



The Torch

The official newsletter for Indiana state employees

This special edition is dedicated to 2012 Open Enrollment, which is right around the corner. Please review all the enclosed information concerning your health care coverage. During this period, you can choose to make additions or changes to your benefit selections. All open enrollment communications including carrier information, rates and plan summaries, will be posted on the State Personnel Department's website, www.in.gov/spd/openenrollment.

2012 changes

What's changed for 2012?

There are new rates for the health and dental plan and modified HSA contributions, but you also need to review the three health plans offered.

The Traditional PPO out-of-pocket maximum will change as well as the co-insurance amounts. Be sure to compare all three health plans that are offered.

There are a number of resources available to help you estimate your 2012 expenses, compare plans and become a more informed consumer.

And last, but not least, the Non-Tobacco Use Incentive is increasing to \$25 bi-weekly. You can earn a \$650 reduction in premiums in 2012 if you pledge to abstain from tobacco use.

Effective dates

Mark your calendars for effective dates

Health, dental, vision, Health Savings Accounts and Flexible Spending Accounts changes / enrollments will be effective Jan. 1, 2012.

Life insurance changes/enrollments that do not require Evidence of Insurability with approval from American United Life Insurance (AUL) will be effective Jan. 8, 2012, for payroll A and Jan. 1, 2012, for payroll B.

Deductions for health, dental and vision will begin:



Payroll A: Dec. 21, 2011 (7 days at old plans & rates; 7 days for new plans & rates)

Payroll B: Dec. 28, 2011 (full 2012 rates)

Deductions for the Flexible Spending Accounts and Health Savings Accounts will begin on the following dates:

Payroll A: Jan. 4, 2012

Payroll B: Jan. 11, 2012

Dual coverage

It's one or the other, but not both

Dual coverage of the same individual is not allowed under the state's health, dental and vision benefit plans. For example, dual coverage by two state employees is not allowed, meaning that if both you and your spouse are state employees (or one is a current employee and the other is a retiree), you may not cover each other or the same children on family coverage.

This also applies to parents of children who are not married to each other. You may each elect a single plan, one may carry family and the other may waive coverage, or one may carry family with

the children and the other carry single coverage.

A second example occurs when an employee who has retired from one area of state employment begins active work in another state position.

In this instance, you will have the choice to continue your retiree coverage and waive your active employee coverage, or vice versa. However, you will not be permitted to carry state retiree insurance and active state employee coverage simultaneously. Dual coverage is only permitted for dependent life.

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The Torch is published monthly by the State Personnel Department and is available online at www.in.gov/spd

Submit your story ideas in an email to: spdcommunications@spd.in.gov



Checklist

Check the list as you go

A good experience with open enrollment begins before you enroll. Use this checklist to help guide you through the steps to a successful open enrollment. So, before you sign on to sign up:

- Educate yourself about changes occurring Jan. 1, 2012.
- Access your PeopleSoft account.
- Review your open enrollment record and carefully read the information.
- Confirm or update your personal information including your home and/or mailing address and phone number.
- Review your eligible dependents and beneficiaries. You will need to enroll all eligible dependents in each plan. *Please note:* adult dependent children are eligible for coverage up until their 26th birthday.
- Check your current election or make new elections. It is important that you review the dependents enrolled on each of your plans.
- If you have health savings or flexible spending accounts, you will need to re-elect or re-state your annual contribution amounts.
- Accept or decline the Non-Tobacco Use Incentive for 2012.
- Be sure to print an Election Summary after you have submitted your elections.

Enroll in your 2012 benefits

During open enrollment, you can choose to make additions or changes to your benefit selections. Open enrollment communications including carrier information, rates and plan summaries, are posted on the State Personnel Department's website at www.in.gov/spd/openenrollment

Help sessions will be provided in the Indiana Government Center South Training Room 31 throughout Open Enrollment for those needing assistance with entering elections and navigating through PeopleSoft. Hours will be (Eastern Standard Time):

Oct. 31 to Nov. 4 — 8 a.m. to 3 p.m.

Nov. 7 to 11 — 8 a.m. to 4 p.m.

Nov. 14 to 18 — 8 a.m. to 5 p.m.

Nov. 21 — 8 a.m. to noon

Contact the Benefits Division with any questions:

Phone: 317-232-1167

(inside 317 area code)

Toll free 877-248-0007

(outside 317 area code)

Email: spdbenefits@spd.in.gov

CHIPRA

Federal program helps cover dependent health costs

The Children's Health Insurance Program Reauthorization Act of 2009 is a premium assistance program for employees who are eligible for health coverage from their employer, but are unable to afford the premiums. States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office. You can also call 1-877-KIDS NOW or visit www.insurekidsnow.gov to find out how to apply. Please review the information posted on the Benefits website for more details.



State of Indiana

Open Enrollment 2012

A guide to making your best choice



October 31 – November 21, noon (Eastern Standard Time)

Dependent eligibility

Adult children can be covered under parent's insurance until age 26

Adult children may be covered under the state of Indiana's medical, dental, vision and dependent life insurance* plans until the date of their 26th birthday. A dependent's last day of coverage will be the day before he/she turns 26-years-old. Dependents will still be offered COBRA when they lose eligibility. Spouses of adult children (deemed children-in-law) and grandchildren are not eligible for this coverage.

*For dependent life insurance only, the dependent must be unmarried.

Disabled dependents under the age of 26 can be enrolled in any of your desired plans during the

Open Enrollment period. Once your dependent turns 26-years-old, you will have 120 days from the day of your disabled dependent's 26th birthday to submit the "Verification of Dependent Disability" form (which must be signed and completed by a physician) to the State Personnel Benefits Division. This form is available on State Personnel's website, www.in.gov/spd/openenrollment.

In order for a disabled dependent to continue coverage past 26 years of age, that dependent child must have been deemed disabled prior to age 19. If a dependent child was deemed disabled after age 19, they will not be eligible to continue coverage past

age 26. You must access PeopleSoft during open enrollment and edit your dependent information. Keep in mind, you will have to enroll your dependents in each plan (medical, dental, vision, dependent life) for which you desire coverage.

Please review your dependents carefully. The state will be conducting an audit for all new dependents added during Open Enrollment 2012. This audit will occur in the first few months of the year. You will be required to submit documentation showing their eligibility. If you have any questions regarding dependent eligibility, please contact the Benefits Hotline.

Use care with HSAs and 26+

If you cover dependents up to age 26, you may be unable to use HSA funds for reimbursement on a tax-free basis for medical expenses incurred by your adult children. If you cannot claim a dependent on your tax return, you cannot use HSA funds for that dependent's medical expenses.

According to IRS Publication 969, eligible medical expenses can be incurred by the following: you and your spouse, all dependents you claim on your tax return and any person you could have claimed as a dependent on your return, except if the person filed a joint return, had a gross income of \$3,650 or more or you (or your spouse, if filing jointly) could be claimed as a dependent on someone else's 2010 return.

Therefore, you can cover your adult child until their 26th birthday under your CDHP. But unless you declare your adult child as a tax dependent, you cannot use your HSA funds to cover any of their medical expenses. Typically, this will be most prevalent with dependents age 23-26.

Medicare

Medicare and HSAs can't mix

If you elect to receive Social Security benefits at age 62 or older, you will automatically be enrolled in Medicare Part A when you turn age 65. If you enroll in Medicare at any time, with or without receiving Social Security benefits, you may not contribute to a HSA or receive contributions. Enrolling in Medicare will disqualify you from making your own contributions into a HSA. If you wish to participate in the HSA, you should decline to receive Social Security retirement benefits which will decline Medicare Part A.

Keep in mind that there are potential consequences if you choose to decline your enrollment once you have started receiving benefits. Please research your options before making your decision.

Please note: Although you can no longer make contributions to your HSA once you enroll in Medicare, the money that has accumulated in your HSA from past years remains yours to spend, tax-free, on eligible

expenses, including Medicare co-pays or deductibles, vision expenses and dental expenses. If you are age 65 or over, you also have the option to withdraw the money for any purpose and pay only the income tax without penalty.

If your spouse is covered by Medicare and is not covered under your CDHP, you can still use your HSA funds for their eligible health expenses. You can use funds in your HSA to pay for eligible medical expenses your dependents (as defined by the federal regulations) incur even if they are not covered under your medical plan, or have other coverage, such as Medicare. Although, keep in mind that if your spouse is on Medicare, she/he is not eligible to contribute to an HSA in her/his name, regardless of whether or not she/he is covered on your medical plan.

The same rules also apply if you receive Social Security disability benefits and are enrolled in Medicare.

State continues to front-load HSAs

The state will contribute 45% of the Consumer-Driven Health Plan (CDHP) annual deductible to your HSA in 2012. The initial contribution will be made on the first checks in January. Employees enrolled in a CDHP effective from Jan. 1, 2012, through June 1, 2012, will receive the full initial contribution. CDHPs effective after June 1, 2012, but before Dec. 1, 2012, will receive one-half of the initial contribution. **The initial pre-fund contribution is based on the coverage type (single/family) that is effective Jan. 1, 2012.**

your HSA election page, or go directly to the Tower Bank website, www.hsa.towerbank.net. The first page of this online session says: If you have been instructed by your employer to visit this site to open your Health Savings Account, click this button and insert your employer code below. Enter **100366** in the “employer code” and it will begin the state application.

You will need the following information to complete the HSA application online: (1) driver’s license; (2) Social Security number,

HSA Account	Coverage	Initial Contribution	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
HSA 1 w/ CDHP 1	Single	\$561.60	\$21.60	\$46.80	\$1,123.20
	Family	\$1,124.76	\$43.26	\$93.73	\$2,249.52
HSA 2 w/ CDHP 2	Single	\$336.96	\$12.96	\$28.08	\$673.92
	Family	\$673.92	\$25.92	\$56.16	\$1,347.84

If you have an active HSA with Tower Bank and wish to continue receiving the state’s contributions in 2012, you do not need to open a new HSA account with Tower Bank. If you wish to change your contribution to your account or begin contributing for 2012, you need to access your PeopleSoft record and enter your desired contribution. If you wish to continue contributing to your account, you must access your PeopleSoft record and enter your desired contribution. Your 2011 contribution amount will not carry over into 2012.

If you are electing to participate in a HSA for the first time in 2012, you must edit the online HSA option in PeopleSoft and choose the HSA that corresponds to your medical CDHP election in order to receive the state’s contribution. In addition to electing the HSA option, you will need to open an HSA account with Tower Bank before Jan. 1, 2012.

To open your HSA, link to Tower Bank’s website from PeopleSoft on

date of birth and address for your beneficiaries; (3) Social Security number, date of birth and address for your authorized signer (if selected); and (4) security passwords for you and your authorized signer (based on the answer to one of the five questions you select during the application process).

Early Withdrawal Penalty

If the money in your HSA is withdrawn for nonmedical purposes before age 65, you will get hit with a 20% early-withdrawal penalty and the money will be taxed as income.

HSAs do have a limit

Contributions are allowed up to the maximum statutory limit. The maximum annual contribution for 2012 is \$3,100 for self-only policies and \$6,250 for family policies. Individuals age 55 and over may make an additional catch up contribution of up to \$1,000 in 2012. The maximum includes the state’s contributions and any other contributions to your HSA.

FSAs help offset medical expenses

Flexible Spending Accounts (FSA) provide another opportunity to set aside pre-tax dollars from each paycheck for reimbursement of qualified medical and/or dependent daycare expenses. You must re-enroll in medical and dependent care FSAs each year if you wish to continue to participate. If you continue participation in the Medical FSA, do not discard the debit card from Key Benefit Administrators. New cards are not automatically issued each year.

The administrative fee will remain the same at \$2 biweekly. As a reminder, FSAs have a “use-it-or-lose-it” rule. Money left at the end of the plan year is not rolled over or reimbursed so plan carefully.

Limited Purpose FSAs

Certain limitations apply to Medical FSAs if you elect to enroll in one of the CDHP options in conjunction with the HSA. If you are enrolled in an HSA, your FSA will automatically become a Limited Purpose FSA. You should carefully review your expenses when electing both a HSA and a Medical FSA.

You may use money in your Limited Purpose FSA for eligible medical expenses after the minimum statutory deductible has been satisfied. The IRS has set the minimum deductible for single coverage at \$1,200 and \$2,400 for family coverage. The minimum deductible is the same regardless if you are covered under CDHP1 or CDHP2.

Please note: You don’t need to meet the minimum deductible to use the funds in your Limited Purpose FSA for dental and vision expenses. You can pay for dental and vision expenses from your Limited Purpose FSA at any point during the year.

Non-tobacco use agreement

State increases incentive to not use tobacco products

The Non-Tobacco Use Incentive is being offered again and the incentive will increase for the 2012 plan year. You can now receive a \$25 reduction in your group health insurance bi-weekly premium by accepting the agreement during Open Enrollment. By accepting the incentive, you are agreeing to not use any form of tobacco products in 2012. This applies to employees who have never used tobacco products, employees who have refrained from using tobacco products in past years and to those employees who have decided to quit using tobacco products prior to Jan. 1, 2012. Keep in mind, by accepting the agreement you are also agreeing to be subject to testing for nicotine at anytime during the year. The Non-Tobacco Use Agreement must be completed each year online.

The Non-Tobacco Use Incentive is

only available to employees who have enrolled in medical coverage.

You will not have access to the agreement if you waive medical coverage for plan year 2012. The reduction in your group health insurance bi-weekly premium only applies to your employee medical premium, and does not apply to your dental, vision or life insurance premiums.

If you accept the Non-Tobacco Use Agreement during Open Enrollment and later use tobacco, your employment will be terminated. The

only exception to the job loss penalty is if you rescind the agreement by

logging in to PeopleSoft and completing the self-service process to change your agreement prior to the use of any tobacco product. If you need to rescind your agreement and are not sure how to complete the process in PeopleSoft, call the Benefits Hotline and a specialist will walk you through it. The \$650 is a

great incentive, but it certainly isn't worth your job.

The Non-Tobacco Use Incentive does not carry over from year-to-year. If you would like to participate in 2012 you must access your PeopleSoft record and accept the agreement.



Life insurance

Make changes to your life insurance policy at any time

By completing the Evidence of Insurability process, you can acquire or make changes to your life insurance plans, at any time throughout the year. Allowable changes include increasing your coverage level and/or adding eligible dependents to your



dependent life insurance plan. This process applies to all three life insurance plans sponsored by the state of Indiana (basic, supplemental and dependent life). Keep in mind, you must have basic life insurance to be eligible to apply for supplemental life insurance, and you must have both basic and supplemental life insurance to apply for dependent life insurance.

The Evidence of Insurability process includes completing a paper

application and, if required, an evaluation by a doctor. To initiate the Evidence of Insurability process you will need to log on to the SPD life insurance page, www.in.gov/spd/openenrollment. You will need to print, complete and mail

the "Group Enrollment Form" and the "Statement of Insurability Form" to American United Life Insurance (AUL). Do not return them to your agency as this may cause delay and/or denial. AUL will then review your paperwork and inform both you and SPD Benefits of its decision.

If approved, SPD Benefits will make appropriate changes to your life insurance plans and start the deductions through the Auditor's Office. If you

would like to either decrease your coverage level or drop any of your life insurance plans during open enrollment, you can complete these actions online using PeopleSoft. You can also make changes to your beneficiary information at any point during the year by accessing PeopleSoft self-service. Please remember, you are the only one who can make changes to your beneficiary information.

Reminder: Supplemental life insurance is offered to most employees in increments of \$10,000 up to and including \$150,000, regardless of salary level. Employees reaching age 65 or older on or before Dec. 31, 2011, will be limited to \$100,000 of supplemental life insurance coverage. Employees attaining age 65 during the plan year will automatically be reduced to \$100,000 of supplemental life insurance coverage and their payroll deductions adjusted accordingly.

Anthem programs available to manage your health



The state is committed to providing employees with helpful tools in order to achieve a more active and healthy

population. All employees enrolled in an Anthem plan receive special services in conjunction with the Anthem 360° Health program.

Anthem 360° Health provides you with support to help you achieve your health goals by working with you, your doctor and other health care professionals to assist you in improving your health. Visit www.anthem.com for more information. Representatives from the Anthem 360° program may contact you to help you reach your health goals.

An exciting feature of Anthem 360° is the Anthem NurseLine. As a state of Indiana employee enrolled in an Anthem plan, you and your dependents have the opportunity to contact a registered nurse at anytime during the day to assist you with any medical issue you may be experiencing. NurseLine is available 24 hours a day, seven days a week, anywhere in the country. Nurses are highly qualified and maintain strict confidentiality in accordance with HIPAA laws. NurseLine provides employees an opportunity to call and consult with a nurse before seeking medical attention. NurseLine nurses will not diagnose you, but they will help you make an educated decision as to whether an office visit or emergency room visit is necessary. This service is free of charge to you, so please utilize it when necessary by calling 1-888-279-5449

You decide which health care plan is best

The state is continuing to offer three statewide plans: Consumer-Driven Health Plan 1 (CDHP1), Consumer-Driven Health Plan 2 (CDHP2) and Traditional PPO. All three available plans are in the Blue Access PPO network with Anthem and have the same prescription drug plan through Medco. Each plan has differences in premium costs, deductibles, co-insurance and out-of-pocket maximums.

Here are the differences at a glance:

	CDHP 1	CDHP 2	Traditional PPO
Deductible	\$2,500 single \$5,000 family	\$1,500 single \$3,000 family	\$750/\$1,500 single \$1,500/\$3,000 family
Co-insurance/non-network	20%/40%	20%/40%	30%/50%
Preventive services	Covered in full	Covered in full	Covered in full
Out-of-pocket maximum	\$4,000 single \$8,000 family	\$3,000 single \$6,000 family	\$2,500/\$5,000 single \$5,000/\$10,000 family

For the new plan year, the Traditional PPO plan has been redesigned. While the deductible for the plan will remain the same, the co-insurance will now be 30% for most services after the deductible is met and before the out-of-pocket maximum is reached. If you are a Traditional PPO participant, be sure to review all changes.

All three plans offer 100 percent coverage on preventive services such as: annual physicals, well baby visits, mammograms, prostate exams, routine vaccines and annual pap smears. Premiums, co-insurance, out-of-pocket maximum expenditures and contributions to Health Savings Accounts (HSAs) are all part of the equation to make the best decision with your health care dollars. Please take advantage of all the information and resources available online to help you make the best decision for you and your family: www.in.gov/spd/openenrollment.

Dental and vision coverage will remain unchanged. Delta Dental has a two-tier network identified as PPO and Premier. You can realize the greatest savings by going to a Delta PPO dentist. Remember that nonparticipating dentists do not have limits on the amount they can charge you for services, so if you go to a nonparticipating dentist, be sure you understand your potential out-of-pocket costs before you receive services. Network dentists sign a contract with Delta Dental to limit fees. A list of network dentist can be found by going to www.deltadentalin.com and clicking on the "Find a Dentist" link on the right side of the page.

\$99 Holiday Deal from the Indiana State Parks

Need the **perfect** gift – where one size fits all?

Your \$99 Holiday Gift Pack includes:

- 2012 Indiana State Park annual entrance permit
 - 1 year subscription to Outdoor Indiana magazine
 - \$70 State Park Inn gift certificate
- It adds up to a savings of \$19!



Only available online at www.InnsGifts.com starting October 24

Offer ends Dec. 31, 2011

Peoplesoft is your tool to sign up

When you log in

You can access your Open Enrollment event 24 hours, seven days a week from **Monday, Oct. 31 through noon Monday, Nov. 21 (EST)**. You may have trouble accessing PeopleSoft during the workday, so if you run into problems, please try again at an off-peak time, such as after 6 p.m. or on the weekend.

Keep in mind you can access your Open Enrollment event from any computer that allows you access to PeopleSoft. You will need to locate a PC that operates with Windows/Internet Explorer or a compatible Internet service. If you are using a MAC, you may not be able to complete your online enrollment.

Helpful hints

1. If you access the state network, the password used to log on to your computer can be used to log into PeopleSoft.
2. If you do not remember the password used to log into your computer, you can use IOT's Self-Service Password Reset to reset your password over the phone anytime. Enrollment is required so if you have not enrolled yet, go to www.passwordreset.iot.in.gov to get started.
3. When making your elections in PeopleSoft, do *not* use the BACK/FORWARD arrow buttons at the top of your web browser.
4. Keep in mind you must turn off your "pop-up blocker" in order to print your Benefit Election Summary.

Important

Once you are satisfied with your open enrollment elections, it is essential that you submit your elections and print a Benefit Election Summary for your records.

IOT Customer Service can be reached at (317) 234-4357 or toll free at 1-800-382-1095.

Remember, you can access PeopleSoft at any time during the year to review your benefits or update contact information. To access PeopleSoft, open a Web browser window and go to <https://hr85.gmis.in.gov/hr91prd/signon.html>.

Current benefit elections

To view current benefit elections you will need to login to PeopleSoft and follow these steps: Click on Self Service, Click on Benefits and Click on Benefit Summary. Your 2012 benefits will not be available to view until Jan. 1, 2012.

Women's health

What is WHCRA?

As required by the Women's Health and Cancer Rights Act (WHCR) of 1998, this plan provides coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance
3. Prosthesis and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter. Contact Anthem at 1-877-814-9709 for more information.

No benefits changes after open enrollment

After noon (Indianapolis time) on Monday, Nov. 21, you will not be able to make changes to your 2012 benefits. This means you must be certain you have made all the best choices and remembered to add all eligible dependents to all plans. After Open Enrollment, you can only make changes due to a qualifying event. Qualifying events are governed by the IRS.

Qualifying events examples

- Changes in your legal marital status (marriage, divorce, legal separation, annulment or death of spouse).
- Changes in the number of dependents (birth, adoption, placement for adoption or death).
- Changes in employment status for you or your spouse, such as termination of or change in employment, a strike or lockout, start or end of an unpaid leave of absence, or a change in worksite.
- Changes in dependent eligibility status (such as attainment of limiting age or in the case of life insurance, marriage).

Failure to report the qualifying event and complete any necessary paperwork within 30 calendar days means you will not be able to add dependents until the next enrollment period.



Plan your stay!

TWO nights for the price of **ONE**

It's official – **WINTER** is on its way...and so are the **2 for 1 WINTER** rates at the Indiana State Park Inns.

Stay 2 nights, Sunday – Thursday and pay for just ONE!

This offer runs Nov. 28 – March 1, 2012

Reservations can be made online at www.IndianalInns.com or by calling 1.877.LODGES1
Offer not valid Dec. 23 – Dec. 31, 2011.

Subject to availability. Cannot be combined with any other offer or discount. Cannot be used for groups.



Upcoming state holidays

General Election Day— Nov. 8

Veteran's Day — Nov. 11

Thanksgiving Day — Nov. 24

Lincoln's Birthday — Nov. 25

“The thinnest yellow light of November is more warming and exhilarating than any wine they drink of.”
— Henry David Thoreau

Drug coverage

Medicare provides Creditable Coverage

If you are Medicare-eligible, there are two important things you need to know about your current coverage and Medicare's prescription drug coverage. First, Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare.

Second, the state of Indiana's third-party administrator determined that the prescription drug coverage offered by Medco Health Solutions is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you are considering joining Medicare's prescription drug coverage, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. For more information about Medicare's prescription drug coverage please visit www.medicare.gov.

Questions about Open Enrollment
www.in.gov/spd/openenrollment

SPD Benefits Division:

- Phone: 317-232-1167 (inside 317 area code)
- Toll free 877-248-0007 (outside 317 area code)

Email: spdbenefits@spd.in.gov



Great Wolf Lodge

\$149 Sunday— Friday

\$189 Saturday

Per night for a family suite

Code: INDI462B

Offer valid at Cincinnati/Mason, Ohio location only from Nov. 1-Dec. 15, 2011



For more information on reservations, visit greatwolf.com or call 1.800.905.WOLF (9653)

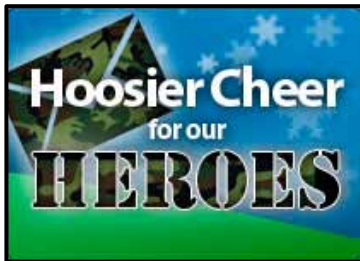
Around the state

Remember our troops

Send holiday cards to Hoosier troops

Lt. Governor Becky Skillman is asking Hoosiers to write holiday cards to our country's servicemen and women. "Hoosier Cheer For Our Heroes" provides an opportunity for Hoosiers to send their thoughts and prayers to U.S. troops spending the season away from their homes and loved ones.

"Though troop levels are not where they have been in recent years, we still have thousands of U.S. servicemen and women serving overseas this year. They should know Hoosiers appreciate the heroic work they are doing over the holiday season and throughout the year," said Lt. Gov. Skillman. "A card or letter is a meaningful way Hoosiers can say thanks and bring cheer to our heroes."



Shipping costs will be defrayed with generous support from the Indiana Statewide Association of Rural Electric Cooperatives and enGreet, an Indianapolis-based online greeting card company. enGreet will allow anyone to use their website, located at www.engreet.com, to personalize and send a card as part of Hoosier Cheer. Cards ordered online will be printed and mailed for free and can include personalized messages and photos.

All correspondence must be sent to the Lt. Governor's office or ordered on enGreet's website by Nov. 18, as mail takes several weeks to reach the troops. Visit www.in.gov/lg and click on the "Hoosier Cheer For Our Heroes" link to learn more about the campaign and mailing instructions.



Governor Daniels joins the Indiana Department of Transportation and local elected officials for a groundbreaking event celebrating the beginning of the State Road 261 expansion project.

Emergency testing

Emergency alert to be tested Nov. 9

The Emergency Alert System will undergo a national test at 2 p.m. EST Wednesday, Nov. 9. The testing may last for up to three minutes.

Broadcast radio and TV, (including digital, cable, satellite and services) will be tested. The purpose is to test the emergency alert system across the continental U.S., Puerto Rico, Virgin Islands and America Samoa.



Legal seminar

Headline news ethics seminar is offered

The Indiana Civil Rights Commission (ICRC) is hosting its final Continuing Legal Education seminar, Headline News Ethics, Dec. 8 from 9 to 10:30 a.m. It will be held in the Indiana Government Center South, conference room B.

The speaker will be Todd Richardson, Esq. from Lewis & Kappes, P.C. Attendants can earn 1.5 CLE credits (1.5 Ethics credits).

Please advise your legal staff to register early as space is very limited. The cost to attend the seminar is \$50. Click [here](#) to register on-line using a credit card. Contact Brad Meadows, 317- 232-2651, bmeadows@icrc.in.gov with any questions or to set-up an alternative payment method (check, JV, etc.).

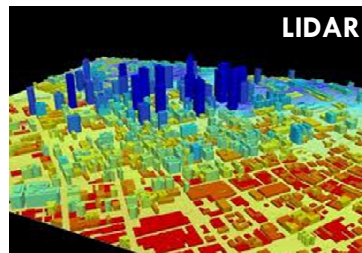
INDIANA GIS DAY & CONFERENCE



NOVEMBER 15, 2011
8:30 am - 3:30 pm
IGCS Conference Center

Want to learn more about GIS?

Geographic information systems (GIS) have become an integral tool in most large and small local governments where they are used to support decision making in the public interest. Exploring the innovative ways to use GIS to improve local government operations will provide an understanding of the unique capabilities of GIS and also allow the exploration of new avenues for using this increasingly important technology.



Who should attend?

GIS users of all levels and managers of GIS staff and GIS budgets.

Why should you attend?

This is your best chance to learn about a wide range of GIS best practices, tips and tricks, trends and emerging issues. Come listen and talk to local GIS service providers and coworkers in this convenient, free, one-day conference.

For more information, contact:

Jim Sparks - Indiana Geographic Information Officer
Indiana Office of Technology
(317) 234-5889
gjo@iot.in.gov

Amanda O'Daniel
Indiana Office of Technology
(317) 234-4111
amodaniel@iot.in.gov

OPENING/WELCOME:

*Brian Arrowood -
Indiana CIO*

KEYNOTE:

*John Steinmetz -
Indiana Geological Survey*

TOPICS:

- Ortho Photography & LIDAR
- Indiana Map
- NHD (National Hydrography Dataset - Streams)
- GIS Consolidation
- Data Sharing
- Broadband
- GIS Helpdesk
- Vendor Booths

