Benefits Eligibility Notice

Participation in Rice University’s provided benefits plans is offered to all benefits eligible faculty and staff members and their dependents as determined by university policy and the requirements of the various plan documents or insurance policies. Some benefits cost or a portion of the rate may apply. **You must complete a Benefits Election Form within 31 days of employment, change to an eligible status, or a qualifying event.** All benefits eligible employees are **required to complete this form even if they do not wish to obtain insurance or have coverage elsewhere.** It is the individual’s responsibility to complete the Benefits Election Form with the Human Resources Department. Coverage elections are effective on the first day of the month coincident with or following the enrollment date.

**If a Benefits Election Form is not completed within 31 days of employment, the new hire or newly benefits eligible faculty or staff member will have no coverage other than university provided benefits such as basic life insurance, and short and long-term disability coverage.** It is the individual’s responsibility to enroll in any desired coverage prior to the deadline.

You will not be able to enroll in a Rice employer-sponsored medical insurance plan after this initial 31-day enrollment period until the next open enrollment period except in the case of a qualifying change in status. More information on **qualifying change in status** can be found on the Rice Benefits website. If you enroll in a Rice employer-sponsored medical insurance plan mid-year due to a qualifying change in status, coverage is effective on the first of the month coincident with or following the date you request enrollment. Open Enrollment is held in April for a July 1st effective date of coverage.

New employees may select coverage at the time of their initial hire, as can employees who have moved into a benefits-eligible position. Coverage is effective on the first day of the month provided the Benefits Election Form is complete on/or before the first day of the month.

_______________________________________  __________________
Printed Name  Date

_______________________________________
Signature

HR 5-31-17