

# **Clackamas County COBRA**

## **Post Employment Health Benefit Continuation Booklet**

**Department of Human Resources  
Benefits and Wellness Division  
Public Services Building, 3<sup>rd</sup> Floor  
2051 Kaen Rd  
Oregon City, OR 97045  
Ph: 503-655-8550  
Fax: 503-655-5468  
[www.clackamas.us/des](http://www.clackamas.us/des)**

PLEASE NOTE: ENROLLMENT INFORMATION (ENROLLMENT FORMS AND ELECTRONICALLY TRANSMITTED ENROLLMENT DATA) AND PREMIUM PAYMENT INFORMATION WILL BE DISCLOSED TO HEALTH PLANS AND HEALTH CARE PROVIDERS TO CARRY OUT TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS.

---

**TABLE OF CONTENTS**

---

**SECTION I: COBRA COVERAGE**

INTRODUCTION .....2  
USERRA.....2  
COVERAGE AVAILABLE.....2  
18-MONTH COBRA COVERAGE.....2  
24-MONTH COBRA COVERAGE.....2  
29-MONTH COBRA COVERAGE (PERS/SOCIAL SECURITY DISABILITY).....2  
36-MONTH COBRA COVERAGE.....3  
LOSS OF COBRA RIGHTS.....3  
INSURANCE MARKETPLACE..... 3  
ELECTION PERIOD.....3  
PREMIUM COST.....3  
HEALTH INSURANCE PREMIUM PAYMENT POLICY.....3  
AUTOMATIC PAYMENT PROGRAM.....4  
OPEN ENROLLMENT.....4  
QUALIFIED LIFE EVENT.....5  
END OF COBRA COVERAGE.....5  
PLAN ADMINISTRATOR.....5

**SECTION II: BENEFITS AVAILABLE UNDER COBRA COVERAGE**

END OF ELIGIBILITY FOR COUNTY-PAID BENEFITS.....6  
MEDICAL AND DENTAL COVERAGE.....6  
EMPLOYEE ASSISTANCE PROGRAM (EAP). ....6  
HEALTH CARE FLEXIBLE SPENDING ACCOUNT.....6

**SECTION III: BENEFITS NOT AVAILABLE UNDER COBRA COVERAGE**

DISABILITY COVERAGE.....7  
LIFE INSURANCE.....7  
GROUP UNIVERSAL LIFE.....7  
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT.....7  
DEFERRED COMPENSATION.....7  
PUBLIC EMPLOYEES RETIREMENT SYSTEMS (PERS) .....7  
UNUM LONG TERM CARE .....7  
AFLAC ACCIDENT & CRITICAL ILLNESS .....8  
LIBERTY MUTUAL – GROUP HOME & VEHICLE .....8  
MET LIFE – HYATT LEGAL .....8  
MET LIFE – VETERINARY/PET INSURANCE .....8  
MET LIFE – MET DESK .....8

**SECTION IV: PROVIDER CONTACT INFORMATION .....9**

## SECTION I: COBRA COVERAGE

---

### INTRODUCTION

**COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage** is available to all former employees and their family members who had health coverage through Clackamas County at the time they lost eligibility for coverage.

The Federal law, COBRA, provides employees and their enrolled family members with the right to continue health insurance upon loss of coverage under the County's group plan. Individuals eligible for COBRA continuation coverage are designated as "Qualified Beneficiaries" which includes you, your spouse, your children and your spouse's children. Domestic partners and their children do not have rights under COBRA, but may be enrolled in continuation coverage as dependents of an employee, former employee or retiree. If you choose to continue coverage under COBRA, you must pay the full cost each month plus a 2% COBRA administration fee (discussed on page 3 under *Premium Cost*).

If you become eligible for Medicare *after* you enroll in COBRA coverage, your COBRA coverage will end. If you choose COBRA coverage, you *cannot* convert to Retiree coverage at the end of your COBRA continuation period. However, if your separation from service is due to medical reasons and you become eligible for PERS/OPSRP disability retirement within six (6) months of separation, you may convert your COBRA coverage to Retiree coverage.

If you need assistance in deciding which option is best for you, please contact the Benefits and Wellness Division at (503) 655-8550.

### USERRA

The Veterans Benefits Improvement Act of 2004, signed on December 10, 2004, includes provisions that impact employer obligations under USERRA (Uniformed Services Employment and Re-employment Rights Act). USERRA applies to all employers regardless of size (including church plans) and establishes certain reemployment and health plan continuation coverage rights and other benefits for employees who serve or have served in the uniformed services. The continuation of coverage rights are similar to those offered under federal COBRA laws.

### COVERAGE AVAILABLE

Health care coverage defined under COBRA includes medical and dental coverage, Employee Assistance Program (EAP), and the Health Care Flexible Spending Account (FSA). ***If you do not select medical, dental, EAP or FSA coverage at your initial COBRA enrollment, you cannot add them at a later time.*** Also, if the coverage provided under the County's group health plans changes due to collective bargaining, revisions made by the County or our providers, or due to Federal or State law, your coverage will also change accordingly.

### 18-MONTH COBRA COVERAGE

An employee may purchase up to 18 months of COBRA coverage for him/herself and/or enrolled family members (spouse, domestic partner and/or children).

### 24-MONTH COBRA COVERAGE

An employee who was absent from employment for uniformed service had the right under USERRA to elect to continue health plan coverage (including coverage for any dependents) for up to 18 months. The law extends the maximum period for USERRA continuation coverage 24 months.

### 29-MONTH COBRA COVERAGE (PERS/SOCIAL SECURITY DISABILITY)

The 18-month COBRA coverage may be extended for an additional 11 months (total 29 months) if:

- During the original 18-month period, the Social Security Administration or PERS determines that a Qualified Beneficiary is disabled; and,
- The Qualified Beneficiary provides a copy of the PERS or Social Security Administration determination and a written request for benefit extension within 60 days of the date of determination and before the end of the original 18-month period.

If the Social Security Administration or PERS later determines that the individual is no longer disabled, the Qualified Beneficiary must notify the Benefits and Wellness Division within thirty (30) days after receiving this determination. Loss of disability status will result in termination of COBRA coverage for the extended period for all covered individuals.

### 36-MONTH COBRA COVERAGE

During the original 18-month continuation period, qualified family members (spouse and/or children) may become eligible for a total of 36 months of coverage in the event of:

- divorce of the employee/retiree and spouse;
- loss of dependent eligibility as defined by the group health plan;
- death of employee/retiree; or
- employee/retiree becomes entitled to Medicare.

The maximum period of COBRA coverage for multiple qualifying events is 36 months from the date of the INITIAL qualifying event. (For example, if you are an employee and resign or retire, you and your family members will be eligible for 18 months of COBRA coverage. If you and your spouse divorce during the 18-month period, your ex-spouse may continue coverage for up to the 36-month maximum.)

#### LOSS OF COBRA RIGHTS

Your COBRA coverage may terminate if:

- the required premium is not paid on time;
- you become enrolled in Part A or Part B of Medicare coverage, after the date of your COBRA election.

In addition, your COBRA rights will end for any group plan that Clackamas County terminates for all employees.

#### INSURANCE MARKETPLACE

Instead of enrolling COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance during what is called a “special enrollment period.” Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [healthcare.gov](http://healthcare.gov).

#### ELECTION PERIOD

When an employee separates from service, the employee’s department will complete a Personnel Action Form which will notify the Benefits and Wellness Division who will then send an enrollment packet to the employee. If you do not receive your enrollment packet, please contact the Benefits and Wellness Division immediately (please see Provider Contact Information at end of booklet). If you desire coverage through the County, you (or a third party acting on your behalf) must enroll **in writing** for COBRA coverage within sixty (60) days from the later of:

- the date of the County’s letter notifying you of your right to continue coverage, or
- the date the County-provided health coverage ends.

If the due date falls on a weekend or holiday, then the due date will be extended to the next regular working day.

***Verbal notice by you is not binding. The Benefits and Wellness Division must receive written confirmation from you by completing the relevant COBRA election form. Please see the contact information on the cover page or the Provider Contact Information sheet at the end of the booklet.***

#### PREMIUM COST

The cost of COBRA coverage is based on single, two-party, single with children, or family rates in effect at the time. The County adds a 2% fee to COBRA premiums for plan administration as allowed by COBRA regulations. Premiums are subject to change at any time with advance written notification but generally will not change during a plan year.

Clackamas County’s benefit plans renew annually during Open Enrollment (see page 4) which may involve changes in your coverage and/or premium rates. The Benefits and Wellness Division will notify you in writing of any such changes prior to implementation.

#### HEALTH INSURANCE PREMIUM PAYMENT POLICY

##### *New Enrollees*

- The first premium payment must be paid within 45 days from the date the election form is signed. The first payment must include the amount due from when premium begins through the month in which the completed election form is received by HR.
- If full payment is not received within 45 days, coverage will be canceled retroactively to the retiree/COBRA insurance eligibility date.

*Note: All future eligibility for coverage is lost unless the participant returns to active employment at Clackamas County in a benefits-eligible position.*

- Participants are given the option of auto-pay enrollment. If they submit their auto-pay enrollment form after the 15th of the month prior to their first month’s premium, the first month’s payment must be made through money order, cash, or check.
- Although you have the right to wait the 45 days to remit payment, any delay may cause a break in service with the insurance carriers. When payment is received and forwarded to the insurance carrier, any unpaid claims for that time period can be re-submitted for payment.

### *Retirees/COBRA Participants*

- Premiums are due the 1st of the month in which the premium covers.
- Grace notices are sent fifteen days after the due date if payment has not been received for the current month.
- Once a premium is 30 days overdue, a letter is sent notifying the participant that payment must be received within fifteen days. Otherwise, the policy will be canceled.
- Once a premium is 45 days overdue, coverage will be canceled retroactively to the original due date. Participants are responsible for any claims incurred after the original due date.
- Once coverage is cancelled for non-payment, participants lose eligibility for future coverage through Clackamas County, unless they return to active employment in a benefits-eligible position.

### AUTOMATIC PAYMENT PROGRAM

You have the option of paying your COBRA premiums through an automatic withdrawal from either a checking or savings account. Your total premium amount will be deducted from the bank account each month, usually around the 10<sup>th</sup> of the month for that month's coverage. This program provides freedom from having to write monthly checks (especially convenient for frequent travelers) and ensures that your premiums are paid on time and you don't suffer from loss of coverage.

To enroll, complete the Authorization Form included in your enrollment packet, attach a voided check (for checking accounts) or deposit slip (for savings accounts) and return both the form and the voided check or deposit slip to the Benefits and Wellness Division. You will receive written confirmation of the effective date of the automatic payment. It takes about one month to set up the automatic payment, so any premium due in the interim will have to be paid directly to the Benefits and Wellness Division. If you change banks or account numbers, you must complete a new Authorization form with another voided check or deposit slip.

Premium increases or decreases will be processed automatically through the Automatic Payment Program. (You will be notified in advance of any premium changes.)

You may cancel your participation in the Automatic Payment Program at any time by notifying the Benefits and Wellness Division **in writing** no later than the 15<sup>th</sup> of the month prior to the month of cancellation. This must be done in time to give the County and your bank reasonable time to act upon your request. No refunds will be allowed for late requests or any other reason except for error on the part of the County. If a refund is necessary, the County will reimburse you by check.

### OPEN ENROLLMENT

During the COBRA continuation period, you will be able to change your medical (includes vision) or dental plan during the County's annual Open Enrollment. However, you will not be allowed to add any coverage which you did not choose at the beginning of your COBRA continuation period.

During Open Enrollment, you may add dependents that meet the eligibility criteria. If adding dependents changes your coverage to two-party, single with children or family, your premiums will increase. Dependents include:

- Your spouse or domestic partner.
  - A copy of your marriage certificate is required to include your spouse as an eligible dependent on your plans.
  - To add a domestic partner to your coverage, you must provide a copy of your registry with the State of Oregon or a notarized Affidavit of Domestic Partnership.
- Your children up to age 26. A copy of the child's birth certificate or adoption/guardianship court order is required to include the child as an eligible dependent on your plans.

Children include:

  - Your natural or adopted children.
  - Your spouse's or your domestic partner's natural or adopted children.
  - Children residing in your home pending adoption and/or children under court-appointed guardianship.
  - If your child is disabled, coverage may continue after age 26 provided you submit an annual certification of disability from your child's physician. To qualify, your child must have either a physical or mental disability, which occurred prior to age 21, be incapable of self support and primarily supported by you, your spouse or domestic partner.

If you, your spouse or domestic partner give birth, legally adopt a child or become a child's legal guardian while you are on COBRA continuation coverage, you may enroll your new child for coverage. Enrollment must be done within 60 days from the date of birth, placement for adoption or appointment as guardian. The newborn or legally adopted child of a qualified beneficiary will also have "Qualified Beneficiary" status and will have additional multiple qualifying event rights (see page 1). Other dependents (such as a new spouse or domestic partner) may be added to your COBRA coverage after the initial qualifying event, but will not become Qualified

Beneficiaries under COBRA. They will not be eligible for continued COBRA coverage if you become ineligible or your COBRA period ends.

#### QUALIFIED LIFE EVENT

Generally, you can make changes in your Retiree/COBRA coverage only during Open Enrollment. However, you may also make changes due to a Qualified Life Event such as:

- marriage, divorce or legal separation;
- qualification or termination of a domestic partnership relationship;
- birth, adoption or guardianship;
- loss of other coverage by a spouse or domestic partner;
- loss of eligibility, such as dependent child reaching maximum age; or
- death of a spouse, domestic partner or child.

***When a family member loses eligibility for coverage, it is the employee's responsibility to notify the Benefits and Wellness Division within 60 days of the qualifying event.*** If you fail to notify the Benefits and Wellness Division when a family member loses eligibility for coverage under the health plans provided through the County, you may be held liable for any health claims or costs incurred by that person after the date of the qualifying event. **To make any changes, new enrollment forms must be submitted within 60 days of the date of the Qualified Life Event.**

#### END OF COBRA COVERAGE

You may be entitled to purchase individual medical coverage at the end of your COBRA continuation period through the insurance carrier you had under COBRA. Contact your insurance carrier for more details before your COBRA coverage terminates. You may also be eligible to purchase coverage through the health insurance exchange at [healthcare.gov](http://healthcare.gov).

*Once you choose not to elect coverage for you and/or your dependents, you cannot come back on to coverage at any time in the future.*

There is no conversion to an individual policy for the Health Care FSA or Employee Assistance Program.

#### PLAN ADMINISTRATOR

Clackamas County HR Benefits and Wellness Division  
Public Services Building, 3<sup>rd</sup> floor  
2051 Kaen Rd  
Oregon City, OR 97045  
Ph: (503) 655-8550  
Fax: (503) 655-5468  
[www.clackamas.us/des](http://www.clackamas.us/des)

## SECTION II: BENEFITS AVAILABLE UNDER COBRA COVERAGE

### END OF ELIGIBILITY FOR COUNTY-PAID BENEFITS

If you are an **employee**, your County-paid benefits will end on the last day of the month in which you were an active employee. However, disability coverage ends on the actual last day of your employment with the County.

If you are an enrolled **family member of an employee**, your County-paid benefits will end on the last day of the month in which you lose eligibility (i.e., final date of divorce, date domestic partnership terminates, child turning age 26, etc.).

### MEDICAL AND DENTAL COVERAGE

You may only continue the coverage you were enrolled in at the time you became eligible for COBRA coverage with two exceptions:

- If you will be living outside the service area of your current medical coverage, you may be able to select another plan that is available through the County (depending on carrier requirements).
- You may enroll in a lower-cost, high deductible medical plan through Providence or Kaiser.

Once you are enrolled in COBRA coverage, you may change your medical and dental coverage, or add or delete dependents, only at Open Enrollment or when you have a qualifying Qualified Life Event (see page 4 for details).

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program provided by Cascade Centers Incorporated provides services that provide support, guidance, and resources that can help you resolve personal issues and meet life's challenges. If you are currently receiving EAP services and/or wish to continue this benefit, you must enroll for COBRA continuation. If you do not continue coverage through COBRA, you will be responsible for payment for any service you receive after your County-paid benefits end.

### HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)

If you were participating in the Health Care FSA, you may continue coverage by paying the amount you selected at the start of the Flexible Benefit Program plan year. You may then submit expenses for reimbursement that occur during your COBRA period. If you do not continue your Health Care FSA through COBRA, you will only be reimbursed for expenses incurred prior to the end of pay period at the time of your termination. However, you may submit claims up to 90 days following the end of that calendar year.

Contributions made to a Health Care FSA through COBRA coverage are made on an **after-tax** basis. If you have been setting aside funds in your Health Care FSA account for expenses which you won't incur until after you leave employment, it makes sense to continue the FSA. If you are setting aside funds in your account for ongoing expenses, there is no longer a tax advantage for using the Health Care FSA.

## **SECTION III: BENEFITS NOT AVAILABLE UNDER COBRA COVERAGE**

---

### DISABILITY COVERAGE

If you are an employee covered by the County's Disability Program, your long-term disability benefits end on the last day of employment. Dependents are not covered by disability insurance. There is no continuation or conversion privilege available for disability insurance. If you are currently receiving disability income benefits due to a disability that occurred while you were an active employee, the payments will continue until you are no longer disabled or until you reach the maximum benefit limit described in the disability certificate.

### LIFE INSURANCE

There is no COBRA continuation privilege available for life insurance. If you are covered by the County's Group Term Life Insurance Program as an employee or family member, you may apply for a conversion of the group life insurance benefit. Contact Metropolitan Life Insurance Company for details.

If you become totally and permanently disabled while covered by life insurance, the County will continue to pay the life insurance premiums on your behalf, if:

- you were an active employee at the time you were disabled; and
- you were under age 60; and
- you are certified by the disability insurance carrier as totally and permanently disabled.

Your life insurance will remain in effect and the County will continue to pay the premiums for as long as you remain totally and permanently disabled. However, you will be required to provide proof of continuing disability through an annual certification process.

### GROUP UNIVERSAL LIFE

If you are an employee participating in the Metropolitan Group Universal Life Insurance Program, you may continue the coverage for yourself and your eligible family members. We will notify Metropolitan Life Insurance of your separation from County service and Metropolitan will notify you in writing of the options available to you. If you decide to continue the policy, you must pay the premiums directly to Metropolitan. If you do not hear from Metropolitan Life, we again recommend you contact them using the contact information provided at the end of this booklet.

### DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

If you participate in the Dependent Care FSA, your coverage will end the last day of the pay period in which the County employs you. If funds still remain in your account, you may only submit expenses that were incurred through the end of the pay period in which your employment ended. You may submit claims up to 90 days after the end of the plan year.

### DEFERRED COMPENSATION

If you have been contributing to a Deferred Compensation account, you may contact VOYA to discuss your payout options. For information regarding your Deferred Compensation, please see attached reference sheet for names and phone numbers for VOYA. You may choose from a number of different payout options or you may choose to leave your funds invested until some future date. Contact VOYA for further details and options.

### PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)

Upon completion of six months employment in PERS/OPSRP covered position, the County contributes an amount equal to 6% of the employee's base salary to an employee's individual retirement account (6% PERS/OPSRP pickup) (also known as the Individual Account Program (IAP)). The County also provides a separate contribution that is paid to the PERS/OPSRP system and contributes to the employee's payout upon retirement. The phone number for Member Relations is (503) 598-7377.

### UNUM LONG TERM CARE

If you are an employee purchasing Long Term Care (LTC) Insurance through UNUM, you may continue the coverage for yourself and your eligible dependents.

A form is included in your COBRA packet which you must complete and return to UNUM within 31 days of your group coverage termination.

If you decide to continue the policy, you must pay the premiums directly to UNUM. You may contact them at 1-800-227-4165.

### AFLAC – ACCIDENT AND CRITICAL ILLNESS COVERAGE

Coverage is 100% portable. You may continue coverage, but you will lose the group discount unless you transfer coverage to a new employer with the same program.



#### HRA VEBA

Your HRA VEBA account is fully portable. You may continue to use funds in the HRA VEBA account to help pay for qualified healthcare expenses. You may also submit claims to HRA VEBA for reimbursement of your retiree health insurance premiums. Please contact the HRA VEBA vendor for more information.

#### MET LIFE – LEGAL INSURANCE

You may continue coverage for 30 months after separation of service. However, you must make a lump sum premium payment for the entire period. You may convert coverage to an individual policy.

#### MET LIFE – VETERINARY/PET INSURANCE

Coverage is fully portable. The group rate will be honored for those pets who were insured while you worked for the County. Pets added after your separation of service will be rated at non-employee rates.

#### MET LIFE – MET LIFE BANK – MONEY MARKET ACCOUNT

Coverage is fully portable. Rates will be honored after termination. Future deposits in new products will be at the non-preferred rate.

#### MET LIFE – MET DESK

There is no continuation of this free service for employees with special needs dependents.

*Thank you for your service to Clackamas County. We wish you the best of luck in future endeavors.*

*Please bring any discrepancies or updated information to the attention of Jason Morrill, Benefits and Wellness HR Analyst, 503-655-8550, option 5.*

## SECTION IV: PROVIDER CONTACT INFORMATION

---

### **AFLAC**

PO Box 727  
Corvallis, OR 97339  
Mark McRae-Agent  
☎ (541) 758-9289 (office)  
☎ (541) 908-2061 (cell)  
<http://www.aflac.com/>

### **CLACKAMAS COUNTY**

**HR: Benefits and Wellness Division**  
Public Services Building, 3<sup>rd</sup> floor  
2051 Kaen Rd  
Oregon City, OR 97045  
Ph: (503) 655-8550  
Fax: (503) 655-5468  
[www.clackamas.us/des](http://www.clackamas.us/des)

### **NAVIA BENEFIT SOLUTIONS**

*Flexible Spending Account*  
600 Naches Ave SW  
Renton, WA 98057  
☎ (425) 452-3500  
☎ (800) 669-FLEX(3539)  
[customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com)

### **VOYA FINANCIAL ADVISERS, LLC.**

*Deferred Compensation*  
200 SW Market Street, Suite 1700  
Portland, OR 97201  
☎ (503) 937-0351  
<http://www.ingretirementplans.com/>

### **KAISER PERMANENTE**

*Medical and Dental*  
500 NE Multnomah Street, Suite 100  
Portland, OR 97232-2099  
☎ Member Service: (503) 813-2000  
☎ Outside Portland 1-800-813-2000  
<http://www.kp.org/>

### **UNUM PROVIDENT CORPORATION**

(LTC)  
222 SW Columbia, Suite 990  
Portland, OR 97201  
☎ (503) 221-8686 Fax: (503) 221-2072  
Toll Free: (800) 228-9587  
<http://unumprovident.com/>

### **Gallagher, Inc.**

*HRA VEBA*  
☎ (800) 659-8828  
[www.hraveba.org](http://www.hraveba.org)

### **METLIFE**

*Life Insurance*  
<https://www.metlife.com/>  
Ph: (800) 638-5000  
Or, contact a representative for assistance at:  
Mass Mutual Financial Group  
5885 Meadows Rd. Suite #850  
Lake Oswego, OR 97035  
Phillip Cardeiro-Financial Services Executive  
Ph: (503) 542-9448  
[pcardeiro@financialguide.com](mailto:pcardeiro@financialguide.com)

### **DELTA DENTAL PLAN**

*Dental*  
601 SW Second Avenue  
Portland, OR 97204-3154  
☎ (800) 452-1058 (Dental Customer Service)  
<http://www.deltadental.com/>

### **PROVIDENCE HEALTH PLAN**

*Medical*  
1235 NE 47th, Suite 220  
Portland, OR 97213-2196  
☎ Customer Service: (503) 574-7500  
☎ Outside Portland 1-800-878-4445  
<http://www.providence.org/>

### **OREGON PERS**

#### **PUBLIC SERVICES RETIREMENT PLAN**

Mailing Address: P. O. Box 23700  
Tigard, OR 97281-3700  
☎ (503) 598-PERS (7377)  
<http://www.pers.state.or/>

#### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Available 24/7  
1-800-433-2320  
[www.cascadecenters.com](http://www.cascadecenters.com)

### **METLIFE – HYATT LEGAL**

☎ (800) 821-6400  
[www.members.legalplans.com](http://www.members.legalplans.com)