

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 [designate 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 data 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 \$2,550 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 Health 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

Identity Theft Protection through InfoArmor proactively protects against identity theft, and also includes credit monitoring. By detecting fraud at the source, InfoArmor's PrivacyArmor benefit will minimize damages and better protect you from the #1 crime in America.

- Proactive identity monitoring, including high-risk transaction monitoring
- Credit monitoring, monthly credit score and an annual credit report
- Fully-Managed Privacy Advocate® Identity Restoration
- WalletArmor to make replacing a lost wallet quick and easy
- Digital Identity report with Privacy Grade and tips
- Solicitation reduction and more

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

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 e-mail address.

WVU is proud to offer [many other programs, services and discounts](#) that benefit employees, their families and the community. These may include software/hardware discounts, ticket discounts, and various program assistance. Eligibility may vary by program service and discount.

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

**2020 STATE OF WEST VIRGINIA
EMPLOYEE ENROLLMENT FORM**
July 1, 2019 - June 30, 2020



PLEASE WRITE IN ALL CAPITAL LETTERS

1 INSTRUCTIONS: DURING OPEN ENROLLMENT RETURN COMPLETED FORM TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2018.

WHO NEEDS TO COMPLETE AN ENROLLMENT FORM? • New participants who want to enroll for the first time • Employees who want to add, change or cancel coverage of other benefits • Existing benefits not indicated on this form will continue as currently enrolled.	HOW TO ENROLL IN THE MOUNTAINEER FLEXIBLE BENEFITS PLAN: • IMPORTANT: If you want to add, change or cancel coverage, you must check the box beside the appropriate benefit in Section 3. Indicate coverage levels and any other pertinent information. • If you select family coverage for any benefit, you must provide dependent information in Section 4.	CHANGE IN STATUS • Include supporting documentation. • Must be requested within the month of and two months following your status changing event. • List all eligible dependents you want covered.
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SOCIAL SECURITY #	E-MAIL	TYPE OF FORM		<input type="checkbox"/> OPEN ENROLLMENT	<input type="checkbox"/> NEW HIRE
		<input type="checkbox"/> TRANSFER	<input type="checkbox"/> CHANGE IN STATUS		
LAST NAME	FIRST NAME	MI			
HOME ADDRESS (STREET)	CITY	STATE	ZIP	HOME PHONE	
BIRTH DATE / /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	DATE EMPLOYED / /	EFFECTIVE DATE	OFFICE PHONE

3 Mountaineer Flexible Benefits Tax-Free Benefits Paid by Employees

KEEP COVERAGE	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	BENEFITS			COST PER PAY PERIOD
				If you select DEPENDENT coverage for dental, vision or hearing, you must complete the dependent information in SECTION 4.			
				DENTAL <input type="checkbox"/> Routine <input type="checkbox"/> Assistance <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Children	<input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Family	
				VISION CHOOSE ONE VISION OPTION: <input type="checkbox"/> Exam Plus <input type="checkbox"/> Full Service	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee & Family	
				HEARING SERVICE PLAN	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Children	<input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Family	
				LONG-TERM DISABILITY INCOME PLAN Employee Only <input type="checkbox"/> 50% of salary coverage <input type="checkbox"/> 70% of salary coverage			
				SHORT-TERM DISABILITY INCOME PLAN Employee Only			
				HEALTH CARE FLEXIBLE SPENDING ACCOUNT ALL CLAIMS MUST BE SUBMITTED BY OCTOBER 31, 2020			
				DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Single, head of household ALL CLAIMS MUST BE SUBMITTED BY OCTOBER 31, 2020			
				HEALTH SAVINGS ACCOUNT Must be enrolled in PEIA Plan C. Contribution Is Per Pay Period. You cannot enroll in a Health Care Flexible Spending Account.	Select your HSA coverage type: Individual (\$3,500 maximum 2020 PY) Family (\$7,000 maximum 2020 PY) Over 55 Catch-up (additional maximum \$1,000)		
				LIMITED HEALTH CARE FSA Must be enrolled in PEIA Plan C. Contribution Is Per Pay Period. You cannot enroll in a Health Care Flexible Spending Account.			
				LEGAL (POST-TAX) Employee & Family Only			
TOTAL SALARY DEDUCTION AMOUNT PER PAY PERIOD							

4 DEPENDENT INFORMATION
USE AN ADDITIONAL SHEET OF PAPER AS NEEDED FOR ADDITIONAL DEPENDENTS.

DEPENDENT NAME	RELATIONSHIP	Male/ Female	BIRTH DATE	SOCIAL SECURITY #	CHECK COVERAGE SELECTED			
					DENTAL	VISION	HEARING	LEGAL
	SPOUSE							

I hereby authorize my Employer to reduce my gross salary (before federal and state income and Social Security taxes are calculated) by the total per pay period cost of my Flexible Benefits. I understand that I CANNOT CHANGE THE AMOUNT OF THE REDUCTION OR REVOKE THIS AGREEMENT DURING THE PLAN YEAR UNLESS THERE IS A CHANGE IN STATUS AS DEFINED BY IRS RULES. I further understand that any amount remaining in my Flexible Spending Accounts that is not used during this plan year and grace period CANNOT BE ACCUMULATED AND CARRIED FORWARD TO THE NEXT PLAN YEAR BUT WILL REVERT TO THE PLAN.

The Premium Deduction "total salary deduction" amount specified above will continue in effect until I discontinue or modify my Agreement for a subsequent plan year, terminate employment, or take an unpaid leave of absence from employment. I UNDERSTAND AND AGREE THAT PEIA AND FBMC BENEFITS MANAGEMENT INC., THE CONTRACT ADMINISTRATOR, WILL BE HELD HARMLESS FROM ANY LIABILITY RESULTING FROM EITHER MY PARTICIPATION IN MOUNTAINEER FLEXIBLE BENEFITS OR MY FAILURE TO SIGN OR ACCURATELY COMPLETE THIS ENROLLMENT FORM. I hereby appoint my Plan Sponsor to serve as Agent to receive dividends, premiums, refunds, rate reductions or any other funds that might be returned from the benefit plans, and to use these funds in the best interest of the employees for the purpose of reducing future premiums and improving benefits on behalf of employees, defraying administrative costs, or for such other purpose as permitted under applicable state and federal law.

DURING OPEN ENROLLMENT, GIVE COMPLETED FORMS TO YOUR BENEFITS COORDINATOR, NO LATER THAN MAY 15, 2019.

FOR BENEFITS COORDINATOR USE ONLY (COMPLETE IN FULL)

FEIN# _____
 AGENCY NAME _____
 4 DIGIT WORK LOCATION # _____ EFFECTIVE DATE _____
 NO. PAY DEDUCTIONS _____
 GROSS ANNUAL SALARY _____
 BENEFIT COORDINATOR SIGNATURE _____
 BENEFIT COORDINATOR PHONE# () _____
 BENEFIT COORDINATOR FAX# () _____
 LOCATION TYPE: STATE AGENCIES UNIVERSITIES & COLLEGES
 COUNTY BOARDS OF EDUCATION NON-STATE AGENCIES
 ENROLLMENT FORMS SHOULD BE MAILED TO: FBMC, PO BOX 1878, TALLAHASSEE, FL 32302-1878 DURING OPEN ENROLLMENT, MUST BE POSTMARKED BY MAY 17, 2019

EMPLOYEE SIGNATURE	DATE SIGNED	TIME SIGNED
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SUPPLEMENTAL RETIREMENT ACCOUNT(S) 403(b) AND 457(b) PLAN(S)

SALARY REDUCTION AGREEMENT

Employee Name: Last, First, MI (PLEASE PRINT)		Date of Birth
Employee # (not 700#)	Reason for completing form: <input type="checkbox"/> New Hire / Newly Benefit-Eligible <input type="checkbox"/> Changing Contribution Amount(s) <input type="checkbox"/> Existing Employee / New Participant	
Home Phone #:	Work Phone #:	

As an employee of West Virginia University (WVU), you may contribute a portion of your compensation to the Section 403(b) and/or 457(b) Plan sponsored by the West Virginia Higher Education Policy Commission (“Commission”). The amount that you choose to defer pursuant to Part I below shall not exceed the applicable limitations of Internal Revenue Code Sections 415, 402(g) and 414(v), whichever is less, as applicable. Amounts contributed to the Section 403(b) and/or 457(b) plan will be invested among the approved investment options and selected by you with your chosen retirement vendor either TIAA or Empower Retirement.

Please be advised that any election you make below applies only to salary deferrals to the 403(b) and/or 457(b) Plan sponsored by the Commission via WVU payroll contributions. If you participate in another 403(b) and/or 457(b) plan or another qualified retirement plan (e.g., WVUH, etc.), you should consult your tax advisor regarding the overall limits that apply in your individual circumstances.

PART I - GENERAL COMPENSATION DEFERRAL ELECTIONS

403(b) Plan (Pre-tax contributions)

The amount of the compensation reduction will be as follows:

- a. _____ Percentage (%) of Gross Salary per pay
- b. Cancel 403(b) SRA deduction

457(b) Plan (Pre-tax contributions)

The amount of the compensation reduction will be as follows:

- a. _____ Percentage (%) of Gross Salary per pay
- b. Cancel 457(b) SRA deduction

Roth 403(b) Plan TIAA ONLY (Post-tax contributions)

The amount of the compensation reduction will be as follows:

- a. _____ Percentage (%) of total contributed as Roth
(if blank all contributions will be pre-tax)
- b. Cancel Roth 403(b) SRA deduction

Example of percentage calculation:
 Wanting to withhold \$20.00 per pay

\$45,000 annual salary / 26 pays = \$1,730.77 gross per pay
 (\$20.00 / \$1,730.77 = .0116
 .0116 x 100 = 1.16%

Note: Federal law limitations apply in determining whether you are eligible for “catch-up” contributions. If you are, or will be, at least 50 years of age on December 31 of the current calendar year you are eligible for catch up contributions. If you wish to contribute under the “Special Section 403(b) Catch-up Limitation for Employees with 15 Years of Service” you must contact your retirement vendor (TIAA or Empower Retirement) to determine your eligibility. The amount deferred will be based solely on your participation in the Section 403(b) and/or 457(b) Plan(s) available through West Virginia University. If an employee’s deductions reach the maximum amount within the calendar year, WVU will stop payroll deductions until January 1 of the following calendar year. Your election will remain in force until you change it, no longer meet eligibility requirements, or you no longer meet minimum pay requirements. An indicator of not meeting the minimum pay requirements is receiving a net pay of \$1.00; in this instance your retirement deduction will be stopped when Payroll notifies HR. SRA deductions will cease on your last physical day of employment. Please contact the WVU Division of Talent and Culture Benefits Administration if you have questions.

I DO ELECT A SUPPLEMENTAL RETIREMENT ACCOUNT(S)

I DO NOT ELECT ANY SUPPLEMENTAL RETIREMENT ACCOUNTS

PART II – VENDOR SELECTION (Select only one vendor per SRA)

After a review of the materials provided by the vendors, I elect to participate in the 403(b) and/or the 457(b) program provided by:

1. 403(b) Plan (Select one option)

2. 457(b) Plan (Select only one option)

- TIAA
- TIAA (ROTH)

Choose 1

- TIAA

Choose 1

Subject to any advance notice period to process this Salary Reduction Agreement (“Agreement”) for payroll purposes, this Agreement may become effective on the following: (i) as soon as the form can reasonably be processed following the return of this Agreement to the WVU Benefits Administration; or (ii) a future pay date specified by employee. This Agreement replaces any previously submitted Agreement for this plan, and shall remain in effect unless revoked or modified in writing as permitted by the terms of the Section 403(b) and/or 457(b) Plans and in accordance with such form(s) as the Commission and/or West Virginia University may from time to time provide.

Note: Only for new enrollees, a separate TIAA enrollment (online only) or Empower Retirement enrollment form for the selected vendor must be completed and submitted along with this form. Empower Retirement enrollment forms are available on the WVU Talent and Culture website at www.hr.wvu.edu in the Employee Benefits section under “Employee Benefit Forms.”

PART III – SIGNATURE VERIFICATION & EFFECTIVE DATE Upon completion and signature of this Agreement, please return it to the WVU Division of Talent and Culture Benefits Administration. The submission of this Agreement will replace any prior Salary Reduction Agreements you have made for these plans.

Payday for requested change to take effect*: _____

*The effective date shall be the beginning of the next payroll cycle following the date this form is received by the WVU Division of Human Resources Benefits Administration, or as soon as the form is able to be keyed, or a future date elected by the employee. Be aware payroll “cutoff” is typically a few weeks earlier than the pay date.

Employee Signature: _____

Date: _____

RETURN THIS FORM WITH THE ENROLLMENT FORM (IF NEEDED) TO:

*West Virginia University
Division of Human Resources
Benefits Administration
PO Box 6640
Morgantown, WV 26506*

Central Human Resources Use Only

Accepted on behalf of Employer by: _____ Date: _____

1. 403(b) Percentage of Salary Deferral _____ Payroll Effective Date _____

403(b) Vendor Code: TIAA

Empower Retirement

2. Roth 403(b) - TIAA Only Percentage of Salary Deferral _____ Payroll Effective Date _____

3. 457(b) Percentage of Salary Deferral _____ Payroll Effective Date _____

457(b) Vendor Code: TIAA

Empower Retirement

4. Oracle #: _____ **Age:** _____

WVU Group Long Term Disability Insurance

The Standard Insurance Company

Enrollment Form

Your Name (Last, First, Middle)	Group Name West Virginia University	Group Number(s) 135501
Your Address	City	State ZIP
Your Soc. Sec. No.	Date of Birth	Job Title/Occupation

WVU Group Long Term Disability

- Enroll in Voluntary LTD**
- Enroll in Voluntary LTD, and submit Evidence of Insurability to The Standard (enrolling outside of new hire timeframe)
- I do not wish to participate in Voluntary LTD
- I wish to cancel my coverage for LTD. I understand that should I wish to re-enroll in this plan, I may be required to complete and submit an Evidence of Insurability and be subject to approval by The Standard.

Member/Employee Signature Required	Date (Mo/Day/Yr)
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WVU Human Resources Department:	
Keyed	Effective Date

Determine your cost on the next page.

Monthly Income Benefit

• The income benefit is based on 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 – 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.

Monthly Annuity Premium Benefit

• The annuity benefit provides for a monthly contribution to an amount equal to 12% of the employee's salary to TIAA and/or CREF Retirement Accounts. If the employee does not have a TIAA/CREF Retirement Account, an account will be established.

Premiums

Premiums are based on the employee's base salary and age. Premiums are paid by the employee.

Monthly Annuity Benefit Rates	
<u>Age*</u>	<u>Monthly Rate*</u>
to 29	0.0004
30-34	0.0007
35-39	0.0008
40-44	0.0014
45-49	0.0017
50-54	0.0028
55-59	0.0034
60-64	0.0035
65 and over	0.0032

Monthly Income Benefit Rates	
<u>Age*</u>	<u>Monthly Rate*</u>
to 29	0.0013
30-34	0.00223
35-39	0.00288
40-44	0.00465
45-49	0.00595
50-54	0.0093
55-59	0.01107
60-64	0.01125
65 and over	0.01246

Determine your Monthly Cost:

Find your age bracket for the Monthly Annuity Benefit. Complete the below calculation with that rate:

$$\text{Monthly Rate} \times \text{Annual Salary} / 12 = \text{Monthly Cost}$$

Find your age bracket for the Monthly Income Benefit. Complete the below calculation with that rate:

$$\text{Monthly Rate} \times \text{Annual Salary} / 12 = \text{Monthly Cost}$$

*Both of these costs are associated with this benefit, you cannot enroll in just one.

These costs will show up as separate deductions on your pay stub. They will appear as follows:

STD-DIS/ANNPRM – represents your annuity benefit premium

STD-DIS/INCPRM – represents your income benefit premium

The Income Benefit is capped at a salary of \$100,000. If your salary is above this, you will be contacted by Benefits Administration one time per year about your eligibility for Extended Disability.