

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
Meredith Price**

**Benefits Representative,
Vanderbilt University Medical Center HR**

Section 1: Trainee Information

First Name

Middle Name

Last Name

Street Address

City, State, Zip

Employee ID (7 digit #)

Date of Birth

Gender

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 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

Action

Effective Start Date

Funding Source
(e.g., T32 DK001234)

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

Signatures

Date