



Part-Time Faculty Voluntary Dental & Vision Insurance Program 2021-2022 Enrollment Form

Eligible Part-Time Faculty (AFT Local 477, AFL-CIO)
Special Enrollment Deadline – **September 3, 2021**

Office Use Only
Effective Date (BGP-)
(BVP-)

Employee Last Name (Please print)	First Name	Social Security Number	Banner ID
Street Address	City	State	Zip Code
Date of Hire	Phone	Date of Birth	Email/Access ID

Eligibility: Any represented Part-time Employee, who has completed two years of employment at WSU and has a reasonable expectation of employment in both the fall and winter semesters will be eligible.

Enrollment:

Vision (Check one to enroll): Basic Vision Plan Enhanced Buy-Up Vision Plan
Dental (Check to enroll): Part Time Faculty Dental Group 5989-002

Dependent Information: List only eligible dependents that you are enrolling. All information for dependents such as Social Security Number, Date of Birth, and supporting documentation must be provided, otherwise they will not be enrolled. See dependent supporting documentation requirements: <https://hr.wayne.edu/tcw/health-welfare/dependent-supporting-documentation.pdf>

Last Name	First Name	Sex (M/F)	Date of Birth	Relation Code *	Social Security Number (Required)	Attach Required Dependent Supporting Documentation
				Self		N/A
						1040/Other
						Birth Certificate
						Birth Certificate

***Relation Code:** S=Employee, M=Spouse, C=Child, O=Sponsored Dependent, H=Disabled Dependent, P=Other Eligible Person

Bi-Weekly Employee 2021 Deduction Rates:

Coverage Level	Dental Plan	Basic Vision Plan	Enhanced Buy-Up Vision Plan
Single	\$25.26	\$7.26	\$12.80
2-Person	\$48.36	\$13.75	\$24.22
Family	\$84.92	\$20.23	\$35.65

Your Authorization I hereby certify and understand: The above named dependent(s) meet the eligibility requirements of Wayne State University policy. I cannot cancel for a 12 month period based upon my enrollment date without a qualifying Section 125 Life Status Change event. The rates for these plans will be deducted from my paycheck (14 bi-weekly deductions, beginning 10/13/2021 and ending 5/11/2022) and I will be responsible for any retro premiums. Rates may change as of January 1, 2022. This form will not be accepted after September 3, 2021.

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Employee Signature

Date

Attach required documentation and return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; Email: askhr@wayne.edu When emailing forms, **be sure to use #SECURE in your subject line.**