

ROGER WILLIAMS UNIVERSITY – DINING UNION
Benefit Election and Waiver Form

New Enrollment / Waiver Employment Status Change Open Enrollment Cancellation of Benefits
Qualifying Event Date: ____ / ____ / ____ Loss of Coverage Family Status Change

Section A – Employee Information

Name: _____ RWU ID: _____
(First, Middle Initial, Last)

Department: _____ Date of FT Employment: _____

Position: _____ Date of Benefit Eligibility: _____
(1st of the month following date of FT employment or qualifying event)

Section B – Benefit Elections

If you are electing to waive medical and dental coverage, please skip the medical and dental enrollments

MEDICAL – Blue Cross Blue Shield of Rhode Island Includes Health Reimbursement Account (HRA) Coverage

Please select one of the following coverage levels:

PLAN A (Blue Choice) Individual Family
PLAN B (HealthMate Coast-to-Coast) Individual Family

DENTAL - Delta Dental of Rhode Island

Please select one of the following coverage levels: Individual Family

Medical and Dental Waiver of Coverage

WAIVER of MEDICAL and DENTAL COVERAGE

Please select one of the following coverage levels: Buyback – Medical and Dental* Individual Family
*To be eligible for and receive buyback, you must waive BOTH medical and dental coverage.

Vision Coverage

Vision - VSP Eastern Vision Service Plan

Choose your plan: Base Premium

Please select one of the following coverage levels:

Individual Employee Plus One Employee & Children Family

Optional Coverages

Optional Coverages - Please select the coverages in which you would like to enroll. HR will provide the appropriate enrollment forms/instructions/costs for Optional Life Insurance. For other coverages, instructions will be provided by the insurance company.

Optional Life and AD&D - Lincoln Financial

Employee

Spouse - requires Employee plan of equal or greater value

Children - requires Employee plan

Supplemental Disability - The Standard

Long Term Care - Genworth*

**Genworth will directly bill you for the premium*

Section C - Payroll Authorization

1. I understand that my employer or plan sponsor, in accordance with the underwriting guidelines of the carrier, will determine the effective date and termination date of my benefit coverage.
2. I understand that my employee contributions for the benefits I elect are payroll deducted. I authorize the deductions from my paycheck for any benefits plans in which I enroll and understand that the University will deduct any retroactive contributions, as needed.
3. I understand that I am responsible for any benefit deductions. If deductions are not collected through payroll because I did not receive a paycheck, I understand that I must coordinate such payment(s) with the Department of Human Resources.
4. I have the option of changing my elections only during the University's annual open enrollment or within 30 days of a qualified family status change.
5. I am in receipt of information on voluntary benefits.
6. By opting out of medical and/or dental coverage, I attest that myself and any dependent I claim on my taxes have group medical and/or dental coverage. I understand that group medical coverage does not include coverage through the marketplace (also known as the Exchange) or coverage directly from an insurance company. I accept responsibility for myself and my dependents' medical and/or dental insurance, including confirming that the other coverage is minimal essential coverage as defined by the Affordable Health Care Act.
I also understand that in making this election, my employer is not responsible for any lapse in insurance coverage through my spouse or other entity. Eligibility to enroll later shall be at the University's annual open enrollment or within 30 days of a qualified family status change.
7. I understand that my payroll deductions for benefit elections are **pre-tax**, where applicable. If you would like to have the applicable benefit deductions taken **post-tax**, please submit your request in writing to the Department of Human Resources.
8. I understand that if I elect to cover a domestic partner, certain premiums may not be pre-tax and that the University portion of the premium may be considered taxable income.

By signing below, I certify that I have read and understand the above statements and that all information is true and correct to the best of my knowledge.

Employee Signature

Date