

ROCHESTER INSTITUTE OF TECHNOLOGY

Identity Theft Protection

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RIT reserves the right to modify or terminate all or any portion of the employee benefits package at any time with or without notice. Such changes automatically will apply to you and your employment relationship with RIT. Participation in these plans is provided to eligible employees and does not constitute a guarantee of employment, and requires continued employment and eligibility.

Introduction

RIT's Identity Theft Protection benefit provides comprehensive coverage to help employees protect themselves from the damages associated with identity theft. This benefit is provided by IdentityForce. IdentityForce is a leading provider of proactive identity, privacy, and credit protection for individuals, businesses, and government agencies and has had an A+ rating from the Better Business Bureau for many years. For more than 35 years, they have consistently delivered highly rated personal security solutions.

Most of us are careful to insure our homes, cars, and businesses against unexpected disaster. However, the way we live today requires additional vigilance over our personal information. On-line and off, it's critical to have the best protection for your personal identity, privacy, and credit.

According to IdentityForce, identity theft statistics are astounding: approximately 15 million U.S. residents have their identities stolen each year with financial losses totaling upwards of \$50 billion. This means that approximately 1 out of every 4 adults have their identities stolen, resulting in losses of about \$3,500 in each instance. The damage can be devastating and the fall-out hard to contain. Some of the ways your personal information can be obtained may surprise you. Everyday transactions such as credit card purchases or using an ATM are opportunities for theft. Even your mail, unsolicited phone calls, or writing your social security number on a check can leave you vulnerable.

Important Note About Passwords

Password security is critical due to the confidential, private, and financial data that is available online. The employee/participant/covered family member is responsible for maintaining security of their passwords and adhering to RIT information security policies and standards.

General Information

Who is Covered and When

Regular full-time and part-time employees are eligible to participate in the Plan. Employees scheduled to work nine months or more are eligible to participate year-round; employees scheduled to work less than nine months per year are eligible to participate only when they are working. If you elect coverage, it can begin on the first day of the month on or after your date of employment. You need to enroll, however, and authorize the payroll deductions to pay your share of the cost before coverage can begin.

You also may obtain coverage for your spouse or domestic partner and/or eligible children and authorizing payroll deductions to pay your share of the cost. You may not cover your spouse/domestic partner as a dependent if your spouse is enrolled for coverage as an employee.

Please refer to the separate summary on providing benefits for your Domestic Partner.

The eligibility rules for children are as follows:

- The child of the employee or the employee's spouse who is under age 26.
- The child of the employee's domestic partner who is under age 26

- The foster child (under age 18) of the employee, defined as an individual who is placed with the employee by an authorized placement agency or by judgment decree, or other court order.
- Any other child who is under age 26, and
 - for whom the employee is the legal guardian or custodian, and
 - who resides in the employee's home, and
 - who is claimed as a tax dependent on the employee's federal income tax return.

A spouse/partner who is divorced from you is not eligible for coverage under the Plan. If you have an eligible dependent who is also an RIT employee, he or she may be covered either as an employee or as a dependent, but not both.

You Need to Enroll

Coverage under the Identity Theft Protection benefit is not automatic for new hires; you need to complete an enrollment form for coverage to take effect. On the form you indicate your election of coverage as well as what family members you would like to cover.

It is important for you to return the completed enrollment form within 31 days after you first become eligible for coverage. If you wait beyond 31 days to enroll, you will not have another opportunity to enroll until the Plan's next open enrollment.

Proof of Eligibility for Family Members

RIT has a family member verification (FMV) process to ensure that only those people who are eligible for benefits are covered and that the proper tax status is applied. It is important that RIT and employees are spending money as intended and that required taxes are paid.

The process is a simple one; copies of the eligibility verification documents only need to be provided once for an individual regardless of future benefit plan enrollments (e.g., if you cover your spouse only under dental and later add your spouse to your medical coverage, you will not need to provide another copy of the verification document).

Generally, the approved documents are a marriage certificate for a spouse and a birth certificate for a child; refer to the benefits page of the HR website for more details on accepted documents. Copies of verification documents should be provided as follows:

New hires: a new employee must provide the eligibility verification documents before family members can be added to the various benefits coverage.

Mid-Year Changes: generally, the employee must provide the eligibility verification documents before family members can be added to the various benefits coverage. In the case where the document is not available (e.g., birth certificate for a new baby), the family member will be added to the coverage but the employee must provide the required proof within 30 days, otherwise, coverage will be cancelled for the family member.

Open Enrollment Changes: the employee must provide eligibility verification documents by the end of the open enrollment period for any family members added to the coverage. If the documentation is not provided, the open enrollment change will not be processed and the family member will not be added to the coverage effective January 1.

Open Enrollment

You have the opportunity once each year – effective as of January 1 - to make a change in your Identity Theft Protection election. You can enroll in or cancel coverage or change your coverage (i.e., cancel coverage for your spouse). If you do *not* make a change during an open enrollment period, you will have to wait until the next open enrollment period to make a change unless you experience a qualified change in status that permits changes in your election, as described in the next section.

Election Changes During the Plan Year

In general, once you have enrolled in the Plan, you cannot change your elections or withdraw from the Plan until the beginning of the next plan year. However, you may be able to make mid-year election changes if you meet certain criteria, as explained below. Your requested election change must be consistent with the reason for the change. For example, it would be consistent for an employee with individual coverage who gets married to change the coverage to add the new spouse. Changes must be made within 31 days of the event that gives you the right to make a new election. Human Resources will require you to submit certain documentation related to your reason for making a mid-year election change. New elections will become effective on the qualifying event date.

Your benefit elections may be changed – consistent with the event - to reflect the following events:

1. Qualified Change in Status

The following events constitute a qualified change in status:

- a change in legal marital status: for example, a marriage or divorce
- a change in the number of dependents: for example, the birth of a child, an adoption, a death, and so on
- a change in a dependent's eligibility: for example, a child reaches the maximum age under a medical plan

2. Change in Employment Status

The following events constitute a change in employment status where they affect you or your spouse or child:

- termination of employment
- commencement of employment
- commencement or return from an unpaid leave of absence
- change in employment classification that makes the person either eligible or ineligible to participate in a plan (for example, a change from full-time to part-time status, or the reverse, if such a change affects one's eligibility to participate in a plan).

Who Pays For This Protection

This is a voluntary plan, with the employee paying the full premium by after-tax payroll deduction. However, if your elections are too high to be deducted from your pay, we will set you up for billing by our outside billing administrator. Your cost will be based on the level of coverage you choose.

Contribution rates for the coverage are provided annually by the Human Resources Department. These rates are subject to change. You will be notified in the event of any change in rates.

Since RIT is offering this program as a voluntary employee benefit, there is a group discount off the amount you would pay if you purchased the coverage directly from them. In addition, you have the advantage of payroll deduction with RIT. The program RIT offers is called UltraSecure. If you elect to cover yourself and one other person age 18 and older, you will be eligible for the free ChildWatch protection for all your children under age

18. If you are not covering anyone else age 18 and older, you can still have the ChildWatch protection but there will be a cost to you.

What the Identity Theft Protection Benefit Covers

The coverage from IdentityForce is very comprehensive. There are three main categories: Prevention, Detection, and Restoration. The following is a summary of the many services.

Prevention

Fraud Monitoring

Consumers are notified within seconds when their identity is being used to apply for a new credit card, wireless, retail, utility, check reorder, mortgage loan and auto loan applications. Gives consumers the power to stop fraud attempts rather than having to react after the damage is already done.

Online Protection Tools

Anti-phishing and anti-keylogging software protect you while shopping, banking and sharing online. Proactively prevents malware from stealing sensitive data such as username, password, credit card number, bank account details or other sensitive data that you type on your keyboard. Protects every keystroke as you enter it, and detects dangerous fake sites to prevent phishing attacks.

Identity Threat Alerts

Get alerts when your personal information is at increased risk due to data breaches.

Fraud Alert Reminders

Help place fraud alerts on your credit file if your identity is at risk to prevent identity thieves from opening new lines of credit in your name. Sends alerts every 90 days to remind you to reset your fraud alert.

Detection

Identity Monitoring

Continuously scours thousands of websites, chat rooms, blogs and other data sources to detect illegal trading and selling of your personal information. Scans for your personal information including social security number, phone number, email addresses, bank account and routing numbers, credit and debit card numbers and medical identification numbers.

Identity Health Score

Measures your risk of identity theft and provides tips on how to reduce your risk. Your identity score is a number that predicts the likelihood of becoming a victim of identity theft.

DeleteNow

Scans the internet and provides a detailed report of your personal information which has been made public. Easily delete your information that violates your privacy or is inaccurate. Receive alerts when your personal information appears on the web whether you put it there or not.

Change of Address Monitoring

Monitors and alerts you if your mail has been redirected through USPS without your authorization. When criminals commit fraud they typically change the physical address to gain access to mail, bills, credit card statements and other financial documents.

Court Record Monitoring

Continuously search millions of criminal and court records to determine if your identity has been used by any unauthorized individuals.

Sex Offender Report & Monitoring

In-depth search of sex offender registries to determine if a sex offender fraudulently used your personal data as their registration information. Alerts you if registered sex offenders are living in your neighborhood or move into your neighborhood.

Pay Day Loan Monitoring

Immediately alert you to any payday or quick cash loans that were obtained using your social security number.

Medical ID Fraud Protection

Help review your medical benefits statements to ensure that you and your family are the only ones using your medical benefits.

Junk Mail Opt-Out

Removes your name from the most frequently used marketing databases and stops pre-approved credit card offers.

Credit

Credit Report

Free annual credit report.

Restoration

Lost Wallet Assistance

Quickly cancel and replace credit, debit and ATM cards if your wallet is lost or stolen.

Identity Restoration Specialists

Complete, comprehensive recovery services from Certified Protection Experts available 24/7. Specialists do not just assist the consumer with identity restoration, they save the consumer hundreds of hours by completing all the paperwork, making calls and doing all the heavy lifting to make sure the consumer's identity is restored.

\$1 Million Identity Theft Insurance

Recover out-of-pocket expenses and up to \$5,000 in lost wages when your identity is stolen.

ChildWatch

ChildWatch is available for children under the age of 18 if you purchase a policy. In the event of suspicious activity, your child's alerts and messages are sent directly to your own identity protection dashboard, so you can view all alerts in one place. The ChildWatch benefits include the following:

- Thorough and ongoing identity monitoring
- Fraud monitoring
- An identity restoration specialist
- \$1 million in identity theft insurance

When Coverage Ends

Your coverage ends the last day of the month in which

- Your employment ends*;
- Your employment ends under the RIT Severance Plan (coverage does not continue during the severance period);
- You retire; if you are eligible for retiree coverage, coverage can continue under the retiree plan;
- You no longer meet the Plan's eligibility requirements; this includes transfer to an employment category that is not eligible for coverage under the Plan, such as adjunct employee;
- You stop making required contributions;
- You die; or
- RIT discontinues the Plan.

* *Special Note for 9-month faculty:*

- *Coverage will end on June 30 for a faculty member on a 9-month contract, provided that the faculty member works until the end of the contract period, and the contract is not being renewed for the following academic year;*
- *Coverage for a faculty member on a 9-month contract will continue during the summer between the two academic years, provided that the contract is being renewed for the following academic year.*

Generally, your dependent's coverage ends when your coverage ends. However, a dependent's coverage also will end on the last day of the month in which he or she no longer meets the Plan's eligibility requirements.

Coverage May Be Continued

In certain circumstances, your coverage and that of your dependents may be continued beyond the date it normally would end. Coverage may continue as shown below, provided you make any required premium contributions.

- For a Personal Leave of Absence – Coverage may continue while on a personal leave of absence of up to four months. For leaves of absence beyond four months, coverage is not continued.
- For a Professional Leave of Absence (including sabbaticals)– Coverage is continued for up to two years while on an approved professional leave of absence, including a sabbatical.
- For Long-Term Disability – Coverage is continued during long term disability in the same manner as it was during active employment. Coverage will end when benefits under RIT's long term disability plan end.

Administrative Claim Procedures

Claims concerning eligibility, participation, contributions, or other aspects of the operation of the Plan should be in writing and directed to the Plan Administrator; this section does not apply to claims for benefits or services under the Plan. The Plan Administrator will generally notify you of its decision within 90 days after it receives your claim.

However, if the Plan Administrator determines that special circumstances require an extension of time to decide your claim, the Plan Administrator may obtain an additional 90 days to decide the claim. Before obtaining this extension, the Plan Administrator will notify you, in writing and before the end of the initial 90-day period, of the special circumstances requiring the extension and the date by which the Plan Administrator expects to render a decision.

If your claim is denied in whole or in part, the Plan Administrator will provide you with a written or electronic notice that explains the reason or reasons for the decision, including specific references to Plan provisions upon which the decision is based, a description of any additional material or information that might be helpful to decide the claim (including an explanation of why that information may be necessary), a description of the appeals procedures and applicable filing deadlines and your right to bring an action under Section 502(a) of ERISA.

If you disagree with the decision reached by the Plan Administrator, you may submit a written appeal to the Plan Administrator requesting a review of the decision. Your written appeal must be submitted within 60 days of receiving the Plan Administrator's decision and should clearly state why you disagree with the Plan Administrator's decision. You may submit written comments, documents, records and other information relating to the claim even if such information was not submitted in connection with the initial claim for benefits. Additionally, upon request and free of charge, you may have reasonable access to and copies of all documents, records and other information relevant to the claim.

The Plan Administrator will generally decide your appeal within 60 days after it is received. However, if the Plan Administrator determines that special circumstances require an extension of time to decide the claim, it may obtain an additional 60 days to decide the claim. Before obtaining this extension, the Plan Administrator will notify you, in writing and before the end of the initial 60-day period, of the special circumstances requiring the extension and the date by which it expects to render a decision.

The Plan Administrator will provide you with written or electronic notice of its decision. In the case of an adverse decision, the notice will explain the reason or reasons for the decision, include specific references to Plan provisions upon which the decision is based, and indicate that you are entitled to, upon request and free of charge, reasonable access to and copies of documents, records, and other information relevant to the claim. Additionally, the notice will include a statement regarding your right to bring an action under Section 502(a) of ERISA. Generally, you must exhaust your internal administrative appeal rights before you can bring a legal action against the Plan. The Plan Administrator has full discretionary power to construe and interpret the Plan and its decisions are final and binding on all parties.