

# LINE MOUNTAIN SCHOOL DISTRICT

SECTION: OPERATIONS

TITLE: OTHER INSURANCE

ADOPTED: September 26, 1979

REVISED: NOVEMBER 20, 1984  
APRIL 28, 2020

	<b>813. OTHER INSURANCE</b>
1. PURPOSE	Proper school district operation requires that adequate, basic insurance programs be provided for the protection of the district and its employees.
2. AUTHORITY	The Board has the authority and responsibility to provide adequate insurance coverage to protect the district's interests. Such coverage shall be in accordance with established guidelines.
	In placing insurance, the Board shall be guided by the service of an insurance agent, scope of coverage provided, price of desired coverage, and assurance of coverage.
	The Board shall appoint an insurance advisor, who may be the agent of record.
3. GUIDELINES	Liability insurance for the district shall include coverage for liability determined necessary by the Board.
	Travel accident insurance shall include coverage for designated employees while in the performance of their duties.
	Health care insurance shall include coverage for regularly employed staff members as stated in the current administrative compensation plan, collective bargaining agreement, and individual contract.
	Group life insurance shall include coverage for administrators, professional employees, and full-time classified employees.
	<u><b>COBRA</b></u> In the event of a qualifying event to the employee, the employer has thirty (30) days to notify the plan administrator of the termination, reduction in hours, or death of the employee. This terminates his/her insurance under the plan.
	The plan administrator has fourteen (14) days to notify the employee of the right to continue coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

	<p>In the event of a qualifying event to a dependent, the employer has fourteen (14) days to notify the dependent of his/her rights to continue coverage after being advised by the employee or dependent that the event has occurred.</p> <p><b><u>Qualifying Event that cause loss of coverage</u></b></p> <p>Continuation of coverage for 18 months:</p> <ul style="list-style-type: none"> <li>• Employee's Retirement.</li> <li>• Employee's Resignation.</li> <li>• Employee's involuntary termination (except for gross misconduct.)</li> <li>• Employee's reduction of hours.</li> <li>• Employee's layoff.</li> <li>• Employee begins leave of absence.</li> </ul> <p>Continuation of coverage for 36 months:</p> <ul style="list-style-type: none"> <li>• Divorce/legal separation.</li> <li>• Ineligibility of dependent child.</li> <li>• Covered employee/retiree becomes entitled to Medicare; dependents may elect continuance of identical coverage.</li> <li>• Death of covered employee/retiree.</li> <li>• Retiree, spouse or child of retiree loses coverage within one year before or after commencement of proceedings under Title 11 (bankruptcy) United States Code.</li> </ul> <p>All Cobra participants are responsible for the gross rate of premiums charged, with an additional two percent (2%) charged for additional corporate administrative cost.</p> <p>Legal</p> <ol style="list-style-type: none"> <li>1. 24 P.S. 513</li> <li>2. 24 P.S. 774</li> </ol>
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