

VU or VUMC Postdoctoral Trainees: 2017-2018 Benefits Action Form (BAF)

DIRECTIONS

Use this form for VU or VUMC Postdoctoral Research Trainees: Postdoctoral Scholar, Trainee or Postdoctoral Research Fellow Trainee for health insurance.

VUMC RESEARCH FELLOW TRAINEES:

BAFs are to be received by the 15th of the month for change to be effective the following month. A BAF received after the 15th of each month will result in the responsible department completing a Journal Entry (JE) in order to assign charges to appropriate center number or reverse charges, depending on the requested action.

Enrollment must occur within 31 days of the trainees hire date. If the trainee fails to enroll within the initial open enrollment period, they will default into waiving the insurance and will not be eligible to enroll again until the next open enrollment period.

Once the trainee enrolls online, the enrollment form will be sent to Karen DeFosse for verification. The trainee's enrollment will not be verified until a BAF has been received from the department. No trainee will be enrolled until the online enrollment form and the BAF have been completed.

VUMC account numbers for BAFs are: VU Cost Center: 13099 OR VUMC Cost Center: 64430.

To terminate a trainee from insurance, complete a new BAF with the action to terminate and list the effective termination date. Center numbers will continue to be charged until a termination BAF is received.

Send Completed BAF to:

Karen DeFosse, Benefits Representative, Vanderbilt University Medical Center HR: benefits.vumc@vanderbilt.edu

VU POSTDOCTORAL SCHOLAR TRAINEES:

Enrollment must occur within 30 days of the trainees hire date.

The Office of Postdoctoral Affairs (OPA) will enroll the trainee after receiving a BAF.

Once enrolled, trainees must enroll dependents within 2 weeks of the effective start date on the BAF.

Departments are billed quarterly for postdoc and dependents premiums.

To terminate a trainee from insurance coverage, complete a new BAF with the action to terminate and list the effective termination date. Center numbers will continue to be charged until a termination BAF is received.

Send Completed BAF to:

Irene McKirgan, Office of Postdoctoral Affairs, Graduate School: irene.mckirgan@vanderbilt.edu

Section 1: Trainee Information

First Name
Middle Name
Last Name
Home Address
Employee ID 7 Digit #
Date of Birth
Gender
Email Address

Section 2: Department Information

Home Department of Trainee
Staff Responsible for BAF
Phone Number for Responsible BAF

Section 3: Benefits Action Information

Action: Use the drop down menu to select what action is taking place:

New Enrollee, Center Number Change, Terminate Coverage, Other.

Effective Date: Enter the effective start date that the action above is taking place.

Funding Source: Enter the trainee's funding source.

For example, if the trainee is being funded by a training grant, you would enter the training grant ID number.

Comments: Use the comments section to clarify any information on the form.

Section 3: Benefits Action Information

Action (specify if other)
Effective Start Date
Funding Source (e.g., T32 DK001234)
Comments

Section 4: Distribution Information

Enter the benefits account number(s) and center number(s) to which the trainee's insurance premium will be charged. If using multiple center numbers, enter the percentage or amount that should be charged to each center number. Please note that the center number(s) given on the BAF will be charged for the total insurance cost based on coverage selected by the trainee. For example, if a trainee enrolls his/her spouse and children the given center number(s) will be charged for the total premium. If the center number(s) on the BAF are restricted to only pay for the trainee's single coverage, you will need to either provide additional unrestricted center number(s) for the additional charges for dependents or restrict your trainees to enrolling for single coverage only.

Section 4: Distribution Information

Account Number	Center Number	% or Amount

Section 5: Approval Signatures of Individuals Authorized to Sign for Each Center Number Listed Above

Signature/Date:	Signature/Date:
Signature/Date:	Signature/Date:
Signature/Date:	Signature/Date:
Signature/Date:	Signature/Date: