

BENEFITS ENROLLMENT FORM INSTRUCTIONS

Use this Benefits Enrollment Form to enroll for your University of Nebraska benefits. NUFlex offers you a variety of benefit and insurance options that are explained in detail in your enrollment materials. Contact your Campus Benefits Office for additional information or questions regarding benefit coverage and costs.

You are eligible for university provided benefits under the NUFlex program if you are employed in a "Regular position" with an FTE of .5 or greater or employed in a "Temporary position" for more than 6 months with an FTE of .5 or greater.

Review your benefit materials carefully. Complete the "Option Number" and "Coverage Category" choices and any Reimbursement Account contributions in Section 8.

If you elect not to have coverage in one or more benefit plans, or if you wish to increase or add insurance coverage for you or any dependent(s) in the future, you and/or any dependent(s) proposed for coverage may need to satisfy proof of insurability as required by the insurance company.

Under the current tax law, your benefit selections are in force for the balance of the calendar year. You may make changes only if you experience a qualified change in status. Any application for changes and/or additions of coverage must be submitted in a timely fashion in accordance with insurance company and university guidelines. As a general rule, any applications for eligible coverage changes must be received within 31 days of the qualified change in status event. New employees may apply for any medical option. No medical option changes, however, will be permitted except during the annual NUFlex enrollment period.

Except for long term care, voluntary life insurance, and dependent life insurance, your payroll deductions for university provided benefits are **salary reductions**. This means that you will not pay federal or state income tax or Social Security tax on the cost of these benefits. Because your premiums for these benefits are tax-exempt, you save on taxes which reduces the net cost to you.

Please print clearly. Begin by filling in your name (last name first), Social Security Number, Campus Address, University ID Number, Campus Phone Number and Email Address.

1. **Administrative Unit:** Check the administrative unit to which you report. This is not always the same as the campus on which you are located. Check UNL (University of Nebraska-Lincoln), **IANR** (Institute of Agriculture and Natural Resources), **UNMC** (University of Nebraska Medical Center), **UNO** (University of Nebraska at Omaha), **UNK** (University of Nebraska at Kearney), or **UNCA** (Central Administration and Computing Services).
2. **Pay Cycle:** Check **One-biweekly** if you are paid every two weeks, **monthly** if you are paid monthly.
3. **Date of Hire/Eligibility:** If you are a new employee, fill in the date that your employment began at the university. If you are newly eligible for benefits, fill in the date in which you met the benefits eligibility requirements.
4. **Date of Birth:** Complete with your birth date.
5. **Effective Date:** Indicate the date your benefits are to begin. This will be the first of the month following your date of hire/eligibility. If the date of hire/eligibility is the first working day of the month, then coverage would begin on that date.
6. **Spouse Employment:** Check **only** if your spouse is currently employed by the University of Nebraska. Include your spouse's **name** and **Social Security Number** in the spaces provided. If your spouse is employed by the university, the cost of your benefits may be reduced by contributions from your spouse's department. Contact your Campus Benefits Office for more information.
7. **Tobacco/Nicotine Designation:** The Tobacco/Nicotine Designation request only applies to the group voluntary life insurance benefit. Indicate Yes (have used tobacco or nicotine within the last 12 months) or No (have not used any form of tobacco or nicotine within the last 12 months). If you indicated No, include the date you quit using tobacco/nicotine; or if you have never used tobacco/nicotine, indicate "never used."
8. **NUFlex Choices:** Complete the appropriate Option Numbers and Coverage Category. The corresponding price tags for these selections are shown on the NUFlex Price Tag Summary. For Reimbursement Account salary reductions, enter the total annual amount you want deducted through December 31.
9. **Primary and Secondary Beneficiary Names:** The Primary Beneficiary may be one or more persons (or a trust) you designate to receive life insurance death benefits should you die. The beneficiary must be "named" which requires you to provide the names of your children rather than requesting "My Children." Death benefits will be distributed equally to any surviving primary beneficiaries. If there are no surviving primary beneficiaries, death benefits will be provided to the secondary beneficiaries.

SIGNATURE REQUIREMENTS

10. **Employee Signature:** The application must be signed by you.