

ROGER WILLIAMS UNIVERSITY and SCHOOL OF LAW
Benefit Election and Waiver Form

HR USE - Payroll Cycle BS BW LS LB

Name: _____ RWU ID: _____

Classification: **UNION:** Dining Facilities Faculty PSSA Public Safety
 Check ONLY ONE RWU Non-Aligned SOL Non-Aligned School of Law Faculty
 (required)

OPEN ENROLLMENT - All Changes Effective July 1, 2026

BENEFIT COVERAGE ELECTIONS & WAIVER OF BENEFITS
 This form is required for all changes.

MEDICAL

Please select your plan and coverage level:

Blue Cross Blue Shield of Rhode Island <i>Includes Health Reimbursement Account (HRA) Coverage</i>	Blue Choice Value	Individual	Family
	(not available for PSO) Blue Choice	Individual	Family
	(not available for Dining & PSO) BlueCHiP Flex	Individual	Family
	HealthMate Coast-to-Coast	Individual	Family

DENTAL

Please select your coverage level: Individual Family

Delta Dental of Rhode Island

WAIVER of Medical/Dental COVERAGE(S)

For Dining, Facilities, Non-Aligned, PSSA, Public Safety, School of Law, and SOL Faculty employees.

To elect Buyback for waiving BOTH Medical & Dental coverages;

Please select your coverage level: Individual Family

For University FACULTY Members only.

To elect Buyback for waiving coverage of either, or both, Medical & Dental coverage(s);

MEDICAL WAIVER: Please select your coverage level: Individual Family

DENTAL WAIVER: Please select your coverage level: Individual Family

VISION VSP Eastern Vision Service Plan

Step 1: Choose your plan:

Base Premium

Step 2: Choose Your Coverage Level:

Individual
 Family
 Employee & Children
 Employee Plus One

Check here to **CANCEL** your Coverage.
****A termination form is also required.****

Payroll Deduction 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

Please note, your signature can be your name typed into the line above.

It does not need to be a digital or wet signature.