



**Worker Change Report  
Ineligible for Benefits**

PLEASE PRINT OR TYPE ALL INFORMATION IN BLUE OR BLACK INK

| A Introduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
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| <p>Changes in a worker's employment status due to a reduction in hours, termination of employment or transfer from one LCMS employer to another will affect his/her benefits and participation in the Concordia Plans. It is important to report such a change to Concordia Plan Services in a timely manner. Late reporting (beyond 30 days from the last day worked) may require payment to the Concordia Health Plan beyond the worker's employment change date.</p> <ul style="list-style-type: none"><li>• Complete this form for each worker who is:<ul style="list-style-type: none"><li>– reducing hours worked to part-time employment of 20 hours or less per week.</li><li>– terminating full-time employment with you.</li><li>– transferring from your employ.</li></ul></li><li>• You, as the current employer, will be billed through the end of the month in which the employee's last day worked occurs (e.g., transferring or terminating full-time April 1, billed through April 30).</li><li>• Do not complete this form for a worker transferring to your employ. Submit a completed enrollment form to Concordia Plan Services (CPS) within 60 days following date of eligibility.</li></ul> |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| B Employer Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| Employer Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      | Employer Number                             |                                                                                                                                                                                                                                                                                                                                                     |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State                | Zip Code                                    |                                                                                                                                                                                                                                                                                                                                                     |
| C Worker Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| Name (Last, First, Middle Initial)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | Social Security Number                      |                                                                                                                                                                                                                                                                                                                                                     |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State                | Zip Code                                    |                                                                                                                                                                                                                                                                                                                                                     |
| Last Day Worked*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                             | Reason for Employment Change                                                                                                                                                                                                                                                                                                                        |
| Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Day                  | Year                                        | <i>Select one.</i><br><input type="checkbox"/> Resigned <input type="checkbox"/> Released <input type="checkbox"/> Retired <input type="checkbox"/> Illness <input type="checkbox"/> Death <input type="checkbox"/> Part Time ( ____ hours per week)<br><input type="checkbox"/> Transferred to _____<br>Employer's Name, City, State, and Zip Code |
| Are you electing to voluntarily pay for terminated or retired workers' applicable CHP Coverage individual extension of coverage?<br><input type="checkbox"/> Yes** <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| <b>If extending coverage for any person (worker or spouse) age 65 and older, please see Section E of this form under CHP, fourth bullet.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| If Yes, indicate the end date through which applicable CHP should be billed to Employer: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| <i>*When entering date, please indicate the last day actually worked, if applicable (not the end of a contract term, vacation or other accounted time after last day at work).</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| <i>** Please see reverse side for additional information regarding applicable CHP coverage examples.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| D Employer Representative Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                             |                                                                                                                                                                                                                                                                                                                                                     |
| Signature and Title of Authorized Employer Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | Date                                        |                                                                                                                                                                                                                                                                                                                                                     |
| Printed Name of Authorized Employer Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | Title of Authorized Employer Representative |                                                                                                                                                                                                                                                                                                                                                     |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Daytime Phone Number |                                             | Fax Phone Number                                                                                                                                                                                                                                                                                                                                    |

## Concordia Retirement Plan (CRP)/Concordia Disability and Survivor Plan (CDSP)

If a full-time worker terminates employment or is no longer actively working more than 20 hours per week, CRP and CDSP benefits will terminate at the end of the month in which the worker's active full-time employment ends. Because an employer cannot "buy" creditable service in the CRP or purchase CDSP coverage for an employee that is not working full time, CRP and CDSP benefits cannot be included in a severance package, even if the worker's salary is continuing. In addition, CRSP contributions may not be made from severance pay.

## Concordia Health Plan (CHP)

- Extension of CHP coverage for terminated workers is available for a limited time subject to the CHP provisions. Generally, coverage can be extended for up to 15 months unless the worker also qualifies as a Retired Member, as defined by the CHP.
- The type of CHP coverage available through an extension is dependent upon available CHP individual plan option(s) as well as the worker's and any enrolled dependent's age at the time of termination/retirement.
- If the worker is an eligible Retired Member or Medicare Member, there is no time limit on coverage, as long as contributions continue to be paid by either the employer or retiree.
- Any person age 65 or older will only be eligible for a CHP Medicare supplemental coverage option, which pays secondary to Medicare and does not provide the same level of benefits that are available to active workers.

## ATTENTION Employers:

- An employer **CAN** pay for a Retired Member's, Terminated Worker's, or Medicare Member's individual extension of applicable CHP coverage premium.
- An employer **CANNOT** extend Active Worker CHP coverage beyond the last day of the month of a worker's full time termination date.

## Retiree Sample Scenarios:

**Jim** is an Active Worker enrolled in Option HDHP who terminated full-time employment at age 66. Jim also has CHP coverage for his enrolled eligible dependent(s) who are under age 65. Jim is qualified as a Medicare Member as defined by the CHP:

- Jim **CANNOT** continue Option HDHP beyond his full-time termination date because he is over age 65.
- Jim **CAN** elect an applicable CHP Medicare supplemental coverage option.
- Jim **MUST** enroll in Medicare Part A and Part B by the 1st of the month following his full-time termination date.
  - IF Jim enrolls in a CHP Medicare supplemental coverage option and also qualifies as a Retired Member as defined by the CHP; then Jim's enrolled eligible dependent(s) **CAN** continue in the CHP based on available options.

**Jane** is an Active Worker enrolled in the Premium Plus Option who terminated full-time employment at age 66. Jane is qualified as a Medicare Member as defined by CHP:

- Jane **CANNOT** continue the Premium Plus Option beyond her full-time termination date because she is no longer eligible for the Premium Plus Option for active workers.
- Jane **CAN** elect an applicable CHP Medicare supplemental coverage option.
- Jane **MUST** be enrolled in Medicare Part A and Part B.
  - IF Jane enrolls in a CHP Medicare supplemental coverage option and also qualifies as a Retired Member as defined by the CHP; then Jane's enrolled eligible dependents **CAN** continue in the CHP based on available options.

**Joe** is an Active Worker enrolled in Option HDHP who terminated full-time employment at age 63. Joe is qualified as a Retired Member as defined by the CHP:

- Joe **CAN** extend his CHP Option HDHP coverage beyond his full-time termination date.
  - IF Joe extends his CHP coverage as a Retired Member as defined by the CHP; then Joe's enrolled eligible dependents **CAN** continue the CHP based on available options.