



Congratulations on your benefits eligibility! Please read the sections below carefully and complete each item. Some benefits are voluntary and you will have the opportunity to enroll or decline these offerings. **Please be sure to make a selection for each benefit.**

Employee Information

Name: Last, First, M.I.

Start Date

Title & Department

Home Email

The following number will be used for Emergency Notifications. Please enter a number for text alerts.

Text Alert:

Voice Alert:

Please enter a voice number only if you do not have cell phone access for text messages.

Date of Birth

Social Security Number

Emergency Contact (Name, Phone Number, Relationship)

Current Home Address (*If you are in the process of moving, please provide your address at this time, then provide an update to HR once your new address is established*). List Street Address, P.O. Box if applicable, City, State, Zip.

Marital Status

Spouse/Partner's Name (First, Last)

Citizenship: U.S. Citizen Permanent Resident Non-Immigrant - Visa Type/#:

The following demographic information encompasses categories from multiple reporting agencies and is voluntary.

Gender

Ethnicity

- | | | | |
|-------------------------|------------------------------------|-------------------------------|-----------------------|
| 1 - Black, Non-Hispanic | 2 - American Indian/Alaskan Native | 3 - Asian | F- Non-resident Alien |
| 4 - Hispanic | 5 - White, Non-Hispanic | 6 - Unknown | |
| 7 - Other | 8 - Multi-Racial | 9 - Hawaiian/Pacific Islander | |

Education:

Degree Type

Institution

Year Conferred

Specialization or Honors

Benefits Options

The benefits listed on this page (4) are paid for by Kenyon College for your benefit. Please confirm your enrollment for each benefit by completing the information below.

Basic Life Insurance - One times your salary, rounded to the next highest \$1,000. Please select a primary beneficiary. You may also elect a contingent beneficiary if necessary.*

[Detailed Eligibility and Plan Information](#)

Initial Enrollment

Rehire/Reinstatement

Primary Beneficiary Name: (First, Last)

Primary Beneficiary Social Security Number

Primary Beneficiary Address

Primary Beneficiary Relationship

% of Benefit

*Contingent Beneficiary Name: (First, Last)

*Contingent Beneficiary Social Security Number

*Contingent Beneficiary Address

*Contingent Beneficiary Relationship

*% of Benefit

Long Term Disability Insurance

[Detailed Eligibility and Plan Information](#)

I elect only the insurance to which I am, or may become entitled to at no cost to me.

Emeriti Post Retirement Health Account

[Detailed Eligibility and Plan Information](#)

For Human Resources Use Only:

Initial Enrollment or Change Request- Effective Date

I elect the account to which I am, or may become entitled to, at no cost to me.

Benefits Options, Continued

The benefits listed on the following pages (5-6) require specific selections to participate. Please complete the corresponding information below.

KC Health Insurance Plan - Detailed Eligibility, Rates and Plan information	Health Coverage Options if you have selected enrollment on the left	KC Dental Insurance Plan - Detailed Eligibility, Rates and Plan information	KC Vision Insurance Plan - Detailed Eligibility, Rates and Plan information
Waive Coverage	Employee Only	Waive Coverage	Waive Coverage
Premium Plan	Employee + 1	Employee Only	Employee Only
Basic Plan	Family (3 or more)	Employee + 1 Family (3 or more)	Employee + 1 Family (3 or more)

**If you waive medical coverage, please add a brief decline reason above for ACA reporting.*

Add the names of the dependent(s)/spouse//partner you wish to enroll below:

Name (First, MI, Last)	Social Security #	Gender	Birth Date	Relation
			<input type="text"/>	
			<input type="text"/>	
			<input type="text"/>	
			<input type="text"/>	

Check this box if you or any of your dependents have other health or dental coverage that should be counted as primary.

Yes, I confirm that I have additional health or dental coverage and will provide insurance information to Human Resources

Flexible Spending Account - [Click here for detailed Eligibility, Rates, and Plan Information](#)

I waive enrollment in my employer's Flexible Spending Account Plan.

I elect to participate in my employer's Flexible Spending Account Plan. I understand that the contribution(s) I have elected will be made with pre-tax salary reductions and that these reduce my compensation for Social Security benefit purposes. I understand receipts and/or documentation may be requested by the plan in order to substantiate expenses. I understand I am making a binding election for the entire plan year unless I have a qualifying life change.

Health Care*
Annual Contribution
Amount

Dependent Care*
Annual Contribution
Amount

For Enrollment Only: Pay Period

Bi-Weekly

Monthly

*For medical, Rx, dental, vision

*For childcare

Benefits Options, Continued

TIAA Retirement Plan Contribution - [Click here for detailed Eligibility, Rates, and Plan Information](#)

By this agreement made between myself and Kenyon College, I agree that my salary will be reduced by the required and/or voluntary amount(s) indicated below. After meeting eligibility requirements, the College will contribute 9.5% to my employee annuity contract (or custodial account) which I will allocate among the funding vehicles approved by the College. This agreement shall be legally binding and irrevocable for both the College and myself while employment continues. I may terminate or otherwise modify this agreement (other than the mandatory contribution) as of the end of any month or pay period by giving at least 30 days written notice so that this agreement will not apply to salary subsequently paid. You may make contributions on your own to an SRA or Roth 403(b) prior to the 1 year waiting period if you so choose.

The mandatory 5% contribution and the 9.5% College match will go into effect the pay period following your 1 year employment start date. Please check box below if you meet the criteria to waive the one year waiting period.

Pre-Tax Contribution Amount(s)

For HR Use Only: Effective Date

Mandatory 5% for College Contribution Match (GRA) (Generally Effective 1 year from date of hire, see above for detail)

If over age 50, you may contribute an additional \$6,000 per year. Enter Amount \$

Additional Pre-Tax Contribution (SRA) (Flat Dollar Per Pay or %):

Catch Up Provision for employees with 15 or more years of service: \$3,000 maximum per year; \$15,000 lifetime max. Enter Amount \$

I certify that I have worked 1,000 hours at an Institution of Higher Education in the year immediately preceding my Kenyon hire date

Enter the beginning and ending dates for which you would like any Additional Contributions to be effective. Ex: 1/1/01 through 7/31/2015. For no end date, type a beginning date only.

If you would like to contribute to a **Post-Tax** Roth 403B, enter a Flat Dollar amount or Percentage per pay period and the effective date. Ex: \$100 effective 1/1/01 through 7/31/2015.

%

Flat Dollar \$

Or Percentage

Voluntary Life and Personal Accident Insurance - [Click here for detailed Eligibility, Rates, and Plan Information](#)

Voluntary life and Personal Accident Insurance in addition to Kenyon's Basic Life and Disability insurance are available to you at the [costs listed here](#).

I wish to waive my enrollment in Voluntary Life and Personal Accident Insurance

I [will fill out this linked formal application](#) and return to Human Resources for Voluntary Life and/or Personal Accident Insurance enrollment.

This signature serves as authorization for the benefits I have elected on the preceding pages.

Or in lieu of a signature, please type your initials here:

Signature

Date