

Life Event Series

Losing a Loved One



Q. I have dependent life insurance for my spouse and/or dependent child(ren). What do I need to do if they die?

A. You must submit a completed claim form and a photocopy of the death certificate. Please contact Risk Management and Insurance at 727-588-6197 to obtain a claim form.

Q. I was covered under my spouse's health insurance plan(s). What do I do now?

A. You will need to send photocopy of the death certificate and a completed Enrollment and Change Form to Risk Management and Insurance within 31 days of the death of your spouse.

Q. My spouse/dependent died and my spouse/dependent was covered under my medical, dental, and vision plans. What do I need to do?

A. You need to cancel their coverage. To cancel their coverage, submit an Enrollment and Change Form to Risk Management (www.pcsb.org/risk-forms) and Insurance with a photocopy of the death certificate within 31 days of the death.

Q. Can I take any time off from work even if I do not have any sick time?

A. We recommend you contact Human Resources to inquire about taking a Leave of Absence (LOA). If you do not qualify for a family medical leave, you may be entitled to take a personal LOA.

Q. If I take a leave of absence, what will happen to my insurance deductions?

A. When you no longer receive a board-issued paycheck, you are responsible for paying for your insurance directly to Risk Management and Insurance. We will send you billing statements for your insurance.

Q. I am on a leave of absence and I just received my billing coupons. Some of them are stamped "DO NOT PAY." Why?

A. We collect annual premiums over a 10-month period. Therefore, you will not have to pay every month.

Q. I am having a hard time coping with my loss. Is there somewhere I can get assistance for myself and my family?

A. Yes, we have an Employee Assistance Plan (EAP). You are allowed up to eight free visits with a counselor for yourself and any family member living in your household, even if you do not have health coverage with us. Call Resources for Living (RFL) at 800-848-9392 for more information.

Q. What do I need to do to change my beneficiary?

A. Obtain an Enrollment and Change Form that is available on PCS's website at www.pcsb.org/risk-forms or from the secretary at your school or work site. Fill out the top portion and the beneficiary section. Then, send the completed form to Risk Management and Insurance. A separate Beneficiary Designation Form is available in Risk Management for the Florida Retirement System. For your individual Tax Deferred Annuity (TDA) plan, you will need to contact your specific retirement vendor to obtain the correct form they may require.

Leave of Absence

Paying for Benefits During Your LOA

When you take a leave of absence, you can continue your PCS medical and dental plan coverage. You will be responsible for making 10 monthly payments and will receive billing statements when your leave begins. The amount of your monthly payment depends on the type of leave you take, the plan in which you are enrolled, and the coverage level (employee-only, employee + 1, etc.) you elected.

Medical Leave of Absence (FMLA)

If you are eligible for an FMLA leave of absence, you can continue your PCS medical and dental coverage. You will pay the same medical and dental insurance rates during your leave you pay now as an active employee. The following example shows how your monthly medical insurance payment is calculated:

EXAMPLE: Select Open Access employee-only coverage
Per-month cost \$81.00 (per-pay period) x 2 = \$162.00*
Total per-month cost \$142.00*

Regular Leave of Absence (LOA)

If you are eligible for a regular leave of absence (LOA) you can continue your PCS medical and dental coverage. In order to continue your coverage, you will be required to pay the **entire cost** of your insurance, including the portion paid by the Board Contribution. The following example shows the amount you would pay for employee-only coverage under the HMO Select Plan.

EXAMPLE: Select Open Access employee-only-coverage
Per-month cost \$81.00 (per-pay period) x 2 = \$162.00*
Plus Board Contribution \$339.00 x 2 = \$678.00*
Total per-month cost \$840.00*

* These are only examples. Your actual monthly payment may vary depending on the plan and coverage you select.

Checklist

- ✓ Obtain a certified copy of your loved one's death certificate for a life insurance claim, if applicable
- ✓ Submit your completed Enrollment and Change Form and a photocopy of the death certificate (if applicable) to Risk Management and Insurance **within 31 days** of the death of your loved one
- ✓ Evaluate your life insurance coverage
- ✓ Update your beneficiary designations with the District and with the Florida Retirement System (FRS)
- ✓ If enrolled in a Tax Deferred Annuity (TDA), contact your TDA Representative to update your beneficiary information