### VUMC Postdoctoral Trainees: Benefits Action Form (BAF)

Use this form for VUMC Postdoctoral Research Fellow Trainees for health insurance enrollment

#### **VUMC RESEARCH FELLOW TRAINEES:**

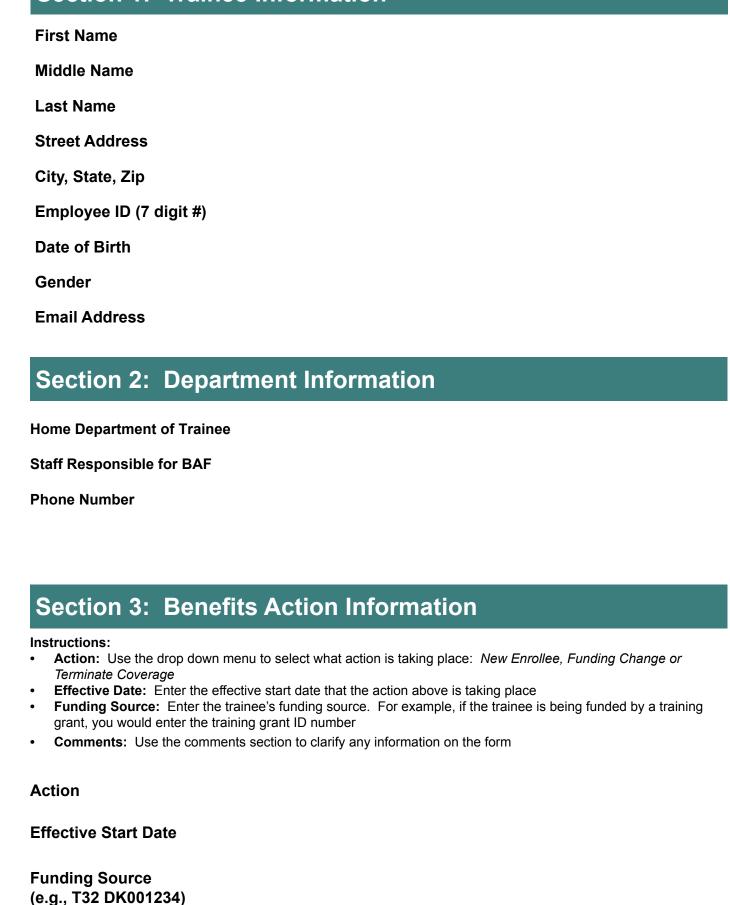
- BAFs are to be received by the 15th of the month for change to be effective the
  following month. A BAF received after the 15th of each month will result in the
  responsible department completing a Journal Entry (JE) in order to assign charges
  to appropriate center number or reverse charges, depending on the requested
  action.
- Enrollment must occur within 30 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.
- No trainee will be enrolled until the online enrollment form and the BAF have been completed. VUMC account numbers for BAFs: 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

## Section 1: Trainee Information



**Comments** 

## **Section 4: Distribution Information**

#### Instructions:

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.

Account # Center Number % or Amount Coverage For

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

Signatures Date