

Human Resource Services

Online Benefits Enrollment



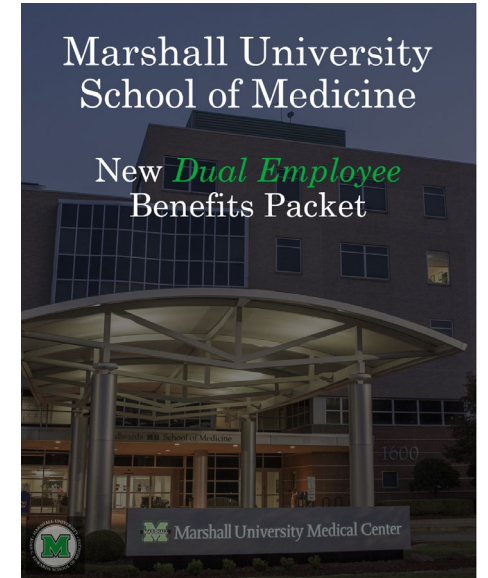
Welcome to the HERD!

Congratulations on your new position with
Marshall University!

Please review one of the following packets
prior to enrolling in benefits :

[New Employee Benefits Packet](#) - For Marshall
Employees

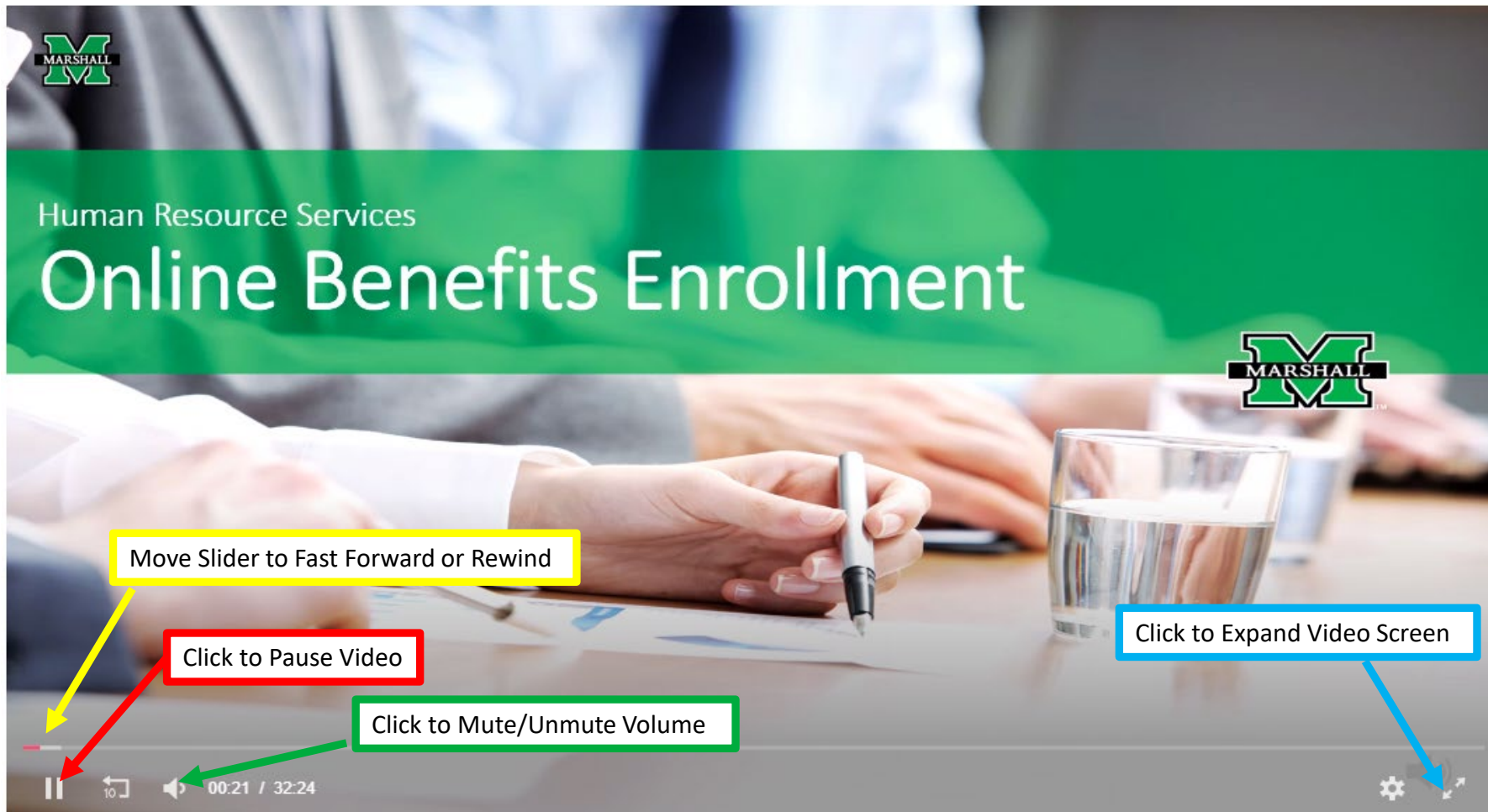
[New Dual Employees Benefits Packet](#) - For those
employed by Marshall University and Marshall Health



HUMAN RESOURCES



The video will proceed automatically. At times, there will be instructional audio. You can also fast forward or pause the video for your needs. The image below shows how to control the session.





In the first section of the presentation, we will complete the online enrollment for PEIA.

Please make sure you have gathered personal information for yourself, dependents, and beneficiaries.



The documents mentioned in this presentation will be listed below the video on the website.

<https://www.marshall.edu/human-resources/benefits/benefits-information-for-new-employees/benefits-enrollment-session/>





Disclaimers

This online benefit presentation is a brief overview and for information purposes only, read all online materials from benefit providers as each provider maintains its own legal statement of benefits.

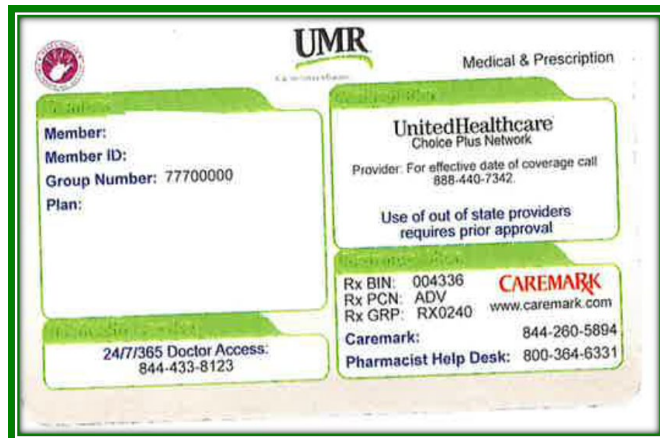
We strive to keep all information up to date but in certain circumstances it may not. **Please read/review all online material from the benefit providers when choosing the best options that will suit your needs. If any information is different from presentation, the benefit provider's information will prevail.**

Human Resource Services cannot make recommendations to which provider or coverage an employee should select. Human Resource Services will provide sufficient, objective, and factual information to assist in making the best decision that meets your needs.



If your dependents do not have social security numbers, you will be unable to enroll electronically in the PEIA system. Please reach out to benefits@marshall.edu and we will send you the paper forms to enroll in medical coverage.

- Coverage will begin on the first day of the month following enrollment. For example, enrollment occurs on October 26, benefits will be in force as of November 1st.
- Premiums will be taken out each pay day. For example, your monthly premium is \$151, each pay would deduct \$75.50 for the medical insurance.
- Cards will be issued for your medical insurance. Please allow 2 -3 weeks processing time.



UMR is the third-party administrator that handles medical claim processing, case management, utilization management, precertification, prior approval and customer service for the PEIA PPB Plans.





Before attempting to log in to the PEIA system, please have the following handy:

1. Dependent(s) Information – including date(s) of birth and social security number(s)
2. Beneficiary Information – including date(s) of birth and social security number(s)





Eligible Dependents

The policyholder's

- Legal Spouse
- Biological or adopted children, and stepchildren under the age of 26, and
- Other children for whom the policyholder is a court-appointed guardian to age 18.

***In order to add eligible dependents, proper documentation must be uploaded to PEIA. To add a spouse, a marriage certificate is the required documentation. To add children, a birth certificate is the required documentation.**



WWW.WVPEIA.COM

In order to begin the online enrollment, please log on to [PEIA](http://www.wvpeia.com).

A screenshot of the West Virginia Public Employees Insurance Agency (PEIA) website. The browser address bar shows 'http://www.peia.wv.gov/Pages/default...'. The website header includes the West Virginia state logo, the text 'State Agency Directory | Online Services', and a search bar. The main navigation menu includes 'Members', 'Health Plans', 'Partners', 'Wellness Tools', 'Forms & Downloads', 'FAQ', and 'Contact PEIA'. The main content area features an 'Open Enrollment' announcement, a 'Manage My Benefits' button, and 'Popular Resources' such as 'Forms & Downloads', 'Healthcare Bluebook', and 'Prescription Drug Lists'. There are also sections for 'Active Members', 'Non-Medicare Retirees', and 'Medicare Retirees'. A 'News Center' section lists recent updates like 'Wellness Program Pilot RFP' and 'PEIA Finance Board Meeting for Plan Year 2018'. The footer contains a list of links: 'Members | Health Plans | Partners | Wellness Tools | Forms & Downloads | News Center | Contact Us | Site Map | Notice of Privacy Practices Privacy, Security and Accessibility | WV.gov | USA.gov | © 2017 State of West Virginia'.



Welcome to PEIA's Manage My Benefits website!

[Register](#) or log in below to get started!

– Please Log In –

[Need to Register?](#)

[Forgot your username or password?](#)



Click Need to Register and then click Login

Username:

Username are **not** case-sensitive

Password:

Passwords are case-sensitive.

I hereby certify that I am the authorized User whose credentials are being used to access this account. I understand that unauthorized access or the use of another person's User ID and password to gain access is a violation of the security provisions for this site.

 [Login](#)



Benefits Administration System (BAS) Web Application

New User Registration



Please select all that apply:

- I am applying for PEIA coverage for the first time.
- I currently have PEIA coverage (as a policyholder or dependent).
- I have previously had PEIA coverage (as a policyholder or dependent).
- I am the Benefit Coordinator and/or Web Contributions Coordinator for an agency.
- I am a member of PEIA Staff.

A rectangular button with a light gray background, containing a blue arrow icon on the left and the word 'Continue' in blue text on the right.

- Click on the box that applies to you and then click continue.





MMB Enrollment Instructions

First Name:

Last Name:

SSN:

Verify SSN:

Date of Birth:

Use Format: MMDDYYYY.

Type in your name, Social Security Number and birthdate

- Web Usage Terms of Agreement

[\[Printer Friendly\]](#)

Authorization to Conduct Electronic Transactions

By completing the registration process, I agree to be bound by the choices I make on the PEIA Online Enrollment System.

I further agree that by completing this registration process I am agreeing to use a digital mark in lieu of a written signature to authorize any and/or all additions, deletions, corrections and/or changes made by me via this portal.

I understand that this portal allows access to and/or may collect personally identifiable information (pii) in an electronic format and that PEIA has put safeguards in place to ensure the privacy, security, and integrity of the information accessed and/or collected via this portal. If you have any questions, comments, and/or concerns about the privacy, security, and/or integrity of your pii, please feel free to contact the PEIA Privacy Officer at 304-558-7850.

To use this digital mark I agree:

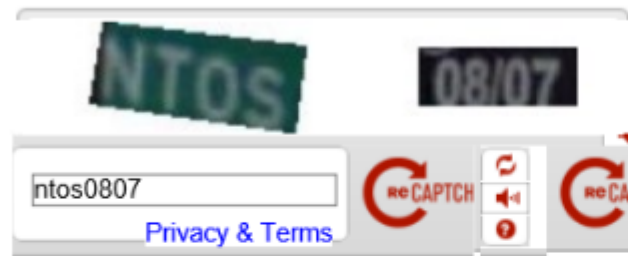
1. That I will not share with any other person(s) the password, code or other security key required for use of the mark;
2. That the use of the mark represents confirmation of a record;
3. To notify the PEIA immediately once I become aware that the security key is compromised;



I have read and agree to the Terms of Agreement for Online Registration.

I Agree Disagree

– Verification –



If you are not sure what the words are, either enter your best guess or [click here for a different set of words](#) or [click here for an audio-based captcha](#).

Verification

Please enter the words you see in the box, in order and separated by a space. Doing so helps prevent automated programs from abusing this service.

Visually impaired users can click the audio button to hear a set of words that can be entered instead of the visual challenge.



- Click on the I agree circle and type in the Captcha words and numbers that are shown on your screen. You do not have to insert any spaces. Then click continue.

– Username & Password –

Username:

[Check Availability](#)

- At least 4 characters in length, but not longer than 20 characters.
- We suggest not using your email address.

Password Strength

Medium

Password:

- Must contain at least 1 letter & 1 number.
- Must be 6-15 characters in length.
- Case-sensitive.

Verify Password:

Information

This is what you will use to log into the Benefits Administration Web Application.

Create a username and password for yourself. This account is for the policyholder only.

– Contact Information –

- Email addresses can not be shared between accounts (e.g., between a husband and wife who are both PEIA policyholders).
- If you do not have an email address, check with your Internet Service Provider (ISP) as many provide free email accounts to their subscribers.



Email Address:

Verify Email:

Enter an email address. This account is for the policyholder only.

– Security Questions –

- If you forget your password, we will ask for the answer to your security questions.
- Enter an answer that is memorable, but not easy to guess.
 - Answers should be a minimum of 4 characters long but not more than 30 characters.
 - Enter answers that are not likely to change over time.

What was your childhood nickname?

What is the middle name of your youngest child?

What was the last name of your third grade teacher?

[Continue](#)

- Answer the security questions. There is a drop down to change the questions. Choose ones you will remember. Then click Continue.

Please ensure the email address you enter is one you are able to access. An email will be sent to the address to verify your PEIA Account.





Select Agency/Employer

Policyholder's Employer

- All Agencies/Employers

Search Names: 

-OR-

Name Begins With:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2
3 4 5 6 7 8 9

Search Results:

Instructions

You can search by Agency Name using the search box, or by clicking the starting letter to view the alphabetical list of Agencies.

Once you find the correct agency, click the agency name.

Search for the first word in your new employer's name or choose a letter. Be sure to choose the correct agency. Once you find the correct one, click the agency name and you will see the below screen.

Marshall University





➤ Enter your hire date, Gender, address, and telephone numbers. Then click Save.

Employee Details

Please enter the required information below to continue establishing your New Employee/Policyholder account. **Bold** fields are required.

Employee Information

Hire Date: 08/18/2017
Use format: MM/DD/YYYY

First Name: John

Middle Initial:

Last Name: Snow

Date of Birth: 08/02/1988

Gender
 Female Male

Contact Information

Address: Winter is coming Way

Address Continued:

City: Coldest

State: WV - West Virginia

For addresses outside the United States, select "FN - Foreign Address"

County: Upshur

Country: United States

Zip/Postal Code: 24245 -

Home Phone Number: 3048781234
Use format: (304)555-1212 or 3045551212

Work Phone Number: 3049781234
If you do not have a work phone number, use your home phone number here.

Cell Phone Number: 3048971234 x
Use format: (304)555-1212 or 3045551212


Save

➤ At this point you will land on a screen that requires you to go to your email and confirm your email address to be able to log back into the MMB portal.



Role Management

– Active Roles

[Log In](#) **Policyholder** 


Your Current Roles

Click the **Log In** button to log in as that role.

– Add a New Role / Add an Agency or Employer to an Existing Role

Select Role(s) to Add:

Benefit Coordinator
 Web Contributions Coordinator

 **Add Roles**

Information

You can add a new role to your existing roles at any time, but all changes are subject to PEIA approval before they can be activated.

➤ On the following screen, you will log onto Manage My Benefits.





Life Insurances

PEIA Basic Life Insurance is provided to employees at no cost and paid by the employer. This is a \$10,000 life insurance policy with accidental death and dismemberment benefits. Employees may enroll for basic, optional and dependent life insurance, even if they choose not to take any health insurance through PEIA. *Please note: After initial enrollment period a statement of health form is required and after the age 65 the coverage will decrease.*

If you are electing any of the medical plans, you must sign up for Basic Life Insurance.

You may opt to enroll in Basic Life Insurance even if you do not wish to enroll in Health Insurance.

- On the following screen, you will log onto Manage My Benefits.
-

Coverage Options

Our records indicate that you currently do not have Basic Life Insurance coverage. You must have Basic Life Insurance to enroll for Health Insurance or Optional/Dependent Life Insurance coverage.

Would you like to enroll in Basic Life Insurance coverage?

Employee Age	Coverage Amount
Under 65	\$10,000.00

Yes: No:

- Click the Yes circle and then click Save to enroll in our Guaranteed issue \$10,000 Basic Life Insurance.

Basic Life - Choose Beneficiary Type

You must designate at least one beneficiary when selecting Basic Life Insurance.

To designate a person, an estate, or organization as the beneficiary of your Basic Life Insurance click on the appropriate button below.

Person
 My Estate
 Other





- Choose the appropriate circle to tell PEIA who will receive your life insurance. Then click continue.

Basic Life - Add Beneficiary

You must specify at least one primary beneficiary.

Primary Contingent [?]

Funeral homes and/or funeral directors cannot be the designated beneficiaries of life insurance policies under West Virginia law (West Virginia Code A§47-14-1 thru 14).

*** REQUIRED FIELDS**

SSN: 564 - 98 - 7123

* First Name: Ygritte

Middle Initial:

* Last Name: Wildwoman x

Generation:

Address Outside US?: No

* Street Address: WINTER IS COMING WAY

Street Address 2:

* City: COLDEST

* State: WV

* Zip Code: 24245 - (Zip+4 not required)

[Go Back](#) [Save](#)

- Select the appropriate circle. Primary means that they receive the money first. Contingent means that if the primary is deceased, they will inherit the money. Then enter the information about the beneficiary and click save.

You may name both primary and contingent beneficiaries. For example, let's say you want your life insurance to go to your spouse, but, if your spouse is not living, then you want the money to go to your children with your daughter getting 50% and each of your two sons getting 25%. You would name your spouse as the primary beneficiary with 100% distribution percentage. Then name your children as contingent beneficiaries with their respective percentages.

SSN	Name	Distribution Percentage	Beneficiary Level [?]		
XXX-XX-7123	YGRITTE WILDWOMAN	100 %	Primary	Edit	Delete
[?] Total Primary Percentage:		100.00 %			
Calculate Total Percentages					

You must click "Calculate Total Percentages" before you can "Finalize" below.

You must Finalize your changes below!

By clicking the "Finalize" button below, I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

[+ Add a Beneficiary](#) [Finalize](#)





- Enter the Social Security Number and name of the person you are designating. Then choose the amount they are to receive. You can have multiple recipients, but the total amount must equal 100%. Otherwise you will receive an error message. Then click Finalize.

Edit Policyholder

Policyholder Information

Social Security Number: 888-22-8888 Date of Birth: 08/02/1988 MM/DD/YYYY
First Name: JOHN Middle Initial: Last Name: SNOW
Generation: Gender: Male
Home Phone: (304)878-1234 Work Phone: (304)978-1234 phone example:(999)999-9999
Cell Phone: 3047891234 I would like to receive text messages.

Policyholder Address

Address: WINTER IS COMING WAY
City: COLDEST County: UPSHUR State: WEST VIRGINIA
Country: UNITED STATES Zip/Postal Code: 24245 -
Effective Date: 09/01/2017 MM/DD/YYYY
For addresses outside the United States, select "FOREIGN ADDRESS" as your state.

Coverage Attributes - Other Insurance

No Do you have health insurance other than your coverage through PEIA?
 No Do you have prescription drug coverage other than what's provided through PEIA?
 No Do you have health care provided by Medicare?

Physician Info

Currently not enrolled in a health plan.

By clicking the "Finalize" button below, I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

Finalize Cancel

- On the next screen, you confirm your demographic information. You can update anything you entered incorrectly except your SSN. You verify you have no other insurance for yourself by clicking the no or yes and then choosing Finalize.

Update Successful

The information for JOHN SNOW has been updated.

Continue



➤ On this screen, you click Continue.

[Home](#) > [Premium Discounts](#) > [Tobacco Affidavit](#)

Tobacco Affidavit

If none of the dependents enrolled on your PEIA coverage uses tobacco, you will receive the discount on your health coverage, if any, and on your Optional Life insurance premiums, if any. Tobacco use is defined as smoking cigarettes, cigars or pipes, or using electronic cigarettes (e-cigarettes) or any form of smokeless tobacco, including snuff and chewing tobacco.

Need more information? [Click here.](#)

Tobacco Status:

- Tobacco Free
- Policyholder Uses Tobacco
- Dependent Uses Tobacco
- Family Uses Tobacco



By clicking the "Finalize" button below, I agree to the following:

- I acknowledge by making my selection on this website and finalizing my eligibility transaction on this website that PEIA or its agents have access to my medical records to check my tobacco use status.
- I agree that if my tobacco status changes, I will notify PEIA of such change in writing.
- I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

[← Back to Menu](#)

 [Finalize](#)



Dependent Summary

Add New Dependent

No Dependents Found.

No Dependents Needed

[Contact PEIA](#) | [Site Feedback](#) | [DEVELOPMENT SITE](#)

The Manage My Benefits (MMB) website is designed to function with versions of Internet Explorer from IE7 to IE9. You may experience problems and/or incompatibility with other browsers such as Mozilla Firefox, newer versions of Google Chrome, Opera, or Apple Safari. We apologize for any inconvenience.





Add Dependent

– Dependent Information

Check if no Social Security Number

Social Security Number: - - Date of Birth: MM/DD/YYYY

First Name: Middle Initial: Last Name:

Generation: Gender: Relationship:

Court Ordered Dependent:

– Dependent Address

Address:

City: County: State:

Country: Zip Code: -

Effective Date: MM/DD/YYYY

For addresses outside the United States, select "FOREIGN ADDRESS" as the state.

– Other Insurance

Does this dependent have any other health insurance (not including PEIA)?

Does this dependent have any other prescription drug coverage (not including PEIA)?

Does this dependent have health care provided by Medicare?





[Menu](#) [My Account](#) [Shopper's Guide 2018](#)

Update Successful

The information for **BRAN STARK** has been updated.

[Continue](#)

Dependent Summary

Click on the dependent's name (below) to make changes to that dependent.

[Add New Dependent](#)

BRAN STARK [\[Edit\]](#)
FROZEN TUNDRA FORREST
WESTEROS, AK 78401
Health Coverage: None
Dependent Life Coverage: None

[Continue](#)

Dependent Summary

Click on the dependent's name (below) to make changes to that dependent.

Add New Dependent

BRAN STARK [Edit]
FROZEN TUNDRA FOR
WESTEROS, AK 78401
Health Coverage: No
Dependent Life Cove

Message from webpage



You have a dependent listed for whom you have no Health Coverage selected. Please click the Manage My Health Benefits button below to select the desired coverage for your dependent(s).

Click "Ok" to continue if you do not want your dependent to have Health Coverage.

Click "Cancel" to stay on this page to add Health Coverage for your dependent.

OK

Cancel

The Manage My Benefits (MMB) w
with other browses

problems and/or incompatibility
/ inconvenience.





Qualifying Events

Please check all qualifying events that apply

- Divorce
- Marriage
- Birth of child
- Adoption
- Adding coverage for a dependent child
- Open enrollment under spouse's or dependent's employer's benefit plan
- Death of spouse or dependent
- Beginning of spouse's or dependent's employment
- End of spouse's or dependent's employment
- Unpaid leave of absence by employee, spouse or dependent
- Significant change in spouse's or dependent's health coverage
- Dependent child no longer eligible
- Change from full-time to part-time employment or vice versa for employee, s
- Newly hired
- Address change
- Court ordered dependent child
- Policyholder/spouse eligible for medicare
- New non-state agency
- Affordable care act
- Divorce audit
- Dependent audit

Date of Event:
08/01/2017

[Continue](#)

Please enter your first day of work as the “date of event”





Health Insurance

There are seven health benefit plans that are available to employees offered by the West Virginia Public Employees Insurance Agency (PEIA).

Health Plans A & B (HMOs)

Health Plan C (POS)

PPB Plans A-D: Plan C is the High Deductible Health Plan and Plan D is the West Virginia ONLY plan where all care must be provided in WV.

The levels of coverage include *Employee Only, Employee and Child(ren), Family with Employee Spouse, and Family.*

Monthly premiums are based on the employee's annual salary and type of coverage elected.

All plans are eligible to receive a \$25 tobacco free discount for employee policies and a \$50 discount for employee and child(ren) and family policies.

Please note: Choosing your health insurance coverage is very important, you should review all online material in the [PEIA Shopper's Guide](#) as this presentation cannot cover all information.





Health Plans A,B & Point of Sale

(POS)

Health Plans A & B are Health Maintenance Organization plans (HMO). An HMO manages health care by coordinating the use of health care services through a Primary Care Physician (PCP). You must identify a Primary Care Physician. The point-of-sale plan is similar to an HMO. It requires the policyholder to choose an in-network Primary Care Physician (PCP) and obtain referrals from that doctor if they want the policy to cover a specialist's services.

An employee must be living in one of the designated areas to be eligible for this plan and must use the providers that participate in the Health Plan. The designated areas include all West Virginia counties and select counties in Maryland, Ohio and Pennsylvania.

Please note: If your address does not fall in the areas where the Health Plan is available, you will not see the option online.

More information can be found on The Health Plan website.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan C Point of Sale (POS)
Annual Deductible	\$600 Individual \$1,200 Family Goes toward out-of-pocket maximum	\$1,000 Individual \$2,000 Family Goes toward out-of-pocket maximum	In: \$1,200/\$2,400 Out: \$2,400/\$4,800 Goes towards OOP maximum
Annual out-of-pocket maximum	Single-\$6,850 Family-\$13,700 Includes Rx copays.	Single-\$6,850 Family-\$13,700 Includes Rx copays.	<u>IN</u> Single: \$6,850 Two Person: \$13,700 <u>OUT</u> Single: \$10,000 Two Person/ Family: \$20,000 *Includes RX copays



PEIA PPB Plans A

These are Preferred Provider Benefit (PPB) plans. PPB Plans A & B pay for a wide range of health care services for employees and their dependents.

The benefits are identical and include hospital services, medical services, surgery, durable medical equipment and supplies, and prescription drugs. The medical benefits in the PEIA Plans A,B, and D are identical. The difference is in the deductibles, coinsurance, and out-of-pocket maximums, and in Plan D's provider network.

You should review all online material in the [PEIA Shopper's Guide](#) as this presentation cannot cover all information. Premiums can be found beginning on page 32 of the Shopper's Guide.

Plan Year 2022- Plan A – Premiums, Annual Deductibles and Out of Pocket Maximums													
	Annual Salary	Employee Only			Employee and Child(ren)			Family			Family with Employee Spouse		
		Premium	Deductible	Out of Pocket Max	Premium	Deductible	Out of Pocket Max	Premium	Deductible	Out of Pocket Max	Premium	Deductible	Out of Pocket Max
PEIA PPB Plan B (State Agencies, Colleges, Universities and County Boards of Education)	\$0 – 25,400	\$64	\$325	\$1,800	\$127	\$650	\$3,600	\$185	\$650	\$3,600	\$148	\$650	\$3,600
	\$25,401 – 35,400	\$81	\$375	\$2,100	\$151	\$750	\$4,200	\$234	\$750	\$4,200	\$186	\$750	\$4,200
	\$35,401 – 41,400	\$88	\$425	\$2,250	\$160	\$850	\$4,500	\$261	\$850	\$4,500	\$209	\$850	\$4,500
	\$41,401 – 47,400	\$94	\$450	\$2,500	\$174	\$900	\$5,000	\$291	\$900	\$5,000	\$228	\$900	\$5,000
	\$47,401 – 55,400	\$109	\$475	\$2,750	\$208	\$950	\$5,500	\$341	\$950	\$5,500	\$270	\$950	\$5,500
	\$55,401 – 67,900	\$132	\$600	\$2,800	\$250	\$1,200	\$5,600	\$409	\$1,200	\$5,600	\$325	\$1,200	\$5,600
	\$67,901 – 80,400	\$146	\$625	\$2,850	\$283	\$1,250	\$5,700	\$442	\$1,250	\$5,700	\$365	\$1,250	\$5,700
	\$80,401 -105,400	\$176	\$650	\$2,900	\$346	\$1,300	\$5,800	\$528	\$1,300	\$5,800	\$460	\$1,300	\$5,800
	\$105,401 -130,400	\$219	\$725	\$3,000	\$410	\$1,450	\$6,000	\$646	\$1,450	\$6,000	\$579	\$1,450	\$6,000
\$130,401 +	\$249	\$825	\$3,250	\$467	\$1,650	\$6,500	\$747	\$1,650	\$6,500	\$668	\$1,650	\$6,500	



PEIA PPB Plan B

These are Preferred Provider Benefit (PPB) plans. PPB Plans A & B pay for a wide range of health care services for employees and their dependents. These plans are based on the yearly base salary of an employee.

The benefits are identical and include hospital services, medical services, surgery, durable medical equipment and supplies, and prescription drugs. . The medical benefits in the PEIA Plans A,B, and D are identical. The difference is in the deductibles, coinsurance, and out-of-pocket maximums, and in Plan D’s provider network.

You should review all online material in the [PEIA Shopper’s Guide](#) as this presentation cannot cover all information.

Plan Year 2022 Plan B – Premiums, Annual Deductibles and Out of Pocket Maximums													
	Annual Salary	Employee Only			Employee and Child(ren)			Family			Family with Employee Spouse		
		Premium	Deductible	Out of Pocket Max	Premium	Deductible	Out of Pocket Max	Premium	Deductible	Out of Pocket Max	Premium	Deductible	Out of Pocket Max
PEIA PPB Plan B (State Agencies, Colleges, Universities and County Boards of Education)	\$0 – 25,400	\$44	\$725	\$3,000	\$74	\$1,450	\$6,000	\$118	\$1,450	\$6,000	\$91	\$650	\$6,000
	\$25,401 – 35,400	\$50	\$725	\$3,000	\$83	\$1,450	\$6,000	\$145	\$1,450	\$6,000	\$108	\$750	\$6,000
	\$35,401 – 41,400	\$53	\$725	\$3,000	\$87	\$1,450	\$6,000	\$159	\$1,450	\$6,000	\$123	\$850	\$6,000
	\$41,401 – 47,400	\$55	\$725	\$3,000	\$91	\$1,450	\$6,000	\$175	\$1,450	\$6,000	\$133	\$900	\$6,000
	\$47,401 – 55,400	\$61	\$1,225	\$3,000	\$113	\$1,950	\$6,000	\$207	\$1,950	\$6,000	\$155	\$950	\$6,000
	\$55,401 – 67,900	\$71	\$1,225	\$3,000	\$146	\$1,950	\$6,000	\$251	\$1,950	\$6,000	\$189	\$1200	\$6,000
	\$67,901 – 80,400	\$78	\$1,225	\$3,000	\$166	\$1,950	\$6,000	\$275	\$1,950	\$6,000	\$219	\$1250	\$6,000
	\$80,401- 105,400	\$90	\$1,225	\$3,000	\$208	\$1,950	\$6,000	\$343	\$1,950	\$6,000	\$295	\$1300	\$6,000
	\$105,401 -130,400	\$127	\$1,225	\$3,000	\$262	\$1,950	\$6,000	\$431	\$1,950	\$6,000	\$383	\$1450	\$6,000
	\$130,401 +	\$150	\$1,225	\$3,000	\$302	\$1,950	\$6,000	\$499	\$1,950	\$6,000	\$451	\$1650	\$6,000



PEIA PPB Plan C

This is a High Deductible Health Plan (HDHP) and can be paired with the Health Savings Account (HCA). The HDHP premium is **not** salary based.

A HDHP is a plan that includes higher annual deductible than typical health plans. This plan also has a higher out-of-pocket maximum that includes amounts paid toward the annual deductible and any coinsurance that you must pay for covered expenses.

The deductible in this plan is combined medical services and prescription drug costs, and must be met before the plan will pay for medical services or prescription drugs. The deductible does not include premiums.

You should review all online material in the [PEIA Shopper's Guide](#) as this presentation cannot cover all information.

Coverage Level	Premium Plan Year 2022	Annual Deductible	Out of Pocket Maximum
Employee Only	\$85	\$1,400	\$2,500
Employee and Child(ren)	\$182	\$2,800	\$5,000
Family	\$304	\$2,800	\$5,000
Family with Employee Spouse	\$256	\$2,800	\$5,000



PEIA PPB Plan D – West Virginia Residents Only

This plan you must have all services and care in West Virginia. The only services/care allowed outside of West Virginia is emergency care to stabilize patients for transport back to a West Virginia facility.

This is a Preferred Provider Benefit (PPB) plan and is based on yearly base salary.

The benefits are identical to PPB Plans A and the premiums are lower than Plan A and include hospital services, medical services, surgery, durable medical equipment and supplies, and prescription drugs. The difference in these plans are the WV only services/care, deductibles and out-of-pocket maximums.

You should review all online material in the [PEIA Shopper's Guide](#) as this presentation cannot cover all information.

2022 Plan D WV ONLY – Premiums, Annual Deductibles and Out of Pocket Maximums													
	Annual Salary	Employee Only			Employee and Child(ren)			Family			Family with Employee Spouse		
		Premium	Deductible	Out of Pocket Max	Premium	Deductible	Out of Pocket Max	Premium	Deductible	Out of Pocket Max	Premium	Deductible	Out of Pocket Max
PEIA PPB Plan D (State Agencies, Colleges, Universities and County Boards of Education)	\$0 – 25,400	\$53	\$325	\$1,800	\$106	\$650	\$3,600	\$149	\$650	\$3,600	\$118	\$650	\$3,600
	\$25,401 – 35,400	\$68	\$375	\$2,100	\$126	\$750	\$4,200	\$192	\$750	\$4,200	\$150	\$750	\$4,200
	\$35,401 – 41,400	\$75	\$425	\$2,250	\$134	\$850	\$4,500	\$215	\$850	\$4,500	\$170	\$850	\$4,500
	\$41,401 – 47,400	\$79	\$450	\$2,500	\$145	\$900	\$5,000	\$239	\$900	\$5,000	\$187	\$900	\$5,000
	\$47,401 – 55,400	\$93	\$475	\$2,750	\$175	\$950	\$5,500	\$283	\$950	\$5,500	\$222	\$950	\$5,500
	\$55,401 – 67,900	\$112	\$600	\$2,800	\$211	\$1,200	\$5,600	\$341	\$1,200	\$5,600	\$269	\$1,200	\$5,600
	\$67,901 – 80,400	\$124	\$625	\$2,850	\$238	\$1,250	\$5,700	\$369	\$1,250	\$5,700	\$304	\$1,250	\$5,700
	\$80,401 – 105,400	\$149	\$650	\$2,900	\$293	\$1,300	\$5,800	\$443	\$1,300	\$5,800	\$384	\$1,300	\$5,800
	\$105,401 – 130,400	\$186	\$725	\$3,000	\$347	\$1,450	\$6,000	\$544	\$1,450	\$6,000	\$486	\$1,450	\$6,000
	\$130,401 +	\$212	\$825	\$3,250	\$397	\$1,650	\$6,500	\$630	\$1,650	\$6,500	\$563	\$1,650	\$6,500



Health Coverage

You are CURRENTLY enrolled in: **NO HEALTH COVERAGE**

For details of a coverage plan, click the "View Plan" button beside the plan name.

To view information about all plans side by side, click [here](#).

[Click here for additional information about choosing your Health Coverage](#)

[Compare plans using the Summary of Benefits & Coverages](#) *(opens in a new window)*

- | | |
|--|---------------------------|
| <input type="radio"/> NO HEALTH COVERAGE | |
| <input type="radio"/> PEIA PPB PLAN A | View Plan |
| <input type="radio"/> PEIA PPB PLAN B | View Plan |
| <input checked="" type="radio"/> PEIA PPB PLAN C | View Plan |
| <input type="radio"/> PEIA PPB PLAN D | View Plan |
| <input type="radio"/> THE HEALTH PLAN HMO PLAN A | View Plan |
| <input type="radio"/> THE HEALTH PLAN HMO PLAN B | View Plan |
| <input type="radio"/> THE HEALTH PLAN PPO | View Plan |

Remember, the choices you make here are binding until June 30, 2018, unless you move outside the plan's service area. Since the PEIA PPB Plan is available nationwide, changes based on a change in residence are not allowed.

Continue

Cancel

Please note:

If you are a dual employee,
your premiums are based on
your state-side salary only.





Finalize Health Coverage

Policyholder: **JOHN SNOW**
Address: **WINTER IS COMING WAY**
COLDEST, WV 24245

HEALTH COVERAGE	CURRENT	PROPOSED
COVERAGE	No Coverage	PEIA PPB PLAN C
JOHN SNOW	No Coverage	Covered

By clicking the "Finalize" button below, I agree to the following:

- I accept the health plan enrollment choices indicated above effective through June 30, 2018, and authorize payroll deduction for my contribution.
- I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits.
- I hereby authorize, for myself and my covered dependents, release to PEIA and to the plan I have selected all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations.
- I understand that this change is binding through June 30, 2018, unless there is a qualifying event.
- I acknowledge by making my selection on this website and finalizing my eligibility transaction on this website that PEIA or its agents have access to my medical records to check my tobacco use status.
- I agree that if my tobacco status changes before July 2018, I will notify PEIA of such change in writing.
- I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

Confirmation

The request to change your Health Benefits has been submitted.





PEIA Comprehensive Care Partnership (CCP) Program

This program allows you to receive specified primary care services while paying less and is designed to promote quality of care, preventive services and use of health services to identify problems early and maintain control of chronic conditions. This option is available to PEIA PPB Plan A, B and D insureds.

Members who enroll will have reduced or no copayments, deductibles or coinsurance for specified covered services from their CCP provider.

The form will need to be sent to PEIA for processing. New insurance cards will be mailed reflecting the change.





Life Insurances

Optional Life Insurance can be purchased up to \$500,000. Premiums are paid by the employee. You may opt up to \$100,000 guaranteed coverage as a new employee. If you opt in to these plans after the initial hire period, you will be subject to completion of a statement of health prior to approval.

Dependent Life Insurance can be purchased with five different plans. The plans range from \$5,000 to \$40,000 for a spouse and \$2,000 to \$15,000 for each eligible child. As a new employee, you may opt up to \$20,000 for spouse and \$10,000 child(ren) guaranteed coverage. If you opt in to these plans after the initial hire period, you will be subject to completion of a statement of health prior to approval.

You should review all online material in the [PEIA Shopper's Guide](#) as this presentation cannot cover all information.

[PEIA Group Term Life and Accidental Death and Dismemberment \(AD&D\) Booklet](#)





Do you wish to enroll for optional life insurance coverage?

Yes: No:

PEIA offers up to \$500,000 of optional term life insurance coverage for active employees. New employees may choose up to \$100,000 of coverage (the guaranteed issue, or GI, amount) without providing any medical information. Amounts greater than the GI amount require Evidence of Insurability and approval by the life insurance carrier.

If you select an amount greater than the GI amount, the GI amount will be issued until a decision has been made on the additional coverage. In this case, you will receive a written decision from the life insurance carrier.

Optional Life Insurance Coverage

Choose the amount of coverage.

Plan Option	Coverage	Select
956	\$500,000.00	<input checked="" type="radio"/>
955	\$450,000.00	<input type="radio"/>
954	\$400,000.00	<input type="radio"/>
953	\$350,000.00	<input type="radio"/>
952	\$300,000.00	<input type="radio"/>
951	\$250,000.00	<input type="radio"/>
950	\$200,000.00	<input type="radio"/>
900	\$150,000.00	<input type="radio"/>
800	\$100,000.00	<input type="radio"/>
750	\$80,000.00	<input type="radio"/>
700	\$75,000.00	<input type="radio"/>
650	\$60,000.00	<input type="radio"/>
600	\$50,000.00	<input type="radio"/>
500	\$40,000.00	<input type="radio"/>
400	\$30,000.00	<input type="radio"/>
300	\$20,000.00	<input type="radio"/>
200	\$10,000.00	<input type="radio"/>
100	\$5,000.00	<input type="radio"/>

Optional life rates can be found in your Shoppers' Guide beginning on page 48.


As a new employee, you may opt up to \$100,000 worth of coverage without a statement of health.

If you choose to add coverage after your initial hire period, a statement of health must be completed and approved by Securian life.



Optional Life Finalize

Message from webpage

 Before continuing, you are required to enter at least one beneficiary for your Optional Life insurance coverage.

OK

Optional Life - Choose Beneficiary Type

You must designate at least one beneficiary when selecting Optional Life Insurance.

To designate a person, an estate, or organization as the beneficiary of your Optional Life Insurance click on the appropriate button below.

- Person
- My Estate
- Other

[← Go Back](#) [Continue](#)



Optional Life - Add Beneficiary

You must specify at least one primary beneficiary.

Primary Contingent [\[?\]](#)

Funeral homes and/or funeral directors cannot be the designated beneficiaries of life insurance policies under West Virginia law (West Virginia Code §547-14-1 thru 14).

*** REQUIRED FIELDS**

SSN: 081 -24 -5678

* **First Name:** Gilly

Middle Initial:

* **Last Name:** Nightwatch

Generation:

Address Outside US?: No

* **Street Address:** 4 Thewall lane

Street Address 2:

* **City:** Fixit

* **State:** WV

* **Zip Code:** 24245 - (Zip+4 not required)

[Go Back](#)

[Save](#)

Optional Life - Set Distributions

You may name both primary and contingent beneficiaries. For example, let's say you want your life insurance to go to your spouse, but, if your spouse is not living, then you want the money to go to your children with your daughter getting 50% and each of your two sons getting 25%. You would name your spouse as the primary beneficiary with 100% distribution percentage. Then name your children as contingent beneficiaries with their respective percentages.

SSN	Name	Distribution Percentage	Beneficiary Level [?]		
XXX-XX-5678	GILLY NIGHTWATCH	100 %	Primary	Edit	Delete
[?] Total Primary Percentage:		100.00 %			

[Calculate Total Percentages](#)

You must click "Calculate Total Percentages" before you can "Finalize" below.

You must Finalize your changes below!

By clicking the "Finalize" button below, I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

[+ Add a Beneficiary](#)

[Finalize](#)





Confirmation

The request to update your Optional Life Insurance has been submitted.

Continue

Optional Life Insurance Change

Do you wish to enroll for optional life insurance coverage?

Yes: No:

Continue

PEIA offers up to \$500,000 of optional term life insurance coverage for active employees. New employees may choose up to \$100,000 of coverage (the guaranteed issue, or GI, amount) without providing any medical information. Amounts greater than the GI amount require Evidence of Insurability and approval by the life insurance carrier.

If you select an amount greater than the GI amount, the GI amount will be issued until a decision has been made on the additional coverage. In this case, you will receive a written decision from the life insurance carrier.

Home

Manage your Tobacco Affidavit, Advanced Directives/Living Will, & Improve Your Score Statuses	Premium Discounts
View or print choices made previously but are not yet in effect.	View/Print My Pending Coverage
Verify your address and coverage attributes.	Policyholder Summary
Add new or edit existing dependents.	Dependent Summary
Choose your health benefits.	Manage My Health Benefits
Choose your optional life insurance.	Manage My Optional Life Insurance
Choose your dependent life insurance.	Manage My Dependent Life Insurance
View or change beneficiary information.	Beneficiary Summary
Submit scanned copies of required documentation.	My Documentation

Make sure to view and/or print your coverage before logging out of your account.





PEIA: Reminders

- Have you uploaded required documents to the system (birth certificates and/or marriage certificates)?
- Did you add social security numbers for your dependents and/or beneficiaries?
- Did you check coverages elected before attempting to log-off from the system?
- If you have additional information to be uploaded in the system, you may email it to benefits@marshall.edu . Please add the policy holder's name with all submitted information.



After the initial enrollment, when can I make changes to my benefits?

The Plan Year is based on the fiscal year, July 1 through June 30.

You can make changes to your benefits during open enrollment which is traditionally held during the month of April. Open enrollment affords employees the opportunity to change health insurance, add/drop optional or dependent life insurance, enroll in Mountaineer Flexible Benefits, etc. Changes during open enrollment begin with the effective date of July 1.

You cannot make changes to your benefits outside of open enrollment unless you have a qualifying event. Documentation must be provided to support your qualifying event. Please see the next slide for the eligible qualifying events and the documentation that is required.

You should review all online material in the [PEIA Shopper's Guide](#) as this presentation cannot cover all information.





Qualifying Life Events

Qualifying/Status Change Event	Documentation Required
Divorce	Copy of the divorce decree showing the date the divorce is final. Needs to be completed in the month the event is finalized.
Marriage	Copy of valid marriage license or certificate.
Birth of Child	Copy of child's birth certificate.
Adoption	Copy of adoption papers.
Adding coverage for a dependent child.	Copy of child's birth certificate.
Adding coverage for any other child who resides with policyholder.	Copy of court-ordered guardianship papers.
Open enrollment under spouse's or dependent's employer's benefit plan.	Copy of printed material showing Open Enrollment dates and the employer's name.

Qualifying/Status Change Event	Documentation Required
Death of spouse of dependent	Copy of the death certificate.
Beginning of spouse's or dependent's employment.	Letter from the employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.
End of spouse's or dependent's employment.	Letter from the employer stating the termination or retirement date, what coverage was lost and dependents that were covered.
Significant change in health coverage due to spouse's or dependent's employment.	Letter from the insurance carrier indicated the change in insurance coverage, the effective date of that change, and dependents covered.
Unpaid leave of absence by employee, spouse or dependent.	Letter from your, your spouse's or dependent's personnel office stating the date the covered person went on unpaid leave or returned from unpaid leave.
Change from full-time to part-time employment or vice versa for policyholder, spouse or dependent.	Letter from the employer stating the previous hours worked, the new hours worked, and the effective date of the change.

Documentation must be provided to support your qualifying event.





Congratulations! You have completed the online medical benefits enrollment. In the next section, we will cover **Mountaineer Flexible Benefits**. Benefit options include:

- Vision
- Dental
- Hearing
- Long-Term Disability
- Short- Term Disability
- Group Legal Insurance
- Flexible Spending Accounts
- Health Savings Account
- Limited Healthcare FSA



FBMC[®]

BENEFITS MANAGEMENT



Mountaineer Flexible Benefits

PEIA sponsors this plan as a vehicle to provide additional benefits to eligible state employees and a tax savings to the participating employees and the State. The Plan qualifies as a Cafeteria Plan authorized by Section 125 of the Internal Revenue Code.

If you do not wish to elect any of offered coverages, you are not required to complete the FBMC enrollment form.





Mountaineer Flexible Benefits makes available to benefits-eligible employees dental, optical, disability, group legal, health savings accounts, and flexible spending account plans for medical and dependent care.

There will be NO cards issued for plans except for flexible spending and health savings accounts.

Fringe Benefits Management Company is the third party administrator under PEIA.



Coverage begins the first day of the month after enrollment.

Premiums are paid by employee with pre-tax dollars and are withdrawn each pay day.

Open enrollment for current employees is held during April of each year, with changes becoming effective July 1; this also includes cancellation of plan participation unless a *qualifying event* occurs at another time of the year.







1. INSTRUCTIONS: DURING OPEN ENROLLMENT, RETURN COMPLETED FORM TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2021

WHO NEEDS TO COMPLETE AN ENROLLMENT FORM? • New participants who want to enroll for the first time. • Employees who want to add, change or cancel any benefits. • Existing benefits not indicated on this form will continue as currently enrolled.	HOW TO ENROLL IN THE MOUNTAINEER FLEXIBLE BENEFITS PLAN: • IMPORTANT: If you want to add, change or cancel coverage, you must check the box beside the appropriate benefit in Section 3. Indicate coverage levels and any other pertinent information. • If you select family coverage for any benefit, you must provide dependent information in Section 4.	CHANGE IN ELECTION • Include supporting documentation. • Must be requested within the month of and two months following your status changing event. • List all eligible dependents you want covered.
---	--	--

2. SSN: _____ EMAIL: _____ Open Enrollment New Hire
 Transfer Change in Status

LAST NAME: _____ FIRST NAME: _____ MI: _____

HOME ADDRESS (STREET): _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

BIRTH DATE: _____ MALE FEMALE MARRIED SINGLE DATE EMPLOYED: _____ EFFECTIVE DATE: _____ OFFICE PHONE: _____

3. MOUNTAINEER FLEXIBLE BENEFITS (PAID BY EMPLOYEES)

Keep Coverage	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	BENEFITS	COST PER PAY PERIOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENTAL Choose One Option: <input type="checkbox"/> Routine <input type="checkbox"/> Assistance <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISION Choose One Option: <input type="checkbox"/> Team Plan <input type="checkbox"/> Full Service <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING SERVICE PLAN <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG-TERM DISABILITY INCOME PLAN Employee Only <input type="checkbox"/> 50% Coverage Level <input type="checkbox"/> 70% Coverage Level	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORT-TERM DISABILITY INCOME PLAN Employee Only	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH CARE FLEXIBLE SPENDING ACCOUNT All Claims Must Be Submitted By October 31, 2022.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT All Claims Must Be Submitted By October 31, 2022. <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Single, Head Of Household	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH SAVINGS ACCOUNT Must be enrolled in FSA Plan C. Contribution is Per Pay Period. You cannot enroll in a Health Care Flexible Spending Account. Select your HSA coverage type: <input type="checkbox"/> Individual (\$3,600 maximum for PY 2021) <input type="checkbox"/> Family (\$7,200 maximum for PY 2021) <input type="checkbox"/> Over 55 Catch-up (Additional maximum \$1,000)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIMITED HEALTH CARE FSA Must be enrolled in HSA.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGAL (POST-TAX) <input type="checkbox"/> Ultimate Advisor® Employee & Family <input type="checkbox"/> Ultimate Advisor Plus™ Employee & Family	
TOTAL SALARY DEDUCTION AMOUNT PER PAY PERIOD					

4. ELIGIBLE DEPENDENT INFORMATION
 USE AN ADDITIONAL SHEET OF PAPER AS NEEDED FOR ADDITIONAL DEPENDENTS.

DEPENDENT NAME	RELATIONSHIP	MALE/FEMALE	BIRTH DATE	SOCIAL SECURITY #	CHECK COVERAGE SELECTED
	Spouse				DENTAL VISION HEARING LEGAL

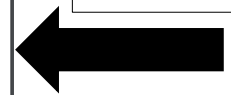
I hereby authorize my Employer to reduce my gross salary (before federal and state income and Social Security taxes are calculated) by the total per pay period cost of my Flexible Benefits. I understand that I CANNOT CHANGE THE AMOUNT OF THE REDUCTION OR REVOKE THIS AGREEMENT DURING THE PLAN YEAR UNLESS PERMITTED BY THE PLAN AND THE IRS. I further understand that any amount remaining in my Flexible Spending Accounts that is not used during this plan year and grace period CANNOT BE ACCUMULATED AND CARRIED FORWARD TO THE NEXT PLAN YEAR BUT WILL REVERT TO THE PLAN.

The Premium Deduction "total salary deduction" amount specified above will continue in effect until I discontinue or modify my Agreement for a subsequent plan year, terminate employment, or take an unpaid leave of absence from employment. I UNDERSTAND AND AGREE THAT PEIA AND FBMC BENEFITS MANAGEMENT INC., THE CONTRACT ADMINISTRATOR, WILL BE HELD HARMLESS FROM ANY LIABILITY RESULTING FROM EITHER MY PARTICIPATION IN MOUNTAINEER FLEXIBLE BENEFITS OR MY FAILURE TO SIGN OR ACCURATELY COMPLETE THIS ENROLLMENT FORM. I hereby appoint my Plan Sponsor to serve as Agent to receive dividends, premiums, refunds, rate reductions or any other funds that might be returned from the benefit plans, and to use these funds in the best interest of the employee for the purpose of reducing future premiums and improving benefits on behalf of employees, defraying administrative costs, or for such other purpose as permitted under applicable state and federal law.

DURING OPEN ENROLLMENT, GIVE COMPLETED FORMS TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2021.

EMPLOYEE SIGNATURE: _____ DATE SIGNED: _____ TIME SIGNED: _____

If you are not opting any coverage, you will not need to complete the [enrollment form](#).



The [Standard Long-Term Disability](#) is a required form. You will need to accept or decline the coverage.



TheStandard
 Group Insurance Enrollment/
 Change Form Disability
 For Marshall University

For an initial enrollment, please complete Part 1 of this form, sign date and return it to your employer as soon as possible. For a change in your insurance coverage, complete only those sections that apply to the change being required, sign date, and return the form. Please retain a copy for your records.

Initial Request _____
 Change Request _____
 Effective Date _____

Part 1 EMPLOYEE INFORMATION (Please print)

Last Name: _____ First: _____ Middle: _____ Social Security Number: _____

Date of Birth: _____ Sex: M F Employment Date: _____ Position Title: _____ Annual Salary: _____

Coverage Selection (check one)
 I authorize the proper deductions from my earnings as my contribution toward the cost of this insurance.
 I do not wish to enroll/or participate (applicable only to contributory plans.)

Certification of Disability Insurance Coverage Through Previous Employer (if applicable):
 Previous Employer: _____ Prior Insurance Company: _____ Date Prior Coverage Terminated: _____
 Mo: _____ Day: _____ Year: _____

Employee signature: _____ Date: _____

Part 2 EMPLOYER INFORMATION (to be completed by HR)

MARSHALL UNIVERSITY Group Number-D 1350

Date Employee Entered Eligible Class: _____ Reinstatement: Yes No Date Re-employed: _____

Annuity Premium Benefit - if applicable (check one) The employee is participating in the following retirement plan.
 TIAA
 Empower Retirement (Great-West)

Occupation Information - Complete all questions.
 1. Eligible Class: Employee is a member of eligible class ____1____2____
 2. Position Type: Employee is a member of the: ____ faculty ____ administration ____ technical/paraprofessional ____ secretarial/clerical ____ maintenance/housekeeping ____ other _____
 3. Occupational Class: Circle Professional or Service.

Professional Associates who are usually engaged in activities that are considered non-physical in nature. Professor, Nutrition Adviser, Coach, Human Resources Staff Specialist, Librarian, Marketing, Coordinator, Risk Manager, Engineer, Telecommunication specialist, Administrator, Secretary.
Service Associates who are usually engaged in activities that are considered physical in nature. Baker, Carpenter, Custodian, Cook, Electrician, Locksmith, Security Guard, Mechanic, Supply Room Clerk, Staff Nurse, Welder, Parking Attendant, Groundskeeper, Extension Agent.



Dental

There are four plans that are available to employees provided by Delta Dental. A dental card is not issued, but you can print one on the Delta Dental website.

- **Routine Plan:** This covers diagnostic preventive services only.
- **Assistance Plan:** A discounted open network, managed-cost dental plan which allows freedom to choose any dentist.
- **Basic Plan:** A low-cost plan designed to cover preventative and basic services only.
- **Enhanced Plan:** The most comprehensive coverage, which will cover basic and major restorative, orthodontic and TMJ services.

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.

Dental Plan Rates – Plan Year 2022

Routine	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$13.14	\$10.95	\$7.30	\$6.57	\$6.26	\$5.97	\$5.48	\$5.05
Employee & Children	\$26.34	\$21.95	\$14.63	\$13.17	\$12.54	\$11.97	\$10.98	\$10.13
Employee & Spouse	\$29.39	\$24.49	\$16.33	\$14.69	\$13.99	\$13.36	\$12.25	\$11.30
Employee & Family	\$42.66	\$35.55	\$23.70	\$21.33	\$20.31	\$19.39	\$17.78	\$16.41
Assistance Plan	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$14.20	\$11.83	\$7.89	\$7.10	\$6.76	\$6.45	\$5.92	\$5.46
Employee & Children	\$28.46	\$23.72	\$15.81	\$14.23	\$13.55	\$12.94	\$11.86	\$10.95
Employee & Spouse	\$31.75	\$26.46	\$17.64	\$15.88	\$15.12	\$14.43	\$13.23	\$12.21
Employee & Family	\$46.09	\$38.41	\$25.61	\$23.05	\$21.95	\$20.95	\$19.21	\$17.73
Basic Plan	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$20.30	\$16.92	\$11.28	\$10.15	\$9.67	\$9.23	\$8.46	\$7.81
Employee & Children	\$40.67	\$33.89	\$22.59	\$20.33	\$19.37	\$18.49	\$16.95	\$15.64
Employee & Spouse	\$45.32	\$37.77	\$25.18	\$22.66	\$21.58	\$20.60	\$18.89	\$17.43
Employee & Family	\$65.72	\$54.77	\$36.51	\$32.86	\$31.30	\$29.87	\$27.39	\$25.28
Enhanced Plan	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$33.78	\$28.15	\$18.77	\$16.89	\$16.09	\$15.35	\$14.08	\$12.99
Employee & Children	\$67.55	\$56.29	\$37.53	\$33.77	\$32.17	\$30.70	\$28.15	\$25.98
Employee & Spouse	\$78.44	\$65.37	\$43.58	\$39.22	\$37.35	\$35.66	\$32.69	\$30.17
Employee & Family	\$112.04	\$93.37	\$62.25	\$56.02	\$53.35	\$50.93	\$46.69	\$43.09





Dental - Partial List of Covered Services

	Routine Plan	Assistance Plan	Basic Plan	Enhanced Plan
Deductible (per person per year)	No deductible	You pay \$25 (all services)	You pay \$25 (all services)	You pay \$50 (diagnostic, preventative, ortho are exempt)
Maximum total family deductible		\$75	\$75	\$150
Plan year max (per person)				
Dental Network Dentist	\$500	\$750	\$750	\$1,250
TMJ Disorder	\$500	\$500	\$500	\$1,000
Other Maximums				
Ortho Lifetime Max.	N/A	N/A	N/A	\$1,000
TMJ Disorder	N/A	N/A	N/A	\$500
Benefit	Routine Plan Pays	Assistance Plan Pays	Basic Plan Pays	Enhanced Plan Pays
Diagnostic/Preventative Services	100%	100%	80%	100%
Basic Restorative	N/A	25%	80%	80%
Oral Surgery	N/A	25%	80%	80%
Endodontics	N/A	25%	80%	80%
Periodontics	N/A	25%	80%	80%
Major Restorative	N/A	Not Covered	Not Covered	50%
Prosthodontic	N/A	Not Covered	Not Covered	50%
Orthodontia	N/A	Not Covered	Not Covered	50%
TMJ	N/A	Not Covered	Not Covered	50%

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.



Vision

There are two plans that are available to employees provided by Metlife. **An insurance card is NOT issued to the employee.**

- **Full Service Plan**: This covers all routine eye care, including exams, lenses and frames, or contact lenses. The Copayment for materials is \$20.
- **Exam Plus**: Exam Plus is an alternative to the Full Service plan. You can see any MetLife Vision doctor you want or use a non-member doctor. Benefits include an eye exam once every plan year and discounts on materials and professional services through MetLife Vision member doctors. Your Copayment is \$10 for your eye exam.

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.





Vision Plan Rates, Plan Year 2022

Full Service Plan	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$10.13	\$8.44	\$5.63	\$5.06	\$4.82	\$4.60	\$4.22	\$3.90
Employee & Family	\$26.18	\$21.82	\$14.55	\$13.09	\$12.47	\$11.90	\$10.91	\$10.07

Full Service Plan	Metlife Vision Member Doctor	Non-Member Doctor
Copayments Exam	\$20	\$35
Prescription Glasses	\$20	\$0

Service	Metlife Vision Member Doctor Plan Pays	Non-Member Doctor Plan Pays
Vision Examination (every plan year)	Covered in full after copay	\$35
Lenses (every plan year)		
Single Vision Lenses	Covered in Full	\$25
Bifocal Lenses	Covered in Full	\$40
Trifocal Lenses	Covered in Full	\$55
Lenticular Lenses	Covered in Full	\$80
Frames (every other plan year) (up to \$150 allowance)	Covered in Full	\$45
Contact Lenses (in place of lenses and frames)		
Necessary	Covered in Full	Exam & \$210
Elective	\$150 allowance services are covered in full once every play year	Exam & 105
Fitting and Evaluation	\$60 Copayment	\$0

Exam Plus	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$1.70	\$1.42	\$0.95	\$0.85	\$0.81	\$0.77	\$0.71	\$0.66
Employee & Family	\$3.85	\$3.21	\$2.14	\$1.93	\$1.83	\$1.75	\$1.61	\$1.48

Exam Plus	Metlife Vision Member Doctor	Non-Member Doctor
Copayments Exam	\$10	Covered up to \$35 allowance
Prescription Glasses	Not Covered	Not covered

Service	Metlife Vision Member Doctor Plan Pays	Non-Member Doctor Plan Pays
Vision Examination (every plan year)	Covered in full after copay	\$35
Lenses (every plan year)		
Single Vision Lenses	20% Savings at private practice locations only (Does NOT apply to Walmart/Sam's Club)	Not covered
Bifocal Lenses		
Trifocal Lenses		
Lenticular Lenses		
Frames (every other plan year) (up to \$150 allowance)	20% Savings at private practice locations only (Does NOT apply to Walmart/Sam's Club)	Not covered
Contact Lenses (in place of lenses and frames)		
Necessary	15% Savings is for the fitting and evaluation only at private practice locations only.(Does NOT apply to Walmart/Sam's Club)	Not covered
Elective		
Fitting and Evaluation		



Hearing

Hearing is one of the five natural senses that allow us to enjoy life and the world around us. Hearing is a valued life asset that can be protected, treated and assisted through a program for hearing healthcare. Marshall University offers a Hearing plan provided by EPIC.

EPIC's Five-Step Plan

The EPIC Hearing Service Plan starts with an evaluation of your ears and hearing. Diagnostic tests and measures will determine the course of treatment most likely to help you hear better.

Rates, Plan Year 2022								
	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee Only	\$2.42	\$2.02	\$1.35	\$1.21	\$1.15	\$1.10	\$1.01	\$0.93
Employee & Spouse	\$4.81	\$4.01	\$2.67	\$2.41	\$2.29	\$2.19	\$2.01	\$1.85
Employee & Child(ren)	\$3.56	\$2.97	\$1.98	\$1.78	\$1.70	\$1.62	\$1.49	\$1.37
Employee & Family	\$5.93	\$4.94	\$3.29	\$2.96	\$2.82	\$2.69	\$2.47	\$2.28

Feature	Benefit Amount	Frequency
Examination		
Adults	\$70	Adults: Once every 2 years
Children	\$70	Children: Once every year
Hearing Aid Device		
Adults	\$500 per ear device benefit	Adults: Once every 5 years
Children	\$500 per ear device benefit	Children: Once every 2 years

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.





Group Legal Plan

The Legal Plans, provided by ARAG Group Legal, covers full representation for many important legal services. There are no maximum coverage limitations, and you may use the plan for an unlimited number of personal legal matters.

Some examples that can be covered by the legal plans are: living wills, divorce & separation, identity theft defense, sale/purchase of a home, traffic ticket defense, powers of attorney and many more!

Group Legal Insurance, Plan Year 2022

Ultimate Advisor Plan	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee and Family	\$13.80	\$11.50	\$7.67	\$6.90	\$6.57	\$6.27	\$5.75	\$5.31
Ultimate Advisor Plus	10 Pay	12 Pay	18 Pay	20 Pay	21 Pay	22 Pay	24 Pay	26 Pay
Employee and Family	\$19.80	\$16.50	\$11.00	\$9.90	\$9.43	\$9.00	\$8.25	\$7.62

You should review all online material in the MFBP Shopper's Guide as this presentation cannot cover all information.





Flexible Spending Accounts

The funds in a Flexible Spending account must be spent with the plan year, if you do not use the funds you will lose them at the end of the plan year.

There are two types of Flexible Spending Accounts (FSA):

Medical Expense FSA: You have a maximum deposit \$2,750 and this can be used for medical expenses not covered by your insurance plan.

Dependent Care FSA: You have either a maximum of \$2,500 or \$5,000 and is determined by how you file your taxes. This account can be used for dependent care expenses, such as school care, babysitting, elder care, etc.

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.

If you sign up for a Flexible Spending account, you will receive a Flexible Spending Account debit card in the mail.

If you have a change in address, please update it with Human Resources, PEIA, and FBMC as soon as possible to ensure proper delivery of your card or other information!





Health Savings Account

A *Health Savings Account (HSA)* is a tax-free account that can be used to pay health care expenses. Unlike money in a Flexible Spending Account, the funds do not have to be spent in the plan year that they are deposited. Money in the account, including interest or investment earnings, accumulates tax-free, so the funds can be used to pay qualified medical expenses in the future.

Who is eligible to contribute to an HSA?

Employees must be covered by an eligible, high deductible health plan (PEIA Plan C)

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.





Disability Income Plans –FBMC

Disability Income Plans can help safeguard your family's lifestyle and provide some peace of mind in the event you become disabled and are unable to work.

Short-Term Disability will cover a weekly benefit of 70% of your pre-disability earnings with a maximum of \$750.00. These benefits become payable after the 30-day waiting period.

FBMC Long-Term Disability has two plans that are available to employees. These benefits become payable after the 180-day waiting period.

Plan 1: 50 percent of the first \$6,000 of your monthly pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$3,000.

Plan 2: 70 percent of the first \$8,571 of your monthly pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$6,000.

You should review all online material in the [MFBP Shopper's Guide](#) as this presentation cannot cover all information.





Calculating Your Short Term Disability Income Plan Rate

If opting in for the STD plan, you will “add coverage on the FBMC enrollment form. Please list your calculation on the “cost per pay period line”.

Your Pre-Tax Rates	
Example: If your weekly salary is \$350, your monthly premium would be calculated: $\\$350 \times \\$0.0315 = \\$11.02$ per month.	
Example Calculation	
Your weekly salary (maximum \$1071.00)	\$350.00
Multiply by \$0.0315	X <u>\$0.0315</u>
This is your monthly premium	\$11.03
If you are paid more than 12 times a year, you can calculate the amount to be deducted from your paycheck by completing the following chart.	
Example Calculation	
Monthly Premium	\$11.03
Multiply by 12	X <u>12</u>
This is your annual premium	\$132.30

The worksheet is found on page 17 of the [FBMC Benefit Guide](#).



Please click on the [Standard Long-Term Disability pamphlet](#) to learn more.



This information is only a brief description of the group LTD insurance policy sponsored by your employer. The Standard may cancel this group policy or increase premiums at its discretion. The group insurance certificate contains a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions, when benefits and insurance end, and the terms under which the group policy may be amended and terminated. The controlling provisions will be in the group policy issued by The Standard. Neither the certificate nor this information modifies the group policy or the insurance coverage in any way. For costs and complete details of the coverage, contact your human resources representative or refer to the group insurance certificate.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

Group Long Term Disability Insurance

Benefits at a Glance for Marshall University

Group Policy Effective Date **October 1, 2003**

Group Policy # **134296**

Group Long Term Disability (LTD) insurance from Standard Insurance Company provides financial protection for eligible employees by promising to pay a percentage of monthly earnings in the event of a covered disability. The monthly income benefit payable is based on the amount of the employee's monthly wage base.

Eligibility

Eligible Classes

- Class 1 - All eligible faculty employees.
- Class 2 - All eligible non-faculty employees.

Work Test

All active full-time employees of Marshall University and former employees of West Virginia Graduate College, who must work at least 20 hours a week to be considered full-time employee under the group policy. Except that if you are an otherwise eligible employee, you will not become ineligible for insurance by reason of a reduction in your schedule due to participation in your Employer's Phased Retirement Program.

Waiting Period Before Becoming Eligible for Insurance
None.

Cost
The employee pays the cost of this coverage.

Benefits

Monthly Income Benefit

60 percent of monthly wage base paid by the employer, not to exceed a benefit of \$5,000 a month, less the sum of benefits from other sources that apply to the same month (e.g., Social Security, workers' compensation, state disability, etc.).

In no event will the monthly income benefit be less than \$100; or greater, 10 percent of the Monthly Income Benefit before benefits from other sources are subtracted.

Monthly Annuity Premium Benefit

Continues contributions to the employee's TIAA-CREF or Great West Retirement Services retirement annuity while receiving monthly income benefits. The amount of the monthly annuity premium benefit is equal to 12 percent of the employee's monthly wage base.

Employee Only, Pretax Benefit

Long-Term Disability

Long-Term Disability (LTD) insurance can help safeguard your family's lifestyle and provide some peace of mind in the event you become disabled and are unable to work. Because the State of West Virginia's retirement plan may not provide you adequate protection in the event you become disabled, you should consider enrolling in one of the two Long-Term Disability insurance plans offered by Standard Insurance Company.

When am I considered disabled?

During the benefit waiting period and the next 24 months you are considered disabled if, due to injury, physical disease, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of your own occupation, or you are unable to earn more than 80 percent of your pre-disability earnings while working in your own occupation.

Thereafter, you are considered disabled if, due to an injury, physical disease, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience, or you are unable to earn more than 60 percent of your pre-disability earnings while working in your own or any other occupation.

What is the LTD benefit?

The monthly LTD benefit is based on your earnings from your public employer. The group insurance policy refers to these earnings as pre-disability earnings. The group policy has an actively-at-work requirement you must meet before your insurance will become effective.

You may apply for coverage under either Plan 1 or Plan 2. The monthly benefit under each plan is determined as follows:

- Plan 1: 50 percent of the first \$6,000 of your monthly pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$3,000.
- Plan 2: 70 percent of the first \$8,571 of your monthly pre-disability earnings, reduced by deductible income. The maximum monthly benefit is \$6,000.

Both plans have a minimum monthly LTD benefit of \$100.

What is deductible income?

Deductible income is income you receive or are eligible to receive from other sources. It includes, but is not limited to sick pay or other salary continuation, workers' compensation benefits, Social Security benefits, disability benefits from any other group insurance, 50 percent of earnings from work activity while you are disabled (after the first 12 months of your disability), and disability or retirement benefits you receive any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

When do LTD benefits become payable?

If your LTD claim is approved by The Standard Insurance Company, LTD benefits become payable at the end of the 90-day benefit waiting period. Refer to the Beyond Your Benefits section for information on taxes you may have to pay on insurance payments you receive.

How long can LTD benefits continue?

If you become continuously disabled before age 62, LTD benefits can continue during disability until age 65, or three years and six months if longer. If you become continuously disabled at age 62 or older, LTD benefits can continue during disability for a limited time. See the chart below.

How long are benefits payable?

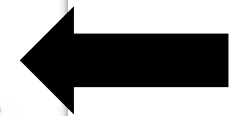
Your benefits are payable according to the following schedule:

AGE	MAXIMUM BENEFIT PERIOD
age 61 or younger	to age 65 (or 2 years, 6 months, if longer)
age 62	3 years, 6 months
age 63	2 years
age 64	2 years, 6 months
age 65	2 years
age 66	1 year, 6 months
age 67	1 year, 6 months
age 68	1 year, 3 months
age 69 +	1 year

Benefits are limited to 24 months for each period of continuous disability caused or contributed by a mental disorder. This limitation will not apply if you are continuously confined in a hospital at the end of the 24 months.

This description is designed to answer some common questions about the Long-Term Disability coverage. It is not intended to provide a detailed description of the plans. If you become insured, a more detailed description will be available in group insurance certificates provided to you. The controlling provisions are in the master group insurance policies. This description and the certificates do not modify the group policies or the insurance in any way. For rules governing the taxes on the insurance payments you may receive, please read the Beyond Your Benefits section in the back of this benefits guide.

The FBMC policy is featured in your booklet. If you wish to enroll in this policy, please choose this coverage on the [FBMC form](#).





LONG-TERM DISABILITY INSURANCE

Available through The Standard Insurance. Disability coverage from The Standard provides benefits-eligible employees with income and retirement protection against disabilities and illnesses that prevent them from working. Income benefit totals 60% of employee's salary at the time of the disability. \$5,000 maximum monthly benefit.

Group Long Term Disability Insurance

Benefits at a Glance for Marshall University

Group Policy Effective Date **October 1, 2003**
Group Policy # **134296**

Group Long Term Disability (LTD) insurance from Standard Insurance Company provides financial protection for eligible employees by promising to pay a percentage of monthly earnings in the event of a covered disability. The monthly income benefit payable is based on the amount of the employee's monthly wage base.

Eligibility

Eligible Classes
Class 1- All eligible faculty employees.
Class 2- All eligible non-faculty employees.

Work Test
All active full-time employees of Marshall University and former employees of West Virginia Graduate College, who must work at least 20 hours a week to be considered full-time employee under the group policy. Except that if you are an otherwise eligible employee, you will not become ineligible for insurance by reason of a reduction in your schedule due to participation in your Employer's Phased Retirement Program.

Waiting Period Before Becoming Eligible for Insurance
None.

Cost
The employee pays the cost of this coverage.

Benefits

Monthly Income Benefit
60 percent of monthly wage base paid by the employer, not to exceed a benefit of \$5,000 a month, less the sum of benefits from other sources that apply to the same month (e.g., Social Security, workers' compensation, state disability, etc.).
In no event will the monthly income benefit be less than \$100; or greater, 10 percent of the Monthly Income Benefit before benefits from other sources are subtracted.

Monthly Annuity Premium Benefit
Continues contributions to the employee's TIAA-CREF or Great West Retirement Services retirement annuity while receiving monthly income benefits. The amount of the monthly annuity premium benefit is equal to 12 percent of the employee's monthly wage base.

This information is only a brief description of the group LTD insurance policy sponsored by your employer. The Standard may cancel this group policy or increase premiums at its discretion. The group insurance certificate contains a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions, when benefits and insurance end, and the terms under which the group policy may be amended and terminated. The controlling provisions will be in the group policy issued by The Standard. Neither the certificate nor this information modifies the group policy or the insurance coverage in any way. For costs and complete details of the coverage, contact your human resources representative or refer to the group insurance certificate.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204
www.standard.com

-1-



Enrollment for the Standard Plan is any time during the month of employment.

Total cost of the premium is paid by the employee and is based on salary.

An important note . . . during a long-term disability period, this Standard policy not only protects income, but also insures the six percent retirement contribution of both the employee and employer.

Group Long Term Disability Insurance

Benefits at a Glance for Marshall University

Group Policy Effective Date **October 1, 2003**
Group Policy # **134296**

Group Long Term Disability (LTD) insurance from Standard Insurance Company provides financial protection for eligible employees by promising to pay a percentage of monthly earnings in the event of a covered disability. The monthly income benefit payable is based on the amount of the employee's monthly wage base.

Eligibility

Eligible Classes
Class 1- All eligible faculty employees.
Class 2- All eligible non-faculty employees.

Work Test
All active full-time employees of Marshall University and former employees of West Virginia Graduate College, who must work at least 20 hours a week to be considered full-time employee under the group policy. Except that if you are an otherwise eligible employee, you will not become ineligible for insurance by reason of a reduction in your schedule due to participation in your Employer's Phased Retirement Program.

Waiting Period Before Becoming Eligible for Insurance
None.

Cost
The employee pays the cost of this coverage.

Benefits

Monthly Income Benefit
60 percent of monthly wage base paid by the employer, not to exceed a benefit of \$5,000 a month, less the sum of benefits from other sources that apply to the same month (e.g., Social Security, workers' compensation, state disability, etc.).
In no event will the monthly income benefit be less than \$100; or greater, 10 percent of the Monthly Income Benefit before benefits from other sources are subtracted.

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Continues contributions to the employee's TIAA-CREF or Great West Retirement Services retirement annuity while receiving monthly income benefits. The amount of the monthly annuity premium benefit is equal to 12 percent of the employee's monthly wage base.

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Standard Insurance Company
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Portland OR 97204
www.standard.com



Standard Long- Term Disability Plan

LONG TERM STAFF DISABILITY PREMIUM CALCULATION FOR John Marshall					
STATUS	Staff				
SALARY	\$50,000.00				
	30 YEARS OF AGE				
	12 MONTH APPOINTMENT				
THE STANDARD					
	$\$50,000.00 / 12 =$	$\$4,166.67 \times$	$0.01110 =$	\$46.25 PER MONTH	\$23.13 PER PAY
MOUNTAINEER FLEXIBLE BENEFITS PLAN					
50% Coverage					
	$\$50,000.00 / 12 =$	$\$4,166.67 / 100 =$	$\$41.67 \times$	$0.150 =$	\$6.25 PER MONTH \$3.13 PER PAY
70% Coverage					
	$\$50,000.00 / 12 =$	$\$4,166.67 / 100 =$	$\$41.67 \times$	$0.240 =$	\$10.00 PER MONTH \$5.00 PER PAY

- The Standard Long-Term Disability plan is **income based**. You will see an increase in your premiums if your income increases.
- The FBMC Long-Term Disability plan is **age- based** and as your get older, the premiums will increase.
- Please refer to your calculation sheet for premiums for both the Standard and for FBMC plans.



Group Insurance Enrollment/
Change Form Disability
For Marshall University

For an initial enrollment, please complete Part 1 of this form, sign date and return it to your employer as soon as possible. For a change in your insurance coverage, complete only those sections that apply to the change being required, sign date, and return the form. Please retain a copy for your records.

Initial Request
Change Request
Effective Date _____

Part 1 EMPLOYEE INFORMATION (Please print)					
Last Name		First Middle		Social Security Number	
Date of Birth	Sex M F	Employment Date	Position Title	Annual Salary	
Coverage Selection (check one)					
<input type="checkbox"/> I authorize the proper deductions from my earnings as my contribution toward the cost of this insurance. <input type="checkbox"/> I do not wish to enroll/or participate (applicable only to contributory plans.)					
Certification of Disability Insurance Coverage Through Previous Employer (if applicable):					
Previous Employer:	Prior Insurance Company		Date Prior Coverage Terminated Mo Day Year		
Employee signature			Date		

Part 2 EMPLOYER INFORMATION (to be completed by HR)		
MARSHALL UNIVERSITY		Group Number-D 1350
Date Employee Entered Eligible Class	Reinstatement Yes No	Date Re-employed
Annuity Premium Benefit - if applicable (check one) The employee is participating in the following retirement plan.		
<input type="checkbox"/> TIAA <input type="checkbox"/> Empower Retirement (Great-West)		
Occupation Information - Complete all questions.		
1. Eligible Class: Employee is a member of eligible class ___1 ___2		
2. Position Type: Employee is a member of the: ___ faculty ___ administration ___ technical/paraprofessional ___ secretarial/clerical ___ maintenance/housekeeping ___ other _____		
3. Occupational Class: Circle Professional or Service.		
Professional	Associates who are usually engaged in activities that are considered non-physical in nature. Professor, Nutrition Adviser, Coach, Human Resources Staff Specialist, Librarian, Marketing, Coordinator, Risk Manager, Engineer, Telecommunication specialist, Administrator, Secretary.	
Service	Associates who are usually engaged in activities that are considered physical in nature. Baker, Carpenter, Custodian, Cook, Electrician, Locksmith, Security Guard, Mechanic, Supply Room Clerk, Staff Nurse, Welder, Parking Attendant, Groundskeeper, Extension Agent.	

- Completion of the [Standard Form](#) is Mandatory.





3.

MOUNTAINEER FLEXIBLE BENEFITS (PAID BY EMPLOYEES)						
Keep Coverage	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	BENEFITS		COST PER PAY PERIOD
If you select DEPENDENT coverage for dental, vision or hearing, you must complete the dependent information in SECTION 4.						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENTAL Choose One Option: <input type="checkbox"/> Routine <input type="checkbox"/> Assistance <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Children	<input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISION Choose One Option: <input type="checkbox"/> Exam Plus <input type="checkbox"/> Full Service	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee & Family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING SERVICE PLAN	<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Children	<input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG-TERM DISABILITY INCOME PLAN Employee Only <input type="checkbox"/> 50% Of Salary Coverage <input type="checkbox"/> 70% OF SALARY COVERAGE		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORT-TERM DISABILITY INCOME PLAN Employee Only		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH CARE FLEXIBLE SPENDING ACCOUNT All Claims Must Be Submitted By October 31, 2021.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT All Claims Must Be Submitted By October 31, 2021. <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Single, Head Of Household		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH SAVINGS ACCOUNT Must be enrolled in PEIA Plan C. Contribution Is Per Pay Period. You cannot enroll in a Health Care Flexible Spending Account.	Select your HSA coverage type: <input type="checkbox"/> Individual (\$3,550 maximum 2021 PY) <input type="checkbox"/> Family (\$7,100 maximum 2021 PY) <input type="checkbox"/> Over 55 Catch-up (additional maximum \$1,000)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIMITED HEALTH CARE FSA Must be enrolled in HSA.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGAL (POST-TAX) <input type="checkbox"/> Ultimate Advisor® Employee & Family <input type="checkbox"/> Ultimate Advisor Plus™ Employee & Family		
TOTAL SALARY DEDUCTION AMOUNT PER PAY PERIOD						

When opting for long-term disability, please remember to:

- Choose “add coverage”
- Designate 50% or 70 % of salary coverage.
- Add the cost per pay period





FBMC
BENEFITS MANAGEMENT

ATTN: Mailstop #37
PO BOX 1878
TALLAHASSEE, FL 32302-1878

**STATE OF WEST VIRGINIA
EMPLOYEE ENROLLMENT FORM**

July 1, 2021 - June 30, 2022



1. INSTRUCTIONS: DURING OPEN ENROLLMENT, RETURN COMPLETED FORM TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2021

<p>WHO NEEDS TO COMPLETE AN ENROLLMENT FORM?</p> <ul style="list-style-type: none"> New participants who want to enroll for the first time. Employees who want to add, change or cancel any benefits. Existing benefits not indicated on this form will continue as currently enrolled. 	<p>HOW TO ENROLL IN THE MOUNTAINEER FLEXIBLE BENEFITS PLAN:</p> <ul style="list-style-type: none"> IMPORTANT: If you want to add, change or cancel coverage, you must check the box beside the appropriate benefit in Section 3. Indicate coverage levels and any other pertinent information. If you select family coverage for any benefit, you must provide dependent information in Section 4. 	<p>CHANGE IN ELECTION FLEXIBLE BENEFITS PLAN:</p> <ul style="list-style-type: none"> Include supporting documentation. Must be requested within the month of and two months following your status changing event. List all eligible dependents you want covered.
--	--	--

2. EMPLOYEE INFORMATION

EMPLOYEE ID: _____ NAME: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

HOME ADDRESS (STREET): _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

BIRTH DATE: _____ GENDER: MALE FEMALE MARRIED SINGLE DATE EMPLOYED: _____ EFFECTIVE DATE: _____ OFFICE PHONE: _____

ENROLLMENT TYPE: Open Enrollment New Hire Transfer Change in Status

3. MOUNTAINEER FLEXIBLE BENEFITS (PAID BY EMPLOYEES)

Keep Coverage	ADD COVERAGE	CHANGE COVERAGE	CANCEL COVERAGE	BENEFITS	COST PER PAY PERIOD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENTAL Choose One Option: <input type="checkbox"/> Routine <input type="checkbox"/> Assistance <input type="checkbox"/> Basic <input type="checkbox"/> Enhanced <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VISION Choose One Option: <input type="checkbox"/> Exam Plus <input type="checkbox"/> Full Service <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING SERVICE PLAN <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Employee & Family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LONG-TERM DISABILITY INCOME PLAN Employee Only <input type="checkbox"/> 50% Coverage Level <input type="checkbox"/> 70% Coverage Level	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORT-TERM DISABILITY INCOME PLAN Employee Only	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH CARE FLEXIBLE SPENDING ACCOUNT All Claims Must be Submitted By October 31, 2022.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT All Claims Must be Submitted By October 31, 2022. <input type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Married, Filing Jointly <input type="checkbox"/> Single, Head Of Household	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH SAVINGS ACCOUNT Must be enrolled in FSA Plan C, Contribution Is Per Pay Period. You cannot enroll in a Health Care Flexible Spending Account. Select your HSA coverage type: <input type="checkbox"/> Individual (\$3,000 maximum for FY 2021) <input type="checkbox"/> Family (\$5,200 maximum for FY 2021) <input type="checkbox"/> Over 55 Catch-up (additional maximum \$1,000)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIMITED HEALTH CARE FSA Must be enrolled in HSA.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LEGAL (POST-TAX) <input type="checkbox"/> Ultimate Advisor® Employee & Family <input type="checkbox"/> Ultimate Advisor Plus™ Employee & Family	
TOTAL SALARY DEDUCTION AMOUNT PER PAY PERIOD					

4. ELIGIBLE DEPENDENT INFORMATION

USE AN ADDITIONAL SHEET OF PAPER AS NEEDED FOR ADDITIONAL DEPENDENTS.

DEPENDENT NAME	RELATIONSHIP	MALE/ FEMALE	BIRTH DATE	SOCIAL SECURITY #	CHECK COVERAGE SELECTED			
					DENTAL	VISION	HEARING	LEGAL
	Spouse							

I hereby authorize my Employer to reduce my gross salary before federal and state income and Social Security taxes are calculated by the total per pay period cost of my Flexible Benefits. I understand that I CANNOT CHANGE THE AMOUNT OF THE REDUCTION OR REVOKE THIS AGREEMENT DURING THE PLAN YEAR UNLESS PERMITTED BY THE PLAN AND THE IRS. I further understand that any amount remaining in my Flexible Spending Accounts that is not used during this plan year and grace period CANNOT BE ACCUMULATED AND CARRIED FORWARD TO THE NEXT PLAN YEAR BUT WILL REVERT TO THE PLAN.

The Premium Deduction "total salary deduction" amount specified above will continue in effect until I discontinue or modify my Agreement for a subsequent plan year, terminate employment, or take an unpaid leave of absence from employment. I UNDERSTAND AND AGREE THAT FEIA AND FBMC BENEFITS MANAGEMENT INC., THE CONTRACT ADMINISTRATOR, WILL BE HELD HARMLESS FROM ANY LIABILITY RESULTING FROM EITHER MY PARTICIPATION IN MOUNTAINEER FLEXIBLE BENEFITS OR MY FAILURE TO SIGN OR ACCURATELY COMPLETE THIS ENROLLMENT FORM. I hereby appoint my Plan Sponsor to serve as agent to receive dividends, premiums, refunds, rate reductions or any other funds that might be returned from the benefit plans, and to use these funds in the best interest of the employees for the purpose of reducing future premiums and improving benefits on behalf of employees, defraying administrative costs, or for such other purposes as permitted under applicable state and federal law.

DURING OPEN ENROLLMENT, GIVE COMPLETED FORMS TO YOUR BENEFITS COORDINATOR NO LATER THAN MAY 15, 2021.

FOR BENEFITS COORDINATOR USE ONLY (COMPLETE IN FULL)

HSA EMPLOYEES MUST BE ENROLLED IN FSA PLAN C OR ANOTHER ELIGIBLE HDHP.

AGENCY NAME: _____

4 DIGIT WORK LOCATION #: _____

EFFECTIVE DATE: _____

NO. PAY DEDUCTIONS: _____

GROSS ANNUAL SALARY: _____

BENEFIT COORDINATOR SIGNATURE: _____

SIGNATURE DATE: _____

BENEFIT COORDINATOR PHONE # (): _____

BENEFIT COORDINATOR FAX # (): _____

ENROLLMENT FORMS SHOULD BE MAILED TO: FBMC, PO BOX 1878, TALLAHASSEE, FL 32302-1878 DURING OPEN ENROLLMENT. MUST BE POSTMARKED BY MAY 21, 2021.

EMPLOYEE SIGNATURE: _____ DATE SIGNED: _____ TIME SIGNED: _____

FBMC \ 22_MVActive_EnrollmentForm-updated | 03/2021

If you do not wish to elect any of the coverages, you do not need to complete the [form](#).





After the initial enrollment, when can I make changes to my benefits?

The Plan Year is based on the fiscal year, July 1 through June 30.

You can make changes to your benefits during open enrollment which is traditionally held during the month of April. Open enrollment affords employees the opportunity to change health insurance, add/drop optional or dependent life insurance, enroll in Mountaineer Flexible Benefits, etc. Changes during open enrollment begin with the effective date of July 1.

You cannot make changes to your benefits outside of open enrollment unless you have a qualifying event. Documentation must be provided to support your qualifying event. Please see the next slide for the eligible qualifying events and the documentation that is required.





Qualifying Life Events

Qualifying/Status Change Event	Documentation Required
Divorce	Copy of the divorce decree showing the date the divorce is final.
Marriage	Copy of valid marriage license or certificate.
Birth of Child	Copy of child's birth certificate.
Adoption	Copy of adoption papers.
Adding coverage for a dependent child.	Copy of child's birth certificate.
Adding coverage for any other child who resides with policyholder.	Copy of court-ordered guardianship papers.
Open enrollment under spouse's or dependent's employer's benefit plan.	Copy of printed material showing Open Enrollment dates and the employer's name.

Qualifying/Status Change Event	Documentation Required
Death of spouse of dependent	Copy of the death certificate.
Beginning of spouse's or dependent's employment.	Letter from the employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.
End of spouse's or dependent's employment.	Letter from the employer stating the termination or retirement date, what coverage was lost and dependents that were covered.
Significant change in health coverage due to spouse's or dependent's employment.	Letter from the insurance carrier indicated the change in insurance coverage, the effective date of that change, and dependents covered.
Unpaid leave of absence by employee, spouse or dependent.	Letter from your, your spouse's or dependent's personnel office stating the date the covered person went on unpaid leave or returned from unpaid leave.
Change from full-time to part-time employment or vice versa for policyholder, spouse or dependent.	Letter from the employer stating the previous hours worked, the new hours worked, and the effective date of the change.

Documentation must be provided to support your qualifying event.





Congratulations! You have completed the enrollment through Mountaineer Flexible Benefits.

The next section will cover retirement. As with the other sections, please have beneficiary information handy.





Retirement Plans

Employees are required to participate in the retirement plan and **must** contribute 6% of their gross salary and the University will match to TIAA.

Teachers Insurance and Annuity Association (TIAA) – A major financial services organization with a longstanding reputation for service and value. This nationwide retirement system for people working at education, research, and healthcare institutions offers high quality investment management at expense levels that are among the lowest in the insurance and mutual fund industries.

You should review all online material as this presentation cannot cover all information





Please have the following items handy prior to enrolling online:

- Investment Choices
- Your social Security number
- Your beneficiary's birth date and address (and Social Security number, if available).





Choosing the Right Investment Strategy

- **Simplified one decision strategy**

- To make enrollment as simple as possible, you may want to consider a TIAA-CREF Lifecycle Fund.
- If you prefer to delegate investment decisions to a professional investor, this may be a good choice.
- They will set up your account and direct your contributions to the TIAA-CREF Lifecycle Fund that is closest to your anticipated retirement date.

- **Build your own portfolio strategy**

- If you prefer to take a more active role, you can choose among the plan's investments and different asset classes to develop your own portfolio to match your time horizon and tolerance for investment risk.
- To build your own portfolio you can change your allocations after we receive your first contribution and enroll you in the plan.






Marshall University TIAA

RETIREMENT BENEFITS INVESTMENT OPTIONS INSIGHTS WHY TIAA BENEFITS FAIR **1 ANNOUNCEMENT**

Your Retirement Benefits

[EXPLORE BENEFITS](#) [READY TO ENROLL](#) 

RETIREMENT BENEFITS

Get to know your benefits

You can put away money for retirement, while saving on taxes. Find out what's available to you.


West Virginia Higher Education Policy Commission Qualified 401(a)	VIEW PLAN DETAILS
403(b) Supplemental Plan of The West Virginia Higher Education Policy Commission	VIEW PLAN DETAILS
457(b) Deferred Compensation Plan of the WVHEPC and Council/Tech	VIEW PLAN DETAILS

tiaa.org/marshall
and click *Ready To Enroll*



Choose the plans you want to enroll in or update

Find the plan (or plans) you want to enroll in or update, then select your plan options. Some plans have different options. If you aren't sure which to choose, you may want to contact your HR office for help.

- West Virginia Higher Education Policy Commission Qualified 401(a) 
- 457(b) Deferred Compensation Plan of the WVHEPC and Council/Tech
- 403(b) Supplemental Plan of The West Virginia Higher Education Policy Commission

Not sure what to select? [Go and learn about your plan\(s\)](#) or see below for help.

NEXT





Do some paperwork, then you can enroll



THE PLAN OPTIONS YOU SELECTED:

- West Virginia Higher Education Policy
Commission Qualified 401(a)

Continue to online enrollment

BEGIN ENROLLMENT



PREVIOUS



Welcome to enrollment with WEST VIRGINIA HIGHER EDUCATION POLICY COMMISSION

ENROLL


Register to get started or log in

Need to register with TIAA?

Once you've registered, you can manage your retirement, check balances, get investment advice and more.

 REGISTER NOW

Already registered?



User ID

Password

SHOW

Remember me

[Forgot your user ID?](#)

[Forgot your password?](#)

LOG IN

- If you have a TIAA user ID and password, enter them and click, *Log In*.
- If you are a first-time user, click *Register* with TIAA to create your username and password.
- **If you are transferring agencies, you will only need to complete a [Retirement Acknowledgement Form](#).**





- At the allocation screen, choose your investment options(s).
- Select the Lifecycle fund that is closest to your expected retirement date OR Build your own portfolio.
- Not sure how to invest? That's okay. We'll direct your contributions to the Lifecycle Fund that corresponds to your expected retirement date, generally age 65, until you decide otherwise.
- Print a confirmation at the *Thank you* screen
- Designate a beneficiary (under *My Profile*)
- Enrollment in the plans(s) will take effect when we receive your first contribution through your employer.
- You'll receive a Welcome Letter with important account information.





HUMAN RESOURCES

West Virginia Higher Education Policy Commission 401(a)
Defined Contribution Retirement Plan

RETIREMENT ACKNOWLEDGEMENT FORM

This form is to be completed by new employees after they have reviewed information about the retirement program available through West Virginia public higher education. This form is to acknowledge mandatory participation in the West Virginia Public Higher Education Retirement Program.

Name:	
SSN (last 5 digits) or MUID:	
Date of Birth:	
Date Employment Begins/Began:	

***NOTE** – Plan enrollment and participant-directed investments must be completed prior to the first payroll deduction/contribution.

401(a) VENDOR	
<input checked="" type="checkbox"/>	TIAA
Signature:	* Click here to sign

INTERNAL USE ONLY	
Accepted on behalf of employer by:	
Title:	
Benefit Deduction Purposes	
401 (a) Vendor Code:	<input checked="" type="checkbox"/> TIAA (13G)
Effective Date:	

Reminder . . .

If you are transferring agencies, you will need to complete a [Retirement Acknowledgement Form](#).





Voluntary Retirement Plans

Additionally, the retirement plan has two voluntary retirement programs available in the form of a 403(b) tax-sheltered annuity plan and a 457(b) deferred compensation plan. Contribution minimum is \$200 per year.

Deductions may begin or end at any time.

These two plans are optional to the required 6% contribution by the employee and are NOT matched by the institution.





If you wish to participate in a voluntary retirement plan, we ask that you wait at least one or two pay periods before enrolling. Doing this allows employees to see what the take home pay will be once all deductions are taken.

To enroll in voluntary retirement program:

- Set up the account at tiaa.org/marshall – either the 403(b) or 457(b). If you have questions about the two voluntary programs, please contact TIAA directly at 800-842-2252.
- Complete the university's [SRA form](#). Once the form has been approved, you will receive a copy of the Supplemental Retirement Agreement.





Need Help?

- If you need help enrolling online, you may contact TIAA at **800-842-2888**, weekdays, 8 am to 10 pm and Saturdays from 9am to 6pm (ET).
- Manage your account by phone at **800-842-2252**, weekdays 8 am to 10 pm and Saturdays 9am -6 pm (ET).
- Meeting with a financial counselor. Log in to tiaa.org/events or to www.marshall.edu/human-resources/benefits/ to schedule an appointment with a TIAA consultant.
- You may contact a local TIAA office at (855) 842-2088.



New Employee Benefit Election Checklist

To complete registration for benefits, please complete the [New Employee Benefit Election Checklist](#) form.

EMPLOYEE INFORMATION	
First Name: *	Last Name: *
SSN (last four digits only):	Date of Birth:
HEALTH AND LIFE INSURANCE ELECTIONS	
Basic Life Insurance: <input type="text" value="Select"/>	Coverage Level: <input type="text" value="Select"/>
Health Coverage Plan Choice: <input type="text" value="Select"/>	
If you have a spouse employed by another state agency that is covered by PEIA, please list their information below.	
First Name:	Last Name:
Agency Name:	
Optional Life Coverage: <input type="text" value="Select"/>	Dependent Life Insurance: <input type="text" value="Select"/>
MOUNTAINEER FLEXIBLE BENEFIT ELECTIONS	
Dental Plan: <input type="text" value="Select"/>	Dental Coverage Level: <input type="text" value="Select"/>
Vision Coverage: <input type="text" value="Select"/>	Vision Coverage Level: <input type="text" value="Select"/>
Legal Plans: <input type="text" value="Select"/>	Hearing Plan Coverage Level: <input type="text" value="Select"/>
Medical Flexible Spending Account: <input type="text" value="Select"/>	Long-Term/Short-Term Disability: <input type="text" value="Select"/>
Dependent Flexible Spending Account (for childcare): <input type="text" value="Select"/>	
Limited Use FSA/ HSA (May Only Elect This Coverage if you Enrolled in PEIA Plan C ONLY): <input type="text" value="Select"/>	
RETIREMENT	
Retirement: <input type="text" value="Select"/>	
SIGNATURES	
Employee Signature: *	Click here to sign
HR Signature:	





Congratulations! You have completed the online benefit registration.

If you have questions about your benefits, please refer to the Benefits Information for New Employees site or email us at benefits@marshall.edu.

