

1/31— 2/1/2011

**What to Wear the First Two Days:**

- Scrubs or casual business attire
- No jeans, sweats, or tank tops
- Close-toed shoes
- ID photos will be made Monday or Tuesday

**IMPORTANT**

- Refer to your checklist for forms and ID to bring with you on Monday.
- Bring \$36.53 in cash or check for parking.
- Bring your car registration

**Schedules**

- The week of 1/31-2/4/11, you should plan on working Mon.-Friday
- Schedule changes during the rest of the 7 weeks will ONLY be made for your NCLEX dates.

**Key Times ~ 1/31/2011**

Registration & Breakfast	<b>7:00 a.m.</b>
Welcome	<b>8:00 a.m.</b>
Luncheon	<b>11:30 a.m.</b>
Dismissal	<b>4:30 p.m.</b>

**Key Times ~ 2/1/2011**

Check-in starts at	<b>7:45 a.m.</b>
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# Winter 2011 Nurse Residents

Vanderbilt University Medical Center

## Orientation: Where Do I Go? What Do I Need to Do?

Welcome to the Vanderbilt Medical Center's Winter 2011 Nurse Residency Program.

Whether you're new to Vanderbilt or have been employed here in another position, we have designed an orientation specifically for you—geared toward the needs of nurse residents.

Orientation starts on Monday, Jan. 31, 2011, with registration and Meet-and-Greet Breakfast in Langford Auditorium starting at 7:00 a.m. At check-in, we'll give you a packet of materials and a temporary ID, and steer you toward the next location.



**Vanderbilt's Nurse Residency Program shines a light on the profession**

The Meet-and-Greet Breakfast will provide an opportunity to get to know some of the key players in your new career, such as the unit managers and educators.

Orientation will continue after lunch with details about employment at Vanderbilt, and will finish around 4:30 p.m.

On Tuesday, Feb. 1, we start a little later with a 7:45 a.m. sign-in, It will be an active day; some of the activities are: a tour and overview of the units, computer sign-on, and more. The day will end at 3:30 p.m.

We look forward to working with you!

We will send you a schedule for the first 7 weeks in mid-January.

## Where Do I Park?

During the first two days, you will park at the WEST Garage (see the handout included in this mailing).

Use the **25th Ave. South entrance only!** Park in spaces 1-227, which are allotted for WW permits. If you park anywhere else, you may get a ticket.

Although there is no shuttle service from the parking garage to Langford Auditorium, the parking shuttle map included in this packet can help guide you.

Exit the parking garage on the 24th Ave. side of the building, turn left and walk uphill on 24th Ave., past the VA hospital

and take a right onto Garland Avenue. Continue down Garland toward Medical Center North, where you'll reach a shuttle turn-around. Veer toward the right and Langford is just on your right, past Eskind Library.



## FORMS TO COMPLETE & ITEMS TO BRING TO ORIENTATION

Complete the necessary forms indicated on this checklist.  
Bring the forms and the additional items with you on your first day.  
*Please don't forget to bring these items, as they are necessary to ease your transition.*

<input type="checkbox"/>	<b>Orientation Paperwork, including the Benefits Enrollment form and the 2011 Benefits at a Glance</b>
<input type="checkbox"/>	<b>Acceptable IDs for I-9 Verification</b> <i>(It is very important to your employment that you do this correctly. Go to <a href="http://hr.vanderbilt.edu/i9/">http://hr.vanderbilt.edu/i9/</a> to complete the initial process and for a list of appropriate identification to bring with you.)</i>
<input type="checkbox"/>	<b>New Employee Information Form, completed</b>
<input type="checkbox"/>	<b>W-4 Employee's Withholding Allowance, completed</b>
<input type="checkbox"/>	<b>Direct Deposit/Pay Distribution Form, completed</b>
<input type="checkbox"/>	<b>Review Parking &amp; Transportation information</b>
<input type="checkbox"/>	<b>Complete Parking Contract and bring with you Cash/Check for parking costs: \$36.53</b>





New Employee Information Form

Employee ID or Social Security Number, Home Phone Number, Date of Birth, Last Name, First Name, M.I., Home Mailing Address, City, State, ZIP

GENDER: Male Female I do not wish to disclose MARRIED: Yes No

Race/Ethnic Group

Are you Hispanic or Latino? (Check the appropriate box)
Please select one or more races from the list below. (Check all that apply)
White, Black or African American, American Indian/Alaskan Native, Asian, Pacific Islander, I do not wish to disclose

Military Information (Check all that apply)

Not applicable, Disabled Veteran, Vietnam-Era Veteran, Other Protected Veteran, Armed Forces Service Medal Veteran, Recently Separated Veteran
Military Status: Active Reserve Inactive Reserve Separation Date

Vanderbilt is committed to principles of equal opportunity and affirmative action. Vanderbilt is committed to a policy of non-discrimination in employment and education and complies with the requirements of the Americans with Disabilities Act of 1990 (ADA) and the Rehabilitation Act of 1973...

Processing Office Use Only
Pay Group
Employee ID #
Entered by
Audited by
Date Received in Processing

Signature Date



Personal Information Change Form - FOR CURRENT or Former Staff or Students ONLY

I am submitting this form to change my (check all that apply and complete form with new information):

- checkbox address checkbox name checkbox phone checkbox marital status checkbox military status

TO SUBMIT A NAME CHANGE, ATTACH A COPY OF YOUR NEW SOCIAL SECURITY CARD, OR THE 'RECEIPT FOR APPLICATION' FOR A NEW CARD

Employee ID or Social Security Number ( ) Home Phone Number Date of Birth

Last Name First Name M.I.

Home Mailing Address City State ZIP

Married: checkbox Yes checkbox No TO SUBMIT A MARITAL STATUS CHANGE, ATTACH A COPY OF YOUR MARRIAGE CERTIFICATE OR DIVORCE DECREE

Military Information (Check all that apply)

- checkbox Not applicable
checkbox Disabled Veteran a veteran 1) of the U.S. military ground, naval or air service who is entitled to compensation...
checkbox Vietnam-Era Veteran a veteran whose active military, naval or air service was during the period August 5, 1964 through May 7, 1975...
checkbox Other Protected Veteran a veteran who served on active duty in the U.S. military ground, naval or air service during a war...
checkbox Armed Forces Service Medal Veteran a veteran who, while serving on active duty in the U.S. military ground, naval or air service participated in a U.S. military operation...
checkbox Recently Separated Veteran a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty...
Military Status: checkbox Active Reserve checkbox Inactive Reserve Separation Date

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Processing Office Use Only
Pay Group
Employee ID #
Entered by
Audited by
Date Received in Processing

Signature Date

Mail form to: Vanderbilt HR Processing, PMB #407718, 2301 Vanderbilt Place, Nashville, TN 37235-7718

Deliver form to: HR Processing, 975 Baker Building, Nashville, TN 37203



Direct Deposit/Pay Distribution Form

You may also use C2HR to establish direct deposit.

Social Security Number (or Employee ID Number)

Last Name First Name M.I.

Daytime Phone Number

I would like my paycheck/direct deposit advice:

Not Printed (I will 'go paperless' and view my pay information on C2HR)

Direct deposit:

Yes, I want direct deposit (complete section below)

Direct Deposit Options

You may direct deposit your pay in up to three accounts (checking or savings). Please check the appropriate box for the type of account and complete the information about your bank. You must allow at least one pay period for your direct deposit to become effective.

Account #1

- Checking (For all checking account direct deposit requests, a preprinted, voided check (not a "starter" check\*) must be attached to this form.)
Savings (For all savings account direct deposit requests, a savings deposit slip must be attached to this form.)

Bank Name
Bank Transit Number
Account Number

For Account #1, please deposit:
% of my pay into this account
or
\$ dollars of my pay into this account

Account #2

- Checking (For all checking account direct deposit requests, a preprinted, voided check (not a "starter" check\*) must be attached to this form.)
Savings (For all savings account direct deposit requests, a savings deposit slip must be attached to this form.)

Bank Name
Bank Transit Number
Account Number

For Account #2, please deposit:
% of my pay into this account
or
\$ dollars of my pay into this account
or
remaining net pay into this account

Account #3

- Checking (For all checking account direct deposit requests, a preprinted, voided check (not a "starter" check\*) must be attached to this form.)
Savings (For all savings account direct deposit requests, a savings deposit slip must be attached to this form.)

Bank Name
Bank Transit Number
Account Number

For Account #3, please deposit:
% of my pay into this account
or
\$ dollars of my pay into this account
or
remaining net pay into this account

Employee Signature

Date

\* For your protection, starter checks cannot be used to establish direct deposit. The check must have your name and address printed in the upper left corner.

# VUMC Parking & Transportation Services

VANDERBILT UNIVERSITY  MEDICAL CENTER

- Vanderbilt University Medical Center requires all vehicles parked by faculty, staff, students, vendors, and construction workers be registered with VUMC Parking & Transportation Services. VUMC Parking & Transportation reserves the right to control parking and move your designated parking space as needs demand.
- For the **first two days**, parking will be available in **WEST GARAGE**. West Garage is located between 24<sup>th</sup> and 25<sup>th</sup> Avenue and Children's Way. **Use the 25<sup>th</sup> Avenue entrance ONLY**. Park in spaces allocated for **WW Permits**. These spaces are numbered 1 through 227. You are subject to ticketing by the University Parking Office if parked outside of these spaces.
- Personnel from the Medical Center Parking Office will set up a table at Orientation for your convenience. A permit for temporary parking can be purchased at that time with cash or check. The cost for parking during nurse residency (not to exceed 90 days) is \$36.53. This includes a \$5 deposit for a gate card. You may also visit the VUMC Parking Permit Office which is located in the EAST Garage. Please do not park in the East or Central Garages. These are patient garages and are strictly enforced.
- When assigned a permanent shift position, please visit the Permit Office to obtain **regular** parking. (The temporary permit received in Orientation is only valid for 90 days).
- Lost decals or gate cards are the responsibility of the individual who registered the vehicle and a have a replacement cost of \$60.
- For questions or concerns, please call the office at 936-1215, option 3. We are open from 7 a.m. – 5 p.m. Monday through Friday.
- **REQUIREMENTS for obtaining a VUMC Parking Permit**
  - **Vehicle Registration**
  - **ID Badge**
  - **Check or Cash \$36.53**
  - **Filled out Contract**

# VUMC Parking & Transportation Services

VANDERBILT UNIVERSITY  MEDICAL CENTER

OFFICE USE ONLY  
Permit # \_\_\_\_\_

Location  
**WEST - WT**

Gate Card # \_\_\_\_\_

EXP DATE:  
**4/30/11**

Initials \_\_\_\_\_

## Nurse Resident PARKING CONTRACT (please print clearly)

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

VUNET ID: \_\_\_\_\_

EMPLOYEE ID #: \_\_\_\_\_ **OR** SS#: \_\_\_\_\_

### MAILING

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The privilege of parking in the Vanderbilt Medical Center Parking Facilities or at 100 Oaks Medical Center is subject to the following terms and conditions. Note: VUMC Parking & Transportation reserves the right to control parking and move your designated parking space as needs demand.

### **PLEASE READ & INITIAL**

- 1 The term of this contract shall commence on the date of this contract and continue thereafter until terminated in person. Owner or Operator assumes responsibility for articles left in the vehicle, loss due to theft, or vehicle damage by fire, vandalism, collision, or otherwise.
- 2 Licensee agrees to abide by all rules and regulations stated on the Vanderbilt University Medical Center Parking website at: [www.mc.vanderbilt.edu/parking](http://www.mc.vanderbilt.edu/parking)
- 3 Licensee agrees to have permit fees and any citations, fines or fees deducted from his/her wages and applied toward their account with VUMC Parking & Transportation.

### VEHICLE INFORMATION

LICENSE PLATE: \_\_\_\_\_

MAKE: \_\_\_\_\_

STATE: \_\_\_\_\_

MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_

STYLE: \_\_\_\_\_

YEAR: \_\_\_\_\_

SIGN HERE

X \_\_\_\_\_ I understand Vanderbilt Medical Center Rules and Regulations and to the terms as stated in this agreement.

# VUMC SHUTTLE ROUTES & SCHEDULES

## STAFF & FACULTY ROUTES

### BLUE ROUTE

Monday - Friday: 4:00 a.m. - 2:00 a.m. (Average Wait: 8 minutes)  
 Rush Hour: 5:30 - 9:00 a.m. & 3:00 - 8:00 p.m. (Average Wait: 4 minutes)

### GOLD ROUTE

Monday - Friday: 6:00 a.m. - 9:00 a.m. & 3:00 p.m. - 6:00 p.m.  
 All Other Hours Use Blue/Gold Route

### GREEN ROUTE

Monday - Friday: 4:00 a.m. - Midnight (Average Wait: 10 minutes)  
 Rush Hour: 5:30 a.m. - 9:00 a.m. & 3:00 p.m. - 8:00 p.m. (Average Wait: 4 minutes)

### CHESTNUT ROUTE (Chestnut Lot 127 to MCN, Main and TVC)

Monday - Friday 5am - 9pm

5am - 6am Every 30 minutes

6am - 6pm Every 15 minutes

6pm - 9pm Every 30 minutes

All full-time Vanderbilt employees may ride the MTA by swiping their ID  
 MTA Route 25 operates from 8th and Chestnut and 21st and Edgehill various times during the day.

### PURPLE ROUTE

Monday - Friday: 6:00 a.m. - 6:30 p.m.

Buses Will Leave:	Minutes Past Each Hour
Round Wing	00, 15, 30, 45
2525 West End	02, 17, 32, 47
N Lot 73 & 73A	05, 20, 35, 50
3401 West End	09, 24, 39, 54
Crystal Terrace	00, 15, 30, 45
S Lots	07, 22, 37, 52
Children's Hosp.	10, 25, 40, 55

## PATIENT/VISITOR ROUTES

### PATIENT TRANSPORT COURTESY VANS

Monday - Friday: 7:30 a.m. - 4:30 p.m.

Continuous Trips within the Medical Center Campus, with Stops @  
 MCE (Level 2), MCN (Canopy), VUH (Circular Drive),  
 TVC (Circular Drive), Children's Alley (Circular Drive),  
 PRB (Circular Drive), VAV (Portaco)

### HOSPITALITY SERVICE

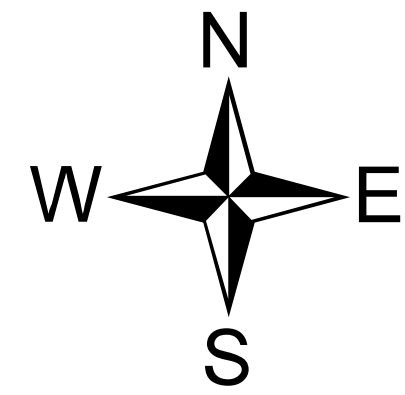
Monday - Friday: 7:00 a.m. - 9:00 p.m.

On Call Trips to VUMC Facilities Available by  
 Calling 936-1215 or 6-1215 from a Campus Phone

 FOR INFORMATION REGARDING MOBILITY  
 OR SPECIAL NEEDS, CALL 936-1215

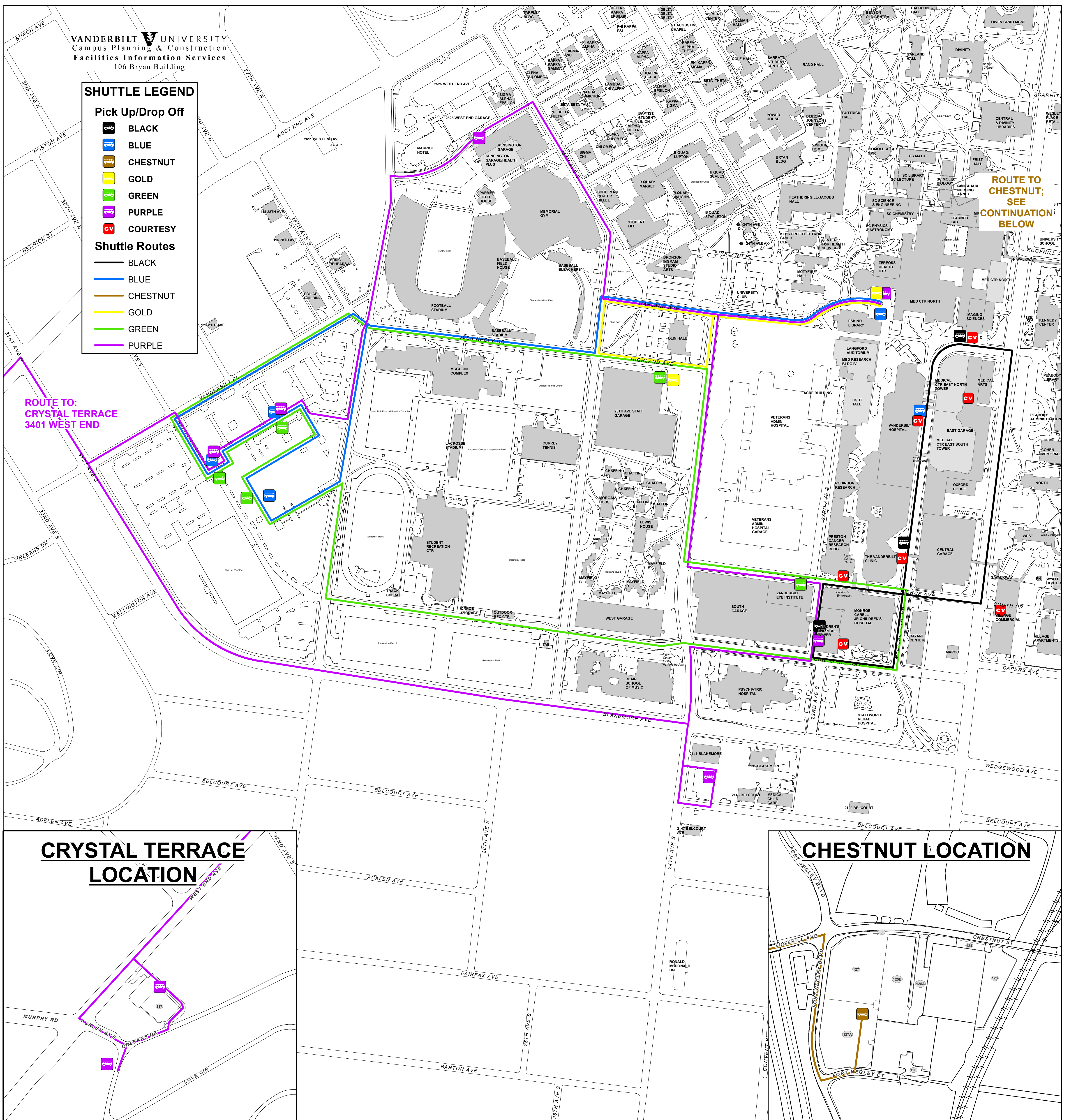
### BLACK ROUTE (Special needs)

Monday - Friday: 5:30 a.m. - 8:30 p.m.



0 100 200 400 600 800 Feet

November 2010





# Form W-4 (2011)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b>	<u>      </u>
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>			
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children . . . . .	<b>G</b>	<u>      </u>			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>			
	For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}		
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-2159  <span style="font-size: 2em; font-weight: bold;">2011</span>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u>      </u> 6 \$ <u>      </u>
7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Benefits Enrollment Form

If you are a full-time non-exempt staff member (paid weekly or every two weeks), your benefits begin on the first of the month following 60 days of employment and this form MUST be received within 60 days from hire date.

- New Hire
Part-time to Full-time
Rehire

If you are a full-time exempt faculty/staff member (paid monthly), your benefits begin on your hire date and this form MUST be received within 30 days from hire date.

Faculty/Staff Information (Please print clearly)

Employee ID or Social Security #, Last Name, First Name, M.I., Date of Birth, Home Mailing Address, City, State, Zip, Daytime Phone Number, Date of Hire, Department, Gender, Married?, Does your spouse work at Vanderbilt?

Health, Dental (Optional), Vision (Optional) sections with various plan options and coverage tiers.

Covered Family Members (By including your spouse/certified partner and/or children, you assert they meet eligibility requirements. Attach second sheet if necessary.)

Table with columns: Relationship, Last Name, First Name, Social Security Number, Date of Birth, Gender, Enroll In (Health, Dental, Vision).

Life Insurance

Basic Coverage of 1x your salary is paid for by Vanderbilt. Supplemental Coverage (Optional, paid by employee) with options for 1x, 2x, 3x salary or Waive Supplemental Coverage.

Accidental Death & Dismemberment (Optional) Maximum coverage is 10x your salary or \$500,000 (whichever is less).

Coverage Amount (in \$10,000 increment) \$, Coverage Level (Individual, Family), Beneficiary Name, Relationship, Percentage.

Processing Office Use Only box containing ID #, Pay Group, Eff Date Health, Eff Date Life, Correction Mode Needed, Date Received in Processing.

When declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be eligible to enroll yourself or your eligible dependents in the Vanderbilt Plan provided you request enrollment within 30 days of the qualifying event that causes the coverage change.

I have received information about Vanderbilt University's benefits. I choose to enroll as indicated above and waive my right to participate in the plans not selected. I understand enrollment at a later date in plans not selected may require proof of insurability.

Under penalties of perjury, I declare that the above information, to the best of my knowledge and belief, is true, correct and complete. I further declare that the dependents listed are eligible for this coverage under the terms of the plan and I may be required to provide substantiating documentation for their coverage.

Employee Signature, Date

Return form to: HR Processing, PMB # 407718, 2301 Vanderbilt Place, Nashville, TN 37240-7718

\* Requires certification of same-gender partnership. Contact the Office of Benefits Administration to make an appointment. \*\* If a beneficiary is not named, the default beneficiary will be your estate. To name contingent beneficiaries, use "Beneficiary/Life/AD&D Change Form."

# Benefits

## 2011 BENEFITS AT A GLANCE

### Staff / House Staff

This summary of Vanderbilt's benefits program will help you complete the Benefits Enrollment Form.

#### Submit your Benefits Enrollment Form within your deadline:

Salaried Employees: **within 30 days of hire date**

Hourly-paid Employees: **within 60 days of hire date**

Visit the benefits pages of the Human Resources website or stop by HR Express for more information and Summary Plan Descriptions.

Once you make your elections on your Benefits Enrollment Form, those elections will stay in effect for the plan year (January 1–December 31), unless you experience an event that qualifies for a family status change (see page 56).

#### Core Benefits:

Core benefits are those for which Vanderbilt supports employee participation by sharing the cost.

- Health Plan\*
- Long-term Disability
- Life Insurance
- 403(b) Retirement Plan

#### Voluntary Benefits:

You can choose to enroll in voluntary benefits as they suit your needs. You pay the full cost of voluntary benefits.

- Accidental Death & Dismemberment\*
- Dental\*
- Flexible Spending Accounts\*
- Short-term Disability\*\*
- Vision\*
- Payroll-deducted Discount Programs: Auto, Home and Pet insurance

\* Changes to these benefits can be made only during Open Enrollment each October, or during the plan year if you experience a qualifying event. Changes during the plan year must be consistent with the qualifying event and certain restrictions apply.

\*\* Your election for Short-term Disability stays in effect until the following Open Enrollment, at which time you may apply for or waive Short-term Disability for the following calendar year.

#### HR Benefits Administration:

##### Mailing Address

PMB #407700  
2301 Vanderbilt Place  
Nashville, TN 37240-7700

##### Forms Drop-off Location (do not mail to this address)

HR Express  
2525 West End Avenue, second floor  
Nashville, TN 37203

##### Web Address

<http://hr.vanderbilt.edu/benefits>

##### Email

[benefits@vanderbilt.edu](mailto:benefits@vanderbilt.edu)

#### HR Customer Service, Payroll, Records:

##### Mailing Address

PMB # 407718  
2301 Vanderbilt Place  
Nashville, TN 37240-7718

##### HR Customer Service Phone Number

615.322.8330

##### Web Address

<http://hr.vanderbilt.edu/toolbox>

##### Email

[payroll@vanderbilt.edu](mailto:payroll@vanderbilt.edu)

*NOTE: This document is intended to provide information about your benefit options. It is not meant to replace the Summary Plan Descriptions, which are the governing documents for Vanderbilt benefits. Summary Plan Descriptions are available at HR Express (2525 West End Avenue, second floor) and online ([hr.vanderbilt.edu/forms](http://hr.vanderbilt.edu/forms)). Offerings and plans are subject to change. Prices are valid for the 2011 plan year.*

*This publication is published as a standalone piece called "Benefits at a Glance" and as part of the "New Staff Orientation Booklet." Page numbers referenced throughout are those used in the New Staff Orientation Booklet.*



HUMAN  
RESOURCES

# Vanderbilt Health Plan

The Vanderbilt Health Plan has three options from which to choose. All three options are preferred provider organizations (PPOs). PPO plans allow you to see any doctor, but you will get the best rate if you see a doctor in the network. PPOs also allow you to see a specialist without a referral.

The Health Plan options have three networks: 1) at-Vanderbilt, 2) in-network, either Aetna "POS II" network or BlueCross BlueShield of Tennessee "Select" network (depending on which Health Plan option you elect) and 3) out-of-network. The "at-Vanderbilt" copay, coinsurance, deductible and coinsurance maximum offer employees the biggest discount on health care expenses.

Both the Aetna and BlueCross BlueShield of Tennessee networks include doctors and hospitals throughout the United States.

## Provider Directories

Online directories are available to search for in-network doctors and hospitals:

**Aetna directory:** [www.aetna.com/docfind/custom/vanderbilt](http://www.aetna.com/docfind/custom/vanderbilt)

**BCBST directory:** [www.bcbst.com/findadoctor](http://www.bcbst.com/findadoctor)

Out-of-network providers may be used, but you will not have the advantage of the network discount. Also, out-of-network expenses have their own deductible and coinsurance maximum. Other charges may apply if you seek care outside the network.

## Health Plan Cost and Coverage

For an overview of what you can expect to pay for copays, coinsurance, deductibles and coinsurance maximums, refer to pages 48–49.

For complete details of the Health Plan options and what health expenses are covered and excluded, refer to the Evidence of Coverage booklets available at orientation, at HR Express, and online at [hr.vanderbilt.edu/forms](http://hr.vanderbilt.edu/forms).

## Health Plan Snapshot

### Core Benefit

Vanderbilt offers you and your eligible family member (see "Who's Eligible" below) the following Health Plan options:

- Standard
- Select
- HealthFund

Aetna and BlueCross BlueShield of Tennessee are third party administrators for the Plan.

Your monthly payroll deduction amount for the Health Plan is based on your Annual Base Benefits Rate (ABBR). You can find your ABBR by logging into C2HR at [www.vanderbilt.edu/c2hr](http://www.vanderbilt.edu/c2hr) and clicking on the Job Profile tab.

### Eligibility (see below for Who's Eligible):

- You
- Your spouse/certified domestic partner
- Your children up to age 26

### Benefit start date:

- **Hourly-paid:** first of the month after 60 days of employment
- **Salaried:** on hire date

### Enroll by completing your Benefits Enrollment Form

- **Hourly-paid:** form is due within 60 days of hire
- **Salaried:** form is due within 30 days of hire

**Change your elections** only during Open Enrollment, unless you experience a qualifying event (see page 56) during the year.

## Who's Eligible

**In order to enroll your family members in the Health, Dental or Vision plans, they must meet these eligibility rules.**

*Vanderbilt University reserves the right to audit eligibility and may require copies of any legal papers issued to establish a person as your spouse, partner or child. Only copies of actual court documents issued by the respective courts will be considered as acceptable documentation.*

*Attempting to insure someone who is not eligible may be subject to disciplinary action up to and including termination of employment.*

1. Your spouse or certified domestic partner. (Certified domestic partner is a person of the same sex that is not related by blood. The partner must not be under 21 years of age, not legally married to anyone else, nor have another domestic partner. This person must be currently in a committed relationship of six months or more duration and reside in a common household sharing joint responsibility for the household with the employee. Certification of domestic partnership must be obtained through the Office of Benefits Administration, Human Resources. Make an appointment by calling 615.322.8303. See HR Policy HR-016.)
2. Your children from birth to age 26 as follows:
  - a. An employee's natural child by birth, adopted child, child placed with the employee for adoption, stepchild or foster child are eligible children under the Vanderbilt Health Plan unless the child is employed and eligible to enroll in their own employer-sponsored health plan (as defined in section 5000A(f)(2) of the Internal Revenue Code).
  - b. Children under legal guardianship or custody of the employee must meet the definition of dependent under the Federal Tax Code for income tax purposes and be able to show supporting documentation (such as the employee's claim of dependency for the child on the relevant portion of his/her most recent IRS Form 1040 federal income tax return) in order to be eligible dependents under the Vanderbilt Health Plan.
  - c. Children of the employee's Vanderbilt-certified domestic partner are eligible dependents under the Vanderbilt Health Plan as long as they meet the above listed eligibility requirements.
3. Your children 26 years of age or older who are incapable of self-support because of mental or physical disability, if the disability existed and is documented with Vanderbilt's Office of Benefits Administration, prior to their reaching the age of 26. Children older than 26 must live with you in a regular parent-child relationship, or reside in a custodial institution for medical reasons or reside in another monitored environment (endorsed by a physician on an annual basis) for medical or behavioral reasons, and depend upon you for more than 70 percent of their support. Children older than 26 must be children of the employee by birth, legal guardianship or custody, legal adoption or placement in anticipation of adoption, the employee's stepchildren, or the children of the employee's certified domestic partner. Children older than 26 must meet the definition of dependent under the Federal Tax Code for income tax purposes and be able to show supporting documentation (such as the employee's claim of dependency for the child on the relevant portion of his/her most recent IRS Form 1040 federal income tax return) in order to be eligible dependents under the Vanderbilt Health Plan. The Plan Administrator or designee must approve continuation of coverage for this child.

## Health Plan Monthly\* Payroll Deductions

### BAND 1: For employees with ABBR\*\* of \$49,999.99 or less

Coverage Tier	Standard	Select	HealthFund
Employee only	\$41	\$64	\$47
Employee + Spouse/Cert. Dom. Partner	\$127	\$210	\$147
Employee + Children	\$102	\$161	\$119
Family	\$176	\$295	\$204

### BAND 2: For employees with ABBR\*\* of \$50,000–\$99,999.99

Coverage Tier	Standard	Select	HealthFund
Employee only	\$56	\$79	\$62
Employee + Spouse/Cert. Dom. Partner	\$152	\$235	\$172
Employee + Children	\$127	\$186	\$144
Family	\$201	\$320	\$229

### BAND 3: For employees with ABBR\*\* of \$100,000–\$149,999.99

Coverage Tier	Standard	Select	HealthFund
Employee only	\$57	\$89	\$64
Employee + Spouse/Cert. Dom. Partner	\$162	\$245	\$182
Employee + Children	\$128	\$196	\$154
Family	\$211	\$330	\$239

### BAND 4: For employees with ABBR\*\* of \$150,000–\$199,999.99

Coverage Tier	Standard	Select	HealthFund
Employee only	\$57	\$91	\$67
Employee + Spouse/Cert. Dom. Partner	\$163	\$260	\$189
Employee + Children	\$129	\$203	\$156
Family	\$226	\$345	\$254

### BAND 5: For employees with ABBR\*\* of \$200,000 or more

Coverage Tier	Standard	Select	HealthFund
Employee only	\$58	\$92	\$69
Employee + Spouse/Cert. Dom. Partner	\$164	\$272	\$196
Employee + Children	\$132	\$211	\$159
Family	\$228	\$370	\$274

\* If paid weekly or bi-weekly, these amounts will be divided equally between your two or four paychecks of each month.

\*\* Your Annual Base Benefits Rate (ABBR) can be found on C2HR. Your ABBR is not necessarily the same as your 'annual salary'.

## Disease Management

The ActiveHealth disease management program is included with your enrollment in the Health Plan. The program is the same for all three of the Health Plan options and is designed to improve your health and control costs for you and the Vanderbilt Health Plan.

The program reviews the care you receive to identify any potential problems. If a gap in care is discovered, a "Care Consideration" is sent to you and your doctor so the problem can be addressed.

The program also identifies adult Health Plan participants with certain chronic conditions and contacts the participants to offer health resources. If you have a chronic condition monitored by the program, you will be contacted to participate and may opt out if you are not interested.

## Prescription Drug Benefit

A prescription drug benefit is included with your enrollment in the Health Plan. The benefit is the same for all three Health Plan options. Navitus Health Solutions administers the Vanderbilt prescription drug benefit. You will receive a Navitus card to use at the pharmacy to fill a prescription.

### Drug Tiers

Vanderbilt University encourages you to use generics when a generic equivalent is available. You should read the Health Plan Summary Plan Description for specific details on costs of brand-name drugs when a generic equivalent is available.

The prescription drug list (formulary) is available on Navitus Health Solutions website ([www.navitus.com](http://www.navitus.com)).

Mail order and specialty drug prescriptions are available only through Vanderbilt outpatient pharmacies.

The Vanderbilt Specialty Pharmacy helps members of the Health Plan taking medications classified as "specialty" for chronic illnesses or complex diseases by providing services that offer convenience and support. Specialty drugs are available only through Vanderbilt Pharmacies. For a list of specialty drugs, go to [hr.vanderbilt.edu/benefits/prescription.htm](http://hr.vanderbilt.edu/benefits/prescription.htm).

The Vanderbilt pharmacies are located in The Vanderbilt Clinic, Medical Center East, Monroe Carell Jr. Children's Hospital at Vanderbilt, and Vanderbilt Health One Hundred Oaks.

### Cap for Prescription Expenses

Vanderbilt caps your annual copay and coinsurance amount for prescriptions. You will not pay more in prescription drug copays and coinsurance per year than \$2,500 for each individual or \$5,000 for a family.

	Vanderbilt Pharmacies up to 30-day supply	Vanderbilt Pharmacies 90-day supply	Navitus Network Pharmacies up to 30-day supply
Maintenance Generic	\$1	\$3	\$15
Level 1	\$5	\$15	\$15
Level 2	\$25	\$70	\$35
Level 3	\$40	\$100	\$50
Specialty	10% up to \$75 maximum	10% up to \$225 maximum	Not available

# Health Plan Options

You may choose one of the three options (Standard, Select or HealthFund) or waive the Health Plan if you have coverage elsewhere.

	Option 1: Standard		
	At-Vanderbilt <sup>1</sup>	In-network (Aetna POS II)	Out-of-network
<b>Credits</b> — The Wellness Credit you earn for participating in Go for the Gold will be paid into your Vanderbilt Health Plan Account. You will not file claims to access these funds, as Aetna or BlueCross BlueShield of Tennessee will pay your first medical claims (not copays) out of the Health Plan Account. The account helps you meet your deductible.			
Go for the Gold Wellness Credit paid into your Vanderbilt Health Plan Account	Annual amount depends on level of participation: Bronze \$120, Silver \$180, Gold \$240		
<b>HealthFund<sup>2</sup></b> — Paid by Vanderbilt. Unused balance rolls to future years up to fund maximum.			
HealthFund for employee-only coverage tier	\$0 (HealthFund not available in Standard Health Plan option)		
HealthFund for other coverage tiers			
<b>Deductible<sup>3</sup></b> — Any Vanderbilt Health Plan Account and HealthFund is used to help you meet your deductible.			
Individual Deductible Maximum	\$550	\$1,150	\$2,012
Family Deductible Maximum (all other tiers)	\$850	\$2,012	\$3,737
<b>Coinsurance Rate</b> — After meeting your deductible, you pay this percentage of billed claims in each network.			
	20%	30%	50%
<b>Coinsurance Maximum<sup>4</sup></b> — In HealthFund option only, the deductible is included in the coinsurance maximum.			
Individual Maximum	\$3,750		\$8,337
Family Maximum (all other tiers)	\$7,250		\$16,387
<b>Cost of Services</b>			
Preventive visit (well child, well woman, annual checkup, etc.)	\$20 copay	\$35 copay	Not covered
Sick visit, specialist visit, mental health visit	\$20 copay	\$35 copay	50% after deductible
Emergency room visit	\$115 copay, then 20% after deductible	\$115 copay, then 30% after deductible	\$115 copay, then 50% after deductible
Urgent care visit	\$50 copay, then 20% after deductible	\$57 copay, then 30% after deductible	\$57 copay, then 50% after deductible
Hospital inpatient (including maternity), outpatient services, diagnostic testing	↑	↑	↑
Mental health inpatient			
Skilled nursing (limit of 60 days/year)			
Home health care (limits apply, 120 visits/year maximum)	20% after deductible	30% after deductible	50% after deductible
Hospice care	↓	↓	↓
Therapy (physical, speech, occupational, cardiac rehab)			
Infertility diagnosis (not treatment)	↓		
Durable medical equipment	Not available at VUMC	↓	↓
Chiropractic care	Not available at VUMC	30% after deductible, \$500 maximum	50% after deductible, \$500 maximum

<sup>1</sup> The “at-Vanderbilt” network rate includes some pediatricians in the community. Go to [hr.vanderbilt.edu/benefits](http://hr.vanderbilt.edu/benefits) to find link to the directory.

<sup>2</sup> Your Go for the Gold Health Plan Account and the HealthFund operate as one account. Aetna uses the total of the combined account to pay your claims. If the combined balance reaches zero, you begin paying the remainder of the deductible.

<sup>3</sup> The deductible for each participant will not exceed the ‘individual maximum’. The total deductible amount paid in the employee + spouse/partner, employee + children, or family tiers will not exceed the ‘family maximum’.

**For “Standard” and “Select”:** there are separate deductibles for each network.

**For “HealthFund”:** the “at-Vanderbilt” and “in-network” deductible is combined.

Option 2: <b>Select</b>		
At-Vanderbilt <sup>1</sup>	In-network (BlueCross S)	Out-of-network
Annual amount depends on level of participation: Bronze \$120, Silver \$180, Gold \$240		
\$0 (HealthFund not available in Select Health Plan option)		
\$350	\$632	\$862
\$450	\$977	\$1,437
10%	20%	40%
\$2,750	\$6,037	
\$5,250	\$11,787	
\$20 copay	\$35 copay	Not covered
\$20 copay	\$35 copay	40% after deductible
\$115 copay, then 10% after deductible	\$115 copay, then 20% after deductible	\$115 copay, then 40% after deductible
\$50 copay, then 10% after deductible	\$57 copay, then 20% after deductible	\$57 copay, then 40% after deductible
↑	↑	↑
10% after deductible	20% after deductible	40% after deductible
↓	↓	↓
Not available at VUMC		
Not available at VUMC	20% after deductible, \$500 maximum	40% after deductible, \$500 maximum

Option 3: <b>HealthFund</b>		
At-Vanderbilt <sup>1</sup>	In-network (Aetna POS II)	Out-of-network
Annual amount depends on your level of participation: Bronze \$120, Silver \$180, Gold \$240		
\$750 <sup>5</sup> (plus GFTG Wellness Credit amount)		
\$1,500 <sup>5</sup> (plus GFTG Wellness Credit amount)		
\$1,750	\$4,887	
\$3,250	\$9,487	
10%	20%	40%
\$3,750	\$8,337	
\$7,250	\$16,387	
\$0	\$0	Not covered
↑	↑	
		20% after deductible
		↑
10% after deductible	20% after deductible	
		40% after deductible
		↓
Not available at VUMC		
Not available at VUMC	20% after deductible, \$500 maximum	40% after deductible, \$500 maximum

<sup>4</sup> For "Standard" and "Select": The coinsurance maximum includes coinsurance only and does not include copays or deductibles. The coinsurance maximum for "at-Vanderbilt" and "in-network" are combined. If you meet the coinsurance maximum, you still will be responsible for applicable copays. For out-of-network expenses, you are responsible for any balance due between the Billed Charge and the Maximum Allowable Charge.

For "HealthFund": The coinsurance maximum includes the deductible and coinsurance. The coinsurance maximum for "at-Vanderbilt" and "in-network" are combined. For out-of-

network expenses, you are responsible for any balance due between the Billed Charge and the Maximum Allowable Charge.

See the Evidence of Coverage booklets for each Health Plan option for more information about coverage and exclusions.

<sup>5</sup> If your benefits begin on or after July 1, the HealthFund amount for that year is 50 percent of annual amount (\$375 for employee-only, and \$750 for other coverage tiers).



## Life Insurance

Vanderbilt provides Basic Life Insurance for you in an amount equal to your annual base benefits rate (which is typically your annual salary) up to \$500,000. Dependent coverage (spouse, \$5,000; children, \$2,500) is also included in the Basic Life coverage. Dependent coverage cannot be increased. Life Insurance is administered by MetLife.

You may choose Supplemental Life coverage of 1, 2, or 3 times your annual base benefits rate up to an overall maximum of \$1,000,000 (Basic Life plus Supplemental Life). If you elect Supplemental Life coverage as a new Vanderbilt employee, within your new employee enrollment period, there is no medical review required for coverage that does not exceed \$500,000. If you are past your new employee enrollment period or coverage will exceed \$500,000,

### Rates for Supplemental Life

Age	Rate
Under 30 .....	.000042
30-34 .....	.000053
35-44 .....	.000069
45-49 .....	.000092
50-54 .....	.000151
55-59 .....	.000258
60-64 .....	.000393
65-69 .....	.000644
70-74 .....	.001045
75-79 .....	.001659
80+ .....	.001722

you must complete a MetLife Statement of Health Form to add Supplemental Life coverage. The form can be found on the HR website ([hr.vanderbilt.edu/forms](http://hr.vanderbilt.edu/forms)).

To calculate your premium for the voluntary Supplemental Life Insurance, multiply your annual base benefits rate by the rate for your age, as shown at left. For example, if you are 43 years old and make \$60,000:

$$.000069 \times 60,000 = \$4.14 \text{ (monthly premium amount for 1 times your salary)}$$

Multiply \$4.14 by either 1, 2, or 3 to calculate the premium for the level of Supplemental Life coverage you choose.

## Life Insurance Snapshot

Basic Life: **Core Benefit**

Supplemental Life: **Voluntary Benefit**

### Eligibility:

- You
- Your spouse/certified domestic partner (see "Who's Eligible" on page 46)
- Your children up to age 19, or age 23 if full-time student

### Benefit start date:

- **Hourly-paid:** 90 days after hire date
- **Salaried:** on hire date

**Enroll** by completing your Benefits Enrollment Form within deadline:

- **Hourly-paid:** form is due within 60 days of hire
- **Salaried:** form is due within 30 days of hire

You must also complete the MetLife Statement of Health if total life insurance coverage amount will exceed \$500,000.

**Change your Supplemental Life** election anytime, but adding coverage after your Benefits Enrollment Form deadline will require a MetLife Statement of Health Form and underwriting review.

## Long-term Disability

Long-term Disability (LTD) replaces 60% of your income if you become totally disabled and cannot work for more than six months. Initially, a total disability is one that prevents you from working at your own occupation. LTD benefits include a 10 percent contribution to your retirement account. LTD is administered by The Hartford.

Automatic enrollment in the LTD plan occurs on the first of the month after your one-year anniversary for staff and immediately for house staff. You can waive the one-year wait if you had group LTD coverage within three months prior to coming to work at Vanderbilt. Complete and submit the Long-term Disability Certification of Prior Coverage Form within 90 days of your hire date to waive the one-year wait. The form can be found on the forms page of the HR website ([hr.vanderbilt.edu/forms](http://hr.vanderbilt.edu/forms)) or at HR Express.

Vanderbilt pays for LTD insurance covering the first \$24,000 of your annual base salary. You pay for the coverage above \$24,000. To calculate your monthly cost, multiply the amount of your salary above \$24,000 by .0043 and divide by 12.

## Long-term Disability Snapshot

**Core Benefit**

### Eligibility:

- You

### Benefit start date:

- **Hourly-paid and salaried staff:** first of the month after one-year anniversary
- **House staff:** upon hire date

**No enrollment necessary**, unless you are eligible to waive the one-year wait and would like to do so.

**No need to change elections** unless you want to waive the Full Long-term Disability benefit, which can be done anytime after your eligibility date.

## 403(b) Retirement Plan

The Vanderbilt University Retirement Plan is optional for new staff and is mandatory for eligible staff upon your one-year anniversary. (Note: if you are covered by a collective bargaining unit, other plan terms may apply.)

Full-time staff and house staff will be automatically enrolled upon your one-year anniversary.

Part-time staff whose full-time equivalent (FTE) is .5 (scheduled to work 20 hours per week or more) will be automatically enrolled when you meet these eligibility criteria: 1) one year of service and 2) 1,000 hours of service.

There are three contribution levels:

- **Mandatory:** 3 percent — automatic at your one-year anniversary. Vanderbilt will match this 3% dollar-for-dollar.
- **Basic:** 2 percent — available at your one-year anniversary. Vanderbilt will match this 2% dollar-for-dollar.
- **Supplemental:** percent up to IRS limits — available immediately. These voluntary contributions are not matched by Vanderbilt. The total of Basic and Supplemental contributions cannot exceed IRS limits. The maximum voluntary contribution in 2011 is \$16,500 for those under 50 years old, and \$22,000 for those 50 and older.

There are four investment companies from which to choose — TIAA-CREF, Vanguard, VALIC, and Fidelity. The Vanderbilt University Retirement Plan is an Internal Revenue Code Section 403(b) plan.

To begin your retirement investments in the Vanderbilt University Retirement Plan, complete the Retirement Plan Election Form (Salary Reduction Agreement) **and the retirement company(ies) application(s) to open your account within the Vanderbilt University Retirement Plan and choose investment funds.** You may pick up these applications at benefits orientation, at HR Express, or on the HR website (<http://hr.vanderbilt.edu/forms>). Elections made on the Retirement Plan Election Form are effective the first of the month following approval by the Benefits Office.

If you are a returning employee and were eligible for the retirement match during your previous Vanderbilt employment, you are required to participate and will be eligible to receive matching contributions on the first of the month immediately following reemployment. You should complete a Retirement Plan Election Form to choose your retirement plan contribution amount and investment company, or you will be enrolled in a Fidelity Investments Freedom Fund at the Mandatory contribution level only. You will be required to complete the investment company application if you no longer have an active account with them.

### Retirement Consultation Sessions

Each of our four retirement vendors (TIAA-CREF, Vanguard, VALIC, and Fidelity) offer free one-on-one retirement consultations. You can meet with one or all company representatives to learn about their investment products, discuss how much money you may need at retirement, review your current investments, learn how to initiate a rollover, or discuss investment strategies.

Visit the retirement page of the HR website ([hr.vanderbilt.edu/benefits/retirementplan.htm](http://hr.vanderbilt.edu/benefits/retirementplan.htm)) to view the on-campus schedule and to find contact information to make an appointment with the company's representatives.

## 403(b) Retirement Snapshot

### Core Benefit

#### Eligibility for matching contributions, first of month after one-year anniversary:

- Mandatory match = 3 percent
- Basic match = 2 percent

**Enroll by** completing the Retirement Plan Election Form and investment company application. Failure to complete the election form by your eligibility date will result in enrollment in a Fidelity Investments Freedom Fund for the Mandatory contribution only.

**Can change elections** once per calendar quarter.

*NOTE: Even though Vanderbilt matching dollars do not begin until your one-year anniversary, you may begin investing anytime at the Supplemental level.*

## Accidental Death & Dismemberment

Accidental Death & Dismemberment (AD&D) pays your beneficiary if you die in an accident; AD&D would pay you a percentage of the elected benefit if you suffer a dismemberment in an accident. The Accidental Death & Dismemberment benefit is administered by MetLife.

Family coverage is available for eligible family members. Benefits for a family member's loss are paid at a percentage of your elected benefit. The three levels of family payouts are:

- If you and your spouse/partner have no children, the amount paid to you if your spouse/partner dies in an accident, or if the accident causes dismemberment, would be 50% of your coverage.
- If you and your spouse/partner have children, the amount paid to you if your spouse/partner dies in an accident or if the accident causes dismemberment, would be 40% of your coverage; the amount paid to you if your child dies in an accident or if the accident causes dismemberment, would be 10% of your coverage.
- If you have children, but do not have a spouse/partner, the amount paid to you if your child dies in an accident or if the accident causes dismemberment, would be 15% of your coverage.

Full-time regular staff may purchase AD&D coverage in increments of \$10,000 (up to 10x your annual salary or \$500,000, whichever is less). The cost for individual coverage is .14 cents per \$10,000 per month and for family coverage is .23 cents per \$10,000 per month.

### AD&D Snapshot

#### Voluntary Benefit

##### Eligibility:

- You
- Your spouse/certified domestic partner
- Your children up to age 19, or age 23 if full-time student

##### Benefit start date:

- Hourly-paid: 90 days after hire date
- Salaried: on hire date

**Enroll in AD&D** by completing your Benefits Enrollment Form

- Hourly-paid: form is due within 60 days of hire
- Salaried: form is due within 30 days of hire

**Change your elections** only during Open Enrollment, unless you experience a qualifying event (see page 56) during the year.

## Dental

There are two optional dental plans, both administered by CIGNA Dental, available to you. For more details see the plans' summary sheets available at orientation, on the HR website at [hr.vanderbilt.edu/forms](http://hr.vanderbilt.edu/forms), or at HR Express.

Both plans offer:

- Preventive care (cleanings, x-rays)
- Basic care (fillings, basic restorative work)
- Major services (bridges, crowns, root canals, orthodontia)

### CIGNA Dental Care (DHMO)

- You **MUST** see a CIGNA Dental Care DHMO dentist (no coverage for out-of-network)
- No waiting periods, no deductibles, no annual maximum
- Orthodontia available for children and adults

If you do not indicate a Dental Facility Number on your Benefits Enrollment Form, a CIGNA DHMO-network dentist will be assigned to you by CIGNA. If you wish to change your dentist, call CIGNA at 800.642.5810. Find a CIGNA DHMO-network dentist online at [www.cigna.com](http://www.cigna.com).

### CIGNA Dental PPO

- Coverage is available with any dentist, but you'll get the best benefit by seeing an in-network dentist
- \$50 deductible for each covered individual
- Maximum annual benefit of \$1,500 for each covered individual
- 12-month waiting period for children's orthodontia (no orthodontia coverage for adults)

### Dental Snapshot

#### Voluntary Benefit

##### Eligibility (see page 46, "Who's Eligible"):

- You
- Your spouse/certified domestic partner
- Your children up to age 26

##### Benefit start date:

- Hourly-paid: first of the month after 60 days of employment
- Salaried: on hire date

**Enroll by** completing your Benefits Enrollment Form

- Hourly-paid: form is due within 60 days of hire
- Salaried: form is due within 30 days of hire

**Change your elections** only during Open Enrollment, unless you experience a qualifying event (see page 56) during the year.

	Dental Care (DHMO)	Dental PPO
Employee-only	\$11.89	\$30.46
Employee + Spouse/Partner	\$20.22	\$60.52
Employee + Child(ren)	\$24.63	\$73.05
Family	\$30.58	\$103.03

## Flexible Spending Accounts

A Flexible Spending Account (FSA) enables you to set aside money on a pre-tax basis (before Federal income and FICA taxes are deducted) to pay for eligible medical or dependent care expenses. You save money by paying less tax. The Flexible Spending Account benefits are managed by PayFlex Systems USA, Inc.

The amount(s) you elect will be evenly deducted from each paycheck of the year, beginning with the first paycheck after your eligibility date. The period you are eligible to incur expenses begins on the first of the month after three months employment and continues to the end of the plan year. The money contributed to your FSA account must be used during the plan year. Money not used will be lost, as required by Federal law.

For your first FSA enrollment, you will use the Flexible Spending Account Enrollment Form and because FSAs require an annual election by Internal Revenue Service rules, for any following year you will enroll online during Open Enrollment to select either or both FSAs.

### Health FSA

Use your Health FSA funds for out-of-pocket medical expenses, such as copays, deductibles, prescription drugs, eye care and other eligible expenses (see IRS Publication 502: Medical and Dental Expenses at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf) for details).

### Dependent Care FSA

Dependent Care FSA funds are used to pay expenses to place your child(ren) (under the age of 13) or other eligible dependents in day care or other custodial care to enable you (and, if married, your spouse) to work or seek work (see IRS Publication 503, Child and Dependent Care Expenses at [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf) for more details).

## FSA Snapshot

### Voluntary Benefit

#### Eligibility:

- Health FSA: You, your tax dependents, and your adult children up to age 26
- Dependent Care FSA: Your children up to age 13 and/or a disabled dependent

#### Benefit start date:

- First of the month after three months from hire date

**Enroll by** completing a Flexible Spending Account Enrollment Form within 3 months of your hire date.

**Change your elections** only during Open Enrollment, unless you experience a qualifying event (see page 56) during the year.

	Annual Election Minimum and Maximum
Health FSA	\$104 to \$3,600 per employee
Dependent Care FSA	\$104 to \$5,000 per household

*\* If the Dependent Care FSA fails the annual non-discrimination testing based on Internal Revenue Code, Vanderbilt University will reduce contributions made by highly compensated employees to a level that enables compliance with the IRC. You are "highly compensated" if your gross earnings are more than \$110,000 in 2011.*

## Vision

The optional VSP Vision plan offers the following in-network coverage for corrective lenses:

- Eye Exam: \$15 deductible (for eyeglasses or contacts) once every 12 months
- Eyeglasses\*: \$15 deductible
  - > Eyeglass Lenses — once every 12 months (Some limitations apply. Progressive lenses, coatings and other options cost extra.)
  - > Eyeglass Frames — once every 24 months up to \$120 limit\*\*
- Contact Lenses\*: once every 12 months up to \$120\*\*

To find a VSP network provider, go to [www.vsp.com](http://www.vsp.com).

The Vision plan is administered by VSP Ameritas. VSP does not issue an ID card. Your vision care provider will confirm coverage by contacting VSP at the time of your visit. For more details see the VSP Brochure available at orientation, on the HR website (<http://hr.vanderbilt.edu/forms>), or at HR Express.

\* Frames and contacts are not covered in the same 12-month period.

\*\* Amounts over limits and optional features are discounted 20 percent.

	VSP Vision
Employee-only	\$7.76
Employee + Spouse/Partner	\$12.80
Employee + Child(ren)	\$13.08
Family	\$21.04

## Vision Snapshot

### Voluntary Benefit

#### Eligibility (see page 46, "Who's Eligible"):

- You
- Your spouse/certified domestic partner
- Your children up to age 26

#### Benefit start date:

- **Hourly-paid:** first of the month after 60 days of employment
- **Salaried:** on hire date

**Enroll by** completing your Benefits Enrollment Form

- **Hourly-paid:** form is due within 60 days of hire
- **Salaried:** form is due within 30 days of hire

**Change your elections** only during Open Enrollment, unless you experience a qualifying event (see page 56) during the year.

## Short-term Disability

Short-term Disability insurance is an optional benefit that would pay  $66\frac{2}{3}$  percent of your income (up to \$2,500 a week) if you become disabled outside of the workplace. The Short-term Disability benefit is administered by The Hartford.

You may enroll in Short-term Disability when you begin your employment at Vanderbilt. The Hartford will mail enrollment information to your home address. You may choose the 15-day or the 30-day option (the wait until payout of disability pay begins) and disability benefits may continue for up to 26 weeks.

The cost for Option 1 (15-day wait) is .645 cents per \$10 of weekly benefit. The cost for Option 2 (30-day wait) is .405 cents per \$10 of weekly benefit. Weekly benefit rates are calculated by multiplying your pre-disability weekly salary by .6667. Short-term Disability payroll deductions are after-tax, so you do not owe income taxes on the benefit when you receive the disability pay.

More details about Short-term Disability can be found in the Summary Plan Description on the forms page of the HR website ([hr.vanderbilt.edu/forms](http://hr.vanderbilt.edu/forms)) or at HR Express.

### Short-term Disability Snapshot

#### Voluntary Benefit

#### Eligibility:

- You

#### Benefit start date:

- First of the month after 90 days from hire date

**Enroll by** completing the enrollment paperwork that will be mailed to your home address by The Hartford, within 90 days of your hire date.

**Can change elections** only during Open Enrollment.

## Payroll-deducted Discount Programs

These discount programs are available to you as a Vanderbilt employee. If you choose to buy insurance through any of these programs, the cost is conveniently payroll deducted.

### Auto & Homeowners Insurance

Group Auto and Homeowners Insurance is offered by MetLife. You may call 800.GETMET8 for more information, including a free insurance review and a no-obligation quote.

### Pet Insurance

Pet Insurance is offered through Veterinary Pet Insurance. Two levels of coverage for accidents and illness, as well as vaccination and routine care coverage, are available. For more information and applications, contact Veterinary Pet Insurance at 800.USA.PETS, or online at [www.petinsurance.com](http://www.petinsurance.com).

### Discount Programs Snapshot

#### Voluntary Benefit

#### Eligibility on hire date:

- All discount programs

**Enroll by** contacting the provider of the discount, anytime. There is no deadline to enroll. Tell the provider you are a Vanderbilt employee.

## Tuition Assistance

### Staff

Staff may receive 70 percent tuition reimbursement for one course for up to three credit hours (undergraduate or graduate-level) per semester taken at any accredited college or university in the United States (not to exceed 70 percent of Vanderbilt tuition for similar course). Supervisor's approval is needed. Reimbursement applies only if you receive a grade of 'C' or better.

You may audit one three-hour course per semester at Vanderbilt. Tuition will be waived, as long as you have the instructor's permission to attend. No college credit is given for an audited course. Contact the registrar's office for audit details.

### Spouse/Domestic Partner

Your spouse or certified domestic partner can receive a 47 percent tuition discount for one course per semester taken at Vanderbilt. Your spouse/partner cannot be seeking a degree at Vanderbilt. The spouse/partner tuition benefit is subject to income tax.

### Children

Your eligible dependent children may qualify for a 70 percent tuition discount on Vanderbilt courses. For dependent children enrolled at another eligible institution, the benefit is tied to the tuition amount charged and may not exceed 70 percent of Vanderbilt's tuition. To qualify, your child must be enrolled in undergraduate courses leading to the first baccalaureate degree at an accredited college or university. Each eligible dependent may receive tuition discounts for up to eight semesters or 12 quarters of undergraduate courses.

For more information on Vanderbilt's Education Assistance Programs, review Policy #HR-013.

## Tuition Snapshot

### Eligibility:

- For staff and spouse/partner benefit: semester beginning three months after hire date
- For dependent children benefit: semester beginning five years after hire date (time worked at another college or university may count toward five-year wait)

**Enroll by** completing the "Tuition Benefit for my Child" and/or "Tuition Benefit for Myself or My Spouse/Partner" on the Forms & Documents page of the HR website ([hr.vanderbilt.edu/forms](http://hr.vanderbilt.edu/forms)).

**Contact** the Tuition Hotline for more information: 615.322.4088.

## Go for the Gold Program

The Go for the Gold Program is a health promotion program designed to help faculty and staff and their families lead healthier and more productive lives by identifying health risks and taking action to reduce those risks.

In addition to reducing your health risks, if you participate in the Go for the Gold Program and are enrolled in the Vanderbilt Health Plan, you can earn a wellness credit of up to \$240 per year. Your wellness credit is paid into a Vanderbilt Health Plan Account, which will help you and any enrolled family members meet your deductibles and coinsurance. You do not need to file claims to use the Vanderbilt Health Plan Account, as Aetna or BlueCross BlueShield of Tennessee (depending on your elected health plan) will automatically pay from this account on your behalf when they receive a bill from a doctor's office or facility. (The Health Plan Account does not pay for copays.)

The deadline to complete Go for the Gold is October 31 of each year to receive the wellness credit applied to your Vanderbilt Health Plan Account the following January. You must be eligible for the Health Plan by the following January 1 to receive the wellness credit for the year. The account will roll over each year and you can accumulate a Health Plan Account of up to \$1,000.

For questions about the credit, visit [hr.vanderbilt.edu/benefits/gftgFAQ.htm](http://hr.vanderbilt.edu/benefits/gftgFAQ.htm).

## Go for the Gold

**Participate by** completing all three steps of the program online at [healthplus.vanderbilt.edu](http://healthplus.vanderbilt.edu)

**NOTE:** The Go for the Gold Wellness Credit is available only to employees who elect and pay for the Vanderbilt Health Plan. If your spouse/partner also works at Vanderbilt, waives Health Plan coverage and is covered as your spouse/partner on the Vanderbilt Health Plan, she/he is not eligible to receive the Wellness Credit.

## Qualifying Events/Family Status Changes

Your elections for the Health Plan, Dental, Vision, Accidental Death and Dismemberment, and Flexible Spending Accounts stay in effect for the plan year (January 1–December 31), unless you experience a change in family status that qualifies for a change to your elections. Your election for Short-term Disability stays in effect until the following Open Enrollment, at which time you may apply for or waive Short-term Disability for the following calendar year.

Changes such as marriage, divorce, having a baby, and your spouse’s gain or loss of a job are examples of qualifying events. To change your elections based on a qualifying event, you must submit a Notification of Family Status Change Form and supporting documentation to the Office of Benefits Administration **within 30 days of the qualifying event triggering the need for the insurance change. Gain or loss of your spouse’s job starts the 30-day clock, not the actual date of your spouse’s gain/loss of benefits.**

For more information, go to the Life/Work Changes web page: [hr.vanderbilt.edu/benefits/lifework.htm](http://hr.vanderbilt.edu/benefits/lifework.htm).

## Open Enrollment

Each fall, you may make changes for the following year for the six benefits restricted to Open Enrollment:

- Health Care Plan
- Accidental Death and Dismemberment
- Dental
- Flexible Spending Accounts
- Short-term Disability
- Vision

### Changing Elections for Benefits not Restricted to a Qualifying Event or Open Enrollment

Changes to **Retirement, Long-term Disability, and Life Insurance** are not limited to qualifying events or the Open Enrollment period, but may have other requirements for making changes.

Review each section of this document, the benefits pages of the HR website, or contact HR Customer Service (615.322.8330) about making changes to these benefits.

## Benefits Vendor Contact Information

Vendor/Administrator	Coverage	Web site	Phone
ActiveHealth.....	Disease Management.....	<a href="http://www.activehealth.net">www.activehealth.net</a> .....	800.967.4491
Aetna.....	Health Plan .....	<a href="http://www.aetna.com">www.aetna.com</a> .....	800.743.0910
		<b>Provider Directory:</b> <a href="http://www.aetna.com/docfind/custom/vanderbilt">www.aetna.com/docfind/custom/vanderbilt</a>	
BlueCross.....	Health Plan .....	<a href="http://www.bcbst.com/members/vanderbilt">www.bcbst.com/members/vanderbilt</a> .....	800.422.6712
		<b>Provider Directory:</b> <a href="http://www.bcbst.com/findadoctor/">www.bcbst.com/findadoctor/</a>	
CIGNA .....	Dental Care .....	<a href="http://www.cigna.com">www.cigna.com</a> .....	800.642.5810
	Dental PPO.....	<a href="http://www.cigna.com">www.cigna.com</a> .....	800.336.8258
Fidelity.....	Retirement.....	<a href="http://www.fidelity.com">www.fidelity.com</a> .....	800.343.0860
MetLife .....	AD&D, Auto, Home, Life.....	<a href="http://www.metlife.com">www.metlife.com</a> .....	800.GETMET8
Navitus Health Solutions .....	Prescription Drug Program.....	<a href="http://www.navitus.com">www.navitus.com</a> .....	866.333.2757
PayFlex .....	Flexible Spending Accounts.....	<a href="http://vanderbilt.payflex.com">http://vanderbilt.payflex.com</a> .....	800.284.4885
TIAA-CREF .....	Retirement.....	<a href="http://www.tiaa-cref.org/vanderbilt">www.tiaa-cref.org/vanderbilt</a> .....	800.842.2776
VALIC.....	Retirement .....	<a href="http://www.valic.com">www.valic.com</a> .....	615.221.2541
Vanguard .....	Retirement.....	<a href="http://www.vanguard.com">www.vanguard.com</a> .....	800.523.1188
Veterinary Pet Insurance.....	Pet Insurance .....	<a href="http://www.petinsurance.com">www.petinsurance.com</a> .....	877.PETS.VPI
VSP/Ameritas Group.....	Vision .....	<a href="http://www.vsp.com">www.vsp.com</a> .....	800.877.7195
Vanderbilt HR Customer Service.....		<a href="http://hr.vanderbilt.edu">http://hr.vanderbilt.edu</a> .....	615.322.8330