Remote Benefit Processing Agreement

As a benefits-eligible employee, we hold your health and well-being in high regard so you can go above and beyond to reach your goals. WVU offers a comprehensive employee benefits package with a variety of options that you can tailor to meet your needs. To help ensure your benefits are set up accurately, please follow the instructions and turn in all forms promptly within the designated time frames. You may also choose to participate in a benefit session, where benefits will be explained in detail. (Call 304-293-5700 ext 4 to register for session.)

**Required Forms** - (Complete and return on or before 1st day of benefit eligible position.)

- Employment Years of Service Form
- 401(a) Retirement Vendor Selection Form
- Basic Life Insurance Notification
- Tobacco Affidavit

**Optional Benefits** - (May enroll during month of eligibility and two following months)

I understand that as a benefits-eligible employee, I have the month in which I become benefit-eligible and the following two months, to sign up for optional benefits. The deadline for signing up for these optional benefits is [month and date].

Once my forms are received and approved, coverage is effective on the first day of the next month.

A. Health Insurance Enrollment Form
B. PEIA PPB Plans - Primary Care Physician Designation Form
C. Optional and Dependent Life Insurance Enrollment Form (During optional enrollment period, employees are guaranteed up to $100,000 coverage. May enroll after the optional enrollment period, but will be subject to evidence of insurability and underwriting approval.)
D. FBMC Mountaineer Flexible Benefits Enrollment Form (Includes: dental and vision insurance, medical and dependent care flexible spending accounts, health savings account, hearing service plan, disability* plans, legal plans, etc.)
E. Standard Insurance Company Voluntary LTD Enrollment Form * (May enroll after optional enrollment period, but will be subject to evidence of insurability and underwriting approval. New hires guaranteed issue.)
F. AIG Personal Accident Insurance Enrollment Form
G. Supplemental Retirement Accounts Salary Reduction Agreement
H. Voluntary Benefits (Includes Critical Illness, Hospital Indemnity, ID Theft Protection, Pet Insurance)

By signing this agreement, I am choosing to remote process for my new benefits. If I need additional assistance, I will contact the WVU Benefits Administration Office to register for a benefits session. If you have an email client installed, you can simply click the email now button. If not, you can still submit electronically by clicking:"File", then "Send File", then "Attach to Email". You may also print the file and mail or hand deliver to HR Benefits - 2nd Floor, PO Box 6640, Morgantown, WV 26506

Employee Signature: __________________________ Date: mm/dd/yyyy
Required Benefit Forms Checklist

Please review the items below to ensure you have completed all the tasks necessary to set up your employee benefits. The deadlines specified above are extremely important to the accurate and timely processing of your benefits. Please be sure to return all required documentation prior to your first day working in your benefit-eligible position.

These Must Be Returned Prior to Your First Day of Work in Benefit-Eligible Position

1. Benefits Orientation Required Forms Checklist (This Form)
   This checklist will help ensure you fill out all the required forms. If your benefit eligible date and your optional benefit date are not already filled in above, please do that first.

2. Employment Years of Service Form (Required Form #2 - Parts 1, 2, and 3)
   Include any prior service with State of West Virginia, including WVU. If you do not have prior years of service, sign the appropriate spot and go to required form 3. If you do have prior years of service you will need to complete Part 3 and provide that form to any prior agency so they can verify your work experience.

   I UNDERSTAND that if I selected that I have prior years of service in required form #2, then it is my responsibility to complete part 3 and provide that page to any prior agency for whom I am requesting application of years of service. Until part 3 is returned and verified, my years of service WILL NOT be applied.

3. 401(a) Defined Contribution Retirement Plan Vendor Selection Form (Required Form #3)
   Participation in a qualified 401(a) retirement plan is REQUIRED by the State of West Virginia. All benefits-eligible employees must enroll and contribute 6% of total earnings to the retirement plan of their choice. A 6% employer match is provided to all employees and is 100% vested. Note: Employees who choose TIAA-CREF and do not enroll online will be default enrolled into the plan under an age-appropriate LifeCycle Fund; Empower requires the employee to choose their plan. For both, beneficiaries and plan changes can be made approximately 1 week after processing for payroll.

4. Basic Life Insurance Notification - no form
   All benefit-eligible employees are provided a Basic Life insurance policy that is paid for by the University. Details about the policy can be found in the Public Employees Insurance Agency (PEIA) Shoppers’ Guide. (page 44) You will need to register at Manage My Benefits to set up beneficiaries once your coverage is activated (approximately 1 week after processing for payroll; otherwise default beneficiaries will be applied.

5. Tobacco Affidavit - no form
   If none of the people enrolled on your PEIA coverage use tobacco, you will receive the discount on your PEIA PPB Plan health coverage (if any) and optional life insurance premiums. I acknowledge by checking the acceptance box below that WVPEIA or its agents have access to my medical records to check my tobacco use status.

   Who uses tobacco:  [ ] Policyholder  [ ] Dependent (spouse and/or children)  [ ] No Tobacco Users within the last six (6) months
EMPLOYMENT YEARS OF SERVICE SELF-VERIFICATION

This information is needed for recording experience within your profession, longevity increment pay, service awards and other seniority-related issues.

If you have any questions or concerns, please contact a Benefits staff member at the number below.

*Employment as a Student Worker, Work-Study or Graduate Student does not count as eligible service time. Employment as a member of Faculty or Faculty Equivalent Academic Professional (FEAP) must be Full Time 1.00 FTE for 9 months or more in each fiscal year to be considered credible service time. All employees hired on or after July 1, 2007, will not be eligible to receive credit toward longevity accruals for any time worked in a temporary position per Board of Governors’ (BOG) Policy 32.

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☐ I do NOT have prior years of service with WVU or any other West Virginia State Agency. *(Stop - Sign below and go to Form 3)*

☐ I do have prior years of service with WVU or another eligible West Virginia State Agency. *(Please continue - PART 3 is REQUIRED)*

☐ Check here if this is a request for re-verification. **Reason for request:** __________

Note: Adjustments will not be made retroactive prior to month in which the obligation to verify service was met by the employee.

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<th>STATE AGENCY NAME (SEE REVERSE SIDE) and PHONE NUMBER</th>
<th>AVERAGE HOURS/WEEK</th>
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☐ Check here to transfer sick leave from another State agency. **Agency Name** __________

Note: Requests to transfer sick leave from another State agency must be made in writing within one (1) year of being (re)hired at West Virginia University.

West Virginia University reserves the right to verify an employee’s years of service at any time.

I verify to the best of my knowledge that the above information is correct. I understand that it is my responsibility to provide the WV State Agency listed above who are not affiliated with WVU with an Employment Verification Form. Any agency(s) receiving the form will have ninety (90) days to complete and submit that form to the WVU Benefits Office.

If a completed “Employment Verification Form” is not submitted within said thirty (90) days, the WVU Benefits Office will complete my verification using only the approved information available at that time.

I understand that if applicable, my annual increment and leave accrual will be adjusted to reflect years of service credited to me through the result of this verification.

I am aware of this employee’s request to have their years of service verified by WVU’s Division of Human Resources Benefits Office. I understand that any prior years of service not currently accounted for may affect my departmental budget. I also understand that years of service verifications may only be denied by the Division of Human Resources Benefits Office.

I understand that if applicable, this employee’s annual increment and leave accrual will be adjusted to reflect years of service credited to me through the result of this verification.

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<th>Employee Signature</th>
<th>Date</th>
<th>REQUIRED Dean/Director/Administrator Signature (Not applicable for new employees)</th>
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PO Box 6640 • One Waterfront Place • Morgantown, WV 26506 • Phone: (304) 293-5700 x 4 • Fax: (304) 293-7532

REV (9/14)
WEST VIRGINIA UNIVERSITY

401(a) Defined Contribution Retirement Plan - Vendor Selection/ Salary Reduction Agreement Form

Institution
- WVU Morgantown
- WVU HSC Charleston
- WVU Tech
- WVU Parkersburg
- WVU Potomac State

Mandatory Contributions for Retirement
The West Virginia Higher Education Policy Commission 401(a) Defined Contribution Retirement Plan provides for a mandatory contribution of 6% of gross earnings. This amount will automatically be deducted from ALL pays, and be remitted to your retirement plan vendor for application to your retirement account. At the same time, the employer (WVU) matching contribution of 6% will also be remitted to your retirement plan vendor for application to your retirement account. The allocation for application will be determined according to your specifications, or applied under the default choice in lieu thereof.

Employee Statement of Agreement
I understand that under West Virginia Code Section 5-10c-1, et seq. (HB 2022), it is mandatory that I contribute 6% of my pre-tax earnings to the West Virginia Higher Education Policy Commission 401(A) Defined Contribution Retirement Plan. Upon termination of employment, retirement accumulations may be withdrawn under various options or set up as annuity income. Income taxes are due for the tax year during which received.

TIAA-CREF  ○ TIAA has a default life cycle fund or build your own portfolio after initial deduction.
EMPOWER  ○ Empower requires additional steps for enrollment after initial payroll deduction.

*Note - An enrollment and participant directed investment form for the selected vendor must be completed and forwarded to the vendor prior to any payroll deduction. The submission of this Vendor Selection Form replaces any prior vendor selection made by the participant.

Employee Signature: __________________________ Date: ____________

Central Human Resources Use Only

Accepted on behalf of Employer by: __________________________ Date: ____________

401(a) Vendor Code:  ○ TIAA-CREF (309)  ○ EMPOWER (311)

Never send social security numbers through email.