

SOUTHEASTERN GREENE SCHOOL DISTRICT

SECTION: OPERATIONS

TITLE: OTHER INSURANCE

ADOPTED:

REVISED:

	813. OTHER INSURANCE
1. Purpose	Proper school district operation requires that adequate, basic insurance programs be provided for the protection of the district and its employees.
2. Authority SC 513, 774	<p>The Board has the authority and responsibility to provide adequate insurance coverage to protect the district's interests. Such coverage shall be in accordance with established guidelines.</p> <p>In placing insurance, the Board shall be guided by the service of an insurance agent and carrier, scope of coverage provided, price of desired coverage, and assurance of coverage.</p> <p>The Board shall appoint an insurance advisor, who may be the agent of record.</p>
3. Guidelines	<p>Liability insurance for the district shall include coverage for liability as a result of:</p> <ol style="list-style-type: none"> 1. General liability. 2. Acts of employees. 3. Corporal punishment. 4. Disputes with contractors. 5. Incidental malpractice. 6. Errors and omission of Board members and administrators. <p>Travel accident insurance shall include coverage for Board members and administrators while in the performance of their duties.</p>

Health care insurance shall include coverage for regularly employed **staff members** for:

1. Hospital care.
2. Medical-surgical treatment.
3. Major medical expenses.
4. Dental care.
5. Vision care.

Group life insurance shall include coverage for regularly employed staff members.

COBRA

In the event of a qualifying event to the employee, the employer has thirty (30) days to notify the plan administrator of the termination, reduction in hours, or death of the employee. This terminates his/her insurance under the plan.

The **plan** administrator has fourteen (14) days to notify the employee of the right to continue coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

In the event of a qualifying event to a dependent, the employer has fourteen (14) days to notify the dependent of his/her rights to continue coverage after **being** advised by the employee or dependent that the event has occurred.

<u>Qualifying Event</u>	<u>Duration of Continuance of Coverage</u>
Termination of employment (except for gross misconduct)	Up to 18 months
Reduction of the employee's hours which results in loss of coverage	Up to 18 months
Death of an employee	Up to 36 months
Divorce	Up to 36 months

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	<p>Loss of dependent coverage because employee becomes entitled to Medicare benefits</p> <p>Up to 36 months</p>
	<p>Dependent child no longer meets definition of an eligible dependent</p> <p>Up to 36 months</p>
	<p>Terminated employees are responsible for the gross rate of premiums charged, with an additional two percent (2%) charged for additional corporate administrative cost.</p>