

# Benefits

## **FLEXIBLE SPENDING ACCOUNT (FSA)** (formerly Personal Spending Account)

---

### *Summary Plan Description*

Prior to January 2009, these Vanderbilt benefits were referred to as “Personal Spending Accounts (PSAs).”

The Internal Revenue Service names for these tax-favored plans are “Flexible Spending Accounts (FSAs).”

Beginning January 1, 2009, Vanderbilt refers to these benefits using the IRS terminology, “Flexible Spending Accounts (FSAs).”



**HUMAN  
RESOURCES**

This brochure is not a contract. The Plan is described in rather general terms; the extent of participation at all times is governed by the complete terms of the Plan Document. Vanderbilt University reserves the right to modify, amend, change or discontinue the Plan at any time.

This Plan will be funded by the eligible Vanderbilt University Faculty or Staff member who elects to participate and administered by PayFlex.

Vanderbilt has two types of Flexible Spending Accounts (FSAs). The Health Flexible Spending Account is used to pay for unreimbursed health expenses for you and your tax dependents (see page 2 for more information on Health FSA qualifications). The Dependent Care Flexible Spending Account is used to pay for a day care or custodial care facility for a dependent child under age 13 or a spouse or other tax dependent who is physically or mentally incapable of caring for himself or herself (see page 3 for additional conditions applicable to the Dependent Care FSA).

## **PLAN ELIGIBILITY AND PARTICIPATION**

### **Eligibility and Date of Participation**

If you are a full-time faculty or staff member of Vanderbilt University, you will become eligible to participate in the optional FSAs on the first day of the month following completion of three months of continuous full-time employment.

### **Election Procedure**

If you choose to participate in one or both of the FSAs described in this document, you must so specify on the annual election form and agree to a corresponding reduction in your pay. If you choose to participate, your election must be on file with Benefits Administration in the Office of Human Resources by the date you are eligible for the Plan; otherwise, you will not be eligible to enroll for participation in the Plan until the open enrollment period for the next Plan (calendar) Year. Your election will continue to the end of the Plan Year (December 31). An election for participation is required each Plan (calendar) year. The election for the following year is made during open enrollment (usually during the month of October).

If you choose to participate, you must select an annual dollar amount to be set aside in your FSA(s). This amount will be divided by the number of paychecks you are expected to receive during the Plan Year. If you choose to participate in both types of FSAs, amounts which you set aside for each FSA are kept separate and cannot be commingled nor interchanged (i.e., health reimbursement is separate from dependent care reimbursement). Every dollar which you put into your account(s) is tax-free. Instead of paying for eligible expenses with what remains after taxes, you get a whole dollar's worth of benefit for every tax-free dollar you spend.

Only you and your tax advisor can determine if participating in a FSA for dependent care expenses will gain you the best tax advantage. Please note that expenses reimbursed from your Dependent Care FSA cannot be included when you calculate your dependent care credit for federal income tax purposes. Partial loss of this credit would reduce the value of your FSA reimbursement for tax purposes.

You must keep all receipts and any supporting documentation with your tax papers to be sure you have the records to prove that the purchases were eligible expenses in case of an Internal Revenue Service and/or PayFlex audit. Keep receipts and documentation for a period of four years or as long as your tax advisor recommends.

### **Expense Eligibility**

Depending on your spending account election, expenses incurred must be for health services and supplies, or dependent care expenses, provided to you or an eligible family member on or after the date you first begin participation in the FSA through the end of the Plan Year (see "Plan Year," page 5). The Plan Year includes the IRS Grace Period. Claims must be filed by the end of the IRS Grace Period (April 15).

Charges for health services and supplies or dependent care expenses provided during a Plan Year cannot be carried forward into the next Plan Year for reimbursement. For example, assume a participant has an account balance of \$50 as of December 31, the end of the Plan Year. On December 27, the participant received health services costing \$75. Because there is only \$50 in the account, only \$50 can be reimbursed to the participant. The remaining \$25 cannot be reimbursed from the next Plan Year's account because the services were not provided in that Plan Year. Any remaining account balance not used is lost (see "Loss of Balance in Account," page 3).

### **Qualifying Change in Family Status**

You may not change your election during the Plan Year except as may be required by a change in your family status. A change in your family status includes marriage, divorce, death of your spouse or child, birth or adoption of a child, and change of employment status of your spouse. The change of election must be made on account of and consistent with (necessary and appropriate because of) the family status change and must be received by the Benefits Office within 30 days of the event triggering the need for the change in election. Appropriate documentation supporting the change of election must be submitted with the request. Any election resulting from a family status change shall be effective at such time as the Plan Administrator shall prescribe, but not earlier than the first pay period beginning after the election forms are completed and returned to the Plan Administrator.

Changing your FSA election due to a family status change creates two claim periods, the period prior to the change in election amount and the period after the change. Expenses for services incurred prior to the effective date of the FSA change are not

eligible for reimbursement under the new election amount, therefore amounts not used for qualified expenses prior to the qualifying event change may be lost if not used.

## **Reimbursement of Health and Dependent Care Expenses**

As you incur health expenses and dependent care expenses, you must submit a reimbursement form and appropriate documentation of the expense. Amounts reimbursed to you will be withdrawn from your FSA (i.e., health expenses from your Health FSA and dependent care expenses from your Dependent Care FSA). As long as you have a balance in your account for either health expenses or dependent care expenses, you may submit a reimbursement form for that type of expense. The dependent care account balance equals the total amount by which your salary has been reduced to date, less any claims already paid to you. The health account balance equals the total amount by which your salary is to be reduced for the year, less any claims already paid to you. (NOTE to Health Reimbursement Account (HRA) (formerly called the Flexible Reimbursement Account, or FRA, by Vanderbilt) recipients: If you receive the Vanderbilt-provided HRA benefit, reimbursement for health expenses will be paid from the Health FSA account first. Once funds are exhausted in your Health FSA, health expense reimbursements will be paid from the HRA.)

## **TYPES OF EXPENSES REIMBURSED**

### **Qualifying Health Expenses**

Under the Plan, you will NOT be reimbursed for health expenses covered by insurance or for your monthly payroll deductions paid toward your other benefits. You can be reimbursed for copays, amounts you pay towards the deductible limit or coinsurance amounts, if any. You also can be reimbursed for those types of non-insured health expenses normally deductible on your federal income tax return.

#### **Examples of Expenses that CAN Be Reimbursed to You:**

- Medicine, prescription drugs, birth control pills, insulin, vaccines, and vitamins your doctor prescribed
- Medicine and drugs purchased without a prescription for health care as defined under Section 213(d) of the Internal Revenue Code
- Medical doctors, dentists, eye doctors, chiropractors, osteopaths, podiatrists, psychiatrists, psychologists, physical therapists, and acupuncturists
- Medical examination, x-ray and laboratory service, insulin treatment, and whirlpool baths your doctor ordered
- If you pay someone to do both nursing and housework, you can be reimbursed for the cost of the nursing help only
- Hospital care (including directly related meals and lodging), clinic costs, lab fees
- Medical treatment at a center for drug addiction or alcoholism
- Medical aids such as hearing aids (and batteries), false teeth, prescription eyeglasses, contact lenses, braces, orthopedic shoes, crutches, wheelchairs, guide dogs and the cost of maintaining them
- Ambulance service and other travel costs directly related to a medical problem

#### **Examples of Expenses that CANNOT Be Reimbursed to You:**

- Estimates for medical procedures
- Insurance premiums or other benefits coverage payments taken as a payroll deduction from your Vanderbilt paycheck
- Life insurance or disability income protection policies
- Nursing care for a healthy baby
- Illegal medical procedures, operations or drugs
- Travel your doctor told you to take for rest or relaxation
- Contact lens insurance or other insurance premiums through another employer (including a spouse's employer)
- Elective cosmetic surgery

#### **Qualifying Health Expenses Include Only Those Expenses Incurred for:**

- Yourself
- Your spouse
- All dependents you claim on your federal income tax return

IRS Publication 502, Medical and Dental Expenses, has a list of medical expenses that can and cannot be deducted and therefore are or are not eligible for reimbursement under this Plan. This publication is available at the Internal Revenue Service (IRS) Web site ([www.irs.gov](http://www.irs.gov) or specifically, [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)). In addition, please see Section 213(d) of the Internal Revenue Code for information on reimbursement of non-prescription drugs.

## **Qualifying Dependent Care Expenses**

Under the Plan you will be reimbursed only for dependent care expenses meeting ALL of the following conditions:

1. The expenses are incurred for dependent care services rendered between the dates of January 1 and December 31 (and during the Grace Period through March 15) to which your election applies. Reimbursements are provided only for incurred expenses (i.e., services rendered) and not for prepaid expenses.
2. Each individual for whom you incur the expense is:
  - (A) a child under age 13 whom you are legally entitled to claim as a dependent on your federal income tax return, or
  - (B) a spouse or other tax dependent who is physically or mentally incapable of caring for himself or herself.
3. The expenses are incurred for the care of a dependent described above and are incurred to enable you and your spouse (if married) to be gainfully employed.
4. If the expenses are incurred for services outside your household, they must be incurred either for the care of a child under age 13 or for another eligible dependent who regularly spends at least 8 hours per day in your household.
5. If the expenses are incurred for services provided by a dependent care center, the center must comply with all applicable state and local laws and regulations.
6. The expenses may not be paid to a child of yours who is under age 19 or to an individual for whom either you or your spouse is legally entitled to claim a personal tax exemption as a dependent.
7. Total expenses reimbursed to you during any calendar year may not exceed the lesser of the following limits:
  - (A) \$5,000.00 (\$2,500 in the case of a separate return by a married individual) or
  - (B) If you are married and your spouse earns less than \$5,000, total expenses reimbursed to you during any Plan (calendar) year may not exceed your spouse's taxable compensation.
8. If you are married and your spouse does not work, you may not have any expenses reimbursed for dependent care coverage. There is an exception to this rule. If your spouse is (1) physically or mentally incapable of caring for himself or herself, or (2) a full-time student at an educational institution, dependent care expenses may be reimbursed, but the total expenses reimbursed during any calendar year may not exceed \$2,400 if you have one dependent described in paragraph 2 above or \$4,800 if you have two or more such dependents.

IRS Publication 503, Child and Dependent Care Expenses, includes information regarding tests for qualifying dependents and qualifying claims under this Plan. This publication is available at the Internal Revenue Service (IRS) Web site ([www.irs.gov](http://www.irs.gov) or specifically, [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf)).

## **CONSIDERATIONS FOR FSA PARTICIPATION**

### **Dependent Care FSA vs. Tax Credit**

It is important that you consider and/or consult a tax advisor to compare the benefit of the FSA to the federal dependent care tax credit. Your adjusted gross income, marital status, income tax filing status, number of eligible dependents, and day care expenses must be considered. As a general guide, but not personal tax or legal advice, participation in the Dependent Care FSA is likely to be a tax advantage for faculty or staff members who receive an adjusted gross income of \$25,000 or more per calendar year.

### **Loss of Balance in Account**

Amounts taken from your pay and credited to your FSA(s) can be used only to reimburse you for expenses incurred during that Plan Year. (See definition of Plan Year and Grace Period on page 5.) You have until 30 days following the end of the Plan Year to submit a reimbursement claim for eligible amounts which you incurred during your coverage period in the Plan Year. Any amount remaining unspent in your FSA at the end of a Plan Year, and as to which you do not apply for reimbursement before the 30-day deadline mentioned above, will be lost. This forfeiture is required by law as a feature of this Plan. For this reason, it is important that you plan carefully when enrolling in this Plan. Any amount lost or forfeited will be used by the Plan to defray the costs of its administration.

### **Social Security Taxes and Benefits**

The amount of reduction in your pay also reduces your wages for Social Security purposes. Thus, if you earn less than the Social Security wage base (\$106,800 in 2009), and if you elect to participate in the Plan, the Social Security taxes deducted from your pay will be reduced (as well as the amount of income tax withholding). Your future Social Security benefits will be determined based on your wages as reduced by dollars you put into your FSA. Thus, your Social Security benefits may be slightly reduced as a result of the taxes you save now.

## Failure to Elect

If you fail to return a completed election form to the Plan Administrator on or before the enrollment due date for the first Plan Year you are eligible, the Administrator will deem that you have elected to receive your full wages or salary in cash. If you fail to return a completed election form to the Plan Administrator on or before the specified enrollment due date for any subsequent Plan Year, the Administrator will deem that you have elected to receive your full compensation in cash for the new Plan Year. In this case, you may not participate in the Plan unless you have a qualifying change in family status (see Qualifying Change in Family Status).

## Automatic Reduction or Termination of Election

If your compensation available for contribution to the Plan is reduced so that you are not able to contribute the full amount you agreed to contribute at enrollment, your level of contributions and the amount you are entitled to withdraw from your account will automatically be reduced for the remainder of the Plan Year to the amount of salary available for contribution. The amount of the reduction will be taken first from your account for dependent care expense reimbursement, and the balance of the reduction amount shall be taken from your account for health expense reimbursement. Your participation in the Plan will automatically terminate on the day you terminate employment with Vanderbilt University or on the date you cease to receive compensation from Vanderbilt (for example, when you go on unpaid leave of absence), or change employment status from full-time to part-time. Any amounts then credited to your account for health expense reimbursement or dependent care expense reimbursement may be used for these respective expenses which you incurred during the coverage period of that year before the date of termination of your participation in the Plan. If you terminate employment or cease to be eligible to participate in the Plan, your claims deadline is December 31 of that Plan Year. You will not be granted the Grace Period.

Participation in the Plan may be extended after the termination of your employment or after the date you cease to receive compensation from Vanderbilt if you continue to make the monthly contribution for continued coverage. This payment must be received by Benefits Administration in the Office of Human Resources by the first day of the month for which you seek coverage. A two percent service charge will be applied to the monthly payment. Accumulated funds in the FSA may be accessed for reimbursement of claims incurred after the date of termination of your employment or after the date you cease to receive compensation from Vanderbilt only if you continue your participation in the Plan by making the monthly payment to your account. In this event, your participation in the Plan will cease at the end of the Plan Year.

## Protected Health Information

Protected Health Information (PHI) will be used in the operation of this Plan to permit administration and payment of benefits under the Plan. The Plan Sponsor will:

- Use and disclose PHI only as permitted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
- Certify to the Vanderbilt Group Health Plan that documents have been amended,
- Create firewalls including identifying employees who can access information,
- Restrict access to those individuals and only for Plan administration purposes, and
- Provide a mechanism for resolving non-compliance.

## PLAN INFORMATION

**Name of Plan** Flexible Spending Account (formerly “Personal Spending Account”) for Faculty and Staff of Vanderbilt University

**Name of Plan Sponsor** Vanderbilt University, Nashville, Tennessee

Employer Identification Number (“EIN”) 62-0476822

Plan Number 509

**Type of Plan and Plan Benefits** The Plan is a welfare benefit plan. It allows you to receive your full wages or salary for the Plan Year in cash or to have the employer apply a part of your earnings on a pre-tax basis to your share of the cost of the following benefits:

1. Health reimbursement (FSA)
2. Dependent Care reimbursement (FSA)

While you may choose under the Plan to have your employer apply a portion of your earnings to your share of the cost of benefits, the Plan does not provide actual benefits. The applicable welfare benefit plans provide the benefits and govern the terms and conditions of your coverage and the benefits available. Consult your Summary Plan Description or the appropriate welfare benefit plan for more information.

**Name of Plan Administrator** Associate Vice Chancellor for Human Resources/Chief Human Resources Officer, Vanderbilt University, VU Station B #357700, 2301 Vanderbilt Place, Nashville, Tennessee 37235-7700, 615.322.8330

**Name of Plan Administrator/Privacy Officer/Privacy Contact** Associate Vice Chancellor for Human Resources/Chief Human Resources Officer, Vanderbilt University, 2525 West End Ave., Suite 500, Nashville, Tennessee 37203, 615.322.8330

**Legal Service** Service of legal process may be made on Vanderbilt University, Associate Vice Chancellor for Human Resources/Chief Human Resources Officer, Vanderbilt University, 2525 West End Ave., Suite 500, Nashville, Tennessee 37203, 615.322.8330. Service may be made on PayFlex Systems, Inc., 10802 Farnam Drive, Suite 100, Omaha, NE 68154.

**Name and Address of the Plan Supervisor** The Plan Supervisor is appointed by the Plan Sponsor to supervise the day-to-day affairs of the Plan. The Plan Supervisor is Director of Benefits Administration, Vanderbilt University, VU Station B #357700, 2301 Vanderbilt Place, Nashville, Tennessee 37235-7700.

**Plan Year** The Plan Year and the fiscal year of the Plan is the calendar year, the 12-month period ending on each December 31. Grace period: As set out in Prop. Treas. Reg. §§ 1.125-1 and 1.125-2, the Plan Year is extended through the Grace Period until March 15. Expenses for qualified benefits incurred during the Grace Period may be paid or reimbursed from benefits or contributions remaining unused at the end of the immediately preceding Plan Year.

**Effective Date** The effective date of the Plan was September 1, 1989.

## HOW TO REQUEST REIMBURSEMENT

**MasterCard Debit Card:** The health care card issued by PayFlex Systems can be used like a credit card to access Health FSA funds for eligible expenses by swiping the card at the point of purchase with an **authorized merchant** [check the PayFlex Web site (<http://vanderbilt.payflex.com>) for a current list of authorized merchants]. You must keep all receipts and check your online monthly statements in case you need to verify card purchases by faxing or mailing receipts and a claim form to PayFlex (or the Internal Revenue Service in case of a tax audit). If you have unverified expenses of any amount, your card(s) will be suspended until proper verification is provided to PayFlex. Vanderbilt University does not accept liability for inappropriate use of the health care debit card. If you use the card after termination of employment from Vanderbilt, you will be required to pay back any amounts charged after your termination date. You must notify PayFlex immediately of any loss or theft of your card(s) by calling 800.284.4885.

According to Internal Revenue Service regulations, beginning January 1, 2009, health care debit cards can only be used at merchants who have installed an inventory information approval system (IIAS) and completed the IIAS certification process. IIAS allows only eligible items to be purchased with health care debit cards and makes using the card easier because you should not need to verify card transactions completed at IIAS merchants.

**Reimbursement Form:** The PayFlex reimbursement request form can be obtained from the Forms & Documents link of the Human Resources Web site (<http://hr.vanderbilt.edu/forms>); from HR Express, 2525 West End Avenue, second floor; or from the PayFlex Web site (<http://vanderbilt.payflex.com>). Complete the form and attach copies of bills, receipts, or Explanation of Benefits showing: 1) name of person incurring the expense, 2) date of the expense, 3) description of the expense (including name of provider), and 4) amount of the expense. You should retain a full copy of any claim form submitted in your files. Requests for reimbursement should be faxed to PayFlex using their toll-free fax: 800.450.0016 or mailed to: PayFlex Systems USA, Inc., P.O. Box 3039, Omaha, NE 68103-3039. Reimbursement checks will be mailed to the address in the PayFlex system, unless you are registered on the PayFlex Web site (<http://vanderbilt.payflex.com>) for direct deposit.

**Express Claims:** You may use the PayFlex online system to submit claims. Once you have registered on the PayFlex Web site (<http://vanderbilt.payflex.com>), follow the instructions to submit claims online. You are still responsible for submitting receipts or Explanations of Benefits to verify online claims. You may upload, fax or mail that verification to PayFlex as a follow-up to submitting an online Express Claim.

If you have questions about your account, you may call Vanderbilt HR Customer Service at 615.322.8330 or PayFlex toll-free at 800.284.4885 or go to <http://vanderbilt.payflex.com> to receive complete account and reimbursement status information. Review your monthly statements carefully to determine when validation of expenses is required, to confirm use, and check your balance.

## **CLAIM REVIEW PROCEDURE**

From the date your notice of claim is received, the Plan Administrator has 90 days in which to review the claim to determine whether benefits are payable in accordance with the terms and provisions of the Plan. Under specific circumstances, the Plan Administrator may require an extension of this 90-day period in which case you will receive written notice from the Plan Administrator that an additional 90 days is required to review your claim. During this period, the Plan Administrator may require additional information in order to make a determination of your claim. If additional information is required, you will receive a request, in writing, specifying the nature of the information needed and an explanation as to why it is needed. If you are not notified of the claim status within 90 days and you have not been notified that the extension period has been applied, you may request a review of your claim by following the procedure outlined under "Claim Review Procedure." If your claim has been approved, you will receive the appropriate benefit from Vanderbilt.

### **How to Appeal a Claim:**

If your claim for benefits is denied in whole or part, you will receive written notice of such denial within the 90-day period stated above (or 180 days if the extension period is required). Each written notice of denial shall set forth:

1. The specific reason(s) for the denial of the claim.
2. A specific reference to the provision(s) of the Plan upon which the denial is based; and
3. Notice of your right to have the denial reviewed by the Plan Administrator.

### **Appeal Review Procedure**

If you receive a written notice of denial, you or your duly authorized representative may request a review of the claim by giving written notice to the Plan Administrator. This request for a review must be made to the Plan Administrator within 60 days of the receipt of denial by the Plan Administrator. If such request is not made within 60 days, you will be deemed to have waived your right to a review by the Plan Administrator.

Once the Plan Administrator receives a request for a review, a prompt review of the claim will take place. You or your duly authorized representative have the right to review documents that might have a bearing on the claim, including the documents which establish and control the Plan, and to submit issues and comments that you feel might affect the outcome of the review. In connection with this review, the Plan Administrator may request and require pertinent documents regarding your claim.

Upon completion of a full and complete review, the Plan Administrator will notify you in writing of the results, citing Plan provisions that control the decision. The Plan Administrator has 60 days to notify you of his decision unless special circumstances require an extension of time. If an extension is required, the Plan Administrator shall notify you of the need for an extension before the end of the initial 60-day period for completing the review procedure. This means that the Plan Administrator will have an additional 60 days to notify you of the decision on your original claim.

## **STATEMENT OF ERISA RIGHTS**

As a participant in the Vanderbilt University FSA, you are entitled to certain rights and protected under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

1. Examine, without charge, at the Plan Administrator's office and at other specified locations, such as work sites and union halls, all Plan documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.
2. Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies.
3. Receive a copy of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the best interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA. If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial.

You have the right to have the Plan Administrator review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is

denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous. If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest area office of the U.S. Labor-Management Service Administration, Department of Labor.

In compliance with federal law, including the provisions of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Executive Order 11246, and the Uniformed Services Employment and Reemployment Rights Act, as amended, Vanderbilt University does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment. In addition, the University does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression consistent with the University's nondiscrimination policy. Inquiries or complaints should be directed to the Opportunity Development Center, 808 Baker Building, VU Station B #351809, 2301 Vanderbilt Place, Nashville, TN 37235-1809. Telephone 615.322.4705 (V/TDD); fax 615.343.4969.



HUMAN  
RESOURCES

| *Benefits*

Office of Human Resources  
Benefits Administration

Mail: VU Station B #357700, 2301 Vanderbilt Place, Nashville, TN 37235-7700

In Person: HR Express, 2525 West End Avenue, second floor, Nashville, TN 37203