



## Hospital Plan Plus (HPP) Benefits Enrollment Information



**Remember, you must sign and date all forms and submit them to the Benefits Department within 90 days of your hire date, or transfer date if you are transferring from a non-benefits eligible position to a benefits eligible position.**

### Health Care and Dental Coverage Enrollment Form:

You have the option to enroll yourself and your eligible dependents in a University sponsored medical and dental plan. For employee premiums please refer to the rate chart found on the back of this form. Your premiums are automatically deducted on a pre-tax basis. Be sure to list each eligible dependent to be covered.

### Life Insurance Enrollment Form:

Basic Life Insurance coverage (Part I) is provided for you by the University at no charge. You have the option to obtain additional coverage for yourself and to obtain coverage for your eligible dependents. Premiums for additional coverage are outlined in the respective plan booklets. Be sure to designate a beneficiary in the event of your death. A contingent beneficiary is suggested, but not required. You are automatically designated as the primary beneficiary of any coverage on your dependents.

### Additional Benefits Enrollment Form:

#### Accidental Death and Dismemberment

You have the option to cover yourself and your eligible dependents under the University sponsored Accidental Death and Dismemberment Insurance. You pay the whole premium; see the plan booklet for coverage and premiums. Be sure to indicate a primary beneficiary. A contingent beneficiary is suggested, but not required.

#### Long Term Disability

You have the option to enroll in the University sponsored Long Term Disability Plan. This policy provides you with a monthly income up to 60% of your covered monthly salary to a maximum determined by your plan. The University contributes toward the cost of this plan.

#### Long Term Care

You have the option to enroll in the University sponsored Long Term Care Plan. This plan provides coverage for extended nursing home or home health care benefits. You pay the whole premium. If you choose to enroll in this plan, you must also complete an individual application.

### Flexible Spending Accounts:

You have the option to participate on a Plan Year basis in the Section 125/Flexible Spending Account. Amounts are deducted each paycheck and are based on the total dollar amount you determine will meet your needs. If you choose to participate in this plan, you must also complete the Section 125/Flexible Spending Account Enrollment Form.

### Retirement Enrollment Form:

A TIAA-CREF Enrollment Form will be sent to you following a one-year waiting period. All contributions to your retirement account are made by the University.

#### Supplemental Retirement Accounts

You may participate in the University's 403(b) and/or 457(b) supplemental retirement plans. To begin making contributions pick up the appropriate forms and investment company information in the Benefits Department or the Employee Service Center at the Hospital.

### Status Changes:

If you experience a qualified status change event as defined by the Internal Revenue Code (marriage, birth, adoption, divorce, or death), you have three months from the date of the event to make changes in your benefit plan elections, consistent with the event. If you do not make changes during this three-month period, you will have to wait for the next open enrollment period to make changes.

### Change of Beneficiary:

You may change your beneficiaries at any time on your insurance plan(s) by completing a Beneficiary Change Form, which is available on the Benefits website at [www.hr.utah.edu](http://www.hr.utah.edu) or in the Benefits Department. You must contact your retirement plan directly to change beneficiaries. Check with the Benefits Department to find out which companies require a separate Beneficiary Change form.

Section 6109 of the Internal Revenue Code requires you to give your correct social security number to persons who must file information returns with the IRS to report certain information. The University confidentially maintains your social security number for identification purposes and routine uses such as facilitating document matching and administering benefits. The University will provide this information to the IRS, to any third party that provides this information to the IRS on behalf of the University, and may provide this information to agencies to carry out federal or state law.

**Remember! Keep a copy of your enrollment forms for your records.**  
If you have any questions, please contact the Benefits Department at 581-7447.

## Hospital Plan Plus Payroll Deduction Worksheet

(for your information only)

### Group Life Insurance

|   |                 |  |   |                                 |
|---|-----------------|--|---|---------------------------------|
| Part I  |                 | Benefits base (annual salary) to max of \$25,000                                   | No cost to employee   | N/A                             |
| Part II   |                 | Benefits base (annual salary) to max of \$25,000                                   | Benefits Base x \$.25   | \$                              |
| Part III  |                 | Dependent coverage of \$2,000 per dependent  | \$.76 total per month, no matter how many covered dependents      | \$                              |
| Supplemental Term Life:                             | Employee        | Max coverage of \$350,000 (up to \$750,000 may be available for those who qualify) | Rates found in the pamphlet describing this benefit               | \$                              |
|   | Spouse          | Max coverage of \$250,000  |   | \$                              |
|   | Dependent Child | \$5,000 or \$10,000  |   | \$.60 or \$1.20 total per month |
| Group Universal Life                                |                 | Max coverage of \$150,000  | Rates can be obtained by calling Hawkins & Associates at 272-5353 | \$                              |
| <b>Total Group Life Insurance Monthly Deduction</b> |                 |  |   | <b>\$</b>                       |

### Accidental Death and Dismemberment

|   |                                 |           |
|---|---------------------------------|-----------|
| Single Coverage   | \$ .19 per \$10,000 of coverage | \$        |
| Family Coverage   | \$.36 per \$10,000 of coverage  | \$        |
| <b>Total Accidental Death &amp; Dismemberment Monthly Deduction</b> |                                 | <b>\$</b> |

### Long Term Disability

|   |  |           |
|---|--|-----------|
| HPP Participants                                    | \$.01066 x's covered monthly salary, minus \$10.00 (full-time) / \$5.00 (part-time) contribution made by University. | \$        |
| <b>Total Long Term Disability Monthly Deduction</b> |  | <b>\$</b> |

### Long Term Care

|  |           |
|--|-----------|
| Long Term Care employee rates are listed on page 16 of the booklet | \$        |
| <b>Total Long Term Care Monthly Deduction</b>                      | <b>\$</b> |

### Medical/Dental Plan

|  |                  | Indemnity |                 | ValueCare Basic |                 | ValueCare Preferred |                 | UUHP      |                 |
|--|------------------|-----------|-----------------|-----------------|-----------------|---------------------|-----------------|-----------|-----------------|
|  |                  | Full-time | Part-time       | Full-time       | Part-time       | Full-time           | Part-time       | Full-time | Part-time       |
| Employee                                   | Medical Only     | \$57.72   | <b>\$186.52</b> | \$5.00          | <b>\$146.64</b> | \$63.68             | <b>\$192.48</b> | \$35.16   | <b>\$181.80</b> |
|  | Medical & Dental | \$67.38   | <b>\$203.88</b> | \$14.66         | <b>\$164.00</b> | \$73.34             | <b>\$209.84</b> | \$44.82   | <b>\$199.16</b> |
| Two Party                                  | Medical Only     | \$136.54  | <b>\$332.62</b> | \$25.00         | <b>\$244.40</b> | \$128.64            | <b>\$324.72</b> | \$73.44   | <b>\$317.84</b> |
|  | Medical & Dental | \$158.68  | <b>\$372.46</b> | \$47.14         | <b>\$284.24</b> | \$150.78            | <b>\$364.56</b> | \$95.58   | <b>\$357.68</b> |
| Family                                     | Medical Only     | \$241.74  | <b>\$454.94</b> | \$40.00         | <b>\$327.66</b> | \$229.66            | <b>\$442.86</b> | \$106.86  | <b>\$434.52</b> |
|  | Medical & Dental | \$276.66  | <b>\$517.76</b> | \$74.92         | <b>\$390.48</b> | \$264.58            | <b>\$505.68</b> | \$141.78  | <b>\$497.34</b> |
| <b>Total Medical/Dental Plan Deduction</b> |                  |           |                 |                 |                 |                     |                 | <b>\$</b> |                 |

**Total Monthly Deduction**  
 (1/2 taken from each paycheck received the 7<sup>th</sup> & 22<sup>nd</sup> of each month)

\$ \_\_\_\_\_