



Post Doc/Trainee Billing Form

Post Doc/Trainee: _____ UID: _____

Anticipated Stipend (*used to calculate life and disability premiums*): \$ _____

Grant Manager: _____

Department Contact: _____

Email Address for Bill: _____

☐ Department requests a spreadsheet with a breakdown charges

Billing Start Date: _____

Who Will Be Paying: ☐ Department ☐ Post Doc/Trainee ☐ Combination

If you selected "Combination" above, please indicate how the payment will be split.

☐ Normal department/employee split

☐ Department pays: \$ _____ and post doc/trainee pays remainder

☐ Other _____

Billing Change Date: _____

Reason for Change: _____

☐ Change to department and post doc/trainee split in payment

☐ Normal department/employee split

☐ Department pays: \$ _____ and post doc/trainee pays remainder

☐ Department pays full cost

☐ Post doc/trainee pays full cost

☐ Change to post doc/trainee's coverage level (single to two-party, family, etc.)

(Post doc/trainee should submit the change through UBenefits)

☐ Change to grant manager, and/or department contact, for payment (enter new information below)

☐ Other _____

Billing End Date: _____

Reason for Ending: ☐ Job Change ☐ Termination of Employment

☐ Other _____

University Human Resource Management

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Benefits NOT on Billing

Flexible Spending Account (FSA) - It is not possible to set up Health FSA and Dependent Care FSA in our billing system. There is no way to collect deductions and receive the pre-tax benefit.

Parking Service Transport Fee (UTA Pass) – All employees receive this non-taxable benefit. The premium for this benefit is paid for by the department and/or grant. This benefit is unable to be charged through billing but will still be charged through payroll.

Billing Information/Payment Instructions

Bill Information

Only one bill can be sent, regardless of whether the payment is split between the department and the post doc/trainee. All bills going to the department will be sent through email, to the e-mail address you indicated above. Bills are sent around the middle of the month prior to the coverage month.

The bill indicates only the total amounts due for each benefit. It does not break up the charges between department and the post doc/trainee. A breakdown of the health plan rates is on page 4 of the [Summary Comparison of Medical and Dental Options](#). If you would like a spreadsheet showing the separate charges, please indicate on the form or send an email to hrbilling@utah.edu.

Payment Information

Because only one bill can be created, which is generally sent to the department/Grant, post doc/trainees should set up automatic payments. Please provide the **ACH Form** to the post doc/trainee and send the completed form with a voided check to Income Accounting.

Department/Grant benefit payments are made by eJournal to chartfield 01-00410-2000-17227-20617-1. Please share the e-journal with Lisa Batley and Ephraim Burrell.

Automatic payments

Plan year rate changes occur July 1st. All post doc/trainee ACH payments will automatically be updated by UHRM at the beginning of each plan year. The bill will reflect the new total rate; however, it will not give the breakdown for new department rate. The new rates will be reflected on page 4 of the [Summary Comparison of Medical and Dental Options](#). If you would like a new spreadsheet sent with updated department cost, send an email to hrbilling@utah.edu.

If a post doc/trainee makes changes to their benefits during the plan year you will see new total rates on the subsequent bill. If you would like a spreadsheet with the new updated department charge please send an email to hrbilling@utah.edu. The post doc/trainee's automatic payments will not be automatically updated in this scenario. It is the responsibility of the post doc/trainee to send in a new ACH form to have this updated.

For questions or concerns please contact UHRM at (801) 581-7447 or email hrbilling@utah.edu.