

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 (JET) in order to assign charges to appropriate worktag 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.
- To terminate a trainee from insurance, complete a new BAF with the action to terminate and list the effective termination date. Worktags will continue to be charged until a termination BAF is received.

Send completed BAF to
Shatika Wade
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

Supervisory Organization 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 worktags to which the trainee's insurance premium will be charged. If using multiple worktags, enter the percentage or amount that should be charged to each worktag.

Please note that the worktags 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 worktag will be charged for the total premium. If the worktag on the BAF are restricted to only pay for the trainee's single coverage, you will need to either provide additional unrestricted worktags for the additional charges for dependents or restrict your trainees to enrolling for single coverage only.

Account #	Worktag	% or Amount	Coverage For

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

Signatures

Date

Manager

Cost Center Manager

Cost Center Manager

Cost Center Manager

Cost Center Manager