



Benefit Plans and Deadlines Acknowledgement

Based on your hire date, your employee benefits are effective _____ 1, 2013.

Benefit Plans Available

Medical/Hospitalization/Group Life
Optional Dental
Optional Vision
Optional Term & Universal Life
Optional Special Accident
Long-Term Disability
Optional Retirement Program (ORP)*

** Employees eligible to participate in the ORP must complete and submit the appropriate forms within thirty (30) days of employment. If the forms are not received within ninety (90) days - Human Resources is required to place your membership with the State of TN (Tennessee Consolidated Retirement System which requires a five-year vesting period).*

Enrollment Period & Payroll Deadlines

You have a thirty-one (31) day eligibility period from the first day of employment to enroll in benefit plans. Due to payroll processing deadlines and premium due dates, Human Resources is requesting your cooperation with the following examples:

- Example: A).** If you are hired in February, your coverage becomes effective March 1st - if the enrollment forms are submitted by February 20th, deduction of the first premium will be deducted on the February month-end paycheck *for* March's coverage.
- B).** If you are hired in February, your coverage becomes effective March 1st - if the enrollment forms are submitted after February 20th, the retroactive premium(s) will be deducted on a two (2) month-term-basis that consists of two (2) equal payments (exception: Dental, Basic Life and Optional Special Accident premiums will be deducted in whole). The retroactive premiums will be in addition to the regular monthly deduction of premiums.

I have read and fully understand the requests, as stated by Human Resources, that are necessary for the benefits I have selected to be timely implemented and payroll deducted. I further understand that after my 31-day initial eligibility period, I can only apply for certain benefits through a Special Qualifying Event or through an Annual Enrollment Transfer Period (if sponsored by the State).

Employee Signature: _____ **Date:** _____