

Vanderbilt University **Postdoctoral Trainee Benefits Program**

Enrollment Form Completion Instructions

This form may be used for enrollment, change, cancellation or waiver in the Vanderbilt University postdoctoral trainee benefits program. Please follow these instructions carefully. The processing of your benefit program selection for enrollment in the Vanderbilt University Postdoctoral Trainee Benefits Program is dependent upon the proper completion of this online enrollment form. Fields marked with ♦ are required. Please print and keep a copy of the enrollment form as your confirmation.

When you enroll in this program, you are enrolled in Medical, Dental, Life and LTD. You cannot choose just medical or dental; you must enroll in both.

Enrollment Form Login for First Time User: Please click on this link, then, click on *Create a Login Account*. This will take you to the **Enrollment Form Setup** page. Here you will provide the following information to create your account: First name, last name, last 4 digits of your SSN, your Vanderbilt email address and your unique password. Once you have provided this information, click *Submit*, and you will be taken to the Postdoc Dashboard.

If you are a returning user and wish to access your previously created enrollment form, you will provide your Vanderbilt email address and your previously created personal password to be taken to the Postdoc Dashboard. On the Dashboard, you may view your current enrollment and make changes to it.

Please keep in mind that all changes to your enrollment must either be completed during your Period of Eligibility (the 31 days following your date of appointment) or due to a qualifying life event, such as marriage, divorce, birth or adoption of a child within 31 days of the event.

Section 1. Personal Information:

Please complete all fields in Section 1 with requested information.

Postdoc Email Address: This is a required field, as it is important that we have an email address where we may contact you confirming your enrollment in your selected plans. If you do not have your own email address, please provide an email address where we may send you an enrollment confirmation. No personal information will be provided in this email; only confirmation, or reasons for non-confirmation, of your enrollment.

Appointment Start Date: Please provide this date.

Do You Hold J1 Visa Status? Select *Yes* or *No* as to whether you hold J1 Visa status.

Section 2. Department Information:

Please complete this section including your **department name, department contact name and phone (all required)**; if known, please provide your department contact's **email and fax**.

Section 3. Enrollment Benefit Plan Choices:

Section 3a. Please check 'Yes' indicating you wish to be enrolled in this program, including the Medical, Dental, Life/AD&D and Long-Term Disability. This choice includes the Aetna Open Choice 80/60 PPO Base Medical Plan and the Aetna Dental HMO Plan. If you are not selecting this plan, and instead deleting plan coverage, please proceed to Section 4 to check *Delete Plan Member*, and then proceed to Section 6 to delete coverage and provide information for anyone in your family that is terminating coverage.

Section 3b. Please check 'Yes' indicating you wish to be enrolled in this program, including Medical, Dental, Life/AD&D and Long-Term Disability. This choice includes the Aetna Open Choice 80/60 PPO Base Medical Plan and the Aetna Dental PPO Plan: If you are not selecting this plan, and instead deleting plan coverage, please proceed to Section 4 to check *Delete Plan Member*, then proceed to Section 6 to delete coverage and provide information for anyone in your family that is terminating coverage.

Section 3c. Please check 'Yes' indicating you wish to be enrolled in this program, including Medical, Dental, Life/AD&D and Long-Term Disability. This choice includes the Aetna Open Choice 90/70 Buy-Up Option PPO Medical Plan and the Aetna Dental HMO Plan: If you are not selecting this plan, and instead deleting plan coverage, please proceed to Section 4 to check *Delete Plan Member*, then proceed to Section 6 to delete coverage and provide information for anyone in your family that is terminating coverage.

Section 3d. Please check 'Yes' indicating you wish to be enrolled in this program, including Medical, Dental, Life/AD&D and Long-Term Disability. This choice includes the Aetna Open Choice 90/70 Buy-Up Option PPO Medical Plan and the Aetna Dental PPO Plan: If you are not selecting this plan, and instead deleting plan coverage, please proceed to Section 4 to check *Delete Plan Member*, then proceed to Section 6 to delete coverage and provide information for anyone in your family that is terminating coverage.

Section 4. Type of Action or Qualifying (Life) Event (Check all that apply):

Initial Enrollment: Please check this box if you are newly appointed and enrolling for the first time. Your coverage begins with your appointment start date.

Change in Appointment Status: Please indicate any change in appointment status and the date it occurred.

Domestic Partner Coverage: Please check this box if you wish to add your eligible same sex Domestic Partner to this benefit program. You must meet certain conditions in order to enroll your same sex domestic partner. To complete the certification/enrollment of your eligible Domestic Partner, please contact Dr. Mistie Germek, BRET Psychological Services, 306F Light Hall, (615) 343-0714. Dr. Germek's designation as a clinical psychologist allows him to provide this certification service while ensuring absolute confidentiality.

Add Eligible Family Member: Please check this box and provide the date you wish coverage to be effective in order to add your eligible family member. Then, complete Section 6 by selecting '*Enroll*' and providing the family member(s') information.

Change Personal Data for Eligible Family Member: Please indicate any change in personal information for an enrolled family member by checking this box and providing the changed information in Section 6 below.

Delete Plan Member: Please check this box to delete a family member from coverage. Supply the date the deletion should be effective and select the appropriate reason from the drop-down menu. Specify the family member in Section 6 by clicking '*Delete*' by their name(s).

Cancel Previous Waiver Due to Loss of Spouse / Domestic Partner Coverage: Please check this box if your spouse or domestic partner loses coverage at their employment. They must be enrolled within 31 days of the loss of coverage. Please provide the date of loss of coverage. Please also provide a letter from the employer certifying that you and your family member(s) were enrolled in the plan(s) and specifying the date coverage ends.

Section 5. Opt-Out of Coverage (Waiver):

The Vanderbilt University Postdoctoral Trainee Benefit Program is a comprehensive benefit program that requires enrollment in all plans: Medical, Dental, Life and Long-Term Disability.

If you wish to decline coverage for this program, please check the box which says, '*I wish to decline all coverage*'. By checking this box you are declining all coverage for all plans offered by The Vanderbilt University Postdoctoral Trainee Benefits Program for yourself and/or eligible dependents. You will still be enrolled in the life and long-term disability plan.

If you are only waiving coverage for your eligible dependents, please go to the box which says, '*I am declining coverage for the following dependents*'. Please check the box which applies indicating spouse and/or children.

Please also provide the reason for waiving the coverage in the area immediately following by checking either 'Covered by another plan' or 'other' and providing a brief statement.

Section 6. Eligible Family Members to be covered:

Please check the desired action, either 'Enroll' or 'Delete', then list those individuals for whom you wish coverage, or for whom you wish to delete coverage.

Please complete the requested information in this section. Please provide Social Security Number for all enrolling dependents.

My Aetna Dental DHMO Office #: Please click on [Provider Directory](#) and follow the instructions to select your primary care dentist. Please make sure by reading the text under the dentist's name if he/she is taking new patients. On the Open Enrollment Form, please provide the six (6) digit number that appears under the dentist's name. You may choose a dental provider for each family member enrolling.

Currently Disabled: If you or an eligible dependent are currently disabled, please check this box.

Section 7. Beneficiary Information:

Please provide beneficiary information for the Standard Life Insurance Company by indicating the percentage for each beneficiary. Please make sure that your percentage allowed for each beneficiary does not exceed 100% total.

Section 8. Terms and Conditions:

Please read this section carefully for valuable information regarding the Vanderbilt University Postdoctoral Trainee Benefits Program.

Section 9. Continuation Privileges:

This section provides a brief explanation of COBRA, as well as how it applies to same-sex domestic partners or partner's child.

Section 10. Notification of Eligibility:

Please read this section carefully for valuable information regarding the Vanderbilt University Postdoctoral Trainee Benefits Program eligibility requirements.

General Notice of COBRA Continuation Rights:

Please read this form carefully as it briefly describes your rights under COBRA. Once you have read the form, please click 'Yes' to be able to submit and print your enrollment form. By clicking 'Yes' you are also certifying that any enrolling adult dependents have been provided a copy of this form. If you have any questions concerning COBRA, please call our Vanderbilt Postdoctoral COBRA Services department at 1-877-559-9922 ext. 404.

Insurance Carrier Privacy Notice: Please read this form carefully as it describes how the insurance carriers will handle personal health information providing benefit plans for the Vanderbilt University Postdoctoral Trainee Benefits Program. Once you have read the form, please click 'Yes' to be able to submit and print your enrollment form.

Required Notice of the Insurance (Healthcare) Marketplace: This Notice is being made available to you in compliance with federal requirements to notify you of the Health Insurance Marketplace (Exchange). The Notice does not confirm that you are eligible for the insurance offered on the Exchange, but notifies you of the existence of the Marketplace. Once you have read the Notice, please click *Yes*. By clicking *Yes*, you confirm that you have read and understand the content of the Notice.

Garnett-Powers & Associates, Inc. Notice of Privacy Policy and Insurance Information Practices: This form provides information about how we handle your non-public personal and health information.

Section 11 Payment and Submission Instructions.

If you have not selected the Aetna Open Choice 90/70 PPO Plan, you will click ***I have not selected to enroll in the Aetna PPO Buy-Up Medical Plan.***

If you have selected the Aetna Open Choice 90/70 Buy-Up PPO Plan as your enrollment choice, please indicate on the form how you would like to pay for your monthly buy-up contribution, either by check or debit/credit card. After making your selection, please click on '*Submit and Create Printable Enrollment Form*'.

*If paying by check, a pop-up alert will advise you to remove the payment voucher at the bottom of your printed copy of the enrollment form and send it in with your payment to the address shown on the voucher. The alert will also advise you to print and keep a copy of the Enrollment Form for your records.

*If paying by credit card, a pop-up alert will advise you click on ***Click Here to Make Credit/Debit Card Payment*** link at the top of the page to enter your credit card billing information. The alert will also advise you to print and keep a copy of the Open Enrollment Form for your records.

Please note that your enrollment is not confirmed until we receive your payment for your first month of coverage.

If you are enrolling for the first time, you will receive an email confirmation of your enrollment within approximately 48 hours. If you enroll over the weekend, please allow an additional day for enrollment processing and confirmation. If you require any assistance in completing the enrollment form, please contact the Vanderbilt University Customer Service at VServices@Garnett-Powers.com or at 1-888-441-3719.