Updated October 4, 2010

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Worker's Compensation

Filing a Claim

- Employee MUST inform supervisor and Fiscal Office within 10 days of accident.
  - Even if employee does not feel that they need to seek medical treatment.
    - Accidents must be reported even if it is just to file the incident.

Injury Leave Pay

- Employee gets 7 days of "injury leave" pay which is paid by Crawford County.
- If the employee remains off work for a full three weeks, the employee is entitled to the first week of pay from the insurance company.
  - If this situation occurs, the employee must sign over the check to reimburse Crawford County for the week of injury leave pay.

Sick and Vacation

- Employees are allowed to turn in additional sick and vacation time while on worker's compensation upon mutual agreement between employee and department.
  - This allows the employee to receive wages that more closely resemble the wages that they earned prior to the accident.
- Employees will continue to accrue sick and vacation time as long as they are off work due to worker's compensation.

Employer Paid Fringe Benefits

- Employer paid fringe benefits, such as health, dental, and life insurance, will continue to be paid by Crawford County while the employee is off work due to worker's compensation.

Employee Deductions

- Employees should contact the Fiscal Office to see if they have any employee deductions for which they must make arrangements.

Patient Privilege

- Patient privilege preventing the furnishing of medical information by doctors and hospitals is waived by a worker seeking worker compensation benefits.
  - All reports, records, and data concerning exams/treatment shall be furnished to the employer or insurance carrier without the necessity of a release by the worker.

Contact Information

- Kansas Department of Labor
  - 1-800-332-0353
  - wc@dol.ks.gov
  - www.dol.ks.gov

KANSAS
DEPARTMENT OF LABOR

NOTICE: Employers are required to provide this information to each injured worker.

Information for Injured Employees

Division of Workers Compensation
OMBUDSMAN/CLAIMS ADVISORY UNIT
800 SW Jackson Street, Suite 600
Topeka, KS 66612-1227

TOLL FREE 1-800-332-0353

If you were hurt on the job and have any questions about workers compensation benefits, contact the **Ombudsman/Claims Advisory Unit** of the Division of Workers Compensation. The division has full-time personnel who specialize in aiding injured workers with claim information and problems. They can provide information about benefits an injured worker may be entitled to receive. They can help solve problems with benefits not being paid on time, medical treatment, unpaid medical bills, questions about how to figure settlement amounts, etc. Assistance in Spanish is available.

WHAT TO DO IF AN ACCIDENT OCCURS ON THE JOB

1. Tell your employer that you were hurt on the job.

2. Follow your employer's instructions for getting medical aid and follow the doctor's instructions.

3. Within 200 days of the date of accident or date of last payment of compensation for disability or date of last authorized medical care, tell your employer **in writing** that you expect workers compensation benefits for your injury. Your employer might know you were hurt and compensation may be paid, however, you could lose all rights to future compensation if you do not tell the employer **in writing**. This is called a **Written Claim for Workers Compensation, K-WC 15**, and is available from the division. A written claim may be served in person by taking it to the employer to complete, sign, date top half and return it to injured worker (injured worker completes bottom half), or by mailing it to the employer by certified mail, return receipt requested. The post office receipt for the certified letter is generally sufficient proof that you submitted a written claim.

AVERAGE WEEKLY WAGE: A worker's "average weekly wage" is calculated by adding together the **base wage**, the **average weekly overtime** and the **weekly value of fringe benefits** that have been discontinued.

WEEKLY BENEFITS: Benefits are paid by the employer's insurance carrier or self-insurance program. Injured workers are not entitled to compensation for the first week they

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are off work unless they lose three consecutive weeks. The first compensation payment is normally due at the end of the 14th day of lost time. An injured employee is entitled to a weekly amount of 66 2/3 percent of his average weekly wage up to a maximum of 75 percent of the state's average weekly wage. These benefits are subject to legislative changes. If the injury results in permanent disability, the Kansas workers compensation law provides for additional benefits.

MEDICAL BENEFITS: An injured worker is entitled to all medical services reasonably necessary to cure and relieve the worker from the effects of the injury. The employer has the right to select the doctor who will treat the injury. A worker may seek the services of an unauthorized doctor up to a limit of $500. A worker may apply to the Workers Compensation Director to change the authorized treating doctor. Reimbursement for travel to obtain medical treatment is payable at a rate set by law for trips that are five miles or more (round trip).

RESPONSIBILITIES OF THE EMPLOYER

1. Employers must report all employee injuries to the Division of Workers Compensation within 28 days from the date of injury, or the date the employer learned about the injury, when the employee is wholly or partially incapacitated for more than the remainder of the day, turn or shift.

2. Employers must provide for the payment of workers compensation claims without any charge to employees.

3. Employers must post the Workers Compensation Notice prepared by the Director.

4. Employers must pay compensation benefits, regardless of insurance coverage.

5. Upon receiving notice of an injury, the employer must provide the employee written information to assist the injured worker in understanding his rights and responsibilities in obtaining compensation.

EMPLOYERS MUST COMPLETE THE FOLLOWING INFORMATION FOR INJURED WORKERS

YOUR CLAIM WILL BE HANDLED BY:

Company ____

Address ____

____

Contact Person ____

Telephone (_________)____

E-mail____

WELCOME TO the Kansas Public Employees Retirement System

e-mail: kpers@kpers.org

KPERS is a qualified, governmental, section 401(a) defined benefit pension plan. KPERS is also referred to as a contributory defined benefit plan, meaning that employees make contributions to the plan. KPERS is an organization that administers several retirement systems, covering more than 240,000 current and former Kansas public servants. A nine-member Board of Trustees administers the retirement system. The board appoints an executive director who is the managing officer of the retirement system.

On July 1, 2009, KPERS made significant changes to its plan. These changes are described in the information below. A chart comparing the old plan (Tier 1 Plan) and the new plan (Tier 2 Plan) is included in this section.

Membership

Membership is mandatory for all employees in covered positions. A covered position for Crawford County employees is one that is covered by Social Security, is not seasonal or temporary, and requires at least 1,000 hours of work per year; this means all regular full-time employees at Crawford County and some part-time employees. After July 1, 2009, all employees in a covered position become KPERS members on the first day of employment.

Purchasing Service Credit

Prior to July 1, 2009, Tier 1 Plan non-member employees were required to complete one year of continuous employment before becoming members. Those members may be eligible to purchase up to a year of service credit.

There are various service purchase opportunities available to KPERS members. Statutory and procedural limitations apply in certain circumstances. You can pay in a lump-sum payment or by making additional contributions to the retirement system each year. You pay the actuarial cost of the service credit, thus the cost may be higher based on your age, salary level, and proximity to retirement. This means it is more beneficial if you choose to buy back your service as soon as possible. On average, it is best to purchase service before age 42 when purchase costs tend to increase.

The following types of service credit may be purchased by additional payroll deductions, modified as necessary due to actuarial cost, or by making a lump-sum payment:

- Year of service
- Partial year of service
- Forfeited KPERS service
- Elected official service
- Revoked legislative service
- Out-of-State teaching service
- Peace Corps service
- In-State and Out-of-State Non-Federal Public service
- Forfeited TIAA-CREF (Board of Regents) service
- Military Service (some restrictions apply)
- VISTA service
- Waiting period for Regents Plan Eligibility

For more information regarding purchasing service credit, contact the Designated Agent for Crawford County:

Heather Spaur
Deputy County Clerk
111 E. Forest
PO Box 249
Girard, KS 66743
(620) 724-6117
heatherh@ckt.net

Contributions

If you are an active member and your membership date is prior to July 1, 2009, you are in the Tier 1 Plan. Members' contributions are fixed by statute at 4% of gross compensation. If your membership and hire date is after or on July 1, 2009, you are in the Tier 2 Plan* and your contributions are fixed at 6% of gross compensation. This means that 4% or 6% of your paycheck will be deducted and applied to your KPERS account, beginning with the appropriate paycheck following your membership date. Employer's contribution rates fluctuate depending upon the funding needs of the retirement system. KPERS contributions are excluded from gross income for federal income tax purposes until you withdraw or retire.

*Qualified employees hired in the transition year, will become a member on July 1, 2009, but will be included under the Tier 1 Plan. Contact your Designated Agent if you have any questions regarding which plan you are enrolled in.

Interest is credited annually on June 30, based on the balance in your account on December 31 of the preceding year. If your membership date in KPERS was before July

1, 1993 you are earning 8% interest, if your membership date was July 1, 1993 or later, you are earning 4%. The interest rate is relevant only if you withdraw from the system. If you retire, your benefit is based on a formula set by statute and lasts for your lifetime.

Service Credit

Prior Service

You may receive prior service credit for service with other participating employers if you were:

- Employed on any employer's affiliation date with KPERS
- Employed by a participating employer on March 15 of the year before the entry date of the employer. To receive this noncontinuous prior service credit if you were a school employee, you must have been employed by a participating employer on March 15, 1970 and January 1, 1971.

Participating Service

You will receive participating service for any reporting quarter in which you make contributions. In addition, this type of service will be credited during the period of approved disability if you qualify for disability benefits provided by the group insurance contract.

Military Service

Under certain circumstances you may claim periods of military service which may be credited as either prior or participating service. However, not more than five years of military service may be granted. You may purchase participating service credit for military service not otherwise credited.

Portability

If you have participated in more than one of the retirement systems administered by the KPERS Board of Trustees, your combined service credit may be used to determine eligibility for retirement and disability benefits.

Old Plan (Tier 1) vs. New Plan (Tier 2)

	KPERS Current Plan (employed before July 1, 2009)	**KPERS Future Plan**[a] (employed on or after July 1, 2009)
First-Day Membership	• **State and local** employees must be employed by a participating employer for one year before becoming KPERS members. • **School** employees become KPERS members on first day of employment.	All employees become KPERS members on first day of employment.
Vesting Period Years of service required to guarantee eligibility for retirement benefits.	10 years	5 years
Normal Retirement Eligibility Age and service required to receive unreduced retirement benefits.	• Age 65 with 1 year of service • Age 62 with 10 years of service • 85 Point Rule (age plus years of service equal at least 85)	• Age 65 with 5 years of service • Age 60 with 30 years of service
Early Retirement Eligibility & Subsidies Age and service required to receive reduced retirement benefis.	• Age 55 with 10 years of service • All early retirement reductions subsidized meaning reductions are less than full actuarial reductions.	• Age 55 with 10 years of service • Early retirement reductions subsidized for those with 30 or more years of service.
Defined Benefit Multiplier	1.75%	1.75%
Final Average Salary (FAS) Definition used in retirement benefit calculation.	Average of three highest years	Average of five highest years
Retirement Benefit Formula Benefits payable for lifetime.	1.75% x FAS x Years of Service	1.75% x FAS x Years of Service
Cost-of-Living Adjustments (COLAs)	None	2% annual automatic COLA at age 65
Employee Contributions	4%	6%
Employer Contributions	Based on annual actuarial valuation subject to 0.6% statutory cap on annual rate increases.	Based on annual actuarial valuation subject to 0.6% statutory cap on annual rate increases.

Retirement

Seminars

Are You Within Five Years of Retirement?
KPERS hosts pre-retirement seminars across the state each spring. Each seminar covers the steps individuals need to take before retiring. Attendees will receive a booklet with detailed information that can take home for reference. To receive a booklet, without attending a seminar, contact the Retirement System, or download one from the web site, www.kpers.org. You may also visit the web site to learn dates and locations of seminars.

Full Retirement Eligibility

Tier 1

- Age 62 with at least 10 years of service
- Age 65 with at least 1 year of service
- Any age when your age and years of service added together equal 85 points (see below)

Tier 2

- Age 65 with at least 5 years of service
- Age 60 with at least 30 years of service

Early Retirement Eligibility

Tier 1

- Age 55 with at least 10 years of service

Note: Current early reduction factor tables will remain in effect (see below).

Tier 2

- Age 55 with at least 10 years of service but less than 30
- Age 55 but less than age 60 with at least 30 years of service

Note: There will be a different actuarial early factor table for each scenario listed above.

The 85 Point Rule for Tier 1 Employees

Applies to employees actively working with a membership date prior to July 1, 2009, and those qualified employees hired during the transition year.*

What is the 85 Point Rule?

You can retire at any age, with full benefits, when you have 85 points. The 85 Point Rule is when your age and years of service added together equal 85. Every year you work, you will gain two points – one for each birthday and one for the year of service credit.

Do I need 85 Points to Retire?

No. A common misconception is that you need 85 points to retire. The 85 Point Rule is only one of three ways that you can qualify for retirement. You can retire with full benefits if you meet one of these minimum requirements, if you have a membership date prior to July 1, 2009.

Can I Retire Before I Have 85 Points?

You may retire as early as age 55 with ten years of service credit, but your benefit will be permanently reduced.

Age	Reduced by	**Example: A $1000 Benefit:**
At age 55	41%	Would be reduced to $590
At age 56	34%	Would be reduced to $660
At age 57	26%	Would be reduced to $740
At age 58	19%	Would be reduced to $810
At age 59	12%	Would be reduced to $880
At age 60	5%	Would be reduced to $950
At age 61	2%	Would be reduced to $980

Worksheet

Use this worksheet to find out when you will have 85 points.

	An Example
1. Your current age	John is 41 years old.
2. Your current years of service.	He has 10 years of service.
3. Your current point total (line 1 + line 2)	41 + 10 = 51 points now
4. Number of points needed (85- line 3)	85-51 = 34 points needed
5. Number of years to reach 85 points (line 4 ÷ 2)	34 ÷ 2 = 17 years to go
6. Your current age (same as line 1)	41 years old
7. You will have 85 points at age (line 5 + line 6)	41 + 17 = 58 years old
* If line 3 is greater than or equal to 85, you can retire now with full benefits.	

Income Tax Return

Report KPERS Contributions on Your Kansas Income Tax Return

The amount you contribute each year from your salary to the Retirement System is subject to Kansas income tax. Your contributions are deducted from your pay on a pre-tax basis for federal income tax purposes. Because of this, you need to make a specific entry on your Kansas income tax return. All Retirement System members are included. This amount is listed on your annual statement. For more information, see the Schedule S Line-by-Line Instructions in the Kansas Income Tax Booklet or contact the Kansas Department of Revenue.

Telephone: toll free (877) 526-7738 or (785) 368-8222
e-mail: tac@kdor.state.ks.us
web site: www.ksrevenue.org.

Retirement Policy

Within **five years** of retirement:

- Attend a Pre-Retirement Seminar provided by the Kansas Public Employees Retirement System (KPERS) each year.
- Contact the Fiscal Office or visit www.kpers.org for a schedule and a pre-retirement planning guide.

Within **6 months to one year** of retirement:

- Make an appointment with the Fiscal Clerk's Office to get a *Retirement Benefit Estimate* and go over Retirement Options with the Crawford County Designated Agent.
- The Designated Agent will help you identify the best time for you to retire from the KPERS System.

At least **30 days** prior to retirement:

- Obtain a Retirement Application from the Fiscal Clerk's Office or online at www.kpers.org.
- Signatures **MUST** be notarized on the application. This service is provided free of charge in the Fiscal Clerk's Office.
- Items to bring with you, photocopies of:
    - Birth Certificate
    - Marriage License
    - Birth Certificate and Marriage License of Joint Annuitant if you choose a joint-survivor option.
        - If you do not have access to these documents, please contact the Fiscal Clerk's Office for a list of alternative suitable documents.
    - Financial Institution Information for Direct Deposit
    - Funeral Establishment Information for death benefit if applicable

Working after Retirement

Wait Period

You must wait 60 days after your retirement date to go back to work for any Retirement System employer. Your retirement date is not your last day at your employer. It is usually the first day of the month following your last day at work.

Returning to Work for Same Employer Earnings Limit

According to Kansas law, if the member returns to work, the member will now have a $20,000 earnings limit if:

- The member retired on or after July 1, 1988, and
- The member returns to work for any employer the member worked during his or her last two years of Retirement System participation. All state agencies in the State of Kansas are considered one employer.

Important for You to Know

- The earnings limit is tracked by calendar year. Another $20,000 limit begins each January.
- It is employer's responsibility to monitor when the retiree has reached the $20,000 earnings limitation.
- When retirees reach the $20,000 limit, they can (a) stop working and continue receiving KPERS benefits for the rest of the calendar year, or (b) continue working and stop receiving KPERS benefits until the next calendar year.

Returning to Work for a Different Employer Earnings Limit

Retirees do not have an earnings limit if they return to work for a **different** KPERS employer than the one they worked for during the last two years of KPERS participation.

Retirement Benefit Options

Maximum Monthly Benefit

KPERS will calculate the member's maximum monthly benefit amount. This amount will provide the basis for the rest of the options. The member can stay with this maximum monthly benefit amount without any additional options. The member will receive a payment each month for the member's entire lifetime. Upon the member's death, there is no continued benefit to a joint survivor. The member's beneficiary will receive any remaining monies in the member's account that has not been paid out in benefits.

Joint Survivor Options

On all joint survivor options, if the person the member chooses to receive a benefit after their death dies before the member dies, the retirement option chosen is canceled. The member's benefit will then increase to the original maximum monthly benefit amount. This is called the "pop-up feature". The member cannot choose someone else to be their joint annuitant to receive a monthly benefit after their death.

Joint and ½ Survivor Option

Upon the member's death, the member's joint survivor will receive 50% of the member's reduced benefit for his or her lifetime.

Joint and ¾ Survivor Option

Upon the member's death, the member's joint survivor will receive 75% of the member's reduced benefit for his or her lifetime.

Joint and Same Survivor Option

Upon the member's death, the member's joint survivor will receive 100% of the member's reduced benefit for his or her lifetime.

Life Certain Options

With a life-certain option, the member will receive a reduced benefit for the rest of his or her lifetime. If the member dies within the guaranteed period of time from their retirement date, the member's beneficiary will receive the same monthly benefit for the rest of the guaranteed period of time.

The member can change their primary beneficiaries at any time, and the member can have more than one primary beneficiary at once. The named beneficiaries will share equally the benefit for the remaining time period. The life certain options are:

- 5 Year Life-Certain Option
- 10 Year Life-Certain Option
- 15 Year Life-Certain Option

Partial Lump Sum Option (PLSO)

The member must check whether or not they have received an estimate of the partial lump sum option. The member must check yes or no. If the member checks yes on the partial lump sum option, they must check which lump sum option they wish to choose.

Choosing this partial lump-sum option means that the member will receive a single lump-sum payment equal to a percentage of the member's lifetime benefit's actuarial present value. The member will then receive the rest of the retirement benefit in reduced, regular monthly payments.

The PLSO will reduce the monthly benefits, no matter which other option the member chooses. The member must also choose one of the other retirement benefit payment options.

The percentage the member selects determines the size of the lump sum and the resulting decrease in the member's monthly benefit amount. No interest is payable on any lump sum. In the event the member dies before receiving the lump sum payment, but after the selected retirement date, it will be paid to the member's spouse. If the member does not have a spouse, it will be paid to the member's designated beneficiaries. The percentages for the partial lump sum option are listed below.

Tier 1 Plan	Tier 2 Plan
• 10%	• 10%
• 20%	• 20%
• 30%	• 30%
• 40%	
• 50%	

The member must choose a method of payment for the partial lump sum option. Please keep in mind the member may have monies in their account that have not been taxed by federal income tax and monies that have been taxed by federal income tax.

- ❖ The member can have the entire amount paid to him/her. Federal law requires a mandatory 20 percent federal tax withholding on taxable amounts paid to the member.
- ❖ The member can choose to have the entire taxable amount payable to a traditional IRA, 403(b) annuity, 457 governmental plan, or eligible employer plan.
- ❖ The member can choose to have a partial taxable PLSO amount payable to a traditional IRA, 403(b) annuity, 457 governmental plan, or eligible employer plan.
- ❖ The member must give the percentage amounts and they must equal 100% of the total lump sum percentage amount chosen.
- ❖ The member may choose to have the entire non-taxable PLSO amount paid to him/her
- ❖ The member may choose to have the entire non-taxable PLSO amount paid to a traditional IRA, 403(b) annuity, or other qualified defined contribution plan.

60-Day Waiting Period Statement

Kansas law requires a 60-day waiting period before a retired member may return to work with any participating employer. This 60-day period follows the member's retirement date, which is always the first day of the month following the member's termination date.

Spousal Consent

If the member does have a spouse, the spouse must give consent, only if the member has chosen the maximum option, one of the life-certain options, or the partial lump-sum option. The spouse needs to read, understand, and agree with the retirement option that the member has chosen.

Direct Deposit Agreement

It is mandatory for members when they retire to have their check direct deposited. The member's first check will go the member's bank account. The monthly retirement checks will be direct deposited on the last working day of each month.

Benefits After Death

KPERS provides many types of benefits that may become payable upon the death of an active or retired member, depending upon circumstances.

Benefits Payable for a Death Before Retirement

Basic Group Life Insurance

All active KPERS members have basic group life insurance and long-term disability insurance coverage. Basic group life insurance provides a death benefit of 150% of your annual rate of compensation.

When ending employment or retiring, you may convert your KPERS basic group life insurance to an individual whole life policy. This conversion must be made within 31 days of ending employment, or retiring, whichever occurs first. The conversion policy option is not available at group rates. The primary advantage is that issuance of the policy does not required proof of good health.

Optional Group Life Insurance

You may purchase optional group life insurance coverage through payroll deductions. The amount of your optional group life insurance is payable to your designated beneficiaries upon your death. Employees must apply within 30 days of their date of membership. Coverage amounts range from $5,000 to $250,000. The guaranteed issue amount is $50,000. Any amount from $5,000 to $50,000 will be approved regardless of health. All amounts over $50,000 will have to be underwritten by the insurance carrier.

Refund of Accumulated Contributions

If your death occurs before retirement, your contributions, plus interest are returned to your beneficiary.

Pre-Retirement Survivor Options

If, at the time of your death, you meet the age and service requirement to retire or you have 15 or more years of credited service, and your spouse is the **sole primary beneficiary**, your spouse may elect monthly benefits under any option in lieu of receiving a return of your contributions and interest in a lump sum. If you met the service requirements, but had not yet reached retirement age at the time of your death, benefits would not be payable to your surviving spouse until the date you first would have been eligible for benefits.

Accidental Death Benefits

If you die as a result of an accident arising out of the performance of your duties, accidental death benefits are payable to your spouse, your children under age 18 (up to age 23 if they are full-time students), or your dependent parents, in this order of preference. Benefits are a $50,000 lump-sum payment and a monthly amount based on 50% of your final average salary, subject to reduction for any benefits received under Workers' Compensation, and are in addition to group life insurance paid and return of contributions plus interest. The minimum monthly accidental death benefit is $100. This benefit is in lieu of any joint/survivor benefit for which you would have been eligible.

Benefits Payable for a Death After Retirement

Survivor Options

If you elect to receive the maximum monthly benefit with the Survivor Option, you will receive the maximum benefit payable, based on your service and salary. If you die before receiving benefits equal to your accumulated contributions, the retirement system returns any contributions and interest remaining in your account to your primary beneficiary.

Lump-Sum Death Benefit

The retirement system also provides a lump-sum death benefit of $4,000. This benefit is payable to your designated beneficiary. Your designated beneficiary may assign the death benefit to a funeral home.

Probate Act Change May Affect Benefits Distribution

Sometimes members of the retirement system choose to designate someone other than the spouse as the beneficiary of their KPERS benefits. These members anticipate that when they die their basic KPERS group life insurance coverage, optional life insurance, and refund of accumulated contributions should be paid, for example, to their children from a previous marriage. But, under some circumstances, a surviving spouse has the right to file an election to make a claim for a portion of such benefits, called an elective share. If this situation applies to you, the retirement system recommends that you ensure your current spouse consents to such a beneficiary designation. You should seek legal advice about how this affects your plans.

Frequently Asked Questions

Q. How do I get my money out of the Retirement System (withdraw)?
A. You are eligible to apply to withdraw your contributions plus interest 31 days after your last day on your employer's payroll, if you have not returned to any covered employment with any participating employer. When you withdraw, you forfeit any Retirement System benefits. To withdraw, complete an Application to Withdraw Contributions. This form is available on the KPERS website, or you may contact the Fiscal Clerk's Office.

Q. How long will it take to get my money when I withdraw?
A. The withdraw process usually takes about four weeks.

Q. Can I draw retirement benefits even if I quit a long time ago?
A. Yes, as long as you were vested (five or ten years of service credit depending upon Plan) and left your contributions with the Retirement System, you can receive retirement benefits when you become eligible to retire and apply.

Q. Can I name my children as beneficiaries on the Retirement System's life insurance?
A. Yes, you can name your children or any other living person, your estate or your trust as beneficiary. You can name separate beneficiaries for your retirement benefits and your life insurance proceeds. You may name more than one person as primary or contingent beneficiary. You may change beneficiaries any time. To name a beneficiary, complete a Designation of Beneficiary form. This form is available on the KPERS website or you may contact the Fiscal Clerk's Office.

Q. How will divorce affect my Retirement System benefits?
A. If you divorce, any annuity, benefit or accumulated contributions from the Retirement System may be subject to claims by a former spouse.
Contributions are considered marital assets to the extent that they have accumulated during the marriage. A former spouse may not receive payment from the Retirement System under a Qualified Domestic Relations Order (QDRO) until you:

- Withdraw, Retire, Die

Q. Why am I required to contribute to KPERS?
A. The Kansas Legislature created KPERS in 1962 to provide Kansans with careers in public service the opportunity to build a nest egg for retirement that would last a lifetime. Besides retirement benefits, KPERS also provides life insurance, long-term disability benefits and a death benefit for retirees. Because the Retirement Act requires that the State of Kansas participate, membership in the System is mandatory for all state employees. Over 1,500 employers have affiliated with KPERS in order to ensure their employees eventually enjoy a guaranteed lifetime retirement benefit.

Q. What is my balance?
A. InfoLine (1-888-275-5737) staff can provide you with your total contributions as of December 31 of the past year or you may contact the Fiscal Clerk's Office.

Q. Can I put extra money in the Retirement System?
A. No, you cannot contribute "extra" money to the Retirement System. You can, however, purchase additional service credit for past public service and military service.

Q. How do I get a copy of my last annual statement?
A. Contact the InfoLine 1-888-275-5737 or contact the Fiscal Clerk's Office. A copy of your last annual statement can be mailed to you.

Q. How much will it cost to buy service credit?
A. If you are under 42 years old, one year of service costs about 4% or 6%, depending upon Plan, of your gross annual salary. After age 42, the age actuarial cost increases each year.

Q. How do I buy service credit?
A. Here is a list of steps you should take:

- Employee contacts Fiscal Clerk's Office to see if past service is eligible.
- If service is eligible, Fiscal Clerk's Office will tell employee which form to complete.
- Employee completes an application to purchase service credit and gives it to his or her designated agent at the Fiscal Clerk's Office.
- The designated agent completes the rest of the form and sends it to the Retirement System.
- The Retirement System calculates the final cost and sends a letter to the designated agent to deliver to the employee.
- The employee signs the necessary paperwork, arranges for payment and returns both to the Retirement System.
- The Retirement System receives the money or payroll deduction commitment.
- The Retirement System adds service credit to the employee's record after the purchase is completed.

Q. What does it mean to be vested?
A. You are a vested member if you have enough years of credited service to guarantee a retirement benefit. The number of years required to be vested differs with each retirement system. Service credit from different systems can be combined.

Q. When are pre-retirement seminars?
A. KPERS pre-retirement seminars are held each spring in many locations across the state. Please check the KPERS website or call the Fiscal Clerk's Office for dates.

Q. What do I do when I want to retire?
A. Employees should contact the Fiscal Clerk's Office to obtain a retirement benefit estimate and for help calculating the optimal date of retirement. Employees will then need to complete an Application for Retirement 60 to 90 days before they want to retire.

Q. How do I get a retirement benefit estimate?
A. You can calculate your own estimate online. It will be helpful to have your most recent annual statement for reference. You can also download the Benefit Estimate Request form, and the Retirement System will do an estimate for you. The Retirement System provides up to two estimates per year if you are within five years of retirement. You can also call the Fiscal Clerk's Office and we will be happy to help you.

Q. What exactly are my retirement benefits?
A. As a retiree, you are guaranteed a retirement benefit for the rest of your life and a lump-sum death benefit when you die.

Q. Will the Retirement System send something for my taxes?
A. The Retirement System mails retirees Internal Revenue Service 1099-R tax forms on January 31 of each year. Retirees use these forms when preparing their federal income tax returns.

Q. I am a retiree. Are my retirement benefits taxable?
A. In general, your retirement benefits are not subject to Kansas state income tax, but are subject to federal income tax.

Q. When will I get my first benefit payment?
A. Your monthly benefit payments will be deposited directly at your financial institution on the last working day of each month. You will receive your first payment at the end of the month after your retirement date.

Q. Is my Retirement System money safe?
A. KPERS retiree benefits are safe and guaranteed by Kansas law. A retiree will receive his or her benefit for life, no matter the economic condition. Members who leave employment and withdraw their contributions before retirement will receive the full amount they have contributed, plus interest.

Q. What is a defined benefit plan?
A. The Retirement System is a 401(a) defined benefit pension plan. With a defined benefit plan, members' benefits are guaranteed by law and depend on a formula, not on member contributions or market performance.

Contact Information

Kansas Public Employees Retirement System
611 S. Kansas Avenue
Suite 100
Topeka, KS 66603-3803
Telephone: toll free (888) 275-5737 or (785) 296-6166
e-Mail: kpers@kpers.org
web site: www.kpers.org

ING is a stock life insurance company organized under the insurance laws of the state of Connecticut, and is an indirect wholly-owned subsidiary of ING Group N. V. a global financial institution active in the fields of insurance, banking, and asset management. Prior to May 1, 2002, the company was known as Aetna Life Insurance and Annuity Company.

The group annuities and mutual funds offered through ING's retirement plan are long-term investments designed for retirement purposes. Early withdrawals may be subject to a deferred sales charge. Money distributed will be taxed as ordinary income in the year the money is received. Account values fluctuate with market conditions, and when surrendered, the principal may be worth more or less than the original amount invested. Annuities are subject to additional fees and expenses to which other tax-qualified funding vehicles may not be subject. However, an annuity does provide other features and benefits, such as lifetime payments and death benefits, which may be valuable to you.

457 (b) Deferred Compensation Plan

What is it?

A 457(b) plan is also commonly referred to as a deferred compensation plan or retirement plan. A deferred compensation plan is governed by Section 457(b) of the Internal Revenue Code (IRC). Under a 457(b) plan, you can make pre-tax contributions through a Participation Agreement. This means that your contributions are deducted from your salary before federal and state income taxes are calculated.

How does it work?

With a deferred compensation plan, you postpone receiving a portion of your salary. You decide, within Internal Revenue Code set limits, how much of your salary you want to defer. Your employer will deduct contributions from your paycheck before federal and state income taxes are taken out and forward them to ING. Contributions are invested in one or more of the investment options offered under the plan. Contributions and earnings accumulate tax-deferred. You are subject to federal income taxes only when you receive benefit payments. It has no effect on Social Security. Your Social Security contributions and benefits will be based on your total pay, including the amounts paid into the deferred compensation plan.

Under federal tax law, plan contributions and investment earnings are not taxable until they are distributed. Taxation occurs when amounts are paid from the agreement to you or your beneficiary for benefits due under the plan.

Current federal law requires that ING withhold federal income taxes from the taxable portion of distributions under the agreement made directly to your or to any beneficiaries. Withholding does not increase tax liability; it is simply a way of paying taxes that are due from each payment.

Contributions and earnings are not taxed as long as they remain in the plan. However, when money is distributed from the plan, it becomes taxable.

Contact Information

Bill Hirschler
Financial Representative
10740 Nall Avenue
Suite 120
Overland Park, KS 66211

Phone: 913-661-3771
Fax: 913-661-3769
e-mail: William.Hirschler@ingfa.com

Learning Quest 529: College Savings

The Learning Quest 529 Education Savings Program is Kansas's state-sponsored 529 plan. 529 plans provide a tax-advantaged way to invest for college (conditioned on meeting certain requirements). Learning Quest is administered by the Kansas State Treasurer and is professionally managed by American Century Investments and offers mutual fund investment options from American Century Investments and Vanguard.

Kansas taxpayers can deduct contributions, up to $3,000 ($6,000 if married filing jointly) from their Kansas adjusted gross income each year.
An initial $250 or an automatic $25 per month is required to open an account for Kansas residents. Non-residents must pay an initial $1,000 or an automatic $50 per month.

The student may use the money to pay for qualified expenses at any accredited university, college, or approved technical or vocational program.

Contact Information

Jennifer Hatch
4500 Main Street
Kansas City, MO 64111
jennifer_hatch@americancentry.com
www.americancentury.com
816-340-8113
800-579-2203 Customer Service
816-340-4655 Fax

Loyal American

Loyal American Life Insurance Company is a subsidiary of Great American Financial Resources and Crawford County employees also have the opportunity to enroll in supplemental insurance provided by Loyal American.

Loyal American insurance policies are available on a direct basis through payroll deductions at Crawford County. Two policy options are available through Loyal American: Accident and Cancer. These policies are available to Crawford County employees on a pre-tax basis.

Accident Policy

- Ambulance Benefits
- Indemnity Benefits
- Hospital Benefits
- Intensive Care Confinement Benefits
- Physical Therapy Benefits
- Family Lodging & Transportation
- Dismemberment Benefits
- Accidental Death Benefits

Cancer Policy

- Positive Diagnosis Benefit
- National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation Consultation Benefit
- Second and Third Surgical Opinion Expense Benefit
- Medical Imaging, Treatment Planning, and Monitoring Expense Benefit
- Anti-Nausea Medication Expense Benefit
- Colony Stimulating Factor or Immunoglobulin Expense Benefit
- Prosthesis Expense Benefit
- Non-local Transportation Expense Benefit
- Lodging Expense Benefit
- Inpatient Blood, Plasma, and Platelets Expense Benefit
- Outpatient Blood, Plasma, and Platelets Expense Benefit
- Bone Marrow Donor Expense Benefit
- Bone Marrow or Stem Cell Transplant Expense Benefit
- Ambulance Expense Benefit
- Inpatient Oxygen Expense Benefit
- Attending Physician Expense Benefit
- Inpatient Private Duty Nursing Expense Benefit
- Outpatient Private Duty Nursing Expense Benefit
- Convalescent Care Facility Expense Benefit
- Rental or Purchase of Medical Equipment Expense Benefit
- Home Health Care Expense Benefit

- Hospice Care Expense Benefit
- Hairpiece Expense Benefit
- Physical, Speech, Audio Therapy, and Psychotherapy Expense Benefit
- Waiver of Premium

Contact Information

Kevin Steves
Cell: 785-640-8141
Office: 785-228-1702
ksteves@allamericancorp.com
Fax: 785-228-1720

Aflac

Crawford County employees also have the opportunity to enroll in supplemental insurance provided by Aflac. Aflac, American Family Life Assurance Company, is a provider of guaranteed-renewable insurance in the United States and Japan.

Aflac insurance policies are available on a direct basis through payroll deductions at Crawford County. Aflac insurance policies provide direct-to-the-policyholder cash benefits. All policies with the exception of short-term disability are available on a pre-tax basis.

Accident Policy

- Emergency Treatment Benefit
- Follow-up Treatment
- Hospital Confinement
- Initial Hospitalization Benefit
- Physical Therapy
- Accidental-Death
- Wellness

Personal Disability Income Protector Policy

- Selection of:
  - Monthly benefit amount
  - Elimination period
  - Benefit period
- Guaranteed-renewable to age 70
- Costs vary upon person.

Personal Cancer Indemnity Plan Level 1 and Level 2

- First-Occurrence
- Hospital Confinement
- Medical Imaging
- Radiation and Chemotherapy
- Immunotherapy
- Cancer Screening Wellness

Additional Specified Disease Benefit Rider

- "Specified disease" used to describe this benefit means one or more of the diseases listed below:
  - Adrenal hypofunction (Addison's disease)
  - Amyotrophic lateral sclerosis (ALS)
  - Cerebral palsy
  - Cystic fibrosis
  - Diphtheria
  - Encephalitis

- Huntington’s chorea
- Legionnaires’ disease
- Malaria
- Meningitis (bacterial)
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia gravis
- Necrotizing fasciitis
- Osteomyelitis
- Polio
- Rabies
- Scleroderma
- Sickle cell anemia
- Systemic lupus
- Tetanus
- Tuberculosis

Personal Hospital Intensive Care Insurance Policy

- Daily Hospital Intensive Care Unit
- Daily Subacute Intensive Care Unit
- Human Organ Transplant
- Ambulance

Contact Information

Marion Troth
19863 E 950 Rd.
PO Box 469
Pleasanton, KS 66075

Office: 913-352-8995
Cell: 913-375-8657
Fax: 913-352-8211

Aflac Flexible Spending Account (FSA)

Aflac offers a Flexible Spending Account (FSA) to Crawford County employees. Through a salary redirection agreement, you can choose to place some of your paycheck into an account with Aflac in order to pay for certain types of medical care that is not paid for by the regular medical plan. Some examples of things that you can use your FSA for are office visit co-pays, dental care, contact lenses, babysitters for children under 13, prescriptions, and many other services. After you have paid for the services, you can submit a claim form along with your receipts to Aflac by fax or mail and you will be reimbursed.

- There are two types of FSAs: The first is unreimbursed medical (URM) and the second is dependent day care (DDC).
- Your participation in an FSA allows a portion of your salary to be redirected to provide reimbursement for these types of medical expenses.
- Participation in one or both FSAs can save you money by reducing your taxable income. This is because taxes will be calculated after the elected amount is deducted from your salary.
- Your taxable income will be reduced for Social Security purposes; therefore, there may be a corresponding reduction in Social Security Benefits.

Contact Information

AFLAC
1932 Wynnton Road
Columbus, GA 31999
www.aflac.com

1-800-323-5391
1-877-353-9256 Fax

Continuation Coverage Rights Under COBRA

Introduction

You are receiving this notice because you have recently become covered under the group health plan at Crawford County (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

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 when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional 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.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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.

Qualified Beneficiary

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happens:

- 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."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Crawford County, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

Availability

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS

For the 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 30 days after the qualifying event occurs. You must provide this notice to the Fiscal Clerk's Office in writing.

How is COBRA 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. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage. Contact the Fiscal Clerk's Office for more information, including how to give notice of disability.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of 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.

Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: $500 per person, or $1000 for two or more persons and coinsurance of 50/50.

Crawford County Contact Information

Visit our web site at http://www.crawfordcountykansas.com.
Click on the **Fiscal Division** folder on the right side to find an electronic version of this packet, helpful information, and forms that may be of interest.

If you have any questions or concerns about your benefits do not hesitate to contact the Fiscal Clerk's Office. We will do everything we can to help you understand your benefits. Our office hours are 8:30 AM to 4:30 PM, Monday – Friday. You may reach us by telephone at 620-724-6117, or feel free to e-mail us.

Paula Keller
Human Resources Director
111 E. Forest
PO Box 249
Girard, KS 66743
620-724-6117
620-724-4196 Fax
paulak@ckt.net

Heather Spaur
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111 E. Forest
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**If any portion of this document conflicts with the actual rules of the Plan(s) as stated in the Plan Document(s), then the Plan Document(s) will prevail.