



Insurance Insights

June 2008

Who Will Receive Your Life Insurance Benefit?

Keep your beneficiary designations up to date

The purpose of your life insurance coverage is to provide financial security for your family and loved ones after your death. However, if you have experienced a major life change, such as a marriage, divorce or death of a loved one, your life insurance benefit may go to someone other than the person you thought would receive it.

Have you checked your beneficiary designation for your life insurance plan recently? A beneficiary is the person who would receive the money from your life insurance in the event of your death. It is important to review and update your beneficiary designations regularly and especially following life changes to ensure your benefits are distributed according to your wishes.

Imagine someone who is unmarried naming a sibling as a beneficiary but after marrying forgets to update his beneficiary designation to his new wife/husband. Consider a child born after the initial beneficiary designations were established not receiving the life insurance proceeds you thought she/he would inherit. It can and does happen when life insurance designations become outdated.

If you need to update your beneficiary designations, complete the Beneficiary Designation Form (Fort Dearborn Life) and return it to your institution's benefits office.

<http://www.utsystem.edu/benefits/pubs/life/FDLBeneficiaryDesignation.pdf>

If you have any questions about how to complete the Beneficiary Designation Form, please contact Fort Dearborn Life Insurance Company at (866) 628-2606.

In addition to updating your Life/ADD beneficiary with UT, you may want to review your designated beneficiary on file with the Teacher Retirement System (TRS), or with your providers under the Optional Retirement Program (ORP), UTSaver Deferred Compensation Plan or UTSaver Tax Sheltered Annuity.

Reminders

- **Evidence of Insurability Deadline**

During Annual Enrollment (July 1 – July 31, 2008), if you make an insurance election on UT Touch that requires evidence of insurability (EOI), you will be prompted to complete the insurance company's EOI form via an online link. All EOI forms must be completed and postmarked by August 15, 2008, in order for your coverage election to be considered.

For additional information on EOI, see the April 2008 OEB newsletter, "A Matter of Health."

http://www.utsystem.edu/benefits/newsletter/articles/08apr_ben.htm

- **UT FLEX**

Don't forget you must make your UT FLEX elections (for both Medical and Dependent Day Care) for Plan Year 2008–2009 during this Annual Enrollment, even if you are currently enrolled in one of the UT FLEX elections. Your election(s) in this current plan year will not automatically carry forward to the next plan year.

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You must also re-elect the Flex Debit Card each year. There is a \$9.00 charge for the card that will be deducted from the first monthly deposit.

For additional information on UT FLEX, see the May 2008 OEB newsletter, “A Matter of Health.”
http://www.utsystem.edu/benefits/newsletter/articles/08may_ben.htm

For more information go to the
UT System Benefits Programs Website: <http://www.utsystem.edu/benefits/>



Retirement Corner

June 2008

Retirement Fund Selection Made Easier

Selecting funds for your retirement plan(s) can be overwhelming. Effective June 15, 2008, the Fund Performance Summary at <http://www.utretirement.utsystem.edu/FundPerformance.html> will have a new search feature that will make the process easier. You will be able to search for funds by one of the four tier structures.

Tier 1: Asset Allocation or Lifecycle Options

These funds are designed for investors who want a simple yet diversified approach to investing. They are professionally managed funds that automatically rebalance according to their investment objective. Lifecycle funds are rebalanced according to a target retirement date; asset allocation funds are rebalanced based on risk objectives.

Tier 2: Core Investment Options

This tier includes a limited menu of investments that represent mutual funds primarily invested in the three major asset classes—stocks, bonds, and short-term investments. You may want to consider these options if you are comfortable diversifying your investments on your own or with the assistance of an investment or financial advisor and/or asset allocation tools.

Tier 3: Expanded Options

This tier includes a much larger menu of additional investment options for more sophisticated investors. You may want to consider this approach if you are very comfortable managing your own portfolio or have an investment or financial advisor managing your portfolio, and understand how to research, evaluate and monitor a wide variety of investments with different risk and return characteristics.

Tier 4: Annuity Options

Some Providers also offer fixed and/or variable annuity products. An annuity is a contract with an insurance company enabling you to accumulate contributions in a separate account under which you can select from a variety of investment options including mutual funds and guaranteed fixed interest accounts. An annuity also provides the option for you to receive a regular series of income payments for a specified period or for life in return for your contributions.

Additionally, the Tier 4 funds will also be searchable by either Fixed or Variable annuities and will be labeled as such in the Ticker Symbol field within the report.

Take advantage of the incredible fund lineup available to you as a UT System employee and sign up for a UT Saver voluntary retirement plan today.

For more information go to the UT System Retirement Programs Website: www.utretirement.utsystem.edu



Wellness Wise

June 2008

Are You an Apple or a Pear?

If you are overweight, do you carry most of your extra pounds around your waist or your hips? Of course, being significantly overweight is unhealthy, but it's important where the fat is stored. In recent years research has shown that having an "apple-shaped" body (a lot of abdominal fat) increases the risk of heart disease, stroke, Type 2 diabetes, hypertension, several types of cancer, and possibly other disorders. A "pear-shaped" body (fattest in the hips, buttocks, and thighs) is less risky and may be protective in some ways, especially in women.

Why it ends up there

Several factors, notably gender, influence fat distribution. Men store most excess fat in the midsection, while women tend to accumulate it lower on the body. Still, women can be apple-shaped, too, particularly after menopause. Heredity and activity level also affect body shape.

Abdominal obesity increases the risk of developing high LDL ("bad") cholesterol, triglycerides (fats in the blood), blood pressure, and blood sugar, as well as insulin resistance and low HDL ("good") cholesterol. This cluster of problems is known as the metabolic syndrome, which in turn increases the risk of many chronic diseases.

While most of the fat in the hips and thighs is stored just under the skin (subcutaneous fat), more fat in the midsection is stored in and around the liver and other organs (visceral fat). These fat cells deep in the abdominal area are more "metabolically active" than subcutaneous fat; they release different substances—more of certain fatty acids, hormones, and inflammatory compounds—which are believed to account for some of the adverse health effects. Visceral fat increases estrogen production, for instance, which may partly explain the increase in breast cancer in some postmenopausal women. By inducing chronic inflammation in the body, excess visceral fat may further boost cardiovascular risk.

Apple-shaped adversities

Here are some recent findings about abdominal fat:

- **Heart disease.** The waist-to-hip ratio, a standard measure used to evaluate body shape, is a good way to determine risk of heart disease, better than a simple waist measurement or the well-known body mass index (which takes into account height and weight), according to a 2007 British study in "Circulation." The study found abdominal fat is a strong risk factor, while fat in the hips actually offers some protection, and thus concluded the comparison of waist to hips is important. For example, a big waist with comparably large hips is not as risky as a big waist with small hips (yielding a higher



- ratio). Last year a Canadian analysis of previous studies also found an increased waist-to-hip ratio was strongly linked to cardiovascular disease.
- **Stroke.** A Finnish study in “Archives of Internal Medicine” last year found men (but not women) with abdominal obesity were more likely to have a stroke.
 - **Diabetes.** A 2006 study in the journal “Obesity” concluded a large waist was a better predictor of Type 2 diabetes risk than body weight, body mass index, or other measures, confirming a link seen in many previous studies.
 - **Cancer.** A major 2007 report on cancer by experts from around the world concluded excess weight increased the risk of many cancers but that abdominal obesity, in particular, is linked to colon/rectal cancer, as well as cancers of the breast (in postmenopausal women), pancreas, and endometrium.
 - **Dementia.** A study last year from Columbia University showed a link between obesity, especially in the abdomen, and the risk of dementia. Then in March of this year a study by researchers at Kaiser Permanente in Oakland, California, found that, compared to thinner people, those with large waists at age 40 to 45 were about three times more likely to have dementia when they reach their seventies. (People with large hips and thighs were not at increased risk.) Since abdominal obesity often goes along with other factors that can increase dementia risk—such as diabetes, hypertension, and lack of physical activity—it is hard to know which is the main culprit. This suggests, once again, that what is bad for your heart is also bad for your brain.
 - **Urinary incontinence.** In 2007 Harvard researchers found that larger waist circumference increases the chances that older women will develop urinary incontinence. Studies have found a similar link between large waists and increased urinary symptoms in men with an enlarged prostate. One likely explanation: abdominal obesity increases pressure in the abdomen and bladder.

Shrinking the big apple

There is no way to lose fat just around your waist, except by losing weight, period. You can not spot reduce. You have to exercise your whole body—walk briskly, ride a bike, lift weights—and thus burn more calories. You also should reduce your calorie intake, or at least not increase it, and don’t smoke: smoking is associated with abdominal fat accumulation.

One piece of good news—while abdominal fat tends to accumulate faster than other fat, it also tends to come off faster. Another—losing just 2 inches from the waist reduces coronary risk by 11% in men and 15% in women, according to one recent study.

Measuring up

To determine your waist-to-hip ratio, measure your waist at the navel, and your hips at the greatest circumference around the buttocks. Then divide the waist measurement by the hip size. For example, a woman with a 30-inch waist and 40-inch hips would have a waist-to-hip ratio of 0.75. A result greater than 0.9 for men and 0.8 for women indicates above-average risk; above 1.0 for men and 0.9 for women, high risk. In simplest terms, your waist measurement should be less than that of your hips. Ideally a woman’s waist should be at least 20% smaller than her hips, a man’s, at least 10% smaller.



A simpler gauge is to measure just your waist: More than 40 inches for men and 35 inches for women indicates high risk; however, these are not magical numbers; risk starts to rise before those cutoff points.

Where's that waist? It may not be where your belt is. Measure at the narrowest point between the lower rib and the top of the hip bone, or at the midpoint in between. Do not suck in your belly. If you can't find the narrowest point, measure just above your belly button. Measure your hips at the widest part of your buttocks, as viewed from the side.

Article Source: WebMD at www.webmd.com

Resources:

Weight Management Motivational Toolkit

Sometimes a little extra support is all it takes to stay on track with weight loss goals. The Blue Cross and Blue Shield Weight Management Motivational Toolkit provides just that. When our members decide to make positive lifestyle changes by managing their weight, we are ready with resources to help make the journey successful! Read more about this free program available to all BCBS members at our website at

http://www.utsystem.edu/benefits/newsletter/pubs/Weight_Management_Tool_Kit_08.pdf

What is My Rx Choices?

My Rx Choices is a complimentary program offered by Medco, your prescription drug benefits manager. My Rx Choices provides you with available lower-cost options to the medications you take on an ongoing basis in order to help you save on your prescription drug costs. To find out more about My Rx Choices, click on www.medco.com and start saving!

Personal Health Manager and Work–Life Balance

With a wide range of online tools and information, you can better manage every aspect of health and wellness for you and your family with programs that are for UT employees, retirees and their dependents. Start by taking the health risk assessment to better understand your current health condition, identify potential issues and reinforce what you are doing right! See below some of our resources/services:

Online Personal Health Manager **provided by Blue Cross Blue Shield- your source for health and wellness information, such as**

- Quitting Smoking (*Ask A Life Coach* to get support and answers to your smoking-related questions)
- *Ask A Nurse*
- Planning nutritious meals
- Recording workouts
- Keeping track of health records

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Healthy Recipe of the Month

June 2008

Cherry-Raspberry Crisp

Dark red fruit like raspberries and cherries have good amounts of the antioxidant phytochemicals called anthocyanins. You can use either sweet or sour cherries in this crisp.

Ingredients:

- 1/4 cup granulated sugar
- 2 tablespoons plus 1/4 cup flour
- 1 teaspoon cinnamon
- 1/2 teaspoon pepper
- 1/2 teaspoon salt
- 1/8 teaspoon allspice
- 2 bags (12 ounces each) frozen pitted cherries
- 1 cup fresh or frozen unsweetened raspberries, thawed
- 1/2 cup old-fashioned rolled oats
- 1/4 cup packed light brown sugar

Preparation:

Preheat the oven to 400°F. In a large bowl, stir together the granulated sugar, 2 tablespoons of the flour, the cinnamon, pepper, 1/4 teaspoon of the salt, and the allspice. Add the cherries and raspberries, tossing to coat. Transfer to a 9-inch pie plate. Set aside.

In a medium bowl, stir together the remaining 1/4 cup flour, remaining 1/4 teaspoon salt, the oats, and brown sugar. With a pastry blender or two knives, cut in the oil until the mixture resembles coarse crumbs. Sprinkle the mixture over the fruit.

Bake for 25 minutes, or until the fruit is bubbling and piping hot and the topping is golden brown and crisp.

Yield:

Makes 6 servings (serving size: 3/4 cup) calories 259 • total fat 5g (saturated 0.7g) • cholesterol 0mg • dietary fiber 2g • carbohydrate 53g • protein 4g • sodium 200mg • good source of: anthocyanins, quercetin

Recipes Source: Cooking Light, July 2007



Featured Resources

June 2008

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Read more about this free program available to all BCBS members (PDF).

http://www.utsystem.edu/benefits/newsletter/pubs/Weight_Management_Tool_Kit_08.pdf

24/7 Nurse Line:

A staff of trained, experienced registered nurse counselors is available 24/7 to answer health care questions and provide information about a wide variety of health care issues and medical non-emergencies. To talk to a nurse, call this toll-free number: 1-888-315-9473.

http://www.utsystem.edu/benefits/newsletter/images/27_7_nurseline.gif