# New Hire Forms – 30 Days Checklist

Bargaining Unit Faculty

After reviewing your benefits and completing the checklist, please proceed to Step 3 and complete the Benefits Elections Online Form.

## Employment Information

| FTE (Full-Time Equivalency) | ☐ 75-100% (30–40 hours per week) | ☐ 51-74% (21-29 hours per week) |

## Health Care Elections

- ☐ Anthem PPO 90/10, Delta Dental, and VSP Vision
- ☐ Anthem PPO 80/20, Delta Dental, and VSP Vision
- ☐ Anthem High Deductible Health Plan (HDHP), Delta Dental, and VSP Vision
- ☐ Waive

  Monthly Premium: $_______________

*To enroll your eligible dependents on your health care plans, you will need the following dependent information: Name, Relationship, Last four digits of the dependents Social Security Number, Date of Birth, and Gender.*

## Spending Accounts

### Health Savings Account (HSA) Payroll Reduction (For HDHP enrollees only)

- In addition to Wright State contributing to your HSA, would you like to contribute pre-tax dollars to your HSA via payroll deduction? ☐ Yes ☐ No
- Payroll Frequency (How often are you paid?) ☐ Monthly ☐ Bi-Weekly
- Contributions Per Pay* $_______________
- # of pay periods contributions are to be deducted from your 2017 pay _____

*Cannot exceed 2017 annual contribution limit of $3,400 (single)/$6,750 (family), inclusive of employer and Healthy Rewards contributions. An additional $1,000 contribution is permissible for employees age 55 or older.*

### Health Care Flexible Spending Account (FSA) (HDHP enrollees are not eligible)

- Would you like to contribute pre-tax dollars to a Health Care FSA via payroll deduction? ☐ Yes ☐ No
- Payroll Frequency (How often are you paid?) ☐ Monthly ☐ Bi-Weekly
- Contributions Per Pay* $_______________

*Minimum monthly contribution is $10.00 and the maximum annual contribution is $2,600.00. The annual number of pay periods for bi-weekly paid employees is twenty-four (24); for monthly paid employees, twelve (12).*

### Dependent Care Flexible Spending Account (FSA)

- Would you like to contribute pre-tax dollars to a Dependent Care FSA via payroll deduction? ☐ Yes ☐ No
- Payroll Frequency (How often are you paid?) ☐ Monthly ☐ Bi-Weekly
- Contributions Per Pay $_______________

*Minimum monthly contribution is $10.00 and the maximum annual contribution is $5,000.00 for married filing jointly or $2,500.00 for single or married filing separately. The annual number of pay periods for bi-weekly paid employees is twenty-four; for monthly paid employees, twelve (12).*
## SHORT TERM DISABILITY

**Short Term Disability** (75% FTE or greater)
- [ ] Enroll
- [ ] Waive

Short Term Disability provides you income protection for the first 26 weeks of an approved qualifying disability. No health questions asked during your initial enrollment.

**Monthly Premium:**
$_______________

## LIFE INSURANCE

### Basic Life and Accidental Death and Dismemberment (AD&D) Insurance
(50% FTE or greater)

Wright State provides basic life insurance and (AD&D) insurance at no cost to employees and enrollment is automatic. Maximum coverage is $400,000.

*To designate beneficiaries for your Wright State provided Basic Life and (AD&D) Insurance, you will need the following Primary and Contingent Beneficiary information: Full Name, Address, Relationship, Share % (must total 100%).*

### Supplemental Life Insurance
*(Only one supplemental plan can be elected)*

- [ ] Term Life
- [ ] Group Universal Life (GUL)
- [ ] Dependent Life
- [ ] Waive

For Term and GUL, you can elect up to $200,000 with no health questions asked during your initial enrollment. Maximum coverage is $400,000.

**Monthly Premium:**
$_______________  $_______________

*To designate beneficiaries for Term or GUL Insurance, you will need the following dependent information: Full Name, Last four digits of the beneficiary’s Social Security Number, Date of Birth, and Relationship to Employee.*

**If enrolling in Dependent Life insurance, please select the option type:**
- [ ] Option 1 ($10,000 for spouse/domestic partner/$2,000 per eligible child)
- [ ] Option 2 ($25,000 for spouse/domestic partner/$10,000 per eligible child)

*To enroll your spouse, domestic partner and/or eligible child(ren), you will need the following dependent information: Full Name, Last four digits of the dependent’s Social Security Number, Date of Birth, and Relationship to Employee.*