



BENEFITS ENROLLMENT AGREEMENT

I hereby acknowledge that I received the Employee Benefits-at-a-glance document I understand that in order to elect or opt out of any available insurance coverage(s), I must complete the insurance enrollment via www.andrews.edu/go/mybenefits within 30 DAYS of becoming employed.

I understand that if I fail to complete the online enrollment before my effective date, I will be automatically enrolled in the high deductible health plan (employee coverage only) until the next open enrollment period or within 90 days of a qualifying event (birth or adoption of a child, marriage, divorce, death, change in status of spouse's employment).

Employee's Signature

Date

Witness' Signature

Date

For more detailed information, please see: www.andrews.edu/services/hr/current_employees/benefits/overview

Benefits	Full Time	Part Time	Hourly Half Time	Benefit Starting/Eligibility Date
----------	-----------	-----------	------------------	-----------------------------------

GROUP INSURANCE PLANS

Life Insurance Employee ☺ Spouse ☺ Child ☺	X			Hire date (if hire date is not first of the month, coverage begins first of the next month)
Voluntary Insurance through UNUM 1. Supplemental Life Insurance 2. Accidental Death & Dismemberment 3. Short term Disability 4. Accident Plan 5. Critical Illness 6. Whole Life	X*	X*	X*	Supplemental Life and AD&D available for New Hires. The rest are only available during the annual open enrollment period.
Automobile and Home Voluntary Insurance	X*	X*	X*	Hire

RETIREMENT

Employer Basic Contribution (5% of annual earnings)	X	X	X	Hire date (More details can be found on the Andrews HR website)
Employee Contribution (with auto-escalation until your contribution reaches 15%)	X*	X*	X*	Hire date

Benefits	Full Time	Part Time	Hourly Half Time	Benefit Starting/Eligibility Date
----------	-----------	-----------	------------------	-----------------------------------

TIME OFF

Holidays - 9 days (d