BENEFITS HANDBOOK
FOR RETIREES

For Retired Marine Corps
Nonappropriated Fund
Civilians

March 2012

TABLE OF CONTENTS

Congratulations on your recent retirement from a Marine Corps Community Services Activity or other Miscellaneous Marine Corps Non-Appropriated fund (NAF) activity! This handbook is provided for your information. Retain it in a safe place for future reference.

ABOUT YOUR BENEFITS HANDBOOK

As a Marine Corps civilian nonappropriated fund (NAF) retiree, you may be eligible for a continuation of the comprehensive benefit plans that are provided to protect the quality of your life. To assist you in understanding how important these benefits are – to you and your family – this handbook has been prepared to explain what plans may be available, how each plan works, and what benefits you might be eligible to receive as a retiree. Your NAF Human Resources office will advise you of your continuation options at the time of your retirement.

In this handbook, you will find up-to-date summaries and information on:

- Retirement Plan
- 401(k) Plan
- Long Term Care (LTC)
- Department of Defense Uniform Health Plans
- Health Maintenance Organizations (HMO)
- Life Insurance Plans
- Flexible Spending Accounts (FSA)

The plan summaries in the handbook are intended to give you an easy-to-use reference guide to your benefits. However, a summary of this type cannot cover all of the details. Each of your benefit plans is fully documented in an official plan document. If there is any discrepancy between the official plan documents and this summary, the official plan documents will always govern.

This handbook is yours to keep. Read it carefully and let your family read it, too. Please keep your handbook in a convenient place and refer to it as needed. As your benefit plan changes, you will receive updated information.

Receipt of this handbook is not a promise of benefits continuation. Additional information may be found at our website **www.usmc-mccs.org/employ/benefits**. Continuation of benefits at the time of retirement requires the employee receive a monthly annuity or a lump-sum retirement benefit (under retirement-like conditions). NOT ALL RETIREES WILL BE ELIGIBLE FOR CONTINUATION OF BENEFITS. ELIGIBILITY CRITERIA APPLIES.

How Long Do the Plans Last?

Headquarters, U.S. Marine Corps (MR) expects to continue the Plan(s) indefinitely, but reserves the right to terminate or amend the Plan(s) at any time. Contributions to the Plan(s) will cease as of the date of the Plan(s) termination occurs. Termination of the Plan(s) will not prejudice any payable claim that occurs while the Plan(s) are in force. For specific questions please contact Headquarters, U.S. Marine Corps (MR). When possible, changes will be announced in advance of the effective date.

IMPORTANT NOTE:

If you are rehired at any MCCS activity in a regular full-time or part-time employment status, you must notify MR immediately, and notify your local Human Resources office. Your retirement annuity will be suspended as long as you are actively employed in a regular full-time or part-time status. Any overpayment of your annuity as a result of re-employment must be repaid. Rehire in a flex status position will not impact your retirement annuity.

Premiums:

Retirees electing continuation of insurance coverage at the time of retirement will be subject to monthly premiums as published. Premiums will be automatically deducted from the monthly annuity. If the annuity is not sufficient to cover the premiums due, a monthly premium statement will be issued. The employer may share the premium payment cost for most medical, dental plans, and standard life. The retiree pays the full cost for optional and dependent life. Rates are subject to change. When possible, advance notification of rate changes will be provided. Failure to make premium payments on a timely basis will result in immediate cancellation of insurance. Cancellation of coverage is irrevocable.

BENEFITS ELIGIBILITY

Participation Information:

Retiree Eligibility (Medical & Dental):

- Retiring employees who have participated in the medical insurance plan for the 15 cumulative years immediately prior to retirement may be eligible for continuation of medical coverage at a special group rate. The employer shares the cost for coverage. Enrollment in medical at the time of retirement is mandatory for continuation. Continuous enrollment in FEHBP may be used to satisfy the 15 year enrollment requirement in portability situations (5 years for involuntary moves), provided the break in service is not greater than three (3) days.
- Retiring employees, who have participated in the dental insurance plan for the 15 cumulative years immediately prior to retirement, may be eligible for continuation of dental coverage at a special group rate. The employer shares the cost for coverage. Enrollment in dental at the time of retirement is mandatory for continuation; enrollment in an employer-sponsored medical plan is required for dental enrollment.
- Continuation of benefits at the time of retirement requires the employee receive a monthly annuity or a lump-sum retirement benefit (under retirement-like conditions).
- Stand Alone Dental cannot be continued into retirement.

Retirees not eligible for continuation of medical coverage may be eligible for a temporary continuation of coverage (TCC) (as referred to on page 8) at full cost of the premium plus an applicable administrative fee. There are no provisions for temporary continuation of dental coverage.

Retiree Eligibility (Life Insurance):

Retirees who have participated in the Standard Life Insurance plan for the 15 cumulative years immediately prior to retirement, and who are currently enrolled in Standard Life at the time of retirement, may be eligible for continuation of coverage at a special group rate. This may be cost-shared by the employer. Continuous enrollment in FEGLI may be used to satisfy the 15 year enrollment requirement in portability situations (for both voluntary and involuntary moves), provided the break in service is not greater than three days.

Dependent Eligibility (Health and Life):
Employees covered under the Standard Group Life and Health Insurance Plan may be eligible to continue optional coverage for their lawful spouse (to include same sex domestic partners (SSDP) effective 1 January 2012) and dependent children. Dependent children include:

- In addition to your own natural or lawfully adopted child – a stepchild, foster child or child less than 26 years of age that qualifies as your IRS dependent. Evidence of dependent status may be required for children.
- Eligible children of SSDP
- Any child over the maximum age of 26 who is determined to be incapable of self-support due to a disability /handicap. Proof of handicap must be submitted to Aetna no later than 31 days after the maximum age is reached. Enrollment is contingent on approval of the disability.

Retirees who have participated in the Standard and Optional Life Insurance plan for the 15 cumulative years (or since inception if plan is not yet 15 years old), and are enrolled in Optional coverage at the time of retirement, may be eligible for continuation of coverage. FEGLI may be used to satisfy the 15 year enrollment requirement in portability situations.

YOUR RETIREMENT PLAN

How Benefits are Paid:

If applicable, your retirement income is paid monthly at the first of each month. The amount you receive is based on your credited contributory service in the retirement plan and your annual earnings.

Payments will be sent directly to you from the pension plan trustee. Electronic transfer of funds (EFT) is highly recommended as the most efficient way to receive your monthly annuity check. For more information on EFT, contact Headquarters, U.S. Marine Corps (MR). Effective May 2012, direct deposit will be mandatory except where not possible (ie: overseas residence with foreign banks).

Cost of Living Adjustments (COLA):

The monthly amount you receive may also increase as the "cost of living" increases. The amount of your annuity may increase on January 1 each year to reflect cost of living adjustments (a maximum of 3% each year) if applicable. Increases will be based on changes in the Consumer Price Index (CPI) or other index deemed more suitable to accomplish cost of living adjustments, and are not guaranteed. The COLA adjustment will be applicable only to Retirement Benefits which become payable after January 1, 1976, for employees having credited contributory service on and after January 1, 1976.

(The "Cost of Living" adjustment is based on changes in the Consumer Price Index published by the U.S. Department of Labor. Adjustment of Retirement Benefit amounts being paid will be made on January 1 of each year, reflecting the change in the CPI over the 12 month period ending on the preceding September 30.) If the Consumer Price Index is a negative amount, the COLA will be zero.

Pre-retirement Surviving Spouse and Disability retirements are NOT eligible for COLA adjustments.

Tax Deductions:

Tax deductions are not automatically deducted from retirement annuities. If you wish to have taxes withheld, contact Headquarters, U.S. Marine Corps (MR), to make a tax withholding election.

Internal Revenue Service (IRS) 1099 Forms:

An IRS 1099 form will be issued at the end of each tax year (no later than January 31 of each year). Please review your 1099 for accuracy and promptly notify MR of any necessary corrections.

Federal Income Tax:

Because you already paid Federal income tax on your retirement contributions, a portion of your retirement annuity benefit is tax-free. The remaining portion is subject to Federal income tax withholding.

For information concerning Federal Income Tax or how to contact the Internal Revenue Service (IRS), refer to IRS Publication 575 (Pension and annuity Income) at **www.irs.gov** or you can ask for this publication by calling 1-800-829-3676.

Retirement Payment:

Normal:

The Plan's Normal Payment Form is called a Lifetime Retirement Annuity and is based on the Plan's Basic Retirement Annuity Formula. You may receive payments as long as you live.

If you elected to provide for a Surviving Spouse* Benefit, your Basic Retirement Annuity will be reduced by 10%. After your death, 55% of your Basic Retirement Annuity before reduction will be continued to your surviving spouse. If your spouse pre-deceases you, your election will revert back to your pre-reduced amount. There is no provision to change survivor election. This election is irrevocable (e.g., divorce situations).

Married participants must obtain a written entitlement waiver from their spouse if they don't elect survivor spouse benefit.

For unmarried members, if you elect a survivor benefit, your benefit will be actuarially reduced. After your death, 55% of your actuarially reduced benefit will be continued to your survivor.

Effect of Workers Compensation on retirement:

Normal, reduced early, unreduced early, or disability retirements are subject to reduction of 100% of any Workers' Compensation entitlement.

Pre-Retirement Surviving Spouse* Benefit:

If a retirement plan participant dies while actively employed and the participant was vested in the retirement plan, the surviving spouse* may be eligible for an annuity.

Pre-retirement surviving spouse* benefits are offset by 100% of any Workers' Compensation and/or 100% of any survivor Social Security entitlement.

Overpayments:

Notice: Any overpayment of annuity benefits as a result of Workers' Compensation or Social Security benefits will require repayment of the overpayment by the retiree. It is imperative that any change in your Social Security benefit or Workers' Compensation be provided to MR.

**Because Group Retirement Plan is an IRS qualified plan; the legal rule on definition of spouse does not recognize Same Sex Domestic Partners (SSDP); therefore SSDPs are not eligible for or entitled to spousal benefits.*

If You Die After Retiring:

- Survivor's benefits, if any, will be provided according to the payment form you select at the time of your retirement (e.g., Survivor Benefit). Remember, your annuity is reduced in exchange for providing a benefit over two lifetimes: yours and your survivor's.
- There is no provision to change the survivor election. This election is irrevocable (even in a divorce situation). Note to married retirees only: If your spouse predeceases you, your benefit will revert to the amount before reduction for the survivor annuity option.

OR

- Your beneficiary will receive any remaining guaranteed return if a survivor option was not elected at the time of retirement. If there are no guaranteed returns remaining at the time of your death and you did not elect a survivor benefit, there will be no further benefit due.
- Your survivors should contact Headquarters, U.S. Marine Corps (MR) immediately and provide notification of death to ensure no overpayment of your annuity is made.
- Any retirement overpayment made as a result of failure to notify MR of a death will be the responsibility of the survivor to repay. Repayment of overpayments is mandatory.

Disability:

Disability retirements are only available at the time of retirement. Applications for disability must be approved and meet the criteria of the plan provisions. Disability retirements are subject to reduction by 100% of any Social Security entitlement and/ or Workers' Compensation entitlement.

Effect of MCCS or NAF Re-employment:

At such a time that you may be rehired by any Marine Corps NAF activity in a regular status position, you must notify Headquarters of your employment immediately. You must also advise your local HR office that you are a retiree of Marine Corps Community Services. Your retirement annuity will be suspended while you are in a regular employment status with MCCS, and any overpayment of your annuity as a result of your reemployment must be paid back to MCCS. If you are rehired as a flexible category employee your retirement benefit will not change.

401(k) PLAN

What happens to your 401(k) account when you retire? There are several options for you to choose. You can leave it with the plan administrator as long as your balance is over $1,000.

- Your money will continue to be invested and you can move money between funds, but you may no longer defer money into your account. If your balance is under $1,000, you have 60 days from the date of your retirement to roll the funds into another qualified plan, or take a lump-sum distribution. A lump-sum distribution is a taxable event; you will have to pay applicable federal tax (20%) and may have to pay a 10% premature withdrawal penalty if you are under 59 ½ years of age.
- Rollover: You can roll your 401(k) account into an Individual Retirement Account (IRA). Once in an IRA or similar account, you can arrange for monthly distributions. OR you can rollover your funds into another 401(k) with a future employer or into the Thrift Savings Plan (TSP) if you are employed by the Civil Service in the future.
- Minimum Required Distribution (MRD): You do not have to take out your money until you reach age 70 1/2. Once you achieve that age and are retired, you are required to take a MRD, beginning 1 April after attaining age 70 1/2. Failure to request MRD could result in significant IRS penalties.

- Anytime you have a life change, it is important to ensure your beneficiary information is updated at Fidelity. It is recommended that you check this designation at least once a year. To update your beneficiary, please contact Fidelity at 800-890-4015 or you can update your beneficiary online at **www.401k.com**. If you require assistance in Spanish, please call Fidelity at 800-587-5282. From Japan, 00-539-111-877-833-9900
- If you move, please contact Headquarters, U.S. Marine Corps (MR) so that we can update your information with Fidelity.

If you have questions about your 401(k) account during retirement, you may call the plan administrator and speak with a customer service representative about various options. Contact Headquarters, U.S. Marine Corps (MR) for the up to date toll free telephone number and/or website address.

LONG TERM CARE

If you enrolled in the Long Term Care (LTC) insurance plan during your active employment, you can continue to carry this plan into your retirement.

While you were actively employed, your LTC premiums were deducted from your payroll. Once your employment is terminated, you will be direct-billed by CNA, the LTC administrator. Direct Bills are typically sent quarterly. Coverage will continue as long as your premiums are paid. If you have questions about your Long Term Care Plan, call CNA's toll-free number 1-877-777-9072.

HEALTH INSURANCE

As a NAF instrumentality of the Federal Government, Marine Corps Community Service activities and Marine Corps Miscellaneous NAF activities offer health insurance through the Department of Defense (DoD) Uniform Health Plan (UHP). Aetna is currently the third party administrator for the DoD UHP. The DoD UHP includes medical and dental coverage. There are Health Maintenance Organizations (HMO) available in some geographic locations, in addition to the DoD UHP, for eligible retirees under age 65.

Under the DoD UHP there are different benefit options available. Retirees enrolled in the DoD UHP are mandated into the plan that is available in their geographic area.

Descriptions of currently available plans are:

Open Choice:

This plan is known as a "Preferred Provider Option" (PPO). As a member of this plan, each member is required to seek medical care from a list of participating providers, known as "network providers." If care is obtained outside of this network, benefits will be paid at a lesser level. There is no requirement for a Primary Care Physician (PCP) or referral with the Open Choice plan.

Traditional Choice:

This plan is known as a traditional "indemnity" plan. There are no networks to follow, and there is no requirement to select a PCP. Under this plan, each member has an annual deductible and specific co-insurance obligation.

Medicare Eligible Retirees:

The employer plan will be secondary to Medicare. Enrollment in Medicare part A and B is mandatory for age 65+ retirees, and/or those eligible for Medicare as a result of a disability. The "government exclusion" method is used for coordination of benefits with Medicare.

While enrolled in the Aetna plan, you are not required to enroll in the Medicare Part D pharmacy plan (Please refer to page 8). If you are enrolled in Part D, you will have to decide to which plan to submit your prescription claims. There is no coordination of benefits with Medicare for prescriptions.
Enrollment options have changed if you are a retired employee and are eligible for Medicare. These options became available effective 1 January 2004. The following paragraphs explain:

- If you are a retired employee who is in an eligible class and you are eligible for Medicare and have a dependent(s) that is not eligible for Medicare, you may change your current coverage during Open Enrollment and Plan Selection Periods under either the Open Choice Plan or the Traditional Choice Plan. The entire family is either PPO or TC but not a combination of the two.
- If you are a retired employee who is in an eligible class and you and all of your dependents are eligible for Medicare, you and your dependents will only be eligible to select the Traditional Choice Plan.
- If you are a retired employee who is in an eligible class and you are currently enrolled in the Open Choice Plan and all of your dependents become eligible for Medicare, you and your dependents will be immediately switched to the Traditional Choice Plan without any further option to elect coverage in the Open Choice Plan.

To determine which Aetna plan is available in your geographic area, contact Aetna at 1-800-367-6276. If more than one plan is available, Open Choice will be the mandated plan, unless the retiree is Medicare eligible.

Tricare-for-Life:

A retiree (annuitant) or eligible surviving spouse of a retiree (surviving annuitant) may suspend enrollment in the Nonappropriated Fund Health Benefit Plan for the purpose of enrolling in TRICARE-for-Life. If TRICARE-for-Life coverage is lost involuntarily, retirees may return to the NAF Health Benefit Plan immediately, otherwise they may do so during the biennial open enrollment period. Retirees may not retain dental coverage in the NAF Health Benefit Plan if they have suspended their medical coverage while participating in TRICARE-for-Life. The above only applies to TRICARE eligible retirees.

Health Maintenance Organizations (HMO):

If you meet certain eligibility criteria you may continue your medical coverage with one of the HMOs in your area:

- Northern Virginia – Kaiser Mid-Atlantic
- Southern California – California Care, Health Net, Kaiser California
- Hawaii – HMSA, Kaiser Hawaii

HMO plan provisions are provided through HMO published brochures. These brochures are available from your local MCCS Human Resources office. Availability of HMOs is subject to change.

Dental Coverage:

Continuation in the dental plan is only offered to participants of the DoD UHP medical plan that satisfy the 15 year participation requirement. If you are enrolled in an HMO, you are also eligible to continue in the DoD

UHP dental plan, if you have met the 15 cumulative year participatory requirement. IF YOU ARE NOT ENROLLED IN ONE OF THE MARINE CORPS SPONSORED MEDICAL PLANS, ENROLLMENT IN THE SELF INSURED DENTAL PLAN IS NOT AUTHORIZED.

If you are enrolled in an HMO dental plan and have met the 15 cumulative year participation requirement, you can only continue in the DOD UHP dental plan.

Enrollment in Dental at the time of retirement is mandatory, for continuation purposes. If you have any questions concerning your Aetna medical or dental coverage, you may contact Aetna Membership Services at 1-800-367-6276, or visit the Aetna website at **www.aetna.com**

Stand Alone Dental:

Stand Alone Dental is not available for continuation when you retire.

Continued coverage at age 65:

If you have continued your HMO or Aetna PPO medical coverage at the time of your retirement and you become age 65, your coverage is subject to conversion to Aetna Traditional Choice Option. Enrollment in Medicare Part A and B are mandatory. Medicare is the primary coverage for age 65 plus retirees, and the employer plan becomes secondary. There may be instances where Medicare is primary if you are under age 65 (i.e., renal failure). Contact your local Social Security Office for specific information. If you elect not to continue your group sponsored medical plan once you become Medicare eligible, you must contact Headquarters, U.S. Marine Corps (MR), (703) 432-0421. Coverage transition to the Traditional Choice plan is NOT automatic. If you do not notify MR of your desire to switch, your coverage will be canceled. Once coverage is canceled, there is no future opportunity to re-enroll.

If you are enrolled in an HMO when you turn age 65, you will be provided the opportunity to enroll in the DoD UHP Traditional Choice Plan. If you fail to elect this option, your coverage will be dropped. There will be no further opportunity to re-enroll in medical. If you elect to drop medical coverage, your dental coverage will automatically be canceled. Once canceled, there is no future opportunity to re-enroll.

Medicare Part D:

Effective 1 January 2006, Medicare implemented a prescription (Rx) drug plan for Medicare eligible beneficiaries. If you are enrolled in the Aetna DoD UHP, you do not need to enroll in the Part D Rx plan. There is no coordination of benefits with Medicare at this time. You cannot obtain benefits from both plans. Your Aetna group Rx plan is considered “credible”; therefore, as long as you are enrolled in the Group Plan you can enroll in Part D at a later date without a penalty, if you decide to cancel your DoD UHP.

You will receive a letter of “credible” coverage annually to certify your Aetna prescription benefit is credible as defined by Medicare. This letter should be kept in a safe place for reference.

Premiums:

Retirees electing continuation of insurance coverage at the time of retirement will be subject to monthly premiums as published. All premiums will be automatically deducted from the monthly annuity or the retiree will be billed monthly. The employer may share the premium payment for most medical, dental plans, and standard life. The retiree pays the full cost for Optional and Dependent life. Rates are subject to change. When possible, advance notification of rate changes will be provided. Failure to pay premiums will result in cancellation of coverage.

At the Time of Your Death:

If you die while you are a retired participant on the group health plan, your eligible family member(s) that were enrolled at the time of your death may be entitled to continued medical and dental insurance. Medical insurance will be provided for the first four (4) months after your death at no cost. After 4 months your family member(s) will be charged the appropriate premium rate. Dental, if applicable, will be continued at the appropriate rate.

TEMPORARY CONTINUATION OF MEDICAL COVERAGE

If you have not met the 15 year participatory requirement in the medical plan, you may be eligible to continue medical coverage on a temporary basis for up to 18 months, provided you were enrolled in an eligible medical plan for at least 90 days, and you are enrolled at the time of retirement. You can only use TCC up to age 65. The cost of continuing medical coverage for 18 months is the full monthly rate plus an administrative fee. You will be billed each month for the premium due. Failure to make premium payments on a timely basis will result in immediate cancellation of your continuation. Cancellation of coverage is irrevocable. There are no provisions for temporary continuation of dental coverage.

Medical coverage may only be continued in the applicable coverage at the time of termination. No coverage changes are authorized. For more information regarding temporary continuation of coverage please contact your local Human Resources office. Election of Temporary Continuation of Coverage is required at the time of termination. No further continuation opportunity will be provided after termination. The first premium payment is due at the time of continuation election.

STANDARD LIFE INSURANCE BENEFITS

Cost:
Retirees electing continuation of Standard Life Insurance at the time of retirement will be subject to premiums as follows:

- Retirees that are age 62 and higher with 15 years of cumulative coverage will be charged 50% of the group rate.
- Retirees retiring with an UNREDUCED early annuity (at least age 55 with 30 years of credited retirement service or at least age 60 with 20 years of credited retirement service) and with 15 years of coverage will be charged 50% of the group rate – EFFECTIVE 1 JANUARY 2006.
- Retirees age 52-61, but not yet 62, with 15 years of cumulative coverage will be charged the full group rate.
- Employees who retired before January 2007 and who were approved for premium waiver will be continued on premium waiver, provided continued evidence of disability is provided annually at minimum. Failure to comply with requirement of the premium waiver program will result in cancellation of coverage.
- Effective January 1, 2007, the premium waiver provision was eliminated for new retirees.

Your Standard Life Insurance Benefit Amount:

Your "benefit amount" (the amount paid in the event of your death), is based on your earnings at the time of your retirement age (and any applicable reductions due to age.)

The volume of life insurance, or face value, is based on your salary at the time of your retirement, rounded up to the next highest thousand, plus two thousand dollars. For example, if your salary at the time of your retirement was $29,500, the benefit amount would be $32,000. ($29,500 rounded up, plus $2,000). Example is for illustrative purposes only. The life insurance offered is "term life." It does not accrue a cash value. *Accidental Death and Dismemberment insurance is not applicable for retiree life insurance.*

Change in Coverage Amounts:

If you qualify for continued life insurance upon retirement, your volume of coverage or face value will decrease at the rate of 25% (of initial volume) on each of the following birthdays: 66th, 67th, and 68th. This reduction schedule applies to Standard and Optional Life.

A sample of life insurance coverage and the 25% deduction at each age:

Age	Sample of 25% Reduction
65	$32,000
66	$24,000
67	$16,000
68	$8,000

This chart is for illustrative purposes only,
and is not to be construed as a promise of a benefit.

OPTIONAL & DEPENDENT LIFE INSURANCE PLAN

Optional Life (for the Retiree):

The volume of Optional coverage is calculated using the same method as for Standard Life: Your salary at your retirement, rounded up to the next thousand, plus two thousand dollars. Optional Life provides an additional layer of coverage. Using the earlier example of $32,000 – one layer of Optional coverage will provide a benefit amount of $64,000, and a second layer of Optional coverage will provide a benefit amount of $96,000. This is an example only, and is not to be construed as a promise of a benefit.

Effective January 1, 2001 a second layer of Optional Life insurance was implemented. If you were enrolled in this plan from the date of inception, you may be eligible to continue this coverage at the time of retirement. Exact volumes of life insurance will be provided to you in your retirement letter. Age 66, 67, and 68 reductions apply to all levels of Optional Life.

Dependent Life:

Optional Dependent 1:

- The volume of Optional Life for your spouse (or SSDP) is $5,000 and $2,500 for each dependent child. The retiree is the ONLY allowable beneficiary for Optional Dependent Life 1.
- Continuation of this coverage requires 15 years of participation, or enrollment since date of eligibility (i.e., marriage, birth, etc.).

Optional Dependent Life 2 (effective 1 January 2004):

- Continuation of this coverage requires 15 years of participation, or participation since inception (as 15 years is not an option at this time) for Optional Dependent Life 2.
- The volume of Optional Dependent Life 2 is $5,000 for each dependent child and $10,000 for your spouse (or SSDP).

Effective 1 January 2009, Optional Dependent Life Options 3 & 4 were implemented. If you were enrolled in one of these plans from date of inception you may be eligible to continue this coverage at time of retirement. (1 February 2009 retirees were the first to have this option available to them.)

Optional Dependent Life 3 (effective 1 January 2009):

- Continuation of this coverage requires 15 years of participation, or participation since inception (as 15 years is not an option at this time) for Optional Dependent Life 3.
- The volume of Optional Dependent Life 3 is $7,500 for each dependent child and $15,000 for your spouse (or SSDP).

Optional Dependent Life 4 (effective 1 January 2009):

- Continuation of this coverage requires 15 years of participation, or participation since inception (as 15 years is not an option at this time) for Optional Dependent Life 4.
- The volume of Optional Dependent Life 4 is $10,000 for each dependent child and $20,000 for your spouse (or SSDP).
- Enrollment in retiree Standard Life is a prerequisite for Optional Dependent coverage.
- Please note, only the retiree is eligible as the beneficiary of Optional Dependent Life. Therefore, if the retiree predeceases the dependent, coverage for the dependent is cancelled.

Premium Payment – Optional Life & Optional Dependent Life Insurance:

The Optional Life and Optional Dependent Life insurance programs are funded 100% by the participant. Premiums are subject to change. Advance notification of premium changes will be provided.

*** Accidental Death and Dismemberment Benefits do not apply to Optional Dependent Life.*

Optional Dependent Life Coverage:

Coverage for dependents may be continued as long as the covered person qualifies as a dependent under the Plan, and the premiums are paid as required.

When Life Insurance Coverage Ends:

Provided you make premium payments, your Standard and Optional Life Insurance may be continued as long as you are eligible. Failure to make premium payments will result in immediate and irrevocable cancellation of coverage. Failure to comply with requirements of premium waiver may result in cancellation of coverage.

Converting to Individual Coverage:

If you were not eligible to continue your life insurance coverage under the group rate at the time of retirement, you may wish to convert to an individual policy. The cost is borne entirely by the insured. For conversion information, please contact your local Human Resources office.

Filing Life Insurance Claims:

Upon your death, your beneficiary will be required to file a claim for benefits through Headquarters, U.S. Marine Corps (MR). A certified copy of the death certificate will be required in order to file any claim for benefits. Your beneficiary should contact the Headquarters, U.S. Marine Corps, Human Resources Branch (MRG) for further details. Should you name a minor child as your beneficiary, the surviving parent or guardian will be required to submit evidence of financial legal guardianship papers in order that life insurance proceeds may be paid. Failure to provide appropriate legal documentation for minor beneficiaries will result in a delay in benefit payments until the dependent reaches age of majority.

ACRONYMS

401(k): a qualified employer retirement savings plan

COLA: Cost of Living Adjustments

CPI: Consumer Price Index

DoD: Department of Defense

EFT: Electronic Funds Transfer

FEGLI: Federal Employees' Group Life Insurance

FEHBP: Federal Employees' Health Benefits Program

FSA: Flexible Spending Account(s)

HMO: Health Maintenance Organization

IRA: Individual Retirement Account

IRS: Internal Revenue Service

LTC: Long Term Care

MCCS: Marine Corps Community Services

MR: Headquarters, U.S. Marine Corps

MRD: Minimum Required Distribution

MRG: Headquarters, U.S. Marine Corps, Human Resources Branch

NAF: Nonappropriated Funds

PCP: Primary Care Physician

PPO: Preferred Provider Organization

SSDP: Same Sex Domestic Partner

TC: Traditional Choice

TCC: Temporary Continuation of Coverage

TSP: Thrift Savings Plan

UHP: Uniform Health Plan

It is important to keep your designated beneficiary information updated. Beneficiary changes and/or claims can be made by contacting:

HEADQUARTERS US MARINE CORPS
ATTENTION: BENEFITS SECTION (MRG)
3044 CATLIN AVENUE
QUANTICO, VA 22134-5099

(703) 432-0425	(703) 432-0421
(703) 432-0419	(703) 432-0420
(703) 432-0422	(703) 432-0438
(703) 432-0423	

Stay familiar with your benefits by regularly visiting the MCCS Benefits webpage at **www.usmc-mccs.org/employ/benefits**.

This site has valuable information about your benefits and upcoming changes or additions. You can print Aetna forms (medical and dental claim forms, mail in pharmacy forms). There are also electronic copies of various Summary Plan Descriptions.

www.facebook.com/MCCSHumanResources

Scan with your Smartphone
to visit
www.usmc-mccs.org/employ/benefits