New Hire Benefits Checklist

Wright State University

Staff and Non-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**

- **Type of Employment**
  - [ ] Staff
  - [ ] Non-Bargaining Unit Faculty

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

**HEALTH CARE ELECTIONS**

<table>
<thead>
<tr>
<th>Medical Plan (Anthem)</th>
<th>Dental Plan (Delta Dental of Ohio)</th>
<th>Vision Plan (VSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] PPO 80/20</td>
<td>[ ] Enroll</td>
<td>[ ] Enroll</td>
</tr>
<tr>
<td>[ ] High Deductible Health Plan (HDHP)</td>
<td>[ ] Waive</td>
<td>[ ] Waive</td>
</tr>
<tr>
<td>[ ] Waive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **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**

<table>
<thead>
<tr>
<th>Health Savings Account (HSA) Payroll Reduction (For HDHP enrollees only)</th>
<th>In addition to Wright State contributing to your HSA, Would you like to contribute pre-tax dollars to your HSA via payroll deduction?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

- **What pay date would you like to begin your contributions?**
- **Payroll Frequency (How often are you paid?)**
  - [ ] Monthly
  - [ ] Bi-Weekly

- **Contributions Per Pay* $_______________**

  *Cannot exceed the annual contribution limit of $3,450 (single)/$6,900 (family), inclusive of employer contributions. An additional $1,000 contribution is permissible for employees age 55 or older.*

<table>
<thead>
<tr>
<th>Health Care Flexible Spending Account (FSA) (HDHP enrollees are not eligible)</th>
<th>Would you like to contribute pre-tax dollars to a Health Care FSA via payroll deduction?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

- **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 $2,650.00. The annual number of pay periods for bi-weekly paid employees is twenty-four (24); for monthly paid employees, twelve (12).*

<table>
<thead>
<tr>
<th>Dependent Care Flexible Spending Account (FSA)</th>
<th>Would you like to contribute pre-tax dollars to a Dependent Care FSA via payroll deduction?</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

- **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).*

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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 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.*

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