



Enroll for
Medical, Dental
and Vision
through Oracle
Self-Service -
Benefits -
Active Program



Enroll in Flexible
Spending
Account and FSA
Administration
Fee through Self-
Service

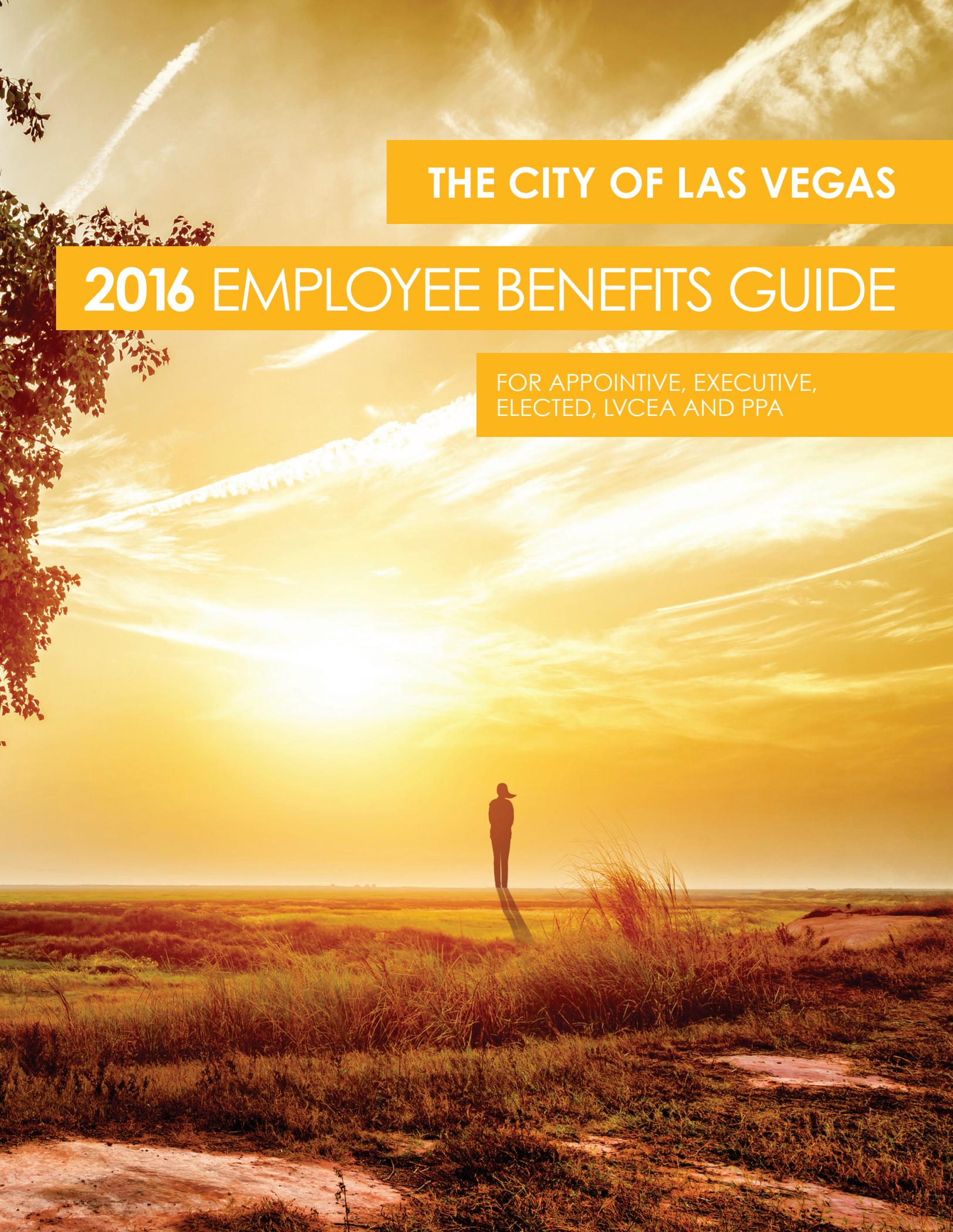


Complete Life
Beneficiary
form and Enroll
in Voluntary life
if wanted



Questions to
Sandy Ray in HR/
Benefits
702-229-1211

If interested in enrolling in Voluntary Life, you are allowed a Guaranteed Issue Limit of 4x Annual Salary up to \$300,000 for self and \$50,000 for Spouse during this enrollment period only.

A person stands in silhouette in a vast, open field under a dramatic, golden sunset sky. The sun is low on the horizon, creating a long shadow for the person. The sky is filled with wispy clouds and streaks of light, possibly from aircraft. The foreground is dominated by tall, dry grasses and a dirt path. The overall mood is serene and contemplative.

THE CITY OF LAS VEGAS

2016 EMPLOYEE BENEFITS GUIDE

FOR APPOINTIVE, EXECUTIVE,
ELECTED, LVCEA AND PPA

WHAT'S INSIDE . . .



NEW EMPLOYEE BENEFITS CHECKLIST

City of Las Vegas health benefits plan enrollment

- + Enroll online on the City of Las Vegas Intranet: Click Important Links > Oracle E-Business Suite > Log Into Oracle > Employee Self-Service > Benefits > Active Program

Flexible spending account enrollment

- + Enroll online on the City of Las Vegas Intranet: Click Important Links > Oracle E-Business Suite > Log into Oracle > Employee Self-Service > Benefits > Active Program

Met Life Voluntary Life and AD&D enrollment/beneficiary form

- + Paper enrollment
- + This is the only time to enroll in voluntary life insurance on a guaranteed issue basis

Return MetLife forms to HR/Benefits at City Hall

BENEFITS ELIGIBILITY

Benefits for full-time eligible employees begin the first of the month following date of hire.

Eligible dependents include:

- + Your legal spouse or domestic partner. If covering a domestic partner, you must provide the state's Declaration of Domestic Partnership.
- + Your children to age 26, including stepchildren, foster children, legally-adopted children and children placed with you for adoption.
- + Your dependent children of any age who are incapable of supporting themselves due to a physical or mental disability (documentation may be requested).

ENROLLMENT

You can sign up for benefits or change your benefit elections at the following times:

- + Within 30 days of your initial eligibility date (as a newly-hired employee).
- + During the annual benefits open enrollment period.
- + Within 30 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through December 31, 2016. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

CHANGING YOUR BENEFITS DURING THE YEAR

IRS regulations require that once you have made your elections during open enrollment, you cannot change your benefits until the next annual enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- + Marriage, divorce, or legal separation
- + Birth or adoption of an eligible child
- + Death of your spouse or covered child
- + Qualified Medical Child Support Order
- + Change in your spouse's work status that affects his or her benefits
- + Change in your child's eligibility for benefits

To request a benefits change, notify the City of Las Vegas Risk Management and Benefits department within 30 days of the qualifying life event at 702-229-1211.

Benefits are an integral part of the overall compensation package provided by the City of Las Vegas.

Within this Benefits Guide you will find important information on the benefits available to you for the 2016 plan year (January 1, 2016–December 31, 2016).

Please take a moment to review the benefits the City of Las Vegas offers to determine which plans are best for you.

Did you know the City of Las Vegas pays the entire medical premium for all employees? Employees pay 50% of the dependent premium.

HEY!

MEDICAL INSURANCE PLANS

The City of Las Vegas offers three medical plan options.

- + **HMO** is the lowest cost option for both monthly premiums and treatment expenses. This plan offers in-network benefits only. You are required to select and coordinate all treatment with a Primary Care Physician (PCP) who will oversee all of your medical care and refer you as needed. All services in an HMO (except emergency) must be provided or referred by your PCP. The HMO plan does not cover out-of-network services.
- + **Point of Service (POS)** offers an HMO and PPO under one plan and provides maximum flexibility for members with a slightly higher premium. You can use the HMO tier from the POS plan just as you would in the HMO to achieve maximum cost savings. You may also use the PPO side of this plan which does not require you to obtain referrals for services. However, your copayments and out-of-pocket costs will be higher. The POS plan also covers out-of-network services at 60% after an annual deductible.
- + **PPO Plus** offers a more traditional frame of in and out-of-network benefits and does not require you to obtain referrals for services. However, your copayments and out-of-pocket costs may be higher than the HMO and POS plans. This plan is the only option for participants/members residing outside of Clark County.

	HPN HMO	HPN Point of Service			Sierra Health & Life PPO Plus	
	In-Network Only	Tier I HMO	Tier II PPO	Tier III Out-of-Network*	In-Network	Out-of-Network*
Deductible						
Employee/Family	\$0	\$0	\$250/\$750	\$500/\$1,500	\$500/\$1,000	\$1,000/\$2,000
Out-of-Pocket Max.						
Employee/Family	\$6,000/\$12,000	\$2,000/\$6,000	\$2,000/\$6,000	\$4,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
Preventive Care	Covered 100%	Covered 100%	Covered 100%	60% after ded.	Covered 100%	50% after ded.
Office Visits						
Primary Care Physician	\$10 copay	\$10 copay	\$25 copay	60% after ded.	\$35 copay	50% after ded.
Specialist	\$10 copay	\$20 copay	\$45 copay	60% after ded.	\$55 copay	50% after ded.
Hospital Admission	\$100 copay/day to \$300/admit max	\$300 copay	Plan pays 80% after ded.	Plan pays 60% after ded.	Plan pays 80% after ded.	Plan pays 50% after ded.
Outpatient Surgery	\$50 copay	\$50 copay				
Routine Lab & X-Ray	\$10 copay	\$10 copay	\$10 copay	60% after ded.	\$35 copay	50% after ded.
Emergency Room	\$150 copay		\$150 copay		\$150 copay	
Prescription Drugs						
Generic	\$10 copay		\$15 copay		\$15 copay	
Preferred Brand	\$35 copay		\$40 copay		\$40 copay	
Non-preferred Brand	\$55 copay		\$60 copay		\$60 copay	

* Out-of-network, the plan pays on eligible medical expenses (EME).

Employee Medical Plan Costs—Per Pay Period

	HPN HMO	HPN Point of Service	Sierra Health & Life PPO Plus
Employee	\$0	\$0	\$0
Employee + Spouse	\$74.53	\$127.98	\$123.68
Employee + Child(ren)	\$67.08	\$115.18	\$111.31
Employee + Family	\$163.97	\$281.55	\$272.10

DENTAL INSURANCE PLANS

The City of Las Vegas offers two dental plan options through MetLife. Locate a MetLife network provider at www.metlife.com (PDP network for Basic plan and PDP Plus network for Plus plan).

	Basic	Plus
Deductible		
MetLife Provider	\$0	\$0
Non-MetLife Provider—Employee/Family	\$50/\$150	\$50/\$150
Plan Year Benefit Maximum	\$2,500	\$5,000
	Plan pays:	Plan pays:
Preventive Services		
4 cleanings per year	100%	100%
Basic Services		
X-rays, fillings	80%	80%
Major Services		
Crowns, oral surgery	50%	50%
Orthodontia Services (Adult and child coverage)*	50%; \$1,000 lifetime maximum	50%; \$2,000 lifetime maximum

* If you are enrolled in the Basic Plan and move to the Plus Plan at a subsequent open enrollment period you will be limited to \$1,000 orthodontia max for work in progress.

Note: Non-MetLife provider dentists may balance bill amounts above the reasonable and customary allowance.

Employee Dental Plan Costs—Per Pay Period

	Basic	Plus
Employee	\$0	\$2.84
Employee + Spouse	\$11.24	\$17.51
Employee + Child(ren)	\$12.24	\$18.52
Employee + Family	\$25.75	\$35.85

Did you know you get four cleanings per year on your dental plan? Yep, on either dental plan you can go for four cleanings a year at no cost to you!

HEY!

Do you have dental work that you know you need to have done? A child who needs braces? If so, the Plus Plan may be a good option for you with the higher annual maximum benefit and orthodontia lifetime maximum.

VISION INSURANCE PLANS

The City of Las Vegas offers two vision plan options through VSP. Locate a VSP network provider at www.vsp.com (Choice network for Basic plan and Premier network for Plus plan).

	Basic (Choice)		Plus (Premier)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Frequencies				
Exam	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months	Every 12 months	Every 12 months
Copays	Exam: \$20 Materials \$20		Exam and materials: \$20	
Exam	Covered 100% after copay	Plan pays up to \$45	Covered 100% after copay	Plan pays up to \$45
Frames	\$150 allowance	\$71 allowance	\$220 allowance	\$71 allowance
Lenses				
Single Vision	Covered 100%	Plan pays up to \$32	Covered 100%	Plan pays up to \$32
Bifocals	Covered 100%	Plan pays up to \$55	Covered 100%	Plan pays up to \$55
Contact Lenses	\$150 allowance	\$105 allowance	\$220 allowance	\$105 allowance
LASIK Surgery	Discounts available	Not covered	\$500 per eye	Not covered

Employee Vision Plan Costs—Per Pay Period

	Basic (Choice)	Plus (Premier)
Employee	\$0	\$2.66
Employee + Spouse	\$1.42	\$6.75
Employee + Child(ren)	\$1.62	\$7.32
Employee + Family	\$3.43	\$12.54



Are you thinking about LASIK surgery? The Plus Plan offers a benefit for LASIK surgery and offers a higher frame allowance once every 12 months vs. 24 months on the basic plan.

HEY!

ADDITIONAL BENEFITS

Free Annual Physical—For You and Your Dependents

The City of Las Vegas provides eligible employees confidential, comprehensive screenings and prevention services through WellTrac. The City pays the entire cost of a comprehensive physical exam once a year for you, your spouse, and your dependents over age 18 regardless whether or not enrolled in the City plan. For more information, visit www.WellTracNV.com or call 702-266-8180 to schedule an appointment.

Life and AD&D Insurance

The City of Las Vegas provides basic life and accidental death & dismemberment (AD&D) coverage at no cost to you. The City provides life and AD&D benefits in the following amounts:

- + Active non-represented members: \$50,000
- + Active represented members: \$20,000

Eligible employees are able to purchase additional voluntary life and AD&D coverage for themselves and their eligible dependents at group rates. Evidence of insurability may be required.

Disability Insurance

The City of Las Vegas provides long-term disability insurance at no cost to you. Long-term disability insurance provides a monthly benefit in the event you are on an approved disability and unable to work and earn your full pay. For Appointives, LVCEA & PPA employees the coverage pays you up to 60% of your regular monthly earnings up to a monthly maximum benefit amount of \$11,000. For Executives and Electives, the coverage pays you up to 70% of your regular monthly earnings up to a monthly maximum benefit amount of \$15,000. The plan is designed to pay you a benefit until you no longer meet the definition of disability or until social security normal retirement age, whichever comes first.

The City provides regular Appointive and Executive employees short-term disability insurance. This benefit pays up to 70% of your weekly earnings up to a maximum weekly benefit of \$2,500.

Did you know that the City of Las Vegas provides a comprehensive annual physical through WellTrac at no cost to you? This benefit is available to you, your spouse, and your dependents over age 18!

HEY!

Retirement

As your employer, the City of Las Vegas cares about your overall well-being and your financial health. As an employee of the City, you participate in Nevada PERS which provides you with a monthly income when you retire. In addition, you can enroll in one of the City-sponsored 457 plans, which can supplement your income when you retire. You contribute to the 457 using pre-tax dollars, invest the money and pay taxes on the money when you retire. A simple and easy way to save for your future!

24-Hour Advice Nurseline—Available on all Medical Plans

Care when you need it! Getting the right care in the right setting will save you time and money. If you're unsure about your condition or where to go, call HPN's 24-hour Telephone Advice Nurse (TAN) Service at 702-242-7330 or 800-288-2264. No matter what time, day or night, when you have a health concern, HPN's 24-hour Telephonic Advice Nurse Service is available to point you in the right direction. You must have your member ID number from your ID card to verify you are a member.

SICK? CLICK! GET CARE 24/7 WITH NOWCLINIC

When you're not feeling so great but it's not an emergency, it can be tough to find time to see a doctor. Health Plan of Nevada and Sierra Health and Life members have a convenient option that fits busy lifestyles.

You can use NowClinic to connect with Southwest Medical and NowClinic providers via secure webcam, chat, phone or mobile app anytime. The wait is typically less than 10 minutes*, and you can connect wherever it's convenient for you. You can even skip the short wait by asking the doctor to text you when he or she is ready.

NowClinic lets you talk just like you would in an exam room with providers who can diagnose, provide care recommendations, and prescribe medications** for simple care needs such as flu, sinusitis, insomnia, and pink eye.

In most cases, it's the same copay as a walk-in clinic visit, so it's both less expensive and easier than a typical trip to your family doctor.

Benefit Concierge service is available in the Human Resources department! Private computer access to the NowClinic is available by making an appointment through Outlook.

FYI!

NowClinic is not intended to address emergency or life-threatening medical conditions. Please call 911 or go to the emergency room under those circumstances.

Enroll today!

Health Plan of Nevada and Sierra Health and Life members can **enroll today** so a provider will be just a click away when you need one.

Go to www.NowClinic.com, call 877-550-1515, or download the NowClinic mobile application for iOS® and Android™ devices.

1. Enroll by providing a little personal information. Make sure to enter your name as it appears on your insurance ID card.
2. Log in or call with your unique username/password and select a provider.
3. Submit a request to connect and either stay in the online waiting room or enter your cell phone number to receive a text when the provider is ready to meet—usually in less than 10 minutes*.
4. Consult with the Southwest Medical or NowClinic provider via secure video, audio chat, or phone. Please note that Wi-Fi connections are preferred, as 3G and 4G connections may result in poor video quality.
5. Receive a self-care plan, diagnosis, and/or prescription**.
6. When done, see the visit summary, cost of service, and confirm credit card transaction. In one to two days, the Southwest Medical or NowClinic provider may contact you for follow up.

NowClinic may be able to help you with simple medical needs such as...

- | | |
|--------------------------------|---|
| + Allergies | + Headache |
| + Bladder infection, UTI | + Laryngitis |
| + Bronchitis | + Nausea |
| + Cough, cold | + Skin inflammation, rash, shingles, poison ivy, poison oak |
| + Ear infection, swimmer's ear | + Sinusitis |
| + Eye infection, pink eye, sty | + Sore throat |
| + Fever, chills, runny nose | + Viral illness |

*Recent stats support, but not guaranteed. Never longer than 30 minutes.

** Prescriptions exclude controlled substances, appetite suppressants, and lifestyle drugs.

LIFE CONNECTION EMPLOYEE ASSISTANCE PROGRAM

As your employer we care about your total well-being. This is why we provide The Life Connection employee assistance program (EAP) at no cost to all employees and their household members through Behavioral Healthcare Options. This free, strictly confidential service includes telephonic counseling and up to three face-to-face visits per issue with a licensed professional counselor for the following situations:

- + Anxiety & depression
- + Emotional/personal conflicts
- + Grief & loss
- + Managing stress & change
- + Marital conflicts
- + Parenting
- + Questions about alcohol & drug use
- + Work performance issues
- + Anger Management

Additional online information and resources are also included with this benefit:

- + **Live Connect:** Connects you to the expertise of our consultants via instant messaging regarding childcare, elder care and other work life requests.
- + **Self Search:** Search for child or elder care providers, adoption resources, public and private educational institutions from elementary through college, and pet adoption organizations under locate resources.
- + **Relocation Center:** See a statistical neighborhood “snapshot” before moving.
- + **Savings Center:** Free membership for savings of up to 25% on hundreds of name brands.
- + **Financial and Daily Living Calculators**
- + **Health Tools:** Health resources including audio and video clips, articles, and interactive assessments,
- + **Skill Builders:** 100+ training modules for topics such as managing your time more wisely, getting help with a legal issue, or learning new stress management skills. 350 interactive self-assessments, personal plans, audio advice, and articles.

**Did you know
the EAP is available to
you and your household
members at no cost to you?**

**The confidential service
includes telephonic
counseling and up to three
face-to-face visits per issue
with a licensed professional
counselor.**

HEY!

How do I get help?

To arrange for a confidential visit with a professional counselor, to request a telephonic consultation, or to receive assistance with online resources, call: **800-280-3782**. Crisis services through EAP are available to you 24 hours a day, 7 days a week.

To view the web site:

Visit www.bhoptions.com
Click the icon “Online Work-Life Resources”
Enter your Company Code (City of Las Vegas)

FLEXIBLE SPENDING ACCOUNTS

Save money on your out-of-pocket health care and dependent care expenses with a flexible spending account (FSA).

Save time and hassle with the MyBenefits card:

- + Pay for health care expenses such as office visit copays, prescription medications, dental, and vision expenses at the point of service.
- + Reduces the need to complete and submit claim forms. However, you may be required to substantiate a transaction by providing your receipt.
- + No waiting for reimbursement.
- + Keep your receipts you may need them for income tax purposes.



How does an FSA work?

You decide how much to contribute to your health care FSA and/or dependent care FSA on a calendar year basis up to the maximum allowable amount. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year.

When you have health care or dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to the FSA administrator. Keep all receipts in case you are required to verify the eligibility of a purchase.

Health Care FSA

A health care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible expenses, such as deductibles, copays and other health-related expenses, that are not reimbursed by the medical, dental, or vision plans. Over-the-counter (OTC) medications are not eligible for reimbursement without a prescription.

The health care FSA maximum contribution is \$2,500 for the 2016 calendar year.

Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or in addition, a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider).

You may contribute up to \$5,000 to the dependent care FSA for 2016 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2016 calendar year.

Things to consider before contributing to an FSA:

- + Use it or lose it! Due to the favorable tax treatment of FSAs, the IRS requires you forfeit any money left in your account at the end of the calendar year.
- + You cannot take income tax deductions for expenses you pay with your FSA(s).
- + You cannot change your FSA contribution(s) during the year unless you experience a qualifying life event.

Tools and resources:

Visit www.hrsimplified.com to: view an interactive video on FSA plans, your account balance(s), calculate tax savings, view a complete list of eligible expenses, download claim forms, view transaction history and much more. To register for online access, use company code HRSCITYLV.

Questions? **Call HR Simplified at 888-318-7472, option 2.**

OTHER BENEFITS

Wellness Resources

- + **Wellness Coaches**—On-site wellness coaches who work with you one on one on just about anything you want. Consider them a personal health and fitness coach. Call 702-229-1812 for more information.
- + **Fitness Centers**—Fully equipped workout centers located in City Hall and the DSC. Call 702-229-1812 for more information.

Personal Growth and Development

A key element to personal success is continuous education and participation in activities outside the workplace.

- + **College of Southern Nevada**—Go to www.csn.edu/workforce for information about this free training program.
- + **Skill-Soft Training**—The convenience of on-line education available at your desk. Click “Important Links” on the City of Las Vegas intranet.
- + **Tuition Reimbursement**—Pursue professional growth with up to \$5,250 per year in financial help from the City.
- + **Art Exhibits**—Take time to smell the roses and view the art and exhibits in City Hall.
- + **Employee Events**—Participate in employee picnics, gatherings, and other outings. A great way to meet people, get to know your co-workers, and network.
- + **Corporate Challenge**—A healthy way for you to stay active in the community and a great way to socialize with other employees. Click “Important Links” on the City of Las Vegas intranet.
- + **United Blood Services**—Onsite blood donations are a virtually pain-free way to give back to the community.



Financial Resources

The following programs provide employee savings and retirement assistance.

- + **Nevada PERS**—The foundation of your overall retirement plan.
- + **Fringe Benefits Insurance (Aflac)**—Optional employee paid benefits.
- + **Club Ride**—Free bus passes. Call 702-229-6501 or email aobodai@lasvegasnevada.gov for more information.
- + **Clark County Credit Union**—A comprehensive suite of credit union services and more, check them out. Call 702-228-2228 for more information.
- + **Deferred Compensation**—An important piece of your retirement puzzle, pre-tax and post-tax benefits.
- + **Cellular Discounts**—Contact AT&T, Verizon, and Sprint for discounts offered to City of Las Vegas employees.

IMPORTANT CONTACT INFORMATION

City of Las Vegas Risk Management and Benefits

Phone: 702-229-1211

Website: www.lasvegasnevada.gov

Health Benefits

Health Plan of Nevada—Medical—HMO/POS	702-242-3061	www.healthplanofnevada.com
Sierra Health and Life—Medical—PPO	702-242-3061	www.sierrahealthandlife.com
OptumRx—Mail-Order Rx	877-889-5802	www.optumrx.com
24-Hour Advice Nurse Line	800-288-2264	N/A
City-Paid Health Screenings—WellTrac	702-266-8180	www.WellTracNV.com
HPN at Your Service	N/A	www.myaysonline.com
HPN Health Education and Wellness	800-720-7253	www.hewonline.com
MetLife—Dental	800-942-0854	www.metlife.com
VSP—Vision	800-877-7195	www.vsp.com
HR Simplified—Flexible Spending Accounts	888-318-7472	www.hrsimplified.com
The Life Connection—Employee Assistance Program	800-280-3782	www.bhoptions.com
Wellness Coaches USA—Wellness Coaches	702-229-1812	whibner@lasvegasnevada.gov

Income Protection Benefits

MetLife—Life Insurance and Short-Term and Long-Term Disability Insurance	800-438-6388	www.metlife.com
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Retirement Benefits

ICMA	866-792-3187	www.icmarc.org
MassMutual	800-255-2464	http://massmutual.com/serve
Public Employees' Retirement System (PERS)	702-486-3900	www.nvpers.org

Other Benefits

Fringe Benefits Insurance (AFLAC)—Voluntary Insurance Products	702-877-6388	www.fringebenefitsnv.com
Clark County Credit Union	702-228-2228	www.ccculv.org
Club Ride—Mass Transit Program	702-229-6501	aobodai@lasvegasnevada.gov
Tuition Reimbursement	702-229-1211	sray@lasvegasnevada.gov

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this Guide and the official plan documents, the official documents will govern.

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ENROLLMENT • CHANGE FORM

GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)				
Name of Group Customer/Employer The City of Las Vegas	Group Customer # 142706	Report # 142706	Sub Code	Branch
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)			

YOUR ENROLLMENT INFORMATION (To be Completed by the Employee)				
Name (First, Middle, Last)			Social Security # - -	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, Zip Code)			Date of Birth (MM/DD/YYYY)	
Phone #	Email Address	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment If due to a Qualifying Event, enter event date (MM/DD/YYYY)		
I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand that contributions are required for the benefits I select below.				
► If you are enrolling during the initial enrollment period, you must complete a Statement of Health form: <ul style="list-style-type: none"> • If you are enrolling for more than \$300,000 of Supplemental/Optional Life Insurance • If you are enrolling for more than \$50,000 of Dependent Spouse/Domestic Partner Life Insurance ► If you are enrolling after the initial enrollment period, you must complete a Statement of Health form for all amounts you are requesting.				
Term Life Insurance				
<input type="checkbox"/> Supplemental/Optional Life ¹ Enter a multiple of \$10,000 up to a maximum of the lesser of 8x your Basic Annual Earnings and \$500,000. \$ _____				
<input type="checkbox"/> Dependent Spouse/Domestic Partner ² Life ^{1,3} Enter a multiple of \$10,000 up to a maximum of the lesser of 100% of Supplemental/Optional Life amount and \$250,000. \$ _____				
<input type="checkbox"/> Dependent Child Life ³ <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000				
Accidental Death & Dismemberment (AD&D) Insurance				
<input type="checkbox"/> Voluntary AD&D - \$250,000				

¹ Life Insurance may include an Accelerated Benefits Option under which a terminally ill insured can accelerate a portion of his or her life insurance amount. An interest and expense charge may be deducted from the accelerated payment. Receipt of accelerated benefits may affect eligibility for public assistance.

² Domestic Partner includes your registered Domestic Partner if you and your Domestic Partner are registered as domestic partners, civil union partners or reciprocal beneficiaries with a government agency or office where such registration is available. It also includes your non-registered Domestic Partner in whom you have an insurable interest. By enrolling such Domestic Partner for coverage and signing this enrollment form, you are attesting to your insurable interest.

³ Amounts will be subject to state limits, if applicable.

SUBMISSION INSTRUCTIONS

After completion, make a copy for your records and return the original to your Employer.

Dependent Information			
If you are applying for coverage for your Spouse/Domestic Partner and/or Child(ren), please provide the information requested below:			
Name of your Spouse/Domestic Partner (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____		
Name(s) of your Child(ren) (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.			

**GEF02-1
ADM**

FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the contract under which you are applying for coverage was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Benefits): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon and Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**GEF09-1
FW**

BENEFICIARY DESIGNATION FOR EMPLOYEE INSURANCE

I designate the following person(s) as primary beneficiary(ies) for any amount payable upon my death for the MetLife insurance coverage applied for in this enrollment form. With such designation any previous designation of a beneficiary for such coverage is hereby revoked.

I understand I have the right to change this designation at any time. I also understand that unless otherwise specified in the group insurance certificate, insurance due upon the death of a Dependent is payable to the Employee.

Check if you need more space for additional beneficiaries and attach a separate page. Include all beneficiary information, and sign/date the page.

Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL: 100%
If all the primary beneficiary(ies) die before me, I designate as contingent beneficiary(ies):				
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Full Name (First, Middle, Last)	Social Security #	Date of Birth (Mo./Day/Yr.)	Relationship	Share %
Address (Street, City, State, Zip)			Phone #	
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				TOTAL: 100%

DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling and, if I am enrolling for any contributory life insurance, that I was actively at work for at least 20 hours during the 7 calendar days preceding my date of enrollment. I understand that if I am not actively at work on the scheduled effective date of insurance, such insurance will not take effect until I return to active work.
3. I understand that, on the date dependent insurance for a person is scheduled to take effect, the dependent must not be confined at home under a physician's care, receiving or applying for disability benefits from any source, or Hospitalized. If the dependent does not meet this requirement on such date, the insurance will take effect on the date the dependent is no longer confined, receiving or applying for disability benefits from any source, or Hospitalized.
4. I understand that if I do not enroll for life coverage during the initial enrollment period, or if I do not enroll for the maximum amount of coverage for which I am eligible, evidence of insurability satisfactory to MetLife may be required to enroll for or increase such coverage after the initial enrollment period has expired. Coverage will not take effect, or it will be limited, until notice is received that MetLife has approved the coverage or increase.
5. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
6. I have read the Beneficiary Designation section provided in this enrollment form and I have made a designation if I so choose.
7. I have read the applicable Fraud Warning(s) provided in this enrollment form.



_____ Signature of Employee	_____ Print Name	_____ Date Signed (MM/DD/YYYY)
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**MET LIFE Voluntary Life Insurance
Worksheet**

**How to calculate Bi-Weekly Employee
and Spouse deductions**

Employee Rates	Per \$1,000 of benefit
Under age 30	\$ 0.06
30 - 34	\$ 0.08
35 - 39	\$ 0.09
40 - 44	\$ 0.13
45 - 49	\$ 0.21
50 - 54	\$ 0.32
55 - 59	\$ 0.52
60 - 64	\$ 0.73
65 - 69	call benefits for rate
70 - 74	call benefits for rate
75+	call benefits for rate

Spouse Rates	
Under age 30	\$ 0.06
30 - 34	\$ 0.08
35 - 39	\$ 0.09
40 - 44	\$ 0.13
45 - 49	\$ 0.21
50 - 54	\$ 0.32
55 - 59	\$ 0.52
60 - 64	\$ 0.73
65 - 69	call benefits for rate
70 - 74	call benefits for rate
75+	call benefits for rate

Child Rate	
Option 1 \$10,000	\$ 0.78 per pay day
Option 2 \$20,000	\$ 1.56 per pay day

Voluntary AD&D	
\$250,000 EE only	\$ 1.96 per pay day
\$250,000 Family	\$ 3.46 per pay day

To calculate your premium:

1. Amount Elected: This amount is the Requested Amount on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____
5. To calculate your bi-weekly cost multiply Line 4 by 12, then divide by 26. Line 5: _____

To calculate your premium:

1. Amount Elected: This amount is the Requested Amount on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. Line 4: _____
5. To calculate your bi-weekly cost multiply Line 4 by 12, then divide by 26. Line 5: _____

**You may enroll in up to 4X salary guaranteed issue up to \$300,000
Anything above that amount will require a Statement of Health**

**You may enroll your spouse up to \$50,000 guaranteed issue
Anything above that amount will require a Statement of Health**

PLAN FOR YOUR FINANCIAL FUTURE

City of Las Vegas Employees

TO ENROLL IN YOUR 457 DEFERRED COMPENSATION PLAN:

1. Create your User ID and Password at www.icmarc.org and click on “New User – Register Now.”
2. Click on “Enroll” and establish your contribution amount for your 457. Simply, click on “Contributions.”
3. Double check your personal information and beneficiaries are updated. Simply click on “My Profile.”
4. Review your investment options.

ACCOUNT ACCESS PAPERLESS SOLUTIONS AND SERVICES:

- ▶ Contributions
- ▶ Investments
- ▶ Advisory Services
- ▶ Financial Planning
- ▶ Withdrawals
- ▶ Loans
- ▶ Forms
- ▶ IRA Enrollment
- ▶ Personal Information



Get more tips and tools to help you save, invest, and retire at www.icmarc.org/realize.

Client Services (800) 669-7400 can help you with:

- ▶ Investment and contribution allocation changes
- ▶ QDRO Services
- ▶ Forms
- ▶ Loan questions
- ▶ Other general plan questions

Your ICMA-RC representatives can help.



Ornella Grosz
Retirement Plans Specialist
866-792-3187
ogrosz@icmarc.org

Can help you establish saving and investing goals.



Zoron Lozo
CERTIFIED FINANCIAL PLANNER[™]
888-883-8572
zlozo@icmarc.org

Available to help you one-on-one with broader and more complex financial decisions.

AC: 25921-1015-8004

ICMA RETIREMENT CORPORATION | 777 NORTH CAPITOL STREET, NE | WASHINGTON, DC 20002-4240
TEL: 202-962-4600 | FAX: 202-962-4601 | TOLL FREE: 800-669-7400 | WWW.ICMARC.ORG


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BUILDING PUBLIC SECTOR
RETIREMENT SECURITY

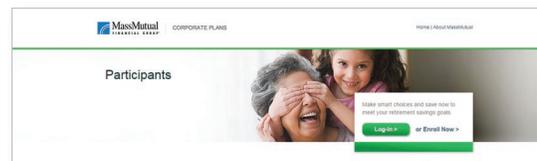


MASSMUTUAL: SAVE TIME. SAVE MONEY. AND HELP SAVE THE ENVIRONMENT.

*In an effort to improve your experience with MassMutual and minimize the amount of paper we're using, we're pleased to announce enhancements to the way you will initiate transactions via the City's Deferred Compensation Plan. **Effective immediately, should you need assistance, contact MassMutual via web or phone to initiate the following requests.***

▶ **ONLINE at www.massmutual.com/serve**

- Initial plan enrollment
- Contribution changes
- Investment changes



▶ **PHONE at 1-800-528-9009 – Customer service representatives are available Monday – Friday, 5 a.m. – 5 p.m. PT**

- Address changes
- Investment changes
- Loans
- Qualified Domestic Relations Order (QDRO) services
- Termination/Retirement
- Withdrawals

If you would like more personalized assistance, please contact MassMutual's Retirement Education Specialist, Janet Corral, at **1-855-553-2176 ext. 3** or **booknow.so/CityofLasVegas** to schedule an appointment.

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We'll help you get there.®

IMPORTANT PHONE NUMBERS

<p>VOLUNTARY BENEFITS:</p> <p>AFLAC Accident AFLAC Short Term Disability (STD) AFLAC Cancer AFLAC Intensive Care AFLAC Indemnity (VIP)</p>	<p>CALL: Amy Bechtel or Pat Johnson 702-877-6388</p>
<p>DEFERRED COMPENSATION 457(b)</p>	<p><u>MASS MUTUAL</u> Janet Corral, Representative Appointments: www.booknow.so/CityofLasVegas 775-224-3413 jcorral@massmutual.com Customer Service Center 800-528-9009</p>
<p>DEFERRED COMPENSATION 457(b)</p>	<p><u>ICMA</u> Ornela Grosz, Representative 1-202-834-5604 ogrosz@icmarc.org</p>
<p>MEDICAL PLAN MEMBER SERVICES</p>	<p>702-242-3061</p>
<p>MEDICAL PLAN WEB SITES</p>	<p>www.healthplanofnevada.com www.sierrahealthandlife.com</p>
<p>OPTUM RX</p>	<p>877-889-5802</p>
<p>METLIFE DENTAL</p>	<p>800-942-0854 www.metlife.com</p>
<p>VSP VISION PLAN</p>	<p>800-877-7195 www.vsp.com</p>



City of Las Vegas is pleased to announce your eligibility for an employee benefit that your whole family needs to learn about:

Long Term Care Insurance

Good News! Long Term Care insurance is now available to you as a voluntary benefit, because we understand the importance of planning for extended care events, which are *NOT covered by Medicare* or traditional health and disability insurances.

City of Las Vegas is committed to making sure all employees are protected, not only during their working years, but also into retirement. This program is brought to you by **ACSIA Partners LLC** in partnership with **Transamerica Life Insurance Company** and is available for employees and family members.

Take advantage of your *one-time opportunity* to apply for coverage with reduced health questions during our September 2016 Open Enrollment Period. A special premium **discount** is available for employees and family members and a **shortened health questionnaire** is available to eligible employees during open enrollment.

To be eligible for **reduced health questions** and **discounted pricing**, newly hired employees must be 18-65 years old, work a minimum of 21 hours per week, and be actively-at-work for at least six months. Those aged 66-79 may apply for this benefit at any time with gender-neutral rates; however, full underwriting is required.

Qualifying for long term care insurance is based on your current health situation, so now is the best time to get this coverage.

To view an educational webinar go to:
<https://ereg.ltcfp.com/wsa/lvcity/webinar>

This webinar will explain how this benefit works, as well as cover the additional options available to you. Following the webinar please call **(844) 248-2413** to speak to an LTCi Specialist. They are available to schedule a personal consultation with employees and their family members.

If you have any questions, please call: **(844) 248-2413**.

URGENT CARE OR EMERGENCY ROOM?

If you are confused on whether to go to the Emergency Room or the Urgent Care, please use the following, available to all:

TELEPHONE ADVICE NURSE. If you are feeling ill and are not sure about where you should go to obtain care or do not know whom to call, you may call the Telephone Advice Nurse for help. A nurse is available twenty-four (24) hours a day, seven (7) days a week at (702) 242-7330, or for the hearing-impaired through Relay Nevada's TDD/TYY at 1-800-326-6888. If you are traveling outside HPN's Service Area, you may call toll free for assistance at 1-800-288-2264.