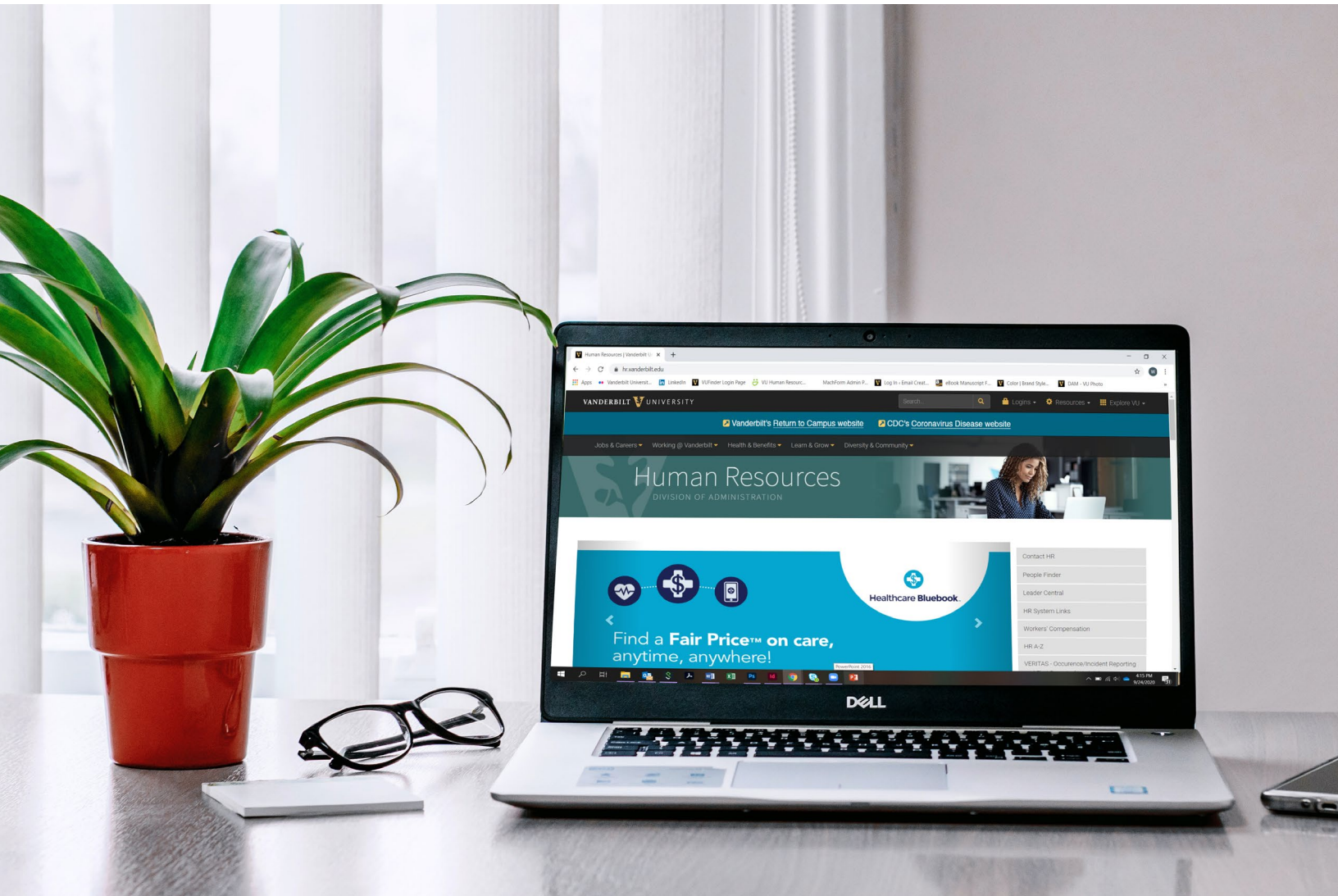
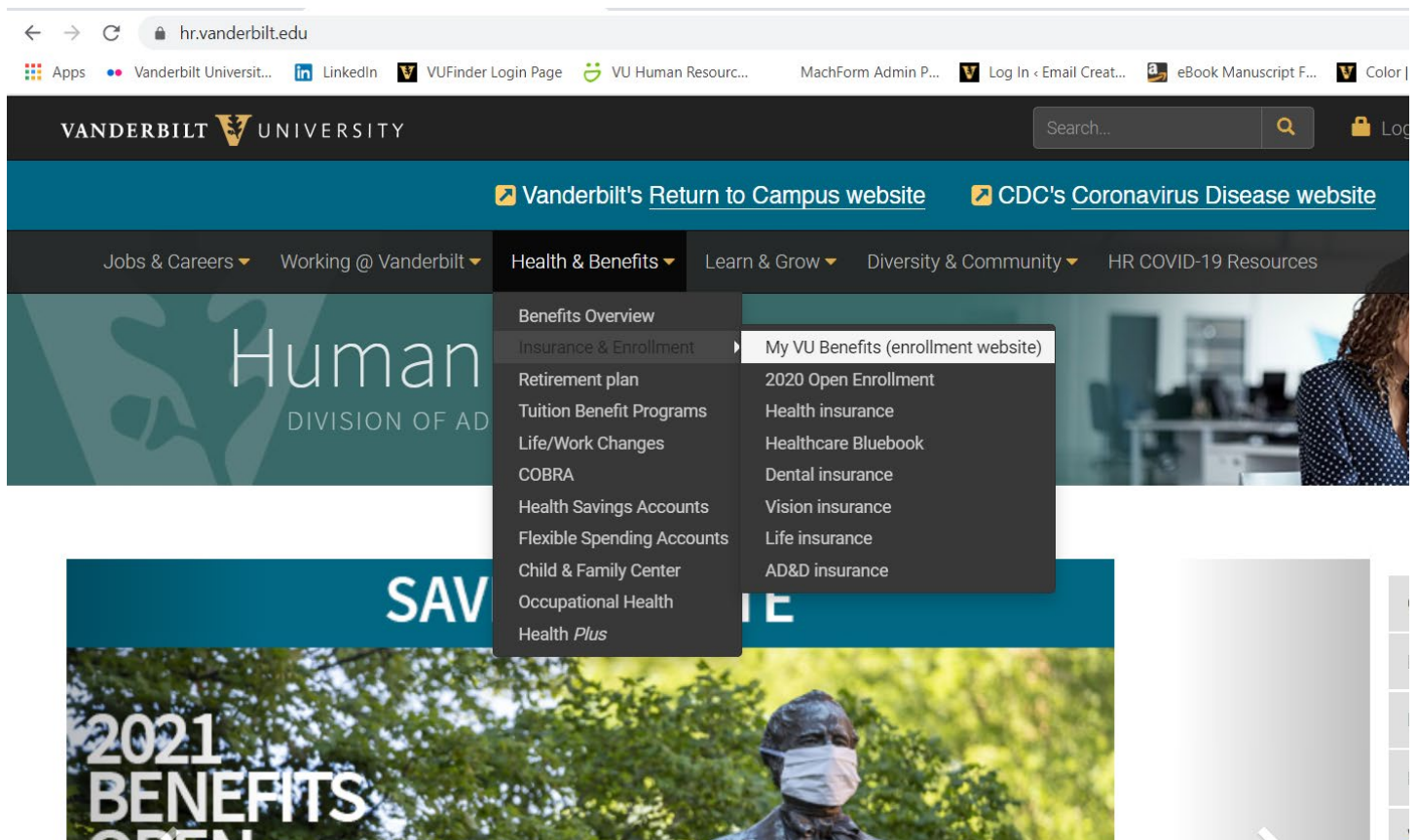


How to Enroll in Benefits

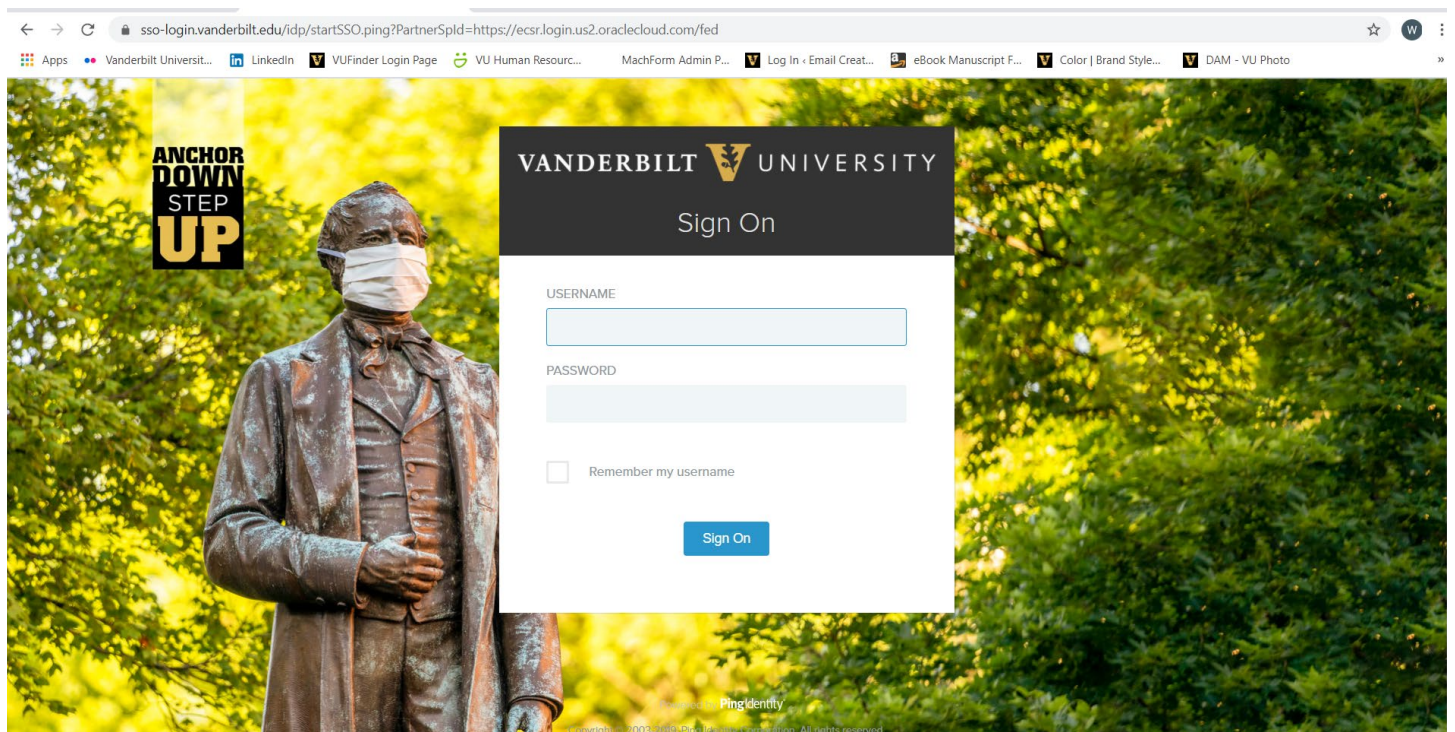
A Step-by-Step Guide through MyVU Benefits Enrollment System



Go to the Vanderbilt University Human Resources home page (hr.vanderbilt.edu). From the Menu, select *Health & Benefits > Insurance & Enrollment > MyVU Benefits (enrollment website)*.



Sign onto the MyVU Benefits site using single sign-on. Have your VU Net ID and password ready.



Select **Enroll Now**.

The screenshot shows the 'My VU Benefits' homepage for user John TEST Doe. At the top, there is a navigation bar with the Vanderbilt University logo and 'My VU Benefits' text. Below this, a yellow banner contains a warning icon and the text 'Reminder: Annual Open Enrollment (31 days left)'. A blue 'Enroll Now' button is prominently displayed and circled in red. To the right of the banner, the text 'Impersonating UserID: 52948' is visible. Below the banner is a large image with the text 'Welcome John!' and several circular icons at the bottom. A dark sidebar on the left contains navigation options: Home, My Plans, Account Information, Benefits Profile, Life Events, and Library.

Select **Enroll** under Annual Open Enrollment.

The screenshot shows the 'Available Enrollments' modal window. The window has a dark header with the title 'Available Enrollments'. The first section is titled 'Annual Open Enrollment' and includes a calendar icon. It states: 'Enrollment Period Begins: 10/02/2020', 'Enrollment Deadline: 11/02/2020 (31 days left)', and 'Effective: 01/01/2021'. A blue 'Enroll' button is circled in red. Below this, there is a section titled 'Declare a Life Event' with a pencil icon, which says: 'If you've experienced a recent change in your life (e.g. a marriage, birth, or divorce), click the 'Enroll' button below.' and includes another blue 'Enroll' button. The background shows the same 'My VU Benefits' interface as the previous screenshot, but dimmed.

Review your dependents.

The first step in the enrollment process is to provide information about your dependents. Once you have added a dependent, his or her name will appear below regardless of whether or not he or she is currently covered under your benefits.

Your dependents will be available to select as beneficiaries for life and AD&D, or you can designate another beneficiary when enrolling in those benefits.

IMPORTANT: Vanderbilt reserves the right to audit eligibility and may require copies of any legal papers issued to establish a person as your dependent.

Next Steps

- Review the information below on your current dependent(s).
- Add any dependents you plan to cover who do not appear in the list below.
- Please note that the birth date and relationship you enter are very important. This information will determine if the dependent is eligible for coverage, and, in some cases, may affect which plans you are offered.

[Add Dependent](#)

Name	Relationship	Gender	Admin ID	Date of Birth	Full-Time Student	Disabled
TEST Doe, Spouse	Spouse	F	XXX-XX-1111	02/02/1980	No	No
TEST Doe, Child	Child	M	XXX-XX-2222	03/03/2010	Yes	No

Annual Open Enrollment
Effective Date: 01/01/2021
YOU PAY:
\$398.50
Monthly

Add a Dependent (if needed) then select **Save and Close**. Next, select **Save and Continue** at the bottom of screen.

Add Dependent

SSN: *

Date of Birth: *

First Name: *

Gender: *

Middle Name:

Relationship: *

Last Name: *

Multiple Birth: ?

Lives Elsewhere ?

Full Time Student: ?

*Required
No Content

[Save and Close](#) [Close](#)

Select your health plan (Choice, Select, Waive Coverage) then select **Save and Continue**. If you'd like to waive coverage, make sure to uncheck your dependents.

Impersonating UserID: 5294818 | Name: John TEST Doe

Home / Health

1. GETTING STARTED | 2. CHOICES | 3. CONFIRMATION

Health | Step 1. Select Your Dependents

First select the dependents you wish to cover, if any, for this plan. The system will automatically determine the appropriate coverage level for you below. You can also click the "Edit" link next to each dependent's name to edit their information, or the "Upload Document" link to upload any necessary documentation.

If the dependent appears without a checkbox, he or she does not meet the relationship/age requirements for coverage or the Social Security number is missing.

Select your dependents below:

- TEST Doe, Spouse | Edit | Upload document
- TEST Doe, Child | Edit | Upload document

[Add Dependent](#)

Annual Open Enrollment
Effective Date: YOU PA

Health | Step 2. Select Your Plan

Prescription drug coverage is included with both health plan options, but costs apply differently, depending on which plan you choose. The Choice CDHP has a combined deductible, meaning that both your medical and prescription costs will count toward your deductible. Select PPO

Don't forget to double check that your dependents are selected for coverage!

You had the **Aetna Select (PPO) (Individual + Child(ren))** plan previously.

Aetna Choice (CDHP)

Tier: Family

Per Pay Period:
You Pay:
\$234.00

[Plan Info](#)

[Selected](#)

Aetna Select (PPO)

Tier: Family

Per Pay Period:
You Pay:
\$449.00

[Plan Info](#)

[Select Plan](#)

[Previous](#) | [Go to Confirmation](#) | [Save and Continue >](#)

Save and Continue >

Read through our exciting new Price Transparency Tool notice and select **Save & Continue**.

nderbilt Universit... LinkedIn VU VUinder Login Page VU Human Resourc... Machform Admin P... Log In < Email Creat... eBook Manuscript F... Color | Brand Style... UAM - VU Photo

Have you tried our new Price Transparency Tool?

Healthcare Bluebook is an online price comparison tool for health care services, such as imaging, elective surgeries and more. The tool ranks providers in a given geographical area in terms of quality and affordability. Healthcare Bluebook allows you to shop for procedures, compare facilities and their pricing, and find the best quality for medical services, all while saving money.

Did you know that in-network prices for the same procedure can vary by over 500% depending on the facility you choose?

Healthcare Bluebook makes it easy to save money on hundreds of common medical services and procedures by showing you the cost ranges in your area and providing you with a selection of Fair Price™ (green) facilities.

Healthcare Bluebook also provides detailed information on the quality of common inpatient procedures to help you to easily identify and select a facility that has a high-quality rating.

Learn more by visiting healthcarebluebook.com/cc/VU (Note: Clicking the link will direct you to a new tab, outside of your enrollment window. Be sure to return to the current tab to complete your enrollment.)

- [Healthcare Bluebook Access Guide](#)
- [Healthcare Bluebook Frequently Asked Questions](#)
- [Healthcare Bluebook Mobile App](#)

Annual Open Enrollment
Effective Date: 01/1/2021

YOU PAY:
\$398.50
Monthly

◀ Previous Go to Confirmation Save and Continue

Note: If you selected the Choice CDHP please continue to the next page. If you selected the Select PPO, please skip to page 10.

Select **I agree** to Fidelity's Terms and Agreements then select **Save and Continue**.

Impersonating UserID: 5294818 | Name: John TEST Doe | [Return to Admin](#)

Health Savings Account

✓ Your Health election has been saved!

1. GETTING STARTED | 2. CHOICES | 3. CONFIRMATION

Health Savings Account

By selecting "I Agree" below, you agree to the following:

- I am eligible to open a health savings account. I am a U.S. citizen or tax resident with a valid U.S. street address, and I am of legal age to enter into an agreement in my state of residence. I request to open a new Fidelity HSA® with Fidelity Brokerage Services LLC ("Fidelity") for which Fidelity Personal Trust Company, FSB will serve as custodian. I understand that this request will be processed as soon as administratively feasible upon Fidelity's receipt of required information. A Fidelity HSA opened through this Simple HSA Service will accept contributions and allow me to request distributions, but will otherwise be restricted, including the ability to place trades, designate beneficiaries, request a debit card, and indicate my communication preferences, until I go to Fidelity's website and provide additional information that is accepted by Fidelity. I agree to promptly go to Fidelity's NetBenefits website to provide additional information and activate other account features upon receiving Fidelity's confirmation that my account was established. If I already have a Fidelity HSA or open a full service Fidelity HSA right away, notwithstanding my election below, my request to open a Fidelity HSA through this Simple HSA Service shall be identity. Fidelity may not open, or may restrict and/or close my Fidelity HSA if it cannot obtain and verify information to confirm my identity. Fidelity will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if my account is restricted or closed.
- I agree to notify Fidelity if I am employed by or associated with a broker-dealer, stock exchange, exchange member firm, the Financial Industry Regulatory Authority (FINRA) or a municipal securities dealer. Absent such notice from me, I represent and warrant to Fidelity that this does not apply. If I am so affiliated, I understand that Fidelity must obtain consent and report my trading activity and other account data to my employer or other affiliated company. I understand that my account will continue to be restricted until such consent is received by Fidelity.
- I agree to notify Fidelity if I am, or an immediate family/household member is, a director, corporate officer, or 10% shareholder of a publicly held company or a control person of a public traded company under SEC Rule 144. Absent such notice from me, I represent and warrant to Fidelity that this does not apply.
- Contributions to my Fidelity HSA will be deposited into the FDIC-Insured Deposit Sweep position at one or more Program Banks assigned to this account from the HSA Program Bank List provided in the Fidelity HSA Documents above, and such Program Banks may change between the time I request this account and the HSA is actually opened.
- I acknowledge that the Fidelity HSA is governed by a pre-dispute arbitration clause, which appears on the last page of the HSA Brokerage Customer Agreement in the Fidelity HSA Documents accessible above, and which I represent having read and agreed to.

I Agree
 Decline

Annual Open Enrollment
Effective Date: 01/01/2021

YOU PAY:
\$315.73
Monthly

← Previous | Go to Confirmation | Save and Continue

[Copyright](#) | [Disclaimer](#) | [Privacy](#) | [Terms](#)

Note: If you do not agree to the Terms and Conditions then you will not receive the Vanderbilt contribution to your HSA (if you are eligible to receive the seed money).

Decide if you are making a contribution to your Health Savings Account (HSA). If yes, enter the amount and select how you would like your contribution to be deducted from your paycheck. Next, select **Save and Continue**.

1. GETTING STARTED | 2. CHOICES | 3. CONFIRMATION

Health Savings Account | Plan Information

The Health Savings Account (HSA) allows you to contribute pre-tax dollars to pay for health care expenses, such as deductibles, co-pays and co-insurance. Annual contribution limits are set by the IRS. For 2020 they are \$3,550 for individual coverage and \$7,100 for Family coverage. If you are age 55 or over, you can contribute an additional \$1,000 per year.

You can also carry any unused balance forward from year to year to use for future health care expenses. Your health savings account earns interest too, which helps your account balance grow over time.

The HSA offers unique benefits:

- Triple tax savings - contributions, any earnings, and distributions are tax free when used to pay for qualified medical expenses (established by the IRS)
- Any unused money in your HSA carries over each year and is yours to keep, even if you leave Vanderbilt.
- You decide when and how much of your HSA funds to use for your qualified medical expenses now, or save and invest for future needs, including during retirement.

Need help determining your max HSA contribution for 2020? Money from Vanderbilt, Go for the Gold dollars, and possible catch-up contributions all count toward your 2020 HSA limit. **Check out our handy Contribution Limit Worksheet [HERE](#) to determine what your max contribution.**

Please Note: The max contribution below reflects any Vanderbilt contribution you may be eligible for.

Note: Save your receipts for expenses you pay from your health savings account, in case you have to prove to the IRS that they were eligible expenses. If they aren't, you'll be subject to a tax penalty.

Health Savings Account | Make Your Choice

Min and Max Contributions:

- The minimum annual contribution to participate is **\$0.00**
- The maximum annual contribution to participate is **\$5,700.00**
- If you do not wish to participate, please enter **\$0.00**

Employer Amounts:

- Employer annual contribution is **\$1,500.00**

ENTER:
Your Annual Amount:
\$ 500.00

or

Deduction (Monthly):
\$ 41.67

Calculate

Health Savings Account | Select Payment Method

How would you like your contributions deducted from your paycheck?

Spread evenly across all paychecks

Take out specific amounts on specific paychecks

Annual Open Enrollment
Effective Date: 01/01

YOU PAY:
\$315.70
Monthly

< Previous | Go to Confirmation | Save and Continue

Note: If you do not wish to contribute to your HSA, simply put \$0.00 in the amount.

If your spouse is covered under the Vanderbilt plan, but can receive coverage under their employer you will be charged a \$100 Spousal Fee. Please select which is appropriate for your situation. Next, select **Save and Continue**.

Spousal Surcharge | Select Your Coverage Level

For an employee with a spouse who has access to health coverage through an outside employer but prefers using the Vanderbilt plan, a fee will apply. If your spouse works for Vanderbilt University Medical Center (not Vanderbilt University), the spousal fee will apply.

I understand that it is my responsibility to notify Vanderbilt as soon as possible in the event that my spouse's eligibility for health benefits changes; I understand that I may be required to provide proof of eligibility changes.

Vanderbilt reserves the right to audit eligibility and may require copies of any legal documents issued to establish a person as your spouse or child.

[View More](#)

Plan	Coverage Level	Monthly Deduction	Plan Info
Spousal Surcharge	<input checked="" type="radio"/> My spouse is not employed or does not have coverage available through his/her employer.	\$0.00	
	<input type="radio"/> My spouse is employed by Vanderbilt.	\$0.00	
	<input type="radio"/> My spouse has health coverage available through his/her employer.	\$100.00	

[← Previous](#) [Go to Confirmation](#) [Save and Continue](#)

Annual Open Enrollment
Effective Date: 01/1
YOU PAY:
\$357.4
Monthly



Note: Since you selected the Choice CDHP, please continue to page 12.

If your spouse is covered under the Vanderbilt plan, but can receive coverage elsewhere, you will be charged a \$100 Spousal Fee. Please select which is appropriate for your situation. Next, select **Save and Continue**.

nderbilt Universit... LinkedIn VUFinder Login Page VU Human Resourc... MachForm Admin P... Log In < Email Creat... eBook Manuscript F... Color | Brand Style... DAM - VU Photo

information
profile

Spousal Surcharge | Select Your Coverage Level

For an employee with a spouse who has access to health coverage through an outside employer but prefers using the Vanderbilt plan, a fee will apply. If your spouse works for Vanderbilt University Medical Center (not Vanderbilt University), the spousal fee will apply.

I understand that it is my responsibility to notify Vanderbilt as soon as possible in the event that my spouse's eligibility for health benefits changes; I understand that I may be required to provide proof of eligibility changes.


Vanderbilt reserves the right to audit eligibility and may require copies of any legal documents issued to establish a person as your spouse or child.

[View More](#)

Plan	Coverage Level	Monthly Deduction	Plan Info
Spousal Surcharge			
<input checked="" type="radio"/>	My spouse is not employed or does not have coverage available through his/her employer.	\$0.00	
<input type="radio"/>	My spouse is employed by Vanderbilt.	\$0.00	
<input type="radio"/>	My spouse has health coverage available through his/her employer.	\$100.00	

Annual Open Enrollment
Effective Date: 01/1
YOU PAY:
\$357.4
Monthly

[< Previous](#) [Go to Confirmation](#) [Save and Continue](#)



If you selected the Select PPO, decide if you would like to enroll in a Health Care Flexible Spending Account (FSA). Put in the amount you wish to contribute annually. Next, select **Save and Continue**.

1. GETTING STARTED 2. CHOICES 3. CONFIRMATION

Health Care Flexible Spending Account 2021 | Plan Information

[View Plan Info](#)


The Health Care Flexible Spending Account allows you to set aside pre-tax money to pay for out-of-pocket health care expenses for you and your eligible dependents.

- Review the [Eligible Health Care Expenses](#) list for items that are eligible for reimbursement.
- The [Tax Savings worksheet](#) can show you how much you can save on your taxes by using the Flexible Spending Account. **Please see your tax advisor if you have any specific questions regarding tax liabilities with respect to the spending account plan(s).**

Remember that your election is for the entire year and can be changed only if you experience a **life event** such as:

- Marriage or divorce
- Gain or loss of a dependent
- Gain or loss of your spouse or dependent's employment

If you have already contributed during this plan year, you can submit claims for reimbursement for funds already deducted; prior deductions will not be refunded through payroll. If you do not wish to participate for the remainder of the plan year please enter the amount indicated below.



Health Care Flexible Spending Account 2021 | Make Your Choice

Min and Max Contributions:

- The minimum annual contribution to participate is **\$104.00**
- The maximum annual contribution to participate is **\$2,700.00**
- If you do not wish to participate, please enter **\$0.00**

ENTER:

Your Annual Amount:

or

Deduction (Monthly):

Annual Open Enrollment
Effective Date: 01/1
YOU PAY:
\$532.1
Monthly
Amount Pending: \$4

Note: If you do not wish to enroll in a Health Care FSA, simply leave the amount as \$0.00.

Decide if you would like a Dependent Care Flexible Spending Account. If yes, enter your annual amount you would like deducted from your pay. Then, select **Save and Continue**.

1. GETTING STARTED 2. CHOICES 3. CONFIRMATION

Dependent Care Flexible Spending Account | Plan Information

[View Plan Info](#) Annual Open Enrollment

Effective Date: 01/1

YOU PAY:
\$357.4
Monthly

The Dependent Care Flexible Spending Account allows you to set aside pretax money to pay dependent care expenses for your children **under age 13** or adult dependents that are unable to care for themselves because of a mental or physical disability. To use this account, you, and your spouse if you are married, must be at work or school at the time your dependents require care. Examples include:

- Day care, local day camp, or in-home child care for your dependent child under age 13.
- Adult daycare or in-home dependent care for a spouse who is physically or mentally incapable to care for themselves.
- Elder care or in-home dependent care for an elderly parent who lives with you more than half the year.

To help you decide what is best for you:

- Review the [Eligible Dependent Care Expenses](#) list for items that are eligible for reimbursement.
- Explore the impact on your taxes. Any funds you contribute to the Dependent Care Flexible Spending Account reduce the amount you can claim as a Child Tax Credit on your income tax return. The value of the Child Tax Credit is based on your income bracket. [IRS Publication 503](#) offers guidance on calculating the credit to determine which will be more advantageous for you personally. The [Tax Savings Worksheet](#) can show you how much you can save on your taxes by using the Flexible Spending Account.

Please see your tax advisor if you have specific questions regarding tax liabilities with respect to the spending account plan(s).

Remember that your election is for the entire year and can be changed only if you experience a **life event** such as:

- Marriage or divorce
- Gain or loss of a dependent
- Gain or loss of your spouse or dependent's employment

Dependent Care Flexible Spending Account | Make Your Choice

Min and Max Contributions:

- The minimum annual contribution to participate is **\$104.00**
- The maximum annual contribution to participate is **\$5,000.00**
- If you do not wish to participate, please enter **\$0.00**

ENTER:

Your Annual Amount:

or

Deduction (Monthly):

[Calculate](#)

[← Previous](#) [Go to Confirmation](#) [Save and Continue](#)



Select or waive your Dental coverage then select **Save and Continue**. If you'd like to waive coverage, make sure to uncheck your dependents.

1. GETTING STARTED | 2. CHOICES | 3. CONFIRMATION

Dental | Step 1. Select Your Dependents

Please be sure to TAG/ADD dependents if you plan to add them to coverage.

First, select the dependents you wish to cover, if any, for this plan. The system will automatically determine the appropriate coverage level for you below. You can also click the "Edit" link next to each dependent's name to edit his/her information, or the "Upload Document" link to upload any necessary documentation.

If the dependent appears without a checkbox, he or she does not meet the relationship/age requirements for coverage or the Social Security number is missing.

Select your dependents below:

- TEST Doe, Spouse | Edit | Upload document
- TEST Doe, Child | Edit | Upload document

[Add Dependent](#)

Annual Open Enrollment
Effective Date: 01/1/2021
YOU PAY: **\$357.4** Monthly

Don't forget to double check that your dependents are selected for coverage!

Dental | Step 2. Select Your Plan

Select a plan from the choices below. For more information on the plans, please click the plan info button. To waive, select ELECT NO COVERAGE.

[Compare Plans](#)

You had the **Cigna Dental (DHMO) (Individual + Child(ren))** plan previously.

Plan	Coverage Level	Monthly Deduction	Plan Info
<input checked="" type="radio"/> Delta Dental Basic	Individual + Child(ren)	\$38.94	Plan Info
<input type="radio"/> Delta Dental Premier	Individual + Child(ren)	\$78.72	Plan Info

[← Previous](#) [Go to Confirmation](#) [Save and Continue](#)

Select or waive your Vision coverage, then select **Save and Continue**. If you'd like to waive coverage, make sure to uncheck your dependents.

nderbilt Universit... LinkedIn VUFinder Login Page VU Human Resourc... MachForm Admin P... Log In < Email Creat... eBook Manuscript F... Color | Brand Style... DAM - VU Photo

1. GETTING STARTED 2. CHOICES 3. CONFIRMATION

Vision | Step 1. Select Your Dependents

Please be sure to TAG/ADD dependents if you plan to add them to coverage.

First, select the dependents you wish to cover, if any, for this plan. The system will automatically determine the appropriate coverage level for you below. You can also click the "Edit" link next to each dependent's name to edit his/her information, or the "Upload Document" link to upload any necessary documentation.

If the dependent appears without a checkbox, he or she does not meet the relationship/age requirements for coverage or the Social Security number is missing.

Select your dependents below:

- TEST Doe, Spouse | Edit | Upload document
- TEST Doe, Child | Edit | Upload document

[Add Dependent](#)

Annual Open Enrollment
Effective Date: 01/1
YOU PAY:
\$357.4
monthly

Don't forget to double check that your dependents are selected for coverage!

Vision | Step 2. Select Your Plan

Select a plan from the choices below. For more information on the plans, please click the plan info button. To waive, select ELECT NO COVERAGE.

You had the **Superior Vision (Individual + Child(ren))** plan previously.

Plan	Coverage Level	Monthly Deduction	Plan Info
<input checked="" type="radio"/> Delta Vision	Individual + Child(ren)	\$13.61	Plan Info

[← Previous](#) [Go to Confirmation](#) [Save and Continue](#)

Copyright | Disclaimer | Privacy | Terms


Read through information on our Short-Term Disability (STD). Next, select **Save and Continue**.

Short-Term Disability Base Coverage | View Your Coverage


[View Plan Info](#)

If you are unable to work for an extended period of time due to an approved medical condition, Vanderbilt pays for your base portion of the short-term disability benefit that replaces up to 66 2/3% of your annual salary to a maximum benefit amount of \$308 per week. This covers up to \$24,000/year of your annual salary with only a 14 day waiting period (time before benefit payments begin). To receive full coverage, select the buy-up coverage offered on the next page.

Reminder: Traditional Short-Term Disability coverage ends on the last day of the month of your 1 year anniversary.



Company Provided Plan



This plan is provided by Vanderbilt University at no cost to you. No action is needed on this page. Simply click "Save and Continue" to go onto the next plan.

Annual Open Enrollment

Effective Date: 01/01/2021

YOU PAY:

\$357.40

Monthly

[Previous](#) [Go to Confirmation](#) [Save and Continue](#)

11:38 AM

Select if you'd like to enroll in the STD buy-up. Next, select **Save and Continue**.

Short-Term Disability Buy-Up Coverage | Select Your Coverage Level

Short-term disability (STD) provides no-cost base coverage, paid for by Vanderbilt, and optional buy-up coverage, paid for by you. The base portion (paid for by Vanderbilt) pays 66.7% of your weekly wages on the first \$24,000 of annual base salary with a two-week waiting period (14 calendar days). Costs for the buy-up depend on your annual salary.

You may opt out of the buy-up coverage below or at any time. If you wish to re-enroll in the buy-up coverage at another time, you will be required to complete Evidence of Insurability (EOI) for Unum.

You are not eligible to participate in the Short-Term Disability Buy-Up Plan if your annual base salary is less than \$24,000.

You had the **Short-Term Disability Buy-Up Coverage (Short-Term Disability Buy-Up)** plan previously.

Plan	Coverage Level	Monthly Deduction	Plan Info
Short-Term Disability Buy-Up Coverage	<input checked="" type="radio"/> Short-Term Disability Buy-Up	\$28.03	Plan Info
	<input type="radio"/> Waive	\$0.00	

Annual Open Enrollment

Effective Date: 01/01/2021

YOU PAY:

\$357.40

Monthly

[Previous](#) [Go to Confirmation](#) [Save and Continue](#)


11:39 AM

Read through information on our Long-Term Disability (LTD). Next, select **Save and Continue**.


Long-Term Disability Base | View Your Coverage [View Plan Info](#)

Vanderbilt provides basic long-term disability insurance which replaces 60% of your annual salary, up to a maximum monthly benefit of \$1,200 per month, if you ever become disabled and are unable to work for six months or longer. This covers up to \$24,000/year of your annual salary. The long-term disability benefit also includes a 10% pretax monthly contribution to your retirement account if you are a participant in the Vanderbilt University Retirement Plan.

If you had continuous group long-term disability coverage within 90 days prior to coming to work at Vanderbilt, you may waive the one-year wait period. You must complete and submit the [Long-Term Disability Certification of Prior Coverage Form](#) within 90 days of your hire date to waive the one-year wait period.




Company Provided Plan



This plan is provided by Vanderbilt University at no cost to you. No action is needed on this page. Simply click "Save and Continue" to go onto the next plan.

Annual Open Enrollment

 Effective Date: 01/01/2021

YOU PAY:

\$357.40
Monthly

[← Previous](#) [Go to Confirmation](#) [Save and Continue →](#)

11:39 AM

Select if you'd like to enroll in LTD. Next, select **Save and Continue**.

Full Long-Term Disability | Select Your Coverage Level

To receive full long term disability coverage, you can enroll in "full" coverage for the remainder of your salary. In the event you become disabled and are unable to work for six months or longer, with both base and full coverage your benefit would pay 60% of your full take-home pay, up to a maximum benefit amount of \$33,000 a month. The cost of buy-up depends on your annual salary.

Enrollment in full long-term disability insurance occurs automatically on the first of the month after the one year anniversary for faculty and staff. Enrollment in full long term disability occurs immediately for house staff.

You may choose to waive full long-term disability insurance at any time. If you waive the full coverage amount (above the \$24,000 Vanderbilt pays) and wish to re-enroll at a later date, you will be required to complete Evidence of Insurability (EOI) for Unum. You are not eligible to participate in the Full Long-Term Disability Plan if your annual base salary is less than \$24,000.

You had the **Full Long-Term Disability (Waive)** plan previously.

Plan	Coverage Level	Monthly Deduction	Plan Info
Full Long-Term Disability			Plan Info
	<input type="radio"/> Full Long-Term Disability Requires EOI	\$11.92	
	<input checked="" type="radio"/> Waive	\$0.00	

Evidence Of Insurability (EOI)
The abbreviation EOI, appearing above for a specific coverage level, means that your request must be approved by the insurance provider before that coverage level will take effect. If you select a level that requires EOI, information on how to submit it will be provided on the next page.


Effective Date: 01/01/2021

YOU PAY:
\$357.40
Monthly

[← Previous](#) [Go to Confirmation](#) [Save and Continue →](#)

[Copyright](#) | [Disclaimer](#) | [Privacy](#) | [Terms](#)

11:40 AM



Vanderbilt provides a Basic Life insurance policy in an amount equal to your annual base benefits rate* (up to a maximum of \$500,000). Select **Save and Continue**.

Basic Life | Select Your Coverage Level

As an employee of Vanderbilt, you are currently covered by our basic life insurance plan in an amount equal to your annual salary at no cost to you, up to a maximum of \$500,000.

Please note: Employer paid costs (premiums) required to purchase amounts above \$50,000 must be reported as W-2 wages to the employee per the IRS. The cost is based upon your age and will appear on your paystub as Group Term Life earnings. You will be taxed on this amount.

You had the **Basic Life (1 x Annual Salary)** plan previously.

Plan	Coverage Level	Monthly Deduction	Plan Info
Basic Life	<input checked="" type="radio"/> 1 x Annual Salary	\$0.00	Plan Info


[← Previous](#) [Go to Confirmation](#) [Save and Continue ▶](#)

Annual Open Enrollment

Effective Date: 01/01/2021

YOU PAY:

\$357.40
Monthly



Select Supplemental Life coverage using the drop down arrow to select the amount. Select **Save and Continue**

Supplemental Life | Select Your Coverage Level

You may purchase additional individual coverage up to eight times your base annual earning up to a maximum of \$1,000,000.

Plan	Coverage Details	Plan Info
Supplemental Life	<p>Coverage Level Amount Monthly Deduction</p> <p>1 x Salary \$50,000.00 \$3.90 Requires EOI</p>	Plan Info

Evidence Of Insurability (EOI)
The abbreviation EOI, appearing above for a specific coverage level, means that your request must be approved by the insurance provider before that coverage level will take effect. If you select a level that requires EOI, information on how to submit it will be provided on the next page.

[← Previous](#) [Go to Confirmation](#) [Save and Continue ▶](#)


Annual Open Enrollment

Effective Date: 01/01/2021

YOU PAY:

\$559.97
Monthly

Amount Pending: \$4.95 ⓘ



Elect Spousal Coverage using the drop down arrow to select the amount. Select **Save and Continue**.

✓ Your Supplemental Life election has been saved!

1. GETTING STARTED | 2. CHOICES | 3. CONFIRMATION

Spouse Life Insurance | Select Your Dependents

Please be sure to TAG/ADD dependents if you plan to add them to coverage.

First, select the spouse you wish to cover, if any, for this plan. The system will automatically determine the appropriate coverage level for you below. You can also click the "Edit" link next to each dependent's name to edit their information, or the "Upload Document" link to upload any necessary documentation.

If the dependent appears without a checkbox, he or she does not meet the relationship/age requirements for coverage or the Social Security number is missing.

Select your dependents below:

- TEST Doe, Spouse | Edit | Upload document

Add Dependent

Annual Open Enrollment

Effective Date: 01/01/2021

YOU PAY:

\$357.40
Monthly

Amount Pending: \$3.90

Spouse Life Insurance | Select Your Coverage Level

Your spouse, if he/she meet eligibility criteria, is eligible for Supplemental Spouse Life dependent coverage of up to 50% of your Supplemental Employee life coverage with a maximum of \$250,000. No health questions are required for up to \$20,000 of coverage. Answer just five health questions for higher coverage amounts.

Remember: this plan provides coverage for your **spouse** and may require he/she to complete a Statement of Health.

Plan	Coverage Details	Plan Info
Spouse Life Insurance	<p>Coverage Level Amount Monthly Deduction</p> <p>\$10,000 \$10,000.00 \$1.05 Requires EOI</p>	Plan Info

What is EOI?
The abbreviation EOI, appearing above for a specific coverage level, means that your request must be approved by the insurance provider before that coverage level will take effect. If you select a level that requires EOI, information on where to obtain the form and how to submit it will be provided on the following page.

< Previous | Go to Confirmation | Save and Continue >

11:45 AM

If you elect new spousal coverage or change the amount from last year, you will need to submit an Evidence of Insurability (EOI) form. Follow the steps provided. Next, select **Save and Continue**.


Spouse Life Insurance | Evidence of Insurability

⚠ Evidence of Insurability is required: You have requested an amount of **\$10,000.00**. Your request must be approved by MetLife before that coverage level will take effect.

Complete a Statement of Health on the MetLife website. **A link will appear on your confirmation statement** at the end of your enrollment process. This will take you directly to the start of the Statement of Health process.

-OR-


To continue with your request, you must print, complete, and return the Statement of Health form. To do so, please follow the steps below:



Step 1. Download/Print Form


Click the button below to download/print the form.

[Download Form](#)



Step 2. Complete Form

Complete all of the necessary fields within the form.



Step 3. Mail Form

Once complete, mail the form to:
Metropolitan Life Insurance Company
Statement of Health Unit
P.O. Box 14069
Lexington, KY 40512-4069

Please Note:

- You may also submit your form via fax to 1-859-225-7909 or via email to SOHSubmissions@metlife.com
- Until we receive approval from MetLife, you will be provided with **\$0.00** of Spouse Life Insurance.
- To change your requested amount, click on the **Previous** button below and make a different election.
- If you have any questions regarding the EOI process, please email eoi@metlife.com.

[← Previous](#) [Go to Confirmation](#) [Save and Continue →](#)

[Copyright](#) | [Disclaimer](#) | [Privacy](#) | [Terms](#)

11:16 AM

Annual Open Enrollment

Effective Date: 01/01/2021

YOU PAY:

\$357.40
Monthly

Amount Pending: \$3.90 ?

Decide if you'd like to elect Dependent Child Life Insurance. Select the amount using the drop down arrow. Next, select **Save and Continue**.

✓ Your Spouse Life Insurance election has been saved!

1. GETTING STARTED | 2. CHOICES | 3. CONFIRMATION

Child Life Insurance | Select Your Dependents

Please be sure to TAG/ADD dependents if you plan to add them to coverage.

First, select the dependents you wish to cover, if any, for this plan. The system will automatically determine the appropriate coverage level for you below. You can also click the "Edit" link next to each dependent's name to edit his/her information, or the "Upload Document" link to upload any necessary documentation.

If the dependent appears without a checkbox, he or she does not meet the relationship/age requirements for coverage or the Social Security number is missing.

Select your dependents below:

- TEST Doe, Child [Edit](#) | [Upload document](#)

[Add Dependent](#)

Annual Open Enrollment

Effective Date: 01/01/2021

YOU PAY:


\$357.40
Monthly

Amount Pending: \$4.95

Child Life Insurance | Select Your Coverage Level

Select a Child Life Insurance plan from the choices below. For more information on the plans, please click the plan information button. To waive, select ELECT NO COVERAGE.

Plan	Coverage Details	Plan Info
Child Life Insurance	<p>Coverage Level Amount Monthly Deduction</p> <p>\$15,000 \$15,000.00 \$2.39</p>	Plan Info



Navigation: [← Previous](#) | [Go to Confirmation](#) | [Save and Continue >](#)

Decide if you'd like to elect Accidental Death & Dismemberment Insurance. Select the amount using the drop down arrow. Next, select **Save and Continue**.

1. GETTING STARTED | 2. CHOICES | 3. CONFIRMATION

Voluntary Accidental Death and Dismemberment | Step 1. Select Your Dependents

Please be sure to TAG/ADD dependents if you plan to add them to coverage.

First, select the dependents you wish to cover, if any, for this plan. The system will automatically determine the appropriate coverage level for you below. You can also click the "Edit" link next to each dependent's name to edit his/her information, or the "Upload Document" link to upload any necessary documentation.

If the dependent appears without a checkbox, he or she does not meet the relationship/age requirements for coverage or the Social Security number is missing.

Select your dependents below:


- TEST Doe, Spouse | Edit | Upload document
- TEST Doe, Child | Edit | Upload document

[Add Dependent](#)

Voluntary Accidental Death and Dismemberment | Select Your Coverage Level

Select a plan from the choices below. For more information on the plans, please click the plan info button. To waive, select ELECT NO COVERAGE.

Plan	Coverage Details	Plan Info
Voluntary Accidental Death and Dismemberment	<p>Coverage Level Amount Monthly Deduction</p> <p>\$10,000 Family \$10,000.00 \$0.23</p>	Plan Info



[< Previous](#) [Go to Confirmation](#) [Save and Continue >](#)

Copyright | Disclaimer | Privacy | Terms

11:47 AM

Confirm your beneficiaries and the amounts they will receive. Next, select **Save and Continue**.

1. GETTING STARTED


2. CHOICES

3. CONFIRMATION

My Beneficiaries | Need to Know More Info

You must designate one or more primary beneficiaries for each of the plans shown below. You may name a secondary (contingent) set of beneficiaries to receive benefits if the primary beneficiaries are no longer living. If no beneficiary is named, or if no named beneficiary survives you, benefits will be paid according to the Plan document.
The beneficiaries you designate for Basic Life also apply to your Supplemental Employee Life elections.

NOTE: The total for all primary beneficiaries must equal 100%. Secondary (contingent) beneficiaries are optional. If entered, the total for all secondary (contingent) beneficiaries must equal 100%.



Annual Open Enrollment

Effective Date: 01/01/2021

YOU PAY:

\$358.86

Monthly

Amount Pending: \$4.95

[Add Beneficiary](#)

Plan: Basic Life

Beneficiary Name	Relationship	Primary Percent	Secondary Percent
TEST Doe, Spouse	Spouse	<input type="text" value="50 %"/>	<input type="text" value="0 %"/>
TEST Doe, Child	Child	<input type="text" value="50 %"/>	<input type="text" value="0 %"/>
Total		100%	0%

[Apply to All](#)

Plan: Voluntary Accidental Death and Dismemberment

Beneficiary Name	Relationship	Primary Percent	Secondary Percent
TEST Doe, Spouse	Spouse	<input type="text" value="50 %"/>	<input type="text" value="0 %"/>
TEST Doe, Child	Child	<input type="text" value="50 %"/>	<input type="text" value="0 %"/>
Total		100%	0%

[Apply to All](#)

[Previous](#) [Save and Continue](#)



Review your elections and any actions you need to take.

1. GETTING STARTED | 2. CHOICES | 3. CONFIRMATION

Enrollment Information for John TEST Doe


Enrollment Type: Annual Open Enrollment | Effective Date: 01/01/2021 | Generated: 10/02/2020 at 11:48:26 a.m.

Below is a summary of your benefit elections with your per pay deductions and a list of any covered dependents. **Please print and review your benefit elections to confirm accuracy and see any next steps, such as providing required evidence of insurability and/or adding your emergency contact information.**

If you are satisfied, use the button above to print this form.

To make other changes, click on the Edit button for the plan type you want to change. You will be returned to that spot in the enrollment process to make your change. Your benefit election is saved when you are provided with information for the next benefit election. At that time, you may click on the Confirmation link in the Enrollment Progress bar above to return to this statement.

Pending Actions (1)

 The following plan, **Supplemental Life, Spouse Life Insurance**, still requires action on my part. [View More](#)

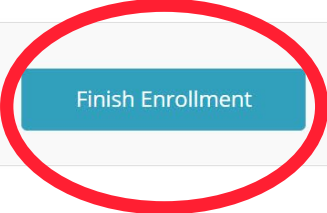
Your Choices

Scroll to the bottom and select **Finish Enrollment**.

Additional Information

I understand that:

- I am making an election concerning the above described benefits. I authorize applicable payroll deductions for the plan choices indicated. This election is subject to any changes required to comply with federal or state tax laws.
- I cannot revoke or change this election during the plan year unless there is a qualifying "life event." This change must be consistent with the IRS rules relating to a change in family status. If such a change occurs, I may then revoke my earlier election.
- I verify and affirm that the dependents enrolled for Health, Dental and/or Vision coverage are eligible under the terms of the applicable plan. I understand misrepresenting dependent eligibility is subject to disciplinary action, up to and including termination.



Email or print a copy for your records