



Postdoctoral or Graduate Student Fellow Benefit Enrollment Form

Privacy Notice: State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact benefits@tamu.edu or (979) 862-1718.

INSTRUCTIONS Please complete the applicable sections to sign up for benefits as a Postdoctoral Fellow or Graduate Student Fellow and return the signed form along with any required additional forms and documents to Benefit Services using the below contact information. **NOTE: This process pertains to Postdoctoral or Graduate Student Fellows who are NOT currently employed in a benefits-eligible position with Texas A&M University or other System office.**

Required Basic Information

Name of Fellow		UIN	
Date of Birth		Social Security Number	
Mailing Address			
Phone		Email	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Education Level <input type="checkbox"/> Baccalaureate degree <input type="checkbox"/> Master degree <input type="checkbox"/> Doctoral degree	Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Two or more Races <input type="checkbox"/> American Indian/Alaskan Native	

Enrollment Selections

Effective Date of Coverage <input type="checkbox"/> Begin my coverage on my benefit-eligibility date (<i>must be received within 7 days of eligibility date and premiums are not prorated</i>) <input type="checkbox"/> Begin my coverage the 1 st of the month after the day on which my Benefits office receives this form		
Enroll in Health Insurance <input type="checkbox"/> A&M Care Plan <input type="checkbox"/> A&M Care J Plan (J visa requirement) <input type="checkbox"/> Grad Student Health Plan (Grad students only) <input type="checkbox"/> Waive Coverage	Enroll in Dental Insurance <input type="checkbox"/> A&M Dental PPO <input type="checkbox"/> DeltaCare USA DHMO <input type="checkbox"/> Waive Coverage	Enroll in Vision Insurance <input type="checkbox"/> Superior Vision <input type="checkbox"/> Waive Coverage
Tobacco User Status <input type="checkbox"/> Tobacco Free <input type="checkbox"/> Tobacco User	Premium Payment Information Premium payments are handled through P&A Group. Once enrolled, individuals should receive an information packet from P&A Group to establish payment method and schedule. See additional information online at: https://www.tamus.edu/business/benefits-administration/general-benefit-information/pa-group-direct-billing-vendor/	

Important Information & Acknowledgments

- Adding a dependent requires completion of the Dependent Enrollment/Change Form and the required dependent verification documentation based on dependent relationship. <http://www.tamus.edu/assets/files/benefits/pdf/publications/forms/101new.pdf>
- I understand that if I have indicated on this form that I am not a tobacco user and this proves to be a false statement, my coverage and any associated dependent benefit coverage may be cancelled.
- I agree to pay the premium payments through the premium payment method established by P&A Group and understand that failure to pay premiums will result in cancellation of coverage.
- I understand that I may enroll in coverage during my initial benefit-eligibility enrollment period (first 60 days of receiving the fellowship) and during any subsequent open enrollment period provided that I still meet the requirements necessary for Postdoctoral or Graduate Student Fellow benefit eligibility. Enrollments outside these two enrollment windows require an applicable qualified change of status.
- I understand that I am expected to notify Benefit Services when I no longer am eligible to continue coverage as a Postdoctoral Fellow or Graduate Student Fellow as stipulated in Section 1601.1021 of the Texas Insurance Code.
- Enrollment will include a \$7,500 basic life policy and instructions for designating beneficiary will be provided with the enrollment confirmation.

Fellow Signature _____

Date _____

SUBMIT FORM TO:

Benefit Services, Attn: Fellow Benefit Enrollment
MS 1255
benefits@tamu.edu Fax (979) 862-3128

NEED HELP?

Benefit Services
Phone (979) 862-1718
benefits@tamu.edu