

BENEFITS ENROLLMENT WORKSHEET

TEMPORARY FACULTY MEMBERS

THIS FORM IS NOT AN ENROLLMENT FORM.

THIS FORM IS INTENDED AS A PERSONAL WORKSHEET TO HELP YOU CHOOSE YOUR BENEFIT PLANS BEFORE ENROLLING IN THE BENEFIT PROGRAMS THROUGH YOUR EMPLOYEE SELF-SERVICE (ESS) ACCOUNT. YOUR ESS ACCOUNT WILL BE ACCESSIBLE ON OR AFTER YOUR FIRST DAY OF EMPLOYMENT.

Enroll or Waive Health Care Coverage

Medical/Hospitalization, Hearing & Prescription Drug Coverage

- Optional Enrollment
- If electing to enroll in coverage, employee pays a biweekly contribution of 18% of the healthcare premium
- If enrolling in the PPO plan, employee contribution will increase to 28% of the healthcare premium for the next plan year (July 1 – June 30) unless both employee and covered spouse/same-sex domestic partner meets the Healthy U requirements for the current plan year

Enroll in Medical/Hospitalization, Hearing & Prescription Drug Coverage	OR	Waive Medical/Hospitalization, Hearing & Prescription Drug Coverage
---	----	---

If Electing Enrollment, Plan Choices:

Highmark PPO w/Hearing & Rx		
-----------------------------	--	--

Supplemental Benefits: Vision & Dental Coverage

- Optional Enrollment
- Provided through the Pennsylvania Faculty Health & Welfare Fund (www.pafac.com)
- To enroll, contact the IUP APSCUF Office- 724-357-3021

Contact IUP APSCUF Office to Enroll in Supplemental Benefits	OR	Waive Supplemental Benefits
--	----	-----------------------------

Add Dependents to Health Care Coverage

- For employees hired on or after July 1, 2013, spouse/domestic partner enrollment in the State System Health & Prescription Drug plan requires primary coverage under the spouse's/domestic partner's employer group health plan, if available, regardless of the cost to the spouse/domestic partner, and regardless of whether the spouse/domestic partner has been offered an incentive to decline coverage.

Add Spouse:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; padding: 5px;">Medical/Hospitalization, Hearing & Prescription Drug Coverage</td> <td style="width: 55%;"></td> </tr> <tr> <td style="padding: 5px;">Vision and Dental Coverage</td> <td></td> </tr> </table>	Medical/Hospitalization, Hearing & Prescription Drug Coverage		Vision and Dental Coverage		Documents Needed to Add Spouse to Health Care Coverage:
Medical/Hospitalization, Hearing & Prescription Drug Coverage					
Vision and Dental Coverage					
Spouse's Name:	Copy of Original Marriage Certificate				
Spouse's Date of Birth:	Spouse Health Care Enrollment Attestation Form				
Spouse's Social Security #:					

Add Dependents to Health Care Coverage (continued)

Add Same-Sex Domestic Partner:

Medical/Hospitalization, Hearing & Prescription Drug Coverage	Documents Needed to Add Same-Sex Domestic Partner to Coverage:
Vision and Dental Coverage	
Domestic Partner's Name:	
Domestic Partner's Date of Birth:	Notarized Domestic Partner Certification Form
Domestic Partner's Social Security #:	Domestic Partner Health Care Enrollment Attestation Form

Add Child(ren):

Medical/Hospitalization, Hearing & Prescription Drug Coverage	Documents Needed to Add Child to Coverage:
Vision and Dental Coverage	
Child's Name:	
Child's Date of Birth:	Child's Date of Birth:
Child's Social Security #:	Child's Social Security #:
Documents Needed to Add Child to Coverage:	Documents Needed to Add Child to Coverage:
Copy of Child's Original Birth Certificate or Original Court Documents for Adoptions/Legal Guardianship	Copy of Child's Original Birth Certificate or Original Court Documents for Adoptions/Legal Guardianship

Child 3:	Child 4:
Child's Name:	Child's Name:
Child's Date of Birth:	Child's Date of Birth:
Child's Social Security #:	Child's Social Security #:
Documents Needed to Add Child to Coverage:	Documents Needed to Add Child to Coverage:
Copy of Child's Original Birth Certificate or Original Court Documents for Adoptions/Legal Guardianship	Copy of Child's Original Birth Certificate or Original Court Documents for Adoptions/Legal Guardianship

Enroll or Waive Life, Accident & Disability Insurance

Voluntary Group Life Insurance - VGLI

- Term life insurance for employee, spouse and eligible children
- Optional Enrollment
- Fully Employee Paid
- Guaranteed coverage amounts of \$150,000 for Employee and \$25,000 for Spouse if enrolling within first 31 days of initial election period, which, in most cases, begins with the first date of employment

<input type="checkbox"/> Elect Term Life Insurance Coverage	OR	<input type="checkbox"/> Waive Term Life Insurance Coverage	
If Electing Term Life Insurance Coverage:			
	Self	Amount:	\$
	If electing above Guaranteed Amount of \$150,000, additional documentation is required.		
	Spouse	Amount:	\$
	If electing above Guaranteed Amount of \$25,000, additional documentation is required.		
Child(ren)		\$5,000	\$10,000

Personal Accident Insurance – AD&D

- Accidental loss insurance for employee, spouse and eligible children
- Optional Enrollment
- Fully Employee Paid

<input type="checkbox"/> Elect Personal Accident Insurance	OR	<input type="checkbox"/> Waive Personal Accident Insurance	
If Electing Personal Accident Insurance:			
	Self	Amount:	\$
	Spouse	Amount:	\$
	Child(ren)		\$5,000

Long-Term Disability Insurance - LTD

- Income protection insurance for employee
- Optional Enrollment
- Fully Employee Paid
- Choice of two benefit waiting period options
- Guaranteed coverage if enrolling within the first 31 days of initial election period

<input type="checkbox"/> Elect Term Long-Term Disability Coverage	OR	<input type="checkbox"/> Waive Term Long-Term Disability Coverage
	Choose Benefit Waiting Period Option:	
	Option 1: Benefit Waiting Period of 180 days (6 months of continuous disability)	
	Option 2: Benefit Waiting Period of 90 days (3 months of continuous disability)	

Enroll or Waive Flexible Spending Accounts

Health Care Flexible Spending Account

- Optional Enrollment
- Fully Employee Funded
- Enrollment is for remainder of current calendar year
- Maximum contribution amount for Health Care Flexible Spending Account is \$3,050
- Employees will have the opportunity to enroll for next calendar year during the Fall Flexible Spending Account Open Enrollment

Enroll in Health Care Flexible Spending Account	OR	Waive Enrollment
--	-----------	-------------------------

Total Annual Dollar Amount Election for Remainder of Current Calendar Year:	\$
---	----

Dependent Care Flexible Spending Account

- Optional Enrollment
- Fully Employee Funded
- Enrollment is for remainder of current calendar year
- Maximum contribution amount for Dependent Care Flexible Spending Account: \$5,000 per household
- Employees will have the opportunity to enroll for next calendar year during the Fall Flexible Spending Account Open Enrollment

Enroll in Dependent Care Flexible Spending Account	OR	Waive Enrollment
---	-----------	-------------------------

Total Annual Dollar Amount Election for Remainder of Current Calendar Year:	\$
---	----

Select a Retirement Plan

Regular Retirement Program

- Mandatory Enrollment
- Employee contribution required
- Election of retirement plan is final and binding
- Failure to select a plan within 30 days will result in automatic enrollment in SERS, the Defined Benefit Plan for Pennsylvania Public Employees

Defined Benefit Plan – State Employees’ Retirement System (SERS)

- Employee contribution dependent upon the Class of Service elected, Class A-5, Class A-6 or Straight Defined Contribution/Investment Plan
- Participants do not become vested for the employer contributions until they have worked 10 years for the pension plan and 3 years for the investment plan. That means if you’re no longer employed by the State System before becoming fully vested, you only have a right to a return of your contributions and interest and you do not have a right to monthly pension payments or any of the employer contributions. View more information at www.sers.pa.gov

Class A-5, Class A-6 Hybrid Plans

- Class A-3 Employee Contribution of 6.25%
- Class A-3 Pension Benefit Formula: 2% x Years of Service x Final Average Salary

Class A-4

- If you are enrolled in Class A5 or A6 hybrid plans, your retirement benefit comes from two plans:
- **Pension plan** that features guaranteed monthly payments and;
 - **Investment plan** where the amount of money is based on contributions by you and your employer, along with personal investment choices and the markets.

Straight Defined Contribution/Investment Plan

The entire 7.5% employee contribution goes to your defined contribution investment account and the State System contributes an amount equal to 3.5% of your pay each pay period. Your retirement benefit would be determined by the amount of money you earn from your personal investment choices and the markets.

OR

Defined Contribution Plan – Alternative Retirement Plan (ARP)

- Employee Contribution of 5.00%; Employer Match of 9.29%
- Retirement Income is determined by the employee’s account balance at the time of retirement
- Participants are vested immediately from first day of enrollment
- Three investment companies to choose from – Fidelity Investments, TIAA-CREF, & VALIC
- Total amount of contributions may be allocated with as many as all three companies
- If more than one vendor is selected, allocation total must equal 100%

	Fidelity Investments	Percentage Allocated to Fidelity Investments:	%
	TIAA	Percentage Allocated to TIAA:	%
			%

You are now ready to use the information you have collected on this checklist to enroll in Health Care Coverage, Retirement, and Flexible Spending Accounts through the My First Days application on your Employee Self-Service (ESS) Account. You must complete your enrollment within 30 days of the first day of your employment.

First time users of ESS must first set-up their account by following the ESS account set-up. **Your ESS and IUP Computing Information is available through NEOED's Onboarding Process.** Once you have obtained your password, you can logon to the ESS portal at [Employee Self-Service \(ESS\) - Office of Human Resources - IUP](#) to complete your enrollments.

If you are adding dependents to your Health Care Coverage, you must provide documentation to verify dependent eligibility to the Office of Human Resources within 60 days of the date of hire. Copies of originals are acceptable.