William & Mary
and
Virginia Institute of Marine Science

Benefits Summary

Nine-Month Instructional Faculty

The following summary is designed to familiarize you with benefits available through William & Mary. It is not intended to be a complete description of the plans or programs.

PAY INFORMATION

Nine-month instructional faculty members are paid over 24 pay periods. Pay periods for salaried employees are as follows:

<table>
<thead>
<tr>
<th>PAY PERIOD</th>
<th>PAYDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>25th - 9th</td>
<td>16th</td>
</tr>
<tr>
<td>10th - 24th</td>
<td>1st</td>
</tr>
</tbody>
</table>

When paydays fall on weekends or holidays, direct deposits are made the last workday before the regular pay date. To access further information about pay periods, please see the Commonwealth of Virginia 2019 Pay and Holiday Calendar.

HEALTH INSURANCE

State employees eligible for the health benefits program may enroll in a statewide health plan or a regional plan, if living or working in the Northern Virginia or Hampton (HMO) areas. Full-time employees pay the employee portion of the total monthly premium, with the state paying the remainder of the cost. Premiums are deducted from paychecks on a pretax basis. Visit the current Spotlight on your Benefits for current premium rates and summaries.

Coverage for new employees begins on the first day of the month following the hire date (except for those employees hired on the 1st of the month). **New employees must make their health insurance elections within 30 days of their date of hire, or health insurance will be waived.** Changes to health plan elections may be made outside of the 30-day initial enrollment period; this time is known as Open Enrollment. Open Enrollment is usually held in April or May each year. Changes made during Open Enrollment become effective on July 1st. In addition to the Initial Enrollment and Open Enrollment periods, employees may make changes within 60 days of a Qualifying Mid-Year Event (QME). Information on what constitutes QMEs and what documentation is required can be found at the DHRM Link.

STATEWIDE PLANS

The Commonwealth of Virginia offers three plans: COVA Care, COVA HealthAware, and the COVA HDHP (High Deductible Health Plan). They are administered on a plan year that begins on July 1 and ends on June 30 of the following year.
COVA CARE (CC)

The COVA Care plan has four separate benefit components: medical, dental, outpatient prescription drug, and behavioral health with the Employee Assistance Program (EAP). Each of these components is administered by Anthem Blue Cross and Blue Shield with the exception of dental, which is administered by Delta Dental. Some covered services are subject to a plan year deductible, co-insurance, or co-payments. You may also select additional options that offer enhanced coverage for dental, out-of-network, vision, and hearing services.

1. **Medical Benefits:** Anthem Blue Cross and Blue Shield administers the medical benefits under COVA Care. We highly recommend that you coordinate your care through a primary care provider (PCP), but you are not required to have a PCP to use your medical benefits under COVA Care. You have medical coverage as long as you use an in-network provider. There is no out-of-network coverage (except for an emergency) unless you choose the Out-of-Network option. You may also access care within the United States through the Blue Card PPO® network, and worldwide through the BlueCard Worldwide® network. The Anthem Virginia network includes hospitals, primary care physicians and specialists statewide. For the most current list of Anthem network hospitals and physicians, go to [Anthem](#).

2. **Behavioral Health and Employee Assistance Program (EAP):** Anthem EAP provides your behavioral health and EAP benefits under COVA Care. We recommend that you contact them at 1-855-223-9277 or visit [Anthem EAP](#) so that your care can be authorized in advance. An Anthem EAP participating provider works with a care manager to ensure that the services you receive are covered under your plan. When you self-refer to a non-network provider, you are responsible for making sure the services you receive are medically necessary for your condition. There is no out-of-network coverage (except for an emergency) unless you choose the Out-of-Network option. The EAP offers up to four visits at no cost to you and members of your household for counseling in such areas as mental health, substance abuse, work and family issues, and financial or legal matters.

3. **Dental:** Delta Dental of Virginia administers dental coverage for the COVA Care plan, including diagnostic and preventive care. The **Expanded Dental option** covers, at an additional cost, primary care services such as fillings and root canals, orthodontic services, and major restorative services such as crowns, bridgework, implants, and dentures. You may use either an in-network or an out-of-network dentist, but you may pay more if you use an out-of-network dentist. To see if your dentist is in the Delta Premier network, or to search for a participating dentist, visit the Delta Dental Web site at: [Delta Dental VA](#). You can also call Delta Dental at 1-888-335-8296 for assistance.

4. **Prescription Drugs:** Your COVA Care health plan provides an outpatient prescription drug benefit, and divides your prescriptions into four categories (tiers) based primarily on their cost. The first tier is typically generic drugs; the second tier generally includes low-cost to medium-cost brand name drugs; the third tier consists of higher-cost brand name drugs; and the forth tier consists of specialty drugs, typically the highest cost brand name drugs used to treat complex and rare conditions. You can save money by using the IngenioRx home delivery service for a 90-day supply of a maintenance prescription. If a brand name drug is requested when a generic equivalent is available, you pay the brand co-payment plus the difference between the cost of the brand and the generic drug. You may use either a network or a non-network pharmacy. However, you will pay more at a non-network pharmacy. To find a participating pharmacy, please call 1-833-267-3108.
COVA HEALTHAWARE (HA)

The COVA HealthAware plan has four separate benefit components: medical, dental, outpatient prescription drug, and behavioral health with the Employee Assistance Program (EAP). This plan includes a Health Reimbursement Arrangement (HRA), to help you pay for plan expenses. The Commonwealth will place up to $600 in an HRA for an employee or up to $1,200 for an employee and spouse enrolled in the plan, prorated based on hire date. The funds can be used to pay for your medical and prescription expenses for all covered family members. You may also earn additional HRA funds by completing health activities, called “Do Rights,” designed by the plan to earn up to $150 in your HRA. Your spouse can do the same. “Do Rights” include having an annual physical, vision or dental exam, a flu shot, or using one of the health management trackers at least three times a month for each month in a quarter. Simply pick three of the four “Do Rights” and earn $50 for each one. Note: the funds for “Do Rights” are placed in your HRA during the quarter after you complete the activity. After your HRA is exhausted and you have paid your deductible, you will pay 20% for services up to your out-of-pocket maximum. For questions about COVA HealthAware, call the Aetna Concierge at 1-855-414-1901 or visit Aetna.

Optional COVA Insurance Benefits

Certain optional health insurance coverage may be added to the COVA Care (CC) plan and the COVA HEALTHAWARE (HA).

1. **Out-of-Network (CC):** This option allows you to receive covered services at a reduced level from non-network providers, meaning providers that are not in the Anthem BlueCard PPO or Anthem Behavioral Health and Employee Assistance Program or Aetna networks. The plan payment for covered services is reduced by 25% (CC) and 40% (HA). You are responsible for any applicable deductible, co-payment or coinsurance. You also pay any balance above the allowable charge. Claim payments are made directly to the member when services are received from a non-network provider.

2. **Expanded Dental Benefit (CC and HA):** This option, available from Delta Dental, allows you to add Primary Services, Complex Restorative, and Orthodontic benefits to your basic dental benefit.

3. **Routine Vision and Hearing (CC):** This options included expanded dental benefits as summarized above. Routine vision benefits are available from Blue View Vision. Benefits are available once every 12 months and the count begins on the date you receive your eye examination or purchase eyeglass frames or lenses. You may see a network optician or optometrist, or go to a retail setting for your eye exam and for purchasing lenses and frames. Non-network benefits will apply if you visit a provider who is not in the network. COVA Care participants can find a Blue View provider by visiting www.anthem.com. Hearing coverage will pay a portion for hearing aid(s) and other related hearing aid services such as selection and fitting every 48 months.

4. **Routine Vision Only (HA):** Routine vision benefits for the COVA Health Aware plan are available from Aetna. Benefits are available once every 12 months and the count begins on the date you receive your eye examination or purchase eyeglass frames or lenses. To locate a vision provider, visit COVA Healthaware.
COVA HDHP

The COVA HDHP (High Deductible Health Plan) is a statewide plan. COVA HDHP is a special type of health care plan that allows you to set up a personal Health Savings Account (HSA) through a bank. You can use the tax-deductible funds you put into the HSA to help pay for medical expenses. Your HSA goes wherever you go and you are not required to “use it or lose it.” Go to IRS to learn more. You cannot have a Flexible Spending Account (FSA) if you set up an HSA. The COVA HDHP has a higher plan year deductible that must be met before the plan pays for your medical, behavioral health or prescription drug benefits. Once the deductible is met, you pay 20% coinsurance for most covered services. When two or more people are covered, the entire deductible must be met before the plan pays any expenses for any one person covered under the plan. Under the HDHP, you pay no more out of pocket for in-network services than $5,000 for one person and $10,000 for two or more people. The deductible applies to this limit. The COVA HDHP includes basic dental benefits. There is no out-of-network coverage for medical or behavioral health benefits. All components of this plan are administered by Anthem. Go to Anthem to access the online Provider Directory.

KAISER PERMANENTE REGIONAL HMO

Available only to employees who live or work in Northern Virginia, the Kaiser Permanente regional HMO has a service area that includes Northern Virginia, Washington, D.C. and parts of Maryland. There is no deductible for in-network services, but you must use HMO participating providers (except in an emergency) and choose a PCP for each enrolled family member. You may search by zip code on the Kaiser web page to determine if your job location or home address is in the Kaiser Permanente service area.

OPTIMA HEALTH VANTAGE REGIONAL HMO

Available only to employees who live or work in one of 17 counties in Hampton Roads. The Optima Health Plan is a referral-less HMO plan in which you choose a plan primary care physician (PCP). The Sentara Quality Care Network provider coordinates your healthcare. The plan has four separate benefit components: medical, dental, prescription drug, and behavioral health with the Employee Assistance Program (EAP). Expanded dental services through Dominion National as well as vision services through EyeMed are included at no additional premium cost to you. This plan does not include out-of–network coverage, except in some emergencies, or the out-of-network coverage for dependent children. There is a $150 deductible for in-network services for one person and $300 for two or more. You can visit the Optima Health website at Optima Health or call 866-846-2682 for more information.

NOTE: All health plan payroll deductions are processed pre-tax, thereby reducing the amount of federal, state, and Social Security withholding.
FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) allow the employee to pay for payroll deducted medical and dependent care expenses with pre-tax dollars. This is accomplished by deducting the premiums before taxes are calculated, thus reducing the amount of federal, state, and Social Security withholding. Strict IRS guidelines apply. There will be a monthly administrative fee taken on a pre-tax basis.

1. **Medical Care Reimbursement Account (FSA):** This optional pre-tax deduction can be used to pay eligible medical, dental, prescription, and vision expenses not covered by insurance. The maximum contribution amount per plan year is $2,700. Any contributions must be between $10 and $112 per semi-monthly pay period. To access further information, regarding FSA deductions please visit [DHRM FSA](#).

Medical Care Reimbursement Account participants will automatically receive a PAYFLEX card upon enrollment. Cards will be sent in the mail. You should keep your cards to use each plan year until the expiration date. The card is a convenient reimbursement option that allows you to be electronically reimbursed for eligible expenses under your employer’s plan and IRS guidelines. Because it is a payment card, when you use it to pay for eligible expenses, funds are electronically deducted from your account. For prescription purchases, the card will only be accepted at IRS-Approved Inventory Information (IIAS) certified merchants. A list of IIAS merchants can be found at [MERCHANTS LIST](#).

**NOTE:** Flexible Spending Account contributions are use or lose within the plan year that runs from July 1 to June 30 of the following year. COVAHEALTHAWARE participants will have medical and prescription expenses deducted from their HRA account prior to using the Flexible Spending Account contributions.

Termination of Employment: If you terminate employment or lose your FSA eligibility, your pre-tax contributions stop at the end of the month. Expenses for services you have after your plan termination date are not eligible for reimbursement. You have three (3) months from your account termination date to submit a paper claim form reimbursement request for eligible expenses incurred during your coverage period.

2. **Dependent Care Reimbursement Account (DCA):** This optional pre-tax deduction can be used to pay eligible dependent care expenses. Deductions will end on the child’s 13th birthday. The reimbursements are not subject to federal, state, or Social Security taxes. An employee is eligible to participate as of the first day of the month following the date of hire. Due to the tax advantages offered by this program, the IRS has strict guidelines for its use. The maximum contribution per plan year is $5,000. To access further information, regarding DCA deductions please visit [DHRM DCA](#).
RETIREMENT

In addition to Social Security, employees must enroll in a retirement plan. Employees hired on or after July 1, 2010 will be required to make a 5% member contribution to the retirement plan on a pre-tax basis. You may choose one of the two plans described below; if you do not make an election within 60 calendar days of your hire date, you will by default be enrolled in the VRS Hybrid plan & the VRS Disability (VSDP). Transfers from other state agencies will still need to complete the VRS-65 Form either electing to continue or change their ORP or VRS current election.

1. **Optional Retirement Plan (ORP):** This is a defined contribution plan. You may enroll with TIAA-CREF by calling 1-800-842-2776 or by going online and using the Retirement@Work web link found on the HR web page. As a member, you determine the allocation of contributions to the investment funds available. In addition to the 5% member contribution, the college will contribute 8.5% on your behalf. Vesting is immediate with the ORP. The benefits received at retirement will depend on the level of contributions, the duration of participation, investment gains and losses, the actual age at retirement, and the retirement income option selected.

   NOTE: If enrolled in ORP, members will be automatically enrolled in the 457 Deferred Compensation supplemental retirement plan within 90 days of employment. The default contribution is $20 per pay period. If you do not want to be enrolled, you must call ICMA-RC to “OPT OUT”. ICMA-RC can be reached at (877) 327-5261.

2. **Virginia Retirement System Hybrid Plan (VRS):** This is a hybrid retirement plan for employees hired on or after January 1, 2014. The employee is required to make a 5% member contribution on a pre-tax basis. Of this contribution, 4% will go to a defined benefit (pension) plan and 1% will go to a defined contribution plan. Employees enrolled in the hybrid plan may elect to contribute up to an additional 4% to the Hybrid 457 Defined Contribution plan. An employer match is available.

   Members must have at least five (5) years of service to be fully vested in the defined benefit portion of the plan. The vesting period for the defined contribution plan is a sliding scale based on the number of years the employee has worked. The formula for the retirement benefit under VRS is 1% of average final compensation multiplied by years of service credit, with a reduction factor applied for early retirement, divided by twelve. Additionally, the benefits received under the defined contribution plan are based on investment performance. See Hybrid Member Plan Info for more details.
MEDICAL DISABILITY, SICK LEAVE, AND FAMILY MEDICAL LEAVE OPTIONS

Your retirement election is connected to your options for sick leave, short-term disability, and parental leave. If you choose the Optional Retirement Plan (ORP), you will automatically participate in the William & Mary Plan. If you choose the VRS Retirement Plan (VRS), you can choose to participate in either the William & Mary Plan or the Virginia Sickness and Disability Plan (VSDP). If you take no action and are defaulted into VRS, you will also default into VSDP.

William & Mary (W&M) Plan, sick and disability leave are prorated based on appointment percent:

1. **Medical Disability**: This plan provides up to 120 calendar days of disability leave paid at a rate of 100% of your pre-disability salary with FMLA certification approval. Employees who use all or any portion of the initial 120 days of paid disability leave shall be credited with up to 30 additional days of paid disability leave, to be available June 25 each year after a year of service. Employees may not accumulate or use more than 120 days of paid disability leave. For further information regarding the William & Mary Plan, visit W&M Plan for professional employees. Leave is not compensable at termination and is prorated based on appointment percent.

2. **Parental Leave**: Under the W&M Plan employees may access to their 120 calendar days of W&M Leave for bonding after completing the Parental Leave Form. To obtain the form, send a request to ASKHR@wm.edu. Leave is credited up to 30 days each June 25th however, the W&M Plan leave balance will not go above 120 days.

3. **Long Term Disability (LTD)**: Employees who elect the W&M Plan are eligible to purchase long term disability from The Standard. LTD is offered to employees after completion of one year of full-time, salaried employment or if you transfer from another state agency and have completed one year of full-time service on the 25th of the month. Should you become disabled and participate in LTD, benefits would begin after six months of disability. Benefits are paid at the rate of 60% of your monthly salary (not to exceed $6,000.00 per month) less the amount of benefits from other sources (such as Worker’s Compensation or Social Security Disability). William & Mary contributes 60% of the premium and employees contribute 40% through payroll deductions if elected. The current cost is .171% of your annual salary divided by 12. If you waive coverage when first eligible, your choice is irrevocable.

**LTD Example:**

Salary of $50,000/12 months = $4,166.67 per month

$4,166.67 x .171% = 7.13 Total Premium

60% x $7.13 = $4.28 Employer Premium

40% x $7.13 = $2.85 Employee Premium or $1.43 per paycheck
Virginia Sickness and Disability Program (VSDP), DHRM Policy 4.57, leave is prorated based on appointment percent, date of hire, and years of service:

1. **Medical Disability**: This plan provides employees with income security when they cannot work due to a partial or total disability with FMLA certification and approval from the third party administrator. VSDP benefits cover non-work-related and work-related conditions. Employees must satisfy a one-year waiting period to be eligible for short-term and long-term disability at a rate of 60% of pre-disability income. To access further information, review the [VSDP booklet](https://www.virginia.gov/health/vsdp).

2. **Parental Leave**: If you choose VSDP, full-time employees eligible for FMLA with a year of service and VSDP enrollment are eligible for Parental Leave. This leave must be used in a solid block of time and within 6 months of the birth, adoption or placement of a child for bonding. Employees will be paid 100% for eight weeks. This leave can be used for mothers after the maternity disability period ends or to supplement disability pay. Employees are eligible once in a 12 month period from the date of the last leave with completion of the Parental Leave Form. [Parental Leave FAQs](https://www.virginia.gov/health/vsdp) can answer most questions regarding this benefit.

3. **Sick Leave**: VSDP provides employees with income security when they cannot work for their own illness or injury lasting less than seven days. Leave balance is based on: appointment percent, date of hire and years of service. Time does not roll from year to year and is not compensable at termination. Each year on January 10th the leave balance is reset. Generally, full-time employees are allotted 64 hours of sick leave prorated subject to their hire date.

4. **VSDP Family & Personal Leave**: VSDP provides employees with Family and Personal Leave to use for any reason that may include bereavement, vacation or to care for a family member. Leave balance is based on: appointment percent, date of hire and years of service. Time does not roll from year to year and is not compensable at termination. Each year on January 10th the leave balance is reset. Generally, full-time employees are allotted 32 hours of sick leave prorated subject to their hire date.

5. **Long Term Disability (LTD)**: If you choose VSDP, full-time employees eligible for FMLA with a year of service and VSDP enrollment are eligible for state paid long term disability after a 180-day waiting period. Benefits are paid at the rate of 60% of your pre-injury monthly salary. You apply for long term disability at the conclusion of your short term disability through the third party administrator.
EMPLOYER PAID BENEFITS

WORKERS' COMPENSATION

Under the Virginia Workers’ Compensation Act, employees on the university payroll must report to their supervisor within 24 hours any injury and/or illness that occurred in the course of performing official work-related duties. You must submit to HR a first report of injury and complete the panel of physician forms and fax to HR. Your claim will be investigated and you will be given additional steps to follow. All claims are processed by an insurance carrier through the Department of Human Resource Management. Benefits generally include payment of medical expenses and time lost from work. To access forms go to the HR Forms webpage.

LIFE INSURANCE

A group life insurance policy is provided for you. The benefit amount is two (2) times your annual salary in case of death by natural causes, and four (4) times your salary in case of death by accident. To access further information, visit Life Benefits for details.

EMPLOYEE EDUCATIONAL ASSISTANCE

Under the Educational Assistance Policy, faculty and staff who are eligible for retirement participation and hourly employees who currently are eligible for PTO may be eligible to enroll in certain academic credit courses at William & Mary and have the current tuition paid or waived for up to 6 credit hours each semester and during summer session (all summer sessions combined). Some restrictions do apply. In certain cases, an employee may be approved to enroll in an academic course at an institution other than William & Mary and have the current tuition reimbursed. If you have questions after reading the policy, please contact the Tax Compliance Office at Tax@wm.edu.

TRAVEL CHARGE CARD

This program provides a charge card to be used for business travel at no expense to you. The card provides a convenient means for you to charge reimbursable travel-related expenses. For complete details, visit the Travel Charge Program.
EMPLOYEE VOLUNTARY BENEFITS

TAX DEFERRED SAVINGS & DEFERRED COMPENSATION

The Internal Revenue Code has permitted certain employers, such as William & Mary, to purchase tax sheltered annuities (TSP) 403(b) and deferred compensation (DCP) 457(b) for their employees. The tax sheltered annuity and deferred compensation program arrangement permits an employee to contribute tax-free dollars. By contributing to a TSP or DCP retirement account employee's gross income is reduced and state and federal income taxes are reduced. Interest earned on this investment is also exempt from taxes until the money is withdrawn.

1. **Tax Shelter Savings Plan (TSP) (403b):** The University offers 403(b) Supplemental Retirement Savings Plan with TIAA CREF. If you desire a supplemental retirement plan, starting in January 2019, you may contribute up to $19,000 ($25,000 if age 50+) of your annual salary to the 403(b) plan. The portion of your salary that you elect to contribute is not taxed until you withdraw it. To set up a 403b plan and/or change deductions, employees enroll by going online to the [Retirement@Work](#) website. Enrollment and fund election can take place after you receive your first paycheck to enroll.

2. **Deferred Compensation Plan (DCP) (457b):** The Commonwealth of Virginia also offers a 457 (b) Deferred Compensation DCP supplemental plan. This plan offers you the opportunity to contribute starting in January 2019, up to $19,000 ($25,000 if age 50+) of your annual salary. The contributions are made on a pre-tax basis. Roth after tax options are also available as described below. [Varetire.org](#) information is online.

   NOTE: If enrolled in ORP, members will be automatically enrolled in the 457 Deferred Compensation supplemental retirement plan within 90 days of employment. The default contribution is $20 per pay period. If not interested in enrolling, you must call ICMA-RC to “OPT OUT”. ICMA-RC can be reached at 1-877-327-5261.

3. **Deferred Compensation Plan (DCP) Roth (457b):** Roth contributions are after-tax contributions to your Commonwealth of Virginia 457 Plan. When you withdraw the Roth contributions and any associated earnings, they are tax-free, as long as you are at least age 59 ½, permanently disabled, or the assets are being paid to your beneficiaries following your death and it has been five years since January 1 of the year you made your first Roth contribution.

   **What are the advantages of making Roth 457 contributions?**
   - Higher after-tax contribution limits than Roth IRAs: The Commonwealth of Virginia 457 Plan allows for greater after-tax savings, up to the IRS allowable limit.
   - Eligibility at all income levels: Unlike Roth IRAs, everyone with earned income is eligible to make Roth contributions to the 457 plan Tax planning: Having both pre-tax assets and Roth after-tax assets available in retirement allows you to choose the source of funds most advantageous to your tax situation at the time of the distribution.

   You are able to set up DCP contributions by calling ICMARC Investor Services at [1-877-327-5261](#).

4. **Cash Match (401a):** The cash match program offers a 50% match on your 403(b) or 457 employee voluntary contributions, with a cap of $20.00 per pay period as long as you contribute $40.00 each pay period. You may only have one cash match although you may participate in both plans. Minimum contribution per pay period is $10.

   If you participate in the Hybrid Retirement plan, you must contribute the maximum of 9% to the plan to be eligible to receive a cash match when participating in the 403(b) or the 457(b) plan.

   If you participate in the Optional Retirement Plan, you are immediately eligible for the cash match when...
participating in one or both of the 403(b) or the 457(b) plans.

OPTIONAL LIFE INSURANCE PROGRAM (OPL)

Employees may choose to purchase optional life insurance to supplement group life insurance coverage. There are four options from which to choose. If you apply for optional life insurance within 31 days from the date of employment, you may receive all options, up to a maximum death benefit of $400,000, without providing evidence of good health. If you select an option that provides more than $400,000 of coverage, you will be required to submit an Evidence of Insurability Form. If you elect to participate in OPL after 31 days, you will be required to submit the Enrollment Form as well as the Evidence of Insurability Form. If you enroll in the optional life insurance coverage, you may also insure your spouse, your child(ren), or both. Visit Optional Life for more information.

AFLAC

Employees can choose from different optional policies for coverage such as cancer insurance, intensive care insurance, disability insurance, etc. These are optional plans. More information about AFLAC can be found on the AFLAC website, or by emailing Brad Klavan at Bradford_Klavan@us.aflac.com, or calling 757-652-0912.

PREPAID LEGAL RESOURCES

This optional program allows employees to pay $16.50 per month for legal services. There are no deductibles, claim forms, waiting periods or fee schedules. Legal services include the following: traffic violations, automobile sales and repair problems; landlord/tenant disputes; defense in civil suits; divorce problems; preparation of wills, including a living will; real estate purchases; product warranty disputes; and advice and consultation. To access further information or to apply online for Legal Resources, using the Company Code is 1242, and the password is nhlegal. Open enrollment is held in November of each year, allowing you to cancel or enroll with an effective date of January 1 after 12 months of participation.

ADDITIONAL EMPLOYMENT PERKS

W&M ID Card Local Discounts: Employees can use their ID card at participating local vendors in the Williamsburg area to receive discounts on meals, lodging and purchases.

Statewide Discounts: DHRM List information is online.

SunTrust Bank: SunTrust Bank provides benefits to employees. For questions and assistance, please contact your local Jamestown Road SunTrust Branch (1186 Jamestown Road, Williamsburg, VA 23185) at 757-603-4749.

Child Care: The Sarah Ives Gore Child Care Center provides day care for infants (six weeks) to preschool children, as well as a before- and after-school care programs. Tuition is calculated on a sliding scale and is based on family income. For further information, contact the center directly at 757-221-2136.

CommonHealth: CommonHealth of Virginia offers programs available to all full-time employees and dependents.

Use of W&M Facilities: Many university facilities, including the recreational facilities and the libraries, are available to employees. Contact specific facilities for details.

Colonial Williamsburg Collegiate Pass: W&M employees are eligible for a discounted Colonial Williamsburg Collegiate Pass, which includes the use of Colonial Williamsburg's bus system and admission into any of the exhibits in the restored area. The discounted pass can be obtained at the Colonial Williamsburg Visitor’s Center or ticket offices. You will need your W&M ID. Please visit Colonial Williamsburg Pass for more information.