



Benefits Enrollment Information



You must sign and date all forms and submit them to the Benefits Department within 3 months of your hire date, or transfer date if you are transferring from a non-benefit eligible position to a benefit-eligible position.

Health Care and Dental Coverage Enrollment Form:

You have the option to enroll yourself and your eligible dependents in the University Employee Health Care Plan. For employee contribution rates please refer to the last page of the Health Care and Dental Coverage Enrollment Form. Your contributions are automatically deducted from your pay on a pre-tax basis. Be sure to list each eligible dependent to be covered.

Life Insurance Enrollment Form:

Basic Life Insurance coverage (Part I) is provided for you by the University at no charge. You have the option to obtain additional coverage for yourself and to obtain coverage for your eligible dependents. Premiums for additional coverage are outlined in the Description of Life Insurance Benefits booklet. Be sure to designate a beneficiary in the event of your death. A contingent beneficiary is suggested, but not required. You are automatically designated as the primary beneficiary of any coverage on your dependents.

Additional Benefits Enrollment Form:

Accidental Death and Dismemberment

You have the option to cover yourself and your eligible dependents under the University-sponsored Accidental Death and Dismemberment Insurance. You pay the whole premium for this coverage; see the plan booklet for coverage and premiums. Be sure to indicate a primary beneficiary. A contingent beneficiary is suggested, but not required.

Long Term Disability

You have the option to enroll in the University-sponsored Long Term Disability Plan. This policy provides you with a monthly income up to 60% of your covered monthly salary to a maximum determined by your plan. The University contributes toward the cost of this coverage.

Long Term Care

You have the option to enroll in the University-sponsored Long Term Care Plan. This plan provides coverage for extended nursing home or home health care benefits. You pay the whole premium for this coverage. If you choose to enroll in this plan, you must also complete an individual CNA application.

Flexible Spending Account Enrollment Form:

You have the option to enroll in the University's Flexible Spending Account (Section 125) for the remainder of the Plan Year. The University's Plan Year runs from July 1 through June 30. You may enroll in a Health Care FSA for reimbursement of eligible medical expenses or in a dependent care FSA for reimbursement of daycare expenses for your eligible dependents. You make an annual election and the amount you elect will be divided equally among the paychecks you receive during the Plan Year. Amounts are deducted each paycheck before taxes.

Retirement Enrollment Form:

Non-Exempt Employees

Complete two forms for Utah State Retirement. On the page labeled Defined Benefit Enrollment Form (page 2), fill out Sections A and B. Be sure to sign the bottom of Section B. **Do NOT fill out Section C.** On the page labeled 401(k) and 457 Plan (page 3), fill out Sections A, C, D, and E. Do NOT fill out Section B "Future Deferrals from my salary" or the portion of Section C for 457 plan options. Contributions are not available to the 457 plan with Utah Retirement Systems. The University makes all contributions to the 401(k) retirement account.

Exempt Employees & Faculty

Complete the TIAA-CREF Enrollment Form. The University makes all contributions to this retirement account.

Supplemental Retirement Accounts

You may participate in the University's 403(b) and/or 457(b) supplemental retirement plans. To begin making contributions pick up the appropriate forms and investment company information in the Benefits Department or the Employee Service Center at the Hospital.

Status Changes:

If you experience a qualified status change event as defined by the Internal Revenue Code (marriage, birth, adoption, divorce, death, employment change, loss of other coverage, etc.), you have three months from the date of the event to make changes in your benefit plan elections. The changes you request must be consistent with the event. If you do not make changes during this three-month period, you will have to wait for the next open enrollment period to make changes.

Change of Beneficiary:

You may change your beneficiaries on your insurance coverage at any time by completing a Beneficiary Change Form, which is available on the Benefits website at www.hr.utah.edu or in the Benefits Department. You must contact your retirement plan directly to change beneficiaries.

Remember! Keep a copy of your enrollment forms for your records.
If you have any questions, please contact the Benefits Department at 581-7447.

Payroll Deduction Worksheet

(for your information only)

Group Life Insurance

Part I	Annual salary to max of \$25,000	No cost to employee	N/A
Part II	Annual salary to max of \$25,000	Salary up to \$25,000 x \$.20	\$
Part III	Dependent coverage of \$2,000 per dependent	\$.50 total per month, no matter how many covered dependents	\$
Supplemental Term Life:	Employee	Max coverage of \$350,000 combined with Universal Life (up to \$750,000 may be available for those who qualify)	Rates found in the life insurance summary booklet
	Spouse	Max coverage of \$250,000	
	Dependent Child	\$5,000 or \$10,000	\$.60 or \$1.20 total per month
Group Universal Life	Max coverage of \$150,000	Rates can be obtained by calling Hawkins & Associates at 272-5353	\$
Total Group Life Insurance Monthly Deduction			\$

Accidental Death and Dismemberment

Single Coverage	\$.19 per \$10,000 of coverage	\$
Family Coverage	\$.36 per \$10,000 of coverage	\$
Total Accidental Death & Dismemberment Monthly Deduction		\$

Long Term Disability

Hourly / Non-Exempt (Utah State Retirement Participants)	\$.00515 multiplied by covered monthly salary, minus \$8.00 (full-time) / \$4.00 (part-time) contribution made by University.	\$
Salaried / Exempt (TIAA-CREF Retirement Participants)	\$.00710 multiplied by covered monthly salary, minus \$8.00 (full-time) / \$4.00 (part-time) contribution made by University.	\$
Total Long Term Disability Monthly Deduction		\$

Long Term Care

Long Term Care employee rates are listed on page 16 of the booklet	\$
Total Long Term Care Monthly Deduction	\$

Medical/Dental Plan

See the last page of the Health Care and Dental Coverage Enrollment Form for Rates

Health Plan Network and Plan Design Choice	\$
Deduct Cost of Dental Coverage if you wish to Waive Dental	\$ -
Total Health Care and Dental Monthly Deduction	\$

Total Monthly Deduction

\$ _____

(1/2 taken from each paycheck received the 7th & 22nd of each month)

÷ 2

Total Per Paycheck Deduction

\$ _____