# MOUNTAINEERS GO FIRST.

WVU Benefits Administration's summary/ instructions allows the convenience to login to the vendor and sign up for your insurance and program choices. You will need to wait approximately one (1) week after submitting your required forms package and registering for payroll, to allow the system to notify each vendor that you are approved to enroll in optional benefits. The deadline for optional benefits is the month in which you become benefit-eligible and the following two months Example: eligible date = Aug. 16, optional date deadline = Oct. 31.)

Coverage will begin on the first day of the month following your approved enrollment.

#### **OVERVIEW:**

WVU pays the full cost for:

- Basic Life Insurance
- Sick and Annual Leave eligibility guidelines apply
- · Approved University-Designated Holidays

WVU shares the cost of these benefits with you:

- Health Coverage
- 401(a) Retirement Plan enrollment mandated by West Virginia
- Retiree Health Coverage eligibility guidelines apply

You may also choose to enroll in several voluntary benefits for which the employee will pay the full cost.

## **PEIA**

Health Insurance
PEIA Premiums
PEIA Plans A, B, C, and D Deductible Estimator
All Summary Plans
Register and Enroll

Optional Life Insurance for benefits-eligible employees is guaranteed up to \$100,000 without evidence of insurability if enrolled during optional deadline period. Additional options are available. Registering and enrollment in optional life can be done at the same time as choosing health insurance, or as a standalone option without health.

Dependent Life Insurance is also offered and may require evidence of insurability. Registering and enrollment in dependent life can be done at the same time as choosing health insurance, or as a standalone option without health.

Basic Life Insurance requires that you <u>designate</u> beneficiaries.

## Your Optional Benefits

Unfortunately, some vendors still require paper. If enrolling for these plans, please complete *the pages referenced for each in red.* WVU encourages you to never send social security numbers over email, so those fields are not fillable. To complete forms electronically, please provide a current phone number on the form and one of our benefit specialists will be happy to give you a call and collect all sensitive date after you submit this form. Alternatively, you can print/mail/bring the form/ supporting documentation to 1 Waterfront Place, PO Box 6640, Morgantown, WV 26506, to complete enrollment for these. Enrollment could be *delayed* if we do not receive all information and supporting documentation

## **MOUNTAINEER FLEXIBLE BENEFITS - Page 3**

Mt Flex Dental, Vision, Hearing, Legal plans.

Details and costs about these options can be found in the Mountaineer Flexible Benefits Plan.

Mt Flex Medical Flexible Spending Account (FSA) is used to pay for eligible medical expenses that aren't covered by your insurance or other plan. Your full annual contribution amount is available at the beginning of the plan year (July 1); and the maximum amount is \$2,650 and must be used during the benefit year, with a grace period for incurred expense submissions.

Mt Flex Dependent Care FSA is a great way to pay for eligible dependent care expenses such as after-school care, babysitting fees, elder care services, nursery and preschool. The maximum amount depends on your tax filing status and must be used during the benefit year, with no grace period. This savings account does not cover tuition fees.

Mt Flex Health Savings Account (HSA) is a tax-free account that can be used to pay healthcare expenses. Unlike a Flexible Spending Account (FSA), the funds do not have to be spent in the plan year they are deposited. The maximum amount depends on your tax filing status. This account is only eligible with PEIA Plan C Health Insurance.

Mt Flex Limited-use Medical Flexible FSA is designed specifically for employees who wish to take advantage of a Heath Savings Account (HSA) while continuing to enjoy the tax savings expected from an FSA. However, the funds in a Limited-Use Medical FSA can only be used for dental, vision, and preventive care expenses not covered by your high deductible health plan. This account is only eligible with PEIA Plan C Health Insurance.

Mt. Flex Short-term Disability is a pre-tax benefit. The weekly Short-Term Disability (STD) benefit is based on the employee's earnings from WVU. The group insurance policy refers to these earnings as pre-disability earnings. The weekly benefit is 70% of the employee's pre-disability earnings, reduced by deductible income. The maximum weekly benefit is \$750.

Mt. Flex Long-term Disability is a pre-tax benefit. The monthly Long-term Disability benefit is based on an employee's earnings from WVU. The group insurance policy refers to these earnings as pre-disability earnings. The monthly benefit is either 50% or 70% of the employee's pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$6,000 (50%) or \$8,571 (70%).

## SUPPLEMENTAL RETIREMENT PROGRAMS

Supplemental 403(b), 457(b), and Roth 403(b) Plans allow the benefits-eligible employees to supplement their retirement savings with the advantages of tax-deferral and payroll deduction. Contributions are limited to a maximum determined each year by the Internal Revenue Service. When choosing a supplemental retirement plan, you will need to follow the link to enroll and WVU also needs a payroll deduction form. Please fill out page 4 and 5 if you enroll.

## **STANDARD**

Standard Long-term Disability (LTD) is a post-tax premium; therefore, the benefit is not taxable. If you signed up for the MT Flex long-term disability, you do not want to sign up for a second one. The income benefit is based upon the employee's base salary and begins after six months of total disability. The income benefit is 60% of the employee's base salary up to \$5,000 - therefore salary amounts over \$100,000 are not covered less any offsets, such as any income payable from Social Security, Worker's Compensation, and any disability benefit payable under any insurance or retirement plan sponsored by WVU or any salary continuance programs. The minimum monthly benefit under this plan is \$100. The annuity benefit provides for a monthly contribution of an amount equal to 12% of the employee's salary to TIAA and/or CREF Retirement Accounts. The plan also includes a "Survivor Income Benefit" payable as of the first day of the month after the employee's death. The "Survivor Income Benefit" equals the last monthly income benefit received, multiplied by three. It will be paid to surviving dependent(s) if criteria are met. Please fill out page 6.

Let's go.

## **ADDITIONAL PROGRAMS and DISCOUNTS**

WVU is proud to offer the WVU Perks Program. It's your onestop destination for local and national deals. WVU is an employee discount program for WVU benefits-eligible faculty and staff, WVU Research Corporations employees and WVU Retirees Association members. WVU Perks offers local and national discounts and deals on several everyday items and services. https://talentandculture.wvu.edu/wellness-andperks/wvu-perks

Pet Insurance offered through VPI, America's oldest, largest and most popular pet insurance provider. It is accepted by all vets, even specialist and emergency providers. An easy claims process that covers accidents, illnesses and preventative care. WVU employees are offered discounted rates.

The <u>WVU Credit Union</u> is federally insured and owned entirely by its members, and is operated for them exclusively. Payroll deductions and direct deposits are available.

Accident Insurance is <u>available for purchase</u> through convenient payroll deductions. Employees choose the coverage limits and amounts in multiples of \$10,000 up to \$350,000. Amounts above \$250,000 cannot exceed 10 times an employee's annual base salary. Employees can purchase coverage for themselves, spouse and/ or children.

Care@Work - WVU has partnered with Care.com, a national organization of caregivers, to bring eligible employees and members of the WVU Retirees Association Care@Work membership at no cost. Eligible employees will have access to care for every member of their family, no matter where they are nationwide, simply by signing up with their official WVU email address.

WVU WELLNESS is a program that encourages all employees to manage their well-being every day and offers multiple resources to enhance their health and wellness of the employees.

InfoArmor offers PrivacyArmor to minimize damages and better protect you from the #1 crime in America. It includes proactive identity and high-risk transaction monitoring. Credit monitoring, monthly credit score and an annual credit report are included. WalletArmor makes replacing a lost wallet quick and easy. Digital identity reports and solicitation reduction are also offered.

WVU does not guarantee the quality of goods or services provided by participating vendors.

Official Use Only First MΙ Gen Last

**Employee Name:** 

Start Date in Benefit-Eligible Position:

mm/dd/yyyy

Optional Benefits Enrollment Deadline:

mm/dd/yyyy

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## Remote Benefit Processing Agreement

As a benefits-eligible employee, we hold your health and well-being in high regard so you can go above and beyond to reach your goals. WVU offers a comprehensive employee benefits package with a variety of options which you can tailor to meet your needs. To help ensure your benefits are set up accurately, please follow the instructions and turn in all forms promptly within the designated time frames. You may also choose to participate in a benefit session, where benefits will be explained in detail. (Call 304-293-5700 ext 4 to register for session.)

## Required Forms - ( « © ¬ j ° j and return on or before 1st day of > j a j 👺 j 🖫 ¥ j ¬ « ¬ ¥ ¾ a

Initials

As a benefit-eligible employee, I understand there are mandatory forms that have to be returned to Benefits Administration no later than my 1st day of work  $^{*}$  ° $^{\circ}$  $^{\circ}$ 

**Employment Years of Service Form** 401(a) Retirement Vendor Selection Form

Basic Life Insurance Notification 4. Tobacco Affidavit

## Optional Benefits - (May enroll during month of eligibility and two following months)

Initials

I understand that as a benefit-eligible employee 1 have the month in which I become benefit-eligible and the following two months, to sign up for optional benefits. The deadline for signing up for these optional benefits is Once my forms are received and approved, coverage is effective on the first day of the next month.

- A. Health Insurance Enrollment Form
- B. Optional and Dependent Life Insurance Enrollment Form (During optional enrollment period, employees are guaranteed up to \$100,000 coverage. May enroll after the optional enrollment period, but will be subject to evidence of insurability and underwriting approval.)
- C. FBMC Mountaineer Flexible Benefits Enrollment Form (Includes: dental and vision insurance, medical and dependent care flexible spending accounts, health savings account, hearing service plan, disability\* plans, legal plans, etc.)
- D. Standard Insurance Company Voluntary LTD Enrollment Form \* (May enroll after optional enrollment period, but will be subject to evidence of insurability and underwriting approval. New hires guaranteed issue.)
- E. AIG Personal Accident Insurance Enrollment Form
- F. Supplemental Retirement Accounts Salary Reduction Agreement
- G. Voluntary Benefits (ID Theft Protection, Pet Insurance)

By signing this agreement, I am choosing to remote process for my new benefits. If I need additional assistance, I will contact the WVU Benefits Administration Office to register for a benefits session. If you have an email client installed, you can simply click the email now button. If not, you can still submit electronically by clicking: "File", then "Send File", then "Attach to Email". You may also print the file and mail or hand deliver to HR Benefits - 2nd Floor, PO Box 6640, 1 Waterfront Place, Morgantown, WV 26506



Date- mm/dd/yyyy

Last First MI Gen *Official Use Only* 

Employee Name:

Start Date in Benefit-Eligible Position:

mm/dd/yyyy

Optional Benefits Enrollment Deadline:

mm/dd/yyyy

(Is the month in which I become benefit eligible and the following two months. Example: eligible date = Aug 16, optional date = Oct 31)

## Required Benefit Forms Checklist

Please review the items below to ensure you have completed all the tasks necessary to set up your employee benefits. The deadlines specified above are extremely important to the accurate and timely processing of your benefits. Please be sure to return all required documentation prior to your first day working in your benefit-eligible position.

## These Must Be Returned Prior to Your First Day of Work in Benefit-Eligible Position

## 1. Benefits Orientation Required Forms Checklist (This Form)

This checklist will help ensure you fill out all the required forms. If your benefit-eligible date and your optional benefit date are not already filled in above, please do that first.

## 2. Employment Years of Service Form (Required Form #2 - Parts 1, 2, and 3)

Include any prior service with State of West Virginia, including WVU. If you do not have prior years of service, sign the appropriate spot and go to required form 3. If you do have prior years of service you will need to complete <a href="Part 3">Part 3</a> and provide that form to any prior agency so they can verify your work experience.

*I UNDERSTAND* that if I selected that I have prior years of service in required form #2, then it is my responsibility to complete <u>part 3</u> and provide that page to any prior agency for whom I am requesting application of years of service. Until <u>part 3</u> is returned and verified, my years of service <u>WILL NOT</u> be applied.

3. 401(a) Defined Contribution Retirement Plan Vendor Selection Form (Required Form #3) Participation in a qualified 401(a) retirement plan is REQUIRED by the State of WV. All benefits-eligible employees must enroll and contribute 6% of total earnings to the retirement plan of their choice. A 6% employer match is provided to all employees and is 100% vested. Note: Employees with TIAA will be default enrolled into the plan under an age-appropriate LifeCycle Fund; beneficiaries and plan changes can be made approximately 1 week after processing for payroll.

## 4. Basic Life Insurance Notification - no form

All benefit-eligible employees are provided a Basic Life insurance policy that is paid for by the University. Details about the policy can be found in the Public Employees Insurance Agency (PEIA) Shoppers' Guide. You will need to register at Manage My Benefits to set up beneficiaries once your coverage is activated (approximately 1 week after processing for payroll; otherwise default beneficiaries will be applied.

## 5. Tobacco Affidavit - no form

If none of the people enrolled on your PEIA coverage use tobacco, you will receive the discount on your PEIA PPB Plan health coverage (if any) and optional life insurance premiums. I acknowledge by checking the acceptance box below that WVPEIA or its agents have access to my medical records to check my tobacco use status.

Who uses tobacco: Policyholder Dependent (spouse and/or children)

No Tobacco Users within the last six (6) months



Employee #:

JOB

REV (9/14)

Generation

EMPLOYMENT

AVERAGE



**Employee Last** 

DATE

## EMPLOYMENT YEARS OF SERVICE SELF-VERIFICATION

This information is needed for recording experience within your profession, longevity increment pay, service awards and other seniority-related issues. If you have any questions or concerns, please contact a Benefits staff member at the number below.

\*Employment as a Student Worker, Work-Study or Graduate Student does not count as eligible service time. Employment as a member of Faculty or Faculty Equivalent Academic Professional (FEAP) must be Full Time 1.00 FTE for 9 months or more in each fiscal year to be considered credible service time. All employees hired on or after July 1, 2007, will not be eligible to receive credit toward longevity accruals for any time worked in a temporary position per Board of Governors' (BOG) Policy 32.

Middle

AVERAGE

I do NOT have prior years of service with WVU or any other West Virginia State Agency. (Stop - Sign below and go to Form 3)

Note: Adjustments will not be made retroactive prior to month in which the obligation to verify service was met by the employee.

PO Box 6640 • One Waterfront Place • Morgantown, WV 26506 • Phone: (304) 293-5700 x 4 • Fax: (304) 293-7532

I do have prior years of service with WVU or another eligible West Virginia State Agency. (Please continue - PART 3 is REQUIRED)

First

STATE AGENCY NAME (SEE REVERSE SIDE)

**Check here if this is a request for re-verification.** Reason for request:

#	MONTH/YEAR	and PHONE NUMBER	HOURS/WEE	MONTHS/YEAR	STATUS	TITLE	
1	FROM TO				☐ FTR ☐ PTR ☐ TEMP		
2	FROM TO				☐ FTR ☐ PTR ☐ TEMP		
3	FROM TO				☐ FTR ☐ PTR ☐ TEMP		
4	FROM TO				☐ FTR ☐ PTR ☐ TEMP		
	Note: Requests to	transfer sick leave from another State agency.  Agence of transfer sick leave from another State agency must be made a University reserves the right to verify an employe	•	. , ,	<b>O</b> ( )	Jest Virginia University.	
	I verify to the best of my knowledge that the above information is correct. I understand that it is my responsibility to provide the WV State Agency(s) listed above who are not affiliated with WVU with an Employment Verification Form. Any agency(s) receiving the form will have ninety (90) days to complete and submit that form to the WVU Benefits Office.			I am aware of this employee's request to have their years of service verified by WVU's Division of Human Resources Benefits Office. I understand that any prior years of service not currently accounted for may affect my departmental budget. I also understand that years of service verifications may only be denied by the Division of Human Resources Benefits Office.			
	If a completed "Employment Verification Form" is not submitted within said thirty (90) days, the WVU Benefits Office shall complete my verification using only the approved information available at that time.			I understand that if applicable, this employee's annual increment and leave accrual will be adjusted to reflect years of service credited to me through the result of this verification.			
		applicable, my annual increment and leave accrual will be adjusted to reflect one through the result of this verification.	years				
	CI.	1	Date REQUI	RED Dean/Director/Adm	ninistrator Signature	(Not applicable for new employees) Date	

## THE FOLLOWING IS AN EXAMPLE LIST OF WV STATE AGENCIES ELIGIBLE FOR YEARS OF SERVICE VERIFICATIONS

Employment as a Student Worker, Work-Study or Graduate Student does not count as eligible service time

☐ Adjutant General	☐ College of Graduate Studies	☐ Economic and Community Development	☐ Governor's Office	☐ Regional Jail & Prison Authority
☐ Aeronautics Commission	☐ College of Osteopathic Medicine	☐ Emergency Services	☐Interstate Education Compact	☐ Rehabilitation
☐ Alcohol Beverage Control Comm.	☐ Concord University	☐ Employment Security	☐Southern Regional Education Board	☐ Secretary of State's Office
☐ Air Pollution Control Comm.	☐ Crime Victims Compensation Fund	☐ Commission on Aging,	☐ Health Care Cost Review Authority	☐ Shepherd University
☐ Advisory Council on Voc Ed	☐ Culture and History	☐ Education Broadcasting Authority	☐ Health Department	☐ Solid Waste Authority
☐ Antiquities Commission	☐ Department of Agriculture	□WMUL-TV	☐Andrew S. Rowan Memorial Home	☐ Southern Community Col. (L)
☐ Attorney General	☐ Department of Banking	□WSWP-TV	☐Denmar State Hospital	☐ Southern Community Col. (W)
☐ Beef Industry Assessment Bd WV	☐ Department of Commerce	□wwvu-tv	☐Hopemont State Hospital	☐ State Armory Board
☐ Beer Commission	☐ Department of Corrections	□WNPB-TV	☐Pinecrest State Hospital	☐ State Elections Commission
☐ Bluefield State College	☐Corrections-Central Office	□WPBY-TV	☐Fairmont Emergency Hospital	☐ Tax Department
☐ Board of Accountancy	☐Anthony Center	☐ Education & State Employees Grievance Bd.	☐Welch Emergency Hospital	☐ Teacher's Retirement Board
☐ Board of Architects	□Davis	☐ FFA & FHA Camp Conference Center	□Colin Anderson	☐ Treasure's Office
☐ Board of Chiropractic Examination	□Huttonsville	☐ Fairmont State University	☐Greenbrier School	☐Boxing Commission
☐ Board of Coal Mine Health & Safety	☐Industrial Home for Girls	☐ Farm Management Commission	□Sharpe	☐ Turnpike Commission
☐ Board of Dental Examiners	☐Industrial Home for Boys	☐Barboursville State Farm	□Spencer	☐ Water Development Authority
☐ Energy, Econ. & Environ. Com.	□Leckle Center	☐Denmar State Farm	□Huntington	☐Commission on Uniform State Laws
☐ Board of Embalmers and Funeral Dir.	□WV Penitentiary	☐Hopemont State Farm	□Lakin	☐ Water Resources Board
☐ Board of Engineers & Professors	☐State Prison for Women	☐Huttonsville State Farm	□ нерс	☐ West Liberty College
☐ Board of Examiners in County	☐State Prison for Men	□Lakin State Farm	☐ House of Delegates	☐ West Virginia Network
☐ Board of Exam for Nurses, Practitioners	□Northern Region	☐Moundsville State Farm	☐Commission on Postmortem Exam.	☐ Worker's Compensation Fund
☐ Board of Insurance	□Southern Region	☐Pence Springs State Farm	□Purchasing Prac & Proc Comm.	☐ Women's Commission
☐ Board of Foresters & Professors	☐ Department of Education	□Pinecrest State Farm	☐ Insurance Commission	☐ WV Auditor's Office
☐ Board of Landscape Architects	☐ Department of Energy (Mines)	☐Pruntytown State Farm	☐ Joint Expenses	☐ WV Hospital Finance Authority
☐ Board of Land Surveyors	☐ Department of Highways	□Salem State Farm	☐ Legislative Auditor	☐ WV Human Rights Commission
☐ Board of Probation & Parole	☐ Department of Labor	☐Spencer State Farm	☐ Library Commission	☐ WV School for the Deaf & Blind
☐ Board of Public Employees Insurance	☐ Department of Health/Human Resources	□St. Mary's State Farm	☐ Lottery Commission	☐ WV State University
☐ Board of Exam-WV Radiologic Tech	☐Department of Welfare	☐Sweet Springs State Farm	☐ Marshall University	☐ WV State Senate
☐ Board of Occupational Therapy	□Children's Home	□Weston State Farm	☐ Marshall Univ. Medical School	☐ WV State Supreme Court
☐ Board of Optometry	☐ Department of Motor Vehicles	□WV Children's Home State Farm	☐ Municipal Bond Commission	☐ West Virginia University
☐ Board of Osteopathy	☐ Department of Natural Resources	☐ Finance & Administration	☐ Northern Community College	□WVU-HSC Charleston
☐ Board of Pharmacy	☐Blennerhasset Historical Park Comm.	☐F&A Transportation	☐ Nursing Home Licensing Board	□WVU Institute of Technology
☐ Board of Physical Therapy	☐Interstate Comm. Pot. River Basin	☐Info Systems Service Division	☐ Oil and Gas Conservation Comm.	□WVU Mountaineer Temps
☐ Board of Psychologists	☐Interstate Mining Compact Comm.	☐Revolving Fund	☐ Public Employees Retirement Board	□WVU Parkersburg
☐ Board of Sanitations	☐Ohio River Basin Commission	☐Surplus Property	☐ Public Legal Service Council, WV	□WVU Potomac State College
☐ Board of Social Work Examiners	☐Ohio River Valley Water San.Com	☐Building Commission	☐ Public Service Commission	
☐ Board of Veterinarians	☐Public Land Corporation	☐ Fire Commission	☐ Racing Commission	
☐ Bridgemont Community Technical College	☐ Department of Public Safety	☐ Glenville State College	☐ Railroad Maintenance Authority	
☐ Civil Service	☐ Department of Veteran's Affairs	☐ Greenbrier Valley College Center	☐ Real Estate Commission	
☐ Coal Mine Safety & Tech. Review Comm.	☐ Directors	☐ Geological & Economic Survey	☐ Regulatory Board of Exam for Nurses	



## **REQUIRED FORM #2 Part 3**

If you selected that you have prior years of service, this form must be printed, and one sent to each previous employer.

WEST VIRGINIA UNIVERSITY DEPARTMENT OF HUMAN RESOURCES-BENEFITS OFFICE

PO Box 6640 • One Waterfront Place• Morgantown, WV 26506 • Phone: (304) 293-5700 x 4 • Fax: (304) 293-7532

#### EMPLOYMENT/YEARS OF SERVICE VERIFICATION FORM

The employee listed below has informed our office that s/he has prior Years of Service with your agency. This information is needed for annual leave accrual rate determination, calculation of longevity/annual increment pay and related issues. It should be noted that this information is public information and therefore not protected.

Please return this completed form directly to the WVU Human Resources Department at the address at the top of this page. Thank you.

## **EMPLOYEE INFORMATION:**

permission to								
	n requested b							
years of se	rvice. If you s	hould nee	d further i	nformation,	please conta	act me at:		
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Hire Date* MM/DD/YY	End Date MM/DD/YY	Week Total	Per Year	Eligible Yes or No		Leave to Transfer	Leave to Transfer	
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If completing this packet electronically, print this page and submit to your previous employer(s) for their verification. To print - click on the print button and choose "current page".

			REQUIF	RED FORM #3	
Last	First	MI	Gen	Official Use Only	
Employee Name:					
Start Date in Benefit-Eligible	e Poition	mm/dd/yyyy			
<i>Optional Benefit</i> s Enrollment	Deadline:	mm/dd/yyyy			
	WEST VIRO	GINIA UNIVERSITY			
401(a) Defined Contril	bution Retirement Plan -	Vendor Selection/Salary Re	duction A	greement Form	
Institution	WVU Morgantown	WVU HSC Charleston	WVU	WVU Tech	
	WVU Parkersburg	WVU Potomac State			
mandatory contribution of remitted to your retirement matching contribution of account. The allocation for lieu thereof. You must create  Employee Statement of Agr	Education Policy Commissi 6% of gross earnings. This plan vendor for application to 5% will also be remitted to application will be determined an account for either vendor and reement	on 401(a) Defined Contribution amount will automatically be or your retirement account. At the your retirement plan vendor according to your specifications, or log in to assign beneficiaries.  et seq. (HB 2022), it is mandatory	leducted from e same time For application or applied und	m ALL pays, and be t, the employer (WVU) on to your retirement der the default choice in	
earnings to the West Virgin termination of employment,	ia Higher Education Policy Co	mmission 401(A) Defined Contrib be withdrawn under various option	oution Retires	ment Plan. Upon	

\*Note - An enrollment and participant directed investment form for the selected vendor must be completed and forwarded to the vendor prior to any payroll deduction. The submission of this Vendor Selection Form replaces any prior vendor selection made by the participant.

Employee Signature: -	Date:
************	**************************************
Central T	Talent and Culture Use Only
Accepted on behalf of Employer by:	Date:
401(a) Vendor Code: ☐ TIAA-CREF (309)	

Never send social security numbers through email.

