New Faculty Orientation

The College of William and Mary
Office of Human Resources
VISION
Workplace Excellence

The Department of Human Resources strives to create and cultivate a campus community where William & Mary is recognized both as a great university and a great place to work.
Customer Service

Develop a model for HR Service delivery that aligns with the mission of the university to support faculty and staff performance. We do so with an emphasis on customer service based on strategic thinking and expert advice in consultation and collaboration with the campus community.
Code of Ethics and Mandatory Reporting

- Honor Code – foundation of student life
- Code of Ethics – foundation of employee life
  - The Code of Ethics was adopted by the Board of Visitors of the College on April 17, 2009.
  - Defines core values that are important to as a community.
  - Provides framework for how we conduct ourselves as Board members, employees, students and volunteers.
  - Please also review the Reporting Obligations on the reverse of the form.
# ORIENTATION CHECKLIST

## FACULTY ORIENTATION CHECKLIST

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Deadline*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Deposit (Mandatory)</td>
<td>TODAY</td>
</tr>
<tr>
<td>VRS Beneficiary Designation Form (VRS-2) ORP = Complete sect. A, B &amp; D; VRS = Complete all sections</td>
<td>TODAY</td>
</tr>
<tr>
<td>Virginia Alcohol and Drug Policy</td>
<td>TODAY</td>
</tr>
<tr>
<td>Employee Clearance Deduction Authorization Form</td>
<td>TODAY</td>
</tr>
<tr>
<td>Health Benefits Enrollment/Waiver Form and Flexible Reimbursement Account Enrollment (Medical and Dependent Care)</td>
<td>30 DAYS</td>
</tr>
<tr>
<td>Election to Participate Form (VRS-65)</td>
<td>60 DAYS</td>
</tr>
<tr>
<td>IF CHOOSING ORP: Optional Retirement Plan (ORP) Application (Fidelity, DCP or TIAA)</td>
<td>60 DAYS</td>
</tr>
<tr>
<td>SICK AND DISABILITY ELECTION FORM</td>
<td>60 DAYS</td>
</tr>
<tr>
<td>IF CHOOSING VRS AND COLLEGE’S DISABILITY PLAN: Virginia Sickness &amp; Disability Program (VSDP-2) Opt Out Form</td>
<td>60 DAYS</td>
</tr>
<tr>
<td>Opt Out of Auto Enrollment to Deferred Compensation (457) if not wanted – ORP Enrollees Only - ICMA, 1-877-327-5261</td>
<td>90 DAYS</td>
</tr>
<tr>
<td><strong>OPTIONAL</strong></td>
<td></td>
</tr>
<tr>
<td>Legal Resources</td>
<td>31 DAYS</td>
</tr>
<tr>
<td>Optional Life Insurance</td>
<td>31 DAYS</td>
</tr>
<tr>
<td>403b &amp; Cash Match</td>
<td>ANY TIME</td>
</tr>
</tbody>
</table>
Decisions to be made:

- Choose a **medical plan**
- Choose between the **Optional Retirement Plan** or the **VRS Hybrid Plan**
  - If you choose the **ORP** – you are automatically enrolled in the University Sick and Disability Plan
  - If you choose the **VRS Hybrid Plan** – there is a choice between (1) the University Sick Plan or (2) the Virginia Sick and Disability Plan
- Choose **voluntary benefit plans**
Payroll Information

- Pay dates: 1<sup>st</sup> and 16<sup>th</sup> of each month
- Pay periods:
  - 10<sup>th</sup>-24<sup>th</sup> paid on the 1<sup>st</sup>
  - 25<sup>th</sup>-9<sup>th</sup> paid on the 16<sup>th</sup>
- Pay checks must be direct deposited
- Direct deposit form is in your packet
- Tax forms are available in Banner self service
Banner Self-Service

- Banner is our integrated information system
- Banner ID number is your W&M/VIMS employee ID number (930)
- View elected benefits and deduction
- View pay history and check stubs
- View your tax information
Holidays

- Observed holidays:
  New Year’s Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, and Christmas Day

- Four remaining holidays normally taken during the winter break
Homework

Forms you need to complete
# Personal Data Form

---

**Personal Data Form**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Information</strong></td>
<td></td>
</tr>
<tr>
<td>Name (First Name)</td>
<td></td>
</tr>
<tr>
<td>Name (Last Name)</td>
<td></td>
</tr>
<tr>
<td>Name (Middle Initial)</td>
<td></td>
</tr>
<tr>
<td>Home Address (Mailing Address)</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Campus Phone</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Birth Date</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Building</td>
<td></td>
</tr>
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**Demographics**

<table>
<thead>
<tr>
<th>Ethnic Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A</td>
<td>Asian</td>
</tr>
<tr>
<td>AI</td>
<td>Asian Indian</td>
</tr>
<tr>
<td>R</td>
<td>Hispanic</td>
</tr>
<tr>
<td>U</td>
<td>Unspecified</td>
</tr>
<tr>
<td>AI</td>
<td>Alaska Native Hawaiian</td>
</tr>
<tr>
<td>MI</td>
<td>Mix Ethnic</td>
</tr>
<tr>
<td>B</td>
<td>Black Non Hispanic</td>
</tr>
<tr>
<td>RB</td>
<td>Native American/Alaskan</td>
</tr>
</tbody>
</table>

**Educational Degree**

<table>
<thead>
<tr>
<th>Institution Attending Degree</th>
<th>Degree</th>
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<tbody>
<tr>
<td>Doctorate</td>
<td></td>
</tr>
<tr>
<td>Bachelor's</td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td></td>
</tr>
<tr>
<td>No Degree</td>
<td></td>
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</table>

**Veteran's Status**

<table>
<thead>
<tr>
<th>Special Classification</th>
<th>Date</th>
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<tbody>
<tr>
<td>Active Duty Separation</td>
<td></td>
</tr>
<tr>
<td>Vietnam Era</td>
<td></td>
</tr>
<tr>
<td>Recently Separated</td>
<td></td>
</tr>
<tr>
<td>Other Protected</td>
<td></td>
</tr>
</tbody>
</table>

**Prior State Service**

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Date of Service</th>
</tr>
</thead>
</table>

**Employee Signature**

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The College of William and Mary / VIMS Payroll Direct Deposit Authorization

Please indicate the department and location where your Direct Deposit stub should be mailed each pay period:

Department: __________________________ Location: __________________________

Please indicate the type of transaction you are requesting:

☐ New Direct Deposit  ☐ Change account(s) / amount(s)  ☐ Change department / location
☐ Terminate authorization

You may have a total of two Direct Deposits.

1. Deposit: ______
   - Account type: Checking / Savings
   - Account number: __________________________

2. Deposit: ______
   - Account type: Checking / Savings
   - Account number: __________________________

If depositing into a checking account, please attach a voided check.
   (It must include your pre-printed name and address)

If depositing to a Credit Union or into a savings account, please attach one of the following:

A completed direct deposit sign-up form 1199-a (available from your financial institution) or
Correspondence from your financial institution listing your account and their routing number.

Note: The information requested is necessary to identify your account and your financial institution's routing number.

I hereby authorize the College of William and Mary to initiate credit entries (deposits) and, if necessary, debit entries and adjustments for any credit entries made in error, to my account(s) listed above. To ensure proper distribution of my pay, I agree to immediately notify the Payroll department of any changes to this information. This direct deposit request will remain in effect until I notify, in writing, the Payroll department to terminate it, or until my employment with the College is terminated.

__________________________
Signature

Date

Return this form to:
The College of William and Mary
Payroll Office
P.O. Box 8755
Williamsburg, VA 23187-8755

[Signature]

[Date]
Federal and Virginia Taxes

- Set up and make changes to your W-4 and VA-4 taxes using Banner Self-Service.

- For help with setting up or changing your W-4 or VA-4, contact the Payroll Office at payofc@wm.edu or by calling 221-2848.
Commonwealth of Virginia Campaign

- Allows you to make contributions to over 1,000 approved charities through deduction from your paycheck
- Is NOT a pre-tax payroll deduction
- Visit [http://www.cvc.virginia.gov](http://www.cvc.virginia.gov) for more information and for a list of approved charities
- Elections are made through [https://eDirect.Virginia.gov](https://eDirect.Virginia.gov)
Policy on Alcohol and Other Drugs

- Please review policy and sign the certificate of receipt
- By signing, you are acknowledging receipt of the policy
- Your signature does not indicate agreement or disagreement with the policy
- The form must be completed TODAY
- The form must be completed TODAY

- You agree that the College will deduct from your final check any balances owed or the cost of any unreturned College material upon your separation of employment.
Benefit Forms

Forms due 60 days from hire date:

- VRS 65 Form – Election to Participate in the ORP
- VSDP Opt-Out Form – Complete if you select VRS Hybrid Plan and if you elect University Sick and Disability Plan
- Life Insurance Designation of Beneficiary Form

Forms due 30 days from hire date:

- Health Benefits/Flex Enrollment Form
- Optional Life Enrollment Form if you select additional life insurance
Choosing Your Retirement Plan

Please review the retirement plan comparison to assist you in making your retirement election.
Retirement Plan Membership Dates

- If membership date is prior to July 1, 2010, and you were vested with VRS:
  - Optional Retirement Plan (ORP) Plan 1
  - Virginia Retirement System (VRS) Plan 1
  - If you were not vested in Plan 1 by July 1, 2010, then you became a member of Plan 2.

- If membership date is July 1, 2010, to December 31, 2013:
  - Optional Retirement Plan (ORP) Plan 2
  - Virginia Retirement System (VRS) Plan 2

- If membership date is January 1, 2014, or later:
  - Optional Retirement Plan (ORP) Plan 2
  - Virginia Retirement System (VRS) Hybrid Plan
Choose a retirement plan within 60 days of your hire date

- For example, employees hired on August 10\textsuperscript{th}, the deadline will be October 8\textsuperscript{th}

- Virginia Retirement System (VRS) – Hybrid Plan, a combination of a defined benefit plan and a defined contribution plan

- Optional Retirement Plan (ORP) – Plan 2, a defined contribution plan

***If you do not select the ORP within 60 days of employment, you will default into the VRS Hybrid Plan***
Virginia Retirement System - Hybrid Plan

Each pay period, you will contribute a total of 5% of your gross pay on a pre-tax basis to a retirement plan:

- 4% to the defined benefit (DB) component
- 1% to the defined contribution (DC) component

Defined benefit at retirement is based on formula:

- \((\text{Average final compensation} \times 1\% \times \text{years of service})/12\)
- Vesting period is 5 years of service to be eligible for the DB component
Eligible for the defined benefit retirement at normal Social Security retirement age or when age + service = 90 (e.g., age 60 with 30 years of service)
Cash Match for VRS-Hybrid

You are eligible to participate if you elect to increase your contribution to the DC component by the 15th of the month prior to the beginning of any quarter. To maximize employer contributions, you may contribute up to an additional 4% and receive the employer match on your contributions.

<table>
<thead>
<tr>
<th>Voluntary 457 Contribution</th>
<th>Employer Match Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.50%</td>
<td>0.50%</td>
</tr>
<tr>
<td>1.00%</td>
<td>1.00%</td>
</tr>
<tr>
<td>1.50%</td>
<td>1.25%</td>
</tr>
<tr>
<td>2.00%</td>
<td>1.50%</td>
</tr>
<tr>
<td>2.50%</td>
<td>1.75%</td>
</tr>
<tr>
<td>3.00%</td>
<td>2.00%</td>
</tr>
<tr>
<td>3.50%</td>
<td>2.25%</td>
</tr>
<tr>
<td>4.00%</td>
<td>2.50%</td>
</tr>
</tbody>
</table>
Virginia Retirement System - Hybrid Plan

• Vesting period for the defined contribution employer match is:
  • 2 years of service = 50% vested
  • 3 years of service = 75% vested
  • 4+ years of service = 100% vested
• Following separation of employment (prior to retirement), you can withdraw the funds you contributed (less penalty and tax), roll your funds over into another qualifying account (no fee or taxes), or leave the funds in the plan until you retire.
Optional Retirement Plan

- Benefit at retirement is based on contributions, net investment earnings, and age
- Each pay period, you will contribute 5% of your gross pay on a pre-tax basis, and W & M will make an additional 8.5% employer contribution
- Vesting is immediate for the account balance, including the employer contributions
- Plan providers are TIAA, Fidelity and DCP
- Open enrollment of October 1-31 to change your plan provider
- Following separation of employment (prior to retirement), you can withdraw all funds (less penalty and tax) roll funds over into another qualifying account (no fee or taxes), or leave the funds in the plan until you retire.
## Comparison Point Highlights Between VRS and ORP

<table>
<thead>
<tr>
<th></th>
<th>VRS</th>
<th>ORP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vesting</strong></td>
<td>Defined Benefit: 5 years</td>
<td>Immediate</td>
</tr>
<tr>
<td></td>
<td>Defined Contribution: Immediate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(employer match based on years of service)</td>
<td></td>
</tr>
<tr>
<td><strong>Contribution</strong></td>
<td>Employee: 5%</td>
<td>Employee: 5%</td>
</tr>
<tr>
<td></td>
<td>Employer: Depends on voluntary contributions</td>
<td>Employer: 8.5%</td>
</tr>
<tr>
<td><strong>Portability</strong></td>
<td>May withdraw, roll-over funds into a qualifying account, or leave funds until retirement</td>
<td>May consolidate funds into another ORP account with same or different vendor, withdraw or roll-over funds into qualifying account, or leave funds until retirement</td>
</tr>
<tr>
<td><strong>Retirement Benefit</strong></td>
<td>Guaranteed benefit or “pension” plan and benefit based on account balance at retirement</td>
<td>Based on account balance at retirement; investment risk applies</td>
</tr>
</tbody>
</table>
## New ORP Fund Line-Up

### Allocation Tier

<table>
<thead>
<tr>
<th>Allocation Tier - 50% to 70% Equity</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target-Date Retirement</td>
<td>TIAA-CREF Lifecycle Index Ret Income Retire</td>
<td>TRCIX</td>
</tr>
<tr>
<td>Target-Date 2015</td>
<td>TIAA-CREF Lifecycle Index 2015 Retire</td>
<td>TLGRX</td>
</tr>
<tr>
<td>Target-Date 2020</td>
<td>TIAA-CREF Lifecycle Index 2020 Retire</td>
<td>TLWRX</td>
</tr>
<tr>
<td>Target-Date 2025</td>
<td>TIAA-CREF Lifecycle Index 2025 Retire</td>
<td>TLGRX</td>
</tr>
<tr>
<td>Target-Date 2030</td>
<td>TIAA-CREF Lifecycle Index 2030 Retire</td>
<td>TLHRX</td>
</tr>
<tr>
<td>Target-Date 2035</td>
<td>TIAA-CREF Lifecycle Index 2035 Retire</td>
<td>TLYRX</td>
</tr>
<tr>
<td>Target-Date 2040</td>
<td>TIAA-CREF Lifecycle Index 2040 Retire</td>
<td>TLZRX</td>
</tr>
<tr>
<td>Target-Date 2045</td>
<td>TIAA-CREF Lifecycle Index 2045 Retire</td>
<td>TLMRX</td>
</tr>
<tr>
<td>Target-Date 2050</td>
<td>TIAA-CREF Lifecycle Index 2050 Retire</td>
<td>TLLRX</td>
</tr>
<tr>
<td>Target-Date 2055</td>
<td>TIAA-CREF Lifecycle Index 2055 Retire</td>
<td>TTIRX</td>
</tr>
<tr>
<td>Target-Date 2060</td>
<td>TIAA-CREF Lifecycle Index 2060 Retire</td>
<td>TVITX</td>
</tr>
</tbody>
</table>

### Passive Tier

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate-Term Bond</td>
<td>Vanguard Total Bond Market Index Admiral</td>
<td>VBTLX</td>
</tr>
<tr>
<td>Large Blend</td>
<td>Vanguard 500 Index Admiral</td>
<td>VFIAX</td>
</tr>
<tr>
<td>Mid-Cap Blend</td>
<td>Vanguard Extended Market Index Admiral</td>
<td>VEXAX</td>
</tr>
<tr>
<td>Foreign Large Blend</td>
<td>Vanguard Total International Stock Index Admiral</td>
<td>VTIAX</td>
</tr>
</tbody>
</table>

### Active Tier

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money Market</td>
<td>TIAA-CREF Money Market Premier</td>
<td>TPPXX</td>
</tr>
<tr>
<td>Stable Value</td>
<td>TIAA Traditional</td>
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<tr>
<td>Intermediate-Term Bond</td>
<td>Metropolitan West Total Return Bond I</td>
<td>MWTIX</td>
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<tr>
<td>Large Value</td>
<td>JPMorgan Value Advantage R5</td>
<td>JVAXR</td>
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<tr>
<td>Large Blend</td>
<td>CREF Stock R3</td>
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</tr>
<tr>
<td>Large Growth</td>
<td>TIAA-CREF Growth &amp; Income Premier</td>
<td>TRPGX</td>
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<tr>
<td>Mid-Cap Value</td>
<td>MFS Mid Cap Value R4</td>
<td>MVCJX</td>
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<td>Mid-Cap Growth</td>
<td>Eagle Mid Cap Growth R5</td>
<td>HARSX</td>
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<td>Foreign Large Growth</td>
<td>American Funds Europacific Growth R4</td>
<td>REREX</td>
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<td>Small Value</td>
<td>Victory Integrity Small-Cap Value Y</td>
<td>VSIXX</td>
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<td>Small Growth</td>
<td>T. Rowe Price QM US Small-Cap Growth Equity</td>
<td>PRDSX</td>
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<tr>
<td>Diversified Emerging Markets</td>
<td>DFA Emerging Markets core Equity I</td>
<td>DFCEX</td>
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<tr>
<td>Real Estate</td>
<td>TIAA Real Estate</td>
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</table>

### Other

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Directed Brokerage Accounts</td>
<td>TIAA Self-Directed Brokerage Account</td>
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</tbody>
</table>

**Investments No Longer Available for New Contributions after 1/1/2018**

### Asset Class

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money Market</td>
<td>CREF Money Market R3</td>
<td>-</td>
</tr>
<tr>
<td>Intermediate-Term Bond</td>
<td>CREF Bond Market R3</td>
<td>-</td>
</tr>
<tr>
<td>Inflation-Protected Bond</td>
<td>CREF Inflation-Linked Bond R3</td>
<td>-</td>
</tr>
<tr>
<td>Large Blend</td>
<td>CREF Equity Index R3</td>
<td>-</td>
</tr>
<tr>
<td>Large Growth</td>
<td>CREF Growth R3</td>
<td>-</td>
</tr>
<tr>
<td>World Stock</td>
<td>CREF Global Equities R3</td>
<td>-</td>
</tr>
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</table>
# THE COLLEGE OF WILLIAM AND MARY
## ORP FIDELITY FUND LINE-UP

<table>
<thead>
<tr>
<th>Allocation Tier</th>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target-Date</td>
<td>Retirement</td>
<td>Fidelity Freedom Income K</td>
<td>FFKAX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2000-2010</td>
<td>Fidelity Freedom 2005 K</td>
<td>FFKVX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2000-2010</td>
<td>Fidelity Freedom 2010 K</td>
<td>FFKCX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2015</td>
<td>Fidelity Freedom 2015 K</td>
<td>FKFX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2020</td>
<td>Fidelity Freedom 2020 K</td>
<td>FFKDX</td>
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<tr>
<td>Target-Date</td>
<td>2025</td>
<td>Fidelity Freedom 2025 K</td>
<td>FKWX</td>
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<tr>
<td>Target-Date</td>
<td>2030</td>
<td>Fidelity Freedom 2030 K</td>
<td>FKEX</td>
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<tr>
<td>Target-Date</td>
<td>2035</td>
<td>Fidelity Freedom 2035 K</td>
<td>FKTHX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2040</td>
<td>Fidelity Freedom 2040 K</td>
<td>FFKFX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2045</td>
<td>Fidelity Freedom 2045 K</td>
<td>FFKGX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2050</td>
<td>Fidelity Freedom 2050 K</td>
<td>FFKHX</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2055</td>
<td>Fidelity Freedom 2055 K</td>
<td>FDXEN</td>
</tr>
<tr>
<td>Target-Date</td>
<td>2060</td>
<td>Fidelity Freedom 2060 K</td>
<td>FDKNX</td>
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<table>
<thead>
<tr>
<th>Passive Tier</th>
<th>Asset Class</th>
<th>Investment Allocation</th>
<th>Ticker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermediate-Term Bond</td>
<td>Fidelity U.S. Bond Index Prem</td>
<td>FSITX</td>
<td></td>
</tr>
<tr>
<td>Mid-Cap Blend</td>
<td>Fidelity Extended Market Index Prem</td>
<td>FSEVX</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Active Tier</th>
<th>Asset Class</th>
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<td>Fidelity BrokerageLink</td>
<td>FBDL</td>
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</table>
Selecting a Plan

- Your selection of a retirement plan is **irrevocable**
- You have **60 days** from your date of hire to make a choice, notify HR and turn in the necessary enrollment forms
- Until you make your selection, 5% of each pay check will be held in escrow and will be allocated to the plan of your choice after selection is made
Form VRS 65 – Election to Participate

ELECTION TO PARTICIPATE
OPTIONAL RETIREMENT PLAN FOR HIGHER EDUCATION

Complete this form within 60 days from the date you are first eligible to make an election under the Virginia Retirement System's (VRS) Optional Retirement Plan for Higher Education (ORPHE). Your election on this form is irrevocable and binding on you. Your choice to participate in the ORPHE or the Virginia Retirement System (VRS) defined benefit plan is made on this form. See the “Completing the Election to Participate” section for more information. If we do not receive this form within 60 days of the date you are first eligible, you are covered by the VRS Hybrid Retirement Plan unless you have prior service (see box 6).

1. Employer Code
2. Employer Name

3. Employee Name
   (First, M., Last)

4. Social Security Number

5. First Date of Employment ORP Eligible Position with this Institution

6. If you have prior service with VRS or an ORP administered by VRS, list the time periods you were covered and provide supporting documentation describing the time periods. Your coverage in the current plan is based on the election you make in Box 7.
   Employer: _________
   Period: _________
   Plan Provider: _________
   Plan Name: _________ ORPHE Plan 1, ORPHE Plan 2, VRS Plan 1, VRS Plan 2, Hybrid Plan, etc.

7. Employee Statement and Election of Plan (Please read the following statement carefully before signing)
   By signing this form, I confirm the plan selection and certify that all statements below are accurate and complete.
   - I am eligible to participate in the ORP for Higher Education because (Choose one):
     □ I am a faculty new hire employed at a Virginia institution of higher education within the past 60 days.
     □ I have been on faculty at a Virginia institution of higher education within the past 60 days.
     □ I have been on faculty at a Virginia institution of higher education for the past 60 days.
   - I have not participated in the ORP for Higher Education.
   - I understand and agree to the conditions of this election as summarized in the “Understanding the Plan Provisions” section in the instructions of this form.
   - I understand contributions will be matched to my account.

   Plan Election: I elected to participate as indicated here: (Choose one)
   □ I want to participate in the ORP and select my initial provider to be (Choose one):
   □ I do not want to participate in the ORP and elect to participate in the VRS Hybrid Retirement Plan or the corresponding Plan 1 or Plan 2 VRS defined benefit plan at the time of my eligibility to elect the ORP. I am a member of Plan 2 member of the VRS, ORPHE, VRS-JOM, or ORPHE defined benefit plan.

   Employee Signature: __________ Date: __________

8. Employer Certification: This employee is eligible to participate in the ORP. ORP defined benefit plan or the Hybrid Retirement Plan in accordance with existing guidelines and is not currently receiving a benefit from any VRS-administered or authorized plan. I certify the first date of employment stated above is correct. Contributions for this employee as of the employment date will be directed to the plan provider based on the employee's selection above.
   Human Resources Name: __________ Human Resources Signature: __________ Date: __________
   Paid Officer Name: __________ Paid Officer Signature: __________ Date: __________

VRS-65 (Rev. 12/14)

[Barcode Image]
Participation in Deferred Compensation and Cash Match

- ORP participants - automatically enrolled in the 457 plan
  - Call ICMA-RC to opt-out within **90 days** of hire. Default amount is $20 per pay period
  - Must enroll in either TIAA or Fidelity funds

  **TIAA-CREF codes:** 101851 and 101852
  **Fidelity codes:** 51756 and 57893

- VRS Hybrid plan participants - must be contributing the maximum of 9% to the plan in order to be eligible for the cash match program with the 403(b) or 457 plan
Deferred Compensation and Cash Match

- May enroll in a tax sheltered savings plan:
  - TIAA or Fidelity – 403(b), and/or
  - 457 deferred compensation plan:
    - Roth after-tax option available
    - ICMA-RC phone 1-877-327-5261

- Cash match of $20 per pay period to one plan if you are contributing $40 per pay period
Medical Disability/Sick Leave and Family Personal Leave

- ORP participants are covered by the College’s Sick/Disability/Leave Plan
- VRS participants have a choice between the College’s Sick/Disability/Leave Plan or the Virginia Sick and Disability Program (VSDP)

YOUR CHOICE is IRREVOCABLE
# Differences between VSDP & University Sick Plan

<table>
<thead>
<tr>
<th>Months of Service</th>
<th>Days at 100%</th>
<th>Days at 80%</th>
<th>Days at 60%</th>
<th>University Sick Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>vs 120 Calendar days at 100% Eligible Day 1</td>
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<td>60 to 119</td>
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<td>120 to 179</td>
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<tr>
<td>180+</td>
<td>25</td>
<td>75</td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>
Other Differences

- VSDP STD leave cannot be used to care for a family member or dependent
  - May only be taken for the employee’s own illness
  - Limited to 40 hours of family and personal leave to care for others

- University Plan permits employees to use 696 hours of qualifying FMLA for family members or dependents or for an employee’s own illness
**LTD Differences**

<table>
<thead>
<tr>
<th>VSDP LTD</th>
<th>University LTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>60% up to max of $6,000/month</td>
</tr>
<tr>
<td>60% of pre-disability</td>
<td></td>
</tr>
<tr>
<td>salary - no max</td>
<td></td>
</tr>
<tr>
<td>LTD Premium</td>
<td>Faculty member pays 40%*</td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Long term care</td>
<td>None</td>
</tr>
<tr>
<td>$96/day up to 2-year</td>
<td></td>
</tr>
<tr>
<td>life time max of</td>
<td></td>
</tr>
<tr>
<td>$70,080 for nursing</td>
<td></td>
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<tr>
<td>home/assisted living</td>
<td></td>
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<tr>
<td>Nursing Care</td>
<td>None</td>
</tr>
<tr>
<td>Up to 50% or $48/day</td>
<td></td>
</tr>
<tr>
<td>for care by RN or</td>
<td></td>
</tr>
<tr>
<td>licensed professional</td>
<td></td>
</tr>
<tr>
<td>Waiting Period</td>
<td></td>
</tr>
<tr>
<td>1-year</td>
<td>1-year</td>
</tr>
<tr>
<td>Insurer</td>
<td>The Standard</td>
</tr>
<tr>
<td>VRS</td>
<td></td>
</tr>
</tbody>
</table>

Current premium is .171% of annual salary, divided by 24. Employee pays 40% of premium. So, for example, someone earning $80,000 would pay $2.28 per pay check.
SICK AND DISABILITY ELECTION FORM

COMPLETE THIS ELECTION FORM ONLY IF YOU HAVE SELECTED THE VIRGINIA RETIREMENT SYSTEM HYBRID PLAN AS YOUR CHOICE OF RETIREMENT PLANS.

PROGRAM ELECTION

(Fill in one box only)

This choice is available only to faculty who have chosen the Virginia Retirement System HYBRID as their pension plan.

☐ I wish to participate in the Commonwealth of Virginia Sickness and Disability Program (VSDP).

☐ I wish to participate in the University Sick and Disability plan offered by my university. You must also complete the VRS 2 College and University Faculty OPT-OUT Virginia Sickness and Disability Program.

Employee Certification:

I understand that my election is **irrevocable**.

Name ___________________________ Banner ID Number ___________________________ Date __________

Please return this form to the Office of Human Resources, Bell Hall.

HUMAN RESOURCES ONLY:

Keyed in Banner ___________________________
Complete this form if you wish to opt out of the Virginia Sickness and Disability Program (VSDP). If you have been newly hired or appointed to your position and you selected the Virginia Retirement System as your retirement plan, you have 90 days from the time you start your new duties to opt out of the VSDP plan if you prefer to be covered by a disability plan sponsored by your employer.

Submit your completed form to your Human Resources department for certification. Your employer will forward the form to VRS.

**PART A. MEMBER INFORMATION**

1. **Name**
2. **Social Security Number**
3. **Employer Code**
4. **Address**
5. **Home Phone Number**
6. **Daytime Phone Number**

I hereby elect to opt out of the Commonwealth of Virginia Sickness and Disability Program (VSDP) and have chosen to be covered by the employer-sponsored plan in which I am eligible to participate. I understand this election is irrevocable.

**PART B. EMPLOYER CERTIFICATION**

7. **Effective date of a new employee**
8. **Employee Certification**
   - I certify that this VRS member is covered by an employer-sponsored plan.

**Authorized Signature**

**Date**

*VRSHP7 Rev: 2/16/01*
Group Long Term Disability Insurance - The Standard

- The cost is .171% of annual salary

- Example:
  $50,000/12 = $4,166.67/mo.
  $4,166.67 x .171% = $7.13
  60% x $7.13 = $4.28 Employer pays
  40% x $7.13 = $2.85 Employee pays
  Total paid per paycheck = $1.43
Life Insurance

- Provided to all full-time employees at no cost to you
- No medical examination required
- Effective first day of eligible employment
- Natural death coverage -
  2 times salary rounded to next $1,000
- Accidental death coverage –
  4 times salary rounded to next $1,000
- Optional Coverage also available
# Designation of Beneficiary

**Designation of Beneficiary**

**PART A. MEMBER/RETIREE INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name</td>
<td>First, Middle, Last</td>
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<tr>
<td>2. Social Security Number</td>
<td></td>
</tr>
<tr>
<td>3. Employer Code</td>
<td></td>
</tr>
<tr>
<td>4. Are you retired?</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Address</td>
<td>Street, City, State, Zip</td>
</tr>
</tbody>
</table>

**PART B. BENEFICIARIES FOR VRS BASIC AND OPTIONAL GROUP LIFE INSURANCE**

- **Check One:**
  - [ ] Primary
  - [ ] Contingent

- For beneficiaries, fill in the following details:
  - **Full Name (Person or Entity)**
  - **Address**
  - **Social Security Number**
  - **Relationship**
  - **Birth Date**

**PART C. BENEFICIARIES FOR VRS MEMBER ACCOUNT RETIREMENT CONTRIBUTIONS/BENEFITS**

- **Check One:**
  - [ ] Irrevocable designations and elect payment of VRS retirement contributions/benefits to be made by order of precedence established by law. If you check this box, do not complete the beneficiary information below.
  - [ ] Irrevocable designations and elect payment of VRS retirement contributions/benefits to the beneficiaries designated below. If you check this box, complete the beneficiary information below.

- **Part of Name (Person or Entity)**
- **Address**
- **Social Security Number**
- **Relationship**
- **Birth Date**

**PART D. CERTIFICATION**

- **Member Certification:**
  - (Check all that apply) 
  - [ ] Irrevocable designations of primary and contingent beneficiaries.
  - [ ] Irrevocable designations of primary and contingent beneficiaries.

- **Date of Signature:**
- **Social Security Number:**

---

*Form Reference Number: VRS-3 (Rev. 6/11)*
State self-insured health plans are administered by the Department of Human Resources (DHRM) and include:

COVA Care 80/20
COVA HDHP

www.anthem.com/cova

COVA HealthAware

www.covahealthaware.com

Kaiser Permanente (Northern VA)

my.kp.org/commonwealthofvirginia
### Monthly Health Insurance Rates

**Employee Monthly Premiums for July 1, 2017 – June 30, 2018**

Salari ed employees working 30 or more hours a week pay the "Employee Pays" amount. Salaried employees working less than 30 hours a week pay the Total Premium.

Please note: Get a Premium Reward if you are enrolled in CIGNA Care or CIGNA HealthAware. You or your enrolled spouse must complete certain healthy actions to save $17 a month or $33 when both of you meet the requirements. See page 2.

#### HEALTH CARE PLANS

<table>
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<tr>
<th>Plan</th>
<th>Premium with Rewards</th>
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<tr>
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<td>You Only</td>
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<tr>
<td></td>
<td>Premium</td>
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<tr>
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<tr>
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<tr>
<td>Total Premium</td>
<td>$1,199</td>
</tr>
</tbody>
</table>

*Premiums have been converted to dollars against the administrative premium amount.*
Health Benefit Plans

- The basic plan includes:
  - Medical - Anthem or Aetna
  - Dental coverage - Delta Dental or Aetna
  - Prescription drug coverage – Express Scripts or Aetna
  - Behavioral Health & Employee Assistance Program (EAP) – Anthem or Aetna

- Plan year is July 1 – June 30
**Terms to Know**

- **Premium**
The cost withheld from your paycheck - to belong to a health care plan.

- **Co-pay**
A flat fee you pay for covered services, such as doctor visits.

- **Deductible**
The amount you pay each plan year - July 1 through June 30 - for certain services before your plan starts to pay.

- **Co-insurance**
Your share of health care costs for certain services - a percentage of the total cost - after meeting your deductible.

- **Out-of-pocket maximum**
The most you have to pay out-of-pocket each plan year for in-network health care services.
All Plans Include...

Wellness & Preventive Services

Immunizations, lab and x-rays

Through age 6
$0 for office visits

Age 7 and older
$0 for annual checkup

Adult
$0 for routine gynecological exam, Pap test, mammography screening, prostate exam, and colorectal screening.
All Plans Include...

**Basic Dental**
Maximum annual benefit per member (excluding Orthodontic) - $2,000
- Diagnostic & Preventive
  - $0, no deductible

**Expanded Dental Optional Buy-Up:**
- Deductible: $50 (single)/$100 (dual)/$150 (family)
- Primary Care
  - Includes: fillings, tooth extractions, and root canals
  - 20% after deductible
- Complex Restorative – Plan pays 50% after deductible
  - Includes: inlays, onlays, crowns, dentures, bridgework
- Orthodontic – Plan pays 50%, no deductible, $2,000 lifetime maximum
- **Doctors Visits**
  - $25 Primary Care Physician (PCP) Co-pay
  - $40 Specialist Co-pay
- **Hospital services**
  - Inpatient - $300 per stay
  - Outpatient - $125 per visit
- **Emergency Room visits**
  - $150 per visit (waived if admitted)
- **Outpatient diagnostic laboratory, tests, shots & x-rays**
  - 20% after deductible

**Infusion Services**
- 20% after deductible
COVA Care Continued

- **Deductible – per plan year**
  - One person $300.00
  - Two or more persons $600.00

This deductible is for diagnostic laboratory tests, x-rays, shots, durable medical equipment and ambulance service.

- **Out-of-pocket expense - per plan year**
  - One person $1,500
  - Two or more persons $3,000
• **Outpatient therapy visits**
  - Occupational & Speech Therapy $35
  - Physical Therapy $15
  - Chiropractic (30-visit plan year limit) $35

• **Behavioral Health Visits**
  - Non-medical or medical professional $25
  - Inpatient residential treatment, per stay $300
  - Intensive outpatient treatment (IOP), per episode of care $125

• **Employee Assistance Program (EAP)**
  - Up to 4 visits per incident $0

• **Prescriptions—mandatory generic**
  - Retail Pharmacy/34-day supply
    - $15/$30/$45/$55 specialty drugs
  - **Home Delivery Pharmacy/90-day supply**
    - $30/$60/$90/$110 specialty drugs
COVA Care Example

Craig makes an appointment with his doctor because he’s ill. When he arrives at the doctor’s office, he pays the $25 co-pay.

After his exam, his doctor refers him to a specialist. At the specialist’s office, Craig pays a $40 co-pay to see the doctor.

The specialist orders a CT scan to aid in the diagnosis of his illness, a bill that totals $1,000. Craig must meet his deductible ($300) and then is responsible for paying a 20% co-insurance ($140) for the remaining balance.

Once Craig pays $1,500 out-of-pocket, he will not have to pay any further allowable charges for the remainder of the plan year (until June 30th).
Out-of-Network Option

- Provides coverage for physicians and facilities not in the network
- Plan payment is reduced by 25%
- Provider may balance bill for amount above allowable charge
VISION & Hearing Optional Buy-Up

VISION BENEFITS
Routine eye exam every 12 months - $40

Eyeglass frames
Once every 12 months you may select any eyeglass frame $100 allowance then 20% off the remaining balance

Eyeglass lenses
- Standard plastic single lens: $20 co-pay; then covered in full (1 pair)
- Standard plastic bifocal lens: $20 co-pay; then covered in full (1 pair)
- Standard plastic trifocal lens: $20 co-pay; then covered in full (1 pair)

OR

Contact lenses
- Elective Conventional Lenses: $100 allowance, 15% off balance
- Elective Disposable Lenses: $100 allowance (no added discount)
- Non-Elective Contact Lenses: $250 allowance (no added discount)
Routine Vision Care Services (continued)

Contact lens fitting and follow-up

A contact lens fitting, and up to two follow-up visits are available to you once comprehensive eye exam has been completed

- Standard contact fitting
  - You pay up to $55
- Premium contact lens fitting
  - 10% off retail price

Hearing Benefits

- Routine hearing exam (once every 12 months)
  - $40 per visit

Hearing aids and other hearing aid services and supplies

- $0 except disposable hearing aids
  - (up to $1,200 during 48 months)
High Deductible Health Plan

- You pay 20% after deductible for:
  - Doctor’s Visits
  - Hospital services
  - Emergency Room visits
  - Outpatient diagnostic laboratory, tests, shots & x-rays
  - Infusion Services
  - Outpatient therapy visits
    - Occupational, Physical, and Speech Therapy
    - Chiropractic
  - Behavioral Health Visits
    - Medical or non-medical professional
    - Inpatient residential or intensive outpatient treatment
    - Applied Behavior Analysis (ABA) for autism spectrum disorder (ages 2-6; $35,000 annual limit)
High Deductible Health Plan

- **Deductible – per plan year**
  - One person $1,750
  - Two or more persons $3,500

- **Out-of-pocket maximum expense – per plan year**
  - One person $5,000
  - Two or more persons $10,000
Craig makes an appointment with his doctor because he’s ill. When he arrives at the doctor’s office, he pays the entire cost of the visit.

After his exam, his doctor refers him to a specialist. At the specialist’s office, Craig pays the entire cost of the visit.

The specialist orders a CT scan to aid in the diagnosis of Craig’s illness, a bill that totals $1,000. Once Craig has met his deductible ($1,750), he is then responsible for paying a 20% co-insurance for the remaining balance.

Once Craig pays $5,000 out-of-pocket, he will not have to pay any further allowable charges for the remainder of the plan year (until June 30th).
High Deductible Health Plan

Employee Assistance Program (EAP)
- Up to 4 visits per incident  $0

Prescriptions-mandatory generic
- Retail Pharmacy / 34-day supply
  - 20% after deductible
- Home Delivery Pharmacy / 90-day supply
  - 20% after deductible

Out of Network: Not Available

Vision and Hearing: Not Available
COVA HealthAware

A consumer-driven health plan administered by Aetna

- Includes a Health Reimbursement Account (HRA) fund of up to $600 (prorated based on hire date) for an employee and up to $1,200 for an employee and his/her spouse (does not include dependent children)

<table>
<thead>
<tr>
<th>Enrollment or Status Change Effective Date</th>
<th>Proration Percentage</th>
<th>HRA adjustment per Employee and/or Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1st</td>
<td>100%</td>
<td>$600.00</td>
</tr>
<tr>
<td>August 1st</td>
<td>92%</td>
<td>$552.00</td>
</tr>
<tr>
<td>September 1st</td>
<td>83%</td>
<td>$498.00</td>
</tr>
<tr>
<td>October 1st</td>
<td>75%</td>
<td>$450.00</td>
</tr>
<tr>
<td>November 1st</td>
<td>67%</td>
<td>$402.00</td>
</tr>
<tr>
<td>December 1st</td>
<td>58%</td>
<td>$348.00</td>
</tr>
<tr>
<td>January 1st</td>
<td>50%</td>
<td>$300.00</td>
</tr>
<tr>
<td>February 1st</td>
<td>42%</td>
<td>$252.00</td>
</tr>
<tr>
<td>March 1st</td>
<td>33%</td>
<td>$198.00</td>
</tr>
<tr>
<td>April 1st</td>
<td>25%</td>
<td>$150.00</td>
</tr>
<tr>
<td>May 1st</td>
<td>17%</td>
<td>$102.00</td>
</tr>
<tr>
<td>June 1st</td>
<td>8%</td>
<td>$48.00</td>
</tr>
</tbody>
</table>
COVA HealthAware (cont’d)

- Additional HRA funds (up to $150/employee, spouse) available by doing healthy activities called “do rights.” You will receive $50/each in your HRA for completing three of the following Do Rights:
  - Routine annual physical
  - Routine dental exam
  - Routine vision exam
  - Annual flu shot
  - Use MyActiveHealth Tracker
  - Complete MyActiveHealth Coaching Module

- Unused HRA funds roll over to the next plan year as long as you work at the College

Deductible – per plan year
  - One person $1,500
  - Two or more persons $3,000
Craig makes an appointment with his doctor because he’s ill. When he arrives at the doctor’s office, he doesn’t pay anything since the cost of the visit is charged to his Health Reimbursement Account (HRA).

After his exam, his doctor refers him to a specialist. At the specialist’s office, Craig pays the entire cost of the visit if he has used all of his HRA funds.

The specialist orders a CT scan to aid in the diagnosis of Craig’s illness, a bill that totals $1,000. Once Craig has met his deductible ($1,500), he is then responsible for paying a 20% co-insurance for the remaining balance.

Once Craig pays $3,000 out-of-pocket, he will not have to pay any further allowable charges for the remainder of the plan year (until June 30th).
Employee Assistance Program (EAP)
  o Up to 4 visits per incident $0

Prescriptions-mandatory generic
  o Retail Pharmacy / 34-day supply
    • 20% after deductible
  o Home Delivery Pharmacy / 90-day supply
    • 20% after deductible
COVA HealthAware (cont’d)

Routine Vision

Routine Eye Exam (once every 12 mos.)  No cost

Optional Vision Buy-Up

Eyeglass frames

- Once every 12 months you may select any eyeglass frame $100 allowance then 20% off the remaining balance

Lenses

- Standard plastic; single, bifocal or trifocal  $20 co-pay

  OR

Contact lenses

- Elective conventional or disposable  $100 allowance then 15% off the remaining balance

- Non-elective  $250 allowance
Hearing Benefits
(once every 12 months)

• Routine hearing exam  No cost

Out-of-Network Coverage
• Plan will pay 40% of allowable charges once deductible is met.
• Provider may charge more than the allowable charge for which you will be responsible for paying.
Health Benefits Enrollment Form

To Enroll:
Complete Sections 1-5

To Waive:
Complete Sections 1, 3, 4 and 5
Section 4: Health Care Coverage Election

Check the box that applies. The letters in parentheses are for agency use.

☐ I do not wish to participate in health care coverage (WA)

☐ No change to my current plan year election for health care coverage (WA)

STATEWIDE HEALTH PLANS

Administered by Anthem Blue Cross Blue Shield

☐ COVA Care (with preventive dental) (AC03)

☐ COVA Care + 3rd of Network (AC02)

☐ COVA Care + Expanded Dental (AC01)

☐ COVA Care + Out of Network and Expanded Dental (AC03)

☐ COVA Care Plus Dental (AC04)

☐ COVA Care + Out of Network + Expanded Dental & Vision (AC05)

☐ COVA HMO - High Deductible Plan (with preventive dental) (CH4)

☐ COVA HMO - High Deductible Plan + Expanded Dental (CH5)

Administered by Delta

☐ COVA HealthAware (with preventive dental) (CPA)

☐ COVA HealthAware + Expanded Dental (CP2)

☐ COVA HealthAware + Expanded Dental & Vision (CP1)

Regional Health Plan

Administered by California Blue Shield

☐ Kaiser Permanente HMO - available in Northern Virginia, Central Virginia and Northern New Jersey designated zip codes (K)

Check the box that applies.

☐ I wish to cover the following eligible family members listed below. You will be required to submit documentation when adding family members to your coverage. Any family member not listed will not be covered.

☐ I do not wish to cover any family members.

<table>
<thead>
<tr>
<th>RELATIONSHIP CODE</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Relationship Codes: DM=dependent male, DF=dependent female, S=spouse, D=daughter, CD=child, SD=stepdaughter, OF=other female, OD=other male

Section 5: Employee Certification and Authorization

I certify that I have reviewed and understand the State Health Benefit Program eligibility and enrollment information and I agree to abide by all participation requirements. I certify that all dependents listed meet the eligibility requirements of the program and that the information I have provided on this form is complete and accurate to the best of my knowledge.

I understand that intentionally giving incorrect information is considered felony and punishable to the fullest extent of the law. I understand that the health plan and its business associates have the right to use protected health information in connection with the treatment, payment and health plan operations allowed for by HIPAA.

I understand that participating in a Flexible Spending Account (FSA) is completely voluntary, and that payments from my FSA are independently reviewed for compliance with IRS regulations. I further understand that the FSA requires me to reimburse the Plan for any improper advance or excess reimbursement amount that I do not receive within the timeframe provided by the Plan. In accordance with §60.1:55(C) of the Code of Virginia, by enrolling in an FSA I specifically authorize the Commonwealth of Virginia to withhold from my paycheck on a post-tax basis such amounts as are necessary to replenish my FSA for any improper, excessive or excess reimbursement.

Print Your Name: ____________________________ Assigned ID or Social Security Number: ____________________________

Signature: ____________________________ Date: ____________________________

Section 6: Agency Certification and Approval

Date Received: ____________________________ Date Keyed: ____________________________ FFS Effective Date: ____________________________

Print Contact Name: ____________________________ Phone: ____________________________ Agency/Group Number: ____________________________

Important: This Agency Certification Document is the official record of this change. It is your responsibility to review and confirm this document to ensure that changes made are accurate.

©2017 Eligibility and Enrollment Information For Employees

Page 2
# Eligibility Definitions

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Eligibility Definition</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>The marriage must be recognized as legal in the Commonwealth of Virginia.</td>
<td>* Photocopy of marriage certificate, and * Photocopy of the top portion of the first page of the employee’s most recent Federal Tax Return that shows the dependent listed as &quot;Spouse.&quot; NOTE: All financial information and Social Security Numbers can be redacted.</td>
</tr>
<tr>
<td>Natural or Adopted Son/ Daughter</td>
<td>A son or daughter may be covered to the end of the year in which he or she turns age 26.</td>
<td>* Photocopy of birth certificate or legal adoptive agreement showing employee’s name. (Note: If this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.)</td>
</tr>
<tr>
<td>Stepson or Stepdaughter</td>
<td>A stepson or stepdaughter may be covered to the end of the year in which he or she turns age 26.</td>
<td>* Photocopy of birth certificate (or adoption agreement) showing the name of the employee’s spouse; and * Photocopy of marriage certificate showing the employee and dependent parent’s name and * Photocopy of the most recent Federal Tax Return that shows the dependent’s parent listed as &quot;Spouse.&quot; NOTE: All financial information and Social Security Numbers can be redacted.</td>
</tr>
<tr>
<td>Other Female or Male Child</td>
<td>An unmarried child in which a court has ordered the employee (and/or the employee’s legal spouse) to assume sole permanent custody may be covered until the end of the year in which he or she turns age 26 if: * the principal place of residence is with the employee; * they are a member of the employee’s household; * they receive over one-half of their support from the employee and * the custody was awarded prior to the child’s 18th birthday.</td>
<td>* Photocopy of the Final Court Order granting permanent custody with presiding judge’s signature.</td>
</tr>
</tbody>
</table>
Making Changes

When may I make changes to my health benefits plan?

- **During Open Enrollment**
  - Usually occurs in May; effective July 1st

- **Qualifying Mid-Year Event**
  - Within *60 days* of the event with appropriate documentation
Making Changes

QUALIFYING STATUS CHANGES INCLUDE:

- Marriage or divorce
- Death of spouse or dependent
- Birth or adoption of child
- Loss of dependent eligibility
- Employment begin/end for spouse
- Employee or spouse change to/from part-time/full-time employment
- Loss of other employer plan
- Eligibility for or loss of government health care
- Dept. of Social Services Health Care Coverage Order
Forms must be completed and returned to HR within 30 days of hire:

- the coverage is effective on the first of the month following the date of hire
- failure to submit a form within 30 days of hire will result in an automatic waiver of coverage
- for August 10th hire date, due date of health form will be September 8th
CommonHealth

CommonHealth offers quarterly programs covering a variety of health and wellness subjects and are presented in a variety of formats - including onsite programs and video presentations – that make it easy to participate.

CommonHealth offers these additional wellness programs:

- **On site health checks every two years**
  - Future Moms - prenatal program, 1-800-828-5891
  - Tobacco cessation program including free patches and gum to help you quit.
  - Quit for Life, 1-866-Quit 4 Life (1-866-784-8454)
  - Weight Watchers reimbursement
  - The monthly Compass newsletter

Employees across the state have improved the quality of their lives through CommonHealth and you can too! See your agency CommonHealth coordinator or visit [www.commonhealth.virginia.gov](http://www.commonhealth.virginia.gov) for more information.
Workers’ Compensation

What happens if you are injured at work?

- Report ALL injuries or illnesses, no matter how minor
- Supervisors & employees must file both a “First Report of Accident” & a “Physician Selection” form with HR along with doctor notes if any
- Forms must be submitted to the Office of Human Resources within 24 hours of the incident
Voluntary Benefit Programs

These are optional programs that the university makes available to you.
Flexible Spending Accounts

Flexible Spending Accounts are a pre-tax benefit

- Set aside part of your salary each pay period on a pre-tax basis
- Monthly administrative fee of $3.65
- [benefitadminsolutions.com/anthem](http://benefitadminsolutions.com/anthem)

- Minimum and Maximum for both:
  - $10 minimum
  - $2,600 maximum for Medical FSA
  - $5,000 maximum for Dependent FSA. If you are married and file a joint tax return, your combined maximum election amount is $5,000. If you are married but filing separate tax returns, the maximum amount is $2,500.
Medical Spending Account

- Use for co-payments and deductibles
  - Types of eligible reimbursements
    - Ambulance service
    - Dental fees
    - Prescriptions
    - Eyeglasses/contacts

- “Use it or lose it”
  - Be conservative when estimating your medical expenses
    - No carry over
    - No return
Dependent Care Spending Account

- Use for Dependent care expenses
  - Provides reimbursements for dependents (child or elder)

- Eligible reimbursements
  - Before- and after-school care, preschool or nursery school
  - Services of an au pair, nanny, babysitter
  - Elder day care for qualifying individual

- “Use it or lose it”
  - Be conservative when estimating your dependent care expenses
    - No carry over
    - No return
Virginia College Savings Plans

- Virginia Prepaid Education Program:
  - 529 pre-paid tuition plan
  - Guaranteed in-state tuition & fees

- Virginia Education Savings Trust:
  - 529 savings plan
  - May be used for tuition/fees, room/board, textbooks & supplies
  - No guarantee – investments subject to market conditions
Legal Resources

- Provides legal services through a network of attorneys
- Premium $8.25 per pay period
- Enrollees must maintain membership for 12 months
- Simple wills, living wills
- Court representation
- Simple house closings
- Online enrollment at www.legalresources.com
  - Company code: 1242
  - Password: nhlegal
American Family Life Assurance Company (AFLAC)

- Accident
- Short-Term Disability
- Cancer/Specific-Disease
- Hospital Confinement Indemnity
- Specified Health Event
- Hospital Intensive Care
- Hospital Confinement Sickness Indemnity
Optional Life Insurance

- Employees may purchase additional life insurance for self & family members

- Option of 1, 2, 3 or 4 times your annual salary

- Employee pays a premium based on age, salary, and coverage level selected

- Premiums are paid through payroll deduction
Optional Life Insurance

- If you apply within 31 days of your date of hire:
  - Employee coverage is guaranteed at up to 4 times annual salary rounded to next $1,000.
  - Spouse’s coverage is guaranteed for half of employee’s salary under option 1 only; Evidence of Insurability required for options 2 – 4.
  - Children’s coverage will be the same level as the employee’s.
- Maximum employee coverage is $750,000.
- You may apply at a later time:
  - With a completed Application & Evidence of Insurability.
Optional Life Insurance Form

Complete this section
Specify coverage
Sign here for coverage
Sign here to Waive optional life coverage
Questions?
Need more information?

The College of William & Mary
Office of Human Resources
Bell Hall, 109 Cary Street

Main HR Phone Number:
(757) 221-3169

Main HR Fax Number:
(757) 221-3156

HR Email: ASKHR@WM.EDU