

# 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](#)

If you enroll in PEIA Plan A, B, C or D, PEIA requires completion of the [Healthy Tomorrow Initiative](#) and for you to choose a Primary Care Provider ([@ Manage My Benefits](#)). Failing to complete will result in a \$500 deductible increase.

**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.*

---

### **ADDITIONAL PROGRAMS and DISCOUNTS**

**Childcare Financial Assistance** WVU offers benefits-eligible employees a Child Care Financial Assistance program designed to help offset the costs associated with child care. The program provides a mechanism for distributing the University's limited child care resources to employees on a sliding scale. Call 304-293-5700 x4 to enroll.

**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.

**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.

**Accident Insurance** is **available for purchase** 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 e-mail 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.

**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.*

*Let's go.*

# EMPLOYEE ENROLLMENT FORM

Plan Year 2018

July 1, 2017 - June 30, 2018

## INSTRUCTIONS

**1**

**DURING OPEN ENROLLMENT RETURN COMPLETED FORM TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2017.**

**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 60 days of status changing event.
- List all dependents you want covered.

**2**

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

**IF YOU ENROLL IN A HEALTH SAVINGS ACCOUNT, YOU CANNOT ENROLL IN A MEDICAL SPENDING ACCOUNT, BUT MAY ENROLL IN A LIMITED-USE MEDICAL SPENDING ACCOUNT.**

KEEP COVERAGE	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	BENEFITS			COST PER PAY PERIOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DELTA DENTAL</b> <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	If you select dependent coverage for dental, vision or hearing, you must complete the dependent information below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>VISION</b> CHOOSE ONE VISION OPTION: <input type="checkbox"/> Exam Plus <input type="checkbox"/> Full Service	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EPIC HEARING SERVICE PLAN</b>	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Children	<input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>LONG-TERM DISABILITY INCOME PLAN</b> Employee Only	<input type="checkbox"/> 50% of salary coverage <input type="checkbox"/> 70% of salary coverage		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SHORT-TERM DISABILITY INCOME PLAN</b> Employee Only			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>HEALTH CARE FLEXIBLE SPENDING ACCOUNT</b> Use cost per-pay-period from your Worksheet. ALL CLAIMS MUST BE SUBMITTED BY OCTOBER 31, 2017.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT</b> Use cost per-pay-period from your Worksheet. <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, 2018.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>LEGAL (POST-TAX)</b>			

HEALTH SAVINGS ACCOUNT (Additional forms required.)				LIMITED-USE MEDICAL EXPENSE FSA*				SUBTOTAL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Select your HSA coverage type:</b>				* Must be enrolled in an HSA.					
<input type="checkbox"/> Individual (\$3,350 maximum 2017 PY) <input type="checkbox"/> Family (\$6,750 maximum 2017 PY) <input type="checkbox"/> Over 55 Catch-up (additional maximum \$1,000)				<b>Box #1</b> 2018 Plan Year Total Dollar Amount				<b>HSA</b>	
<b>Box #1</b> 2018 Plan Year Total Dollar Amount				<b>Box #2</b> Number of Pay Periods ÷				<b>Limited-Use Medical Expense FSA</b>	
<b>Box #2</b> Number of Pay Periods ÷				<b>Box #3</b> Reduction Per Regular Pay Period =				<b>SUBTOTAL</b>	
<b>Box #3</b> Reduction Per Regular Pay Period =				<b>TOTAL SALARY DEDUCTION AMOUNT PER PAY PERIOD</b>					

**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 TURN COMPLETED FORMS INTO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2017.

### 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

APPLICATIONS SHOULD BE MAILED TO FBMC TWICE EACH WEEK DURING OPEN ENROLLMENT. MUST BE POSTMARKED BY MAY 15, 2017.

EMPLOYEE SIGNATURE	DATE SIGNED	TIME SIGNED
--------------------	-------------	-------------

### FBMC USE ONLY

DATA ENTRY	VERIFICATION	SCANNED	INDEXED	SPECIAL NOTES
------------	--------------	---------	---------	---------------

**SUPPLEMENTAL RETIREMENT ACCOUNT(S) 403(b) AND 457(b) PLAN(S)**

**SALARY REDUCTION AGREEMENT**

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

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 (GreatWest).

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**

**\*ELECTION(S) CANNOT BE GREATER THAN 80% OF YOUR GROSS SALARY PER PAY \***

**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-CREF 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 \$12.50 per pay

$\$45,000 \text{ annual salary} / 24 \text{ pays} = \$1,875 \text{ gross per pay}$   
 $(\$12.50 \text{ per pay} \times 100) / \$1,875 = 0.67\%$

**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 Human Resources 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:

- |   |          |   |          |
|---|----------|---|----------|
| <b>1. 403(b) Plan</b> (Select one option)<br><input type="checkbox"/> Empower Retirement (GreatWest)<br><input type="checkbox"/> TIAA-CREF<br><input type="checkbox"/> TIAA-CREF (ROTH) | Choose 1 | <b>2. 457(b) Plan</b> (Select only one option)<br><input type="checkbox"/> Empower Retirement (GreatWest)<br><input type="checkbox"/> TIAA-CREF | 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-CREF enrollment (online only) or Empower Retirement (GreatWest) enrollment form for the selected vendor must be completed and submitted along with this form. Empower Retirement (GreatWest) enrollment forms are available on the WVU Human Resources website at [www.hr.wvu.edu](http://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, and please return it to the WVU Division of Human Resources 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 will 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 substantially earlier than the actual pay date (i.e., the last day information can be changed for the end of the month pay is typically mid-month).

**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-CREF  Empower Retirement
- 4. Oracle #:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name <b>West Virginia University</b>		Group Number(s) <b>135501</b>	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation	
DISABILITY	Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements. <b>Long-Term Disability</b> <input type="checkbox"/> Voluntary LTD					
	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.					
SIGNATURE	Member/Employee Signature Required				Date (Mo/Day/Yr)	
	<b>Human Resources Department – Complete this section. Retain form for your records.</b>					
Division ID	Billing Category	Date of Hire or Rehire	Hours Worked Per Week	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	

Rates can be found on pages 7 and 8 of this pdf.

I DO ELECT STANDARD LONG-TERM DISABILITY

I DO NOT ELECT STANDARD LONG-TERM DISABILITY

**Standard LTD: Monthly Annuity Premium Benefit Premium Rates 02/01/2010**

Age	Annual Earnings									
	Rate/100 of earnings	\$325,000	\$300,000	\$275,000	\$250,000	\$225,000	\$200,000	\$175,000	\$150,000	\$125,000
Under 30	0.040	\$10.83	\$10.00	\$9.17	\$8.33	\$7.50	\$6.67	\$5.83	\$5.00	\$4.17
30 - 34	0.070	\$18.96	\$17.50	\$16.04	\$14.58	\$13.13	\$11.67	\$10.21	\$8.75	\$7.29
35 - 39	0.080	\$21.67	\$20.00	\$18.33	\$16.67	\$15.00	\$13.33	\$11.67	\$10.00	\$8.33
40 - 44	0.140	\$37.92	\$35.00	\$32.08	\$29.17	\$26.25	\$23.33	\$20.42	\$17.50	\$14.58
45 - 49	0.170	\$46.04	\$42.50	\$38.96	\$35.42	\$31.88	\$28.33	\$24.79	\$21.25	\$17.71
50 - 54	0.280	\$75.83	\$70.00	\$64.17	\$58.33	\$52.50	\$46.67	\$40.83	\$35.00	\$29.17
55 - 59	0.340	\$92.08	\$85.00	\$77.92	\$70.83	\$63.75	\$56.67	\$49.58	\$42.50	\$35.42
60 - 64	0.350	\$94.79	\$87.50	\$80.21	\$72.92	\$65.63	\$58.33	\$51.04	\$43.75	\$36.46
65 and over	\$0.320	\$86.67	\$80.00	\$73.33	\$66.67	\$60.00	\$53.33	\$46.67	\$40.00	\$33.33

Age	Annual Earnings									
	Rate/\$100 of Earnings	\$100,000	\$96,000	\$90,000	\$84,000	\$78,000	\$72,000	\$66,000	\$60,000	\$54,000
Under 30	0.040	\$3.33	\$3.20	\$3.00	\$2.80	\$2.60	\$2.40	\$2.20	\$2.00	\$1.80
30 - 34	0.070	\$5.83	\$5.60	\$5.25	\$4.90	\$4.55	\$4.20	\$3.85	\$3.50	\$3.15
35 - 39	0.080	\$6.67	\$6.40	\$6.00	\$5.60	\$5.20	\$4.80	\$4.40	\$4.00	\$3.60
40 - 44	0.140	\$11.67	\$11.20	\$10.50	\$9.80	\$9.10	\$8.40	\$7.70	\$7.00	\$6.30
45 - 49	0.170	\$14.17	\$13.60	\$12.75	\$11.90	\$11.05	\$10.20	\$9.35	\$8.50	\$7.65
50 - 54	0.280	\$23.33	\$22.40	\$21.00	\$19.60	\$18.20	\$16.80	\$15.40	\$14.00	\$12.60
55 - 59	0.340	\$28.33	\$27.20	\$25.50	\$23.80	\$22.10	\$20.40	\$18.70	\$17.00	\$15.30
60 - 64	0.350	\$29.17	\$28.00	\$26.25	\$24.50	\$22.75	\$21.00	\$19.25	\$17.50	\$15.75
65 and over	\$0.320	\$26.67	\$25.60	\$24.00	\$22.40	\$20.80	\$19.20	\$17.60	\$16.00	\$14.40

Age	Annual Earnings									
	Rate/\$100 of Earnings	\$48,000	\$42,000	\$36,000	\$30,000	\$24,000	\$18,000	\$12,000	\$10,800	\$10,200
Under 30	0.040	\$1.60	\$1.40	\$1.20	\$1.00	\$0.80	\$0.60	\$0.40	\$0.36	\$0.34
30 - 34	0.070	\$2.80	\$2.45	\$2.10	\$1.75	\$1.40	\$1.05	\$0.70	\$0.63	\$0.60
35 - 39	0.080	\$3.20	\$2.80	\$2.40	\$2.00	\$1.60	\$1.20	\$0.80	\$0.72	\$0.68
40 - 44	0.140	\$5.60	\$4.90	\$4.20	\$3.50	\$2.80	\$2.10	\$1.40	\$1.26	\$1.19
45 - 49	0.170	\$6.80	\$5.95	\$5.10	\$4.25	\$3.40	\$2.55	\$1.70	\$1.53	\$1.45
50 - 54	0.280	\$11.20	\$9.80	\$8.40	\$7.00	\$5.60	\$4.20	\$2.80	\$2.52	\$2.38
55 - 59	0.340	\$13.60	\$11.90	\$10.20	\$8.50	\$6.80	\$5.10	\$3.40	\$3.06	\$2.89
60 - 64	0.350	\$14.00	\$12.25	\$10.50	\$8.75	\$7.00	\$5.25	\$3.50	\$3.15	\$2.98
65 and over	\$0.320	\$12.80	\$11.20	\$9.60	\$8.00	\$6.40	\$4.80	\$3.20	\$2.88	\$2.72

**Standard LTD: Monthly Income Benefit Premium Rates 02/01/2010**

Age	Rate/100 of earnings	\$100,000	\$96,000	\$90,000	\$84,000	\$78,000	\$72,000	\$66,000	\$60,000	\$54,000
	Under 30	0.130	\$10.83	\$10.40	\$9.75	\$9.10	\$8.45	\$7.80	\$7.15	\$6.50
30 - 34	0.223	\$18.58	\$17.84	\$16.73	\$15.61	\$14.50	\$13.38	\$12.27	\$11.15	\$10.04
35 - 39	0.288	\$24.00	\$23.04	\$21.60	\$20.16	\$18.72	\$17.28	\$15.84	\$14.40	\$12.96
40 - 44	0.465	\$38.75	\$37.20	\$34.88	\$32.55	\$30.23	\$27.90	\$25.58	\$23.25	\$20.93
45 - 49	0.595	\$49.58	\$47.60	\$44.63	\$41.65	\$38.68	\$35.70	\$32.73	\$29.75	\$26.78
50 - 54	0.930	\$77.50	\$74.40	\$69.75	\$65.10	\$60.45	\$55.80	\$51.15	\$46.50	\$41.85
55 - 59	1.107	\$92.25	\$88.56	\$83.03	\$77.49	\$71.96	\$66.42	\$60.89	\$55.35	\$49.82
60 - 64	1.125	\$93.75	\$90.00	\$84.38	\$78.75	\$73.13	\$67.50	\$61.88	\$56.25	\$50.63
65 and over	\$1.246	\$103.83	\$99.68	\$93.45	\$87.22	\$80.99	\$74.76	\$68.53	\$62.30	\$56.07

Age	Rate/\$100 of Earnings	\$48,000	\$42,000	\$36,000	\$30,000	\$24,000	\$18,000	\$12,000	\$10,800	\$10,200
	Under 30	0.130	\$5.20	\$4.55	\$3.90	\$3.25	\$2.60	\$1.95	\$1.30	\$1.17
30 - 34	0.223	\$8.92	\$7.81	\$6.69	\$5.58	\$4.46	\$3.35	\$2.23	\$2.01	\$1.90
35 - 39	0.288	\$11.52	\$10.08	\$8.64	\$7.20	\$5.76	\$4.32	\$2.88	\$2.59	\$2.45
40 - 44	0.465	\$18.60	\$16.28	\$13.95	\$11.63	\$9.30	\$6.98	\$4.65	\$4.19	\$3.95
45 - 49	0.595	\$23.80	\$20.83	\$17.85	\$14.88	\$11.90	\$8.93	\$5.95	\$5.36	\$5.06
50 - 54	0.930	\$37.20	\$32.55	\$27.90	\$23.25	\$18.60	\$13.95	\$9.30	\$8.37	\$7.91
55 - 59	1.107	\$44.28	\$38.75	\$33.21	\$27.68	\$22.14	\$16.61	\$11.07	\$9.96	\$9.41
60 - 64	1.125	\$45.00	\$39.38	\$33.75	\$28.13	\$22.50	\$16.88	\$11.25	\$10.13	\$9.56
65 and over	\$1.246	\$49.84	\$43.61	\$37.38	\$31.15	\$24.92	\$18.69	\$12.46	\$11.21	\$10.59