

September
2011
Issue 27

Voluntary Benefits Magazine

Official Magazine of the Voluntary Benefits Association

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EDITOR'S LETTER

Voluntary Benefits Agenda and Participant List Announced



This year we have worked extremely hard to totally redesign this years Voluntary Benefits and Employer Healthcare Congress conference. We stripped everything down to the shell, and gave it a complete upgrade from speakers and agenda topics, to new networking software, and excitingly, to a new city. We are going to Chicago, in a true convention center, and everyone is ecstatic for the conference to move to Chicagoland and to be centrally located in the United States.

The results have been amazing for us. The industry has seen the changes and spoken. Our attendance is up 93% compared to last year around this same time, and it keeps growing day by day. To View the 2011 List of Attendees, visit the conference website, voluntarybenefitsconference.com/list-of-participants.html Part of that, I believe, is our investment in bringing in some of the brightest and best keynotes possible. This is an area where we focused heavily and tried to get innovative keynotes that are well known experts. We searched for those who not only inspire, but provide key insight we all need to stay motivated and to succeed in our business, passions and personal lives.

All of our KeyNote speakers are outstanding, but I believe my favorite would have to be John Casey, Director of International Benefits for Google with his topic, Creating the Healthiest Employee in the World. Google is at the cutting edge of innovation and everything they do is usually inspiring and successful. I can't wait to see how they are changing the curve and making their employees healthier, more productive and lowering their costs.

I am very passionate about the power of social media. It is a very important topic for me to bring to the forefront for our attendees. Most of us know social media but don't really understand it or know how to use it effectively. Social Media is being used for everything today; even enrolling and educating employees for benefits programs.

I diligently searched and was able to get Mitch Joel, who Mashable.com (the top rated social media website out there), rated Mitch as one of the top social media experts in the world and his book, Six Pixels of Separation was rated one of the top 5 social media books to read. As most companies in US healthcare and benefits initiate their plans in social media, this will be an eye opening and critical session.

Our outside the box keynote speaker this year is Bill Rancic, Season 1 Winner of Donald Trump's The Apprentice. Bill competed on national television and is a true entrepreneur. We have brought Bill in specifically to discuss the challenges we are facing in the healthcare and insurance industry today and he will be teaching us the importance of becoming "adaptable." Adaptability is critical for all of us to survive, and I couldn't imagine a more important topic for us to be addressing, especially in the face of all the changes and obstacles our industries are facing with PPACA and the economy.

This year we are also adding in Global Benefits and have some of the largest multinational employers and insurance companies presenting on the growing trend of international benefits and providing case studies to attendees.

We have put a lot of effort into our Employer VIP program and even upgraded it to include agents and Third Party Administrators. There have been so many requests for VIP Passes, sometimes it can be difficult to manage! Attendees will see a major difference in the number of employers, agents and TPA's coming this year that qualified for our complementary passes and other benefits.

I really want to thank everyone who has made our magazines and the conference so successful. More importantly, you have helped us accomplish in just three years what many of our competitors who have

Jonathan Edelheit
President
Employer Healthcare Congress
www.employerhealthcarecongress.com

EDITORIAL STAFF

EDITOR

Jonathan Edelheit
jon@employerhealthcarecongress.com

ASSISTANT EDITOR

Megan Chiarello

ADVERTISING SALES

info@voluntarybenefitsmagazine.com

GRAPHIC DESIGNER

Tercy U. Toussaint

For any questions regarding advertising, permissions/ reprints, or other general inquiries, please contact:

Megan Chiarello

ASSISTANT EDITOR

561.792.4418

PHONE

866.547.1639

FAX

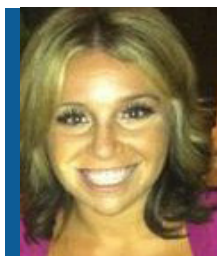
Info@voluntarybenefitsmagazine.com

E-MAIL

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ASSISTANT EDITOR'S LETTER

Never Resting on Our Laurels



If you can recall Jonathan Edelheit's Editorial published in the February issue of Self Funding Magazine, he pressed the topic of the 2010 Patient Protection and Affordable Care Act and the impending changes that the Act will mandate for employers in 2014.

These substantial changes made me question their power and present this notion... While we can't stop the change from happening, we can control one thing. The change in ourselves.

With our current United States healthcare system weighted heavily on employer based private healthcare insurance, the change around the corner will have a profound effect on the employers that provide healthcare and the employees that rely on their benefits.

The PPACA will mandate that employers with at least 50 employees would be required to provide health insurance to those that put in full time hours on the clock. But even with the changes under the PPACA, a recent study published by Deloitte stated that we still have over 50 million Americans under 65 without health insurance.

So, while the PPACA is attempting to protect those individuals over 65 and receiving Medicare, what is the future for employees still in the workplace well into their early 60's? Most importantly, how will this affect the coverage that employers will offer ALL of their employees?

The moral of "never resting on our laurels" is simple. Now, more than ever, education and preparation for the unknown is essential. The greatest investment you can make is in yourself.

In October, the Employer Healthcare Congress will include Certification Workshops for our Voluntary Benefits Conference, Corporate Wellness Conference and National Healthcare Reform Conference.

The workshops are designed to give you the cutting edge knowledge you need to be up-to-date on the trends and changes in your industry, as well as provide you the necessary tools to adapt to those changes. Led by experts in their respective fields, the Certification Workshops are an exceptional value to all of our conference participants.

We feel strongly about the professionals heading into unknown waters in the Employer Healthcare Industry. Our workshops are intended to empower you for what is ahead and build up your professional portfolio.

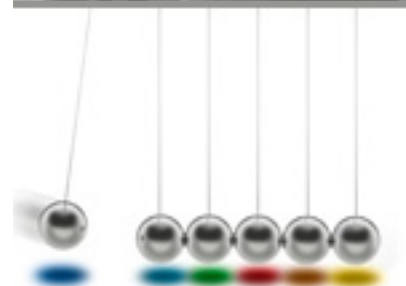
Let's be candid; we can't know exactly what will happen down that open road called life. One thing is for certain. We can control how we adapt and grow to be ready for all those bumps and forks to the destination.

A handwritten signature in black ink that reads "Megan Chiarello".

Megan Chiarello

Assistant Editor

Megan@VoluntaryBenefitsMagazine.com



SIX PIXELS OF SEPARATION

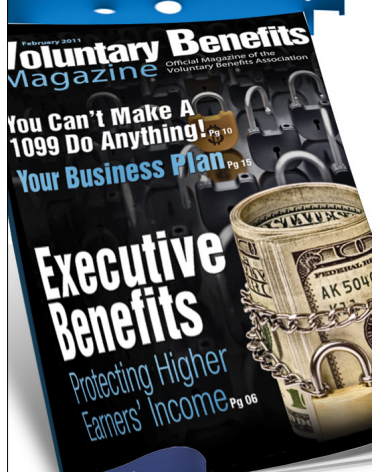
Everyone Is Connected.
Connect Your Business
to Everyone.

MITCH JOEL
PRESIDENT OF TWIST IMAGE



The Voluntary Benefits Conference is the only conference that provides
a voice to employers,

the ultimate purchasers and buyers of voluntary benefits.



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US ON:**





2011 KEYNOTE SPEAKERS

BILL RANCIC AND DR. CECIL B. WILSON

OCTOBER 26TH-28TH 2011
CHICAGO, ILLINOIS



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"THE APPRENTICE"

DR. CECIL B. WILSON
PRESIDENT
AMERICAN MEDICAL ASSOCIATION



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OF TWIST IMAGE
"6 PIXELS OF SEPARATION"



JOHN CASEY
DIRECTOR OF
INTERNATIONAL
BENEFITS
GOOGLE INC.





Benefits That Really Matter: What Females Want

By Carrie Strigham



A shift is taking place in workplaces across America. Women are repositioning their careers in and in the process, are looking for something different. Do you offer the benefits that they want?

A logical first step is to understand which benefits women, and many times men, want. To answer this question, I conducted research, a qualitative phenomenological study, in 2009. From this independent research, five major themes emerged. You can provide your employees with many of these benefits, often at little or no cost.

Concern for Family Responsibilities

Nearly a third of the women interviewed cited concern for family members as catalysts for job change. They wanted options that would allow them to tend to spouses, children, and parents. Approximately 25 percent of those expressing concern for family members would have stayed with a previous employer if more options had been available to them. Consider offering your employees time to address family needs. Workplace options that promote a balanced, healthy family life will also help you retain employees.

Desire for Increased Flexibility and Control

Nearly half of all women who left their positions expressed a desire for increased flexibility and more control over their work including their work schedule. Many employees are interested in compressed work weeks, flexible hours, and telecommuting options. Recently I spoke to a male employee in his late 20's. He was working late into the evening and I asked him if he was tired and wanted to go home. "No way!" he responded. "I get into my zone late into the day and my productivity spikes. I'd rather work tonight and be able to have Thursday morning off

to play golf. It's good for me and it's good for [the company]."

In addition to flexible work schedules, giving employees control over work assignments can also improve your ability to retain employees. If how the work completed is less important than the end product, consider giving your employees more freedom to determine the process they want to use to complete a task or work assignment.

Interest in Another Career

Twenty-five percent of the women interviewed cited interest in another career as reason for their exodus. Many of these women were ready for a major shift in their type of work so it is possible that employers would have had difficulties keeping these employees regardless of what they would have done. Still, this makes a case for allowing employees to move from one area to another or one job assignment to another. A move from production to marketing might be what keeps one employee engaged while an opportunity to learn a new skill might be enough for you to retain another. Cross-training also gives an organization more depth so everyone benefits.

Lack of Support

Nearly one quarter of the women interviewed cited lack of support as a determining factor when they decided to leave their positions. Often supervisory support was listed as a concern although in some cases support at home was listed as a concern. Providing employees with a supportive work environment where the employee feels valued can be the difference between a content employee and an employee who is not engaged.



The Business Environment

Dissatisfaction with the environment in their places of business caused at least 25 percent of the women interviewed to eventually leave their positions. Some of the women interviewed explained that desire for increased security played into their thought process regarding an exodus. Employees want to feel secure. Although employers may be limited in what they can offer employees in the way of security, increased communication and an overall sense of stability can assist employers with this endeavor.

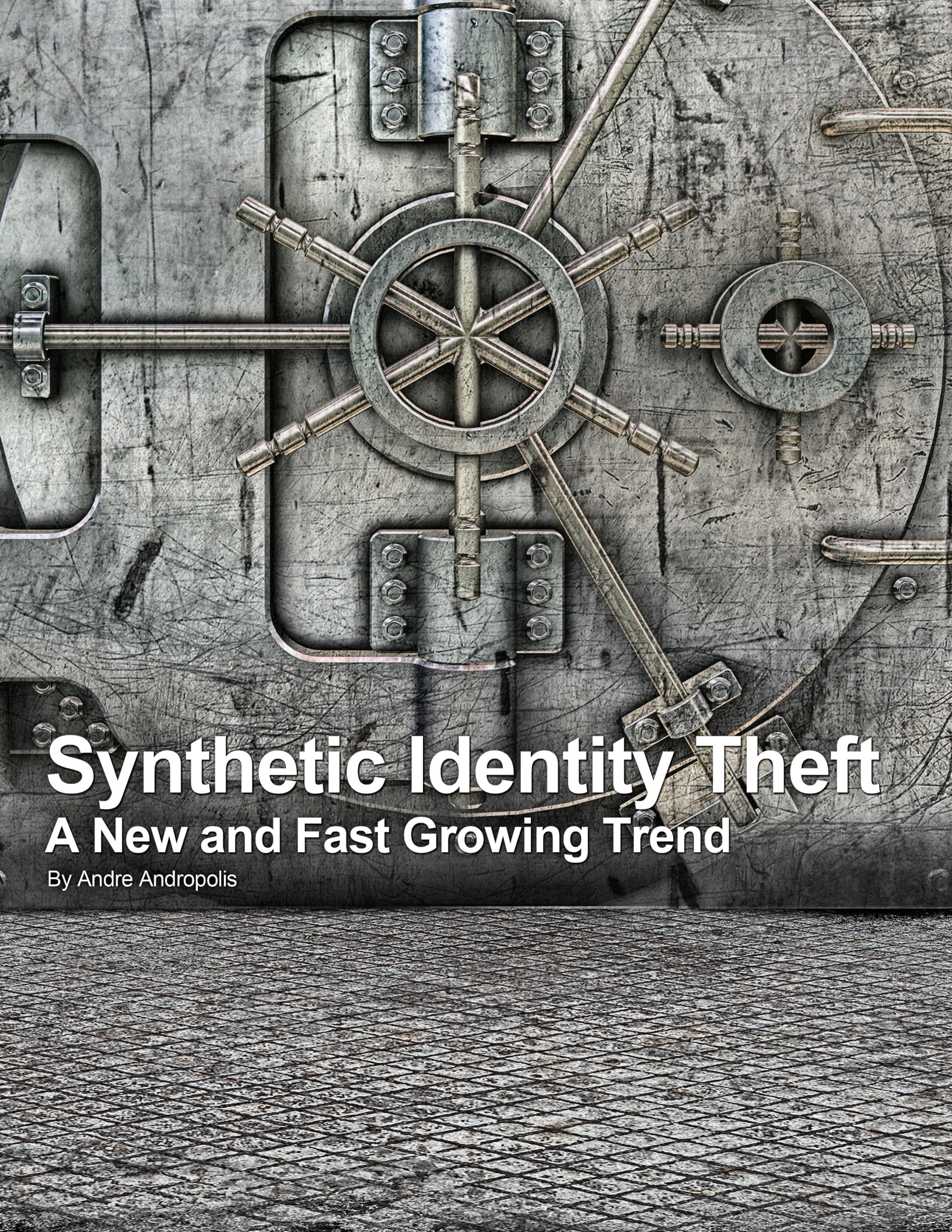
So what is the bottom line? Forty-five percent of those interviewed indicated there was something their employer could have done to make them stay. Forty-five percent – nearly half! What are you doing to make your employees want to stay?



About the Author

In addition to more than 20 years experience in leadership positions, Dr. Carrie Stringham has been teaching undergraduate and graduate courses in human resources for more than fifteen years. Carrie is a consultant and trainer in the areas of human resources, healthcare administration, and organizational leadership and can be reached at www.stringhamresources.com.





Synthetic Identity Theft

A New and Fast Growing Trend

By Andre Andropolis

Synthetic identity theft is the latest threat in the fight against identity theft. Synthetic identity theft occurs when a thief uses a real social security number along with a birth date and address not associated with the owner of the social security number. In other words, the thief will use pieces of data from a variety of people and combine them to establish a fictitious new identity. The combination of real and fake information is more difficult to detect because it doesn't directly show up in the victim's credit files. This fictitious new identity could show up as a new credit bureau entry or in a subsection of the victim's credit files.

In 2009, there were 11.1 million victims of identity theft at a cost of \$54 billion. In 2002, synthetic identity theft started to surpass "real name" identity theft. Over 80 percent of fraud related activity is attributed to synthetic identity theft. This type of identity theft is not reported as often because there is no clear victim and creditors will eventually have to write off the losses. Experts estimate that synthetic identity theft is responsible for roughly 80 percent of credit card fraud and 20 percent of credit charge offs by businesses.

As previously mentioned, synthetic identity fraud can go undetected because inaccurate information is very often stored in separate but linked credit files with the credit bureaus. Consumers usually don't learn that their identities have been stolen until they start getting collection calls or letters or start receiving past due tax bills. If the consumer isn't receiving their normal statements in the mail, there's a good chance that the thief has changed the consumer's mailing address without their knowledge.

If you happen to be turned down for credit, take a few minutes to read the letter of denial from

the creditor. You might learn the information the creditor was using was not associated with your own credit file. If you find yourself in this situation, you need to take action immediately and call your creditors. It might be a mistake on the creditor's part but in many situations it could be due to synthetic identity theft or identity theft.

Recognizing Synthetic Identity Theft

Many experts have a different opinion when it relates to the impact that financial fraud has on the victim's credit reports. For example, if a thief uses your Social Security number to get \$7000.00 of credit but doesn't use your address with it, it's very likely that this won't show up in any of your credit files.

- * To catch this early, it's vital that you check your credit files regularly.
- * Review your Social Security statements. Make sure that your statement has your income listed correctly.
- * If you start receiving numerous pieces of mail in another person's name, this could be a RED FLAG that you're a victim of synthetic identity theft.

Where synthetic identity theft gets scary is when your Social Security number ends up in the types of databases or files that are designed to flag criminals. If the police run a background check on you and your number shows up, you could be accused of the crime. Even if there's a different name attached to your social security number, this won't necessarily prove you're innocent. What happens next is that you would be accused of using an alias to commit the synthetic identity theft. Now that you have a criminal record, you'll face a new set of problems; being turned down for a job, being fired from your current job, receiving a loan or insurance denial, etc....

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Tips for protecting your identity and credit:

1. There are valid reasons why you could be asked for your social security number: Your employer or financial institution may need it for tax and wage reasons - it's necessary whenever a credit check is required. Don't give your social security number, mother's maiden name or account numbers to strangers who contact you, especially by phone, mail or online. Your social security number is the single most important part of your personal information thieves can use to steal your identity and ruin your credit.
2. Keep track of the dates your bills or credit card statements should arrive. If they don't arrive on time, call the creditor to make sure a thief hasn't changed your address.
3. Protect your mail. Don't leave outgoing mail in your mailbox. Take it to the post office or set-up a P.O. Box. Remove mail after it has been delivered. If you're planning to be away from home, call the post office to request a vacation hold.
4. Put passwords on your credit card and banking accounts. Try to avoid using information like your mother's name, your birth date, the last four digits of your social security number or your phone number.
5. Don't carry your social security card with you. Leave it in a secure place at home. Give the number out only when necessary. Try to use other types of ID when possible. Don't carry credit cards you don't need. Many people carry multiple credit cards but only use one or two.

6. Remove personal information from old computers. If you delete sensitive files by using your keyboard or mouse, the files could stay on your computer's hard drive where they can easily be retrieved. To make sure your files are unrecoverable, use a "wipe" utility program to overwrite the entire hard drive. If you keep business, medical, or personal financial information on disks, simply deleting it isn't enough to protect the data when disposing of the equipment. Besides identity theft, data loss may leave you or your company liable under federal laws such as HIPAA, Sarbanes-Oxley, Graham-Leach-Bliley or other state laws. Criminal penalties include fines and prison terms up to 20 years, not to mention the civil suits that can result.
7. Tear or shred charge receipts, copies of credit applications, insurance forms, physician statements, bank checks and statements, credit offers and any tax or bank documents that you throw away. Investing in a cross-cut paper shredder would one of the best investments you can make. Cross-cut shredders provide more security by cutting paper vertically and horizontally into confetti-like pieces. The trade-off is these shredders may require more maintenance and generally cost more. With patience, someone could reconstruct any shredded document if you have a regular paper shredder. Cross-cut shredders just make the job of reconstructing documents much more difficult for thieves.
8. Be careful online. Before making any purchases online, look for an "icon" of a "lock" in the lower right-hand corner of your browser window.

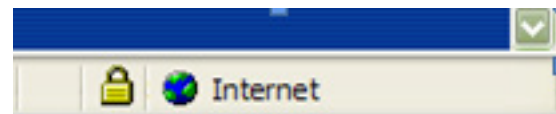
How can I tell if a web page is secured?

There are two general indications of a secured web page:

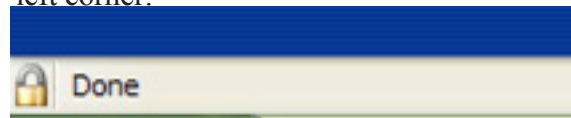
- Check the web page URL. Normally, when browsing the web, the URLs (web page addresses) begin with the letters "http". However, over a secure connection the address displayed should begin with "https" - note the "s" at the end.

Try it! - Visit our home page (<http://www.ssl.com>). Note the URL begins with the "http" meaning this page is not secure. Click the link in the upper-right hand corner to "Log in". Notice the change in the URL? It now begins with "https", meaning the user name and password typed in will be encrypted before sent to our server.

- Check for the "Lock" icon. There is a de facto standard among web browsers to display a "lock" icon somewhere in the window of the browser (NOT in the web page display area!) For example, Microsoft Internet Explorer displays the lock icon in the lower-right of the browser window:



As another example, Mozilla's FireFox Web Browser displays the lock icon in the lower-left corner:





THE LOCK ICON IS NOT JUST A PICTURE!

Click (or double-click) on it to see details of the site's security. This is important to know because some fraudulent web sites are built with a bar at the bottom of the web page to imitate the lock icon of your browser! Therefore it is necessary to test the functionality built into this lock icon. Furthermore, it is very important to **KNOW YOUR BROWSER!** Check your browser's help file or contact the makers of your browser software if you are unsure how to use this functionality.

Don't put your trash out until the day they pick it up. People that put their trash out on the street a day or two in advance are inviting anyone that walks down the street to rip open a few top bags just to see what's there.

10. If you want to inspect your credit report, order a free copy from each of the three major consumer reporting agencies at www.annualcreditreport.com - Fight identity theft by monitoring and reviewing your credit report. You may request your free credit report online, request your credit report by phone or request your report through the mail. Free credit reports requested online are viewable immediately upon authentication of identity. Free credit reports requested by phone or mail will be processed within 15 days of receiving your request.

To Request your Credit Report by Mail:

- Download the request form (You need an Adobe viewer to view the requested form.) Print and complete the form
- Mail the completed form to:



**Annual Credit Report Request Service
P.O. Box 105281 Atlanta, GA 30348-5281**

Your reports will be mailed to you within 15 days. Please, allow 2-3 weeks for delivery.

To Request your Credit Report by Phone:

- Call 1-877-322-8228
- You will go through a simple verification process over the phone.

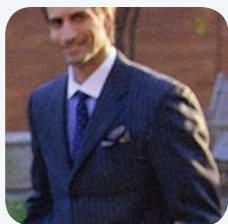
Your reports will be mailed to you within 15 days. Please, allow 2-3 weeks for delivery.

Choose an identity theft program and legal service plan that work together, because identity theft is first and foremost a legal issue:

Choose a comprehensive identity theft program with a legal service plan that complements it. Make sure that the identity theft provider you choose are experts in handling the six types of identity theft that you might face one day: Synthetic, Driver's License, Social Security, Medical, Criminal or Character and Financial Identity Theft. If someone's a victim of identity theft, they're going to need to get an attorney involved because identity theft is first and

foremost a legal issue. When the rubber meets the road, most identity theft providers will send a kit in the mail when you become a victim of identity theft. Getting a kit in the mail means that you'll be making all the calls and doing all the footwork. Identity Theft is the fastest growing crime in North America.

The Federal Trade Commission(FTC) estimates that there are 9 million victims of fraud each year. There were 11.1 million victims of identity theft in 2009 alone. The average time it takes an individual to resolve an identity theft situation on their own is 55 to 130 hours and between \$1200.00 and \$5000.00 in out-of-pocket expenses to resolve. Look for a company that is a true leader in the risk consulting industry with licensed, experienced professionals and a proven identity theft product. There is no way to stop identity theft but you can minimize your risk. The way to minimize your risk is by choosing an identity theft plan that offers 24/7 credit monitoring and a plan that provides "full restoration" services should your identity be stolen. Make sure the legal service plan also offers 24/7 nationwide emergency access to legal counsel as well. If you have children, make sure that the identity theft program you choose provides 24/7 monitoring for the existence of credit files as well as full restoration services.



About the Author

Andre' Andropolis is an Independent Associate and Group Benefit Specialist with Pre-Paid Legal Services, Inc., and subsidiaries.(PPLSI) He

operates his business from Milwaukee, WI. The Life Events Legal Plan and the Identity Theft Shield are available to individuals and families. These plans can also be offered as a voluntary benefit to your employees. With all the challenges this economy brings, employees are voluntarily signing up for our services more than ever. Today, a lot of people are faced with new issues that the advice and help of an attorney can solve and if we can help your employees, that in turn helps your company. We have a unique employee benefit that helps reduce absenteeism, reduce stress on the job, makes your employees more productive and increases your bottom line. For more information, please contact Andre' at 877-400-6693 or visit his website at: www.prepaidlegal.com/hub/andrej



Partnering with Employee Benefit Brokers A Case Study

By Peter Molnar

Business changes day to day. In sales we need to be nimble and creative in how we develop and nurture our business relationships. When selling a niche product, it's even more important to have strong and lasting strategic partner relationships – adding continuous value and service.

Having been in the long term care insurance business for over 10 years, I've developed a lot of strategic partnerships with financial advisors, employee benefit brokers, attorneys and other insurance professionals. My relationships with employee benefit brokers and independent financial

advisors have been the most productive. These professionals have relationships with employers and they know the decision makers – the people who control the budgets for benefits and other corporate expenditures. I have found that it is much easier to develop relationships with these trusted advisors rather than try to gain access directly to the employer. As a specialist, you can bring expertise to the relationship that might otherwise be unavailable to the employer – and the employee benefit broker or financial advisor.

Consider the case of a law firm with 500 attorneys, paralegals and staff. I had called on this law firm



several years in a row in my regular business cold calling when the annual “Book of Lists” was published. It was difficult to get through the gatekeeper, let alone reach the managing partner. Further, the managing partner doesn’t make all of the decisions on her own – there is a committee made up of several equity partners within the firm and they consider new items on a quarterly basis. I would never have known all this had I not had a relationship with an employee benefit broker, Larry, who had provided other benefits for the firm in the past. He had a relationship that spanned 15 years and began on the golf course.

Larry had life insurance, the company 401k plan, and short and long term disability in place for the law firm. As his long term care specialist, a product that he had never sold, I was the expert that he could confidently bring in to present this niche product that other carriers had been pitching to this law firm for years. The relationship got me in the door and instant credibility with the decision making committee. However, that didn’t mean an instant close - I

still had to educate the decision makers, create the need and show them why LTCi is a critical benefit to attract, retain and reward top attorneys and staff. We also had to convince the employer that it was a good move to contribute premium for employees, even if it was just a few dollars per month for a base plan.

Larry made the introduction and our initial appointment was with the committee of attorneys who decide on new employee benefits. The case was a complicated one as there were several classes of employees and after our initial meeting, the committee believed enough in the importance of long term care that they wanted all employees to have a base plan. The committee decided to make premium contributions based on employee class. There were 50 equity partners, 100 non-equity partners and 250 paralegals and staff. The equity partners received \$100 per month contribution, non-equity partners \$50 per month and all other staff received \$10 per month toward a long term care plan.

Once this decision was made, we proceeded to create a timeline for educating the entire firm on the issues surrounding long term care. Just

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- Simplified Issue up to \$50,000
- Re-occurrence Benefit
- **Mortgage Protection Rider Available**
- **Great Commission**
- Personalized Marketing Support
that lets you focus on selling
- Online Systems to Help You 24/7
- And Much More

because the firm was paying for a base plan, didn't mean we could skip any of the critical steps in educating the workforce. We scheduled several educational workshops and all employees were required to attend at least one session. Spouses, significant others and family were also invited to attend the educational programs.

After the sessions, individual consultations were arranged in order to design specialized long term care plans for each employee. The final outcome was a total of 500 applications – a combination of employees and spouses and an extremely happy benefit broker. Larry had very little involvement after the first couple appointments. He did not have to meet with individual employees and fill out paperwork, nor did he have to field questions about product or service. Once the client and Larry were comfortable that everything was moving along smoothly, he stepped away and began work on setting up our next appointment.

My decision to begin partnering with employee benefit brokers(EBB's) was a good one. Larry has over 200 clients, some small business owners while others have employees ranging from 200 to 1000. We began scheduling initial appointments to introduce long term care insurance as an employee benefit. The introduction from Larry was key - everyone agreed that learning about long term care is important and agreed to an appointment. We closed a high percentage of the cases we saw - not all were employer paid, but many chose to contribute on behalf of their employees to encourage participation. The decision makers believe in the product and the protection LTCi affords their employees.

Larry also realizes that working with a specialist gives him a competitive edge amongst other advisors. He is regarded as forward thinking and highly valued by his clients because he is willing to seek out someone who knows more about niche product and add that value to his product offering. He also realizes that had he not brought this product to his clients, eventually, someone else would.

About the Author



Peter L. Molnar is a personal financial coach, LTC planning specialist and leader of Molnar Financial Group. Peter holds a bachelor's degree in

International Affairs from George Washington University. He has over 15 years experience with long term care issues and is active in multiple community organizations. He served 22 years in the US Marine Corps as an officer and pilot and is a veteran of the Persian Gulf War.

Molnar Financial Group is a financial services company headquartered in Margaretville, New York and a recognized leader in Long Term Care insurance planning. MFG's relationship with Long Term Care Financial Partners, an industry leader in LTC education and outreach, allows MFG the ability to provide individuals and businesses with informed and viable solutions to this growing area of concern.



Pink Slips or Green Backs?

By Mark Roberts

Many business owners are focused on the bottom line. Are they going to make a profit? Will their company still be in business this time next year? Will the employee base be increased, or is the HR Director loading more pink paper into the printer? These questions and more are faced each day by executives, and CEOs and their managers better know the answers. Or at least, they should be aware of the consequences and have solutions to fix the problems.

Business owners should also know what their employees need and want to keep them employed when it comes to benefits. Key to this is having great communication with workers and your support staff. Also, being aware of new services in the benefits world helps employers to evaluate potential savings for health care. Voluntary benefits serve a critical role in the mix when it comes to analyzing, planning, and implementing a plan that not only keeps your employees healthy, but also aids in keeping your company in sound financial shape.

Everyone, and every business, is looking at how to reduce costs. Cutting costs may be a concern in the current economy, but as businesses start to recover they will need to attract and keep talented employees. One solution is to offer voluntary benefits along with a medical plan. Voluntary plans can enhance a benefits package without adding cost to the employer and still offer employees highly valued benefits.

Paying for a full range of employee benefits may not be feasible or appropriate for your company. Voluntary benefits are simply additional benefits available to your employees on a voluntary basis. A variety of coverage can be added to your plan including dental, short and long-term disability, life insurance, and long-term care. Voluntary benefits provide many advantages to both you and your employees. Employees

can still purchase benefits they need and save money on premiums as compared to purchasing individual coverage.

In 2009, the American Journal of Medicine reported that nearly 62 percent of all bankruptcies in 2007 were caused by medical expenses, and 75 percent of those who declared medical bankruptcy reported having health insurance. Even with health coverage, many employees quickly deplete their savings and file for bankruptcy when battling disease or debilitating trauma. They don't have enough money saved to pay deductibles and co-payments, and their earnings decrease as their daily living and medical expenses increase. Plus, as much as two-thirds of all costs related to critical illnesses and accidents are non-medical, including transportation to and from treatment, medically necessary renovations to a home or family lodging and meals purchased during an individual's hospital stay, according to Agent's Sales Journal.

There's even more value for employers: With voluntary benefits, employers can offer more coverage to their employees without the added expense of the benefits themselves, or of additional payroll taxes. And instead of basing rates on employer contributions, rates can be based on participation — the more employees enroll in the program, the less premium each employee pays. It's pretty simple math, and it can help employees stay more protected both physically and financially.

Also, employees can pay for their voluntary benefits through payroll deduction and elect to run qualified premiums through your flex plan to save money, such as a Flexible Spending Account (FSA). Offering voluntary benefits serves you well, too. You can reduce your employee benefits costs and provide valuable benefits to your employees. Plus, by offering a flex plan to help employees pay for voluntary

benefits, you will reduce your social security and Federal unemployment tax costs.

Another option is available if your company offers major medical coverage with a high deductible plan combined with a Health Savings Account (HSA). Employees save money with lower premiums, and they use pre-tax money to pay for medical expenses. Plus, HSAs don't have a "use it or lose it" clause. Those monies can be rolled over and can be invested. Make sure you talk with your tax counsel before making any major moves, but this type of health care arrangement saves you and your employees money. They just need a little education on how it all works and to boost their comfort level on HDHP plans.

Additionally, your employees can save even more money by combining these financial vehicles with discount dental and health plans. Typically very inexpensive, a discount plan functions as a membership and provides access to immediate savings with participating network providers—savings of 20 to 60 percent are realistic. Employees can use them together and stretch their money sometimes twice as far as they normally would when paying out of pocket for medical expenses.

Companies like United, Careington and Aetna have great discount dental plans. Considering dental is the number one requested benefit after medical, it makes sense to offer one of these to your employees for the following reasons:

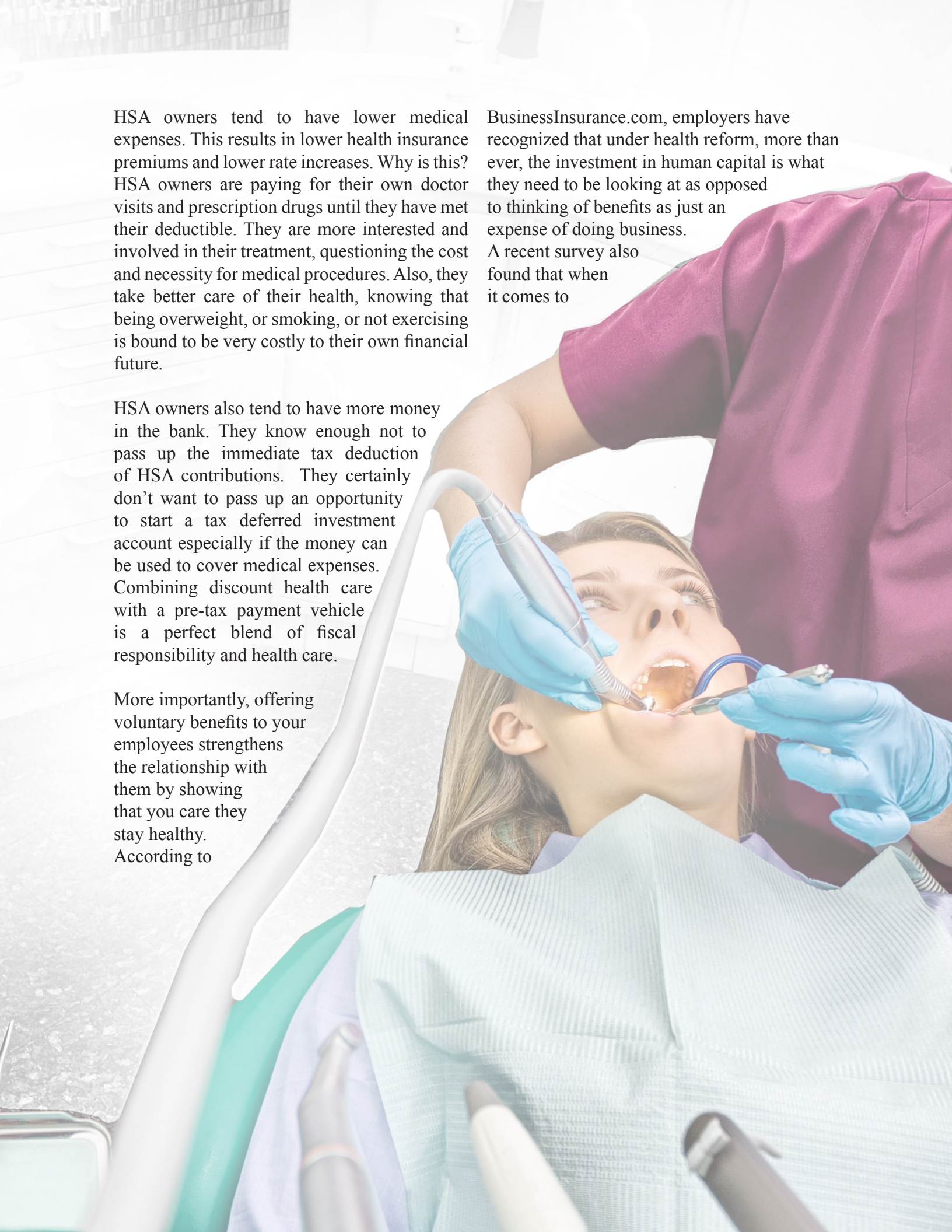
- Discount dental and health networks allow for members to access participating network providers with reduced fee services.
- Discount dental and health networks can be used by self-funded companies to reduce the cost of claims.
- Discount dental and health networks provide instant savings for health care services – stretching the HSA/HRA/FSA dollars.
- Members can use discount dental and health networks for qualified medical expenses.
- Employers can offer employees discount dental and health networks for additional health care savings – employees save on out of pocket expenses.
- Employees can have anyone in their household participate with the discount dental and health networks – even those who do not qualify as part of their health plan and HSA/HRA/FSA.
- Employees can participate on a voluntary basis, or on a non-voluntary basis with a “baked-in” suite of dental and health products.
- Retirees can use discount dental and health networks as part of an extended retirement package offered by employers.
- Employees that do not qualify for insurance can be offered discount dental and health networks—part time, ineligible, etc.
- Discount dental and health networks can be used nationwide when employees are traveling.
- Both Employers and employees save money when accessing discount dental and health networks.

HSA owners tend to have lower medical expenses. This results in lower health insurance premiums and lower rate increases. Why is this? HSA owners are paying for their own doctor visits and prescription drugs until they have met their deductible. They are more interested and involved in their treatment, questioning the cost and necessity for medical procedures. Also, they take better care of their health, knowing that being overweight, or smoking, or not exercising is bound to be very costly to their own financial future.

HSA owners also tend to have more money in the bank. They know enough not to pass up the immediate tax deduction of HSA contributions. They certainly don't want to pass up an opportunity to start a tax deferred investment account especially if the money can be used to cover medical expenses. Combining discount health care with a pre-tax payment vehicle is a perfect blend of fiscal responsibility and health care.

More importantly, offering voluntary benefits to your employees strengthens the relationship with them by showing that you care they stay healthy. According to

BusinessInsurance.com, employers have recognized that under health reform, more than ever, the investment in human capital is what they need to be looking at as opposed to thinking of benefits as just an expense of doing business. A recent survey also found that when it comes to

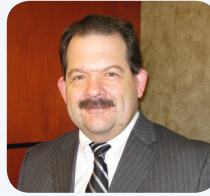




communicating information to employees, 52 percent are educating employees about how the PPACA affects their benefits; 36 percent are describing what they, as the employer, plan to do; and 35 percent are explaining to employees what's contained in the new health care law.

At the end of the day, business owners have two colors of paper to recognize—pink, for employee dismissal, and green for money in the bank. Certainly, when employees have to be let go because the company is losing money and can no longer afford to keep them, that's a painful scenario. It's tough on everyone. However, if the business is profitable, it can afford to expand and hire more workers. That's a green company. There are plenty of options. Choosing the right blend of health care services, insurance components and voluntary benefits for a comprehensive plan design helps employers focus on managing expenses, keeping great employees, offering great customer service, selling valuable products and staying in business.


About the Author



Mark Roberts' professional sales background includes 30 years of sales and marketing in the tax, insurance, and investment markets. Mark is a licensed life, health and accident insurance agent in all 50 states and DC, for insurance products, and discount health plans. He serves as Manager of National Accounts at Careington International (www.careington.com). Additionally, Mark has been writing a health care blog for the past 3 years, found at www.yourbesthealthcare.blogspot.com , which is a topical weblog about various health care issues. He also regularly contributes articles to magazines for both medical and dental topics both in the US and the UK. You can reach Mark at markr@careington.com.

MEDICARE SUPPLEMENT INSURANCE NOW A MUST-HAVE VOLUNTARY BENEFIT FOR AN AGING WORKFORCE

BY BRANDON TODD



In the U.S. today there are two factors at work--one demographic, one economic--that are making Medicare Supplement Insurance plans a must-have voluntary benefit.

First, with the Baby Boomers beginning to turn 65, HR departments are being challenged with an increasing number of aging employees. The Boomers, the generation born between 1946 and 1964, are in aggregate a phenomena with no historical precedence -- by 2030 there will 80 million Americans over the age of 65. To put that another way, 2.5 million people will blow out 162.5 million birthday candles this year and every 13 seconds for the next 20 years an American will turn 65 years old.

The second factor, the troubled economy, is causing more and more seniors to delay their retirement and continue working. A recent report (PDF) by the National Institute on Retirement Security puts it best:

“For decades, Americans had access to a strong “three-lane highway” to retirement--a traditional pension, Social Security and individual savings. As the first of some 78 million Baby Boomers begin to retire in 2011, they are speeding on a dangerous road full of potholes:

- “Fewer private sector employees have access to traditional pension plans. In 1975, a full 88 percent of private sector workers with a workplace retirement plan had pension coverage; by 2005, this number had dwindled to 33 percent.





- “What’s even more startling is that only 59 percent of Americans have access to any type of employer-sponsored retirement plan, and only 45 percent of employees participate in a retirement plan at all.
- “More than 80 percent of Americans believe that the recent economic downturn exposed the risks of America’s retirement system. Nearly three-quarters of Americans believe that stock market volatility makes it impossible for the average American to predict how much money they will have in their nest egg when they retire, underscoring the potential flaws of the current retirement system.”

While these problems may seem insurmountable, your employees can find solace in the Medicare Supplements and the extra coverage they provide. Right now seniors are scared. I know because over the past 27 years, my company has assisted hundreds of thousands of seniors through the Medicare maze and, in all that time, I’ve never seen such anxiety amongst our customers.

Our customers are asking questions like, “Will Congress increase the age of eligibility for Medicare to 67?” Or, “Could new federal budget plans require beneficiaries to pay higher premiums?”

But they’re taking comfort when they find out that if they purchase the right Medicare Supplement Plan (AKA Medigap), they can receive up to 100 percent coverage on doctor and hospital charges for life without ever worrying about networks, co-pays or deductibles. This is because Medicare Supplement Insurance covers the gaps in traditional Medicare, with no provider networks or restrictions.

Furthermore, Medicare Supplement Insurance is guaranteed renewable for life, with federal regulations in place to ensure guaranteed enrollment. This means it cannot be taken away from the customer as long as they continue to pay their premiums, regardless of the actions in Congress.

If you haven't crossed paths with Medicare Supplement Insurance while managing voluntary benefits for your company, you should take a look at these products. According to the Centers for Medicare and Medicaid,

"A Medigap policy (also called "Medicare Supplement Insurance") is private health insurance that is designed to supplement Original Medicare. This means it helps pay some of the health care costs ("gaps") that Original Medicare doesn't cover (like copayments, coinsurance, and deductibles). If you have Original Medicare and a Medigap policy, Medicare will pay its share of the Medicare approved amounts for covered health care costs. Then your Medigap policy pays its share. A Medigap policy is different from a Medicare Advantage Plan (like an HMO or PPO) because those plans are ways to get Medicare benefits, while a Medigap policy only supplements your Original Medicare benefits."

Beware of Medicare (Dis)Advantage Plans

As an HR professional, I'm certain you take pride in offering your employees voluntary benefits with the best quality/price ratio. If you like to be able to stand behind each product you make available, then you need to know the disadvantages of Medicare Advantage Plans.

Many misinformed or unscrupulous insurance agents are misleading seniors into believing that Medicare Advantage Plans, which contain co-pays, deductibles, co-insurance and provider networks, are the equivalent of traditional Medicare with a Medicare Supplement Plan.

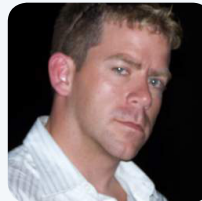
Buyer Beware.

- Medicare Advantage plans restrict access to many providers or you will be liable for 100 percent of the costs.

- Medicare Advantage plans do not have lower premiums -- though some salespeople try to compare the Medicare Advantage Premium to that of Your Medicare Supplement, the benefits are only required to be equivalent to Medicare alone. Therefore you sacrifice coverage, options and often pay higher premiums than with traditional Medicare.
- If you are on Medicare Advantage, you no longer can legally buy a Medicare Supplement.

Don't be misled, traditional Medicare by itself is better than a Medicare Advantage Plan and it allows you to purchase up to 100 percent Medicare Supplemental coverage. This gives you complete access to the world's best healthcare system here in America and with the future of Medicare uncertain, Medicare Supplements are still a safe haven.

About the Author



Brandon Todd is CEO of Insuraprise, Inc., DBA as Medigap360. Medigap360, a nationwide health insurance brokerage located in Austin, TX, serves Medicare recipients by providing online and agent-assisted shopping of multiple top-rated Medicare Supplement providers. Medigap360 is the only company that offers Medigap plans from the top insurance providers in all 50 states, with online pre-qualification and the ability to apply with or without the assistance of an agent. Medigap360 was recently named to the 2011 Inc. 500 list as the 190th fastest-growing private company in America. For more information, please visit www.medigap360.com.

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THE IMPORTANCE OF A COMPREHENSIVE LEGAL PLAN

BY DONALD A. ROWE

The list of incremental professional services required to solve a single legal issue can be extensive, often requiring months or years to resolve, and at great expense. Legal and related matters can take a heavy toll on people's lives; this includes their personal relationships, workplace productivity, financial stability, medical health and mental health.

Distractions during the workday such as negotiating with a soon-to-be ex-spouse, calls from collection agencies, copying and scanning personal documents, calling and faxing banks, and many other such

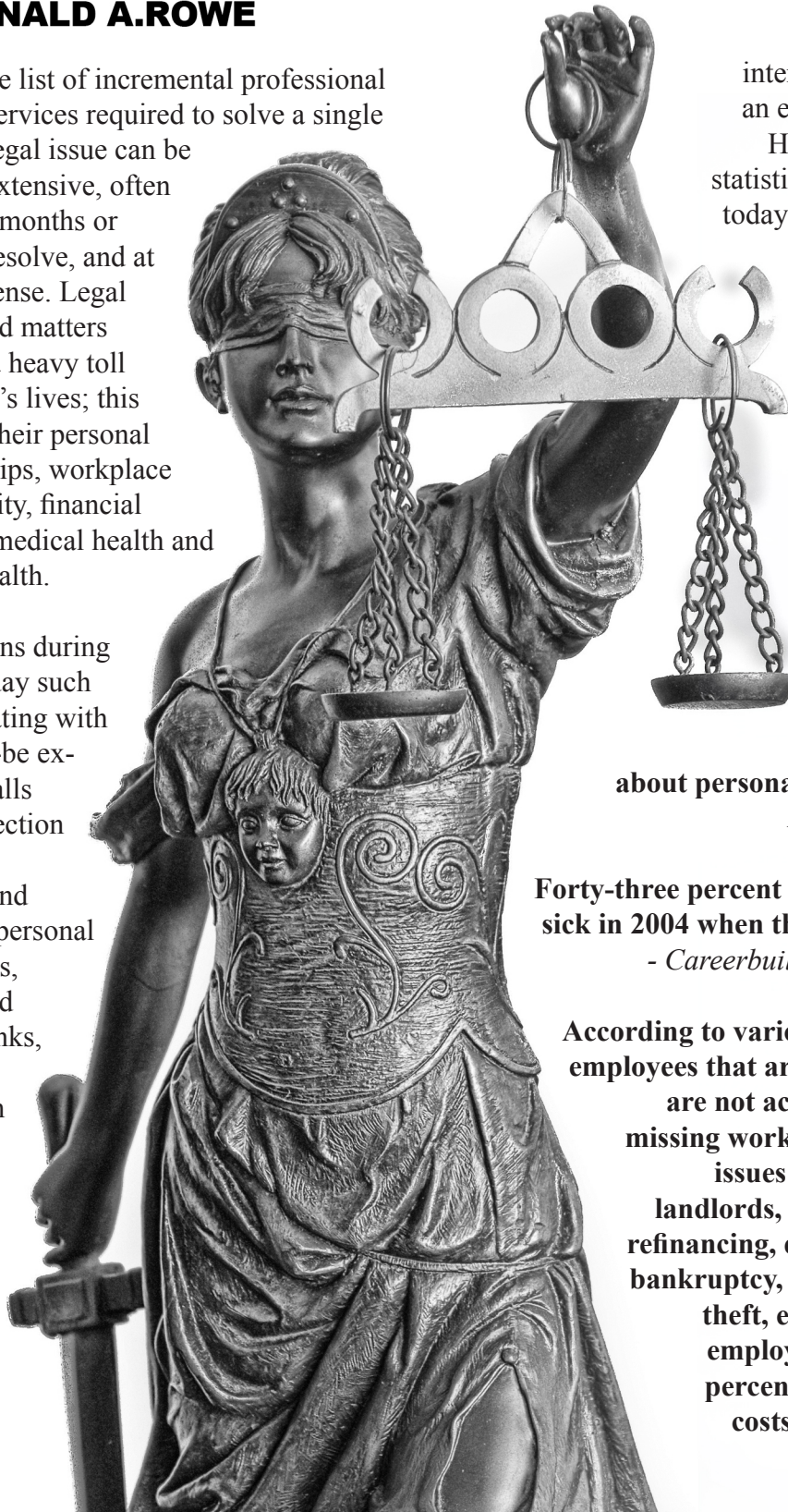
interruptions greatly reduce an employee's productivity.

Here are some staggering statistics compiled by some of today's leading experts in the employment industry.

Approximately 40 percent of all employees experience extreme stress over personal finances, which cause a measurable drop in their productivity. Workers can waste more than 20 hours of company time per month dealing with or thinking about personal finances. - Debt-Free America, October 2006

Forty-three percent of employees called in sick in 2004 when they weren't sick at all. - Careerbuilder.com, October 2005

According to various HR sources, many employees that are absent due to illness are not actually sick, but rather missing work to deal with personal issues such as haggling with landlords, foreclosure, mortgage refinancing, divorce, child custody, bankruptcy, civil lawsuits, identity theft, etc. In 2008, the cost of employee absence neared 36 percent of payroll, including costs for the wages paid to



employees while absent, lost productivity or replacement worker and administrative expenses. ~ Mercer Consulting

A comprehensive Legal Plan provides employees with access to professionals in a variety of fields to address the many issues that generally accompany a legal need.

If a qualified professional is dealing with the issue, your employees will remain focused and productive in the workplace.

What to Look for in a Comprehensive Legal Plan

Coverage - When comparing legal plans, an employer will want to look for those plans that have adequate attorney network coverage to ensure that each member has access to a diverse group of law specialties and is able to confer with their assigned attorney face to face. Furthermore, it should be policy that the plan will recruit an attorney on the member's behalf if one is not locally available.

Beyond Legal - The modern employee has related professional needs in the areas of finance, accounting, identity theft, personal counseling, etc. A truly comprehensive legal plan will provide access to discounted professional services that address all of these needs. Employers should seek a plan that provides access to an ample network of professionals in all the above disciplines.

Cost – Competitive pricing structure along with

reasonable benefits expectations are a must.

Limitations - Legal insurance plans usually have usage limitations, waiting periods and, most importantly, exclusions for preexisting conditions. These are in place to limit the insurance company's financial exposure (e.g., payment of claims). Discounted Legal Plans do not have financial exposure to usage and can offer care to members regardless of when their legal need arises. Most individuals will only seek legal care after a legal need surfaces thus creating a preexisting condition that would render legal insurance plans useless when needed most.





SOME FACTS TO CONSIDER:

- There are more than 100 million court cases in the U.S. every year¹
- 78 percent of American adults do not have an updated will.²
- 50 percent of all marriages end in divorce.³
- 50 percent of residential real estate transactions involve a dispute.⁴
- Bankruptcy filings have almost doubled since 1990.⁵
- More than 10 million Americans are victims of Identity Theft each year.⁶
- 59 percent of men and 54 percent of women surveyed felt a group legal benefit would influence their choice of employer.⁷

In today's business environment Group Legal plans prove a very valuable addition to any comprehensive benefits program. Employers and Employees are now more "benefit conscious" than at any time in recent memory. Both the employer and the employee "win" from such an arrangement, each in their own way.


About the Author



Donald A. Rowe is the Vice President of the Employee Benefits Division of Legal Club of America. A 20 plus year veteran of the Employee Benefits industry, he works at Legal Club's Home Office in Sunrise FL. 800.852-6829.

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Fixed Indemnity Plans: Worth a Second Look in the Ever-Evolving PPACA Environment

By Tim Adkisson

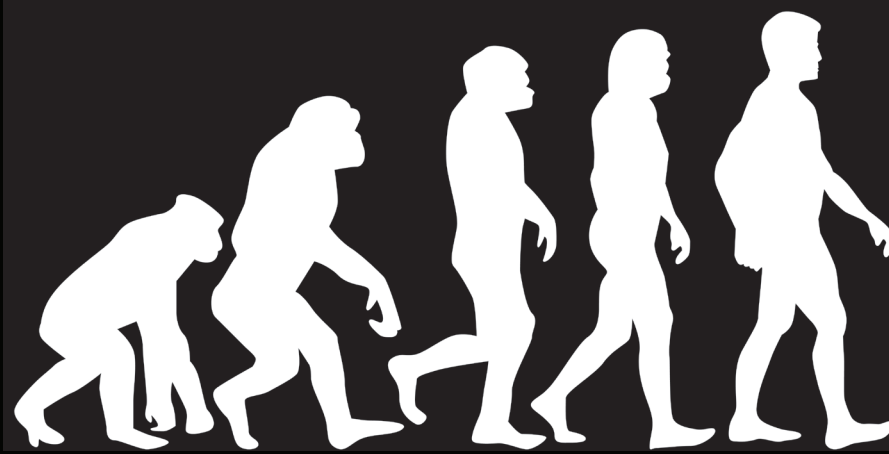
As most limited benefit medical insurance brokers know, the Patient Protection and Affordable Care Act (PPACA) gradually increases minimum annual limits on medical insurance until 2014, when annual limits will be eliminated altogether. (The current minimum annual limit of \$750,000 will be in effect until Sept. 22, 2011.)

While fixed-indemnity-type limited benefit medical policies generally are exempt from the healthcare reform and improvement sections of PPACA, expense-based plans, like many “mini-med” plans, are not. Carriers of mini-med plans, which typically have lower annual limits than more comprehensive group health plans, have had the option of applying to the U.S. Department of Health and Human Services (HHS) for a waiver from the annual limit requirements.

In June 2011, HHS issued new guidance allowing mini-med plans that have already been granted a waiver to extend the waiver to Jan. 1, 2014. HHS provided the details on special rules both for plans with existing waivers and plans that don’t yet have a waiver. The Department also advised that no new waiver applications will be accepted after Sept. 22, 2011.

In this ever-evolving PPACA environment, it’s important to keep in mind that while mini-med providers may either receive a new waiver or extend an existing waiver until 2014, the plans will continue to be under the scrutiny of HHS, and carriers will be required to resubmit certain specified information by Dec. 31, 2012, and again by Dec. 31, 2013. HHS has the option to revoke a waiver at any time, should plans not satisfy all the necessary requirements.

Employers that have received a waiver face an additional requirement: they must provide



annual notice to participants that their coverage does not meet the annual limit requirements of PPACA. The notice, in mandated 14-point bold type, includes the following text:

The Affordable Care Act prohibits health plans from applying arbitrary dollar limits for coverage for key benefits. This year, if a plan applies a dollar limit on the coverage it provides for key benefits in a year, that limit must be at least \$750,000.

Your health insurance coverage, offered by [name of group health plan or health insurance issuer], does not meet the minimum standards required by the Affordable Care Act described above.

Group benefits clients understandably may not want to include such language in their benefits materials. A fixed-indemnity plan offers an alternative that allows employers to avoid this situation — and continue to provide medical coverage to their employees.

Fixed-indemnity-type limited benefit plans are designed to cover benefits at a preselected benefit amount. While not a replacement for a major medical policy or other comprehensive insurance, they offer the flexibility and cost advantages many employers seek — without PPACA restrictions on annual limits and without the annual notification requirements that plans with waivers require. Given the changing healthcare marketplace, fixed-indemnity plans are worth a second look.

About the Author



Tim Adkisson is National Sales Vice President for Select Benefits Distribution in Symetra Life Insurance Company's Group Division.

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CATCH THE NEXT WAVE IN VOLUNTARY BENEFITS!

BY WAYNE MORRIS

Insurance, Financial, HR and Voluntary Benefit Professionals can dramatically increase their income, plus provide valuable services to protect their clients and companies.

Legal and Identity Theft Protection will be the next major growth market, due to the rapid increase in awareness and demand by consumers.

Legal Protection

Pre-Paid Legal plans offered to Individuals, Families or Employer Groups, as part of the HR or Voluntary benefit package with payroll deduction. Plans include a suite of legal services, including: a Free Will, legal consultation,

legal correspondence, contract and business document review and trial defense services.

Have you ever...

- Been involved in an accident or arrested?
- Received a moving violation or speeding ticket?
- Been audited by the IRS?
- Purchased a home?
- Tried to return a defective product or been overcharged?
- Had problems with an Insurance claim?
- Lost a security deposit?
- Signed a contract?
- Prepared a will?



Even though most people find themselves in these situations, the majority do not seek the advice or help of a qualified lawyer. Why? It costs \$200-\$500 per hour and they don't know who to call.

Identity Theft Protection & 24/7 Credit Monitoring

Identity Theft is the fastest growing white collar crime in the U.S. Criminals and Organized Crime rings are constantly finding new ways to obtain your SSN, Drivers License, Credit Cards, Medical Records, PIN codes, etc.

The average individual's personal information is stored in hundreds of databases. It's not just

on-line purchases that are vulnerable to identity theft. In fact, online transactions are a small majority of identity fraud cases.

Numerous companies have had data security breaches, including: Apple, Bank of America, Chase, Citigroup, Countrywide Financial, Humana, Lending Tree, McDonald's, Starbucks, TJ Maxx, Veteran's Administration, Wachovia, Wells Fargo and many other businesses of all sizes.

In fact, Ben Bernanke, Federal Reserve Chairman and his Wife were recently victims of an orga-nized crime ring that was able to obtain SSN, Drivers License, Bank and Credit Card accounts.



It is no longer a matter of whether your identity will be stolen, but when! And, most people don't find out until it is too late.

Federal “Red Flag Regulations”

Federal laws now mandate that self-employed individuals and companies in the U.S. take specific proactive steps to protect sensitive data and hold mandatory meetings to educate their employees on Identity Theft protection.

Most companies are not aware of these new regulations and the potential liability and fines they face for noncompliance.

Summary of Plan Benefits

1. Unlimited Legal Consultations & Advice
2. Free Will with Annual Updates
3. Traffic Violation Defense
4. Automobile-Related Criminal Charges Defense
5. Contract & Document Review
6. Legal Correspondence & Phone Calls
7. Trial Defense Services

8. IRS Audit Legal Services

9. Identity Theft Protection & Restoration

10. 24/7 Credit Monitoring

About the Author

Wayne Morris founded USA Insurance Brokers in 1999. The company has been recognized for the past 5 years as one of the Top 10 Independent Insurance Brokers in the U.S. by America's Health Care Professionals.

He previously spent 25 years as Vice President - Worldwide Sales & Marketing for several industry leading telecommunications firms.

He served in the U.S. Marine Corps from 1965-1969 and is a Vietnam Veteran. After returning to the U.S., he attended Penn State University and graduated from Allegheny College.

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A CORPORATE LIFESTYLE APPROACH

BY DR. DAVID KOIVURANTA

Have you ever wanted more time? More time to get things done and more time for you to live life? Just having an extra hour in the day or an extra day in the week would make life a bit easier wouldn't it?

Time management is one of the biggest challenges we face as businesses and people. There are only so many hours in the day and only so many days in the week. In that given time frame, we must accomplish a certain number of tasks in order to be efficient and proficient at what we do. If we're not good at what we do, even if we do it fast, it can take too long to get the necessary result or outcome right. If we're slow at what we do, we might get the necessary result or outcome right but again it can take too long. Both instances are a problem.

So what do we do? We schedule our work and our life in order to dedicate the time needed or the time allotted to accomplish all the things that have to get done and that need to get done. It seems reasonable to most people to operate in this

fashion. However, as most people will attest, we always seem to run out of time to get things done and we never seem to have enough time to ourselves—which is what we really want!

Is there a better solution? Yes, there is. It's called freedom management. Instead of allowing time for all those necessary tasks and hoping that there is some time left over for us at the end, which there never is, it's best to schedule that time for ourselves first and use the rest of the time to get things done. The leverage comes from using your freedom time to recharge, be happy and get focused so your productivity time is at optimum. As they say, all work and no play make you a dull person.

And it works. If you give yourself four hours to get something done, you'll use all four hours. If you give yourself three hours to do the same thing, you'll get it done in three. A given task will always fill the time allotted and you will always operate at a level of efficiency and proficiency given the nature of a situation. Because you can control





the nature of most situations, you can also control your tasks. So from now on, instead of cramming your free time into your schedule, schedule your free time first and then cram in the work. You'll be surprised at the results when you actually accomplish more in less time.

There is a valuable lesson in freedom management versus time management when it comes to health, especially in the workplace. Most people and businesses operate with a focus on their desired product, service and revenue at the expense of their health, wellness or lifestyle. Then, if and when a health issue arises, which it most certainly will, we dedicate resources to deal with the problem so we can get back to work. As we know statistically and experientially, this costs businesses time and money. It also creates tension in the workplace and affects the corporate lifestyle of the company.

Fortunately, there is a better way. Just like our example of trying to squeeze in more personal time with all the work we have to do, most people are living life trying to squeeze in all the healthy things they should do amongst all the work they have to get done. This is a challenge at best. Interestingly, if time is scheduled and built into our day through habits and defined initiatives, we can invest in our health while we work so that not only do we gain the health benefits but our work quality and quantity also improves. Again, this is supported by the current research and the case studies regarding wellness in the workplace.

Once a health problem exists, it takes much more time and money to heal, recover and treat that problem than it would have to prevent it in the first place. Just like customer service, if there are procedures and systems in place to deliver the best experience for buyers and people who use our products, we can avoid the scenario where a customer encounters poor service or a bad product, which then

takes considerable resources and expenses to counteract. After all, a happy customer is a repeat customer willing to spend money!

Similarly, a healthy employee is a performing employee. The benefits, however, go beyond the workplace and affect the employee's entire life. When the company plays such a pivotal and vital role in the health and welfare of its team, the rewards are significant. The business is more productive with lower costs on health claims while the employees are happier and more in tune with life and work.

This is what happens when there is a focus on health promotion versus disease management. Yes, diseases, illnesses and injuries will happen and you will want to have a plan and the resources or benefits to deal with them when they do. However, this should not be the entire management plan or the selling feature to employees. It's good to know you're going to be looked after when and if something does happen to your health, but it's even better to know that something is being proactively done to ensure that likelihood is being minimized. That's the kind of company we all want to work for and with.

In the end, disease management is nothing more than symptom treatment, crisis triage and a final product of things gone wrong. It's a fight to make up for what could have been and what should have been and what will one day be true health promotion in the workplace. By adopting physical, chemical and emotional strategies for helping employees with nutrition, exercise, ergonomics, stress reduction, environmental adaptation and rest

periods, the workplace will no longer be a place where we get drained, rather a place that energizes and revitalizes our lives for the better.

About the Author



Time Health Management is a corporate health and wellness company operated by Dr. David Koivuranta. It is founded on over a decade's worth of experience and knowledge

derived from treating employees suffering from ergonomic stress, strain and disease. It's time to manage your corporate health, visit www.timehealthmanagement.com and contact us for a free business wellness evaluation. Learn why our workplace wellness solutions make sense. For more information email drdave@timehealthmanagement.com or call 416-697-7918. Ask us about our 5 minute onsite ergonomic and stress reducing system, perfect for every business.

WHO'S

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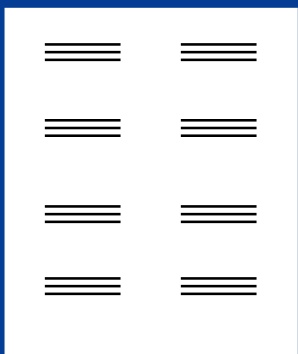


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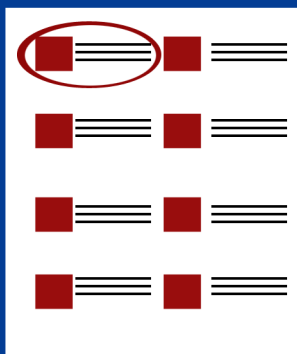
CATEGORIES INCLUDE:

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- DISABILITY
- ACCIDENT
- CRITICAL ILLNESS
- LONG TERM CARE
- PHARMACEUTICAL
- DENTAL
- VISION
- REINSURANCE
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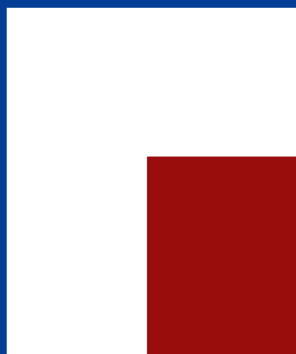
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