

Tyrone Area School District

TITLE: OTHER INSURANCE

ADOPTED:

REVISED:

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| | <p style="text-align: center;">813. OTHER INSURANCE</p> <p>1.Purpose Proper school district operation requires that adequate basic insurance programs be provided for the protection of the district and employes of the district.</p> <p>2.Authority 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 the following guidelines.</p> <p>Liability Insurance for the district shall include coverage for liability as a result of general liability, acts of employes, corporal punishment, disputes with contractors, and errors and omission of Board members, administrators, and other employes.</p> <p>Travel Accident Insurance shall include coverage for Board members while in the performance of their duties.</p> <p>Health Care Insurance shall include coverage for hospital care, medical-surgical treatment, major medical expenses and dental care for administrators and for regularly employed persons.</p> <p>Group Life Insurance shall include coverage for administrators and regularly employed persons but shall be only ordinary group life.</p> <p>In placing insurance the Board shall be guided by the scope of coverage provided by the policy, price of desired coverages, and assurance of coverage.</p> <p>Periodically the Board shall appoint an insurance committee to review the insurance program of the district, consider alternatives, and report recommendations and specifications for specific insurance placement.</p> <p><u>COBRA</u></p> <p>In the event of a qualifying event to the employe, as described below, the employer has thirty (30) days to notify the plan administrator of the termination, reduction in hours, or death of the employe. This terminates his/her insurance under the plan. The</p> |
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| <p><u>Duration of Cont</u></p> | <p>administrator, once notified, has fourteen (14) days to notify the employe of this 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 s/he is advised by the employe or dependent that the event has occurred.</p> <p><u>insurance</u> <u>Qualifying Event of Coverage</u></p> <p>(1) Termination of employ- Up to 18 months ment (except for gross misconduct)</p> <p>(2) Reduction of the Up to 18 months employe's hours which results in loss of coverage</p> <p>(3) Death of an employe Up to 36 months</p> <p>(4) Divorce Up to 36 months</p> <p>(5) Loss of dependent Up to 36 months coverage because employe becomes entitled to Medicare benefits</p> <p>(6) Dependent child no Up to 36 months longer meets definition of an eligible dependent</p> <p>Terminated employes as outlined above are responsible for the gross rate of premiums charged with an additional two percent (2%) charged for the additional corporate administrative cost.</p> |
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