New Operational 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

<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)</td>
<td>TODAY</td>
</tr>
<tr>
<td>Virginia Alcohol and Drug Policy</td>
<td>TODAY</td>
</tr>
<tr>
<td>VRS New Member Enrollment Form</td>
<td>TODAY</td>
</tr>
<tr>
<td>Health Insurance and Flexible Spending Deadline Notice</td>
<td>TODAY</td>
</tr>
<tr>
<td>Health Benefits Enrollment/Waiver Form and</td>
<td>30 DAYS</td>
</tr>
<tr>
<td>Flexible Reimbursement Accounts (Dependent and Medical)</td>
<td></td>
</tr>
</tbody>
</table>
Decisions to be made:

- Choose a **medical plan**
- Choose **Retirement/Life** beneficiaries
- Choose **overtime Cash/Leave**
- Choose **voluntary benefit plans**
Payroll Information

- Pay dates: 1\textsuperscript{st} and 16\textsuperscript{th} of each month

- Pay periods:
  * 10\textsuperscript{th} – 24\textsuperscript{th} ~ paid on the 1\textsuperscript{st}
  * 25\textsuperscript{th} – 9\textsuperscript{th} ~ paid on the 16\textsuperscript{th}

- William & Mary workweek (Sun. through Sat.)
- VIMS/Athletics workweek (Sat. through Fri.)

- Pay checks must be direct deposited
What is FLSA? Fair Labor Standards Act

- Non-exempt employees are compensated for overtime when worked in excess of 40 hours in a work week.
- May request pay in lieu of leave (auto default leave).
- Overtime leave hours in excess of 240 hours will be paid overtime after January 1, 2018. Employees must use OT Leave before other leave.
- Overtime leave hours are paid out at separation or transfer to another agency.

*****ALL New Non-Exempt Operational Employees MUST complete the Overtime Election Form with their supervisor’s signature and return to HR within 7 business days of hire date. *****
# Overtime Election Form

**Employee**

<table>
<thead>
<tr>
<th>Status (Must Select One)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Employee Name**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Overtime Compensations**

University Classified Non-Exempt: Overtime compensation:

- Employees in a position classified as non-exempt under the Fair Labor Standards Act must select the method of compensation listed below paid straight time (40) or a work week. As non-exempt employees, you have the right to receive overtime or pay. If you select time, you will earn 1.5 times of your average hourly rate per week worked over 40 during the seven-day work period. This includes all hours paid 120 hours of overtime. If you select pay, you will receive 1.5 times your average hourly rate for the seven-day work period for each hour worked over 40 during the week.

Employees may only make changes to their time compensation election at a year in January and July by the Human Resources office.

**Revisions**

(check only one box)

- Annual
- 3% increase over 1.5 times average hourly rate for the prior year

**Employee Signature**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Supervisor’s Signature**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Banner Self Service

Banner is our integrated information system. To access Banner Self-Service, go to the MyWM website and login using your computer name and password. Via Banner Self Service, you can...

- Enter leave taken
- View elected benefits and deductions
- View pay history and check stubs
- View your tax information
- View your leave balances
- Update your personal information: address, emergency contact information, text alerts, etc.
Change of Name/Address

- Change of residence/address
  - Use Banner Self-Service

- Change of name
  - Copy of new social security card required to be seen by HR along with a Change of Name form which is available on HR website
Separation of Employment

- Provide resignation letter to supervisor and a copy to HR, this will ensure that you are paid according to your last date of employment.

- Employee must work or be on paid leave the last day of employment.

- Unused annual, compensatory & overtime leave payoff will be paid off in a lump sum following the separation of employment after clearance is received.
Separation of Employment continued

Transferring to another State Agency within 30 days?

- Unused annual, sick and family/personal leave maybe transferred
- Unused compensatory and overtime leave will be paid off in a lump sum

Clearance Form **must** be completed, to initiate the Leave Payoff process and **must be approved prior to any leave payout**.
Employee Clearance Deduction Authorization

The form must be completed TODAY

This form acknowledges that you agree that the College may deduct from your final check any balances owed or the cost of any unreturned College material upon your separation of employment.
Inclement Weather

How do I know if the College is closed?

Watch broadcasts on local radio and television stations or use the W&M Emergency Notification System.

YOU CAN EITHER

Call

• W&M (757) 221-1766
• VIMS (804) 684-7000

OR

Set up a request in banner to receive text alerts
In Inclement Weather. . .

“Essential” employees must report to work

- Your department will be able to inform you if you are an essential employee
- Compensatory leave will be given hour for hour for each hour worked to “essential” employees who report to work for hours when the College is closed
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
Holidays

I want to be paid for the holiday...

You must work or be on preapproved paid leave the day BEFORE and AFTER a holiday.

You will not be paid for the holiday if you are on leave without pay the day before or after a holiday.
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
Operational Employee Leaves

What types of leave are available?

- Annual Leave
- Administrative Leave
- Military Leave
- Organ Donor Leave
- Community Service Leave
- VSDP Sick Leave
- VSDP Personal & Family Leave
- Certified UNPAID FMLA Leave
Annual Leave

- Accrued each semi-monthly pay period
- Posted on the 10\textsuperscript{th} and 25\textsuperscript{th}
- Accrued based on length of service
- Carried over from year to year subject to maximums
Annual Leave

Accrual rate per pay period

- Less than 5 years: 4 hours
- 5 – 9 years: 5 hours
- 10 – 14 years: 6 hours
- 15 – 19 years: 7 hours
- 20 – 24 years: 8 hours
- 25 + years: 9 hours
## Annual Leave

Limits on January 10\textsuperscript{th} or for payoff at separation

<table>
<thead>
<tr>
<th>Yrs. of Service</th>
<th>Carryover/Payoff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td>192.00 hours / (same)</td>
</tr>
<tr>
<td>5 – 9 years</td>
<td>240.00 hours / (same)</td>
</tr>
<tr>
<td>10 – 14 years</td>
<td>288.00 hours / (same)</td>
</tr>
<tr>
<td>15 – 19 years</td>
<td>336.00 hours / (288)</td>
</tr>
<tr>
<td>20 – 24 years</td>
<td>384.00 hours / (336)</td>
</tr>
<tr>
<td>25 + years</td>
<td>432.00 hours / (336)</td>
</tr>
</tbody>
</table>
Annual Leave

Can be used for. . .

Vacation, Personal purposes, or for any reason in which you do not have other paid leave available to use.

NOTE:

DOES NOT ACCRUE IF YOU TAKE LEAVE WITHOUT PAY IN ANY PAY PERIOD
Administrative Leave

With appropriate documentation, administrative leave is used for:

- Serving on a jury
- Appearing as a witness under subpoena
- Accompanying a minor to court
- Attempting to resolve work-related problems
- Attending work related hearings
- Interviewing for state positions
- Serving on a state council or board
Administrative Leave

If you want to use administrative leave for Jury Duty,

**YOU MUST surrender the jury duty check**

- Submit the receipt from Bursar’s Office to your supervisor

You may KEEP the check if you are serving as a juror in a VA Circuit Court.
Military Leave

Provide a copy of your orders to HR for Military training and receive up to 15 workdays in a federal fiscal year.
Leave to Donate Bone Marrow or Organs

- Eligible after one year of service at the end of your probationary period
- Provides 30 days of paid leave

Employee must have a consultation with their respective Benefits Specialist, in Human Resources
Community Service Leave

Provides you with 16 hours of leave a year to use for:

- **Assisting in school** (attending PTA meetings, other functions)
  
  **OR**

- **Volunteering** as a member of a community service organization performing duties that benefit the community

  Hours increase to 24 for volunteer firefighter or rescue
Virginia Sickness and Disability Program (VSDP)

- Provides you with income security if you are unable to perform job duties due to illness or injury

- Is administered by the Virginia Retirement System and Reed Group, a third party administrator
The program includes upon hire:

- Sick leave
- Family and personal leave
- Long-Term Care

The program includes after one-year:

- Short-term disability (non-work related)
- Long-term disability
# VSDP

## Sick & Family and Personal Leave

<table>
<thead>
<tr>
<th>Months of Service</th>
<th>SICK (FT)</th>
<th>Family/Personal (FT)</th>
<th>SICK (PT)</th>
<th>Family/Personal (PT)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Less than 60</strong></td>
<td>64 hours</td>
<td>32 hours</td>
<td>32 hours</td>
<td>32 hours</td>
</tr>
<tr>
<td><strong>60 to 119</strong></td>
<td>72 hours</td>
<td>32 hours</td>
<td>32 hours</td>
<td>32 hours</td>
</tr>
<tr>
<td><strong>120+</strong></td>
<td>80 hours</td>
<td>40 hours</td>
<td>40 hours</td>
<td>40 hours</td>
</tr>
</tbody>
</table>

**Employees hired after July 9th will receive pro-rated leave**

Sick leave 40 hours FT/20 hours PT
Family and personal leave 16 hours
When can I use sick leave and family and personal leave?

Sick leave can be used after the first day of employment for:
- Your own illness or injury
- Your own medical appointments

Family and personal leave can be used after the first day of employment for:
- Any reason you need to schedule time off
  - Leave does not carry over
  - Leave is credited on annually on January 10th based on months of service
When can I use short term disability?

- after a one year
- if you are going to miss work due your own illness or injury for more than 7 days

The three steps to initiating a claim:

1. Call the Reed Group: 1-877-928-7021
2. Call HR: 757-221-3169 for FMLA paperwork
3. Schedule a meeting with your Benefits Specialist
Payment for Short Term Disability:

- Disability income is paid at 60% for the first 5 years of employment beginning on the 8th day of your leave.
- You must use your sick time to cover the waiting period.
- Your job is protected when on approved FMLA & STD.

<table>
<thead>
<tr>
<th>Months of State Service</th>
<th>Days at 100% Pay</th>
<th>Days at 80% Pay</th>
<th>Days at 60% Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13-59</td>
<td>0</td>
<td>0</td>
<td>125</td>
</tr>
<tr>
<td>60-119</td>
<td>25</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>120-179</td>
<td>25</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>180+</td>
<td>25</td>
<td>75</td>
<td>25</td>
</tr>
</tbody>
</table>
VSDP

Long-Term Disability

- Begins after 180 days, you apply at the conclusion of short term disability
- You are removed from W&M’s payroll
- You are paid directly by VRS
- Income is 60% of pre-injury salary and may be increased to 80% for catastrophic conditions
- Your job is no longer protected
VSDP

Long Term Care

- Covers up to $96 a day for licensed nursing home, assisted living facility care, at home services and community based home care

- Pays a lifetime maximum benefit of $70,080

- Is provided at no cost to you
Family Medical Leave Act

- **Provides up to 12 weeks of UNPAID job protected leave for:**
  - birth/adoption of a child
  - serious health condition of child, spouse or parent
  - serious health condition of employee

- **Provides up to 26 weeks of UNPAID job protected leave to care for a covered service member with a serious injury:**
  - employee must be the spouse, son, daughter, parent or next of kin of the service member

- You may use paid leave for qualifying FMLA leaves
- FMLA leave runs concurrently with VSDP
- You are eligible after you have worked at William & Mary for at least one year and have worked 1,250 hours within last calendar year
Benefit Forms

Forms due TODAY:
- Direct Deposit
- VRS Enrollment Form
- Designation of Beneficiary Form
- Health Notice
- Drug Policy

Form due in 7 days from hire date:
- Overtime Election Form

Forms due 30 days from hire date:
- Health Benefits/Flex Enrollment Form
- Optional Life Enrollment Form – if you select additional life insurance
Virginia Retirement System
Hybrid Benefit Plan

For employees hired on or after January 1, 2014
with no prior State service or refunded State service.

The VRS Hybrid Plan is a combination of a “defined benefit” plan and a “defined contribution” plan.

Your monthly retirement benefit will be based on: (A) your age, years of service, and average of 60 highest months of salary, and on (B) contributions made to the defined contribution plan and the investment performance of those contributions.
Virginia Retirement System
Hybrid Benefit Plan

Defined Benefit and Defined Contribution

- **Defined Benefit** – pension or monthly benefit you receive for the rest of your life following retirement.

- **Defined Contribution** – investment of your contributions into a fund(s); benefit you receive in retirement is based on how your investments performed.
Virginia Retirement System Defined Benefit Plan (VaLORs)

Vesting

Vesting is immediate for your member contribution.

• Must have 5 years to be vested for the lifetime benefit
• Vesting is the minimum length of service needed to qualify for future retirement benefits.

Refunds

Vested members are eligible for a full refund of their member contribution account balance including interest. Non-vested members are eligible for a refund of their contributions but not interest.
Virginia Retirement System - Hybrid Plan

Each pay period, you 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

Your 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 to be eligible for the DB.
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 (1) withdraw the funds you contributed (less penalty and tax), (2) roll your funds over into another qualifying account (no fee or taxes), or (3) leave the funds in the plan until retire.
Changing your voluntary contribution amount:

- You may change your voluntary contribution percentage once each quarter.

- The percentage on file on the 15th of the last month of a quarter is what will take effect for the following quarter.

Changes can be made by calling:

- ICMA-RC at 877-327-5261
Virginia Retirement System
Hybrid Benefit Plan

Purchasing Prior Service

If you are an active member

You may be eligible to purchase time spent in previous public, state or federal employment as service credit in your plan. Prior service credit counts toward the five years needed to become vested.

There is a one-year eligibility period to purchase eligible prior service. During this period, the purchase cost is based on an approximate normal cost rate as a percentage of compensation. Normal cost is the average cost of one year of VRS service credit.

You may purchase up to four years’ of service toward your retirement vesting.
Virginia Retirement System
Hybrid Benefit Plan

Employees may retire with full benefits when

- You reach normal Social Security retirement age with 5 years’ service
- Born 1960 or later – age 67
  OR
- Your age plus years of service equals 90 (Age 60 with 30 years of service)

Earliest reduced retirement eligibility is when

- You are at least age 60 with at least five years of service

Defined Contribution distributions

- Upon leaving employment, subject to restrictions
VaLORS and employees hired before January 1, 2014

- Enrollment in DCP is automatic after 90 days of employment.
- DCP is administered by ICMA-RC.
- To opt-out, you must contact ICMA-RC at 877-327-5261 within 90 days
- If you do not opt-out, the DCP contribution will begin automatically with a deduction amount of $20 (with a $10 match if you do not already have the match with a 403(b))
- Contribution will be matched at 50% up to a maximum of $20 per pay period
- Maximum contribution for 2017 is $18,000, and for individuals who are under age 50 or $24,000 over age 50.

VRS Hybrid plan participants – must contribute 9% to be eligible for the cash match programs with the 403(b) or 457 plans
What is a Roth 457?

- The Roth 457 program permits employees to contribute post-tax dollars to an annuity program.
- At retirement, you do not pay taxes on the distributions.
- If you are contributing the full amount (9%) to your retirement plan you will qualify for the Cash Match Programs
- Contributions will be matched at 50% up to a maximum of $20 per pay period to a 401(a) account. You may only have one cash match account.
- Maximum contribution for 2017 is $18,000, and for individuals who are under age 50 or $24,000 over age 50.

The maximum is a combined limit with the pre-tax 457 plan. If you contribute to the 457 plan and the Roth 457, you cannot exceed the limits between the two plans.

Contact ICMA-RC to take advantage of the Roth 457
Virginia Retirement System
New Employee Enrollment

Must be completed and turned in TODAY

---

**The College of William and Mary**

VRS New Member Enrollment Form

<table>
<thead>
<tr>
<th>Name: First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>John</td>
<td>Doe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address: City, State &amp; Zip</th>
<th>Phone Number (Include Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Main St, VA 22201</td>
<td>555-1234</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Employment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/1990</td>
<td>09/01/2023</td>
</tr>
</tbody>
</table>

**Employee Statement of Certification**

1. Are you hired as a police officer with the William & Mary Police Department?  
   - Yes  
   - No

2. Were you previously employed in a VRS-covered position and did not take a refund of your contributions?  
   - Yes  
   - No

*If you checked yes to the Question #2, you must provide one of the following:*

- If you were a member of VRS, submit a copy of your current Account Summary page from your VRS showing your member contribution account balance.
- If you were an ORP plan participant, submit a copy of the most recent quarter’s statement or your online statement showing the balance in your account. Depending on your ORP participation, this statement may be from one of the following: TRA, CREF, Fidelity Investments, VALIC, T. Rowe Price, Great West, MetLife or TIAA.

**Please complete VRS Beneficiary (VR-2) form to designate beneficiaries for your retirement and life insurance.**

**Signature**

**Date**

---

**Employer Statement of Certification**

**For Office Use Only**

<table>
<thead>
<tr>
<th>Retirement</th>
<th>Non-Retirement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Membership Date**

- Plan Codes Assigned (Check One):
  - VRS Plan 1  
  - VRS Plan 2  
  - VRS Hybrid Plan (VHG, VMB, & VH)

**I certify the statements made herein are true and accurate, as disclosed by the records of this office, and that the Social Security Number is correct as entered.**

**Employer Representative Signature**

**Date**

---

*The College of William and Mary*
Minnesota Life Insurance

- No cost to all full-time & Part-time employees
- No medical examination required
- Effective first day of eligible employment
- Term life insurance

- **Natural death coverage** - 2 times salary rounded to next $1,000
- **Accidental death coverage** - 4 times salary rounded to next $1,000
Retirement & Life Insurance
Designation of Beneficiaries (VR2 form)
Employer Codes (Item 2):
- W&M = 30204
- VIMS = 30268
- Police Officers = 70204

Two choices for listing your beneficiaries: following Order of Precedence (OP) or listing each person’s information.
- OP: Spouse → Child(ren) → Your Parents → Your Estate → Next of Kin (if no estate is established)

Your beneficiaries can be different in Sections B and C; sign and date Section D.

If you experience a life event that would change this information, you should complete a new form ASAP.
- You can submit a new form as often as you’d like
The Employee Tuition Waiver Program is available to all full-time employees.

Eligible employees may take up to two classes each term, but not more than 4 classes per academic year (Fall, Spring, Summer).

A course may not exceed 4 credit hours.

Spouse of instructional faculty may audit a course.

Contact the Bursars Office for qualifying courses.
Medical Plan Options

State self-insured health plans are administered by the Department of Human Resources (DHRM) and include:

**COVA Care 80/20**  
[www.anthem.com/cova](http://www.anthem.com/cova)

**COVA HDHP**  
[www.anthem.com/cova](http://www.anthem.com/cova)

**COVA HealthAware**  
[www.covahealthaware.com](http://www.covahealthaware.com)

**Kaiser Permanente (Northern VA)**  
[my.kp.org/commonwealthofvirginia](http://my.kp.org/commonwealthofvirginia)
## Monthly Health Insurance Rates

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

<table>
<thead>
<tr>
<th>Health Care Plans</th>
<th>Prepaid</th>
<th>You Pick 1</th>
<th>You Pick 2</th>
<th>You Pick 3</th>
<th>Premium with Benefits</th>
<th>Premium with Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVA Care</td>
<td>Employer Pays</td>
<td>$586</td>
<td>$291</td>
<td>$373</td>
<td>$606</td>
<td>$327</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$543</td>
<td>$243</td>
<td>$318</td>
<td>$350</td>
<td>$182</td>
</tr>
<tr>
<td>OVA Care + Out-of-Network</td>
<td>Employer Pays</td>
<td>$606</td>
<td>$320</td>
<td>$399</td>
<td>$604</td>
<td>$324</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$563</td>
<td>$253</td>
<td>$336</td>
<td>$362</td>
<td>$186</td>
</tr>
<tr>
<td>OVA Care + Expanded Dental</td>
<td>Employer Pays</td>
<td>$619</td>
<td>$330</td>
<td>$409</td>
<td>$617</td>
<td>$332</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$576</td>
<td>$257</td>
<td>$340</td>
<td>$365</td>
<td>$187</td>
</tr>
<tr>
<td>OVA Care + Out-of-Network + Expanded Dental</td>
<td>Employer Pays</td>
<td>$640</td>
<td>$340</td>
<td>$420</td>
<td>$638</td>
<td>$344</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$597</td>
<td>$260</td>
<td>$375</td>
<td>$375</td>
<td>$190</td>
</tr>
<tr>
<td>OVA Care + Out-of-Network + Vision &amp; Hearing</td>
<td>Employer Pays</td>
<td>$675</td>
<td>$355</td>
<td>$435</td>
<td>$672</td>
<td>$358</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$632</td>
<td>$271</td>
<td>$380</td>
<td>$380</td>
<td>$194</td>
</tr>
<tr>
<td>OVA Care + Out-of-Network + Expanded Dental + Vision &amp; Hearing</td>
<td>Employer Pays</td>
<td>$697</td>
<td>$365</td>
<td>$445</td>
<td>$694</td>
<td>$368</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$653</td>
<td>$281</td>
<td>$386</td>
<td>$386</td>
<td>$197</td>
</tr>
<tr>
<td>OVA HealthAccess</td>
<td>Employer Pays</td>
<td>$679</td>
<td>$341</td>
<td>$419</td>
<td>$677</td>
<td>$344</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$636</td>
<td>$258</td>
<td>$378</td>
<td>$378</td>
<td>$192</td>
</tr>
<tr>
<td>OVA HealthAccess + Expanded Dental</td>
<td>Employer Pays</td>
<td>$715</td>
<td>$355</td>
<td>$425</td>
<td>$712</td>
<td>$358</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$672</td>
<td>$272</td>
<td>$392</td>
<td>$392</td>
<td>$195</td>
</tr>
<tr>
<td>OVA HealthAccess + Expanded Dental &amp; Vision</td>
<td>Employer Pays</td>
<td>$720</td>
<td>$360</td>
<td>$430</td>
<td>$717</td>
<td>$363</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$677</td>
<td>$276</td>
<td>$403</td>
<td>$403</td>
<td>$197</td>
</tr>
<tr>
<td>OVA HEBP*</td>
<td>Employer Pays</td>
<td>$583</td>
<td>$293</td>
<td>$373</td>
<td>$606</td>
<td>$327</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$540</td>
<td>$243</td>
<td>$318</td>
<td>$350</td>
<td>$182</td>
</tr>
<tr>
<td>OVA HEBP + Expanded Dental</td>
<td>Employer Pays</td>
<td>$604</td>
<td>$320</td>
<td>$400</td>
<td>$602</td>
<td>$324</td>
</tr>
<tr>
<td></td>
<td>Total Premium</td>
<td>$561</td>
<td>$253</td>
<td>$336</td>
<td>$362</td>
<td>$186</td>
</tr>
<tr>
<td>Kaiser Permanente H140</td>
<td>Employee Pays</td>
<td>$718</td>
<td>$358</td>
<td>$438</td>
<td>$715</td>
<td>$358</td>
</tr>
<tr>
<td>(graduate program in Health Informatics)</td>
<td>Total Premium</td>
<td>$675</td>
<td>$272</td>
<td>$403</td>
<td>$403</td>
<td>$197</td>
</tr>
<tr>
<td>TRICARE*</td>
<td>Total Premium</td>
<td>$641</td>
<td>$320</td>
<td>$400</td>
<td>$602</td>
<td>$324</td>
</tr>
</tbody>
</table>

*Rates are for Non-Rated Employees; rates for Non-Rated Employees with a disability may vary. See employee notice for more information.
A Health Insurance Marketplace Notice is in your packet:

- Since you are offered coverage under the Commonwealth’s health insurance plans, you are not eligible for a tax credit through the Marketplace.
Health Benefit Plans

- The basic plans include:
  - 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
Premium Rewards

-Earn $17 off your monthly premiums ($34 for employee and spouse enrolled in Cova Care and Cova Health Aware plans)

-Complete biometric screening with your doctor and an online health assessment

-*visit:www.myactivehealth.com* for details
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, on lays, crowns, dentures, bridgework
  - Orthodontic – Plan pays 50%, no deductible, $2,000 lifetime maximum
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.
- **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
COVA Care Continued

- **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
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)
COVA 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)
COVA HDHP

- **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).
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
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>
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 vision exam
- Use MyActiveHealth Tracker
- Routine dental exam
- Annual flu shot
- Complete MyActiveHealth Coaching Module

- Unused HRA funds roll over to the next plan year as long as you work at the College
COVA HealthAware (cont’d)

- Deductible – per plan year
  - One person $1,500
  - Two or more persons $3,000

- Out-of-pocket expense - per plan year
  - One person $3,000
  - Two or more persons $6,000
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).
COVA HealthAware (cont’d)

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
Health Benefits Enrollment Form

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 (IN)
- [ ] No change to my current plan or election for health care coverage (NO)

**STATEWIDE HEALTH PLANS**
- [ ] CQIPA HealthCare - High Deductible (HDP)
- [ ] CQIPA HealthCare - Low Deductible (LDP)
- [ ] CQIPA HealthCare - Medigap (MG)
- [ ] CQIPA HealthCare - Medicare Supplemental (MS)
- [ ] CQIPA HealthCare - Medicare/Supplemental (MS/SM)

**REGIONAL HEALTH PLAN**
- [ ] Kaiser Permanente (KP) available in Northern Virginia, Central Virginia and Western North Carolina - enrollment year 2023

Check the box that applies.

- [ ] Yes, 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.
- [ ] No, I wish to cover any family members.

<table>
<thead>
<tr>
<th>RELATIONSHIP CODE</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MEDICARE</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: Spouse - Same-sex spouse, Spouse - Opposite Sex Spouse, Step-daughter, Step-son, Daughter, Son - Other tracked child, Child - Other non-tracked child, Other Child - Other non-tracked child

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, by my signature, to abide by all participation requirements. I certify that all dependencies listed meet the eligibility requirements of the program and that the information I have provided on this form is correct and accurate to the best of my knowledge. I understand that intentionally giving incorrect information is considered perjury 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 Personal Spending Account (PSA) is completely voluntary, and that payments to any PSA are independently reviewed for compliance with IRA regulations. I further understand that the IRS reserves the right to disallow any amounts within the limits provided by the Plan. I understand, in accordance with §40.1-255.17 of the Code of Virginia, by enrolling in an IRA, specifically all those assets of the Commonwealth of Virginia are eliminated from my paycheck as a pension-based such assets do not need to be reported for the calculation of federal or state income tax.

Print Your Name: ____________________________
Averaged ID or Social Security Number: ________________

Sign Here: ____________________________
Date: ________________

Section 6: Agency Verification and Approval

Date Received: ________________
Date Keyed: ________________
Date Verified: ________________
Date Effective: ________________

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

Important: The daily Agency Transaction Tunnels are the official means of this change. It is your responsibility to review and confirm this document to ensure that changes made are accurate.
## Eligibility Definitions

### Eligibility Definitions and Required Documentation

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Eligibility Definition</th>
<th>Documentation Required</th>
</tr>
</thead>
</table>
| Spouse                      | The marriage must be recognized as legal in the Commonwealth of Virginia. **Note:** Ex-spouses will not be eligible, even with a court order.                                                                             | - 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 “Spouse.”  
**NOTE:** All financial information and Social Security Numbers can be redacted.                                                                                     |
| Natural or Adopted Son/Daughter | A son or daughter may be covered to the end of the year in which he or she turns age 26.                                                                                                                                | - 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.) |
| Stepson or Stepdaughter      | A stepson or stepdaughter may be covered to the end of the year in which he or she turns age 26.                                                                                                                          | - 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 “Spouse.”  
**NOTE:** All financial information and Social Security Numbers can be redacted.                                                                                   |
| Other Female or Male Child   | 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.                                                                                                     | - Photocopy of the Final Court Order granting permanent custody with presiding judge’s signature.                                                                                                           |
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
Health Benefits

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
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! Visit [www.commonhealth.virginia.gov](http://www.commonhealth.virginia.gov) for details.
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
- Forms must be submitted to the Office of Human Resources within 24 hours of the incident along with doctor notes (if any)
Voluntary Benefit Programs

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

Call Bradford Klavan: 757-652-0912
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.
  - Childrens’ 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
Find vacation packages available at a group rates. Please visit the HR website for complete details.
Questions ?
Need more information ?

Contact your Office of Human Resources by fax, phone or email.

Main HR Phone Number: (757) 221-3169
Main HR Fax Number: (757) 221-3156
EMAIL HR: ASKHR@WM.EDU