



REPRESENTATIVE DOCUMENTS

Benefits Overview



BENEFITS AT A GLANCE
 Academic Staff – Faculty; Librarian; FSO; APO Continuing appointments
 (Benefit Program AOC, APT)

Benefit	Covers	Eligibility	If You have a Claim
Alberta Health Care	Basic health services such as doctors and hospitals	1 st of the month following date of appointment, if arriving from another province – 3 months from date of arrival in Alberta if arriving from out of country date of arrival	Expenses are billed directly to the plan Drugs are billed directly to the Plan Generally, other expenses paid by the claimant are submitted to carrier for reimbursement Generally, eligible expenses are billed directly to the plan Any residue is the responsibility of the claimant
Supplementary Health Care	Medical services such as prescription drugs, preferred accommodation, paramedical, eyewear, etc.	Date of appointment	
Dental Care	100% Diagnostic and preventive, 75% restorative and 75% orthodontics services	Date of appointment	
Employee Assistance and Fairness (EFAF)	Comprehensive psychological counseling, wellness and work life services (eg legal and financial consultations)	Date of appointment	Human Solutions is the service provider for the University
Health Spending Account	Reimbursement of additional health and dental expenses of up to \$500 per calendar year Annual credit allocation of \$500 per calendar year per eligible staff member. Credit carry-forward for one year	Date of appointment	See information at: http://www.hrs.ualberta.ca/Benefits/index.aspx?Page=353
Long Term Disability	Loss of income in the event of a long-term disability Benefit is 70% of salary (to a specified maximum of \$15,677/mth) and is taxable	Date of appointment - Application for benefits occurs after 26 weeks medical leave Coverage ceases June 30 th following 65 th birthday	The University's Health Recovery Support unit initiates the claim process
Life Insurance Basic	Provides a lump sum to the designated beneficiary(ies) in the event of a covered disease \$60,000 flat coverage amount	Date of appointment	The University would initiate and submit the claim on behalf of the survivors
Optional Life	Additional life insurance can be purchased in units of \$10,000 up to \$300,000	Date of appointment - Employee Paid Evidence of insurability required for amounts over \$180,000 or if late applicant Application required	The University would initiate and submit the claim on behalf of the survivors
Optional Dependent Life	Spouse: \$12,000 Each Dependent Child: \$3,000	Date of appointment - Employee Paid Evidence of insurability required if late applicant Application required	The University would assist the staff member in the claim process
Critical Illness	\$10,000 lump sum benefit paid to the employee in the event of diagnosis of a covered disease	Date of appointment	The University would assist the staff member in the claim process
Critical Illness Voluntary	Additional critical illness insurance can be purchased in increments of \$25,000 to a maximum of \$250,000 Lump sum benefit paid to the employee in the event of diagnosis of a covered disease	Date of appointment - Employee Paid Evidence of insurability required for amounts over \$25,000 or if late applicant Application required	The University would initiate and submit the claim on behalf of the survivors
Spousal Critical Illness	Spousal critical illness insurance can be purchased in increments of \$25,000 to a maximum of \$250,000 Lump sum benefit paid to the employee in the event the spouse is diagnosed with a covered disease	Date of appointment - Employee Paid Evidence of insurability required	The University would initiate and submit the claim on behalf of the survivors
Accidental Death & Dismemberment	Additional insurance in the event of accidental death or a permanent dismemberment	Date of appointment - Employee Paid Application required	N/A
Pension Plan	Provides retirement and survivor income replacement	Date of appointment	N/A

April 2010

Benefit	Covers	Eligibility	Amount	How to Claim
Professional Expense	Funds provided for the reimbursement of professional expenses incurred by staff member	Date of appointment	Faculty/FSO/Librarians: \$1,400 per annum APOs: \$1,400 per annum	Expense claims are submitted to the Travel Section, Supply Management Services
Medical Leave	Covers illness or injury to a maximum of 26 weeks	Date of appointment	100% of salary	Medical Certificate required
Vacation Leave		Earned from date of appointment	22 working days per annum	Departmental procedures apply
Personal Leave Days	Voluntary unpaid leave days under a special program	Upon employee request	5 days - Personal Leave levy of 2.55% to be applied from July 2010 to March 2011	See information at: http://www.hrs.ualberta.ca/Benefits/Academic/TimeOff.aspx
Maternity Leave	Up to 15 weeks	Date of appointment • Must be eligible for Employment Insurance maternity benefits	95% of salary "top up" on Employment Insurance payments	Medical certificate and proof of Employment Insurance payment
Parental Leave	Up to 10 weeks	Date of appointment • Must be eligible for Employment Insurance maternity benefits	95% of salary "top up" on Employment Insurance payments	Proof of Employment Insurance payments
Physical Education, Recreation facilities	Fitness, swimming, squash, racquetball, etc	Date of appointment	N/A	N/A
Remission of Tuition	Credit courses	Date of appointment	Equivalent of 4 single term Arts courses per year (\$1,814 in 2006-2007)	Academic Remission of Tuition Fees form is submitted to Financial Services
Child Care Benefit	Funds provided for the reimbursement of child care expenses incurred by staff member	Date of appointment	50% reimbursement of expenses up to a maximum of \$2,000 per calendar year per eligible child	See information at: http://www.hrs.ualberta.ca/Benefits/index.aspx?Page=307 or form at: http://www.hrs.ualberta.ca/Forms/forms/Academic/Child_Care_Benefit.doc

Note: All references to per annum are for the academic year July 1 – June 30

<p>IOWA STATE UNIVERSITY</p> <p>INDEX A B C D E F G H I J K L M N O P Q R S T U V W X Y Z</p> <p>HRS Search <input type="text"/> <input type="button" value="Go"/></p>	
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<p>Human Resource Services, Beardshear Hall, hrshelp@iastate.edu. Contact Information Copyright © 2010, Iowa State University of Science and Technology. All rights reserved.</p>	

EMPLOYEE BENEFITS		Summary		July 2010	FULL-TIME STAFF																			
Eligibility	Coverage	Coverage if Disabled	Coverage at Termination, Retirement or Death	Monthly Cost																				
<p>All full-time academic and support staff appointed for one year or longer, will participate starting on date of employment.</p>	<ul style="list-style-type: none"> Insurance coverage is equal to member's basic annual salary. Benefit is payable in the event of the member's death. 	<p>Coverage continues at no cost to the staff member, while receiving Long Term Disability benefits.</p>	<ul style="list-style-type: none"> Coverage ceases at termination of employment or retirement. Member may have the option of converting existing coverage to an individual life insurance policy, within 31 days of termination. Certain restrictions may apply. Retired staff who have been a member of the group insurance plan for at least 10 years and who are at least 55 years of age have the option to continue their Basic Life Insurance coverage to age 71. 	<ul style="list-style-type: none"> Paid 100% by University. \$0.18/\$1,000 of coverage. 																				
<p>Participation is optional.</p>	<ul style="list-style-type: none"> Member may apply for up to 40 units of coverage for themselves, and/or their spouse. The unit value is \$10,000. Benefit is payable in the event of death. 	<p>Same as Basic Life Insurance.</p>	<ul style="list-style-type: none"> Coverage ceases at the earlier of termination of employment, retirement, or age 85. Member may have the option of converting existing coverage to an individual life insurance policy, within 31 days of termination. Certain restrictions may apply. Retired staff who have been a member of the group insurance plan for at least 10 years and who are at least 55 years of age have the option to continue their Optional Life Insurance coverage to age 71. Not applicable to Spousal Optional Life Insurance. 	<ul style="list-style-type: none"> Paid 100% by employee. 	<table border="1"> <tr> <th>Age</th> <th>Per \$1,000</th> </tr> <tr> <td>< 35</td> <td>\$0.021</td> </tr> <tr> <td>35 - 44</td> <td>0.030</td> </tr> <tr> <td>45 - 54</td> <td>0.157</td> </tr> <tr> <td>55 - 64</td> <td>0.446</td> </tr> <tr> <td>65 - 69</td> <td>1.623</td> </tr> <tr> <td>70 - 74</td> <td>2.705</td> </tr> <tr> <td>75 - 79</td> <td>4.525</td> </tr> <tr> <td>80 - 84</td> <td>7.623</td> </tr> </table>	Age	Per \$1,000	< 35	\$0.021	35 - 44	0.030	45 - 54	0.157	55 - 64	0.446	65 - 69	1.623	70 - 74	2.705	75 - 79	4.525	80 - 84	7.623	
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<p>Participation is optional.</p>	<ul style="list-style-type: none"> Member may apply for up to 5 units of coverage. Each unit: spouse - \$3,000 and each child - \$1,500. Benefit is payable in the event of the death of the insured dependent. 	<p>Same as Basic Life Insurance.</p>	<ul style="list-style-type: none"> Coverage ceases at termination of employment, retirement, or when dependent is no longer eligible. Member may have the option of converting existing spousal coverage to an individual life insurance policy, within 31 days of termination. Certain restrictions may apply. No conversion privilege is available for insurance on dependent children. 	<ul style="list-style-type: none"> Paid 100% by employee. \$0.53/unit. 																				
<p>Same as Basic Life Insurance.</p>	<ul style="list-style-type: none"> Coverage amount is \$20,000. Benefit may be payable in the event of the member's accidental death or injury. 	<p>Same as Basic Life Insurance.</p>	<ul style="list-style-type: none"> Coverage ceases at termination of employment or retirement. 	<ul style="list-style-type: none"> Paid 100% by University \$0.027/\$1,000 of coverage. 																				

Eligibility	Coverage	Coverage if Disabled	Coverage at Termination, Retirement or Death	Monthly Cost
<p>Voluntary AD&D Insurance</p> <p>Participation is optional.</p>	<ul style="list-style-type: none"> Member may apply for up to 12 units of coverage. Each unit - \$20,000 (maximum coverage amount - \$240,000). Eligible dependents are automatically covered for a percentage of the coverage elected. 	<p>Same as Basic Life Insurance.</p>	<ul style="list-style-type: none"> Coverage ceases at termination of employment or retirement. 	<ul style="list-style-type: none"> Paid 100% by employee. \$0.037/\$1,000 of coverage.
<p>Long Term Disability Insurance</p> <p>Same as Basic Life Insurance.</p>	<ul style="list-style-type: none"> Monthly benefit - 60% of monthly earnings. Benefits commence after 180 days of total disability. 	<p>Premiums cease while receiving Long Term Disability benefits.</p>	<ul style="list-style-type: none"> Coverage ceases on the earlier of date of termination, retirement, death or 6 months prior to normal retirement date. 	<ul style="list-style-type: none"> Paid 50% by University and 50% by employee. \$2.24/\$1.00 of earnings.
<p>Supplementary Health</p> <p>Same as Basic Life Insurance.</p>	<ul style="list-style-type: none"> Prescription drugs – deductible \$50/employee plus \$50/all dependents combined, 80% reimbursement, maximum annual benefit of the lesser of \$2,000 and the Pharmacare deductible. Medical coverage – reimbursement 80% of first \$500, 100% thereafter, various maximums apply. Hospital and Ambulance – 100% reimbursement, semi-private accommodation. Overall lifetime maximum of \$100,000. Global Medical Assistance - in the event of medical emergency, this benefit provides assistance in obtaining medical care when the member is travelling. Certain limitations apply. Healthcare Spending Account (HCSA) – member receives \$500/year (April 1 – March 31), can be used to cover expenses not covered by group health or Pharmacare plans. 	<p>Same as Basic Life Insurance.</p>	<ul style="list-style-type: none"> Coverage ceases on termination of employment or retirement. Retired staff who have been a member of the group insurance plan for at least 10 years and are at least 55 years of age, may have the option of participating in the Retiree Health Plan. 	<ul style="list-style-type: none"> Paid 50% by University and 50% by employee Single - \$25.48 Couple - \$50.52 Family - \$90.04 HCSA – paid 100% by University.
<p>Dental</p> <p>Same as Basic Life Insurance.</p>	<ul style="list-style-type: none"> Basic dental services – 80% reimbursement. Major dental services – 60% reimbursement. Orthodontic dental services – 50% reimbursement. Orthodontic services are covered only for eligible dependent children up to age 19, provided treatment begins prior to age 18. Benefits are limited to an overall maximum of \$1,500/person/year. Orthodontic benefits are limited to \$2,000/child/lifetime. 	<p>Same as Basic Life Insurance.</p>	<ul style="list-style-type: none"> Coverage ceases on termination of employment or retirement. Retired staff who have been a member of the group insurance plan for at least 10 years and are at least 55 years of age, may have the option of participating in the Retiree Dental Plan. 	<ul style="list-style-type: none"> Paid 100% by University. Single - \$24.20 Couple - \$48.96 Family - \$87.20

Eligibility	Benefits at Retirement	Coverage if Disabled	Benefits at Termination or Death	Monthly Cost
<p>University of Manitoba Pension Plan (1993)</p> <ul style="list-style-type: none"> • Full-time employees are eligible to join the plan commencing on date of employment. • Full-time employees must join the pension plan within 30 days after completing 2 years of employment 	<ul style="list-style-type: none"> • The pension plan is a hybrid plan. Retirement benefits are calculated using two different methods (formula and plan annuity). The benefits resulting from each method are compared, with the plan member receiving the greater of the two. • The formula pension is equal to 2% of the average best 5 year salary for each year of credited service, less an offset based on CPP. The formula pension is reduced by 1/4% for each month between the member's actual pension commencement date and normal retirement date. • The plan annuity is the amount of retirement income based on: <ul style="list-style-type: none"> - the member's account balance (both member and University contributions), - age at retirement, and - an annuity factor based on the member's life expectancy and interest rate assumptions. 	<p>Contributions continue at no cost to the staff member, while receiving Long Term Disability benefits.</p>	<ul style="list-style-type: none"> • On termination of employment, the member is entitled to the current staff member's account balance (both member and University contributions). The member may choose to transfer this benefit to a Locked-In Retirement Account or to another registered pension plan, providing that plan allows for such a transfer or to use this amount to purchase a life annuity. • In the event of death prior to retirement, the member's beneficiary shall be entitled to the current accumulated value of the member's account (both member and University contributions). 	<ul style="list-style-type: none"> • The staff member contributes at a rate of 7% of salary less an adjustment for CPP. • The University matches these contributions.

This brochure is a summary of the group insurance and pension benefits. Certain limitations and exclusions may apply. The actual benefit provisions are contained in the Master Contracts and plan documents issued by the insurers to the University of Manitoba or approved by the Board of Governors. The University of Manitoba retains the right to modify, reduce, or terminate benefits at any time. In the event of any variations or discrepancy, the contracts and plan documents, not this brochure, will prevail. The benefits and rates shown in this document are effective as at July 2010 and are subject to change.

Benefits

2010 BENEFITS AT A GLANCE

Staff / House Staff

HR Benefits Administration:

Mailing Address

PMB #357700
2301 Vanderbilt Place
Nashville, TN 37235-7700

Forms Drop-off Location

HR Express
2525 West End Avenue, second floor
Nashville, TN 37203

Web Address

<http://hr.vanderbilt.edu/benefits>

HR Customer Service, Payroll, Records:

Mailing Address

PMB # 357718
2301 Vanderbilt Place
Nashville, TN 37235-7718

HR Customer Service Phone Number

615.322.8330

Web Address

<http://hr.vanderbilt.edu/toolbox>

This summary of Vanderbilt's benefits program will help you complete the Benefits Enrollment Form.

Submit your Benefits Enrollment Form within your deadline:

Salaried Employees: **within 30 days of hire date**

Hourly-paid Employees: **within 60 days of hire date**

Visit the benefits pages of the Human Resources Web site or stop by HR Express for more information and Summary Plan Descriptions.

Once you make your elections on your enrollment form, those elections will stay in effect for the plan year (January 1–December 31), unless you experience an event that qualifies for a family status change (see page 11).

NOTE: This document is intended to provide information about your benefit options. It is not meant to replace the Summary Plan Descriptions, which are the governing documents for Vanderbilt benefits. Summary Plan Descriptions are available at HR Express (2525 West End Avenue, second floor) and online (<http://hr.vanderbilt.edu/forms>). Offerings and plans are subject to change. Prices are valid for the 2010 plan year.



HUMAN
RESOURCES

Core Benefits:

Core benefits are those for which Vanderbilt supports participation by sharing the cost.

- Health Plan
- Long-term Disability
- Life Insurance
- 403(b) Retirement Plan

Voluntary Benefits:

You can choose to enroll in the voluntary benefits as they suit your needs. You pay the full cost of voluntary benefits.

- Dental Insurance
- Vision Plan
- Accidental Death & Dismemberment
- Flexible Spending Accounts
- Short-term Disability
- Discount Programs: Group Auto & Home, Long-term Care, and Pet insurance

<p>Health Plan</p> <p>Core Benefit <i>For details on the Health Plan, please see pages 8–10.</i></p> <p>Eligibility:</p> <ul style="list-style-type: none"> • You • Your spouse/certified domestic partner (see certification info on page 7) • Your children up to age 25, so long as they meet criteria (see page 7) <p>Benefit start date:</p> <ul style="list-style-type: none"> • Hourly-paid: first of the month after 60 days of employment • Salaried: on hire date <p>Enroll by ... completing your Benefits Enrollment Form within your deadline</p> <p>Can change elections ... only during Open Enrollment, unless you experience a qualifying event (see page 11)</p>	<p>Vanderbilt offers you and your eligible dependents (see page 7 for eligibility rules) the following health plan options:</p> <ul style="list-style-type: none"> • Standard • Advantage P • HealthFund <p>The Health Plan benefits are administered by Aetna or BlueCross BlueShield of Tennessee, depending on which health option you choose.</p>
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<p>Long-term Disability</p> <p>Core Benefit</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • You <p>Benefit start date:</p> <ul style="list-style-type: none"> • Hourly-paid and salaried staff: first of the month after one-year anniversary • House staff: upon hire date <p>Enroll by ... no enrollment necessary, unless you want and are eligible to waive the one-year wait</p> <p>Can change elections ... nothing to change unless you want to waive the Full Long-term Disability benefit, which can be done anytime after your eligibility date</p>	<p>Long-term Disability (LTD) replaces 60% of your income if you become totally disabled and cannot work for more than six months. Initially, a total disability is one that prevents you from working at your own occupation. LTD benefits include monthly contributions to your retirement account.</p> <p>Automatic enrollment in the LTD plan occurs after one year. You can waive the one-year wait if you had group LTD coverage within three months prior to coming to work at Vanderbilt. Complete the Long-term Disability Certification of Prior Coverage to waive the one-year wait within 90 days of your hire date.</p> <p>Vanderbilt pays for LTD insurance covering the first \$24,000 of your annual base salary. You pay for the coverage above \$24,000. To calculate your monthly cost, multiply the amount of your salary above \$24,000 by .443% and divide by 12.</p> <p>The Long-term Disability benefit is administered by The Hartford.</p>
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<p>Life Insurance</p> <p>Basic Life: Core Benefit</p> <p>Supplemental Life: Voluntary Benefit</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • You • Your spouse/certified domestic partner (see certification info on page 7) • Your children up to age 19, or age 23 if full-time student <p>Benefit start date:</p> <ul style="list-style-type: none"> • Hourly-paid: 90 days after hire date • Salaried: on hire date <p>Enroll in Supplemental Life by ... completing your Benefits Enrollment Form within your deadline</p> <p>Can change elections ... anytime, but adding coverage after your form deadline will require a MetLife Statement of Health Form</p>	<p>Vanderbilt provides a Basic Life Insurance policy in an amount equal to your annual base salary. A Life Insurance policy for your spouse is \$5,000 and each eligible child is \$2,500.</p> <p>You may choose Supplemental Life Insurance in amounts of either 1, 2, or 3 times your annual base salary (Basic and Supplemental Life have a combined overall maximum of \$1,000,000). For any level of Supplemental Life coverage, you pay the premium, which is based on your age and salary (see below). If you elect Supplemental Life coverage on your Benefits Enrollment Form, there is no medical review required (unless the combined benefit amount exceeds \$500,000). If your benefit does exceed \$500,000, or if you wait to elect Supplemental Life insurance at a later time, you will need to complete the MetLife Statement of Health Form which can be found on the HR Web site (http://hr.vanderbilt.edu/forms).</p> <p>The Life Insurance benefit is administered by MetLife.</p>
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<p>403(b) Retirement Plan</p> <p>Core Benefit</p> <p>Eligibility for matching contributions, first of month after one-year anniversary:</p> <ul style="list-style-type: none"> • Mandatory match = 3 percent • Basic match = 2 percent <p>Enroll by ... completing the Retirement Plan Election Form and investment company application. Failure to complete the election form by your eligibility date will enroll you in a Fidelity Investments Freedom Fund for the Mandatory contribution only</p> <p>Can change elections ... once a calendar quarter</p> <p><i>NOTE: Even though Vanderbilt matching dollars do not begin until your one-year anniversary, you may begin investing anytime at the Supplemental level.</i></p>	<p>The Vanderbilt University Retirement Plan is optional for new staff and is mandatory for eligible staff upon your one-year anniversary. (Note: if you are covered by a collective bargaining unit, other plan terms may apply.)</p> <p>Full-time staff and house staff will be automatically enrolled upon your one-year anniversary.</p> <p>Part-time staff whose FTE is .5 or greater will be automatically enrolled when you meet these eligibility criteria: 1) one year of service and 2) 1,000 hours of service.</p> <p>There are three contribution levels:</p> <ol style="list-style-type: none"> 1. Mandatory: 3 percent — automatic at one-year anniversary. Vanderbilt will match this 3% dollar-for-dollar. 2. Basic: 2 percent— available at one-year anniversary. Vanderbilt will match this 2% dollar-for-dollar. 3. Supplemental: percent up to IRS limits — available immediately. These voluntary contributions are not matched by Vanderbilt. The total of Basic and Supplemental contributions cannot exceed IRS limits. The maximum voluntary contribution in 2010 is \$16,500 for those under 50 years old, and \$22,000 for those 50 and older. <p>There are four investment companies from which to choose — TIAA-CREF, Vanguard, VALIC, and Fidelity. The Vanderbilt University Retirement Plan is an Internal Revenue Code Section 403(b) plan.</p> <p>To begin your retirement investments in the Vanderbilt University Retirement Plan, complete the Retirement Plan Election Form (Salary Reduction Agreement) and the retirement company(ies) application(s) to open your account and choose investment funds. You may pick up these applications at benefits orientation, at HR Express, or on the HR Web site (http://hr.vanderbilt.edu/forms). Elections made on the Retirement Plan Election Form are effective the first of the month following approval by the Benefits Office.</p> <p>Retirement Consultation Sessions</p> <p>Each of our four retirement vendors (TIAA-CREF, Vanguard, VALIC, and Fidelity) offer free one-on-one retirement consultations. You can meet with one or all company representatives to learn about their investment products, discuss how much money you may need at retirement, review your current investments, learn how to initiate a rollover, or discuss investment strategies.</p> <p>Visit the retirement page of the HR Web site (http://hr.vanderbilt.edu/benefits/retirementplan.htm) to view the on-campus schedule and to find contact information to make an appointment with the company's representatives.</p>
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<p>Dental Insurance</p> <p>Voluntary Benefit <i>Two optional plans administered by CIGNA Dental. For more details see the plans' summary sheets available on the HR Web site (http://hr.vanderbilt.edu/forms) or at HR Express</i></p> <p>Eligibility:</p> <ul style="list-style-type: none"> • You • Your spouse/certified domestic partner (see certification info on page 7) • Your children up to age 25, so long as they meet criteria (see page 7) <p>Benefit start date:</p> <ul style="list-style-type: none"> • Hourly-paid: first of the month after 60 days • Salaried: on hire date <p>Enroll by ... completing your Benefits Enrollment Form within your deadline</p> <p>Can change elections ... only during Open Enrollment, unless you experience a qualifying event (see page 11)</p>	<p>CIGNA Dental Care DHMO</p> <p>The Dental Care DHMO plan offers cost savings for a wide range of services. Find a CIGNA DHMO-network dentist online at www.cigna.com. If you do not indicate a Dental Facility Number on your Benefits Enrollment Form, a CIGNA DHMO-network dentist will be assigned to you. If you wish to change your dentist, call CIGNA at 800.642.5810.</p> <p>CIGNA Dental Care DHMO coverage includes:</p> <ul style="list-style-type: none"> • Preventive care (cleanings, x-rays) • Basic care (fillings, basic restorative work) • Major services (bridges, crowns, root canals, orthodontia) <p>Key Features of the CIGNA Dental Care Plan:</p> <ul style="list-style-type: none"> • No waiting periods, no deductibles, no annual maximum limit, no claim forms • You MUST see a CIGNA Dental Care DHMO dentist to receive any benefit <p>CIGNA Dental PPO</p> <p>The CIGNA PPO plan offers dental coverage for three classes of expenses, not to exceed a maximum annual benefit of \$1,500 for each enrolled individual. There is a waiting period for orthodontia. Coverage is available with any dentist, but in-network providers hold you harmless against charges above the usual and customary.</p> <p>Class I services covered at 100%: Preventative care for routine oral exams, cleaning, x-rays, sealants and fluoride treatments</p> <p>Class II services covered at 80% after annual deductible of \$50 per enrolled individual: Services for treatments such as full mouth x-rays, fillings, oral surgery (simple extractions)</p> <p>Class III and IV services covered at 50% after annual deductible of \$50 per enrolled individual: Class III: services for major care (bridgework, dentures, and crowns) and Class IV: orthodontia for children under 19</p>
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<p>Vision Insurance</p> <p>Voluntary Benefit</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • You • Your spouse/certified domestic partner (see certification info on page 7) • Your children up to age 19, or age 23, if full-time student <p>Benefit start date:</p> <ul style="list-style-type: none"> • Hourly-paid: first of the month after 60 days • Salaried: on hire date <p>Enroll by ... completing your Benefits Enrollment Form within your deadline</p> <p>Can change elections ... only during Open Enrollment, unless you experience a qualifying event (see page 11)</p>	<p>The optional VSP Vision plan offers the following in-network coverage for corrective lenses:</p> <ul style="list-style-type: none"> • Eye Exam: \$15 deductible (exam for eyeglasses or contact lenses, not both) — once every 12 months • Eyeglasses*: \$15 deductible <ul style="list-style-type: none"> > Eyeglass Lenses — once every 12 months (Some limitations apply. Progressive lenses, coatings and other options cost extra.) > Eyeglass Frames — once every 24 months up to \$120 limit** • Contact Lenses*: once every 12 months up to \$120** <p>To find a VSP network provider, go to www.vsp.com.</p> <p>The Vision plan is administered by VSP Ameritas. VSP does not issue an ID card. Your vision care provider will confirm coverage by contacting VSP at the time of your visit. For more details see the VSP Brochure available on the HR Web site (http://hr.vanderbilt.edu/forms) or at HR Express.</p> <p><i>* Frames and contacts are not covered in the same 12-month period.</i> <i>** Amounts over limits and optional features are discounted 20 percent.</i></p>
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<p>Accidental Death & Dismemberment</p> <p>Voluntary Benefit</p> <p>Eligibility:</p> <ul style="list-style-type: none"> You Your spouse/certified domestic partner (see certification info on page 7) Your children up to age 19, or age 23, if full-time student <p>Benefit start date:</p> <ul style="list-style-type: none"> Hourly-paid: 90 days after hire date Salaried: on hire date <p>Enroll by ... completing your Benefits Enrollment Form within your deadline</p> <p>Can change elections ... only during Open Enrollment, unless you experience a qualifying event (see page 11)</p>	<p>Accidental Death & Dismemberment (AD&D) pays your beneficiary if you die in an accident; AD&D would pay you a percentage of the elected benefit if you suffer a dismemberment in an accident.</p> <p>Family coverage is available for eligible family members and benefits for a family member's loss are paid at a percentage of your elected benefit. The three levels of family payouts are:</p> <ul style="list-style-type: none"> If you and your spouse/partner have no children, the amount paid to you if your spouse/partner dies in an accident, or if the accident causes dismemberment, would be 50% of your coverage. If you and your spouse/partner have children, the amount paid to you if your spouse/partner dies in an accident or if the accident causes dismemberment, would be 40% of your coverage; the amount paid to you if your child dies in an accident or if the accident causes dismemberment, would be 10% of your coverage. If you have children, but do not have a spouse/partner, the amount paid to you if your child dies in an accident or if the accident causes dismemberment, would be 15% of your coverage. <p>Full-time regular staff may purchase AD&D coverage in increments of \$10,000 (up to 10× your annual salary or \$500,000, whichever is less).</p> <p>The Accidental Death & Dismemberment benefit is administered by MetLife.</p>
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<p>Flexible Spending Accounts</p> <p>Voluntary Benefit</p> <p>Eligibility:</p> <ul style="list-style-type: none"> Health FSA: You and your tax dependents Dependent Care FSA: Your children up to age 13 and/or a disabled dependent <p>Benefit start date:</p> <ul style="list-style-type: none"> Hourly-paid and salaried: first of the month after three months from hire date <p>Enroll by ... completing a Flexible Spending Account Enrollment Form within 3 months of your hire date</p> <p>Can change elections ... only during Open Enrollment, unless you experience a qualifying event (see page 11)</p>	<p>A Flexible Spending Account (FSA) (formerly known as Personal Spending Account) enables you to set aside money on a pre-tax basis (before Federal income and FICA taxes) to pay for eligible medical or dependent care expenses. You save money by paying less taxes. You submit receipts to PayFlex for reimbursement from your account(s).</p> <p>Your first FSA enrollment must be completed within three months of your hire date on the Flexible Spending Account Enrollment Form and then online during Open Enrollment, if you want an FSA for the next year. The amount(s) you elect will be evenly deducted from your remaining paychecks of the year. The period you are eligible to incur expenses begins on the first of the month after eligibility and continues to the end of the plan year. The money contributed to your FSA account must be used during the plan year. Money not used will be lost, as required by Federal law.</p> <p>Health FSA You use your Health FSA funds for out-of-pocket medical expenses, such as copays, deductibles, prescription drugs, eye care expenses, and other eligible expenses (see IRS Publication 502: Medical and Dental Expenses at www.irs.gov/pub/irs-pdf/p502.pdf for details).</p> <p>Dependent Care FSA Dependent Care FSA funds are used to pay for expenses to place your child(ren) (under the age of 13) or other eligible dependents in day care or other custodial care to enable you (and, if married, your spouse) to work or seek work (see IRS Publication 503, Child and Dependent Care Expenses at www.irs.gov/pub/irs-pdf/p503.pdf for more details).</p> <p>The Flexible Spending Account benefits are managed by PayFlex Systems USA, Inc.</p>				
<p>Annual Allowable Elections for FSAs</p>	<table border="1"> <tr> <td style="width: 33%;">Health FSA</td> <td style="width: 33%;">\$104 to \$3,600 per employee</td> <td style="width: 33%;">Dependent Care FSA</td> <td style="width: 33%;">\$104 to \$5,000 per household</td> </tr> </table>	Health FSA	\$104 to \$3,600 per employee	Dependent Care FSA	\$104 to \$5,000 per household
Health FSA	\$104 to \$3,600 per employee	Dependent Care FSA	\$104 to \$5,000 per household		

<p>Short-term Disability</p> <p>Voluntary Benefit</p> <p>Eligibility:</p> <ul style="list-style-type: none"> • You <p>Benefit start date:</p> <ul style="list-style-type: none"> • Hourly-paid and salaried: first of the month after three months from hire date <p>Enroll by ... completing the enrollment paperwork that will be mailed to your home address by The Hartford, within 3 months of your hire date</p> <p>Can change elections ... only during Open Enrollment, unless you experience a qualifying event (see page 11)</p>	<p>Short-term Disability insurance is an optional benefit that would pay 66 2/3 percent of your income (up to \$2,500 a week) if you become sick or injured outside of the workplace. You may enroll in Short-term Disability when you begin your employment at Vanderbilt. The Hartford will mail enrollment information to your home address. You may choose the 15-day or the 30-day option (the wait until payout of disability pay begins) and disability benefits may continue for up to 26 weeks. Short-term Disability payroll deductions are after-tax, so you do not owe income taxes on the benefit when you receive the disability pay.</p> <p>More details about Short-term Disability can be found in the Summary Plan Description on the forms page of the HR Web site (http://hr.vanderbilt.edu/forms).</p> <p>The Short-term Disability benefit is administered by The Hartford.</p>
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<p>Discount Programs</p> <p>Voluntary Benefit</p> <p>Eligibility on hire date:</p> <ul style="list-style-type: none"> • All discount programs <p>Enroll by ... contacting the provider of the discount, anytime. There is no deadline to enroll. Tell the provider you are a Vanderbilt employee.</p>	<p>Auto & Homeowners Insurance Group Auto and Homeowners Insurance is offered by MetLife. You may call 800.GETMET8 for more information, including a free insurance review and a no-obligation quote.</p> <p>Long-term Care Long-term Care insurance provides assistance to pay for an eligible nursing home or in-home health provider, if you became unable to care for yourself. You can also purchase coverage for a parent or a dependent. This insurance is offered through MetLife. For more information, call MetLife at 800.GETMET8.</p> <p>Pet Insurance Pet Insurance is offered through Veterinary Pet Insurance. Two levels of coverage for accidents and illness, as well as vaccination and routine care coverage, are available. For more information and applications, contact Veterinary Pet Insurance at 800.USA.PETS, or online at www.petinsurance.com.</p>
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<p>Disease Management Program</p> <p>Included with your enrollment in the Health Plan</p> <p>Enroll by ... your enrollment in the Vanderbilt Health Plan automatically enrolls you in the disease management program</p>	<p>The disease management program is designed to improve employee health and control costs for you and the Vanderbilt Health Plan.</p> <p>A Two-part Program The first part of the program reviews the care you receive to identify any potential problems. If a gap in care is discovered a "Care Consideration" is faxed to your doctor so he/she can act upon the potential issue.</p> <p>The second part of the program identifies adult health plan participants with specific chronic health conditions, such as diabetes or heart disease, and automatically notifies them of the program to help monitor their condition, provide online tools, and offer a nurse phone line. If you have a chronic condition monitored by the program you will be contacted to request participation in the program, however you may opt out if you do not want to participate. Vanderbilt encourages employees to use this valuable health care program available at no additional cost to you.</p> <p>The disease management program is administered by ActiveHealth.</p>
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<p>Prescription Drug Program</p> <p>Included with your enrollment in the Health Plan</p> <p>Enroll by ... your enrollment in the Vanderbilt Health Plan automatically enrolls you in the prescription drug program</p>	<p>Maintenance Generics and the Other Drug Tiers Vanderbilt University encourages members to use generic drugs when a generic equivalent is available. If you or your physician request the brand-name drug when a generic equivalent is available, you will pay the Level 3 copay plus the cost difference between the brand-name drug and generic drug. Any cost differential payments do not count toward the prescription drug annual out-of-pocket maximum. Mail order and specialty drug prescriptions are available only through Vanderbilt outpatient pharmacies.</p> <p>The formulary list is available on Navitus Health Solutions Web site (www.navitus.com) and shows the level of the drug that you can expect to pay.</p> <p>The Vanderbilt pharmacies are located in The Vanderbilt Clinic, Medical Center East, Monroe Carell Jr. Children's Hospital at Vanderbilt, and Vanderbilt Health One Hundred Oaks.</p> <p>The Vanderbilt Specialty Pharmacy helps members of the Health Plan who are taking medications classified as "Specialty" for chronic illnesses or complex diseases by providing services that offer convenience and support. Specialty drugs are available only through Vanderbilt Pharmacies. For a list of specialty drugs, go to http://hr.vanderbilt.edu/benefits/prescription.htm.</p> <p>Annual Out-of-pocket Maximum for Prescriptions Vanderbilt caps your annual copay amount on prescriptions. You will not pay more in prescription drug copays than an individual maximum of \$2,500 and the family maximum of \$5,000 per year. The cap is the same for each of the health plan options.</p> <p>Navitus Health Solutions administers the prescription drug benefit. You will receive a Navitus card to use at the pharmacy to fill a prescription.</p>
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<p>Eligible Dependents</p> <p>In order to enroll your dependents in the health, dental or vision plans, they must meet these eligibility rules.</p> <p><i>Vanderbilt University reserves the right to audit dependents and may require copies of any legal papers to establish a person as your dependent. Only copies of documents issued by a court of law will be considered as acceptable documentation.</i></p> <p><i>Attempting to insure someone who is not eligible may be subject to disciplinary action up to and including termination of employment.</i></p>	<ol style="list-style-type: none"> 1. Your spouse or certified domestic partner. [Certified domestic partner is a person of the same sex that is not related by blood. The partner must not be under 21 years of age, not legally married to anyone else, nor have another domestic partner. This person must be currently in a committed relationship of six months or more duration and reside in a common household sharing joint responsibility for the household with the employee. Certification of domestic partnership must be obtained through the Director of Benefits Administration. To obtain required certification, make an appointment with the director by calling 615.322.8303. (HR Policy HR-016)] 2. Your unmarried children from birth to 25 years of age. Children must live with you in a regular parent-child relationship, or reside in a custodial institution for medical reasons or another monitored environment (endorsed by a physician on an annual basis) for medical or behavioral reasons, and depend upon you for more than 70 percent of their support. If a court approved "Qualified Medical Child Support Order" is provided within 31 days of the date issued, the requirement that the child reside with the employee will be waived. They must be children of the employee by birth, legal guardianship or custody, legal adoption or placement in anticipation of adoption, the employee's stepchildren, or the children of the employee's certified domestic partner. 3. Any unmarried children 25 years of age or older who are incapable of self-support because of mental or physical disability, if the disability existed, and is documented with Vanderbilt's Office of Benefits Administration, prior to their reaching the age of 25. Children must live with you in a regular parent-child relationship, or reside in a custodial institution for medical reasons or reside in another monitored environment (endorsed by a physician on an annual basis) for medical or behavioral reasons, and depend upon you for more than 70 percent of their support. They must be children of the employee by birth, legal guardianship or custody, legal adoption or placement in anticipation of adoption, the employee's stepchildren, or the children of the employee's certified domestic partner. The Plan Administrator or its designee must approve the continuation of coverage for this child.
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Health Plan Details Standard Option

- The Standard option is a traditional PPO plan administered by Aetna
- You may choose any primary care provider in the Aetna POS II network (which includes Vanderbilt providers) and you do not need a referral for a specialist
- You will find Aetna POS II network providers throughout the United States
- Out-of-network providers may be used, but do not have the advantage of discounted services
- Find the Aetna provider directory at www.aetna.com/docfind/custom/vanderbilt
- For full details of this option, refer to the Aetna Standard Evidence of Coverage available at HR Express and online at <http://hr.vanderbilt.edu/forms>

	At-Vanderbilt*	In-network (Aetna POS II)	Out-of-network
Credits — The Go for the Gold Wellness Credit you earn will be paid into your Vanderbilt Health Plan Account. You will not file claims to access the funds, as Aetna will pay your first medical claims (not copays) out of this Health Plan Account.			
Go for the Gold Wellness Credit paid into your Vanderbilt Health Plan Account	Annual amount depends on level of participation: Bronze \$120, Silver \$180, Gold \$240		
Deductible^Ω — Vanderbilt Health Plan Account is used to help you meet your deductible.			
Individual	\$550	\$1,000	\$1,750
Family Maximum	\$850	\$1,750	\$3,250
Coinsurance Rate — After meeting your deductible, you pay a percentage of billed claims in each network.			
	20%	30%	50%
Out-of-Pocket Maximum*			
Individual	\$3,750		\$7,250
Family Maximum	\$7,250		\$14,250
Cost of Services			
Preventive visit, sick visit, specialist visit, mental health visit [⚡]	\$20 copay	\$30 copay	50% after deductible (preventive not covered)
Emergency room visit	\$100 copay, then 20% after deductible	\$100 copay, then 30% after deductible	\$100 copay, then 30% after deductible
Urgent care visit	\$50 copay, then 20% after deductible	\$50 copay, then 30% after deductible	\$50 copay, then 50% after deductible
Hospital inpatient (including maternity), outpatient services, diagnostic testing	↑	↑	↑
Mental health inpatient [⚡]	↑	↑	↑
Skilled nursing (limit of 60 days/year)	↑	↑	↑
Home health care (limits apply, 120 visits maximum per year)	20% after deductible	30% after deductible	50% after deductible
Hospice care	↓	↓	↓
Therapy (physical, speech, occupational, cardiac rehab)	↓	↓	↓
Infertility diagnosis (not treatment)	↓	↓	↓
Durable medical equipment	Limitations apply	↓	↓
Chiropractic care	Not applicable	30% after deductible, \$500 maximum	50% after deductible, \$500 maximum

* Includes some community pediatricians [click link on the HR Web site (<http://hr.vanderbilt.edu/benefits>) to view the directory]

^Ω The deductible for each participant will not exceed the 'individual maximum'. The total deductible amount paid in the employee + spouse/partner, employee + children, or family tiers will not exceed the 'family maximum'. There is a separate deductible for each network.

* Out-of-pocket maximum includes total of coinsurance payments only and does not include copays or deductibles. The out-of-pocket maximum for "at-Vanderbilt" and Aetna network are combined. If you meet the out-of-pocket maximum, you are still responsible for any copays and any balance due between the billed charge and the maximum allowable charge.

[⚡] Information resulting from pending legislative guidance on mental health parity will be posted to the Benefits tab of the HR Web site.

Health Plan Details

Advantage P Option

- The Advantage P option is a traditional PPO plan administered by BlueCross BlueShield of Tennessee (BCBSTN)
- You may choose any primary care provider in the BlueCross P network (which includes Vanderbilt providers) and you do not need a referral for a specialist
- You will find BlueCross P network providers throughout Tennessee and surrounding counties
- Providers throughout the U.S. are managed through the BlueCross BlueShield Association
- Out-of-network providers may be used, but do not have the advantage of discounted services
- Find the provider directory at <http://www.bcbst.com/members/vanderbilt>
- For full details of this health plan option, refer to the Advantage P Evidence of Coverage available at HR Express and online at <http://hr.vanderbilt.edu/forms>

	At-Vanderbilt*	In-network (BlueCross P)	Out-of-network
Credits — The Go for the Gold Wellness Credit you earn will be paid into your Vanderbilt Health Plan Account. You will not file claims to access the funds, as BCBST will pay your first medical claims (not copays) out of this Health Plan Account.			
Go for the Gold Wellness Credit paid into your Vanderbilt Health Plan Account	Annual amount depends on level of participation: Bronze \$120, Silver \$180, Gold \$240		
Deductible^Ω — Vanderbilt Health Plan Account is used to help you meet your deductible.			
Individual	\$350	\$550	\$750
Family Maximum	\$450	\$850	\$1,250
Coinsurance Rate — After meeting your deductible, you pay a percentage of billed claims in each network.			
	10%	20%	40%
Out-of-Pocket Maximum*			
Individual	\$2,750		\$5,250
Family Maximum	\$5,250		\$10,250
Cost of Services			
Preventive visit, sick visit, specialist visit, mental health visit [⊕]	\$20 copay	\$30 copay	40% after deductible (preventive not covered)
Emergency room visit	\$100 copay, then 10% after deductible	\$100 copay, then 20% after deductible	\$100 copay, then 40% after deductible
Urgent care visit	\$50 copay, then 10% after deductible	\$50 copay, then 20% after deductible	\$50 copay, then 40% after deductible
Hospital inpatient (including maternity), outpatient services, diagnostic testing	↑	↑	↑
Mental health inpatient [⊕]	↑	↑	↑
Skilled nursing (limit of 60 days/year)	↑	↑	↑
Home health care (limits apply, 120 visits maximum per year)	10% after deductible	20% after deductible	40% after deductible
Hospice care	↓	↓	↓
Therapy (physical, speech, occupational, cardiac rehab)	↓	↓	↓
Infertility diagnosis (not treatment)	↓	↓	↓
Durable medical equipment	Limitations apply	↓	↓
Chiropractic care	Not applicable	20% after deductible, \$500 maximum	40% after deductible, \$500 maximum

* Includes some community pediatricians [click link on the HR Web site (<http://hr.vanderbilt.edu/benefits>) to view the directory]

Ω The deductible for each participant will not exceed the individual maximum. The total deductible amount paid in the employee + spouse/partner, employee + children, or family tiers will not exceed the family maximum. There is a separate deductible for each network.

* Out-of-pocket maximum includes total of coinsurance payments only and does not include copays or deductibles. The out-of-pocket maximum for "at-Vanderbilt" and BCBSTN network are combined. If you meet the out-of-pocket maximum, you are still responsible for any copays and any balance due between the billed charge and the maximum allowable charge.

⊕ Information resulting from pending legislative guidance on mental health parity will be posted to the Benefits tab of the HR Web site.

Health Plan Details

HealthFund Option

- The HealthFund option is a traditional PPO plan with a health reimbursement arrangement administered by Aetna
- You may choose any primary care provider in the Aetna POS II network (which includes Vanderbilt providers) and you do not need a referral for a specialist
- You will find Aetna POS II network providers throughout the United States
- Find the Aetna provider directory at www.aetna.com/docfind/custom/vanderbilt
- In the HealthFund option, Vanderbilt pays for approved preventive care (you do not pay out-of-pocket, nor is it paid from your HealthFund)
- For full details of this option, refer to the Aetna HealthFund Evidence of Coverage available at HR Express and online at <http://hr.vanderbilt.edu/forms>

	At-Vanderbilt*	In-network (Aetna POS II)	Out-of-network
Credits* — The Go for the Gold (GFTG) Wellness Credit you earn will be paid into your Vanderbilt Health Plan Account. You will not file claims to access the funds, as Aetna will pay your first medical claims (not copays) out of this Health Plan Account.			
Go for the Gold Wellness Credit paid into your Vanderbilt Health Plan Account	Annual amount depends on your level of participation: Bronze \$120, Silver \$180, Gold \$240		
HealthFund — Deposited by Vanderbilt on your behalf with Aetna. Unused balance rolls to future years up to fund maximum. If your benefits begin July 1 or after, the HealthFund amount for that year is 50 percent of annual amount (\$375 employee-only and \$750 other tiers).			
HealthFund for employee-only coverage tier	\$750 plus GFTG Wellness Credit amount		
HealthFund for other coverage tiers	\$1,500 plus GFTG Wellness Credit amount		
Deductible[□] — Vanderbilt Health Plan Account and HealthFund are used to help you meet your deductible.			
Individual	\$1,750		\$4,250
Family Maximum	\$3,250		\$8,250
Coinsurance Rate — After meeting your deductible, you pay percentage of billed claims in each network.			
	10%	20%	40%
Out-of-Pocket Maximum*			
Individual	\$3,750		\$7,250
Family Maximum	\$7,250		\$14,250
Cost of Services			
Preventive visit (well child, well woman, annual checkup)	\$0	\$0	Not covered
Sick visit, specialist visit, mental health visit [♦]	↑	↑	↑
Urgent care visit			
Hospital inpatient, outpatient services, diagnostic testing			
Mental health inpatient [♦]			
Skilled nursing (limit of 60 days/year)	10% after deductible	20% after deductible	40% after deductible
Home health care (limits apply, 120 visits maximum per year)	↓		
Hospice care			
Therapy (physical, speech, occupational, cardiac rehab)			
Infertility diagnosis (not treatment)			↓
Emergency room visit			20% after deductible
Durable medical equipment	Limitations apply	↓	40% after deductible
Chiropractic care	Not applicable	20% after deductible, \$500 maximum	40% after deductible, \$500 maximum

* Includes some community pediatricians [click link on the HR Web site (<http://hr.vanderbilt.edu/benefits>) to view the directory].

⚠ Your Health Plan Account and HealthFund operate as one account. Aetna pays your first claims from the total amount in your fund.

□ The deductible for each participant will not exceed the 'individual maximum'. The total deductible amount paid in the employee + spouse/partner, employee + children, or family tiers will not exceed the 'family maximum'. There is a separate deductible for each network.

* The out-of-pocket maximum for "at-Vanderbilt" and Aetna network are combined. If you meet the out-of-pocket maximum, you are still responsible for any balance due between the billed charge and the maximum allowable charge.

♦ Information resulting from pending legislative guidance on mental health parity will be posted to the Benefits tab of the HR Web site.

<p>Go for the Gold Program</p> <p>Vanderbilt Faculty and Staff Wellness Program</p> <p>Participate by ... completing all three steps of the program online at www.vanderbilt.edu/goforthegold</p> <p><i>NOTE: The Go for the Gold Wellness Credit is available only to employees who elect and pay for the Vanderbilt Health Plan. If your spouse/partner also works at Vanderbilt and waives Health Plan coverage and is covered as your dependent on the Vanderbilt Health Plan, she/he is not eligible to receive the Wellness Credit.</i></p>	<p>The Go for the Gold Program is a health promotion program designed to help faculty and staff and their families lead healthier and more productive lives by identifying health risks and taking action to reduce those risks.</p> <p>In addition to reducing your health risks, if you participate in the Go for the Gold Program and are enrolled in the Vanderbilt Health Plan you can earn a wellness credit of up to \$240 per year. Your wellness credit is paid into a Vanderbilt Health Plan Account, which will help you and any enrolled family members meet your deductibles. You do not need to file claims to use the Vanderbilt Health Plan Account, as Aetna or BlueCross BlueShield of Tennessee (depending on your elected health plan), will automatically pay from this account on your behalf when they receive a bill from a doctor's office or facility. The Health Plan Account does not pay for copays.</p> <p>The deadline is November 1 of each year to receive the wellness credit applied to your Vanderbilt Health Plan Account the following January. The account will roll over each year and you can accumulate a Health Plan Account of up to \$1,000.</p> <p>For questions about the wellness credit, visit http://hr.vanderbilt.edu/benefits/gftgFAQ.htm.</p>
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<p>Changing Your Elections</p> <p><i>Changes to some benefit programs, such as Retirement, Long-term Disability and Life Insurance, are not limited to qualifying events or the Open Enrollment period, but may have other requirements for making changes. Review each section of this document, the benefits pages of the HR Web site, or contact HR Customer Service about making changes to these benefits.</i></p>	<p>Qualifying Events/Family Status Changes Your elections for the Health Plan, Dental, Vision, Accidental Death and Dismemberment, Flexible Spending Accounts and Short-term Disability stay in effect for the plan year (January 1–December 31), unless you experience a change in family status that qualifies for a change to your elections. A change in marital status, birth, or change in your spouse's employment status are examples of qualifying events. To change your elections, you must submit a Notification of Family Status Change Form and supporting documentation to the Office of Benefits Administration within 30 days of the qualifying event triggering the need for the insurance change. For more information, go to the Life/Work Changes Web page: http://hr.vanderbilt.edu/benefits/lifework.htm.</p> <p>Open Enrollment Each fall, you may make changes for the following year for the six benefits restricted to Open Enrollment:</p> <ul style="list-style-type: none"> • Health Care Plan • Dental Insurance • Vision Plan • Accidental Death and Dismemberment • Flexible Spending Accounts • Short-term Disability
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Benefits Vendor Contact Information

Vendor/Administrator	Coverage	Web site	Phone
ActiveHealth	Disease Management	www.activehealth.net	800.967.4491
Aetna	Health Plan	Main site: www.aetna.com Provider Directory: www.aetna.com/docfind/custom/vanderbilt/index.html	800.743.0910
BlueCross	Health Plan	www.bcbst.com/members/vanderbilt	800.422.6712
CIGNA	Dental Care	www.cigna.com	800.642.5810
	Dental PPO	www.cigna.com	800.336.8258
Fidelity	Retirement	www.fidelity.com	800.343.0860
MetLife	AD&D, Auto, Home, Life, Long-term Care	www.metlife.com	800.GETMET8
Navitus Health Solutions	Prescription Drug Program	www.navitus.com	866.333.2757
PayFlex	Flexible Spending Accounts	http://vanderbilt.payflex.com	800.284.4885
TIAA-CREF	Retirement	www.tiaa-cref.org/vanderbilt	800.842.2776
VALIC	Retirement	www.valic.com	615.221.2541
Vanguard	Retirement	www.vanguard.com	800.523.1188
Veterinary Pet Insurance	Pet Insurance	www.petinsurance.com	877.PETS.VPI
VSP/Ameritas Group	Vision	www.vsp.com	800.877.7195
Vanderbilt HR Customer Service		http://hr.vanderbilt.edu	615.322.8330

Deferred Retirement Option Program (DROP)

Office of Human Resource Services

Human Resource Services Search



Human Resource Services

Deferred Retirement Option Program (DROP)

Division of Retirement

For additional information about DROP--such as spreadsheets to help you estimate your benefits, brochures, and articles--visit the Division of Retirement's web site and click on DROP.

Employees reaching normal retirement date, age 62, or 30 years of service at any age, may retire and have their FRS benefits accumulate in DROP and earn interest while continuing to work for a FRS employer for up to five years. (Special Risk normal retirement date is age 55, or 25 years of special risk service, whichever comes first.) When the designated DROP period ends, the employee must terminate employment. He or she will receive payment of the accumulated DROP benefits and then monthly FRS retirement pension benefits will begin.

A few exceptions exist to the normal retirement eligibility criteria. The exception that occurs most frequently involves employees completing 30 years of service before reaching age 57. When this happens, they may defer DROP and elect to participate anytime until they reach age 57, then, at age 57, the 12-month window begins.

Another exception to the standard regulation applies when an employee has gained 30 or more years of creditable service only from buying back eligible prior service and/or military time. In this instance, they can defer enrolling in DROP until they have completed 30 years of actual service and are at least 57 years old.

Employees who meet either of the above exceptions may defer participating in DROP until they naturally reach normal eligibility. Then, upon reaching the normal eligibility criteria, they have 12 months in which to decide whether to participate in DROP. Employees' maximum program participation is reduced each month that passes during this 12-month span. After the 12 months from date of normal eligibility has passed, they no longer are eligible to enroll in DROP. Employees covered by Special Risk should contact the University Retirement Office for exceptions.

Twelve-month employees enrolling in DROP may elect to receive a lump-sum annual leave payment (up to the established policy limits--240 hours for USPS; 352 hours for certain TEAMS employees and faculty) when entering DROP. If employees elect this option, their annual leave payments are added to the calculation of monthly retirement benefits. As a second option, employees may wait to receive payment for accrued annual leave when they leave the university. In this case, the payment is not included in your pension calculation. A third option would be a combination of the two.

If an employee chooses the first or third options, he or she should coordinate the processing of annual leave payment with his or her departmental payroll administrator to ensure that it is processed timely so as to be included for DROP.

Because DROP is complex, you are encouraged to schedule a one-on-one [retirement counseling session](#) with a university retirement specialist. Contact University Retirement at 392-2477, or retirement@ufl.edu.

[Academic Personnel](#)

[Awards & Recognition](#)

[Baby Gator Child Center](#)

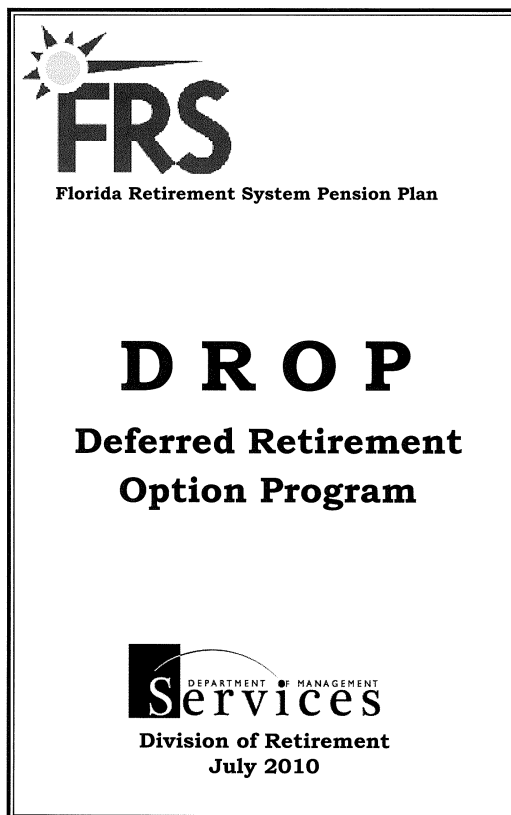


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WHAT IS DROP?

The Deferred Retirement Option Program (DROP) allows you to effectively retire under the Florida Retirement System (FRS) Pension Plan. You begin accumulating your retirement benefits without having to terminate employment for up to 60 months from the date you first reach your normal retirement date or your eligible deferral date. (See Page 14 for information about instructional personnel who may be eligible for extended DROP participation beyond 60 months.) As a DROP participant, you simultaneously earn a salary and a retirement income.

Before you participate in DROP, you earn one month of service credit for each month you work, towards your total service credit at retirement. When you enter DROP, you are considered to be retired and you stop earning retirement service credit. While participating in DROP, your monthly retirement benefits accumulate in the FRS Trust Fund, earning tax-deferred interest while you continue to work for an FRS employer. Tax-deferred interest means that you pay any taxes owed when you receive the interest instead of when the interest was earned.

When your DROP participation ends, you **must** terminate all employment with all FRS employers for six calendar months. (See “Note” on Page 9 for exceptions to the termination requirement that may apply to certain elected officials.) At that time, you receive your DROP payout and begin receiving your monthly retirement benefit, in the same amount determined at retirement, plus annual cost-of-living increases. The longer you participate in DROP, the greater your financial gain. However, even short periods of DROP participation can offer enough financial advantages to make participation the right choice for you. For many, DROP offers the “best of both worlds” by providing the financial security of a guaranteed lifetime benefit and an opportunity to accumulate additional savings, all while you are working.

ELIGIBILITY REQUIREMENTS

Who is eligible to join DROP?

To participate in DROP, you must be vested and eligible for normal retirement (based on your years of service or age) as an active member of:

- The Florida Retirement System (FRS) Pension Plan,
- The Teachers’ Retirement System (TRS), or
- The State and County Officers and Employees’ Retirement System (SCOERS).

Who is not eligible to participate in DROP?

You cannot participate in DROP if:

- You retired from a state administered retirement system and after retirement you become reemployed in an FRS-covered position as a renewed member.
- You are a member or retiree of the FRS Investment Plan.
- You are a member or retiree of the State University System Optional Retirement Program.
- You are a member or retiree of the State Community College System Optional Retirement Program.
- You are a member or retiree of the Senior Management Service Optional Annuity Program (for state employees only).
- You are a senior manager employed by or retired from a non-state employer and you chose to withdraw from participation in the FRS.
- You are an elected official and you chose to withdraw from participation in the FRS.

When can I begin DROP?

You may begin DROP participation in the month you reach your normal retirement date based upon your age, **or** the month after the month you reach your normal retirement date based upon your years of service. You also need to be vested, which means you have at least six years of service credit. Normal retirement date for age or service are:

- Special Risk Class - age 55 with at least six years but less than 25 years, age 52 with a total of 25 years that include up to four years of purchased wartime military service, or any age before age 55 with 25 years of special risk service. These requirements apply to members of the Special Risk Administrative Support Class who have at least six years of special risk service.
- Regular Class, Elected Officers' Class and Senior Management Service Class - age 62 with at least six years but less than 30 years of service or any age before age 62 with 30 years of service. These requirements apply to members of the Special Risk Administrative Support Class who do not have six years of special risk service.

Example:

If you are vested and reach normal retirement based on age (62 or 55) on May 22nd, your normal retirement date would be May 1st. Or, if you will complete 30 years (25 years for Special Risk Class members) of service in May and have not reached your normal retirement age, your normal retirement date is June 1st.

If you reach your normal retirement date based on your years of service before age 57 (age 52 for Special Risk Class members) or reach your normal retirement date while holding an elected office covered by the Elected Officers' Class, you may qualify to defer your DROP participation to a future date. Also, if you are employed as K-12 instructional personnel, you may be eligible to defer your DROP participation (see "Deferral Exceptions" on Pages 12-13).

If you are a member of one of the closed retirement systems such as the Teachers' Retirement System (TRS) and State and County Officers and Employees' Retirement System (SCOERS), your normal retirement date varies based on your membership date, class and plan. If you are a member of TRS or SCOERS and are unsure of your normal retirement date, please contact the Bureau of Retirement Calculations (see contact information on Page 1).

When should I apply for DROP?

You may apply up to six months before reaching your normal retirement date or DROP deferral date. To maximize your time in DROP, we must receive your DROP application and election forms no later than the last working day of the month you intend to begin DROP participation. We encourage you to send in your DROP application as early as possible.

If you apply for DROP after your normal retirement date or after your latest eligible deferral date, but within the first 12 months of your 60-month participation period, each month you delay your application you reduce your maximum program participation period. **If you fail to make an election to participate within this 12-month DROP election window, you are no longer eligible to participate in the program, unless you qualify for one of the exceptions** (see "Deferral Exceptions" on Pages 12-13).

Example:

If your normal retirement date or latest eligible deferral date was July 1, 2010, and you did not make an election to participate in DROP by the last State of Florida work day in June 2011, you would no longer be eligible to participate in the program unless you qualified for one of the exceptions (see "Deferral Exceptions" on Pages 12-13).

BENEFITS IN DOLLARS AND SENSE

How much interest will my DROP account earn?

DROP accounts earn interest, compounded monthly, at an effective annual rate of 6.50 percent. Benefits on deposit for less than one month or after the month in which you end your DROP participation do not earn interest.

The monthly retirement benefit credited to your DROP account increases by a 3 percent cost-of-living adjustment (COLA) each July 1st, or by a prorated amount if you have been in DROP for less than one year when you receive your first COLA.

How can I estimate the value of my DROP account?

Calculate your monthly benefit based on the FRS Pension Plan retirement benefit formula.

For the “percentage value” of your service credit, see the retirement guide for your membership class or visit the “Online Services” page of our website at <http://frs.MyFlorida.com>.

DROP Account Estimate Example:

You are a **Regular Class member** in the FRS Pension Plan, are age 62 or younger, and have:

- 30 years of creditable service
- an average final compensation (AFC) of \$25,000 (AFC is the average of your highest earnings or compensation for five fiscal years),
- an accrual value of 1.60 percent-per-year value of your service as a Regular Class member, and
- chose option 1.

Your initial annual retirement benefit payment would be \$12,000 or \$1,000 per month. It is calculated as follows:

$$30 \times 1.60\% = 48\% \times \$25,000 = \$12,000 \text{ per year}$$
$$\$12,000 / 12 = \$1,000 \text{ per month}$$

See the *Retirement Guide for Members of the Regular Class* for more information about the benefits for members of this class.

If you begin DROP participation in July and with yearly 3 percent COLA adjustments, your annual FRS benefit becomes \$13,911 or \$1,159 per month after five years in DROP. You would also have a DROP account balance of \$74,406.

To determine your potential DROP accumulation, find your estimated monthly retirement benefit payment on the left side of the table on Page 9. Next, find the number of years you expect to participate in DROP. The amount at the intersection of the selected row and column is a rough estimate of the value of your DROP account.

You may also project your DROP accumulation by using the calculator on our website at <http://frs.MyFlorida.com>. The calculator estimates DROP account values for up to a 60-month participation period.

If you are in an eligible position and authorized by your employer and the Division to extend your DROP participation beyond the period you originally requested, you will receive a revised DROP accumulation chart after we receive and approve your DROP extension form (see Page 11, “What forms must I complete for DROP?”).

What about my lump-sum annual leave payment?

You may choose to receive a lump-sum payment of your earned annual leave, either at the time you enter DROP or after your DROP participation ends. Based on your employer’s policy, up to 500 hours can be reported.

If your accumulated annual leave is paid to you at the time you enter DROP and your employer confirms and reports the amount to us on the monthly payroll report, this increases your retirement benefit, therefore your DROP accumulation increases as well. If you receive a lump-sum annual leave payment(s) after your DROP participation begins, and it was not certified to us at the time you began DROP, it will **not** change your FRS benefit calculation.

How will my DROP benefits be taxed?

At the end of your DROP participation, if you elect to have your DROP accumulation rolled over to another “eligible retirement plan” as defined in Section 402(c)(8)(b) of the Internal Revenue Code, you owe no taxes on your DROP accumulation until you begin to withdraw these funds from the “eligible retirement plan” (see Pages 17-18 for more information on rollover options). When you begin to withdraw these funds, the income taxes you owe are based on your income tax rate in the year you receive the funds.

If you choose a total or partial lump-sum payment of your DROP accumulation, the lump-sum amount will be taxed as income in the year the payment is issued. The IRS requires we withhold 20 percent of this amount for taxes when distributed to you. You could owe additional income taxes based on your income tax bracket. Also, unless you terminate from DROP in or after the year you reach age 55, you may owe an additional 10 percent early withdrawal tax on your lump-sum distribution. If you are an eligible public safety officer retiree, you would not be subject to this 10 percent early withdrawal tax unless you receive the lump-sum distribution before age 50. Please consult the Internal Revenue Service (IRS) at www.irs.gov, or your tax advisor, for more information. When you file your income tax forms that year, you may also owe additional taxes, depending on your income tax bracket.

Example:

If you choose to take a lump-sum DROP distribution of \$100,000, we automatically withhold 20 percent (\$20,000) for taxes. The 1099-R tax form we send you for that year would include the lump-sum amount you received and the 20 percent tax withheld. If you are in the 28 percent tax bracket that year, you would owe an extra 8 percent (\$8,000) in taxes, reducing the actual amount received in your lump-sum distribution from \$100,000 to \$72,000. If your termination from DROP occurs before the year that you reach age 55 (or age 50 for eligible public safety officer retirees), you may also owe an additional 10 percent tax (\$10,000) on your lump-sum distribution. This would further reduce the amount of the lump-sum distribution you receive from \$100,000 to \$62,000.

What happens when my DROP participation ends?

You and your employer(s) must submit *Form DP-TERM, DROP Termination Notification*, to verify that you terminated all employment with FRS employers. After verification, you begin receiving your monthly FRS retirement benefit and your DROP distribution. Monthly benefits are payable on the last State of Florida work day of the month. We distribute DROP payouts the month following verification of your termination. Your DROP account stops earning interest the month in which your participation ends.

Your DROP accumulation is paid in one of three ways:

- as a lump-sum payment, with 20 percent withheld for federal income taxes;
- as a direct rollover to an eligible retirement plan; or
- as a combined partial lump-sum payment and direct rollover.

If your DROP accumulation includes personal contributions, such as required employee contributions you made prior to 1975 or payments for optional service credit you purchased using after-tax dollars, that portion of each monthly payment will be paid as a tax-free, lump-sum payment. We use the Simplified General Rule under the Internal Revenue Code to compute that payment. This portion of your DROP accumulation represents your after-tax contributions that you cannot roll over into a tax-sheltered account (see Pages 17-18 for information on rollover options).

Within 60 days after your DROP participation ends, we distribute your account the way you choose. If you do not choose a distribution method within that 60-day period, we issue a lump-sum payment and withhold 20 percent for taxes.

***Note:** If you hold an elected office at the end of your DROP participation, you must fulfill the termination requirement as provided in s. 121.021(39), F.S. Your termination may occur at the end of your 60-month DROP eligibility period or be postponed to the end of the term of office in which your DROP participation ended or any successively held office. If your termination requirement is extended under this provision, you are not eligible for renewed membership in the FRS and will not receive pension payments or your DROP account distribution until you terminate from elected office. After the end of your DROP participation and prior to termination from office, your DROP account will increase only by compounded monthly interest unless your DROP participation begins on or after July 1, 2010. If you are an elected official and your DROP participation begins on or after July 1, 2010, your DROP account will no longer earn interest after your DROP participation ends. If you are an elected official and need more information, contact us by telephone toll-free at (888) 738-2252 or (850) 488-6491, or by e-mail at calculations@dms.MyFlorida.com.*

DROP ACCOUNT ESTIMATES

Monthly Retirement Benefit	YEARS OF PARTICIPATION IN DROP	
	1	2
\$100	\$1,235	\$2,588
\$200	\$2,471	\$5,176
\$400	\$4,941	\$10,352
\$600	\$7,412	\$15,528
\$800	\$9,883	\$20,704
\$1,000	\$12,353	\$25,880
\$1,200	\$14,824	\$31,056
\$1,400	\$17,295	\$36,232
\$1,600	\$19,765	\$41,408
\$1,800	\$22,236	\$46,584
\$2,000	\$24,707	\$51,760
\$2,200	\$27,177	\$56,937
\$2,400	\$29,648	\$62,113
\$2,600	\$32,119	\$67,289
\$2,800	\$34,589	\$72,465
\$3,000	\$37,060	\$77,641
\$3,200	\$39,531	\$82,817
\$3,400	\$42,002	\$87,993
\$3,600	\$44,472	\$93,169
\$3,800	\$46,943	\$98,345
\$4,000	\$49,414	\$103,521

IS DROP RIGHT FOR ME?

Should I retire and participate in DROP?

One of the most important retirement decisions you will make is whether you should participate in DROP. To help you in this decision, ask us for comparative estimates of the benefits you would receive under DROP versus the benefits you would receive if you continued working and earning service credit for the same period of time and then retired without participating in DROP. After you receive these estimates, review your total financial situation, including your FRS and/or DROP benefits, personal investments and other assets, Social Security benefits, significant debts and other liabilities. We recommend that you meet with your accountant, financial planner, tax attorney or other trusted financial advisor for assistance. You may also contact the FRS Financial Guidance Program toll-free help line at (866) 446-9377, or access the FRS Financial Guidance Program at www.MyFRS.com. This financial guidance program answers your retirement and

AND DROP ACCUMULATION		
3	4	5
\$4,067	\$5,681	\$7,441
\$8,134	\$11,362	\$14,881
\$16,267	\$22,724	\$29,762
\$24,401	\$34,086	\$44,644
\$32,534	\$45,448	\$59,525
\$40,668	\$56,810	\$74,406
\$48,802	\$68,172	\$89,287
\$56,935	\$79,534	\$104,168
\$65,069	\$90,896	\$119,049
\$73,202	\$102,258	\$133,931
\$81,336	\$113,620	\$148,812
\$89,469	\$124,982	\$163,693
\$97,603	\$136,344	\$178,574
\$105,737	\$147,706	\$193,455
\$113,870	\$159,068	\$208,336
\$122,004	\$170,430	\$223,218
\$130,137	\$181,792	\$238,099
\$138,271	\$193,154	\$252,980
\$146,405	\$204,516	\$267,861
\$154,538	\$215,878	\$282,742
\$162,672	\$227,240	\$297,624

financial planning questions while protecting your privacy. Careful consideration of your options helps ensure that the choices you make provide the best financial security for your future. To help you explore DROP further, our website (<http://frs.MyFlorida.com>) offers a number of online services to assist you, including a link to e-mail the Bureau of Retirement Calculations directly.

Questions to ask yourself:

- How long do I want to participate in DROP?
- What are my options if I wish to participate for the full 60-month participation period? Do I have to begin DROP participation immediately when I reach normal retirement or can I defer it to a later date?
- Will I be ready to terminate employment when my DROP participation ends? Will I be ready both financially and emotionally?
- If I need or wish to continue working, will I continue in my current career or change my career focus? Will I work full-time or part-time?

What forms must I complete for DROP?

You may obtain any of the forms described below from your personnel office, by contacting us, or by visiting the “Forms” page on our website (<http://frs.MyFlorida.com>). You must file these forms through your employer’s human resources office.

Election Form:

- To participate in DROP during your initial 60-month eligibility period, you must complete *Form DP-ELE, Notice of Election to Participate in the DROP and Resignation of Employment*, in addition to your application form. *Form DP-ELE* serves as a postdated resignation, acknowledged by your employer, with the termination date you chose when joining the program.

Application/Option Selection Forms:

- FRS members must complete *Form DP-11, Application for Service Retirement and the Deferred Retirement Option Program*.
- TRS members must complete *Form DT-11, Application for Service Retirement and the Deferred Retirement Option Program*.
- State and County Officers and Employees’ Retirement System (SCOERS) members must complete *Form DS-11, Application for Service Retirement and the Deferred Retirement Option Program*.
- If you do not select a benefit payment option at the time you file your DROP application, you must also complete and return *Form FRS-11o, Option Selection (FRS)*, or *Form FST-11o, Option Selection (TRS or SCOERS)*, as appropriate, before your DROP application can be completed.

Extension Forms:

- If you choose to participate in DROP for less than the maximum period allowable, but decide later that you wish to extend your participation, you may be eligible to do so with the approval of your employer and the Division. Complete a revised *Form DP-ELE* and send it to us through your human resources office.
- Certain instructional personnel may be authorized to continue participation in DROP for up to an additional 36 months beyond their initial 60-month eligibility period. If employed in an eligible position, you must complete *Form DP-EXT, Extension of Deferred Retirement Option Program (DROP) for Specified K-12 Instructional Personnel*. To be authorized for this extended DROP participation, you must be employed in an eligible position at the time you complete your initial 60 months of DROP eligibility and remain employed in an eligible position during your extended DROP participation (see Page 14 for more information). We must receive your completed *Form DP-EXT* before your initial 60-month participation eligibility period ends.

When will I decide how to receive my DROP account payout?

Three months before the DROP end date on your *Form DP-ELE*, we will mail you the necessary forms to choose the distribution method for your DROP account. If you change your termination date, we will send these forms to you immediately if you are within three months of your new termination date. Your new termination date must be within your eligible DROP participation period approved by us. If you terminate prior to the DROP end date specified on your initial DROP application and *Form DP-ELE*, please call the DROP Termination Unit (see contact information on Page 1).

ADDITIONAL QUESTIONS TO CONSIDER

Can I defer or postpone starting DROP?

You may be eligible to defer or postpone the date you begin DROP when you complete 30 years of service (25 years of special risk service for Special Risk Class members) based upon the exceptions listed below. You must elect to join DROP within 12 months beginning with the month you reach your maximum deferral date. During this 12-month period, your total allowable DROP participation decreases by a month for each month you delay your decision. **If you do not begin DROP participation within this 12-month period you lose your right to participate in DROP unless you are employed in a position eligible for unlimited DROP deferral.**

Deferral Exceptions:

- If you are a member of the Regular Class, Senior Management Service Class, or the Elected Officers' Class, and you complete 30 years of

service before you reach age 57, you may defer DROP participation and elect to begin at any time between the month after you complete 30 years of service and the month you turn age 57 and still participate for up to 60 months. If you miss that date and wish to participate, you still have 12 months to make the election, but you lose one month of DROP participation for each month you delay after age 57. You are no longer eligible to participate in DROP starting the month you turn age 58. If you are a Special Risk Class member who completes 25 years of special risk service before age 52, you may defer DROP participation and elect to begin DROP at any time up to the month you turn age 52 and still participate for up to 60 months. Your final 12-month election period begins at age 52. Each month you delay joining DROP after age 52 reduces your maximum participation. You are no longer eligible to participate in DROP starting the month you turn age 53.

- If you are an elected officer who will reach your normal retirement date during a term of office, you may defer participation in DROP until your next succeeding term in the same office. You may also participate for the lesser of 60 months or the length of that term of office (see "Note" on Page 9).
- When determining your normal retirement date for DROP eligibility or for maximum participation, you may choose to include or exclude any optional service you may have purchased (refunded service, leaves of absence, out-of-state service, etc.). Any optional service credit you buy is always used in your benefit calculation regardless of whether you use it to establish your normal retirement date for DROP. Upgraded service credit cannot be excluded when determining your normal retirement date.
- If you have dual normal retirement dates due to employment covered by the Special Risk Class and other employment covered by a different FRS membership class or plan, you are eligible to choose to enter DROP under the rules applicable to either class.
- If your employer considers you to be instructional personnel in grades K-12 as defined in s. 1012.01(2), F.S., at the time of your initial 60-month DROP participation, you may choose to enter DROP at any time after reaching your normal retirement date and still participate for up to 60 months. The maximum deferral to age 57 and the 12-month limitation period to elect DROP participation before losing DROP eligibility do not apply to you.
- If you decide to delay DROP participation because you qualify for a deferral exception, you do not need to notify us that you plan to defer your DROP participation. To maximize your time in DROP, you must apply promptly when your deferral exception date occurs. We will accept your application up to six months in advance of your planned DROP entry date.

How can specified K-12 Instructional Personnel extend maximum DROP participation for up to an additional 36 months?

If you work for a school board, the Florida School for the Deaf and the Blind, or a developmental research school, and you are employed in an instructional position as defined in s. 1012.01(2)(a)-(d), F.S., you may be permitted to extend your DROP participation. This extension may be up to an additional 36 months with authorization from your employer and our approval. You must be employed on a contractual basis in an eligible position at the time you complete your initial 60-month eligibility period and remain in an eligible position during your extended DROP participation. Your employer may choose to allow extended DROP participation for shorter periods of time before granting further DROP extensions not to exceed 36 months total.

To extend your DROP participation, you must obtain authorization from your employer and submit your completed *Form DP-EXT* before the end of your initial 60-month participation period. We must approve your completed *Form DP-EXT* and will provide revised DROP account information for approved extended DROP participants. (See Page 11, "What forms must I complete for DROP?" for more information.)

Can I enroll in DROP if I am on a leave of absence or on Workers' Compensation?

Yes, on or after reaching your normal retirement date (as long as you apply within the 12-month DROP election window as described on Page 5) you can join DROP while on a leave of absence or on Workers' Compensation. Once you return to work as a DROP participant, we **cannot** add any additional salary or service credit to your retirement benefit for that period.

Can I change my option selection or buy additional service credit while in DROP?

Once your participation in DROP begins, your retirement is final and you cannot add service credit, change retirement options, or change the type of retirement you chose to retire under. You are considered a retiree.

May I change employers while in DROP?

Yes, but be careful! If you are off all FRS payrolls for one calendar month while changing employers, your DROP participation ends.

Note: You must complete Form DP-ELE showing the dates of participation in DROP with your new employer. Your overall DROP participation with all employers cannot exceed 60 months unless you are employed in an eligible

position and authorized by your employer. If you change employers and are employed in another eligible position during this period of extended DROP participation, you must also complete a new Form DP-EXT showing the dates of participation in the program with your new employer. In that case, your overall extended participation in DROP with all employers cannot exceed 36 months.

What if I take another job with an FRS employer (become reemployed) after my DROP participation is over?

DROP participants are considered to be **retired** even though they continue to work for a specified period of time. Once you terminate DROP participation, you are fully retired and subject to termination requirements and reemployment restrictions with FRS participating employers. As FRS retirees, certain reemployment restrictions must be considered.

Important! *Before you become reemployed in any capacity with an FRS employer after you retire or terminate DROP participation, contact the Bureau of Retirement Calculations for guidance (see contact information on Page 1). Protect your retirement benefits from unnecessary jeopardy.*

For the **first six calendar months** after your DROP termination, you must not have any employment relationship with any FRS employer to meet the definition of termination and avoid cancellation of your retirement and DROP participation. Once you void your DROP participation, you may not be eligible for future DROP participation. This restriction includes being employed by an FRS employer in temporary or other positions that are not covered by the FRS.

If you are employed by **any** FRS employer in any capacity during the **first six calendar months** after your termination:

- You void your retirement and DROP participation.
- You are required to repay your DROP payout and any monthly benefits you received since your DROP participation ended.
- If you retired from the Teachers' Retirement System (TRS) or the State and County Officers and Employees' Retirement System (SCOERS), you also owe required employee contributions, plus interest, to reestablish your membership.
- In addition, if you rolled over your DROP accumulation, you may be subject to federal income tax penalties and surrender charges for withdrawing your DROP accumulation.
- Your **new** employer is required to pay all required employer contributions, plus interest, to retroactively establish your membership and service credit.

In the 7th-12th calendar months after your DROP termination date:

There are no exceptions to reemployment limitations. If you are employed by a participating employer in any capacity during this period you must suspend your retirement benefit in any month you receive a salary or wage payments.

Note: Employment with an FRS employer includes any employment with your previous employer or any other FRS employer regardless of whether the employment is covered for retirement.

See *Preparing to Retire* or *After You Retire* for more information. You can view or download these publications from the “Publications” page of our website at <http://frs.MyFlorida.com>. You may request copies from us or your employer’s human resources office.

How do I change beneficiaries while in DROP?

To change your DROP beneficiary, you must change the beneficiary of your retirement benefit. If you chose option 1 or 2, you may change your beneficiary by completing and returning *Form FST-12, Beneficiary Designation for Retired Members*.

If you chose option 3 or 4, your beneficiary is your joint annuitant who is eligible to receive continuing benefits upon your death. If you wish to change your joint annuitant, you must complete and return *Form JA-1, Change of Joint Annuitant*.

You may change your joint annuitant only twice during retirement. If you change your joint annuitant after retirement, we recalculate your retirement benefit based upon your age at that time and your new joint annuitant’s age. To qualify as a joint annuitant, your beneficiary must be:

- Your spouse; or
- Your natural or legally adopted child who is either under age 25 or is physically or mentally disabled and incapable of self-support (regardless of age); or
- Your parent or grandparent, or a person for whom you are the legal guardian, provided your parent, grandparent, or other such person is financially dependent upon you for one-half or more of his/her support.

If you chose option 3 or 4 and your joint annuitant dies while you are in DROP, you could name a new beneficiary to receive **only** your accumulated DROP benefits in case you die while in the DROP. Use *Form FST-12, Beneficiary Designation for Retired Members*, to make this restrictive beneficiary designation. In that case, your new beneficiary would not have to qualify as a joint annuitant, would not count as one of the two joint annuitant changes allowed by law after retirement, and would not be eligible for a continuing benefit upon your death.

If your joint annuitant dies while you are in DROP or you become divorced and nullify your joint annuitant, you may use *Form FST-12, Beneficiary Designation for Retired Members*, to name a new beneficiary for your DROP accumulation only (see next question).

Who is entitled to my DROP benefits if I die while participating in the program?

Except for what is described on Page 18, your FRS, TRS or SCOERS designated beneficiary is eligible to receive your DROP accumulation, and if you chose option 2, 3 or 4, a continuing monthly benefit is also payable, according to the terms of the benefit payment option you selected. (Note, while option 2 guarantees benefits for a 120-month period, that period starts when your DROP participation begins, so monthly benefits would continue to your surviving beneficiary only for any months remaining in that period after your death.)

Survivors of DROP participants are **not** eligible for in-line-of-duty death benefits.

Am I guaranteed employment if I am enrolled in DROP?

No, your employment status is not changed by your DROP participation. You may quit your job or your employer may lay you off or terminate you in the same manner as before your DROP participation began.

Can I cancel my DROP application?

You can only cancel your DROP application during your first month of DROP participation.

How is my DROP participation voided?

If your employer agrees to rescind your previously established DROP termination date, your DROP participation would be voided once you worked in the month following your previously established DROP end date. If this is going to occur, you and your employer should submit *Form DP-VOID, Deferred Retirement Option Program Void Form*, to the Division. Your retirement membership will be reestablished, as if you did not participate in DROP, and your employer must pay any difference in employer contributions. You must apply to establish a future retirement date.

If I decide to roll over my DROP accumulation, what are my rollover options?

The law states that rollovers must be paid directly to the custodian of an eligible retirement plan, defined in Section 402(c)(8)(b) of the Internal Revenue Code (IRC). An eligible retirement plan includes the following plans:

- An Individual Retirement Account as described in Section 408(a), IRC, which includes a non-designated ROTH IRA.
- An Individual Retirement Annuity as described in Section 408(b), IRC (an annuity set up by an insurance company).
- A Qualified Trust - a stock bonus, pension or profit sharing plan of an employer (both defined contribution and defined benefit plans) established in accordance with Section 401(a), 401(k), or 403(b), IRC, for the sole and exclusive benefit of employees or their beneficiaries.
- An Annuity Plan as described in Section 403(a), IRC.
- A deferred compensation account qualified under Section 457, IRC, or an annuity plan qualified under Section 403(b), IRC.

Personal contributions, such as required employee contributions you made prior to 1975 or payments for optional service credit you purchased using after-tax dollars included in your DROP accumulation are paid directly to you, instead of being rolled as a tax-free, lump-sum payment, as computed using the Simplified Method under the Internal Revenue Code. This portion of your benefit represents your after-tax contributions that cannot be rolled over into a tax-sheltered account. See IRS Publication 575 for more information about the Simplified Method. If you die while participating in DROP, and your spouse is named as your beneficiary, he or she may receive a distribution of your account proceeds after your death as described in Section 402(c)(9), IRC.

Do I have the option to roll over my DROP accumulation to a different eligible plan after the Division has rolled it over to the eligible retirement plan I initially selected?

Contact the custodian of the eligible plan that received your DROP rollover to discuss a subsequent rollover to another eligible plan.

If I become divorced after joining DROP and I chose option 3 or option 4, may I remove my ex-spouse as my beneficiary?

Yes, you may nullify your joint annuitant by completing *Form JA-NUL, Joint Annuitant Nullification* unless a qualified domestic relations order (QDRO) prevents such an action. The effective date of the change will be the first of the month after we receive this form. Be aware that, if you chose option 4 when you entered DROP, your benefit will be reduced by one-third at the time this change becomes effective (the same as if your spouse had died before you).

How would a QDRO affect my DROP accumulation?

If you are divorced and have an approved QDRO on your FRS retirement account, your monthly benefit accumulating in DROP is subject to the monthly deduction amount stated in the order, unless it addresses and specifically

excludes DROP accumulations from such deduction. If your QDRO requires a cost-of-living adjustment (COLA) to the deduction amount, the adjustment will be reflected in the amount deducted from your monthly benefit. The amount distributed to your former spouse at the end of your DROP participation will be the accumulation of the monthly deductions (including COLA if applicable), plus interest, during your period of DROP participation. We will deduct this amount from your total DROP accumulation.

What if I become disabled while participating in DROP?

If you become disabled while in DROP and terminate employment, you will begin to receive the monthly retirement benefit determined when you retired and began DROP, including any COLA increases, plus your DROP accumulation up to the point of your termination. You will **not** be eligible to change your type of retirement from a service retirement to a disability retirement.

Am I eligible to receive the Health Insurance Subsidy (HIS) Program benefit while I am in DROP?

You cannot receive an HIS benefit while participating in DROP and you cannot receive additional service credit toward your HIS for DROP participation. After your DROP participation ends and about the same time you receive your first monthly benefit, you will receive a packet of information from us. That packet includes a *Health Insurance Subsidy Certification Form, HIS-1*, which you must complete and return. After we receive your completed *Form HIS-1*, we will evaluate your eligibility. If you are approved, HIS benefits will be added to your retirement benefit each month. In addition, you will receive HIS benefits retroactive to the month after your DROP participation ended or up to a maximum of six months of retroactive benefits.

Am I covered for Social Security while participating in DROP?

Yes, provided your retirement plan included Social Security coverage before you elected to retire and participate in DROP. If you plan to work and participate in DROP past age 65, ask your human resources officer or contact the Social Security Administration about enrolling in Medicare when you reach age 65, even if you will not begin receiving Social Security benefits until you terminate employment. If you are late enrolling in Medicare, you may have to pay higher premiums.

Early Retirement Incentive Program (ERIP)



Retirement Enhancement Program Policy

Overview

Voluntary separation/retirement programs are used by organizations that wish to enter into a mutually beneficial separation agreement with employees during times when the institution faces significant reductions in the budget. These programs allow for a smooth exit for those employees electing this option while enabling the organization to reduce the recurring salary expenditure. Enrollment is voluntary and is available to employees who qualify based on eligibility requirements. The program provides a separation incentive payment to the employee.

Objective

This procedure will assist the University in the facilitation of a voluntary retirement enhancement program for eligible employees, providing them an attractive option for early separation or retirement while helping to meet the University's budget reduction plan.

Program Outline

I. Eligibility

An employee must meet the following requirements to be eligible for the Retirement Enhancement Program.

1. Age 65 or older, as of June 30, 2010, and
2. Six or more years of active, continuous, creditable service in a faculty or staff benefits eligible position with the University of Florida as of November 23, 2009.

II. Exclusions

The following employees are excluded from participating in the Retirement Enhancement Program:

1. Employees who are participating in the Deferred Retirement Option Program (DROP).
2. Employees who have previously retired from the University of Florida.
3. Employees who have entered into an agreement with a predetermined employment end date prior to the program implementation start date (October 1, 2009).
4. Any employee who has received notice of termination, notice of non-renewal or cancellation of his or her employment.
5. OPS/temporary employees.

III. Program Details

1. Enrollment Period

The enrollment period will run from October 1, 2009 through January 8, 2010.

2. Enrollment Process

In order to complete the enrollment process, the employee must perform the following:

- a. Submit a completed enrollment form to Retirement Services, Human Resource Services, 903 West University Avenue, Gainesville Florida 32601 by 5:30 P.M. on or before January 8, 2010.

- b. Submit a signed letter to his or her supervisor on or before January 8, 2010, indicating the planned separation date with a copy to Human Resource Services. The employee separation date must be on or before June 30, 2010.
- c. Complete a Separation Agreement form and return a signed copy to Human Resource Services by 5:30 P.M. on or before January 8, 2010.

3. *Separation Agreement*

Any employee participating in the Retirement Enhancement Program must sign a Separation Agreement form releasing the University from any potential liability. This agreement must be submitted to Human Resource Services on or before January 8, 2010.

4. *Separation Process*

The department must complete the exit checklist which may be found online at: http://www.hr.ufl.edu/emp_relations/forms/exit_checklist.pdf. In addition, the department is responsible for processing an ePAF for the employee's separation and any applicable leave payments after separation in accordance with applicable University policies and procedures.

The employee does not have to formally retire from the University; however his or her separation date from the University must be on or before June 30, 2010. The employee does need to perform the following:

- a. Resolve the payment of any outstanding debts, including wage overpayments, owed to the University before his or her last date of employment.
- b. Return all UF property before his or her last date of employment.

5. *Separation Incentive Payment (Lump-Sum)*

The lump-sum payment will be determined as follows:

- a. For 9 and 10-month faculty and staff, the lump-sum payment will be equivalent to the current base annual salary and FTE of the employee, less applicable employment taxes and deductions.
- b. For 12-month faculty and staff, the lump-sum payment will be equivalent to the current base annual salary and FTE of the employee, less applicable employment taxes and deductions.

No retirement contribution will be made by the University on the Separation Incentive Payment (SIP). The SIP will also not include any health insurance or other employer paid benefit.

Subsequent to the separation from the University, the employee will receive a vacation and/or sick leave payment in accordance with applicable University regulations and policies and Collective Bargaining Agreements that are in place on the date of separation.

6. *Employment Restrictions*

An employee participating in the Retirement Enhancement Program is prohibited from being rehired into a salaried/benefits eligible faculty or staff position. A participant may be rehired in a temporary, non-benefit eligible capacity such as OPS or adjunct faculty with the approval of the appropriate Vice President over the area and the Vice President for Human Resource Services.



University of Florida Retirement Enhancement Program

Frequently Asked Questions

1. What is the Retirement Enhancement Program?

It is a program offered to eligible faculty and staff that provides an incentive payment for employees if they elect to separate from the University of Florida within the 2009-10 fiscal year. Enrollment in the program is voluntary and is available to employees who qualify based on the specific eligibility requirements outlined in the enclosed policy.

2. When can I take advantage of the program?

You may enroll beginning October 1, 2009. The deadline for completion of the enrollment form and the Separation Agreement is January 8, 2010.

3. Do I need to actually retire from the University to participate in the program?

No, but you must separate from the University on or before June 30, 2010.

4. What is the earliest date that I can separate from the University as part of this program?

The earliest date that you can separate under this plan is November 23, 2009 or eight days after you sign the Separation Agreement, whichever is later.

5. What payment(s) will the employee receive upon separating from the University through the Retirement Enhancement Program?

The payment(s) will be determined as follows:

- a. For 9 and 10-month Faculty and Staff, the separation incentive payment will be equivalent to the current 9 or 10-month base salary, less applicable employment taxes and deductions. For 12-month Faculty and Staff, the separation incentive payment will be equivalent to the current 12-month base salary, less applicable employment taxes and deductions. This payment will be subject to any Collective Bargaining Agreements in place as of the employee separation date.
- b. The employee may also receive vacation and/or sick leave payout in accordance with University regulations and policies and any Collective Bargaining Agreements in place as of the employee separation date. If applicable, the employee will receive the vacation and/or sick leave payout subsequent to separation from the University.

6. What are the tax implications of the incentive payment for the Retirement Enhancement Program?

The separation incentive payment will be considered ordinary income and wages for tax purposes, and you will pay the applicable FICA and Federal income tax withholding on that amount. If you choose to defer a portion of the separation incentive payment into a 403(b) or 457 retirement plan through payroll deduction, the University will not withhold Federal income tax on this amount. You will, however, pay FICA taxes, if you have not reached your maximum wage base earnings for the calendar year in which you receive the payment from the University.

7. May I defer a portion or all of the lump sum payment money?

Yes, you may defer up to the 402(g) and 415 annual limits for the calendar year to a 403(b) and/or a 457 account. The limits may be found online at :
<http://www.hr.ufl.edu/retirement/voluntary/annuities.asp#limits>

8. When will I receive my salary incentive payment?

You will receive your payment within 30 days of your separation date.

9. Will my participation in the Retirement Enhancement Program impact my payment for unused leave?

No, any payment of unused sick and/or vacation leave that you would otherwise be eligible to receive will be handled using the policy and process in place as of the employee separation date. This process can be found via the following web site:
<http://www.hr.ufl.edu/retirement/other/specialpayplan.asp#rspp>

10. Can an employee who separates from the University through the Retirement Enhancement Program be rehired by the University?

Under certain circumstances, and with the approval of the appropriate Vice President over the area and the Vice President for Human Resource Services, a participant may be rehired in a temporary non-benefit eligible position such as OPS or Adjunct Faculty. Please note that the Florida Retirement System has limitations related to the rehiring of retirees. Additional information may be found under FRS Legislation Update via <http://www.hr.ufl.edu/infogator/2009/july/expanded.htm#fris>

11. Can I change my mind once I complete the enrollment form and sign the Separation Agreement?

Yes. You will have seven days from the date you sign the Separation Agreement to revoke your decision. You must submit the revocation in writing to Retirement Services in Human Resource Services within seven days of that date.

12. Do I need to take any action if I do not want to enroll in the Retirement Enhancement Program?

No. An eligible employee that does not complete and submit the required forms by the deadline of January 8, 2010, will be considered to have declined participation in the program.

13. If I voluntarily or involuntarily separate from the University before my agreed upon separation date, will I still be eligible for the separation incentive payment?

No. If you leave the University for any reason before the agreed upon separation date, you will not be entitled to the incentive payment.



September 22, 2009

MEMORANDUM

To: Vice Presidents and Deans

From: Paula Varnes Fussell, Vice President for Human Resource Services *PVF*

Subject: UF Retirement Enhancement Program

As you know, the University experienced a budget reduction of more than \$72 million in recurring funds for the fiscal year 2009-2010. The final budget reduction plan, which began July 1, 2009, was approved by the Board of Trustees in May. This plan included \$30.6 million in specific cuts plus additional cuts to come from administrative and university-wide initiatives, as well as other yet to be identified reductions.

Over the summer, several university-wide initiatives which could be used to cover the budget reductions were reviewed. A voluntary retirement program emerged as a potential initiative for consideration. As a result, we are launching a Retirement Enhancement Program for eligible faculty and staff, beginning this fall. This program allows eligible employees to consider an additional option for separating from the University. Enrollment in the program is voluntary and is available to employees who meet the specific eligibility requirements outlined in the enclosed policy. As an incentive, the program will provide a lump-sum payment of one-year of their current annual base salary (less applicable employment taxes and deductions) upon separation.

The following information is being provided to assist you with this program. Please review and become familiar with the eligibility criteria and the program guidelines and restrictions.

- Retirement Enhancement Program Policy
- Frequently Asked Questions
- Employee notification letter
- Sample enrollment form
- Separation Agreement

We have also prepared the enclosed list of faculty and/or staff in your area who appear to be eligible for enrollment in the program. Please notify Human Resource Services immediately if you have questions about the eligibility of any employee on the list. Human Resource Services will begin notifying these employees of their eligibility for the program by mail within the next few days. The ability for in-unit faculty and staff to participate in this program is contingent upon reaching agreement with the appropriate unions. At this time, we do not have agreement

University of Florida, Office of Human Resource Services
P.O. Box 115000, Gainesville, Florida 32611-5000 ♦ (352) 392-2HRS ♦ human-resources@ufl.edu
www.hr.ufl.edu

UNIVERSITY OF FLORIDA

Memorandum to Vice Presidents and Deans

<http://web.uflib.ufl.edu/pers/VPandDeanmemorandum.docx>

from UFF regarding the ability to offer this program to in-unit faculty. We hope that they will agree in the near future.

Human Resource Services will notify you if any of the eligible employees in your area elect to enroll in the program so that you may coordinate their resignation dates with them as well as any other logistics regarding their separation from the University.

Please share this information with the appropriate individuals in your area. If you have any questions about the Retirement Enhancement Program, please contact me at (352) 392-1075 or pvarnes@ufl.edu or Mary Alice Albritton at (352) 273-1798 or maryal@ufl.edu.

Enclosures

University of Florida, Office of Human Resource Services
P.O. Box 115000, Gainesville, Florida 32611-5000 ♦ (352) 392-2HRS ♦ human-resources@ufl.edu
www.hr.ufl.edu



**University of Florida Retirement Enhancement Program Enrollment Form
Enrollment Period ends January 8, 2010**

To enroll in the program, you must submit a completed enrollment form to Retirement Services in Human Resource Services, PO Box 115005, Gainesville Florida 32611. It is the employee's responsibility to ensure that this form is received by Human Resource Services by 5:30 P.M. Friday, January 8, 2010.	
Employee Name:	
Employee UF ID:	College:
Job Title:	Email address:
Work Telephone:	Home Telephone:
Department name:	
Supervisor Name:	

I am requesting enrollment in the UF Voluntary Separation Program.

I understand that: *

1. As of June 30, 2010, I must be at least 65 years of age.
2. As of November 23, 2009, I must have at least six years of active, continuous, creditable service in an eligible position with the University of Florida.
3. My enrollment in this program is voluntary.

Employee's Signature: _____ Date: _____

Eligibility Certification: _____ Date: _____

(Eligibility Certification to be completed by Human Resource Services)

*Please note that to qualify for the program, an employee must notify his or her department in writing (with a copy to Human Resource Services) by January 8, 2010, of his or her intention to separate from the University. The date the employee agrees to separate from the University must be on or before June 30, 2010. A signed Separation Agreement form must also be submitted to Human Resource Services on or before January 8, 2010.



Eligible Employee Notification Letter

September 24, 2009

Dear UF Colleague:

I am writing to inform you that you may be eligible for a special Retirement Enhancement Program at the University of Florida. This program provides an attractive incentive for employees to consider if they elect to separate from the University of Florida on or before June 30, 2010. Enrollment in the program is voluntary and is available to employees who qualify based on the specific eligibility requirements outlined in the enclosed policy.

As an eligible employee, I encourage you to read the enclosed information carefully so you can determine if this program is a viable option for you. Please note there is a limited window of opportunity to take advantage of this program since the enrollment period for the program ends on Friday, January 8, 2010. In addition, we anticipate that this program will not be offered in subsequent years.

Enclosed is a copy of the program policy details and a frequently asked questions document that I hope will assist you with your decision. In addition, we will be offering information sessions regarding this program on the following dates:

10/1/09 2-4 p.m. Brain Institute LG101A (DeWeese Auditorium)

10/9/09 2-4 p.m. Human Resource Services Training Room 120

10/20/09 2-4 p.m. J. Wayne Reitz Union Room 287

If you elect to enroll in this program, please complete the enclosed enrollment and separation agreement forms and send them to Human Resource Services on or before 5:30 P.M Friday, January 8, 2010.

If you have questions about the Retirement Enhancement Program, including retirement options, please contact University Retirement at (352) 392-2477 or retirement@ufl.edu.

Sincerely,

A handwritten signature in cursive script that reads 'Paula Varnes Fussell'.

Paula Varnes Fussell
Vice President for Human Resource Services

Enclosures: Program Policy
Frequently Asked Questions
Enrollment Form
Separation Agreement Form
Exhibit A: Age Discrimination in Employment Act Disclosure

University of Florida, Office of Human Resource Services
P.O. Box 115000, Gainesville, Florida 32611-5000 ♦ (352) 392-2HRS ♦ human-resources@ufl.edu www.hr.ufl.edu

UF Retirement Enhancement Program Separation Agreement and Release

This Agreement and Release is between the University of Florida Board of Trustees (UF) and the undersigned employee, the Parties to this Agreement and Release. For and in consideration of the mutual promises and covenants expressed herein:

- 1) On or before October 1, 2009, UF notified me that I was eligible to enroll in the UF Retirement Enhancement Program (the "Program"). I acknowledge receipt of the description of the Program, and I understand the benefits available through the Program. In a timely manner, I voluntarily enrolled in the Program. The acceptance of my Enrollment Form and my participation in the Program are conditioned upon my execution of this Agreement and Release. I hereby voluntarily execute, and freely deliver this Agreement and Release to UF. In consideration of the benefits I will receive, as outlined in paragraph 4 of this Agreement and Release, I hereby agree to be bound by all of the terms of this Agreement and Release.
- 2) Effective _____, (Separation Date – must be on or before June 30, 2010), I hereby voluntarily and irrevocably resign as an employee at UF, including, if applicable, voluntarily and irrevocably relinquishing my tenure, if any, as a faculty member at UF.
- 3) In consideration for my voluntary decision to resign, which is further evidenced by the release and waiver included in paragraph 5 below, UF shall make the Separation Incentive payment described in paragraph 4 below.
- 4) UF shall make a Separation Incentive Payment (SIP) in the amount of one year of my current base annual salary, less applicable taxes and deductions. My acceptance of the SIP payment shall constitute my acceptance of the accuracy of the calculation of the amount of the SIP payment. This payment will be made by depositing the SIP check with the U.S. postal service (addressed to my address set forth below my signature) or making a direct deposit to the account where my paychecks are deposited, no later than four weeks after the Separation Date. The SIP payment will have no effect on the calculation of my retirement benefits.
- 5) This Agreement and Release are entered into voluntarily at a time of budget reductions and not in response to any matter between the Parties. As consideration for the SIP payment provided for in this Agreement and Release, I on behalf of myself and my heirs, executors, attorneys, administrators, and assigns, hereby release, acquit, remise and forever discharge all of the past, present and future trustees, officers, employees, agents, members, servants, public officials, independent contractors, insurers, benefits plans, third party administrators, attorneys and legal representatives of the University of

Florida Board of Trustees and the Florida Board of Governors from all claims; demands; expenses; costs; attorneys and expert fees; causes of action; recoveries; relief; penalties; direct, special, exemplary, punitive, liquidated, consequential and all other monetary or other damages whatsoever; and liabilities of every kind and on any basis whatsoever, and waive all of my rights of every kind and on any basis whatsoever, whether known or unknown, fixed or contingent, direct or indirect, based on or arising under contracts, tort (of negligence, intent, or other), common law, equity, statute, regulation, constitution, strict or special liability, warranty or on any other basis, or of any other kind, that I have or may have as of or through the date of execution of this Agreement and Release (collectively and individually "Claims"). These released and waived Claims include but are not limited to claims arising under the Age Discrimination in Employment Act, 29 U.S.C. Section 621 *et seq.*, as amended by the Older Worker's Benefit Protection Act of 1990 or any other federal or state law relating to discrimination in employment based upon age; the Family and Medical Leave Act; the Equal Pay Act; the Americans with Disabilities Act; the Rehabilitation Act; Florida and Federal Civil Rights Acts; False Claims Act; and the Fair Labor Standards Act. I understand that nothing in this Agreement and Release prevents me from filing a charge, cooperating with or participating in any proceeding before the Equal Employment Opportunity Commission or a state or local fair employment practices agency, but I acknowledge I may not recover monetary damages in connection with any such claim, charge, or proceeding. I do not release any claim, demand, or cause of action that may arise after the date of execution of this Agreement and Release or that law absolutely prohibits me to even voluntarily waive.

Upon entering into this Agreement and Release, I waive the right to any future re-employment by UF and to participate in any phased retirement program.

- 6) I acknowledge that I have sixty-days beginning October 1, 2009 and ending at 5:30 pm on January 8, 2010, to consider whether or not to enter into this Agreement and Release.
- 7) If I do not enter into this Agreement and Release by signing and returning it to Retirement Services in Human Resource Services, PO Box 115005, 903 West University Avenue, Gainesville, Florida 32611 by 5:30 pm on January 8, 2010, the offer to participate in the Program will expire and I will no longer have the opportunity to enter into this Agreement and Release or to participate in the Program.
- 8) I understand that I may revoke this Agreement and Release until seven (7) days after I execute this Agreement and Release—but only as provided in this paragraph. To revoke this Agreement and Release, I must deliver to Retirement Services in Human Resource Services, PO Box 115005, 903 West University Avenue, Gainesville, Florida 32611, on or before 5:30 P.M. of the seventh calendar day after the day on which I execute this Agreement and Release, my written notice that I am revoking this Agreement and

Release. If I enter into and do not timely revoke this Agreement and Release in the manner provided in this paragraph 8, this Agreement and Release will remain in effect.

- 9) The terms of this Agreement and Release shall be construed and governed according to the laws of the State of Florida for all purposes, without giving effect to any Florida law governing choice of law.
- 10) This Agreement and Release may not be amended or terminated except by an instrument in writing executed by the Parties hereto or their authorized representatives. Its provisions are severable. If any part of this Agreement and Release is found to be unenforceable, the remainder of the Agreement and Release will continue to be valid and effective, except that the payment made under paragraph 4 shall not be owed unless the release and waiver in paragraph 5 are enforceable. The release and waiver are central consideration for the payment.
- 11) This Agreement and Release is not assignable.
- 12) This Agreement and Release constitutes the sole and exclusive agreement of the Parties with respect to the subject matter addressed and supersedes any prior or simultaneous written or oral understandings or agreements respecting the subject matter addressed. Forbearance or indulgence by any party in any regard shall not constitute a waiver of any term or provision of this Agreement and Release. No waiver shall be binding unless it is specific and executed in writing by the Party making the waiver.
- 13) This Agreement and Release shall become effective the first business day following the revocation period described in paragraph 8, unless I revoke this Agreement and Release in accordance with the requirements of paragraph 8.
- 14) I acknowledge and reaffirm my obligation to return all UF property and records and to keep confidential all non-public information concerning students, employees, patients, research, and other matters at UF that I acquired during the course of my employment with UF, including without limitation the obligations of confidentiality set forth in UF's Intellectual Property Policy. I also confirm that I have kept intact and returned to UF all electronic records.
- 15) I agree that after my resignation from UF, I will provide UF all reasonable cooperation to assist in transitioning my job duties and to assist in any legal or administrative matters relevant to me or for which I may have knowledge. I will perform any other transition tasks as reasonably requested by UF.
- 16) I affirm that: (a) the only consideration for signing this Agreement and Release is set forth above in Paragraph 4, (b) no other promise, representation, or agreement of any kind has been made by any person or entity to cause or induce me to sign this Agreement and Release, (c) I fully understand the meaning of this Agreement and

Release, including its final and binding effect, and freely and voluntarily assent to all of the terms and conditions hereof, and (d) I sign my name of my own free act. I state and represent that I have had an opportunity to fully discuss and review the terms of this Agreement and Release, including Exhibit I, with an attorney of my choosing.

17) I acknowledge that I have been given a schedule of (i) all classes, units, or groups of individuals eligible for this Program, any eligibility factors for this Program, and any time limits applicable to this Program; (ii) the job titles and ages of all individuals eligible or selected for this Program, and (iii) the ages of all individuals in the same job classification or organizational unit who are not eligible or who were not selected for this Program. This schedule is incorporated in Exhibit A to this Agreement and Release.

18) I also acknowledge that I have been advised in writing by UF to consult with an attorney in regard to whether to enter into this Agreement and Release. I acknowledge and understand that I have had at least 45 days from the date (indicated in paragraph 1) on which this Agreement and Release was delivered to me, to consider whether to sign this Agreement and Release. If I sign this Agreement and Release, whether or not before the expiration of those 45 days, it is because I freely choose to do so.

19) Finally, as described in more detail in paragraph 8, I have 7 days from the date I sign this Agreement and Release to change my mind and revoke this Agreement and Release, upon which event I will be excluded from the Program and will be ineligible for any benefits provided under the Program. I understand and agree that by entering into this Agreement and Release I am releasing and waiving any and all rights and claims I might have under the Age Discrimination in Employment Act, as amended by the Older Workers Benefit Protection Act, and that I have received consideration beyond that to which I was previously entitled.

Employee:

Signature: _____

Print Name: _____ **Date:** _____

Home Mailing Address:

University of Florida Board of Trustees

By: _____ **Print Name:** _____

Date: _____

IOWA STATE UNIVERSITY INDEX A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
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- 1. Eligibility**

Any current Iowa State University employee* who has completed ten (10) years of paid employment and is fifty-five (55) years of age or older at time of retirement but no later than December 31, 2010 will be eligible to apply. Employees must file an application by August 1, 2010, and fully retire no later than December 31, 2010. Employees on federal retirement programs are subject to the separate retirement program provided for such employees.

Employees who have applied for, or have been approved for RIO2, but have not yet retired, may be considered for RIO3, subject to review and approval by the employee's department/college.
- 2. Application Process and Approval Requirements for Retirement Incentive Option 3**

Any eligible employee may apply for the Retirement Incentive Option 3 Program by completing the 2010 Retirement Incentive Option 3 Application form. The request is voluntary and initiated by the employee. The application is subject to review and approval by the respective supervisor/department chair/director/dean and vice president. Applicants will be notified as to the status of their request for the Retirement Incentive Option 3 Program no later than 30 calendar days following submission of the application.
- 3. Incentive Benefit**

Upon retirement, the applicant will receive the incentive option elected in the application; either:

 - 1. Health and dental insurance coverage based on current health and dental elections for a period of five (5) years after retirement. The university will pay the employer and employee shares of health and dental insurance up to the employee and spouse/domestic partner rate (ISU HMO and PPO health programs) and up to the employee and family rate (State of Iowa health programs).**

Employees less than age 60 when approved for RIO3 will receive health and dental benefits as outlined. Upon completion of five (5) years of university paid benefits, participants may be allowed to continue health and dental benefits under health retirement plans available to retirees. Participants will pay normal retirees rates.

Employees age 60 or over when approved for RIO3 will receive five (5) years of university paid health and dental benefits. Upon eligibility for Medicare, the university will continue to pay health and dental premiums at the retiree health and dental insurance rates for the balance of the 5-year period (if any).

Employees in the ISU HMO and PPO programs with additional dependents (in addition to spouse/domestic partner) will be provided the opportunity to make additional contributions to obtain family coverage for them.
 - OR**
 - 2. Employer contributions to a Defined Contribution retirement plan. Employees participating in the University's Defined Contribution Retirement Plan (TIAA-CREF or VALIC), in lieu of receiving the 5-year medical benefit, may request to receive the employer contributions (10%) to the retirement plan for a period of 5-years following retirement. The employer contribution (10%) will be based upon the employee's budgeted salary as of the date of retirement (if faculty and approved for FISIP, the FISIP increment is excluded for purposes of the Phased Plus Retirement Program).**

Employees in IPERS or Federal Retirement Programs may not elect this option.

Employees who elect the incentive option of employer contributions to a defined contribution retirement plan may be eligible to participate in the university's retiree medical plan. There are no university contributions to the retiree medical plan.

In the event of the employee's death, the university's obligation to pay the cost of the health and dental coverage or the employer's contribution to a retirement plan will cease on the first day of the month following the date of death. The employee's surviving spouse or dependent(s) may elect to continue available health coverage as provided by other university policies or by law.

*Eligible Employee defined as 1/3rd time appointment or greater as of December 31, 2010/Faculty.

Iowa State University

2010 Retirement Incentive Option 3 Program (RIO3)

General Terms and Conditions

1. Eligibility

Any current Iowa State University employee* who has completed ten (10) years of paid employment and is fifty-five (55) years of age or older at time of retirement but no later than December 31, 2010 will be eligible to apply. Employees must file an application by August 1, 2010, and fully retire no later than December 31, 2010. Employees on federal retirement programs are subject to the separate retirement program provided for such employees.

Employees who have applied for, or have been approved for RIO2, but have not yet retired, may be considered for RIO3, subject to review and approval by the employee's department/college.

2. Application Process and Approval Requirements for Retirement Incentive Option 3

Any eligible employee may apply for the Retirement Incentive Option 3 Program by completing the 2010 Retirement Incentive Option 3 Application form. The request is voluntary and initiated by the employee. The application is subject to review and approval by the respective supervisor/department chair/director/dean and vice president. Applicants will be notified as to the status of their request for the Retirement Incentive Option 3 Program no later than 30 calendar days following submission of the application.

3. Incentive Benefit

Upon retirement, the applicant will receive the incentive option elected in the application; either:

- I. Health and dental insurance coverage based on current health and dental elections for a period of five (5) years after retirement. The university will pay the employer and employee shares of health and dental insurance up to the employee and spouse/domestic partner rate (ISU HMO and PPO health programs) and up to the employee and family rate (State of Iowa health programs).

Employees less than age 60 when approved for RIO3 will receive health and dental benefits as outlined. Upon completion of five (5) years of university paid benefits, participants may be allowed to continue health and dental benefits under health retirement plans available to retirees. Participants will pay normal retirees rates.

Employees age 60 or over when approved for RIO3 will receive five (5) years of university paid health and dental benefits. Upon eligibility for Medicare, the university will continue to pay health and dental premiums at the retiree health and dental insurance rates for the balance of the 5-year period (if any).

Employees in the ISU HMO and PPO programs with additional dependents (in addition to spouse/domestic partner) will be provided the opportunity to make additional contributions to obtain family coverage for them.

OR

2. Employer contributions to a Defined Contribution retirement plan. Employees participating in the University's Defined Contribution Retirement Plan (TIAA-CREF or VALIC), in lieu of receiving the 5-year medical benefit, may request to receive the employer contributions (10%) to the retirement plan for a period of 5-years following retirement. The employer contribution (10%) will be based upon the employee's budgeted salary as of the date of retirement (if faculty and approved for FISIP, the FISIP increment is excluded for purposes of the Phased Plus Retirement Program).

Employees in IPERS or Federal Retirement Programs may not elect this option.

Employees who elect the incentive option of employer contributions to a defined contribution retirement plan may be eligible to participate in the university's retiree medical plan. There are no university contributions to the retiree medical plan.

In the event of the employee's death, the university's obligation to pay the cost of the health and dental coverage or the employer's contribution to a retirement plan will cease on the first day of the month following the date of death. The employee's surviving spouse or dependent(s) may elect to continue available health coverage as provided by other university policies or by law.

*Eligible Employee – defined as 1/3rd time appointment or greater as of December 31, 2010 (Faculty, Professional and Scientific and Supervisory Merit) or 1/2 time appointment (Non-Supervisory Merit).

Rev. 2 5/4/2010

Retirement Incentive Option 3 Program (RIO3)
Questions and Answers

Questions on Eligibility

Q1 What are the general provisions of the Retirement Incentive Option 3 (RIO3) program?

- A1
- The Retirement Incentive Option 3 Program will provide approved applicants with a choice of either 5 years of employer-paid health and dental coverage, or 5 years of employer contributions to the defined contribution retirement plan (TIAA-CREF or VALIC).
 - RIO3 is available to current ISU employees with 10 years of paid employment (on or before December 31, 2010) and who are age 55 or older (on or before December 31, 2010). There is a separate eligibility requirement for Extension employees on federal retirement programs.
 - The last day to apply for RIO3 is August 1, 2010.
 - Eligible employees approved for the program will need to fully retire no later than December 31, 2010.
 - An eligible employee is defined as 1/3rd time appointment or greater as of December 31, 2010 (Faculty, Professional and Scientific and Supervisory Merit) or ½ time appointment (Non-Supervisory Merit).

Q2 Am I eligible for the Retirement Incentive Option 3 Program?

- A2
- You will be eligible to apply if you are age 55 or older on or before December 31, 2010 and have 10 years of paid employment as an Iowa State employee on or before December 31, 2010. Ten years of paid employment needs to be as a Faculty, Professional and Scientific, Supervisory Merit, or Non-Supervisory Merit employee.

Q3 Do my years of paid employment need to be consecutive?

- A3
- No. However you must have a total of 10 years of paid employment at Iowa State University to be eligible.

Q4 I am currently approved under the Retirement Incentive Option 2 Program. Can I elect to participate in the Retirement Incentive Option 3 Program instead?

- A4
- You should have a conversation with your college/department if you are currently approved for RIO2, but have not yet retired. All requests for retirement are subject to college/department approval.

If you have already fully retired under a previous retirement incentive program, you are not eligible for consideration under RIO3.

Q5 If I elect and am approved for the Retirement Incentive Option 3 Program, when do I have to retire?

- A5
- If you apply and are approved for the Retirement Incentive Option 3 Program, you will need to fully retire no later than December 31, 2010.

**Retirement Incentive Option 3 Program (RIO3)
Questions and Answers**

Q6 *I turn age 55 before December 31, 2010. Can I apply for the Retirement Incentive Option 3 Program?*

A6 Yes. You will be eligible to apply if you are age 55 or older on or before December 31, 2010 and have 10 years of paid employment as an Iowa State employee on or before December 31, 2010. Ten years of paid employment needs to be as a Faculty, Professional and Scientific, Supervisory Merit, or Non-Supervisory Merit employee.

Q7 *Will this incentive program be on-going?*

A7 No. The Retirement Incentive Option 3 Program is available for a limited time. You must apply by August 1, 2010 and if approved retire no later than December 31, 2010.

Q8 *I'm currently participating in the existing Board of Regents Phased Retirement Program. Can I apply for the Retirement Incentive Option 3 Program?*

A8 Employees currently on the Board of Regents Phased Retirement Program can apply for the Retirement Incentive Option 3 Program. If approved, your current participation in Phased Retirement will terminate.

Q9 *I'm an Extension employee on a Federal Retirement Program. Can I apply for the Retirement Incentive Option 3 Program?*

A9 Yes. Eligible Extension employees on Federal Retirement Programs can participate. However, Extension employees will only have the incentive option of five years of health and dental insurance coverage. Employer contributions to a federal retirement plan will not be available.

Q10 *If I apply for the Retirement Incentive Option 3 Program, can I rescind my request at a later date?*

A10 The request and approval are binding once they have been approved.

Questions on Applying for Retirement Incentive Option 3 Program

Q11 *What is the last date that I can apply for the Retirement Incentive Option 3 Program?*

A11 The last day to apply for the Retirement Incentive Option 3 Program is August 1, 2010.

Q12 *What is the process to apply for the Retirement Incentive Option 3 Program?*

A12 You will need to complete an application form that is available on the Human Resources Benefits web site. Complete the application and return it to your college/department.

**Retirement Incentive Option 3 Program (RIO3)
Questions and Answers**

Q13 *If I apply for RIO3, is my request to retire subject to approval?*

A13 An application for the Retirement Incentive Option 3 Program is subject to review and approval by your department chair/director and your dean or vice president.

Q14 *How will I be notified if my application is approved?*

A14 You should receive a communication regarding the status of your application within 30 days of submitting.

If your application is approved, you will receive a confirmation letter from Human Resource Services along with a copy of your application. The letter will outline ISU's commitment for either five years of health and dental insurance coverage paid by the university, or five years of employer contributions to a defined contribution retirement plan.

If your application is not approved, you will be notified by your college or department.

Questions on Benefits

Q15 *If I elect and am approved for the Retirement Incentive Option 3 Program, what benefits will I receive?*

A15 Upon retirement, you will receive one of two incentives based upon the election in your application:

1. University-paid health and dental insurance coverage based on current health and dental elections as of the date your application for the Retirement Incentive Option 3 Application is approved for a period of five (5) years after retirement. The university will pay the employer and employee shares of health and dental insurance up to the employee and spouse/domestic partner rate (ISU HMO and PPO health programs) and up to the employee and family rate (State of Iowa health programs). If and when an employee is eligible for Medicare, the university will continue to pay health and dental premiums at the retiree health and dental insurance rates for the balance of the 5-year period (if any). If you are an employee in the ISU HMO or PPO program with additional dependents (in addition to spouse/domestic partner) you will be provided the opportunity to make additional contributions to obtain family coverage for them.

OR

- Employer contributions to a defined contribution retirement plan for five (5) years after the date of retirement. Employees participating in the University's Defined Contribution Retirement Plan (TIAA-

Retirement Incentive Option 3 Program (RIO3)
Questions and Answers

CREF or VALIC), in lieu of receiving the 5-year health and dental insurance coverage incentive, may request to receive the employer contributions (10%) to the retirement plan for a period of 5-years following retirement. The employer contribution (10%) will be based upon the employee's budgeted salary as of the date of retirement (if faculty and approved for FISIP, the FISIP increment is excluded for purposes of the Phased Plus Retirement Program).

Note: the option for retirement contributions is not available to employees enrolled in IPERS or Federal Retirement Programs.

In the event of the employee's death, the university's obligation to pay the cost of the health and dental coverage or the employer's contribution to a retirement plan will cease on the first day of the month following the date of death. The employee's surviving spouse or dependent(s) may elect to continue available health coverage as provided by other university policies or by law.

Q16 *I currently have IPERS as my retirement plan. Can I elect the incentive option of five (5) years of university contributions to my retirement plan?*

A16 No. IPERS is a defined benefit retirement plan that does not permit the university to provide this incentive option. You must currently be a participant in the defined contribution retirement plan (TIAA-CREF or VALIC) to elect this option.

Q17 *If I elect the five (5) years of university contributions to my defined contribution retirement plan, will I have access to my retirement funds when I retire even though I'm still receiving monthly employer contributions?*

A17 Yes. You will have access to your retirement plan funds. You should visit with TIAA-CREF to understand your options for taking distributions.

Q18 *Can I elect to change the retirement incentive option I elected during the five (5) years?*

A18 No. You will be required to choose either the five (5) years of university-paid health and dental insurance coverage or five (5) years of university contributions to a defined contribution retirement plan at the time of your application. Your election may not be changed once approved.

Q19 *If I elect the incentive option of 5 years of university contributions to a defined contribution retirement plan, will I still be able to participate in health benefit plans offered to current ISU retirees?*

A19 If you otherwise meet the eligibility requirements to participate in health and dental insurance coverage plans offered to ISU retirees, you would be able to participate. Note that the university does not contribute towards the

Retirement Incentive Option 3 Program (RIO3)
Questions and Answers

cost of health and dental plans for retirees – you would be responsible for the entire premium.

Q20 ***Can I make changes to my medical or dental insurance coverage at the time I retire under an approved Retirement Incentive Option 3 Program?***

A20 If you elected the five years of medical and dental insurance coverage as your incentive, your opportunity to elect different health coverage and/or dental in future years will occur during the annual Open Change period. If you make a change to your elections, you will be responsible for any additional premiums related to the change (if any). You may also change benefit elections in the event of an eligible change in family status at your cost. The ISU Benefits office can provide assistance with family status changes.

Remember: Benefit changes elected during Open Change in the fall are not effective until the following January 1 for non-supervisory merit employees or the following February 1 for Faculty, P&S, and Supervisory Merit employees. The university's contribution for health and dental insurance coverage is based on your current benefit elections.

Q21 ***I elected the health and dental insurance incentive option and am currently on an HMO plan but plan to move out of the state of Iowa sometime after I retire. How am I impacted?***

A21 HMO plans (Wellmark's Blue Advantage or Blue Access) are only available for residents of Iowa or South Dakota. If you move out of the states of Iowa or South Dakota, your medical plan will switch to one of the PPO plans available to you. You will be responsible for any difference in the premiums due to the change in medical plans.

Dental plans are not impacted by a change in your residence.

Q22 ***After I have been retired for 5 years, what are my options for health and dental coverage if I elected the health and dental insurance incentive option?***

A22 After you have participated in the Retirement Incentive Option 3 Program for 5 years, you will be allowed to participate in health and dental benefits available to retirees at the time your participation in RIO3 ends. You will be responsible for premium payments in the same manner as existing retirees.

Q23 ***I elected the health and dental insurance coverage incentive option and will be younger than age 60 when I retire. The University is only providing for 5 years of medical and dental coverage so I will have a gap for medical coverage until I am eligible for Medicare (typically age 65). What are my options?***

A23 After your 5 years of University provided health and/or dental coverage end,

Retirement Incentive Option 3 Program (RIO3)
Questions and Answers

you will be eligible to participate in the ISU Retiree health and dental programs at the costs currently in place for retirees. You should discuss options with the ISU Benefits staff prior to the end of the 5 years of University provided coverage.

Q24 *I have dependents and elected the health and dental insurance coverage incentive option. Can they be covered if I elect the Retirement Incentive Option 3 Program?*

A24 Yes. Eligible dependents can continue to be covered for health and dental benefits in the same manner as other active ISU employees. If you have dependents other than a spouse/partner, you may be required to pay the difference in premiums.

Q25 *I'm age 64 now, what happens to my coverage when I turn 65 if I elect the health and dental insurance coverage incentive option?*

A25 When you or a dependent spouse/partner attain age 65, the ISU contribution for medical insurance coverage will change to the Medicare rate and Medicare will be the primary coverage with the ISU plan as supplemental coverage.

Please Note – when you or your spouse/partner turn age 65, you must enroll in Medicare Parts A&B. Medicare Part A is for hospitalization coverage and is at no cost to you. Medicare Part B is for clinic and out-patient benefits and does require a contribution to Medicare by you. The Retirement Incentive Option agreement does not cover the cost of Medicare Part B.

You should not elect a Medicare Part D plan for pharmacy. The current medical plans include prescription drug coverage that is considered “creditable coverage” by Medicare. While you are on the incentive, you will continue on the prescription drug plan that you had as an active employee. Prior to the 5-year incentive ending, you will be provided information on enrolling in the Medicare Part D plan required for the medical plan you continue after the incentive ends. Contact the ISU Benefits Office for details.

Retirement Incentive Option 3 Program (RIO3)
Questions and Answers

Q26 *I'm already age 65 and have elected the health and dental insurance coverage incentive option. How will I be impacted for health coverage in retirement?*

A26 You will get the benefits mentioned in Q18. You should already have signed up for Medicare Part A coverage. At the time of retirement, you must sign up for Medicare Part B coverage (the university does not pay for your Part B premiums). The ISU Benefits Office must be contacted prior to your last month of employment about the Medicare Information form required by Social Security for enrolling in Part B without a penalty. (See previous question).

Q27 *What is the impact to medical insurance coverage if I'm age 65 but my spouse is under age 65?*

A27 Medicare will be your primary health plan with ISU health plans as supplemental coverage. For your spouse under age 65, the ISU health plan will be the only coverage. You both will continue to have Medco for prescription coverage.

Q28 *Do I still need to sign up for Medicare at age 65 if I'm getting coverage through ISU?*

A28 Yes – see question #25.

Q29 *What other benefits are impacted when I retire?*

- A29
 - Life Insurance – if you have been previously covered for life insurance during the past 10 years, you are eligible for a continued \$4000 benefit at retirement. You will also have the option for conversion or portability of existing coverage under existing life insurance guidelines.
 - Voluntary Vision plan – terminates the first day of the month following retirement. You may continue under COBRA provisions.
 - Long-term Care Insurance – may be continued directly with John Hancock.

Q30 *What happens in the event of my death?*

A30 In the event of death, the university's obligation to pay the cost of the health and dental coverage or the university's contribution to a retirement plan will cease on the first day of the month following the date of death.

A surviving spouse or dependent(s) may elect to continue current health and dental insurance coverage as provided by other university policies or by law.

Retirement Incentive Option 3 Program (RIO3)
Questions and Answers

Q31 *What if I am not currently enrolled in health and/or dental benefits through ISU? Can I apply for health or dental benefits if I apply for and am approved for the Retirement Incentive Option 3 Program?*

A31 Your health and/or dental coverage elections in effect on the date your application for the Retirement Incentive Option 3 is approved determine what ISU will provide at the time of your retirement. If you had not previously elected health and/or dental benefits, you will not have an opportunity to elect these benefits in retirement.

Q32 *What happens to my accumulated sick leave and vacation if I retire?*

A32 Per ISU policy, sick leave balances will be paid to you up to a maximum of \$2000. You must apply to receive sick leave payout.

The value of your unused vacation bank, up to the policy maximum, will be paid to you unless your letter of intent specifies otherwise (if faculty and approved for FISIP, the FISIP increment is excluded for purposes of the Retirement Incentive Option 3 Program).

The value of your vacation balance, up to your maximum, will be paid to you unless your letter of intent says otherwise.

Q33 *My spouse/partner and I have the double-spouse premium contribution schedule. What will happen if one or both of us retire?*

Q33 The double spouse option will end. Contact the ISU Benefits Office at 515-294-4800 and ask to speak to a Benefits Specialist.

Q34 *I currently have a Health Care Spending Account. What is the impact to me if I retire?*

A34 Health Care Spending Accounts are funded with deferrals from your salary. Upon your retirement, you no longer have a salary and your Health Care Spending Account will end. Only eligible expenses incurred by you or a family member until the end of the month in which your salary deferral ends can be reimbursed. Contact the ISU Benefits office if additional information is needed.

**Retirement Incentive Option 3 Program (RIO3)
Questions and Answers**

Q35 *Who can I contact if I have more questions on the Retirement Incentive Option 3 Program?*

- A35
- Your department chair or director – with questions on participation in the Retirement Incentive Option 3 Program
 - ISU Benefits office – can help you with questions on health and dental benefits in retirement. Office phone is 515-294-4800 or on-line benefits@iastate.edu
 - ISU Retirement Office – can provide general information on retirement programs (IPERS and TIAA-CREF) Office phone is 515-294-4800 or on-line benefits@iastate.edu
 - TIAA-CREF – for assistance with retirement planning and investment options. Local office in Ames. Call 800-732-8353 for local appointments or speak with a national TIAA-CREF representative by calling 800-842-2776
 - Iowa Public Employees Retirement System (IPERS) – for assistance if you are participating in IPERS. Telephone is 800-622-3849. On-line at www.IPERS.org

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Dept of Human Resource Services
Administration - Benefits
3750 Beardshear Hall
Ames, Iowa 50011-2033

Dear Iowa State University Employee

Below are the steps you should follow to complete and submit the 2010 Retirement Incentive Option 3 (RIO3) Program Application through your department.

- Prior to completing the application form, please review the 2010 Retirement Incentive Option 3 (RIO3) Program Terms and Conditions document located on the Human Resource Services Benefits web page or you can call the Human Resource Service Center at 515-294-4800 and ask for an application to be mailed
- Print and complete the requested personal information including your years of paid employment at Iowa State University, your appointment base, and provide your anticipated date of retirement if you are approved under the Retirement Incentive Option 3 Program
- Review the application statements regarding choices of incentives available and select an incentive option (note: employees with IPERS or Federal Retirement programs are only eligible for the health/dental incentive)
- Indicate by checking the box that you have read the Terms and Conditions and are requesting to be considered for the Retirement Incentive Option 3 Program
- Sign and date the application
- Forward the application to your Department Chair or Director

You will receive notification of the status of your application within 30 calendar days

Iowa State University
2010 Retirement Incentive Option 3 Program (RIO3) Application

Deadline to Submit: August 1, 2010

Last Name _____ First Name _____ M.I. _____

University ID # _____ Birth Date _____

Title/Rank _____ Base Salary _____

Department _____ Retirement Date (no later than 12-31-2010) _____

Number of years of employment at ISU by retirement date _____ Appointment Base _____

I elect the following incentive (choose one only):

- Health and dental coverage based on my current health and dental elections for a period of five (5) years**
- Employer contributions to the University's Defined Contribution Retirement Plan (TIAA-CREF or VALIC) for a period of five (5) years (not applicable to employees in IPERS or Federal Retirement programs)**

Please review the following statements:

I understand if this request is approved, Iowa State University will pay for either the employer and employee share for the health and dental insurance available for Iowa State University employees commencing on the first day of full retirement, or the employer contribution of the University's Defined Contribution Retirement Plan for the balance of the Retirement Incentive Option 3 Program. I understand that the choice of incentive I make is irrevocable once approved.

I understand that when my incentive ends, I may be eligible to remain on the ISU insurance as a retiree but I will assume all premium costs.

I understand that in the event of my death, the incentive I have elected will end but my surviving dependents may be eligible to continue health coverage by survivorship or COBRA, whichever would apply, and those dependents will assume the full premium costs.

I understand that if I elect the health and dental incentive and if I or my spouse/partner become eligible for Medicare during the period of insurance funded by Iowa State University, the ISU insurance will become my supplement to Medicare and I will enroll in Medicare Part A and B during my initial eligibility. I understand if I neglect to enroll in Medicare A and B, I will be liable for the expenses Medicare would have covered. I understand that until my incentive ends, I will have pharmacy coverage through the ISU insurance and will not enroll in a Medicare Part D Prescription Drug Plan other than the plan provided by ISU. I also understand that enrollment in Medicare Part B will require a premium for each participant and that ISU does not provide payment for Medicare Part B premiums.

I understand that during my participation in the Retirement Incentive Option 3 Program, all other existing policies applicable to my appointment will continue to apply.

In consideration of the incentive provided by the University, I irrevocably and unconditionally release and forever discharge the University, the Board of Regents, the State of Iowa, and their agents of any and all actions, debts, complaints, liabilities, damages and expenses (including attorney's fees and costs) of any nature whatsoever relating to my employment relationship with the University or separation from the University, including but not limited to claims of discrimination, harassment, or other employment-related complaints or grievances. This waiver and release does not apply to any right of action which may arise after the date of approval of this application.

- I have read and understand the Terms and Conditions of the Iowa State University Retirement Incentive Option 3 Program, which are incorporated herein. I wish to request the Retirement Incentive Option 3 Program.**

Signature of Employee _____ Date _____

We, the undersigned, have reviewed the cost and the application.

Approved Declined
Dept. Chair/Director _____ Date _____

Approved Declined
Dean/Vice President _____ Date _____

Fund/Account Number(s) to be charged _____

RETURN COMPLETED FORM TO HUMAN RESOURCE SERVICES, 3810 BEARDSHEAR HALL

Human Resource Services _____ Date _____

Copy of application returned to applicant Date _____

Phased Retirement

**IOWA STATE UNIVERSITY
PHASED RETIREMENT PROGRAM JULY 1, 2007**

I. Eligibility:

Faculty or staff or Merit Employees of Regent universities, the special schools, and Board Office who have attained the age of 57 with at least 15 years of service with the Board of Regents are eligible to negotiate for participation in the phased retirement program.

There is no prescribed upper age limit for beginning phased retirement.

II. Approval:

All requests for admission to the institution's Phased Retirement Program must receive approval from the appropriate administrative offices of the institution by which they are employed. The program does not create a right for the employee and the request to enter the program may not be approved if it is not in the best interest of the institution. The Board of Regents will ratify entries into the phased retirement program as a part of the monthly Register of Personnel Changes.

III. Schedule of Phasing:

Years 1 through 4, an employee will work 50% to 65% of full time, as outlined in the Phased Retirement application.

Year 5, an employee will work 50% of full time.

An employee can work on Phased a maximum of 5 years with full retirement required at the end of the specified phasing period.

Once phased retirement is initiated, employees may not return to full-time appointment.

IV. Compensation:

Years 1 through 4, the salary received will be the Phased percent of the full time salary (50% to 65%) plus an additional 10 percent.

Year 5, an employee will receive 50% of full time income.

V. Benefits:

1. Years 1 through 5 institution and staff member contributions will continue for life insurance, health insurance, and disability insurance* at the same levels that would have prevailed had the staff member continued at a full-time appointment.

2. Retirement contributions to TIAA/CREF will be based on the salary which would have been obtained had the individual continued a full-time appointment. The employee will contribute 5% of their full time salary. The University will match with 10% of the full salary.

3. As mandated by law, FICA contributions will be based on the staff member's actual salary during the Phased period. The same is true for retirement

contributions for those participating in the Iowa Public Employees Retirement System (IPERS) or Federal Civil Service System.

3. Accrual of vacation and sick leave will be based on percentage of appointment.

I. Access to Retirement Annuity Funds:

During the phasing period individuals may exercise their rights to access funds in their TIAA-CREF (or substitute plans) retirement accounts* in any manner permitted either by the retirement carrier or by Board policy but not to exceed 99% of their account balances.

Access to IPERS retirement funds would not be possible under this policy.

VII. Duration of Program:

Subject to annual review, the program will expire on June 30, 2012, unless renewed by the Board prior to expiration.

Employees are urged to discuss these options with their supervisor and/or make an appointment with Ann Doty, the ISU Retirement Specialist.

Phased Program Reporting Requirements: An annual report will go to the Board of Regents. Individual Phased participants will be reported to the Board on the monthly Register of Personnel Transactions.

* The date you withdraw money from the TIAA-CREF or substitute plan retirement account, your enrollment in the Disability Income Insurance plan terminates and you cease to be a participant in the Disability Income Insurance plan.

Questions & Answers on the Phased Retirement Program

What is the impact of going on Phased on **Vacation Accrual**?

- Vacation accrual does change to be consistent with the appointment
- If an employee is at maximum vacation accrual prior to Phased, there is no loss – the individual on Phased will retain all accrued vacation.
- When moved to Phased, there will be no further vacation accrual until they have used vacation to extent they are again eligible for accrual.

What is the impact of going on Phased on **Social Security**?

- Social Security contributions are based on actual salary and actual salary is reduced on Phased.
- The income projections employees receive from the Social Security Administration every year typically will show higher monthly income than the actual dollars received in retirement since these projections assume that the final years of employment will be at the pre-Phased salary level, not at the lower Phased income level.

What is the impact of going on Phased on **Federal Civil Service System**?

Retirement income from these plans is based on formulas that include years of highest income. Being on the Phased program reduces your year's income and may lower the amount of retirement income you receive.

How will I know if I have **been accepted into the Phased Retirement Program?**

Ask your department if they will send you a copy of your Phased Retirement Application once your request has been approved and your Dean/Chair/VP has signed the application.

- For more information on IPERS call 800-622-3849 or visit their web site at <http://www.ipers.org/members/index.html>

- For more information on the Federal Civil Service System call the Extension HR Office Room 2280 Beardshear Hall at 515-294-3283.

If you have additional questions about the Phased Retirement Program, please contact Ann Doty at 515 294-4521 or pdoty@iastate.edu.

06/2009

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LIFE EVENTS - RETIRING FROM THE UNIVERSITY OF MICHIGAN: PHASED RETIREMENT - TYPES OF PHASED RETIREMENT PLANS

	Phased Retirement	Retirement Furlough	Phased Retirement Furlough
Plan Description	Offers faculty and staff members a reduced appointment fraction, or a schedule of time off with time worked - or a combination of both. You can continue to work and have an income, but you must work less.	Allows faculty to apply for a terminal furlough year, taken as the last year preceding retirement, or in partial installments over two or three years prior to the effective date of retirement during which time the staff member is relieved of normal responsibilities and may be called upon to act in a consulting capacity to the University or to conduct research in his or her field of interest.	Offers faculty the flexibility of a combination of retirement furlough and phased retirement plans.
Eligibility	<p>You are eligible if:</p> <ul style="list-style-type: none"> You are eligible to retire. Your department approves the phased retirement request in writing. 	<p>You are eligible if:</p> <ul style="list-style-type: none"> You are a regular instructional staff member hired into a faculty position prior to January 1, 1984. You are age 62 and have worked 10 years in the processional ranks. You have not taken a sabbatical leave within the four years prior to the effective date of the furlough. You will retire from an eligible rank. 	<p>You are eligible if:</p> <ul style="list-style-type: none"> You are eligible for retirement furlough.
Restrictions	<ul style="list-style-type: none"> You reduce your appointment to less than 100% - or less than your normal appointment percentage (can be as little as a 1% reduction). The phased retirement appointment must have a beginning and an end date. After your plan is approved and implemented, modifications can be made only with the department head's approval. The date on which your full retirement will take place must be specified at the beginning of phased retirement. 	<ul style="list-style-type: none"> Furlough can be spread over no less than one year or no more than three years. Available to faculty members only. 	<ul style="list-style-type: none"> Available to faculty members only. The date on which your full retirement will take place must be specified at the beginning of phased retirement.

Application	Application must be in writing and must be approved by your department head.	<ul style="list-style-type: none"> • Application must be in writing and must be approved by your department head. • Retirement furlough plans are approved and administered by the Vice President for Academic Affairs one year prior to start of the furlough. 	<ul style="list-style-type: none"> • Application must be in writing and must be approved by your department head. • Retirement furlough plans are approved and administered by the Vice President for Academic Affairs one year prior to start of the furlough.
Salary	Salary continues, but it is reduced to correspond with the reduction in your appointment.	Salary continues.	Salary continues, but it is reduced to correspond with the reduction in appointment combined with furlough salary.
Social Security	Refer to the Social Security website for eligibility rules. http://www.ssa.gov/	Refer to the Social Security website for eligibility rules. http://www.ssa.gov/	Refer to the Social Security website for eligibility rules. http://www.ssa.gov/
Retirement	<ul style="list-style-type: none"> • Retirement contributions are based on the actual salary received. TIAA-CREF partial or full annuities may begin during phased retirement. • Annuities are not available from Fidelity Investments. 	Retirement contributions are based on the actual salary received.	<ul style="list-style-type: none"> • Retirement contributions are based on the actual salary received. TIAA-CREF partial or full annuities may begin during phased retirement. Income may not begin during a straight one-year furlough. • Annuities are not available from Fidelity Investments.

[Next: Retirement Furlough](#)

Every effort has been made to ensure the accuracy of the benefits information in this site. However, if any provision on the benefits plans is unclear or ambiguous, the Benefits Office reserves the right to interpret the plan and resolve the problem. If any inconsistency exists between this site and the written plans or contracts, the actual provisions of each benefit plan will govern. The University of Michigan in its sole



Phased Retirement Guidelines

Washington State University Phased Retirement Plan is a program designed to give University employees – faculty and administrative professional staff who participate in the WSU-Retirement Plan- an opportunity for pre-retirement reduction of full-time service while gradually phasing into retirement over a period of years. This Plan allows eligible personnel of the university to reduce their regular appointments to pursue personal or professional interests and to continue their academic and professional lives in gainful part-time employment. This Phased Retirement Plan provides an opportunity for individual career flexibility and forms an important part of the long-range personnel resource management of the University.

The Phased Retirement Plan is flexible and enables participants to have income for current financial needs - through part-time salary, retirement annuity payments, and other sources of income made possible because of the workload reduction - while allowing them to accrue additional retirement benefits that are paid upon full retirement. In planning for income needs during phased retirement, it is important to review all sources of retirement income to determine eligibility for receiving payments, the taxability of the payments, and when it would be most advantageous to begin drawing these payments. This can be done with the assistance of University officials, TIAA-CREF representatives, or independent financial advisors. Participants who retain appointments for greater than or equal to fifty percent time, continue to be eligible for applicable employee benefits including health insurance.

Phased retirement is intended to support the University's excellence. It permits the University to retain the services and contributions of senior faculty and administrative professional staff while enabling participants to continue to remain in their profession and to build additional financial security for the future.

The WSU Retirement Plan Phased Retirement Plan is a voluntary and mutually agreed upon arrangement between the University and the participant. At any time, upon request by the President, the Plan may be reviewed and modified without affecting already existing contracts.

The President may report periodically to the Board of Regents on the academic, personnel, and fiscal impact of the Phased Retirement Plan.

All information presented in this plan must remain aligned to legislation, laws, rules and regulations from federal, state, local and institutional governance. This Plan is subject to change in order to maintain compliance with both Internal Revenue Service and Social Security Administration rules.

ELIGIBILITY CRITERIA FOR APPLICATION TO PARTICIPATE

Participation in the Phased Retirement Plan at Washington State University is voluntary and mutually agreeable to both the University and to employees of the University who participate in the WSU Retirement Plan (TIAA) and whose positions are reasonably able to be handled on a less than full-time basis without materially altering the expectations and responsibilities inherent in the position or title, and without adversely affecting the area or program, or the costs relating thereto.

Criteria for participation in the plan, including the above, are as follows:

- Status: at least 50% permanent employment with Washington State University
- Service: 55 years of age with at least 10 years of cumulative service to WSU
- Position: holding a position that is reasonably able to be handled on a less than full-time basis without materially altering the expectations and responsibilities inherent in the position or title, and without adversely affecting the area or program, or the cost relating thereto.
- Budget: funds allocated to position held by incumbent. The initial arrangement for a reduction in time-base is contingent upon budgetary feasibility as determined in the annual budget preparation immediately prior to the effective date of the contract.
- Academic Impact: no detrimental impact to Washington State University programs/students

CONTRACT

A written agreement setting forth mutually agreeable terms and conditions of an individual's phased retirement arrangement will be signed by the participant and the authorized Vice President. It will contain the following elements:

Length of contract:

Phased retirement contracts for half-time service or more are typically limited to seven years. Extensions may be renewed on a year by year basis.

Phased retirement contracts are not available for less than half-time service.

Reduction in Time-Base

The written agreement will indicate the effective date of entry into the program. It will specify the proportion of the phased retirement appointment, e.g. - 50, 60, 75, 80 or 85 percent. All reductions must be approved in writing by the appropriate administrative unit head before being presented to the authorized Vice President.

Revised 11-07

It is possible to either periodically reduce the percent of effort, or initially reduce the effort to a certain percent and remain at that percent of effort until full retirement.

The percent of effort may not be increased except in unusual circumstances and only with the written support by the administrative unit head and approval of the authorized Vice President.

Salary

The salary during phased retirement is calculated at the appropriate percentage of the full-time base salary of the employee's position held just prior to entering phased retirement. The participant may receive periodic salary increments provided these increments follow current Washington State University policy.

EMPLOYEE BENEFITS

Retirement Plan

Participants in the phased retirement plan remain eligible for the University's percentage contribution to the pension plan. The University will contribute to the retirement benefits program at the same percentage as when the participant was on a full-time salary.

Example:

An employee decided to participate in the phased retirement plan at a 50% appointment.

Regular salary: \$60,000

Reduced salary: \$30,000

University Contribution (based on 10% contribution rate): $10\% \times \$30,000 = \$3,000$.
Employee contribution matches employer contribution, required via payroll reduction.

Health and Life Insurance

Participants with appointments of 50% or greater will continue to receive the University's, regular contributions toward health, optical, dental and life insurance plans as per all full-time employees.

Employee contributions towards disability plans may continue but benefits will be based upon the participant's reduced salary.

Social Security

Those participants qualifying for Social Security retirement benefits may be eligible to draw those benefits while on phased retirement beginning at age 62 or any later date. In determining eligibility for benefits, the participant should consult a Social Security office.

Revised 11-07

Tuition Remission Benefits

The participant continues to enjoy tuition remission benefits in accordance with current Washington State University policy for full-time employees.

Vacation and Sick Leave

For those appointees on phased retirement with titles that accrue sick leave and/or vacation leave credit, those benefits continue under the same pro rata conditions as for permanent part-time employees.

Sabbaticals and Leaves of Absence

Participants in the Phased Retirement Plan are not eligible for sabbaticals since that benefit is available only to full-time employees.

Participants in the Phased Retirement Plan are eligible to participate in shared leave and FMLA leave in the same pro rata conditions as for permanent part-time employees.

UNIVERSITY STATUS OF PARTICIPANT

Tenure

A tenured faculty member who participates in the Phased Retirement Plan shall continue to be deemed a tenured member of the faculty for the specific length of time indicated in the phased retirement agreement.

Promotion

The academic participant remains eligible for consideration for promotion. Such advancements shall be assessed on the same basis as for full-time appointees.

Faculty Senate Voting Privileges

Voting privileges are subject to the rules and regulations of the bylaws and constitution of the Faculty Senate.

Non-Teaching Assignments

For the purpose of a faculty phased retirement contract, the department chair and dean will consider non-teaching duties as well as courses taught in defining a full-time faculty load and percentages thereof. In developing the provisions of the contract, the academic participant and the Dean or other administrative unit head may negotiate the type and amount of non-teaching assignment expected of the participant, consistent with the reduced assignment.

Revised 11-07

Space and Support Requirements

Required office, laboratory space, secretarial service, computer use, and other support services may be made available. These services will be negotiable in developing the provisions of the contract.

The University's intent is to provide appropriate laboratory and office space, but exigencies of space and facilities use may not always permit this.

Faculty and Administrative Professional Handbooks

The participant continues to operate under the stipulations of the appropriate Handbook, except as otherwise provided in this policy.

PROCEDURES

Preliminary Process

Several months ahead of the formal request, persons considering Washington State University's Phased Retirement Plan should informally discuss with their administrative unit head, the professional staff in Benefit Services, and other appropriate persons, the advantages and implications of a reduced appointment.

Application Process

The University employee wishing to participate in the Phased Retirement Plan will submit a request, in writing, to the department chair and/or other administrative head. The written request should include no less than the desired percent of effort, the desired effective date and duration of the phased retirement, and an explanation of why this desired reduced effort and phased retirement would not materially alter the expectations and responsibilities inherent in the position.

Approval Process

1. The department chair or other administrative unit head will consult with the applicant and other appropriate members of the department to evaluate requests in terms of planning, personnel needs, phased retirement plan costs, space and support requirements for the applicant and potential replacement (s), and other pertinent factors.
2. The chair or other administrative head will submit a report of the unit recommendation and a preliminary listing of the proposed contract terms to the Dean or other administrative officer. The applicant will receive a copy of this recommendation.
3. The Dean or administrative officer will review the proposed contract terms and the departmental or unit recommendation and will forward it, together with a

Revised 11-07

personal recommendation, to the appropriate Vice President. The applicant will receive a copy of this recommendation.

4. The Vice President will make a determination based on the facts and merits of the recommendations. The Vice President's decision is final. Only the Vice President may authorize exception to the provisions of the Phased Retirement Plan. Any exception to the policy must be in writing and signed by both parties.


Development of the Formal Contract

If the request is approved by the authorized Vice President, the applicant will meet with the Vice President for Business Affairs or his/her designee to draw up a formal contract that will contain the provisions specified in this policy. Washington State University Legal Counsel will review all contracts.

Revised 11-07

Life Insurance

Policies | Forms | HR Directory
Human Resources | The University of Georgia



- Employment
- Executive & Faculty Search Group
- Employee Benefits
- Student Health Insurance
- Faculty & Staff Relations
- Employee Records
- Compensation
- Training and Development
- Workforce Development
- Athens-Clarke County Guide
- HR Home

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- FIND US
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- FORMS
- DIRECTORY
- SEND US YOUR COMMENTS

UGA Human Resources
215 S. Jackson St.
Athens, GA 30602
Tel (706) 542-2222
Email: hrweb@uga.edu

BOR Ethics Training

Compliance and Ethics Reporting Hotline

Health insurance
Dental insurance

Life insurance	Flexible spending accounts	
AD&D	Tax Deferred Savings Plan	
Retirement	Paid days off	
Long term disability	Short term disability insurance	
(529) Higher Education Savings Plan	Accident insurance	
Cancer insurance	Critical illness insurance	
	Benefits Forms	

Life Insurance

The following summary is intended to provide an overview of the life insurance benefits you are eligible for as an employee of the University of Georgia. Employee Benefits holds the plan document for the life insurance program, and if a discrepancy exists between this Web page and the plan document, the plan document takes precedence. For a more complete description of these benefits, please refer to the life insurance [Summary Plan Description \(SPD\)](#).

MetLife administers your life insurance program on behalf of The University of Georgia. To enroll or change your current optional life insurance coverage for you, your spouse, or dependent child, select the link below to log in (returning users) or complete a simple registration process (new users). If you have any questions regarding your life insurance, please contact **MetLife Customer Service toll free at 1-866-492-6983** and reference the UGA group life number: 105640.

- To designate beneficiaries, request changes to life insurance, request optional life coverage, or review your coverage, go to the MetLife Web site.
- To submit a claim: contact MetLife Customer Service toll free at 1-866-492-6983.
- View the rates below

Basic life insurance and AD&D
All regular employees working one-half time or more in benefit-eligible positions receive basic life insurance coverage of \$25,000 at no cost. In the event of an accidental death, twice the total amount of insurance will be paid. In the event of dismemberment, protection is provided in the form of payment of varying amounts according to a specific schedule. See the summary plan document for details.

Optional life insurance
You may purchase optional insurance in multiples of one to five times your annual contract salary (rounded to the next higher multiple of one thousand). However, coverage in excess of 3 times your salary requires that you provide medical evidence of insurability to MetLife. The cost of this coverage is determined by your age. If you do not elect coverage when you are first eligible, you may obtain coverage at any time by providing Medical Evidence of Insurability. AD&D coverage in an amount equal to your optional life benefit is also included.

Optional spouse life insurance
An employee may cover his/her spouse the lesser of \$250,000 or 100% of the the employee's basic and optional life benefits combined, rounded down to the nearest \$10,000 increment. If you haven't elected optional life coverage for yourself, you may still purchase coverage for your spouse up to \$20,000. You are required to submit medical evidence of insurability on your spouse for any amount that exceeds \$50,000. If you do not elect coverage when you are first eligible, you may obtain coverage at any time by providing medical evidence of insurability. AD&D coverage in an amount equal to the spouse life benefit is also included.

Optional dependent child life insurance
The optional child(ren) life insurance coverage provides \$2,000 of coverage for children 15 days to 6 months of age, and \$10,000 for all children 6 months of age or older. The cost of this coverage is \$1.30 per month regardless of the number of children covered. However, during your first 31 days of employment, the entire amount you may elect for your dependent children is guaranteed issue; no Statement of Health is required. If you do not elect coverage when you are first eligible, you may obtain coverage at any time by submitting Medical Evidence of Insurability. (There is no AD&D coverage for children.)

Group life insurance

Optional life insurance for active employees and their spouses

January 1, 2008

AGE	RATE
Under 25	\$.05/\$1000 per month
25-29	\$.05/\$1000 per month
30-34	\$.06/\$1000 per month
35-39	\$.07/\$1000 per month
40-44	\$.10/\$1000 per month
45-49	\$.14/\$1000 per month
50-54	\$.23/\$1000 per month
55-59	\$.38/\$1000 per month
60-64	\$.49/\$1000 per month
65-69	\$.60/\$1000 per month
70 & up	\$.83/\$1000 per month
Child optional life	\$1.30/month covers all eligible children

Upon retirement, the rates change as follows:

Retiree optional life	
Age	Rate
<25	\$.06/\$1000 of coverage
25-29	\$.07/\$1000 of coverage
30-34	\$.08/\$1000 of coverage
35-39	\$.09/\$1000 of coverage
40-44	\$.12/\$1000 of coverage
45-49	\$.18/\$1000 of coverage
50-54	\$.27/\$1000 of coverage
55-59	\$.43/\$1000 of coverage
60-64	\$.67/\$1000 of coverage
65-69	\$1.27/\$1000 of coverage
70-74	\$3.69/\$1000 of coverage
75-79	\$4.24/\$1000 of coverage
80+	\$4.80/\$1000 of coverage
Retirees who wish to cover dependents	
Any age dependent	\$2.35 per month for \$5000 coverage

[home](#) > [benefits plans](#) > group life insurance

BENEFITS PLANS - GROUP LIFE INSURANCE

- [University Life Insurance](#)
- [Optional Life Insurance](#)
 - [Optional Life Insurance Rates](#)
- [Dependent Life Insurance](#)
 - [Dependent Life Insurance Rates](#)
- [Retiree Group Term Life Insurance](#)
- [Health Statements](#)

The University offers three group term life insurance plans to benefits eligible faculty and staff:

- [University Plan](#) - \$30,000 of coverage for you paid for by the University.
- [Optional Plan](#) - your choice of coverage in amounts of \$5,000, \$50,000, or one to six times your annual salary (maximum of \$1 million), paid for by you; and
- [Dependent Plan](#) - coverage for your spouse or other qualified adult or your dependent children, paid for by you.

Retired University faculty and staff who were participating in the University Plan on the date of their retirement are eligible for [Retiree Group Term Life Insurance](#).

All plans are administered by MetLife (1-800-523-2894).

Plan Summary

- The University Plan and the Optional Plan offer coverage for you only. The Dependent Plan offers coverage for your spouse or other qualified adult and/or dependent children.
- Enrollment is not automatic for the Optional Plan. You must enroll to participate.
- New hires and newly eligible staff members will be enrolled automatically in the \$30,000 University-paid plan.
- If your salary results in your coverage increasing above \$500,000, you are capped at a flat \$500,000 until you furnish evidence of insurability ([health statement](#)) that is satisfactory to MetLife.
- Both the University Plan and the Optional Plan have a "Living Needs Benefits" option—or accelerated payment of death benefits—which is an advance payment of life insurance proceeds when you are terminally ill and have a life expectancy of six months or less.
- These term plans have neither cash value nor provisions for loans, which means you must be enrolled when you die in order for your beneficiary to receive benefits.
- The Optional Plan gives you the flexibility of setting your own level of coverage. There is a \$1 million maximum of coverage available. You must be enrolled in the University Plan to enroll in the Optional Plan. If you are a nonsmoker, you get a discount on the Optional premium. A nonsmoker is defined as a person who has not smoked for 12 months. If you do not indicate your nonsmoker status on the application, you will be defaulted to the smoker rate.
- Under the Optional Plan, the amount of coverage you choose and its cost will increase when your salary increases if your coverage is based on your salary. Your cost will increase similarly when you move into the next higher age bracket.
- If you are enrolled in the Optional Plan, MetLife fully covers the legal fees associated with the preparation or updating of a will by one of the Hyatt Legal Plan attorneys. Contact Hyatt at 800-821-6400 for additional information.

Eligibility

The University, Optional, and Dependent Life Insurance plans offer coverage to regular, nonbargained-for University faculty and staff members who:

- have at least a 50% appointment, and
- have departmental funding for a minimum of four continuous months
- Graduate Student Instructors (GSIs) and Graduate Student Staff Assistants (GSSAs) who have at least a 25%

appointment and funding for a minimum of four continuous months during fall and winter terms, or for two continuous months during spring or summer terms.

- Graduate Student Research Assistants (GSRAs) who have at least a 25% appointment and funding for a minimum of four continuous months in any term.
- Research Fellows and Postdoctoral Scholars who have University funding and an appointment greater than 0% for a minimum of four continuous months.

And regular, bargained-for University staff members who are members of:

- the Michigan Nurses Association (MNA);
- the Police Officers Association of Michigan (POAM);
- the University of Michigan Skilled Trades (Trades);
- the House Officers Association (HOA);
- the International Union of Operating Engineers (IUOE); or
- the American Federation of State, County, and Municipal Employees (AFSCME).

Temporary hourly wage staff are not eligible.

Enrollment

Enrollment in the University Plan is automatic. View the Optional Life Insurance and Dependent Life Insurance Plan sections for information on enrolling in those plans.

Benefits on Death

If you should die while your insurance is in force, regardless of how, when or where death occurs, the full amount of your insurance will be paid to your beneficiaries when the Benefits Office receives written proof of your death. If you do not designate a beneficiary, or if none of the beneficiaries you name survives you, death benefits will be paid to the first of the following:

- Your surviving spouse/OQA;
- Surviving children in equal shares;
- Surviving parents in equal shares;
- Surviving siblings in equal shares;
- Estate

Be sure to review your beneficiaries periodically and make appropriate updates when circumstances change, for example when you get married, obtain a divorce, or adopt a child. See Beneficiaries for information on changing your beneficiary designations.

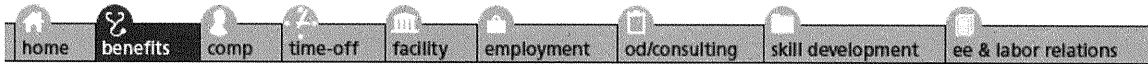
Limitations

The University of Michigan in its sole discretion may modify, amend, or terminate the benefits provided with respect to any individual receiving benefits, including active employees, retirees, and their dependents. Although the university has elected to provide these benefits this year, no individual has a vested right to any of the benefits provided. Nothing in these materials gives any individual the right to continued benefits beyond the time the university modifies, amends, or terminates the benefit. Anyone seeking or accepting any of the benefits provided will be deemed to have accepted the terms of the benefits programs and the university's right to modify, amend or terminate them.

Every effort has been made to ensure the accuracy of the benefits information in this site. However, if any provision on the benefits plans is unclear or ambiguous, the Benefits Office reserves the right to interpret the plan and resolve the problem. If any inconsistency exists between this site and the written plans or contracts, the actual provisions of each benefit plan will govern. The University of Michigan in its sole discretion may modify, amend, or terminate the benefits provided with respect to any individual receiving benefits, including active employees, retirees, and their dependents.



Human Resources

**life insurance****[dental & orthodontia](#)[employee assistance program \(EAP\)](#)[flexible spending accounts](#)[medical plans](#)[network providers](#)[prescriptions](#)[rates](#)[vision](#)**basic life insurance**

Basic Life Insurance is provided to all full-time employees at no charge. In the case of your death, your beneficiary will receive two and a half times your salary up to a \$50,000 benefit maximum.

supplemental life insurance

Supplemental Life Insurance allows you to buy additional life insurance above your Basic Life coverage, at a low group rate.

With Supplemental Life Insurance, you can choose to increase your current life insurance benefit in increments of \$10,000. Rates are based on your age, and the maximum benefit is \$100,000 (\$500,000 in coverage available July 1, 2009!). When purchasing Supplemental Life Insurance, evidence of insurability will be required if purchasing more than \$20,000. Proof of good health may be required, and your premiums will be deducted from your paycheck on a post-tax basis.

You can only enroll in Supplemental Life Insurance every year during open enrollment. Once you enroll in Supplemental Life Insurance, your coverage remains the same from year to year unless you change it. You may increase, decrease or discontinue your coverage every year during open enrollment. You may change your coverage during the year if necessary due to a change in family status such as marriage, divorce or adoption. In these cases, contact the Benefits Office for enrollment information.

Supplemental Life Insurance is eligible for accelerated benefits. This means you can collect 50% of your benefit if you are deemed to be terminally ill with twelve months or fewer to live as indicated by a physician. Your Supplemental Life Insurance has no savings or cash-value benefit.

dependent life insurance

With Dependent Life Insurance, you may choose to cover your spouse and children at a low, group rate. Rates for Dependent Life are blended- this means you pay one flat rate regardless of the number of family members you cover.

There are three levels of Dependent Life from which to choose:

- **Option A:** \$10,000 of coverage for your spouse with \$5,000 of coverage for each child, or
- **Option B:** \$5,000 of coverage for your spouse with \$2,000 of coverage for each child, or
- **Option C:** \$20,000 of coverage for your spouse with \$10,000 for each child

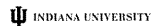
Individuals eligible for Dependent Life Insurance are your legally married spouse, domestic partner and dependent children. Premiums are deducted on a post-tax basis.

You can only enroll in Dependent Life Insurance every year during open enrollment. Once you enroll in Dependent Life Insurance, your coverage remains the same from year to year unless you change it. You may increase, decrease or discontinue your coverage every year during open enrollment. You may change your coverage during the year if necessary due to a change in family status such as marriage, divorce or adoption. In these cases, contact the Benefits Office for enrollment information.

When you enroll in Dependent Life Insurance, you automatically become the beneficiary. Dependent Life Insurance is not eligible for accelerated benefits, nor does it have any savings or cash-value benefit.

**AFSCME members: consult your [union contract](#) for details regarding your benefit coverages.

Health Insurance



2010 Medical Care Plans

On this page: IU PPO \$900 Deductible | IU PPO Blue Access | IU HDHP PPO & HSA

> [Comparison table of all the plans](#)

Similarities

- All plans use Anthem's Blue Access PPO network. This network provides access to quality care and saves money through Anthem's negotiated reimbursement rates. A higher level of benefits is received when using network providers.
- There are no pre-existing condition limits or waiting periods. After enrolling, coverage is effective from the first day of eligibility.
- Services are comprehensive and include those that are traditionally covered by medical insurance: medical, prescription, behavioral health, transplants, durable medical equipment, home health care, skilled nursing, physical, occupational, and speech therapies, and chiropractic services.
- Each plan's out-of-pocket expenses vary, but the types of services covered under the plans are the same.
- Preventive services are covered with only a copay—there is no deductible. Preventive services include physical exams, well-child visits, immunizations, lab tests (e.g., Pap, PSA, cholesterol), and other screening diagnostic services like mammograms and colonoscopies.
- Each plan has annual out-of-pocket maximums for individual and family levels. Once the maximum is met, the plan pays 100% for in-network covered services for the remainder of the year.
- There is no lifetime maximum benefit on medical services. Human organ and bone marrow transplants do have a \$2 million dollar lifetime maximum.
- All plans provide coverage in the US and overseas.

Differences

- Premiums
- Out-of-pocket expenses (deductibles and copays)
- A unique tax-advantaged savings plan that is available to participants in the IU HDHP PPO & Medical Savings Plan.

IU PPO \$900 Deductible Plan [\(more information\)](#)

IU pays 90% of in-network medical costs once the plan deductible is reached. There is no deductible or copay when an Independent Laboratory Network provider is used for lab tests.

Retail and mail order prescription copays are based on a tiered drug list. In general, Tier 1 is generic drugs, Tier 2 is more cost effective brand drugs, and Tier 3 includes more expensive drugs. For drugs not on the list, the member pays 100% of the plan's discounted prescription cost.

IU PPO Blue Access Plan [\(more information\)](#)

The plan has no deductible and fixed-dollar copays for many in-network services (inpatient admissions, office visits, urgent care, emergency services, outpatient surgery). There is a 10% copay on some outpatient services such as MRIs, CAT scans, ultrasound, and injectible drugs (other than insulin). There is no deductible or copay when an Independent Laboratory Network provider is used for lab tests.

Retail and mail-order prescription copays are based on a tiered drug list. In general, Tier 1 is generic drugs, Tier 2 is cost effective brand drugs, and Tier 3 includes more expensive drugs. For drugs not on the list, the member pays 100% of the plan's discounted prescription cost.

IU HDHP PPO & Health Savings Account [\(more information\)](#)

This plan is somewhat different than traditional medical plans—it includes both comprehensive medical coverage (IRS-qualified High Deductible Healthcare Plan--HDHP) and a tax-advantaged savings account. The deductible applies to all covered services except preventive medical services and preventive prescriptions. After the deductible is met, a 20% copay applies to all covered services until the out-of-pocket maximum is met. The deductible and out-of-pocket maximums are applied differently than a traditional plan, and there are IRS eligibility restrictions on other medical coverage, so reading the plan details is important.

The true advantage of this plan is the personal savings account that is set up in the employee's name. The savings account is contributed to by the university and the employee. These savings can be used tax free to pay for medical expenses, like deductibles and copays, or saved to use in the future, even in retirement.

For all plans, to access information on background and licensing of individual doctors, nurses, chiropractors and pharmacists, search and verify licensing online or call (toll free) 888-333-7515.



Benefit plan information on these web pages is in a summary format and is not intended to replace actual plan documents. Indiana University reserves the right to amend or terminate all or any part of any benefit plan.

[Quick links, publications, forms, etc.](#)

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Compare 2010 Medical Care Plan Highlights

[IU PPO \\$900 Deductible](#) | [IU PPO Blue Access](#) | [IU HDHP PPO & Medical Savings](#) | [Compare Plans](#) | [Definitions](#)

	IU PPO \$900 Deductible		IU PPO Blue Access		IU HDHP PPO & Medical Savings Plan	
	view plan information >		view plan information >		view plan information >	
Monthly Rates	Employee Contribution	With Additional IU Subsidy	Employee Contribution	With Additional IU Subsidy	Employee Contribution	With Additional IU Subsidy
Employee Only	\$5.00	\$3.50	\$5.00	\$3.50	\$5.00	\$3.50
Employee w/ Child(ren)	\$10.00	\$7.00	\$10.00	\$7.00	\$10.00	\$7.00
Employee w/ Spouse	\$10.00	\$7.00	\$17.04	\$11.93	\$10.00	\$7.00
Family	\$39.74	\$27.82	\$76.42	\$53.50	\$10.00	\$7.00
Annual IU Contribution to Health Savings Account	Not Applicable		Not Applicable		\$300 for employee only coverage. \$750 when family members are covered.	
Provider Network	Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.		Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.		Full benefits from Anthem Blue Access Preferred Providers and Blue Card PPO providers in other states.	
MEDICAL						
In-Network Benefits:						
Deductibles	\$900 individual/\$2,700 family maximum.		No deductible.		\$1,200 employee-only/\$2,400 when family members are covered (applies to all services except wellness and preventive Rx).	
Co-pays	After deductible, member pays 10% copay.		\$25 per primary care/\$35 per specialist office visit. \$50 urgent care. \$400 per hospital admission. \$150 per outpatient facility visit. 10% for other services.		After deductible, member pays 20% copay.	
Out-of-Pocket Maximum	When deductible plus copays equal \$2,400 individual (\$7,200 family maximum) then there is no copay.		When copays equal \$2,400 (\$7,200 family maximum), then there is no copay.		When deductible plus copays equal \$2,500 (\$5,000 family maximum), then there is no copay.	
Out-of-Network Benefits:						
Deductibles	\$900 individual/\$2,700 family maximum.		\$900 individual/\$2,700 family maximum.		\$2,400 individual/\$4,800 family maximum.	
Co-pays	After deductible, member pays 30% copay.		After deductible, member pays 30% copay.		After deductible, member pays 40%.	
Out-of-Pocket Maximum	When deductible plus copays equal \$2,400 (\$7,200 family maximum), then there is no copay. Patient pays all amounts above Maximum Allowable Amount.		When deductible plus copays equal \$2,400 (\$7,200 family maximum), then there is no copay. Patient pays all amounts above Maximum Allowable Amount.		When deductible plus copays equal \$5,000 (\$10,000 family maximum), then there is no copay. Patient pays all amounts above Maximum Allowable Amount.	
Wellness Services	Covered with copay.		Covered with copay.		Covered with copay.	
Vision	One routine eye exam per year, with copay.		One routine eye exam per year, with copay.		One routine eye exam per year, with copay.	
Emergency Room and Urgent Care Facility	\$100 copay per visit.		\$100 copay per visit.		20% In-Network copay after deductible (40% out-of-network).	
PRESCRIPTION DRUGS (Rx)						
In-Network copays	Retail (up to 30-day supply): \$8 Tier 1 \$25 Tier 2 \$45 Tier 3 100% non-covered Rx (with plan discounts) Mail Order (up to 90-day supply): \$20 Tier 1 \$62 Tier 2 \$112 Tier 3 100% non-covered Rx (with plan discounts) Specialty drugs only available through Mail Order.		Retail (up to 30-day supply): \$8 Tier 1 \$25 Tier 2 \$45 Tier 3 100% non-covered Rx (with plan discounts) Mail Order (up to 90-day supply): \$20 Tier 1 \$62 Tier 2 \$112 Tier 3 100% non-covered Rx (with plan discounts) Specialty drugs only available through Mail Order.		Retail (up to 30-day supply): 20% copay after deductible.* Mail Order (up to 90-day supply): 20% copay after deductible.* 100% non-covered Rx (with plan discounts) Specialty drugs only available through Mail Order. * No deductible on preventive prescriptions	
MENTAL HEALTH						
	Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.		Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.		Covered as any other illness through Anthem Behavioral Health. Prior authorization is required.	

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Health Plans - Plan Options

Understanding the Health Plans Offered at UK

The section below lists each health plan offered at UK and includes a brief description highlighting major differences between plans.

UK-HMO Lexington Service Area (LSA):

The UK Health Maintenance Organization (UK-HMO) LSA requires members to utilize UK HealthCare facilities and UK HealthCare physicians. This focused network helps members reduce their total health care costs. If you choose the UK-HMO, you will pay the lowest premium available and the lowest out-of-pocket cost compared to the other health plans.

UK- Regional Health Plan (RHP):

The UK-RHP (Regional Health Plan, formerly UK-HMO RSA) requires members to utilize either UK HealthCare facilities, UK HealthCare physicians, or a regional physician network (Humana UK-RHP network). Only employees living in qualifying counties may choose the UK-RHP. While the UK-RHP network additionally consists of regional providers throughout the state, UK-RHP members are required to utilize providers either in their specific county or at a UK HealthCare facility. If you choose the UK-RHP you will pay the lowest premium available and the lowest out-of-pocket cost compared to the other health care plans (other than the UK-HMO LSA).

UK-PPO:

The UK Preferred Provider Organization (UK-PPO) allows members to not only utilize UK HealthCare facilities and UK HealthCare physicians, but also a larger provider network consisting of the Humana and ChoiceCare networks. Unlike the UK-HMO, the UK-PPO plan offers out-of-network coverage. The UK-PPO out-of-pocket costs, including premiums are slightly higher than the UK-HMO. For example, members will not only pay copayments, but also coinsurance and deductibles if enrolled in the UK-PPO.

UK-PPO High:

The UK-PPO High plan allows members to not only utilize UK HealthCare facilities and UK HealthCare physicians, but also a larger physician network consisting of the Humana and ChoiceCare networks. Much like the UK-PPO, the PPO High offers out-of-network coverage and also consists of copayments, coinsurance and deductibles. However, the copayments, coinsurance and deductible levels are lower with the PPO High and the premiums are higher. The UK-PPO High offers flexibility at a high coverage level.

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UK-EPO:

The UK Exclusive Provider Organization (UK-EPO) requires members to utilize either UK HealthCare facilities, UK HealthCare physicians, or the Humana and ChoiceCare networks.

Members enrolled in the UK-EPO will have access to a larger network of providers than the HMO, but like the UK-HMO members are required to see an in-network provider for coverage. The UK-EPO offers the highest level of coverage among all the Humana plans offered. If you choose the UK-EPO you will pay higher premiums, but have a larger network than the UK-HMO.

UK Indemnity

UK Indemnity is only available to those participants who live or travel out of state for extended periods of time. This plan offers the freedom to receive care from any physician for covered benefits.

What is a "Combined credit?"

The Employee + Family /Combined credit tier combines the Single credit and the Employee + Children credit, resulting in the same overall premium amount being deducted as would be deducted if each employee enrolled in a separate plan.

The advantage of choosing this tier is seen by those enrolled in the PPO and Indemnity plans that have individual and family deductibles. By enrolling all members of the family on one plan, employees may benefit from a lower overall deductible.

Please note, while the information on this site provides an overview of the health plans, we recommend members become familiar with the specifics of their plan prior to receiving care. For a more detailed description of the plans administered by CHA, information regarding participating providers, and claims inquiries call either (859) 232-8679 or (877) 855-9700 or visit www.mc.uky.edu/ukhmo. For a more detailed description of the plans administered by Humana, information regarding participating providers, and claims inquiries call (877) 857-1681 or visit www.humana.com.



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Health Plans - UK-HMO and UK-RHP

At a glance: UK-HMO and UK-RHP (Regional Health Plan, formerly UK-HMO RSA) offer quality care through UK HealthCare facilities and physicians (UK-HMO) or other participating providers (UK-RHP). These plans offer the lowest monthly premiums and lowest out-of-pocket costs. No deductible. No out-of-network coverage.

For complete details on the UK UK-HMO plan, [click here](#). To find out if a provider is available under the UK-HMO plan, visit our Web site at www.mc.uky.edu/ukhmo.

To view complete plan details on the UK-RHP plan, [click here](#). To view a map of the Regional Health Plan service area, [click here](#). Coverage is provided for emergency care at a non-participating facility only if your condition is an Emergency Medical Condition as determined by the plan.

UK-HMO Summary of Health Plan Benefits

The UK-HMO offers an excellent value for your premium dollar. There are no deductibles to meet and no copayments for routine physicals or well child care when services are provided by a network primary care physician.

UK-HMO Factors to Consider:

- Lexington Service Area network consists of UK HealthCare facilities (including Chandler Hospital, Good Samaritan Hospital, and Kentucky Clinics) and UK HealthCare physicians.
- Regional Health Plan Area network includes the UK HealthCare facilities, UK HealthCare physicians and select Humana/ChoiceCare providers (use the UKHMO RHP provider link on the Humana page).
- No referrals are required for specialty care services provided within the network.
- No deductibles to meet.
- No coverage for out-of-network services unless it is life or limb threatening.
- Covered transplants include kidney, liver, pancreas, kidney/pancreas, heart, lung, heart/lung, bone marrow and cornea transplants.

Prior authorization is required for the following services:

Durable medical equipment (over \$750), home health care and hospice services and other services as listed in the certificate of coverage. Available urgent care options include: Urgent Treatment Centers in Lexington (Dove Run Road, Custer Drive, and Boardwalk Street), Nicholasville (Bellaire Drive) as well as the UK Children's Twilight Clinic.

UK-HMO and UK-RHP Summary of Health Plan Benefits

2010-2011	Major Plan Benefits	Benefits for Covered Services Provided at Participating Providers
Lifetime Maximum Benefit		Unlimited
Copayment Limits	Individual and Family	N/A
Preventive Care	Routine Pap smears, mammograms, PSA,	100%

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Health Plans – UK-HMO and UK-RHP

http://www.uky.edu/HR/benefits/health_hmo.html

	<p>screening colonoscopy and sigmoidoscopy</p> <p>Routine child care and immunizations (through age 18)</p> <p>Routine adult physical exam (19 years and above, one per plan year)</p>	
Physician Services	Office visits (excludes certain diagnostic lab and X-ray)	100% after \$10 copayment for primary care physician, 100% after \$20 copayment for specialist
	Lab tests and X-rays Diagnostic tests	100%
	Allergy injections	100% after \$5 copayment
	Inpatient services Outpatient surgery and diagnostics Physician visits to emergency room	100%
Hospital Services	Inpatient care (semi-private room and board, nursing care, ICU)	100% after \$150 copayment per admission
	Organ transplants Outpatient nonsurgical care Outpatient tests, lab and X-ray, and other diagnostic tests Ancillary services	100%
	Outpatient surgery Out patient Diagnostic Testing (High Costs - MRI, MRA, CT and PET scans)	100% after \$50 copayment
Emergent/Urgent Services	Emergency Room	100% after \$75 copayment (waived if admitted)
	Urgent Treatment Center	100% after \$25 copayment
	UK Children's Twilight Clinic	100% after \$15 copayment

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Health Plans – UK-HMO and UK-RHP

http://www.uky.edu/HR/benefits/health_hmo.html

Other Medical Services	Skilled nursing facility (up to 30 days per plan year) Ambulance Hospice	100%
	Home health care (up to 60 visits per year)	80%
	Durable medical equipment, orthotics and prosthetics	80% , maximum member responsibility of \$400 per plan year for all services combined
	Hearing aids	\$1,400 benefit every 36 months for children under 18
	Speech therapy, pulmonary rehab therapy, physical, occupational therapy, cardiac rehab, manipulative therapy, hydrotherapy and acupuncture therapy (limited to 45 visits per plan year, combined)	100% after \$15 copayment per visit for all therapies
Mental Health and Substance Abuse	Inpatient mental health or substance abuse (up to 60 days/plan year)	100% after \$150 copayment
	Outpatient mental health or substance abuse (up to 20 visits/plan year)	100% after \$20 copayment

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Health Plans - UK-EPO

At a glance: provides care through a broader network, including UK HealthCare facilities and physicians and Humana/ChoiceCare networks. No out-of-network coverage. [Click here](#) for full plan details.

The Humana/ChoiceCare networks may be accessed on Humana's website at: www.humana.com.

UK-EPO Summary of Health Plan Benefits

The UK-EPO Option is very similar to an HMO in the way benefits are applied. If you choose the UK-EPO, you must receive treatment from an in-network provider. Only emergency services, or urgent services received while out of the service area, are covered when provided by out-of-network providers or facilities. When you use in-network providers, you will have a \$25 copayment for primary care visits and a \$40 copayment for specialist visits.

UK-EPO Factors to Consider:

- Large provider network, including UK HealthCare facilities (such as Chandler Hospital, Good Samaritan Hospital, Kentucky Clinics), UK HealthCare physicians and the Humana and ChoiceCare networks.
- No referrals required for specialty care services.
- No coverage for out-of-network services, unless it is a life- or limb-threatening emergency.
- No deductibles to meet.

Prior authorization is required for the following services: inpatient hospital services; inpatient mental health, alcohol and/or chemical dependency services; outpatient mental health, alcohol and/or chemical dependency services; and skilled nursing facility services. Failure to obtain prior authorization will result in a 50% benefit penalty.

UK-EPO Summary of Health Plan Benefits

2010-2011	Major Plan Benefits	UK HealthCare Providers*	Benefits for Covered Services Provided at Participating Providers
Lifetime Maximum Benefit		Unlimited	Unlimited
Copayment Limits	Individual and Family	N/A	N/A
Preventive Care	Routine immunizations	100% after \$15 copay per primary	100% after \$25 copay per primary care visit,

	(through age 18) Routine Pap smears and mammograms Routine child care (through age 18) Routine adult physical exam (19 years and above, one per plan year)	care visit, 100% after \$30 copay per specialist visit	100% after \$40 copay per specialist visit
Physician Services	Office visits (excludes certain diagnostic lab and X-ray)	100% after \$15 copay per primary care visit, 100% after \$30 copay per specialist visit	100% after \$25 copay per primary care visit, 100% after \$40 copay per specialist visit
	Lab tests and X-rays Diagnostic tests	100% after office visit copay	100% after office visit copay
	Allergy injections	100%	100% after \$5 copay
	Inpatient services Outpatient surgery and diagnostics Physician visits to emergency room	100%	100%
Hospital Services	Inpatient care (semi-private room and board, nursing care, ICU)	100% after \$300 copay per admission (limited to two copays per plan per year)	100% after \$500 copay per admission (limited to two copays per plan per year)
	Outpatient surgery	100% after \$100 copay per procedure	100% after \$150 copay per procedure
	Outpatient nonsurgical care Outpatient tests,	100%	100%

	lab and X-ray Ancillary services		
	Emergency room	100% after \$75 copay (waived if admitted)	100% after \$75 copay (waived if admitted)
	Organ transplants	100%	100%
Other Medical Services	Skilled nursing facility (up to 100 days per plan year) Home health care (up to 100 visits per plan year) Ambulance Hospice	100%	100%
	Durable medical equipment	80% up to \$400 member cost per year	80% up to \$400 member cost per year
	Physical, speech, hydrotherapy, occupational and acupuncture therapy (limited to 30 visits per plan year combined)	100% after \$30 copay per visit	100% after \$40 copay per visit
Mental Health and Substance Abuse	Inpatient (up to 31 days per plan year)	100% after \$300 copay per admission	100% after \$500 copay per admission
	Outpatient (up to 20 visits per plan year)	70%	70%

* - You may search for UK HealthCare Providers online at www.humana.com.

Health Plans - UK-PPO

At a glance: UK-PPO provides care through a broader network, including UK HealthCare facilities and physicians, Humana/ChoiceCare networks. Out-of-network coverage is available, slightly higher premium than UK-HMO. [Click here](#) for full plan details.

The Humana/ChoiceCare networks may be accessed on Humana's website at: www.humana.com.

UK-PPO Summary of Benefits

With the PPO option, participating providers agree to accept Humana's determination of reasonable allowable charges as payment in full. The PPO plan provides a large number of providers, including UK HealthCare facilities (such as Chandler Hospital, Good Samaritan Hospital, and Kentucky Clinics), UK HealthCare physicians and Humana/ChoiceCare networks.

Under either PPO: copayments, deductibles and expenses for mental health and substance abuse do NOT accrue toward the maximum out-of-pocket limit.

UK-PPO Factors to Consider:

- Lower copayments when using UK Healthcare providers for certain procedures.
- 50% benefit after meeting your deductible when using an out-of-network provider.
- Lowest PPO premium; slightly higher premium than HMO.
- Covered transplants include kidney, liver, pancreas, kidney/pancreas, heart, lung, heart/lung, bone marrow and cornea transplants.
- Deductible does not apply to in-network preventive services.

Prior authorization is required for the following services: durable medical equipment (over \$750), home health care and hospice services and other services as listed in the certificate of coverage.

UK-PPO Option Summary of Health Plan Benefits

2010-2011	Major Plan Benefits	UK Healthcare Providers*	In-Network	Out-of-Network
Lifetime Maximum Benefit		Unlimited	Unlimited	Unlimited
Out-of-Pocket Amount	Annual Deductible	\$500 /member, \$1,000 /family	\$500 /member, \$1,000 /family	1,500 /member, \$3,000 /family
	Out-of-pocket max (excludes deductible and mental health expenses)	\$1,500 /member, \$3,000 /family	\$1,500 /member, \$3,000 /family	\$4,500 /member, \$9,000 /family
Preventive Care	Routine child care and immunizations	100% after \$15 copay per visit	100% after \$25 copay per visit	50% after deductible

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Health Plans – UK-PPO

http://www.uky.edu/HR/benefits/health_ppo.html

	(through age 18) Routine Pap smears and mammograms Routine adult physical exam (19 years and above, one per plan year) Routine outpatient lab tests and X-rays			
Physician Services	Office visits (excludes diagnostic lab and X-ray)	100% after \$15 copay per primary care visit or \$30 copay per specialist visit	100% after \$25 copay per primary care visit or \$40 copay per specialist visit	50% after deductible
	Lab tests, X-rays and diagnostic tests	100% after office visit copay	100% after office visit copay	50% after deductible
	Allergy injections	100%	100% after \$5 copay per visit	50% after deductible
	Inpatient services Outpatient surgery and diagnostic tests	80% after deductible	80% after deductible	50% after deductible
	Physician visits to emergency room	80%	80%	50% after deductible
Hospital Services	Inpatient care (semi-private room and board, nursing care, ICU) Outpatient surgery Outpatient nonsurgical care Outpatient	80% after deductible	80% after deductible	50% after deductible

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Health Plans – UK-PPO

http://www.uky.edu/HR/benefits/health_ppo.html

	tests, lab and X-ray Ancillary services Organ transplants			
	Emergency Room	80% after \$75 copay per visit (waived if admitted)	80% after \$75 copay per visit (waived if admitted)	50% after deductible
Other Medical Services	Skilled nursing facility (up to 100 days per plan year) Home health care (up to 100 visits per plan year) Durable medical equipment Hospice services	80% after deductible	80% after deductible	50% after deductible
	Ambulance	80% after deductible	80% after deductible	50% after deductible
	Physical, speech, hydrotherapy, occupational and acupuncture therapy (limited to 30 visits per plan year, combined)	100% after \$30 copay per visit	100% after \$40 copay per visit	50% after deductible
Mental Health and Substance Abuse	Inpatient (up to 31 days/plan year) Outpatient (up to 20 visits/plan year)	80% after deductible	80% after deductible	50% after deductible

* - You may search for UK HealthCare providers online at www.humana.com.

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Health Plans - UK Indemnity

At a glance: The UK Indemnity plan is available to out-of-state residents and Medicare-eligible retirees.

Summary of UK Indemnity Health Plan Benefits

The UK Indemnity option is only available to those participants who live or travel out of state for extended periods of time.

Indemnity plans offer the freedom to receive care from any physician. [Click here](#) for full plan details. **For covered services, there is an annual deductible that must be met before the health plan begins paying a benefit.**

UK Indemnity Factors to Consider:

- Complete freedom to receive services from any provider.
- If you will be out of the UK-HMO, UK-PPO, or UK-EPO plan service areas for more than 120 days (4 months), you must elect the UK Indemnity plan.
- Deductibles, expenses for mental health and substance abuse and prescription coinsurance do NOT accrue toward the maximum out-of-pocket limit.
- Covered transplants include kidney, liver, pancreas, kidney/pancreas, heart, lung, heart/lung, bone marrow and cornea transplants.

Prior authorization is required for the following services: inpatient hospital services; inpatient mental health, alcohol and/or chemical dependency services; outpatient mental health, alcohol and/or chemical dependency services; and skilled nursing facility services. Failure to obtain prior authorization will result in a 50% benefit penalty.

UK Indemnity Option Summary of Health Plan Benefits

2010-2011	Major Plan Benefits	Benefits for Covered Services
Out-of-Pocket Amount	Annual deductible Out-of-pocket maximum (excludes deductible, prescription coinsurance, and mental health expenses)	\$500 per member/ \$1,000 per family \$1,500 per member/ \$3,000 per family
Lifetime Maximum Benefit		Unlimited
Preventive Care	Routine mammogram and Pap smears Routine child care and immunizations (through age 18) Routine adult physical exam (19 years and above, one per plan year)	80% after deductible
Physician Services	Routine outpatient laboratory tests and X-rays Office visits (excludes	80% after deductible

	certain diagnostic lab and X-rays) Lab tests and X-rays Allergy injections Inpatient services Outpatient surgery and diagnostic tests	
Hospital Services	Inpatient care (semiprivate room and board, nursing care, ICU) Physician visits to emergency room Outpatient surgery, outpatient nonsurgical care Outpatient tests, lab and X-ray Ancillary services Organ Transplants	80% after deductible
	Emergency room	80% after \$75 copay per visit (waived if admitted)
Other Medical Services	Skilled nursing facility (up to 100 days per plan year) Home health care (up to 100 visits per plan year) Ambulance Hospice Durable medical equipment Physical, speech, hydrotherapy, occupational and acupuncture therapy (limited to 30 visits per condition, per plan year, combined)	80% after deductible
Mental Health and Substance Abuse	Inpatient (up to 31 days per plan year) Outpatient (up to 20 visits per plan year)	80% after deductible

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Health Plans - FAQ

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1. What is the difference between UK-PPO and UK-EPO? What does this mean?

UK-PPO is a preferred provider organization health plans (PPO). The differences between the plans are the premiums, deductibles, copayments and coinsurances that apply for each plan. The UK-EPO (Exclusive Provider Organization) plan is the same as an HMO (Health Maintenance Organization). A network provider must be used in order to receive a benefit unless benefits are received for a life or limb threatening medical emergency.

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2. Is the family combined credit (called "spousing") still available?

Yes. When both husband and wife are regular full-time UK employees, the single coverage tier credit is combined with the employee plus children coverage tier credit, and both credits are applied toward the cost of the family premium. The out of pocket cost is exactly the same as one employee being on a single plan and the other employee being on an employee plus children plan. There is no benefit in combining credits if you are in the UK-HMO, or UK-EPO plan. However, there is an advantage of combining credits in the PPO plans that have a family maximum on deductibles. Employees may have a lower deductible amount to meet in one family plan versus in two separate plans.

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3. What is the network for UK-PPO?

There are actually two networks available when participating in the UK-PPO and UK-EPO plan. They are Humana/ChoiceCare. Both networks may be accessed on Humana's website: www.humana.com.

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4. Will I receive a health and prescription ID card each year?

UK-HMO members will receive a new ID card. UK-PPO and UK-EPO members will typically NOT receive a new ID card unless you are enrolling in one of these plans from a different plan. Prescription plan cards will not be reissued each year. Members will use the same ID card year to year.

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5. Will I receive a dental ID card each year?

UK Dental members will NOT receive an ID card. UK Dental verifies member eligibility electronically. Delta Dental does send ID cards to new members.

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6. Will I receive a vision ID each year?

EyeMed members will receive a new ID card each year.

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7. Can UK-HMO Regional participants utilize both the UK Medical Center physicians in Lexington and the physicians in the county in which they reside?

Yes, if you have the UK-HMO Regional plan you have access to the network hospitals and physicians in the county where you live. You may also use the UK Medical Center and UK physicians.

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8. Is the live or work option only available to persons who have the UK Indemnity plan option?

Yes, it is. The UK Indemnity plan will be offered to the areas out of state. So if you live in Indiana, but work in Louisville, you may choose the plans that are available in Jefferson County where you work or in Indiana where you live.

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9. What is an Indemnity plan?

The Indemnity plan is a traditional health plan with a deductible and coinsurance. It does not have a network requirement and is only offered to participants who live outside of Kentucky. When participants use one of the Humana/Choice Care network providers, a discount is provided.

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10. When are enrollment forms due?

Return your completed form(s) to the Employee Benefits Office at 112 Scovell Hall. If you are a new employee, you have 30 days from your hire date to submit your forms. Otherwise, you must wait to enroll at next year's Open Enrollment period.

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11. When can I change my health insurance elections?

Because the University of Kentucky deducts premiums for health, dental and vision insurance as well as flexible spending benefit plans on a pre-tax basis, the benefit choices you make now may not be changed unless you have a qualified change in family status, as defined by Internal Revenue Code, Section 125. The choices you make during Open Enrollment will be in effect from July 1, 2008 through June 30, 2009.

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12. What is a qualified change in family status?

A qualified change in family status is defined as: marriage, divorce, birth or adoption of a child, death of a spouse or child, dependent child reaches the age limit or gets married, change in employment status of you or your spouse from full-time to part-time and vice versa, termination of employment by you or your spouse and open enrollment of a spouse.

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2010-11 Health Plans - Rates

Benefits Structure	Coverage Level	Monthly Rate	UK Credit for Regular Full-Time Employees	Monthly Cost for Regular Full-Time Employees
UK-HMO Lexington Service Area	Employee Only	\$453	\$427	\$ 26
	Employee + Child(ren)	\$679	\$549	\$130
	Employee + Spouse/ Sponsored Dependent	\$905	\$652	\$253
	Employee + Family	\$1132	\$759	\$373
UK-RHP Regional Health Plan	Employee Only	\$453	\$427	\$ 26
	Employee + Child(ren)	\$679	\$549	\$130
	Employee + Spouse/ Sponsored Dependent	\$905	\$652	\$253
	Employee + Family	\$1132	\$759	\$373
UK-PPO Administered by Humana	Employee Only	\$453	\$427	\$26
	Employee + Child(ren)	\$679	\$549	\$130
	Employee + Spouse/ Sponsored Dependent	\$906	\$652	\$253
	Employee + Family	\$1132	\$759	\$373
UK-EPO Administered by Humana	Employee Only	\$577	\$427	\$150
	Employee + Child(ren)	\$866	\$549	\$317
	Employee + Spouse/ Sponsored Dependent	\$1154	\$652	\$502
	Employee + Family	\$1443	\$759	\$684
UK Indemnity Administered by Humana	Employee Only	\$453	\$427	\$26
	Employee + Child(ren)	\$679	\$549	\$130
	Employee + Spouse/ Sponsored Dependent	\$906	\$652	\$253
	Employee + Family	\$1132	\$759	\$373

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Job Descriptions

SUMMARY OF POSITION ROLE/RESPONSIBILITIES:

The Human Resource Representative coordinates the hiring of all Faculty, TEAMS and USPS staff in the George A. Smathers Libraries; processes all employment changes; manages employee files both paper and electronic; interprets personnel policies, regulations and standards; explains benefit programs to employees and processes all benefits paperwork; supervises student assistants; answers questions and advises employees on personnel issues; regularly deals with confidential information.

This position is part of an HR Office that services nearly 300 employees, including Faculty, TEAMS, and USPS, and over 200 OPS employees in 11 locations on campus, including Jacksonville, FL.

It is the mission of the Library Human Resources Office to promote and encourage a work environment that is recognized for the respect and dignity shown toward the staff. This is accomplished by successfully recruiting and retaining staff that appreciate the goals and objectives of the Libraries; creating a training program committed to continuing education and staff development; establishing performance objectives responsive to department needs and challenging to employee skills; providing confidential employee and career counseling that maximizes utilization of skills; and cordially overseeing the completion of personnel related paperwork which affects an individual's employment status and work experiences.

PROPOSED WORKING TITLE: Office Assistant

CURRENT WORKING TITLE: Office Assistant

**** DO NOT ERASE THIS LINE ****

POSITION NUMBER: 00012810

ALL POSITIONS:

ESSENTIAL FUNCTIONS OF THE JOB AND THE PERCENTAGE OF TIME SPENT ON EACH FUNCTION [NOTE: IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA), IDENTIFY ESSENTIAL FUNCTIONS OF A JOB REQUIRED TO BE PERFORMED WITH OR WITHOUT REASONABLE ACCOMMODATIONS. REQUESTS FOR REASONABLE ACCOMMODATIONS TO FACILITATE THE PERFORMANCE OF ESSENTIAL FUNCTIONS WILL BE GIVEN CAREFUL CONSIDERATION.]

45% PERSONNEL AND BENEFITS FUNCTIONS

This position is responsible for all appointments and personnel changes concerning faculty and staff. Acts in proactive manner to anticipate problems with changes and communicates with library faculty and staff to ensure that pay is prompt and correct, benefits are received and problems solved. Interprets UF and Library policies, regulations and standards. Counsels employees in retirement and other benefits. Coordinates DROP, TEAMS conversions, terminations, alternate workplace, and outside employment processes. Manages leave processing for payroll and resolves complicated benefits and payroll issues. Coordinates the assignment of time approval roles for library departments. Back-up for hiring Federal Work Study and Other Personnel Services staff for payroll sign-up. Responsible for processing FMLA, Workers Compensation and benefit programs for faculty, TEAMS and USPS through PeopleSoft, etc. Also responsible for tracking hours used for FMLA and Parental Leave, and keeping all parties advised as to usage, etc.

35% RECRUITMENT FUNCTIONS

Coordinates the recruitment and hiring of applicants for employment in the George A. Smathers Libraries including Faculty and TEAMS/USPS employees. Prepares marketing statements, position vacancy announcements and job advertisements. Posts vacant positions on UF and Library websites, numerous diversity sites, listserves, institutions and to individuals. Coordinates the billing for all postings. Maintains and archives search documents and assists search committees in processing application materials. Coordinates the development of interview schedules, travel and accommodations for interviewees. Conducts professional, educational and criminal background checks. Coordinates the H1-B, visa and permanent resident paperwork as necessary. Coordinates appointment process with UF offices including Academic Personnel, Classification and Compensation, UF Tax Services, UF Recruitment, etc. Handles all aspects of payroll actions for new hires. Coordinates Viable Outreach certification process and produces EEO compliance reports. Ensures compliance with mandatory UF and Library new hire trainings. Makes recommendations regarding salaries for new hire or reclassified staff positions. Reviews position descriptions and advises on changes that are necessary. Recruits, develops and supervises Library HR Office student assistants.

5% **INFORMATION MANAGEMENT**
Responsible for maintaining personnel files and other office records. Works with UF Records Manager to determine and implement schedules for records maintenance and disposal. Recommends and drafts personnel policies and procedures. Assists with planning and executing activities in recruitment and evaluations of faculty and staff in the Library Human Resources Office. Reviews, processes, tracks and records statistics associated with faculty and staff evaluations. Reviews and corrects UF tenure, promotion and appointment records. Directs data entry for library personnel databases and works with library Systems Office to produce needed reports. Prepares regular reports on human resources statistics, salaries, transactions, searches, etc.

OTHER FUNCTIONS

5% Updates the Library Human Resources website for position vacancy announcements, staff photos and town meeting minutes.

5% Assists Library Fiscal Services with payroll operations for the Libraries. Monitors and communicates UF payroll policies and ensures Library practice adheres to them.

2.5% Assists in preparing tenure and promotion packets for submission to the Office of Academic Affairs.

2.5% Assists with staff development and training on an as needed basis.

MARGINAL FUNCTIONS OF THE JOB AND THE PERCENTAGE OF TIME SPENT ON EACH FUNCTION [NOTE: FOR PURPOSES OF ADA, THESE FUNCTIONS ARE MARGINAL ONLY TO INDIVIDUALS COVERED UNDER THE ADA WHO ARE UNABLE TO PERFORM THESE FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION BECAUSE OF A COVERED DISABILITY.]

SUPERVISION RECEIVED. EXPLAIN THE TYPE AND EXTENT OF INSTRUCTIONS OR DIRECTIONS NORMALLY GIVEN TO THIS POSITION BY THE IMMEDIATE SUPERVISOR.

Supervision as needed. Instruction given through Library Policy and Procedure manual, e-mail and verbally. Meet once per week with Library Human Resource Officer and other office staff to discuss on going planning.

SUPERVISION EXERCISED. LIST THE CLASS TITLES AND POSITION NUMBERS OF POSITIONS UNDER THE DIRECT SUPERVISION OF THIS POSITION.

Co-hires and trains student assistants providing 1.0 FTE.

NORMAL WORK SCHEDULE. (ENTER DAYS/HOURS HERE):
EXPLAIN ANY VARIATIONS FROM THIS SCHEDULE (EX: ON CALL, SHIFT ROTATIONS, SEASONAL EXTENDED HOURS, TRAVEL, ETC.):

Working Hours: a) Daily from 8:00 to 5:00 b) Total hours per week 40; c) Explain any variations in workweek, split shifts, on-call status, or rotations.

EDUCATION, TRAINING, AND EXPERIENCE. IN ORDER OF IMPORTANCE, STATE ANY SPECIFIC EDUCATION, TRAINING, EXPERIENCE, KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED FOR THIS POSITION. IN ADDITION, IDENTIFY THE MINIMUM QUALIFICATIONS AS LISTED IN THE CLASS SPECIFICATION FOR THIS CLASSIFICATION (AVAILABLE AT www.hr.ufl.edu/departmental/ccestablishing.htm). LIST ANY ADDITIONAL OR PREFERRED QUALIFICATIONS SPECIFIC TO THIS POSITION.

MINIMUM QUALIFICATIONS

A bachelor's degree in an appropriate area of specialization; or a high school diploma and four years of appropriate experience. Appropriate college coursework may substitute at an equivalent rate for the required experience.

PREFERRED QUALIFICATIONS

- Experience in human resource management.
- Excellent interpersonal and customer relations skills.
- Excellent communication skills, both oral and written.
- Knowledge of office procedures and office management.

- Computer skills: word processing, database management.
- Able to maintain confidentiality.
- Able to utilize sound and independent judgment.
- Excellent time management skills.
- Good analytical abilities.
- Ability to manage statistical databases.

REQUIRED LICENSES, CERTIFICATIONS, AND OTHER SPECIFIC REQUIREMENTS OF LAW. PLEASE REVIEW THE STATEMENTS BELOW AND PLACE A "Y" IN FRONT OF ALL THAT APPLY.

THIS POSITION REQUIRES A POST OFFER HEALTH ASSESSMENT.

THIS POSITION IS RESPONSIBLE FOR MEETING THE REQUIREMENTS OF THE RULES OF UNIVERSITY OF FLORIDA, 6C1-3.022 FINANCE AND ADMINISTRATION; PAYMENT TO VENDORS; PAYMENT PROCESSING GUIDELINES, AS AMENDED, REGARDING THE APPROVAL AND/OR PROCESSING OF VENDORS' INVOICES AND/OR DISTRIBUTION OF WARRANTS TO VENDORS.

THIS POSITION REQUIRES LICENSURE, CERTIFICATION, OR OTHER SPECIAL REQUIREMENTS (PLEASE SPECIFY).

THIS POSITION REQUIRES A CRIMINAL BACKGROUND CHECK. **Yes**

THIS POSITION PROVIDES CARE TO CHILDREN, THE DEVELOPMENTALLY DISABLED, DISABLED ADULTS, OR IS OTHERWISE DEFINED IN SECTION 110.1127 (3)(A) FLORIDA STATUTES AND THEREFORE REQUIRES A SPECIAL BACKGROUND CHECK AS DESCRIBED IN SECTION 435 FLORIDA STATUTES.

THIS POSITION IS SUBJECT TO FEDERAL AND STATE PRIVACY REGULATIONS.

OTHER, PLEASE SPECIFY:

OTHER CHARACTERISTICS OF THE POSITION. DESCRIBE OTHER CHARACTERISTICS OF THE POSITION SUCH AS PHYSICAL, MENTAL, AND ENVIRONMENTAL FACTORS ESSENTIAL TO THE SATISFACTORY PERFORMANCE OF THE FUNCTIONS OF THE POSITION, OR OTHER CHARACTERISTICS, WHICH HAVE NOT OTHERWISE BEEN DESCRIBED IN THE POSITION DESCRIPTION.

NON EXEMPT (HOURLY) POSITIONS ONLY:

MACHINES AND EQUIPMENT USED REGULARLY. INDICATE PERCENTAGE (%) OF TIME IN THE OPERATION OF EACH.

PC 85%, Calculator 5%, Copier 10%

EXEMPT (BIWEEKLY/ANNUAL) POSITIONS ONLY:

POLICY MAKING AND/OR INTERPRETATION.

PROGRAM DIRECTION AND DEVELOPMENT.

LEVEL OF PUBLIC CONTACT. STATEMENT OF INTERNAL AND EXTERNAL BUSINESS CONTACT, INCLUDING FREQUENCY AND SCOPE.

MONETARY RESPONSIBILITY. AMOUNT AND CONSEQUENCE OF ERROR.

STATEMENT OF RESPONSIBILITY FOR CONFIDENTIAL DATA. (THE DISCLOSURE OF WHICH WOULD BE

Boston Public Library

Title: Human Resources Manager, PM 7

The Organization

A leading American historian has called the Public Library of the City of Boston “one of the five great libraries of the world.”

Well over 3.4 million people visit the Boston Public Library every year to use its collection of 6 million books. Another 4.6 million people connect with the BPL through its website www.bpl.org to take advantage of its many services and its growing collection of electronic resources, downloadable media and digitalized rare books and manuscripts.

Among its preeminent collections, the BPL holds several first edition folios by William Shakespeare; original music scores by Mozart, Prokofiev and others; and the personal library of President John Adams. In addition, the BPL is home to the renowned Norman B. Leventhal Map Center, which includes over 200,000 historic maps and 5,000 atlases documenting the evolution of the printed map.

Over 12,000 programs and classes attract thousands of residents from across the diverse neighborhoods and cultural groups that make up the city. Award winning online and in-library homework assistance sessions, ESL and literacy classes, are also a popular draw.

The BPL has almost 600 employees and has an annual budget of about \$36 million. It is a department of the municipal government of Boston and a statutory charitable organization governed by a board of nine distinguished trustees appointed by the Mayor.

Position Overview

Administrative, technical and professional responsibilities directing and supervising the personnel systems of the Library, within the framework of the personnel systems of the City of Boston, including classification, compensation, recruitment, selection, labor relations, performance appraisal, benefits administration, civil service and training; technical work in developing and maintaining the personnel policies and procedures of the Library.

Reports to

Director of Administration and Finance

Scope of Responsibility

1. Manages and supervises the human resources department to achieve goals within available resources; develops and maintains a human resources system that meets management information needs; oversees the analysis, maintenance, and communication of records required by law or; plans and organizes workloads and staff assignments; trains, motivates and evaluates assigned staff; reviews progress and directs changes as needed.
2. Actively participates in the collective bargaining process; suggests bargaining concepts and strategies; works with City labor counsel and assists in presenting the Library's case to mediators, fact finders and arbitrators as needed; assists with drafting necessary contract language and agreements; coordinates pre and post-negotiation activities including submission of cost items, communication of contract changes to department heads, scheduling of any major retroactive payments, etc.; continuously administers collective

Boston Public Library

bargaining agreements ensuring compliance to labor contracts; maintains communications with appropriate union officials for exchange of information, informal discussion of union-management affairs and related matters; assists with the grievance process.

3. Responsible for developing, administering and proposing improvements to the Library's salary administration plan and classification plan; monitors and reviews current personnel policies, job classification and salary structures and recommends changes as required; revises and maintains job descriptions; oversees the implementation of the performance appraisal system.
4. Administers the civil service system as applicable to employees in the Library; counsels Library staff on civil service procedures and other applicable state and federal laws and Library policies.
5. Oversees all affirmative action guidelines and diversity programs for the Library.
6. Responsible for maintenance of employment applications, employee records and personnel transactions such as hires, promotions, transfers, performance reviews, and terminations, reference and credit checks, CORI or other similar programs, performs special studies and advises the public on job opportunities and application procedures..
7. Oversees the administration of insurance and employee benefit plans, including worker's compensation; acts as a group insurance administrator; acts as liaison between City Hall and Library employees to ensure that correct benefits are provided and that problems or disputes are resolved whenever possible; counsels employees on benefit programs and levels and on payment/reimbursement procedures.
8. Oversees the administration of the Library-wide payroll and human resources information system.
9. Mediates problems between employees; works to improve communication within and between departments; answers questions from department heads and supervisors concerning personnel policies and procedures.
10. Prepares employee separation notices and related documentation, and conducts exit interviews to determine reasons behind separations.
11. Prepares reports and recommends procedures to reduce absenteeism and turnover.
12. Collaborates with management staff on the design and implementation of a training and professional development program for all employees.
13. Ensures Library-wide compliance with existing laws, rules, ordinances and regulations governing the acquisition and utilization of employees.
14. Plans and conducts new employee orientation to foster positive attitude toward organization goals.
15. Represents the Library at personnel related hearings and investigations.
16. Performs similar or related duties as required or as situation dictates.

Boston Public Library

Qualifications

1. **Education and Experience:**

Bachelor's degree in human resources, public administration, business administration, labor relations or related field; and five years of experience in personnel including four years in a supervisory capacity, preferably in a Library setting; or any equivalent combination of education and experience. Advanced degree in public administration with a concentration in personnel management highly desirable.

2. **Knowledge, Ability and Skill:**

Knowledge. Thorough knowledge of public sector personnel practices and applicable federal and state laws regulating hiring and collective bargaining matters. Thorough knowledge of employee classification, compensation and benefits, recruitment, selection, training, and labor relations. Demonstrated successful experience with an electronic payroll (PeopleSoft a definite plus).

Demonstrated problem solving ability and ability to maintain productive relations in a complex and changing environment. Strong management and supervisory skills. Integrity, initiative, judgment, discretion, dependability and ability to work under pressure and deadlines essential.

Ability. Ability to interact in a positive and effective manner with personnel at all levels of authority. Ability to communicate clearly and concisely, in writing and orally. Ability to recruit, interview and evaluate job applicants for diverse positions. Ability to maintain accurate and detailed records. Ability to prepare and analyze comprehensive reports. Ability to carry out assigned projects to their completion. Ability to efficiently and effectively administer a human resource system.

Skill. Skill in the use of personal computers, particularly word processing and spreadsheet applications. Excellent public relations skills Solid negotiating skills.

3. **Residency** – Must be a resident of the City of Boston upon the first day of hire.

4. **CORI** – Must successfully clear a Criminal Offenders Record Information check with the City of Boston.

BOSTON PUBLIC LIBRARY
Special Library Assistant V

BOSTON PUBLIC LIBRARY
Job Description

Title: Special Library Assistant V
Grade: LA8
Class: GG

Class Specifications: Includes Library Assistants whose duties involve the following: under the direction of the Director of Human Resources, or designee, to be responsible for recruitment, HR training, managing the performance evaluation system, orientation, employee handbook and other Human Resources tasks in support of the overall Human Resources operation.

Typical Duties:

Under general supervision, and in accordance with standard policies and practices, performs any and all of the following:

1. Supervises and trains the clerical staff in the on-going procedures and work of the Office.
2. Assumes responsibility for the preparation, processing, and completion, and distribution of all Personnel Action Reports, and other documents relating to resignations, terminations, and retirements.
3. Assumes chief responsibility for the processing of and current maintenance of pertinent records required by the Commonwealth of Massachusetts, Division of Personnel Administration.
4. Maintains liaison with City of Boston agencies such as Health Benefit and Insurance Division, Retirement Board, Workers' Compensation Office, Office of Labor Relations, and the Office of Human Resources at City Hall.
5. Creates complex reports and letters and updates and maintains databases.
6. Manages the recruitment, selection and hiring of employees.
7. Present offers and enter into salary negotiations with external applicants.
8. Performance Review System management, including regularly training groups and individuals on process, serving on committee with unions to modify process, and monthly notification and tracking.
9. Assumes chief responsibility for the maintenance of all permanent Human Resources records, both manual and automated, including job descriptions, job postings, and performance evaluations.
10. Designs and conducts Human Resources training and orientations.
11. Drafts human resources procedures and policies.
12. Maintain and update job descriptions
13. Lead and assist in special HR related projects.
14. Updates the Employee Handbook.
15. Performs related duties as required.

David's revision 2/04

Minimum Qualifications:

Education: Relevant Bachelor's degree in a related field from a recognized college or university; formal business training including word processing training and/or proven employment record supporting ability to perform well at this level.

Experience: Three or more years professional level experience preferably in a Human Resources Office or comparable organization with direct experience working with Microsoft Office, Access, Excel, PowerPoint, PeopleSoft and other electronic programs with an emphasis on policy, procedure, employee communication, recruitment and training. Prior experience in working in an automated office environment at a supervisory level. Experience in training groups of employees.

Special Qualifications: Excellent interpersonal skills. Excellent writing skills. Demonstrated ability to accept responsibilities; able to work in a fast-paced, environment where multiple tasks and deadlines are a dominant feature; tact in dealing with people; ability to supervise and organize the work of others; to communicate effectively with all levels and types of employees and applicants. Dependability.

Revised February 2004

