

Employee Demographics

Employee Name _____ Employee A# _____

Gender	Birthdate	Date of Hire	Social Security Number
Mailing Address, City, State, Zip			
Campus Address (Department and Building/Room)			
Campus Email		Campus Phone	
Personal Email Address		Personal Phone	
Citizenship: ___ United States or ___ Not a U.S. Citizen : Type of employment Authorization _____			
Have you previously been a benefitted employee at USU or another public institution or higher education in Utah? If so please indicate the beginning and ending date:			

Veteran Status (circle one)	Ethnicity (circle one)	Race (circle one)
N/A	Hispanic or Latino	American Indian or Alaska Native
Vietnam Veteran	Not Hispanic or Latino	Asian
Special Disabled Veteran		Black or African American
Armed Forces Service Medal Veteran		Native Hawaiian or Other Pacific Islander
Other Protected Veteran		White

Emergency Contact Name, Relationship and A-number	
Mailing Address, City, State, Zip	
Email	Phone

Please indicate your dependents. This information is used for many USU benefits.

Name	Gender	Birthday	Social Security or A Number	Relationship
	M/ F			
	M/ F			
	M/ F			
	M /F			
	M/ F			

Policy Acknowledgement

Utah State University Policies can be found
online <https://www.usu.edu/hr/htm/policies>

Name: _____ A#: _____

I understand that USU has Policies related to employment. Since the information, policies, and benefits described are subject to change at any time, I understand that revised information may supersede, modify, or eliminate existing policies. I also understand that it is my responsibility to comply with the policies of USU. I understand that I should consult the Human Resources regarding any questions about employment policies.

Signature: _____ Date: _____

Beneficiary Designation for USU Death Benefits

In the event of the death of a benefit eligible employee, USU pays one month’s salary of that employee as a small death benefit. This is in addition to any life insurance that the employee has.

This death benefit is a payment based on the deceased employee’s salary for a 30 day period from the date of the death. In addition, any annual leave is also payable

Employee Name: _____ A-number: _____

Indicate below your beneficiary designation.

Primary Beneficiary Name, Relationship and Contact Information	Secondary Beneficiary Name, Relationship and Contact Information

Signature: _____ Date: _____

Acknowledgment of Retirement Account Options

USU will contribute 14.2% of your annual gross earnings into a retirement account, called a 401(a) plan. You may choose TIAA or Fidelity Investments or both, as your retirement program. You designate how this contribution is invested among the investment options by completing the next page called the **401(a) Investment Provider Form**.

New employees are required to log in to TIAA and/or Fidelity in order to enroll in the employer funded retirement 401(a) plan.

For those who were previously enrolled in Utah Retirement Systems (URS) and wish to remain in URS and not in the above described 401(a) may do so by completing the **Utah Retirement Systems Election form** within 30 days of hire.

I understand my retirement account options, I understand I can only make this decision once during my employment and I will complete and turn in the appropriate form.

Signature:

Date:



Retirement 401 (a) Investment Provider Form

Employee Name _____ Employee A# _____

Future Employer Distribution of University Contributions

USU will contribute 14.2% of your annual gross earnings into a retirement account, called a 401(a) plan. You may choose TIAA or Fidelity Investments or both, as your retirement program. Providers allow you to designate how the contribution is invested among their respective investment options. If you do not make a selection, the default will be TIAA at %100.

I hereby instruct Utah State University to direct all my future 401(a) Employer Defined Contribution Retirement Plan contributions to an account in my name with the following Investment Providers (select one)

- TIAA - 100% Fidelity - 0%
- TIAA - 90% Fidelity - 10%
- TIAA - 80% Fidelity - 20%
- TIAA - 70% Fidelity - 30%
- TIAA - 60% Fidelity - 40%
- TIAA - 50% Fidelity - 50%
- TIAA - 40% Fidelity - 60%
- TIAA - 30% Fidelity - 70%
- TIAA - 20% Fidelity - 80%
- TIAA - 10% Fidelity - 90%
- TIAA - 0% Fidelity - 100%

In addition to this form, you are required to enroll online with the TIAA and/or Fidelity 401(a) plan. Step by step guides can be found at: hr.usu.edu/benefits/retirement/

I hereby understand and certify as follows:

- I authorize the University to send my retirement contributions as set forth on this form.
- I understand that unless I contact the Investment Provider and request different investment choices, the funds will be invested in a target retirement date life-cycle fund based on my current age and anticipated retirement at age 65. I understand that I may change my investment options by contacting the Investment Provider.
- I understand that this change only affects money that will be contributed by the University after this form is processed in the Human Resources Department. If I wish to transfer funds in my account from one provider to another, I must contact the new provider to initiate the transfer process.
- I understand if my FTE drops below 50%, or if I terminate my employment with the University, I will no longer be eligible for contributions, but that my account will be maintained by my selected Provider(s) and I may continue to make investment choices.
- **I understand that I must enroll online with the retirement vendor.**

Employee Signature _____ Date _____



Medical and Dental Enrollment/Change Form

Employee Name: _____ A-Number: _____

Check the appropriate box(es) below and complete the required section(s).

- New/Open Enrollment** (complete ALL sections)
 Update Personal Information (complete PERSONAL section)
 Change Plan, Network, Coverage (complete CHANGE and PLAN section)
 Add or Update Dependents (complete DEPENDENTS section)

PERSONAL	Gender	Birthdate	Date of Hire
	Address, City, State, Zip		
	Email Address		Phone
CHANGE REASON	Circle One: New Employee Divorce Lost or Gained Other Coverage Court Order Birth or Adoption Death Marriage Other		This form needs to be submitted within 30 days of your date of hire or change reason. The update in insurance will take effect on the day of the change. Please Indicate Effective Date: _____

PLAN	<u>Medical Plan</u>	
	Choice High Deductible Health Plan (HDHP)	_____
	Wellness Plan (White Plan)	_____
	High Premium Plan (Blue Plan)	_____
	WAIVE MEDICAL COVERAGE	_____
	<u>Will you or your dependents have other insurance while on the USU plan?</u>	
	Yes, Medical insurance	_____
	Yes, Dental insurance	_____
No other Medical or Dental insurance	_____	

<u>Network Selection</u>	
<i>(If you do not make a selection you will automatically be enrolled into the Preferred ValueCare network)</i>	
Preferred ValueCare (PVC) Network	_____
Participating (PAR) Network	_____
<u>Dental Plan</u>	
Employee Only	_____
Employee Plus One	_____
Employee Plus Two or More	_____
WAIVE DENTAL COVERAGE	_____

DEPENDENTS*	Name	Dental	Medical	Gender	Birthdate	Social Security Number	Relationship*
		<input type="checkbox"/>	<input type="checkbox"/>	M/ F			
		<input type="checkbox"/>	<input type="checkbox"/>	M/ F			
		<input type="checkbox"/>	<input type="checkbox"/>	M/ F			
		<input type="checkbox"/>	<input type="checkbox"/>	M/ F			
		<input type="checkbox"/>	<input type="checkbox"/>	M/ F			
		<input type="checkbox"/>	<input type="checkbox"/>	M/ F			

*Please provide proof of the relationship between the employee and dependent(s) listed above (e.g. birth certificate, adoption documents, or marriage certificate).

Signature: _____ Date: _____

*Please Return Form to Human Resources
 In Person: Northwest corner of 1200 E and 700 N, Logan Campus
 Mail: 8800 Old Main Hill, Logan UT 84322-8800
 Fax: 435-797-1816*