



# **Employee Benefits Summary**

Helping You Make Informed Choices

## **INTRODUCTION**

The Cooperative Agricultural Support Services (CASS) is committed to your overall health and well-being, and we're pleased to offer a comprehensive benefits program that provides valuable health care coverage for you and your family.

It is your responsibility to make sure you understand your benefits and use them wisely. This benefit summary is designed to assist you in doing just that. We encourage you to refer to it throughout the year so you can make benefit choices that help you and your family members live and play well.

## **DISCLAIMER**

This information is only a summary of the benefit options, responsibilities, and/or opportunities to change the benefits that are available to you as a participant in the benefit programs offered by Cooperative Agricultural Support Services. It is not intended to be exhaustive in detail or address all of the possible regulations that govern the administration of our benefit programs.

CASS reserves the right to revise, supplement, or rescind any segment or portion of the information provided as it deems appropriate.

If there is a conflict between the laws, regulations, contracts and policies governing our benefit programs and this information, the applicable provision of law or policy will take precedence. The Employee Benefits Department reserves the right to request additional documentation at any time to support requests for changes in benefits or coverage adjustments.

Questions concerning your particular benefits and the application of policies that pertain to your specific situation should be addressed to the Employee Benefits Department staff.

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## OVERVIEW

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As an employee of the Cooperative Agricultural Support Services, you have a wide variety of benefits available. This Summary provides an overview of:

- Medical
- Dental for Regular Full Time (RFT)
- Vision for Regular Full Time (RFT)
- Health Reimbursement Account (HRA) (RFT) Coverage
- 457(b) Deferred Compensation
- Employee Assistance Program
- Leave of Absence
- COBRA Continuation

The offered medical plan will be the equivalent of a Bronze level plan and meet all Affordable requirements. CASS will contribute 50% of the cost of the Bronze level plan, to be matched by the employee. For others, you may contribute all or just a portion of the cost of coverage. Your premiums will vary according to the plan and number of dependents you enroll, your representation unit, your hire date, and/or the level of coverage you select.

### **USING THIS SUMMARY**

These benefit programs bring considerable value to you as a CASS employee. We encourage you to thoroughly review this Benefit Summary and contact the Department of Personnel Services Employee Benefits Department with any questions you might have. This Summary may not address all of your specific questions. The Department of Personnel Services Employee Benefits Department has additional, comprehensive benefit information for all of the benefit programs, which you may review at 1776 Tribute Road, Suite 215, Sacramento, CA from 8:00 a.m. until 5:00 p.m., Monday through Friday, or you may call (916) 445-1286.

### **YOUR GROUP INSURANCE COVERAGE**

Your benefits are subject to the schedule of covered services as described in the applicable Evidence of Coverage (EOC) which is available through the Department of Personnel Services Employee Benefits Department. The Plan summaries contained in this book are for comparison purposes only. For detailed or specific plan information, you may call the plan's toll-free number, you may refer to the full Evidence of Coverage booklet.

## ELIGIBILITY FOR BENEFITS

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### EMPLOYEE

An "Eligible Employee" is defined as:

- 1) a regular employee who is working full-time or part-time for the CASS;
- 2) any regular employee who temporarily transfers to a benefited temporary position;

For the purposes of benefit eligibility, a regular employee means any officer or employee, in service or not service, who occupies a permanent position, whether part-time or fulltime, established in accordance with the annual salary ordinance, in the class which is intended for permanent or career-type employment. A regular employee includes an employee who is not working full-time, but who is still considered to be in active pay status. (This includes the use of any combination of sick leave, vacation, overtime, workers' compensation.)

A regular part-time employee is defined as working at least twenty (20) hours per week or forty (40) hours in a bi-weekly pay period. A regular full-time employee is defined as working at least forty (40) hours per week or eighty (80) hours in a bi-weekly pay period. An "eligible employee" is not an employee of a temporary agency, a contractor, or any other person who does not occupy a permanent position in accordance with the annual salary ordinance.

Under the Affordable Care Act (ACA), employees who work an average of thirty (30) hours per week or one hundred and thirty (130) hours per calendar month for 6 months or more over a 12month period are eligible for coverage. If you are eligible for health insurance, you will be contacted.

### DEPENDENTS

Eligible dependents for Medical, Dental, and Vision include:

- **Children** - natural, step, adopted (up to age 26), a child that you have legal guardianship of, and/or foster minor children of the employee or spouse/domestic partner (up to age 21). Children over age 26 with a certified medical disability are also eligible.
  - Dependents of your children are not eligible unless you or your spouse/ domestic partner has legal guardianship of that child.

Eligible Dependents for **only** Dental and Vision include:

- Children and Legal Spouse or qualified domestic partner

## INELIGIBLE DEPENDENTS

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You must remove ineligible dependents within 30 days of their loss of eligibility. Notifications beyond 60 days will result in the loss of COBRA rights and **you** may be financially responsible for the cost of premiums and any services received by your dependent(s) after the loss of eligibility.

## CONTRIBUTION ARRANGEMENT

CASS currently offers six medical plans with California Choice to eligible employees. CASS will contribute 50% to the employee portion on each of the Bronze plans with the option to upgrade to a Silver or Gold plan at an additional fee.

Medical is offered to eligible employee and age-eligible children only. Dental and Vision is offered to employees, spouse and children.

Employer contributes 75% to Dental and Vision premium costs for full-time employees and qualifying dependents. Temporary employees are eligible for Dental and Vision benefits at a 100% employee paid cost.

### EMPLOYEE COST FOR DEPENDENTS

| PLAN                          | COST   |
|-------------------------------|--|
| Medical Coverage (Child Only) | 100% of premium based on the coverage selected |
| Dental Coverage (Family)      | 25% of premium coverage selected               |
| Vision Coverage (Family)      | 25% of premium coverage selected               |

**\*Imputed Income:** If you enroll a domestic partner or child(ren) of a domestic partner who are not your IRS-defined dependents for tax free benefit purposes **you will be required to pay imputed income (federal taxes on the value of the benefit)**. The term "domestic partner" has the same meaning as defined by Section 297 of the California Family Code or Section 308 of the California Family Code if the domestic partnership is established outside of California.

## COVERAGE EFFECTIVE DATES

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Medical, dental, and vision insurance for eligible employees and their enrolled dependents are effective on the first day of the month following online enrollment and the timely submission of the required documentation— **not from the date of the event**. Although you have 30 days from an event to make an election, your coverage cannot be retroactive under Section 125 IRS regulations (except as allowed under HIPAA).

### **NEW HIRES**

In order to enroll in the benefit plans of your choice, benefit elections must be made within the first 30 days of becoming an eligible participant. You may enroll on line, either at home or at work, by using Ease Central, our on line insurance enrollment system. Any required supporting documentation must be submitted to the Employee Benefits Staff for final approval within 7 days of your benefit elections. Coverage is effective the 1<sup>st</sup> day of the month following the enrollment.

### **MID YEAR LIFE EVENTS**

During the year, you may experience a “qualifying event” such as marriage, divorce, domestic partnership, birth, loss or gain of group coverage, etc. For mid-year enrollment changes associated with a birth or adoption, the coverage becomes effective on the date of birth or adoption in accordance with HIPAA regulations, as long as you enroll and provide any required documentation in a timely manner, usually 30 days after the qualifying event occurred. For all other midyear qualifying events, the coverage is effective the first day of the month following eligibility **and** enrollment, provided there has been timely submission of required documentation.

## OPEN ENROLLMENT

Our health plan contracts allow one opportunity each year during “Open Enrollment” for all eligible health insurance plans. Employees may also add or delete dependents at this time.

If you add dependents or waive medical coverage supporting documentation is required and must be submitted to the Employee Benefits Department for final approval or your changes will not go into effect. Changes made during Open Enrollment are generally done in October or November and coverage is effective on December 1st of the following plan year.

### **Waiver of Coverage**

If you have other group health coverage you may waive your CASS medical plan when you are first eligible, during Open Enrollment or within 30 days of gaining other group coverage. You are required to provide documentation to verify the other coverage. You will only be permitted to re-enroll in a CASS medical plan within 30 days of the loss of your other group coverage (proof of the loss of coverage is required), or during Open Enrollment.

## CHANGES TO COVERAGE

After your initial enrollment you can generally only make changes to coverage during qualified “life events” and/or Open Enrollment. The change must be on account of and consistent with the event, and must be made online within 30 days of the event using Ease Central. Documentation to verify the event is also required within 7 days of the enrollment request.

**MAKING CHANGES** - In order to make changes three things must occur:

### 1. Experience a Life Event-Examples of common life events:

|                |                  |                               |
|----------------|------------------|-------------------------------|
| Birth of child | Child turning 26 | Loss of other group coverage* |
| Marriage       | Divorce          | Gain other coverage*          |

**\*NOTE:** You have **60** days to enroll in or waive CASS coverage if you gain or lose either Medi-Cal or SCHIP/Healthy Families coverage under certain conditions.

### 2. Submit your request within 30 days

Changes to coverage should be made online at [www.cooperativeagriculturalsupport.ease.com](http://www.cooperativeagriculturalsupport.ease.com). It is the employee’s responsibility to submit the enrollment within 30 days of the event and provide supporting documentation. Upon approval, changes are effective the first day of the month following the enrollment.

### 3. Provide supporting documentation-(7 days) Examples of supporting documents include:

|                         |  |
|-------------------------|--|
| Spouse/Domestic Partner | Marriage certificate/Declaration of Domestic Partnership/Dissolution of Marriage |
|-------------------------|--|

Birth certificate; hospital verification letter (newborns only); Adoption or Child legal guardianship papers for newly adopted/placed children

Loss or gain of other HIPAA Certificate, COBRA notice, or employer letter indicating the date of coverage the loss/gain of other group coverage

Documentation is required within 7 days of submitting your enrollment. A Social Security number is required for dependents, but if you do not have it at the time of enrollment, you should enroll the dependent and request additional time to provide the SSN.

### COMMON MISTAKES

#### New Baby

Submitting your paperwork to your department HR request FMLA or Parental Leave for the birth of a newborn does not add your new baby to coverage. We cannot assume your intentions for enrollment so you must take action to enroll your newborn, elect the benefits and complete the enrollment!

#### Divorced Spouse: Vision and Dental Only

Ex-spouses must be removed within 30 days of the divorce; If family court orders continued benefits for an exspouse, you would need to elect COBRA continuation coverage or purchase coverage privately; divorced spouses cannot stay on CASS coverage.

## MEDICAL DEFINITIONS

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### **Deductible**

The dollar amount a member must pay before insurance coverage for medical expenses can begin.

### **Coinsurance**

The percentage of the charges the member is required to pay for a medical service in a plan after the deductible has been met. For example, after the member reaches the \$1,000.00 individual deductible, the insurance company may pay the 70% of the covered claim, and the member pays the remaining 30%.

### **Out-of-Pocket Maximum**

The maximum amount a member would have to pay during the plan year for eligible expenses. After the Out-of-Pocket maximum is met, the insurance company pays 100% of the allowable charges for covered services in network for the remainder of the plan year.

### **Copay**

The fee paid by the member when a medical service is received, i.e. \$45 for an office visit or \$10 for a prescription. Copays do not apply to the deductible.

### **PPO**

PPO stands for Preferred Provider Organization. This is a group of hospitals and physicians that are contracted with the insurance companies to provide services. The Out of Pocket costs are lower when an in-network provider is used for services.

### **HMO**

HMO stands for Health Maintenance Organization. It is a managed care plan that requires members to receive medical care from the hospitals or physicians that are in the HMO network. Members have one primary care physician (PCP) that coordinates the medical care and refers specialists and hospitals within the medical group.

### **In Network Provider**

An in-network provider is a doctor, hospital, medical group and/or other healthcare provider contracted to provide service to insurance company members for less than the normal fee.

### **Out of Network Provider**

An out of network provider is a doctor, hospital, medical group and/or healthcare provider that are NOT contracted to provide services for less than normal fee and can charge member as much as they would like.

**Note:** Be sure to request a pre-treatment authorization and/or estimate before any major medical work. Providers can assist with this request.

## HEALTH REIMBURSEMENT ARRANGEMENTS (HRA)

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Health Reimbursement Arrangements (HRAs) are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may not be rolled over to be used in subsequent years. Cooperative Agricultural Support Services (CASS) funds and owns the arrangement. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts.

An HRA may reimburse expense considered to be qualified medical expenses in IRS Publication 52, HRA eligible expense can be anything from chiropractors to crutches, depending on the plan.

### **ELIGIBILITY FOR PARTICIPATION**

#### Eligible Employee

You are an "Eligible Employee" if you are eligible to receive benefits from the Cal Choice. However, you are not an Eligible Employee if you are a self-employed individual (including a partner), or a person who owns (or is deemed to own) more than 2 percent of the outstanding stock of an S corporation.

You will stop being a participant eligible to receive benefits from the Plan on the date you are no longer an Eligible Employee or the date you terminate employment with the Company.

### **HEALTH REIMBURSEMENT BENEFITS**

#### Health Reimbursement Account

When you become eligible to participate in the Plan, the Plan will establish a health reimbursement account in your name. You will be entitled to receive reimbursement from this account for Eligible Expenses incurred by you, your spouse and dependents, if any (Covered Persons). A dependent is generally someone who you may claim as a dependent on your federal tax return and also includes a child up until their 26th birthday. You may receive reimbursement for Eligible Expenses incurred at a time when you are actively participating in the Plan. The amount of reimbursement for Eligible Expenses is limited to the remaining balance in your account.

#### Limits on Reimbursement

The annual limits on reimbursement are as follows:

One Covered Person (Participant only): 1,500.00

Two Covered Persons (Participant plus one other Covered Person): 3,000.00 More than two Covered Persons (Family coverage): 3,000.00

The entire amount of the limit specified above will be credited to your account at the beginning of the Plan Year.

Any amounts remaining in your account at the end of the Plan Year and any balance remaining in your account on the date you terminate employment with the Company will be forfeited after all claims are paid.

### Deductible

The annual Plan deductible is \$ None.

You must meet the annual deductible above before your Plan will reimburse for Eligible Expenses. Please note that the deductible above is for this plan (the Health Reimbursement Account) and NOT the deductible(s) for Company-sponsored health plan(s).

### Eligible Expenses

During the time you are eligible to participate in the Plan, the Plan will reimburse all medical expenses for Covered Persons that are listed on the Eligible Expenses Appendix. The Plan will not reimburse you for the cost of medicines or drugs unless such medicine or drug is a prescribed drug (determined without regard to whether such drug is available without a prescription) or is insulin. You will not be reimbursed for any expenses that are (i) not incurred in the Plan Year, (ii) incurred before or after you are eligible to participate in the Plan, (iii) attributable to a tax deduction you take in a prior taxable year, or (iv) covered, paid or reimbursed from any other source.

### Coordination with Other Plans

All claims for benefits that are covered by an insurance policy must be made to the insurance company issuing such insurance policy.

### Limits on Certain Employees

If you are a highly paid employee or an owner of the Company, federal law may impose limits on your eligibility to participate in the Plan and/or the benefits you may receive from the Plan.

## **CLAIMS**

### **To Submit a Claim:**

1. Complete a claim form, itemize your expenses and list the total amount you are claiming.
2. Attach an itemized statement that includes the date, type and cost of service. Ideal forms

of documentation include an Explanation of Benefits (EOB) from your insurance carrier or an itemized statement from the provider.

3. Submit the claim form and supporting documentation to Navia. The most efficient way to submit a claim is by using the online claim submission tool or the MyNavia smartphone app for Android or iPhone. You may also submit claims via email, fax or mail. Please use only one method per submission. Allow 2 full business days for your claim to be reviewed and processed once it has been received.
4. Reimbursements are processed weekly on Friday. Reimbursements will be directly deposited into your bank account, or a check mailed to your home. Direct deposits may take 1-2 days to post to your bank account.
5. You will have 90 days to submit claims at the end of the plan year. If your employment is terminated, or you lose HRA coverage, you will have 90 days after your date of termination to submit claims for expenses incurred prior to your benefit termination date. You may have the ability to continue coverage under COBRA (see your employer for details).

Documentation must clearly show the date of service, type of service, and final cost of service. Examples of acceptable documentation include itemized bills/invoices, or the Explanation of Benefits (EOB) from your insurance carrier.

❖ If your employer offers an HRA and you are enrolled in a plan that only offers reimbursement for deductible, coinsurance, and/or copays an EOB is required for claim submission.

❖ If the expense is a copay amount (multiple of \$5 up to \$500), a payment receipt is acceptable documentation.

\*\*Proof of payment is not required in order to reimburse medical/dental/vision services.

#### Prescriptions

Examples of acceptable documentation include the Rx label, payment receipt, or mail order statement showing the date filled, Rx name or Rx #, and cost. You may also submit an itemized printout from your pharmacy.

#### OTC Medications & Drugs

Per IRS regulations, OTC medications and drugs with an active ingredient are eligible expenses that can be reimbursed with your FSA (ex. pain relievers, cold/allergy medication, ointments, Antacids).

## Alternative Treatments

Expenses that may be seen as merely beneficial to general health will require a Letter of Medical Necessity (LMN), showing the treatment of a specified medical diagnosis. Examples include vitamins/supplements, herbs, weight loss programs, cosmetic products and procedures. Please have your provider write a letter or complete our Letter of Medical Necessity template.

## Dependent Care

Acceptable documentation includes an itemized bill/invoice, showing the date of service, type of service, and cost of service.

If the dependent is age 5 or older, the documentation must show the services are "for care," and not educational in nature.

If you are unable to obtain sufficient documentation, you may have the provider sign the front of this claim form to validate the services being claimed.

If you would like to automate your recurring daycare expenses, you may do so by completing our Recurring Daycare Claim Form, logging onto our Participant Portal, and selecting the My Recurring Claims tool tile.

## Please DO NOT submit the following types of documentation:

- ❖ Statements showing estimated/pending insurance
- ❖ Statements showing the claimed amount as a balance forward/previous balance
- ❖ Statements showing the claimed amount as a prepayment for future services
- ❖ Cancelled checks/copies of cashed checks
- ❖ Personal bank statements

3. Be sure to sign the claim form and submit! Please fax, email or mail a signed claim form, but choose one method only.

## General Claims Submittal:

Email: [claims@naviabenefits.com](mailto:claims@naviabenefits.com)

Fax: Local (425) 451-7002 or Toll-free (866) 535-9227

Mail: Navia Benefit Solutions

PO Box 53250 Bellevue, WA 98015

Phone: Local (425) 452-3500 or Toll-free (800) 669-3539

## If your employer offers an HRA, Dental or Wellness plan, submit to:

Email: [105@naviabenefits.com](mailto:105@naviabenefits.com)

Fax: Local (425) 709-7125 or Toll-free (866) 831-6222

Mail: Navia Benefit Solutions

PO Box 53250 Bellevue, WA 98015

Phone: Local (425) 452-3421 or Toll-free (866) 897-1996

Claims status is available online. Please allow at least two (2) full business days for Navia to process your claim.

## **CONTINUATION RIGHTS**

### Military Service

If you serve in the United States Armed Forces and must miss work as a result of service, you may be eligible to continue to receive benefits with respect to any qualified service.

### COBRA

Under Federal law, you, your spouse, and your dependents may be entitled to COBRA continuation coverage in certain circumstances. Please see the "COBRA NOTICE" that is attached to the end of this Summary Plan Description for important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The COBRA NOTICE generally explains COBRA continuation coverage

If you go on unpaid leave that qualifies as family leave under the Family and Medical Leave Act you may be able to continue receiving benefits.

#### FMLA

If you go on unpaid leave that qualifies as family leave under the Family and Medical Leave Act you may be able to continue receiving benefits.

### **MISCELLANEOUS**

#### Qualified Medical Child Support Orders

In certain circumstances you may be able to enroll a child in the Plan if the Plan receives a Qualified Medical Child Support Order (QMCSO). You may obtain a copy of the QMCSO procedures from the Plan Administrator, free of charge.

#### Loss of Benefit

You may lose all or part of your account if the unused balance is forfeited at the end of a Plan Year and if we cannot locate you when your benefit becomes payable to you.

You may not alienate, anticipate, commute, pledge, encumber or assign any of the benefits or payments which you may expect to receive, contingently or otherwise, under the Plan, except that you may designate a Beneficiary.

#### Amendment and Termination

The Company may amend, terminate to merge the Plan at any time.

#### Administrator Discretion

The Plan Administrator has the authority to make factual determinations, to construe and interpret the provisions of the Plan, to correct defects and resolve ambiguities in the Plan and to supply omissions to the Plan. Any construction, interpretation or application of the Plan by the Plan Administrator is final, conclusive and binding.

#### Taxation

The Company intends that all benefits provided under the Plan will not be taxable to you under federal tax law. However, the Company does not represent or guarantee that any particular federal, state or local income, payroll, personal property or other tax consequence will result from participation in this Plan. You should consult with your professional tax advisor to determine the tax consequences of your participation in this Plan.

#### Privacy

The Plan is required under federal law to take sufficient steps to protect any individually identifiable health information to the extent that such information must be kept confidential.

The Plan Administrator will provide you with more information about the Plan's privacy practices.

### **ADMINISTRATIVE INFORMATION**

1. The Plan Sponsor and Plan Administrator is Cooperative Agricultural Support Services Authority. Its address is 1776 Tribute Road, Suite 215, Sacramento, CA 95815. Its telephone number is 916-445-1286. Its Employer Identification Number is 45-0546316.
2. The Company's plan year ends on November 30, however HRA benefit cards can be used through December 31.

## 457(b) DEFERRED COMPENSATION PLAN

### 457(b) Retirement Plan

CASS offers a 457(b) plan through Mission Square and is designed to supplement your retirement income. While a pension and/or Social Security may go a long way, they are unlikely to be enough. Saving to your 457 plan can help you maintain your desired standard of living.

CASS Deferred Compensation Plan are not taxed on amounts that are deferred into the plan or accumulated under the plan until they terminate employment and actually receive a distribution of monies that have accumulated in their account. CASS will contribute to the employee's account and each employee has the option to contribute additional money on a pretax basis, up to the maximum permitted under the plan.

### Contributions

Contributions are made to an account in your name for the exclusive benefit of you and your beneficiaries. The value of the account is based on the contributions made and the investment performance over time.

Contribution amounts may be changed at any time by contacting CASS Benefits Department. Contribution changes made by the 18th of the month, will take effect on the first pay period of the following month.

Below are the combined contribution amounts set forth for a minimum of 5.0 percent employee participation with a minimum of 2.5 percent employer contribution for a total combined contribution of 7.5 percent per pay period.

The minimum contribution is 5.0 percent of gross pay and the maximum is set annually by the IRS:

### CASS CONTRIBUTIONS SCALE

| Employee Deduction | Employer Contribution | Combined Contribution |
|--------------------|-----------------------|-----------------------|
| 5.0%               | 2.5%                  | 7.5%                  |
| 5.5%               | 3.0%                  | 8.5%                  |
| 6.0%               | 3.5%                  | 9.5%                  |
| 6.5%               | 4.0%                  | 10.5%                 |
| 7.0%               | 4.5%                  | 11.5%                 |
| 7.5%               | 5.0%                  | 12.5%                 |
| 8.0%               | 5.5%                  | 13.5%                 |
| 8.5%               | 6.0%                  | 14.5%                 |
| 9.0%               | 6.5%                  | 15.5%                 |
| 9.5%               | 7.0%                  | 16.5%                 |
| 10.0%              | 7.5%                  | 17.5%                 |
| 10.5%              | 8.0%                  | 18.5%                 |
| 11.0%              | 8.5%                  | 19.5%                 |

### 457(b) Plan - Pre-Tax and Post Tax (ROTH)

You designate a percentage of your biweekly pay that you want deducted from your paycheck to contribute to the Plan. With pre-tax contributions you are deferring taxes on currently earned wages to a future time when the account distribution will be taxed as normal income. With post-tax contributions into a ROTH, your contributions can be withdrawn tax and penalty free at any time, and growth earnings can be withdrawn tax and penalty free after a five year waiting period and at age 59½ or older.

## 457 Plan Contribution Limits

| Limitation                          | 2020                         | 2019                         |
|-------------------------------------|------------------------------|------------------------------|
| Annual Deferral Limit for 457 Plans | \$19,500                     | \$19,000                     |
| "Pre-Retirement" Catch-Up Limit     | \$19,500<br>(\$39,000 total) | \$19,000<br>(\$38,000 total) |
| "Age 50" Catch-Up Limit             | \$6,500<br>(\$26,000 total)  | \$6,000<br>(\$25,000 total)  |

The normal contribution limit for elective deferrals to a 457(b) deferred compensation plan is increased from \$19,000 to \$19,500 in 2020. Employees age 50 or older may contribute up to an additional \$6,500 for a total of \$26,000. Employees taking advantage of the special pre-retirement catch-up may be eligible to contribute up to double the normal limit, for a total of \$39,000.

**CATCH-UP OPTION** - If you have not contributed the maximum into the program throughout your CASS service, you may be eligible for the "3-Year Limited Catch-Up". The maximum for "Catch-Up" is up to twice the under age 50 limit, and restrictions apply.

**ROLLOVER** - Active Participants may not transfer balances from other "eligible retirement plan(s)" into the CASS 457 Plan.

**INVESTMENT OPTIONS** - You control how your account is invested, choosing from options selected by your employer.

A typical plan includes a wide range of options, from more conservative stable value funds to more aggressive bond and stock funds. You may choose to build a diversified portfolio of various funds, select a simple yet diversified target-date or target-risk fund, or rely on specific investment advice through Guided Pathways on Mission Square website.

**INVESTMENT ALLOCATION** - Contributions to the 457(b) Plan will be deposited into a target dated or life cycle fund based on your age that reallocates automatically as you get nearer to retirement unless you specify your deposits into other account funds. You may change the investment allocation at any time and the changes are effective immediately. You may also move assets between funds at any time and the changes will take place at the next market closure. These transactions may be accomplished by contacting ICMA-RC at 1(800) 669-4700.

**HARDSHIP WITHDRAWALS** - Hardship Withdrawals are available in the 457(b) Plan. The IRS has very specific rules about what qualifies as a Hardship Withdrawal. Once an application is made for a Hardship Withdrawal, you cannot contribute to the 457(b) Plan for six months. If you find the need for a Hardship Withdrawal.

## DEFERRED COMPENSATION (cont'd)

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**HARDSHIP WITHDRAWALS** - Hardship Withdrawals are available in the 457(b) Plan. The IRS has very specific rules about what qualifies as a Hardship Withdrawal. Once an application is made for a Hardship Withdrawal, you cannot contribute to the 457(b) Plan for six months. If you find the need for a Hardship Withdrawal.

### **WITHDRAWALS**

You can make withdrawals from your account when you leave employment. You have the ability to take payments as needed or request scheduled automatic payments. You maintain control over your investments and continue to benefit from tax deferral even after you leave your employer.

During employment, subject to your employer and IRS rules, you may also be able to make withdrawals after age 70½ or due to an unforeseeable emergency. A loan option may also be available.

Withdrawals are generally taxable but, unlike other retirement accounts, the 10% penalty tax does not apply to distributions prior to age 59½ (the penalty tax may apply to distributions of assets that were transferred to the 457 plan from other types of retirement accounts).

# EMPLOYEE ASSISTANCE PROGRAM

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CASS offers an Employee Assistance Program (EAP) and is a service designed to help you manage life's challenges. Health Advocate, will customize a EAP solutions by understanding your unique needs and then offering the appropriate assistance or referrals. The following services, paid for by CASS, are available to eligible members.

## CLINICAL COUNSELING

EAP provides assessment, assistance and, when necessary, referral to additional services. Eligible members may be entitled to face-to-face or telephonic consultations for a wide range of emotional health, family and work issues, including:

- Marriage, relationship and family problems
- Domestic violence
- Alcohol and drug dependency
- Stress and anxiety
- Depression
- Grief and loss

## WORK & LIFE SERVICES

EAP also features services to help you balance work and life and take care of all kinds of chores and challenges. Telephonic consultations are available in the following areas:

**Childcare and elder-care assistance** - Needs assessment plus referrals to childcare and elder care providers (depending on your plan, you may also be entitled to help with other parenting matters, and/or to referrals to providers with current, confirmed openings).

**Financial services** - Budgeting, credit and financial guidance (investment advice, loans and bill payments not included), retirement planning and assistance with tax issues.

**Legal services** - Telephonic or face-to-face consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more (excluding disputes or actions between you and your employer or MHN).

**Identity theft recovery services** - Information on ID theft prevention, plus an ID theft emergency response kit and help from a fraud resolution specialist if you are victimized.

**Daily living services** - Referrals to consultants and businesses that can help with everyday errands, travel, event planning and more (does not cover the cost nor guarantee delivery of services).

## EMPLOYEE ASSISTANCE PROGRAM CON'T

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### ONLINE MEMBER SERVICES

Access helpful information and powerful emotional health and work-life tools on line.

#### Health and Wellness Resources

Health Advocate can help you register on our member website to:

- Assess your health and get tips for living better.
- Track progress toward your wellness goals.
- Take advantage of interactive e-learning programs.
- Find articles and videos about health topics.
- Provides wellness coaching services, and personalized support to help you set and reach our wellness goals.

Personal challenges can make it nearly impossible to focus on work, and unaddressed problems often escalate and have a serious impact on wellbeing, productivity and performance. MHN can help.

Health Advocate's employee Assistance programs help people achieve better emotional and physical wellbeing so they can stay health and perform better at work. In short, we help employees live better so companies work better, lower your costs, improving productivity and boosting profits. The EAP helps employees improve their physical and emotional wellbeing. And when employees are healthier and more productive, your business reaps the benefits, too.

A toll-free 24 hours a day, seven days a week is available at 866-799-2655.

You are entitled to 5 face-to-face sessions or telephonic or web-video consultations for problem-solving support per incident, per plan year.

## LEAVE OF ABSENCE

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There are times during your employment where you may need to take a leave of absence (LOA) from work. There are many types of leaves and some leaves may cover all of your benefits, while other leaves types require you to pay all or a portion of the cost to maintain coverage. Leave of absence situations vary vastly and are based on individual circumstances, so contact the Employee Benefits staff if you have questions on how your leave impacts your benefits.

### COMMENCEMENT OF LEAVE

Regardless of when your leave begins, your benefits will terminate the last day of the month you are in paid status. You will receive a notice from our office regarding your responsibilities and options to continue coverage. As a general rule, if you have a payroll deduction for benefit coverage while working, you must continue to make those payments to keep coverage in effect while on leave of absence. Your notice will contain specific details on how to continue coverage.

### LIFE EVENTS WHILE ON LEAVE

During your leave of absence, you may experience a life event such as getting married or having a baby. You must contact the Employee Benefits Department within 30 days of experiencing a life event. **Your newborn or new spouse is not automatically added to coverage!** If you miss the 30 day time frame you may not be able to make changes to your coverage until Open Enrollment. Since the length of your leave and your leave type play a significant role in how your coverage is impacted, you should contact the Employee Benefits staff immediately with any questions.

### RETURNING TO WORK

Depending on the length and type of your leave, you may need to take action to enroll in benefits, or coverage reinstatement may be automatic. Where enrollment is required, coverage is effective the first day of the month following your return from leave AND your completed enrollment; therefore it is important to contact the Employee Benefits staff before you return to work.

## ANNUAL LEAVE

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CASS provides annual leave, with pay, to all employees. All new CASS employees earn annual leave at the rate of 0.069 hours annual leave per one hour worked. This rate equates to an approximate total of 11 hours of annual leave earned per month. The table below displays the accumulation (earning) rates of annual leave and the approximate equivalent number hours of annual leave earned on a monthly basis.

| Cumulative Length of Service based upon 80 hour pay period   | Per Hour Accumulation | Approximate Monthly Total |
|--|-----------------------|---------------------------|
| 1 <sup>st</sup> pay period to 78 <sup>th</sup> pay period    | 0.069                 | 11                        |
| 79 <sup>th</sup> pay period to 260 <sup>th</sup> pay period  | 0.088                 | 14                        |
| 261 <sup>st</sup> pay period to 390 <sup>th</sup> pay period | 0.100                 | 16                        |
| 391 <sup>st</sup> pay period to 520 <sup>th</sup> pay period | 0.106                 | 17                        |
| 521 <sup>st</sup> pay period and beyond                      | 0.113                 | 18                        |

Regular time hours and annual leave usage in lieu of work are counted in calculating the total hours worked during the pay period for annual leave accumulation.

Upon termination from CASS employment, all employees shall be paid for all unused annual leave credits accrued.

CASS management or supervisory staff shall approve all requests for annual leave to be used as vacation or in lieu of work. All such requests shall be reviewed in a timely manner.

Annual leave taken for the purpose of sick leave will be administered in accordance with CASS's sick leave administration policy as set forth below.

Regular, full-time employees may accumulate up to 640 hours of annual leave. If the regular full-time employee exceeds the limit, no additional annual leave will be granted until the leave balance falls below 640 hours.

Regular, full time employees may cash out up to 80 hours of accrued annual leave each calendar year. Regular, full-time supervisors (excluding leads) may cash out up to 120 hours of accrued annual leave each calendar year. Seasonal and temporary employees may cash out up to 40 hours of accrued annual leave each calendar year. If the use of annual leave in lieu of work plus the number of hours physically worked results in a work week that exceeds 40 total hours, the excess annual leave hours paid out will not be counted against a seasonal or temporary employees' option to cash out 40 hours of accrued annual leave during that calendar year.

### **Sick Leave Administration**

All CASS employees are entitled to use accrued annual leave time for the diagnosis, care of treatment of an existing health condition or preventative care for themselves or a "family member" under the Healthy Workplaces, Healthy Families Act of 2014 (the "Act"). A "family member" under the Act includes a child (biological, adopted, foster child, stepchild, or legal ward); a spouse or registered domestic partner; a parent (biological, adoptive, foster parent, stepparent, or legal guardian of the employee or employee's spouse or registered domestic partner); a grandparent; a grandchild; or a sibling.

CASS employees shall provide their supervisor with advance notice of their need to use annual leave as sick leave unless such advance notice is not possible in the event of an emergency. In the event of an emergency, CASS employees shall provide their supervisor with notice of their need for sick leave as soon as possible under the circumstances, but in no event less than 24 hours following the emergency.

### **Holidays**

Field Technician staff will receive holiday pay for the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving and Christmas Day.

Office staff will receive holiday pay for the following holidays: Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Day after Thanksgiving Day, Christmas Day, New Year's Day, Martin Luther King Jr. Day, Lincoln's Birthday, Washington's Birthday, Cesar Chavez Day, Memorial Day, and Juneteenth Day.

The amount of holiday credit an employee receives is dependent upon the number of regular hours that the employee physically worked in the previous pay period, plus the number of regular hours worked in the pay period in which the holiday falls. Annual leave usage during each of these pay periods will count as regular hours for the purpose

of calculating holiday credit that will be paid. Holiday credit will be paid based upon the following chart:

| One Holiday in Two<br>Consecutive Pay Periods |        | Two Holidays in One or Two<br>Consecutive Pay Periods |               |
|---|--------|---|---------------|
| Hours Worked in Holiday Hours                 |        | Hours Worked in                                       | Holiday Hours |
| Two Pay Periods                               | Credit | Two Pay Periods                                       | Credit        |
| 11 to 30.9                                    | 1      | 10 to 29.9  | 1             |
| 31 to 50.9                                    | 2      | 30 to 47.9  | 2             |
| 51 to 70.9                                    | 3      | 48 to 66.9  | 3             |
| 71 to 90.9                                    | 4      | 67 to 85.9  | 4             |
| 91 to 110.9                                   | 5      | 86 to 104.9   | 5             |
| 111 to 130.9                                  | 6      | 105 to 123.9  | 6             |
| 131 to 150.9                                  | 7      | 124 to 142.9  | 7             |
| 151 +   | 8      | 143 +   | 8             |

### **Leave Without Pay**

Qualified employees are entitled to leave without pay in compliance with the Family and Medical Leave Act. Refer to Addendum IV for our Family and Medical Leave Act/California Family Rights Act and Pregnancy Disability Leave Policies.

## CONTINUATION COVERAGE (COBRA)

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### **COBRA NOTICE**

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; 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 the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Company at 1776 Tribute Road, Suite 215, Sacramento, CA 95815. The Company's telephone number is 916-445-1286.

### **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, Medicaid, 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).

### **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/ebsa](http://www.dol.gov/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**

Cooperative Agricultural Support Services Authority  
1776 Tribute Road, Suite 215  
Sacramento, CA 95815  
916-445-1286.

## CONTACTS

| <b>BENEFITS CONTACTS</b>   | <b>PHONE</b> | <b>WEBSITE</b>  |
|----------------------------|--------------|---|
| CASS Headquarters          | 916-445-1286 | <a href="http://www.agsupport.org">www.agsupport.org</a>  |
| EaseCentral                | 800-814-1862 | <a href="http://www.cooperativeagriculturalsupport.ease.com">www.cooperativeagriculturalsupport.ease.com</a>            |
| <b>MEDICAL CARRIERS</b>    |              |   |
| Kaiser Permanente          | 800-464-4000 | <a href="http://www.kp.org">www.kp.org</a>  |
| Struck Insurance Services  | 209-524-2893 | <a href="http://www.struckinsurance.com">www.struckinsurance.com</a> <a href="http://www.anthem.com">www.anthem.com</a> |
| Anthem Blue Cross          | 805-687-0066 | <a href="http://www.anthembluecross-medicareadvantage.com">www.anthembluecross-medicareadvantage.com</a>                |
| <b>OTHER VENDORS</b>       |              |   |
| Ameritas – Dental & Vision | 800-300-9566 | <a href="https://www.ameritas.com">https://www.ameritas.com</a>   |
| Mission Square             | 800-669-7400 | <a href="http://www.missionsq.org">www.missionsq.org</a>  |
| Navia Benefit Solutions    | 425-452-3421 | <a href="http://www.naviabenefits.com">www.naviabenefits.com</a>  |

## CASS 2023/2024 Employee Assistance Plan Benefit Overview

|  |   |
|--|---|
| <b>Free coverage for employees, spouse/domestic partner, dependents, parents and in-laws</b> | Yes   |
| <b>24/7/365 Access to Masters Level Clinicians and/or Nurses</b>                             | Yes, unlimited  |
| <b>Counseling and Coaching</b>   |   |
| <b>In the moment support</b>   | Yes; unlimited  |
| <b>LifeStyle Coaching</b>  | Yes; 1-5 Sessions   |
| <b>Face-to-face counseling (per member per issue per year)</b>                               | Yes; 1-5 Sessions   |
| <b>Virtual Counseling-Video, Phone, Chat</b>   | Yes; 1-5 Sessions   |
| <b>Digital Cognitive Behavioral Therapy (dCBT)</b>   | Yes; unlimited  |
| <b>Work/Life Support</b>   |   |
| <b>Childcare</b>   | Yes; unlimited  |
| <b>Eldercare</b>   | Yes; unlimited  |
| <b>Additional Resources and Support</b>  | Yes; unlimited  |
| <b>Legal Services</b>  | Free 30 minute consultation per member per issue per year           |
| <b>Financial Services</b>  | Free 30 minute consultation per member per issue per year           |
| <b>Online and Mobile Resources</b>   | Yes; unlimited  |
| <b>Financial Fitness Courses</b>   | Yes; unlimited  |
| <b>Management Assistance Program-delete this section for EE only distribution</b>            |   |
| <b>Disruptive Event Management Support</b>   | Onsite or live webinar service available on a fee for service basis |
| <b>On-site or live webinar training</b>  | Available on a fee for service basis                                |
| <b>Policy review and consultation</b>  | Yes; unlimited  |
| <b>Consultation on employee related matters</b>  | Yes; unlimited  |
| <b>Organizational challenges</b>   | Yes; unlimited  |



Confidential  
help with personal  
issues, 24/7



Support  
to achieve a  
healthy work/life  
balance



We help you  
become the  
best you



Extensive  
online tools and  
resources



**Just contact us.**  
We'll take it from there.



**877.240.6863**

Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)



Web: [HealthAdvocate.com/members](http://HealthAdvocate.com/members)

We're not an insurance company. Health Advocate is not a direct medical care provider, and is not affiliated with any insurance company or third party provider.

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**HealthAdvocate<sup>SM</sup>**



Your well-being  
is important  
We're here to help

Your employer has partnered with Health Advocate to offer you personalized support to find balance and gain control during life's challenges, all at no cost to you! **This guide contains an overview of the many ways we can help.**

**HealthAdvocate**<sup>SM</sup>



## Life has its challenges... we're here to help

Your Employee Assistance Program (EAP) offers confidential support from EAP Professionals, who can help you work through personal, family or work issues to feel more balanced and productive. Support is available **via phone, text, chat, video or face-to-face.**

### We'll help you:



Identify **emotional and mental health issues** and **strategies to cope**



Build skills to address a variety of **emotional well-being** needs



Locate the right support resources such as **childcare, eldercare and more**



Connect with specialists for help with **work/life balance, legal and financial issues**



Access more **long-term help** from a qualified professional, if needed



**Research travel, plan events, make reservations** and handle other time-consuming tasks through our concierge service

# Connect with us no matter where you are

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Visit our website or app to learn more about your Health Advocate services. Plus...



Compassionate support over the **phone** when you need it most



Participate in **virtual counseling** through phone, text, chat or video



Work with a counselor in **face-to-face sessions**



Explore **webinars, online courses and articles** on a variety of well-being topics



Visit the **Personalized Legal Center, Financial Fitness Center** and **Mindfulness** page



Access a **digital cognitive behavioral therapy (dCBT)** program to help improve your emotional fitness

## [HealthAdvocate.com/members](https://HealthAdvocate.com/members)



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### We support the whole family

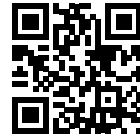
Our services are available to employees, spouses, dependents, parents and parents-in-law at **no cost to you.**



### In our members' words

“You took away so many of my worries. Thank you for your expertise, empathy and compassion. It made all the difference.”

Quickly reach us any way  
you like — by phone, email,  
online or our mobile app.



**877.240.6863**

Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)



Web: [HealthAdvocate.com/members](https://HealthAdvocate.com/members)

#### We're here when you need us most

Your Health Advocate Employee Assistance Program can be accessed 24/7/365.

#### We're not an insurance company

Health Advocate is not a direct medical care provider and is not affiliated with any insurance company or third party provider.

#### Your privacy is protected

Our staff carefully follows protocols and complies with all government privacy standards. Your medical and personal information is kept strictly confidential.

## Enrollment and Contribution Form

Use this worksheet to submit your employee information and/or any applicable contribution information elections to your employer for enrollment in your COOP AGRICULTURAL SUPPORT SVCS 457 Deferred Compensation Plan at MissionSquare Retirement.

- I want to:
- Start My Journey: Join my COOP AGRICULTURAL SUPPORT SVCS 457 Deferred Compensation Plan
  - Increase My Contributions

### 1. PERSONAL INFORMATION

|   |                |  |   |
|---|----------------|--|---|
| PLAN SPONSOR NAME:<br><b>COOP AGRICULTURAL SUPPORT SVCS 457 Deferred Compensation Plan 306279</b> |                |  |   |
| SOCIAL SECURITY NUMBER: FOR TAX REPORTING PURPOSES  |                | DATE OF BIRTH: MM/DD/YYYY  | GENDER:<br><input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER |
| FULL NAME: LAST, FIRST, MI  |                | MARITAL STATUS:<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED |   |
| MAILING ADDRESS:  |                |  |   |
| STREET  |                | CITY   | STATE ZIP   |
| MOBILE PHONE NUMBER:  | EMAIL ADDRESS: | GO PAPERLESS: <input type="checkbox"/>   |   |

\*Choosing to go paperless means you are asking your employer to opt you into electronic communications to the email address you have designated.

### 2. CONTRIBUTION AMOUNT

I authorize my plan sponsor to contribute the amount specified below from my pay each pay period. Contributions will begin as soon as administratively feasible under your plan.

Pre-tax contributions of \_\_\_\_\_% **OR** \$\_\_\_\_\_ from my pay each pay period.

**Normal Contribution Limit (2023):** 100% of compensation or \$22,500, whichever is less

Consider Ways to Save More:

- Age 50 catch-up contributions (up to \$7,500 more than the normal limit. \$30,000 maximum)
- 457 Pre-Retirement Catch-up –**SEE PRE-RETIREMENT CONTRIBUTION CATCH-UP FORM**

### 3. INVESTMENT SELECTION

By submitting this form, you understand you are authorizing your plan sponsor to enroll you in the plan without elections. Once your enrollment is processed you may log in to the participant website or mobile app to select your investments. If you do not select an investment option, your entire account will be invested in the Plan's default investment selection.

### 4. BENEFICIARY DESIGNATION

Once your enrollment is processed you may log in to the participant website or mobile app to enter your beneficiary information.

**5. SIGNATURES (SIGN, DATE, AND SUBMIT THE COMPLETED FORM TO YOUR PLAN SPONSOR)**

Employee Signature: \_\_\_\_\_ Date: MM/DD/YYYY \_\_\_\_\_

Authorized Plan Sponsor Official's Signature: \_\_\_\_\_ Date: MM/DD/YYYY \_\_\_\_\_

Authorized Plan Sponsor Official's Name and Title: \_\_\_\_\_ Date: MM/DD/YYYY \_\_\_\_\_

**SUBMIT THE COMPLETED WORKSHEET TO YOUR PLAN SPONSOR. RETAIN A COPY FOR YOUR RECORDS.**

**For Plan Sponsor Use Only:**

Employee ID: \_\_\_\_\_ Hire Date: MM/DD/YYYY \_\_\_\_\_

Rehired? Check if Yes

Rehire Date: MM/DD/YYYY \_\_\_\_\_ Original Hire Date: MM/DD/YYYY \_\_\_\_\_ Leave Date: MM/DD/YYYY \_\_\_\_\_