



Utah Retirement Systems

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BENEFIT PROTECTION CONTRACT REQUEST

INSTRUCTIONS:

1. Use this form to select benefit protection you, as the employer, elect to offer to your employees through URS through either long-term disability, workers' compensation benefits or both pursuant to Utah Code Section 49-11-404. This request must be approved by URS. *Please note that under Utah Code Sections 49-14-602, 49-15-602 and 49-23-602 (effective July 1, 2022) it is mandatory to have this coverage in place for Tier 1 Public Safety Service Employees and Tier 2 Public Safety and Firefighter Service Employees.
2. If you choose to offer benefit protection through a long-term disability plan, you must submit your long-term disability insurance policy to URS Employer Services for review and acceptance. The long-term disability program benefits must be substantially similar to the PEHP Long-Term Disability Program.
3. There is no additional cost for maintaining a disability benefit protection contract for Tier 1 employees because the funding is paid through the Tier 1 contribution rates you pay to URS every pay period (except for Tier 1 Firefighter Service Employees). The cost for a benefit protection contract is not paid through Tier 1 Firefighter or Tier 2 contribution rates but is paid by each employer for each disabled employee when that employee is approved for disability benefits. An employer continues to pay the requisite contributions (or employer nonelective contributions to the employee's 401(k) if on the Tier 2 DC plan) for that disabled employee as if they were an active employee for as long as they are receiving disability or benefits or until they qualify for an unreduced retirement benefit. The retirement contributions are based on the employee's base wages with annual cost of living increases at the time the disability coverage was approved.
4. The workers' compensation benefit protection contract is funded by the employer for each disabled employee when an employee is granted workers' compensation benefits for both Tier 1 and Tier 2. An employer continues to pay the requisite Tier 1 and Tier 2 contributions (or employer nonelective contributions to the employee's 401(k) if on the Tier 2 DC plan) for that employee as if they were an active employee for as long as they are receiving monthly workers' compensation benefits or until retirement. The retirement contributions are based on the employee's base wages with annual cost of living increases at the time the workers' compensation coverage was approved.
5. Complete all applicable sections and check all boxes that apply.

SECTION A » EMPLOYER INFORMATION

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|------------------------------|--------------|
| Name of Employer | Unit Number |
| Employer Representative Name | Phone Number |

SECTION B » LONG-TERM DISABILITY

Complete this section if you elect to offer benefit protection through your long-term disability program.

Please provide the name of your long-term disability insurance carrier and the renewal date for the policy:

Name _____

Policy Date _____

The employer authorizes the following:

Tier 1

- All Participation – Check the box if you elect benefit protection for all your Tier 1 employees.
- Tier 1 Public Safety Service Employees-Check the box if you elect benefit protection for your Tier 1 Public Safety Service Employees.
- Tier 1 Firefighter Service Employees-Check the box if you elect benefit protection for your Tier 1 Firefighter Service Employees.

Tier 2

- All Participation-Check the box if you elect benefit protection for all of your Tier 2 employees.
- Tier 2 Public Safety Service Employees-Check the box if you elect benefit protection for your Tier 2 Public Safety Service Employees.
- Tier 2 Firefighter Service Employees-Check the box if you elect benefit protection for your Tier 2 Firefighter Service Employees.

SECTION C » WORKERS' COMPENSATION

Complete this section if you elect to offer benefit protection through your Workers' Compensation Indemnity Benefits.

The employer authorizes the following:

Tier 1

- All Participation – Check the box if you elect benefit protection for all your Tier 1 employees.
- Tier 1 Public Safety Service Employees-Check the box if you elect benefit protection for your Tier 1 Public Safety Service Employees.
- Tier 1 Firefighter Service Employees-Check the box if you elect benefit protection for your Tier 1 Firefighter Service Employees.

Tier 2

- All Participation-Check the box if you elect benefit protection for all of your Tier 2 employees.
- Tier 2 Public Safety Service Employees-Check the box if you elect benefit protection for your Tier 2 Public Safety Service Employees.
- Tier 2 Firefighter Service Employees-Check the box if you elect benefit protection for your Tier 2 Firefighter Service Employees.

SECTION D » EFFECTIVE DATE OF THE BENEFIT PROTECTION CONTRACT

Desired Effective Date of Coverage upon URS approval: _____(mm/dd/yyyy).

SECTION E » EMPLOYER AUTHORIZATION

By signing and submitting this Benefit Protection Contract for processing, I certify that:

- I have the power and authority to sign and make changes on behalf of the named employer;
- I understand and agree on behalf of the named employer to comply with the employer requirements and obligations as found in Utah Code Title 49 and applicable URS rules and policies;
- I understand that this is entered into for the purpose of complying with the requirements of Utah Code Section 49-11-404;
- I understand that employees who are either disabled or receiving a monthly workers' compensation indemnity benefit shall continue to accrue full time service and salary credits, or retirement contributions for members of Tier 2 DC only, based on the employee's full rate of pay in effect at the time the disability or workers' compensation benefits began, and the employer will pay the requisite retirement contributions on behalf of their employees as elected on this request;
- I agree that the named employer will indemnify URS from and against any claims or other liability including attorney fees based upon the named employer's failure to comply with its obligations pursuant to this request;
- I understand that the employer shall provide notification of application, approval, termination of long-term disability benefits, and a signed authorization from the member allowing the insurance company to release information to URS;
- I understand that the employer shall provide notification of application, approval, termination of workers' compensation benefits, and a signed authorization from the member allowing the workers' compensation carrier to release information to URS;
- I understand that this request must be approved by URS and may be terminated by URS whenever it is determined that the coverage fails to comply with the laws of Utah, fails to provide protection to the member's retirement, or is not substantially equivalent to the PEHP LTD Program; and
- I understand that this request shall not affect any other benefit protection contract on file with URS.

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| Print Name | Title |
| Authorized Signature | Date |