

222 Administration Building • Fayetteville Arkansas 72701 • (479) 575-5351 • (479) 575-6971 (FAX)

#### **Human Resources**

# **Acknowledgement of Benefit Policies**

### All new employees must read and sign this form.

Upon completion, return this form to UA Human Resources, 222 Administration Building, along with your other benefits enrollment forms. Contact Human Resources at (479) 575-5351 if you have any questions.

Your initials

## **Benefits Eligibility**

- I understand that if I am employed in a regular position (not a temporary position nor a student position), 50% appointment or greater, that I am eligible for employee benefits.
- I understand that certain benefits Basic Life Insurance, Basic Long Term Disability Insurance, and UA contributions to retirement are mandatory benefits for all benefits eligible employees.
- <u>I understand that I must complete all necessary benefits paperwork within 31 days of my benefits eligible appointment date.</u>
- I understand that I am eligible to make employee contributions on a pre-tax or post-tax basis to the University of Arkansas Retirement Plan. I understand that if I wish to make employee contributions, I must complete all necessary paperwork no later than the last working day of the month prior to the month in which I wish to start my contributions.

**Medical & Dental Insurance Enrollment Deadline** 

Your initials

- I understand that I have 31 days from my benefits eligible appointment date to enroll in medical and dental coverage
- I understand that after this 31 days window has passed, I will not be eligible to enroll unless I have a qualifying family or HIPAA event, or unless the University of Arkansas offers an open enrollment period.

## **Retirement Participation**

Your initials

- I understand that if I am employed by the University in a position which is **not** considered benefits eligible as defined above, I am still eligible to make *employee* contributions to retirement through an unmatched 403(B) account.
- I understand that by participating in a plan, I can set aside money, tax-deferred, to save for retirement. Participation in an unmatched regular 403(B) and/or Roth 403(B) is offered by TIAA-CREF and/or Fidelity Investments.
- I understand that if I wish to participate in a TDA, that I must complete all necessary paperwork no later than the last working day of the month prior to the month in which I wish to start my contributions. I understand that, within Plan and IRS guidelines, I may enroll and/or change my enrollment at any time.

### **Electronic Benefit Plan Documents**

Your initials

• I understand that I can access the Summary Plan Descriptions (SPD's) of the University of Arkansas benefit plans on the Human Resources Web site at <a href="http://hr.uark.edu/benefits/">http://hr.uark.edu/benefits/</a> or I may elect a hard. I choose to receive my SPDs in the following manner:

 I hrough the	UA websit	e at http://	/hr.uark.edu	/benefits/
 Hard copy		<del></del>		

Print your Name	Your Social Security Number or BASIS ID
Sign your Name	Today's Date