

VU Postdoctoral Trainees: 2018-2019 Benefits Action Form (BAF)

Use this form for VU Postdoctoral Research Trainees health insurance enrollment

VU POSTDOCTORAL SCHOLAR TRAINEES:

- Enrollment must occur within 30 days of the trainee's hire date.
- The Office of Postdoctoral Affairs (OPA) will send an enrollment confirmation to 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. COA/POET* string will continue to be charged until a termination BAF is received.
- Outside of the open enrollment period, the BAF to enroll or terminate coverage for a postdoc must be submitted prior to the requested effective date or termination date or no later than two weeks after the requested effective or termination date. Requests to enroll or terminate coverage submitted outside of this deadline may not be considered.
- Before processing a termination request Gallagher Student Health will need to check with UnitedHealthcare StudentResources to confirm no claims have been paid.

*COA = Chart of Accounts

*POET = Project Organization Expenditure Task

Send completed BAF to
[Irene McKirgan](#)
Office of Postdoctoral Affairs
Vanderbilt Graduate School

Section 1: Trainee Information

First Name

Middle Name

Last Name

Street Address

City, State, Zip

Employee ID (7 digit #)

Date of Birth

Gender

Vanderbilt Email Address

Section 2: Department Information

Home Department of Trainee

Staff Responsible for BAF

Phone Number

Section 3: Benefits Action Information

Instructions:

- **Action:** Use the drop down menu to select what action is taking place: *New Enrollee, Funding Change or Terminate Coverage*
- **Effective Date:** Enter the effective start date for the action above. Note: must be a date prior to the requested effective date or no later than two weeks after
- **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

Action

Effective Start Date

Funding Source
(e.g., T32 DK001234)

Comments

Section 4: Distribution Information

Instructions:

Enter the COA/POET string to charge the premium for trainee's insurance. If using multiple strings, enter one string per line and include the amount that should be charged to each string. The distribution information entered on the BAF will be charged for the total insurance cost based on the coverage selected by the trainee. For example, if a trainee enrolls his/her spouse and children, the strings provided will be charged for the total premium.

If the funding is a POET, you must also submit a COA for each POET.

The COA must contain the following information:

Segment	Value	Description
Entity	XXX (3 digits)	School
NetAssetClass	XX (2 digits)	General Unrestricted
Financial Unit	XXXXX (5 digits)	School: Office
Account	XXXX (4 digits)	Most likely is 6755
Program	000	Default Program
Activity	000	Default Activity
InterEntity	000	Default InterEntity
Future1	0	Future 1
Future2	0	Future 2

COA/POET	COA/POET #	Project # (If applicable)	Task # (If using a Project)	Expenditure Organization (same as Financial Unit)	Amount	Coverage For
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Section 5: Approval Signatures of Individuals Authorized to Sign for Each COA/POET Number Listed Above

Date format, MM/DD/YYYY