How to Continue Your Long-Term Care (LTC) Coverage with Unum

oebb

OREGON HEALTH AUTHORITY

Webinar Tips

Note: If you're not hearing the webinar, click the "gear" icon and check your audio settings. 1

Ask questions.

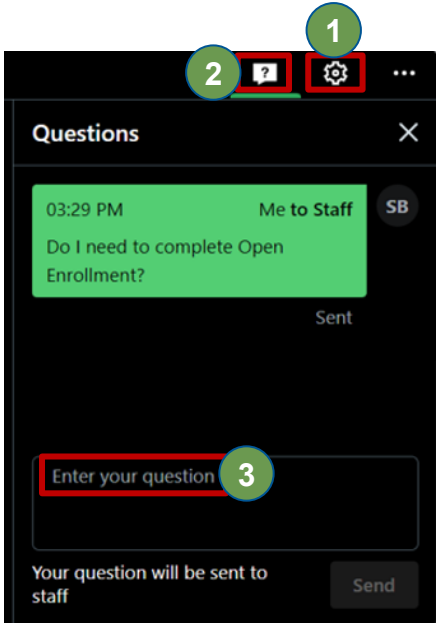
- Click on the question mark icon. 2
- Type in your questions. 3
- Staff will answer questions directly through the Questions panel and out loud during the presentation and at the end, as appropriate.

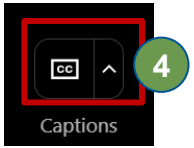
Watch or read the presentation.

- Click the Captions button to turn on closed captions during the webinar. 4
- You'll receive a follow-up email when the recording and slides are available.
- Captions are included in the recording.

Review additional benefits information.

- Go to the Benefits Information page at OEBBinfo.com.





Agenda

- Overview of LTC changes
- Option to continue Unum LTC coverage
- Converting your policy to direct billing with Unum
- Important dates during transition period
- Key reminders and next steps
- Who to contact with questions

Long-Term Care (LTC) Coverage

OEBB will no longer offer or administer LTC as of Oct. 1, 2026.

- As of Feb. 1, 2026, Unum stopped accepting new enrollments in LTC coverage.
- Because of this, the OEBB Board also decided to no longer offer or administer this benefit as of **Oct. 1, 2026**.

Long-Term Care (LTC) Coverage

OEBB will no longer offer or administer LTC as of Oct. 1, 2026.

- If you wish to continue LTC coverage, you must move to direct bill with Unum by **Nov. 29, 2026**.
- If you do not take action by the deadline, your Unum LTC coverage will end effective **Sept. 30, 2026**.

Continuing LTC Coverage Through Direct Billing with Unum

- The direct billing transition window is Aug. 1–Nov. 29. You **must submit the applicable form(s) to Unum** during this transition period.
- Access the **Election to Continue Group LTC Insurance** packet on OEBB's website.
- Within the packet, the **Election to Continue Your LTC Insurance Coverage** form (pages 4–5) is the only form required to convert to direct billing with Unum.
- Separate forms must be completed, signed and submitted to Unum (with physical ink signatures) for each person covered under your policy by **Nov. 29, 2026**.

Converting to Direct Billing with Unum

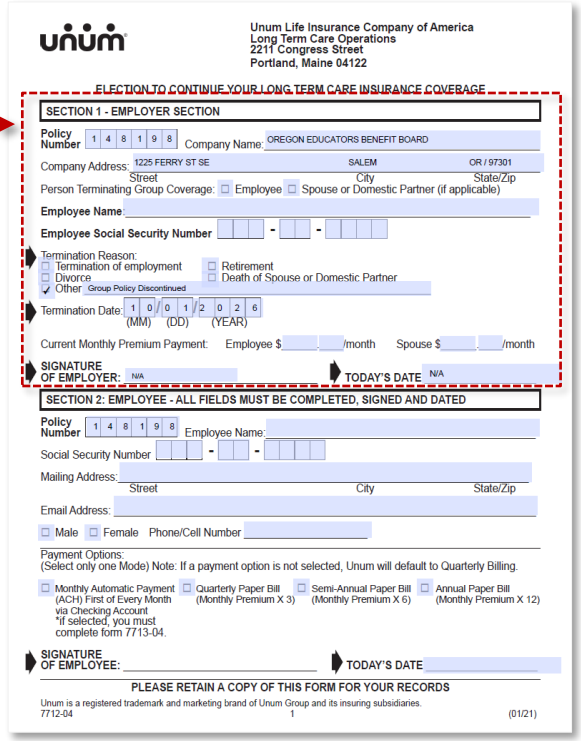
The packet includes step-by-step instructions to help you complete the **Election to Continue Your LTC Insurance Coverage** form.

- The form must be completed, signed, and submitted to Unum (with physical ink signatures) for yourself and each enrolled dependent by **Nov. 29, 2026**.
- A separate signed form is required for each person covered under your policy.

What's In the Packet

When completing the form, please note:

- **Section 1:** No action required



unum

Unum Life Insurance Company of America
Long Term Care Operations
2211 Congress Street
Portland, Maine 04122

ELECTION TO CONTINUE YOUR LONG TERM CARE INSURANCE COVERAGE

SECTION 1 - EMPLOYER SECTION

Policy Number 1 4 8 1 9 8 Company Name: OREGON EDUCATORS BENEFIT BOARD

Company Address: 1225 FERRY ST SE (Street) SALEM (City) OR / 97301 (State/Zip)

Person Terminating Group Coverage: ☐ Employee ☐ Spouse or Domestic Partner (if applicable)

Employee Name:

Employee Social Security Number ___ - ___ - ____

Termination Reason:
☐ Termination of employment ☐ Retirement
☐ Divorce ☐ Death of Spouse or Domestic Partner
☑ Other Group Policy Discontinued

Termination Date: 1 0 / 0 1 / 2 0 2 6 (MM) (DD) (YEAR)

Current Monthly Premium Payment: Employee $ ___.___ /month Spouse $ ___.___ /month

SIGNATURE OF EMPLOYER: N/A TODAY'S DATE N/A

SECTION 2: EMPLOYEE - ALL FIELDS MUST BE COMPLETED, SIGNED AND DATED

Policy Number 1 4 8 1 9 8 Employee Name:

Social Security Number ___ - ___ - ____

Mailing Address: (Street) (City) (State/Zip)

Email Address:

☐ Male ☐ Female Phone/Cell Number

Payment Options:
(Select only one Mode) Note: If a payment option is not selected, Unum will default to Quarterly Billing.

☐ Monthly Automatic Payment (ACH) First of Every Month via Checking Account *if selected, you must complete form 7713-04.
☐ Quarterly Paper Bill (Monthly Premium X 3)
☐ Semi-Annual Paper Bill (Monthly Premium X 6)
☐ Annual Paper Bill (Monthly Premium X 12)

SIGNATURE OF EMPLOYEE: TODAY'S DATE

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

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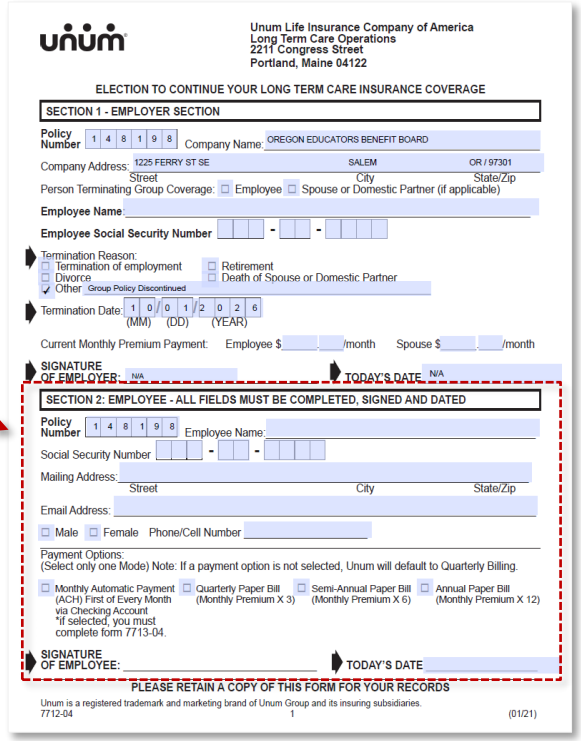
7712-04 1 (01/21)

(Page 4 in packet)

What's In the Packet (cont.)

When completing the form, please note:

- **Section 1:** No action required
- **Section 2:** You must complete and sign with a physical ink signature to continue employee coverage



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Employee Name:

Employee Social Security Number ___ - ___ - ____

Termination Reason:
☐ Termination of employment ☐ Retirement
☐ Divorce ☐ Death of Spouse or Domestic Partner
☑ Other Group Policy Discontinued

Termination Date: 1 0 / 0 1 / 2 0 2 6 (MM) (DD) (YEAR)

Current Monthly Premium Payment: Employee $ ___.___/month Spouse $ ___.___/month

SIGNATURE OF EMPLOYER: N/A TODAY'S DATE N/A

SECTION 2: EMPLOYEE - ALL FIELDS MUST BE COMPLETED, SIGNED AND DATED

Policy Number 1 4 8 1 9 8 Employee Name:

Social Security Number ___ - ___ - ____

Mailing Address: (Street) (City) (State/Zip)

Email Address:

☐ Male ☐ Female Phone/Cell Number

Payment Options:
(Select only one Mode) Note: If a payment option is not selected, Unum will default to Quarterly Billing.

☐ Monthly Automatic Payment (ACH) First of Every Month via Checking Account *if selected, you must complete form 7713-04.
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☐ Semi-Annual Paper Bill (Monthly Premium X 6)
☐ Annual Paper Bill (Monthly Premium X 12)

SIGNATURE OF EMPLOYEE: TODAY'S DATE

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

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7712-04 1 (01/21)

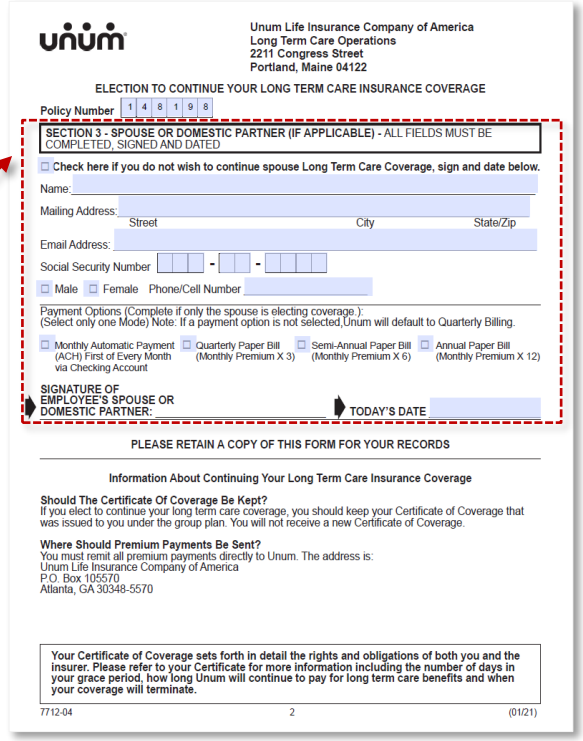
(Page 4 in packet)

The form must be printed out and physically signed in ink to be valid.

What's In the Packet (cont.)

When completing the form, please note:

- **Section 1:** No action required
- **Section 2:** You must complete and sign with a physical ink signature to continue employee coverage
- **Section 3:** Spouse/domestic partner must complete and sign with a physical ink signature to continue their coverage



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Long Term Care Operations
2211 Congress Street
Portland, Maine 04122

ELECTION TO CONTINUE YOUR LONG TERM CARE INSURANCE COVERAGE

Policy Number 1 4 8 1 9 8

SECTION 3 - SPOUSE OR DOMESTIC PARTNER (IF APPLICABLE) - ALL FIELDS MUST BE COMPLETED, SIGNED AND DATED

☐ Check here if you do not wish to continue spouse Long Term Care Coverage, sign and date below.

Name:

Mailing Address: Street City State/Zip

Email Address:

Social Security Number - -

☐ Male ☐ Female Phone/Cell Number

Payment Options (Complete if only the spouse is electing coverage.):
(Select only one Mode) Note: If a payment option is not selected,Unum will default to Quarterly Billing.

☐ Monthly Automatic Payment (ACH) First of Every Month via Checking Account
☐ Quarterly Paper Bill (Monthly Premium X 3)
☐ Semi-Annual Paper Bill (Monthly Premium X 6)
☐ Annual Paper Bill (Monthly Premium X 12)

SIGNATURE OF EMPLOYEE'S SPOUSE OR DOMESTIC PARTNER:

TODAY'S DATE

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Information About Continuing Your Long Term Care Insurance Coverage

Should The Certificate Of Coverage Be Kept?
If you elect to continue your long term care coverage, you should keep your Certificate of Coverage that was issued to you under the group plan. You will not receive a new Certificate of Coverage.

Where Should Premium Payments Be Sent?
You must remit all premium payments directly to Unum. The address is:
Unum Life Insurance Company of America
P.O. Box 105570
Atlanta, GA 30348-5570

Your Certificate of Coverage sets forth in detail the rights and obligations of both you and the insurer. Please refer to your Certificate for more information including the number of days in your grace period, how long Unum will continue to pay for long term care benefits and when your coverage will terminate.

7712-04 2 (01/21)

(Page 5 in packet)

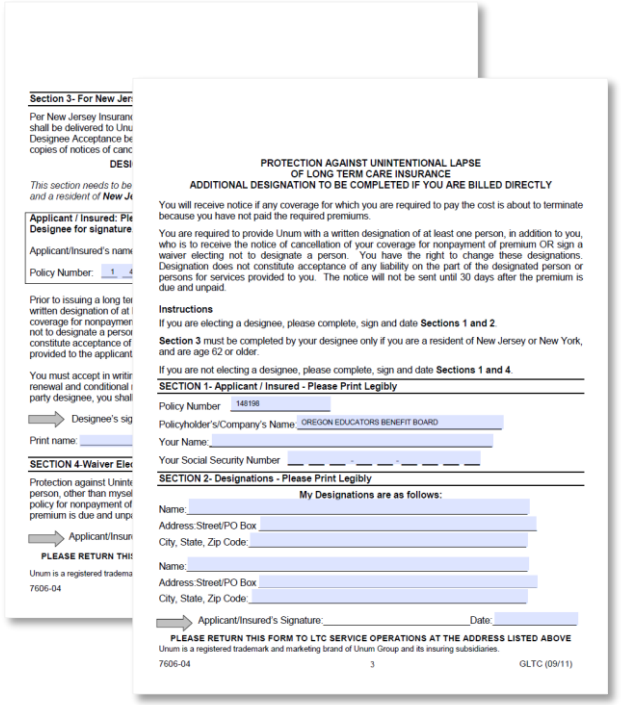
The form must be printed out and physically signed in ink to be valid.

What's In the Packet (cont.)

The packet also includes three other forms that you may use in the future:

1. **Protection Against Unintentional Lapse of LTC Insurance**

   (Complete only if you want to designate a backup person who does not live in your house that Unum may notify if your coverage is about to lapse — pages 6–7 in packet.)



PROTECTION AGAINST UNINTENTIONAL LAPSE
OF LONG TERM CARE INSURANCE
ADDITIONAL DESIGNATION TO BE COMPLETED IF YOU ARE BILLED DIRECTLY

You will receive notice if any coverage for which you are required to pay the cost is about to terminate because you have not paid the required premiums.

You are required to provide Unum with a written designation of at least one person, in addition to you, who is to receive the notice of cancellation of your coverage for nonpayment of premium OR sign a waiver electing not to designate a person. You have the right to change these designations. Designation does not constitute acceptance of any liability on the part of the designated person or persons for services provided to you. The notice will not be sent until 30 days after the premium is due and unpaid.

Instructions

If you are electing a designee, please complete, sign and date **Sections 1 and 2**.

Section 3 must be completed by your designee only if you are a resident of New Jersey or New York, and are age 62 or older.

If you are not electing a designee, please complete, sign and date **Sections 1 and 4**.

SECTION 1- Applicant / Insured - Please Print Legibly

Policy Number 148198

Policyholder's/Company's Name OREGON EDUCATORS BENEFIT BOARD

Your Name:

Your Social Security Number

SECTION 2- Designations - Please Print Legibly

My Designations are as follows:

Name:

Address:Street/PO Box

City, State, Zip Code:

Name:

Address:Street/PO Box

City, State, Zip Code:

Applicant/Insured's Signature: Date:

PLEASE RETURN THIS FORM TO LTC SERVICE OPERATIONS AT THE ADDRESS LISTED ABOVE

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

7606-04 3 GLTC (09/11)

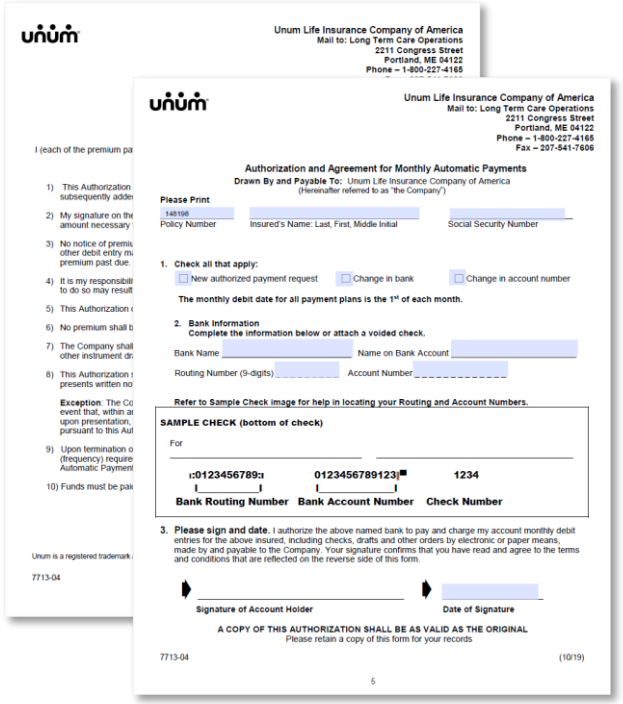
These forms are optional. They are NOT required to move to direct billing.

What's In the Packet (cont.)

The packet also includes three other forms that you may use in the future:

1. **Protection Against Unintentional Lapse of LTC Insurance**
2. **Authorization and Agreement for Monthly Automatic Payments**

   (Complete only if you want to make monthly automatic payments via checking account — pages 8–9 in packet.)



Unum Life Insurance Company of America
Mail to: Long Term Care Operations
2211 Congress Street
Portland, ME 04122
Phone – 1-800-227-4165
Fax – 207-541-7606

Authorization and Agreement for Monthly Automatic Payments

Drawn By and Payable To: Unum Life Insurance Company of America
(Hereinafter referred to as "the Company")

Please Print

146198 Policy Number | Insured's Name: Last, First, Middle Initial | Social Security Number

1. **Check all that apply:**
   - ☐ New authorized payment request
   - ☐ Change in bank
   - ☐ Change in account number

   The monthly debit date for all payment plans is the 1st of each month.

2. **Bank Information**
   Complete the information below or attach a voided check.

   Bank Name _____ Name on Bank Account _____

   Routing Number (9-digits) _____ Account Number _____

   Refer to Sample Check image for help in locating your Routing and Account Numbers.

SAMPLE CHECK (bottom of check)

For _____

⑆0123456789⑆ 0123456789123⑈ 1234

Bank Routing Number | **Bank Account Number** | **Check Number**

3. **Please sign and date.** I authorize the above named bank to pay and charge my account monthly debit entries for the above insured, including checks, drafts and other orders by electronic or paper means, made by and payable to the Company. Your signature confirms that you have read and agree to the terms and conditions that are reflected on the reverse side of this form.

_____ _____

Signature of Account Holder | **Date of Signature**

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL
Please retain a copy of this form for your records

7713-04 (10/19)

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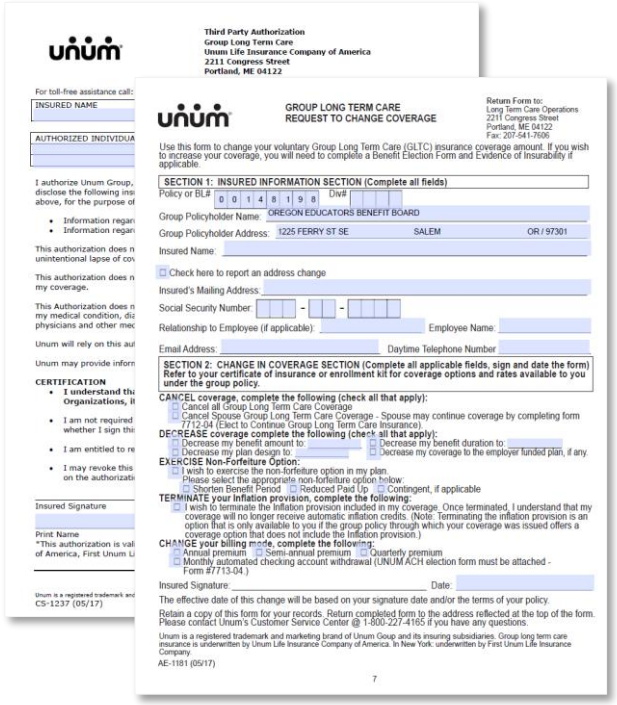
These forms are optional. They are NOT required to move to direct billing.

What's In the Packet (cont.)

The packet also includes three other forms that you may use in the future:

1. **Protection Against Unintentional Lapse of LTC Insurance**
2. **Authorization and Agreement for Monthly Automatic Payments**
3. **Group Long Term Care Request to Change Coverage**

   (Complete only if you ever wish to cancel or make changes to your LTC coverage — pages 10–11 in packet.)



Third Party Authorization
Group Long Term Care
Unum Life Insurance Company of America
2211 Congress Street
Portland, ME 04122

GROUP LONG TERM CARE
REQUEST TO CHANGE COVERAGE

Return Form to:
Long Term Care Operations
2211 Congress Street
Portland, ME 04122
Fax: 207-541-7606

Use this form to change your voluntary Group Long Term Care (GLTC) insurance coverage amount. If you wish to increase your coverage, you will need to complete a Benefit Election Form and Evidence of Insurability if applicable.

SECTION 1: INSURED INFORMATION SECTION (Complete all fields)

Policy or BL# 0 0 1 4 8 1 9 8 Div#

Group Policyholder Name: OREGON EDUCATORS BENEFIT BOARD

Group Policyholder Address: 1225 FERRY ST SE SALEM OR / 97301

Insured Name:

☐ Check here to report an address change

Insured's Mailing Address:

Social Security Number: - -

Relationship to Employee (if applicable): Employee Name:

Email Address: Daytime Telephone Number

SECTION 2: CHANGE IN COVERAGE SECTION (Complete all applicable fields, sign and date the form) Refer to your certificate of insurance or enrollment kit for coverage options and rates available to you under the group policy.

CANCEL coverage, complete the following (check all that apply):
☐ Cancel all Group Long Term Care Coverage
☐ Cancel Spouse Group Long Term Care Coverage - Spouse may continue coverage by completing form 7712-04 (Elect to Continue Group Long Term Care Insurance)

DECREASE coverage complete the following (check all that apply):
☐ Decrease my benefit amount to: ☐ Decrease my benefit duration to:
☐ Decrease my plan design to: ☐ Decrease my coverage to the employer funded plan, if any.

EXERCISE Non-Forfeiture Option:
☐ I wish to exercise the non-forfeiture option in my plan.
Please select the appropriate non-forfeiture option below.
☐ Shorten Benefit Period ☐ Reduced Paid Up ☐ Contingent, if applicable

TERMINATE your Inflation provision, complete the following:
☐ I wish to terminate the Inflation provision included in my coverage. Once terminated, I understand that my coverage will no longer receive automatic inflation credits. (Note: Terminating the inflation provision is an option that is only available to you if the group policy through which your coverage was issued offers a coverage option that does not include the Inflation provision.)

CHANGE your billing mode, complete the following:
☐ Annual premium ☐ Semi-annual premium ☐ Quarterly premium
☐ Monthly automated checking account withdrawal (UNUM ACH election form must be attached - Form #7713-04.)

Insured Signature: Date:

The effective date of this change will be based on your signature date and/or the terms of your policy.

Retain a copy of this form for your records. Return completed form to the address reflected at the top of the form. Please contact Unum's Customer Service Center @ 1-800-227-4165 if you have any questions.

Unum is a registered trademark and marketing brand of Unum Goup and its insuring subsidiaries. Group long term care insurance is underwritten by Unum Life Insurance Company of America. In New York: underwritten by First Unum Life Insurance Company.
AE-1181 (05/17)

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These forms are optional. They are NOT required to move to direct billing.

Important Dates

Please note these key dates during the transition period:

Aug. 1, 2026

Direct billing transition period opens

Sept. 30, 2026

OEBB LTC coverage and administration ends

Nov. 29, 2026

Last day to submit forms to Unum

Key Reminders and Next Steps

If you do not take action by Nov. 29, 2026:

Coverage

Your LTC coverage will automatically end on **Sept. 30, 2026**.

Premiums

No premiums will be owed after **Sept. 2026**.

Key Reminders and Next Steps (cont.)

If you submit the applicable form(s) during the transition period:

Coverage

Your LTC coverage will remain active after Sept. 30, 2026, with no interruption.

Premiums

You are responsible for all monthly premiums while your coverage is active.

Premium payments are due to Unum beginning in **Oct. 2026**.

You may choose from the following payment options:

- Monthly automatic payment (ACH) via checking account
- Quarterly paper bill (monthly premium x 3)
- Semi-annual paper bill (monthly premium x 6)
- Annual paper bill (monthly premium x 12)

Key Reminders and Next Steps (cont.)

Keep in mind: You may owe multiple months of premiums to Unum at one time if you submit the form(s) close to the Nov. 29 deadline.

Example

Form Processed	Premiums Due to Unum
November 2026	October + November + December premiums

Key Reminders and Next Steps (cont.)

If you choose to continue your coverage through direct billing with Unum:

- You will be notified by Unum to confirm the move to direct billing once they have received your completed **Election to Continue Your LTC Insurance Coverage** form(s).
  - Remember: This is the only form that is required to move to direct billing — all other forms in the packet are optional.
- You may also receive a new confirmation statement from Unum with an updated policy number as your coverage moves from a group policy to an individual policy.
- Your current LTC coverage remains intact during the transition — moving to direct billing does not change your benefits, benefit amounts, or policy terms.

Key Reminders and Next Steps (cont.)

If you choose to continue your coverage through direct billing with Unum:

- You are responsible for making all premium payments directly to Unum beginning in Oct. 2026. Missed payments may jeopardize your coverage, so it's critical to pay on time.
- Your premiums should remain at the OEBB rate, but future increases are possible.
- You can use the **Group Long Term Care Request to Change Coverage** form in the packet to make changes to your LTC coverage or cancel at any time.

Questions?

For more information about Unum LTC coverage:

Unum Customer Service
800-227-4165

For more information about OEBB benefits:

OEBB Member Services
888-469-6322
OEBB.benefits@odhsoha.oregon.gov