00 Delta Dental pays 100% of the PPO fee schedule: \$76.00 Member pays: \$0.00 <i>The PPO dentist cannot charge you the \$24 difference between the PPO Fee Schedule amount and his/her fee</i>	Billed Charges: \$100.00 Maximum Approved Fee: \$92.00 Delta Dental pays 65% of the Maximum Approved Fee: \$59.80 Member pays: \$32.20 <i>The Premier dentist cannot charge you the \$8 difference between the Maximum Approved Fee and his/her fee.</i>	Billed Charges \$100.00 Non-Par Dentist Fee amount: \$88.00 Delta Dental pays 65% of the Non-Participating Dentist Fee amount: \$57.20 Member pays: \$42.80 <i>Because the dentist does not participate, you are responsible for the difference between Delta's payment and his/her fee.</i>

¹ A PPO Dentist is one that has agreed to the PPO Fee Schedule, which is lower than Maximum Approved Fee used for a dentist who participates in Delta Dental Premier.

² Maximum Approved Fee is the maximum amount approved for a specific procedure determined by Delta Dental in the Premier program.

³ Non-participating Dentist Fee is the maximum fee allowed when the dentist does not participate.

With the UBT Dental Plan, you can view your own dental information.

You can use the Web-based Consumer Toolkit (www.deltadentaloh.com) to access your own UBT benefits, claims and eligibility information, 24 hours a day, seven days a week. You can use this Toolkit to search for dentists, print ID cards and claim forms, and read oral health tips.

Pre-treatment Estimate

A pre-treatment estimate is recommended for services over \$300. It outlines what the plan will pay, giving you an idea as to the portion of the cost that will be your responsibility.

YOU ASKED

Dental and vision benefits are not affected by 2010 Health Care Reform Act or Ohio House Bill 1.

As a result, dependents over age 18 (or 23 if student) cannot continue on your dental and vision coverage even though they might be covered under your health plan.

Dental and vision coverage for your overage dependent is available through the Consolidated Ombudsman Budget Reconciliation Act of 1985 (COBRA). Dependents over age 18 (or 23 if student) may be eligible for up to 36 months of coverage through the COBRA program.

You are responsible for notifying UBT when your dependent(s) is no longer eligible to receive dental and vision coverage under your benefits. At no time is your overage dependent automatically enrolled in COBRA for dental and vision, even if they have enrolled in COBRA for the state's medical plan.

For more information contact UBT at 1.800.228.5088 or 614.508.2255.



YOU SHALL RECEIVE

Benefit Reference Cards!

A card is not required for services at your dental or vision provider's office- simply give the provider your ID number at the time of service-and your provider will do the rest.

UBT heard your request for a simple, easy to use reference card to keep your benefit information on hand. You now have an option to print a reference cards for you and your family's dental and vision benefit visits. Simply

1. link from UBT's website www.benefitstrust.org to the vendor
2. register and create a password for a secure login
3. print a card with your name and group number (which can be used for all family members)



LEGAL SERVICE PLAN

For all members

To Obtain Service

You must call Hyatt before contacting an attorney. You will need to verify eligibility and obtain a case number. You will then be given the name and phone number of a nearby Plan Attorney.

You will have full coverage when using a plan attorney with no copays or deductibles on covered services.

You may choose a lawyer who is not in Hyatt's network. If you use an out-of-network attorney, you may have out-of-pocket costs. Non-network coverage is subject to a set fee schedule. Contact Hyatt or go online to learn more.

There are no time limits or usage restrictions. The Plan Attorney will provide all work, including representation. You may use the plan for the same or a different service, as many times as required to complete the matter.

List of Services Offered by Hyatt Legal Plans, Inc.

Wills and Estate Planning

- Wills and Codicils, and Living Trusts/Wills or Powers of Attorney

Real Estate Matters

- Eviction & Tenant Problems (Primary Residence — Tenant)
- Refinancing of Home (Primary Residence)
- Sale or Purchase of Home (Primary Residence)

Traffic and Criminal Matters

- Juvenile Court Defense
- Traffic Ticket Defense (No DUI)
- Restoration of Driving Privileges

Consumer Protection

- Consumer Protection Matters and Small Claims Assistance

Debt Matters

- Debt Collection Defense
- Identity Theft Defense
- Personal Bankruptcy or Wage Earner Plan (Chapter 13)
- Tax Audits

Defense of Civil Lawsuits

- Administrative Hearing Representation, including schools
- Civil Litigation Defense

- Incompetency Defense
- Pet Liabilities

Document Preparation/Review

- Affidavits, Demand Letters, Notes, Mortgages and Deeds
- Document Review
- Immigration Assistance

Family Law

- Name Change
- Uncontested Adoption, Guardianship or Conservatorship

Office Consultation or Phone Advice

You can obtain unlimited consultations from a Plan Attorney in Hyatt's network, on matters not specifically excluded, such as:

- Contested Adoption, Guardianship or Conservatorship
- Divorce/Dissolution/Annulment/Separation Agreement*
- Protection from Domestic Violence*
- Property Damage (Plaintiff)
- Boundary/Title Disputes or Home Equity Loans (Primary Residence)
- Property Tax Assessments
- Expungement of criminal record or Felony or
- Habeas Corpus proceedings.

** member only*

Exclusions

A **partial** list of non-covered matters includes the following: Payment made to a third party such as court costs, witness fees, filing fees or fines; business or farm matters; matters for which you are or have been receiving legal services before you received a case number, or for any matter for which an attorney-client relationship exists prior to the member becoming eligible for plan benefits; matters or disputes involving the Hyatt Legal Plans, MetLife and its affiliated companies or a Plan Attorney; matters or disputes concerning the Union Benefits Trust or a union served by the UBT; or matters concerning employment including state and statutory benefits. *Find a full list of exclusions at the UBT website www.benefitstrust.org*

ENROLLMENT OPTIONS

- Within 90 days of hire
- During the annual open enrollment period

Once enrolled, you must maintain coverage until the following **June 30**. If you choose to drop your coverage after a full plan year, you must fill out a form during the annual open enrollment period; otherwise your coverage will continue.

LOW MONTHLY PAYROLL DEDUCTIONS

- Single coverage - \$13.40/month
- Family coverage - \$16.45/month

For most legal matters, you may use the lawyer of your choice. Your costs will be less if you use a network Plan Attorney.

Coverage is available in all 50 states and U.S. territories.

(Established term employees are not eligible)

TO ENROLL

Monday May 16 is the deadline for online and paper enrollment!

Link through UBT website www.benefitstrust.org. You can enroll online until midnight.

The paper enrollment form included in this book must be postmarked by Monday, May 16. Do not submit the legal plan enrollment form to your human resources department.

Mail to:
Hyatt Legal Plans
Eaton Center
1111 Superior Avenue, Suite 800
Cleveland, Ohio 44114-2507
800-821-6400



LEGAL PLAN ENROLLMENT FORM

Enrollment Change Coverage Level Date of Family Status Change _____ Drop Coverage

Coverage level may only be changed within 31 days of the occurrence of the family status change.

Member Name (First, Middle, Last) _____

Social Security Number _____

Home Street Address _____

City, State, ZIP _____

Home Phone _____

Union Name _____

Agency Name _____

Work Address _____

Employee ID Number _____

Work Phone _____ Alternate Phone Number (Not Work) _____

LEVEL OF COVERAGE

SINGLE \$13.40 a month

FAMILY \$16.45 a month

I authorize the State of Ohio to take the premium for the legal service plan coverage I select once a month from my pay. Coverage will begin under the plan July 1, 2011. I understand that my election will remain in force until I change or drop my coverage, and that I may only make changes/drops during open enrollment for the following July 1 coverage effective date. My coverage will also end if I am no longer an eligible Trust member or I leave State employment, once payroll deductions stop.

Signature

Date

AFTER SIGNING AND DATING THE FORM, MAIL IT TO HYATT.
Hyatt Legal Plans • Eaton Center • 1111 Superior Avenue • Suite 800 • Cleveland, Ohio 44114-2507

Group legal service plans are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio.

To mail, fold this end down first.

FOLD HERE



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 8888 CLEVELAND, OH

POSTAGE WILL BE PAID BY ADDRESSEE

Hyatt Legal Plans, Inc.
Attention: Director of Administration
1111 Superior Ave. E., Suite 800
Cleveland, OH 44114-9984



FOLD HERE

Second, fold this end up, and place face on edge, in center.
Bottom fold should be one off and not top ed.



390 Worthington Road, Suite B
Westerville, Ohio 43082-8332

..~X..

PRSR STD
US POSTAGE
PAID
COLUMBUS, OH
Permit #6595



MyUBT

24/7 online service

We've Got You Covered

BENEFITS

Open Enrollment Guide

April 25 – May 16, 2011



Your guide to enrolling and changing benefits.

- UBT Dental Plan
- Vision Plans
- Legal Services Plan
- Supplemental Life Insurance

Look for supplemental life insurance enrollment information and forms in a separate mailing.