



Benefits Enrollment Form

If you are a full-time non-exempt staff member (paid weekly or every two weeks), your benefits begin exactly 90 days from your hire date and this form MUST be received within 90 days from hire date. If you are a full-time exempt faculty/staff member (paid monthly), your benefits begin on your hire date and this form MUST be received within 30 days from hire date. If you change from a regular part-time position to a regular full-time position, your part-time service counts toward your benefits-eligibility wait and you MUST submit this form within 30 days of the change to full-time status.

Form with checkboxes: New Hire, Part-time to Full-time, Rehire

Faculty/Staff Information (Please print clearly)

Form with fields: Social Security Number, Last Name, First Name, M.I., Date of Birth, Home Mailing Address, City, State, Zip, Daytime Phone Number, Date of Hire, Department, Gender, Married?, Spouse work at Vanderbilt?

Health, Dental, and Vision sections with various plan options and coverage levels.

Covered Family Members (By including your spouse/certified partner and/or children, you assert they meet eligibility requirements. Attach second sheet if necessary.)

Table with columns: Relationship, Last Name, First Name, Social Security Number, Date of Birth, Gender, Enroll In (Health, Dental, Vision)

Life Insurance

Form for Life Insurance with fields: Basic Coverage, Supplemental Coverage, Beneficiary Name, Relationship, Percentage

Accidental Death & Dismemberment (Optional)

Form for Accidental Death & Dismemberment with fields: Coverage Amount, Coverage Level, Beneficiary Name, Relationship, Percentage

Processing Office Use Only box with fields: Pay Group, Eff Date, Correction Mode Needed, ID #, Group #, Date Received in Processing

When declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be eligible to enroll yourself or your dependents in the Vanderbilt Plan provided you request enrollment within 30 days of other coverage ending.

I have received information about Vanderbilt University's benefit program. I choose to enroll as indicated above and waive my right to participate in the plans not selected. I understand enrollment at a later date in plans not selected may require proof of insurability.

Return form to: HR Processing, VU Station B # 357718, 2301 Vanderbilt Place, Nashville, TN 37235-7718

Employee Signature _____ Date _____

615.322.8330

* Requires certification of same-gender partnership. Contact the Office of Benefits Administration to make an appointment. ** If a beneficiary is not named, the default beneficiary will be your estate. To name contingent beneficiaries, use "Beneficiary/Life/AD&D Change Form."