

# Kenyon College New Employee Registration and Benefits Form



We are pleased to welcome you to the Kenyon community! Please read the sections below carefully and complete each item. Some benefits are voluntary and you will have the opportunity to enroll or decline these offerings. Please be sure to make a selection for each benefit.

## Employee Information

Name: Last, First, M.I.

Start Date

TITLE & DEPARTMENT

Home Phone

Home E-mail

Cell Phone \*This will be used for Emergency Notifications

Date of Birth

Social Security Number

Gender

Current Home Address (If you are in the process of moving, please provide your address at this time, then provide an update to HR one your new address is established). List Street Address, P.O. Box if applicable, City, State, Zip.

Marital Status

Spouse/Partner's Name (First, Last)

Emergency Contact (Name, Phone Number, Relationship)

Ethnicity

1 - Black, Non-Hispanic

2 - American or Alaskan Indian

3 - Asian or Pacific Islander

4 - Hispanic

5 - Caucasian

6 - Unknown

7 - Other /International

8 - Multi-Racial

Education: (Degree, Institution, Year, Specialization or Honors)

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# Acknowledgements

1. As defined by DOL Reg. § 2520.104b-1(c), I agree to receive all ERISA Title I Disclosures and other related insurance benefit information, including, but not limited to the items listed below via electronic media (e-mail, intranet posting, internet posting etc.):

- [Summary Plan Descriptions \(SPDs\)](#)
- [Summaries of Benefits and Coverages](#)
- [Summaries of Material Modifications \(SMMs\)](#)
- [Summary Annual Reports \(SARs\)](#)
- [Health Insurance Portability and Accountability Act \(HIPAA\) and the Patient Protection and Affordable Care Act \(PPACA\)](#)
- [Annual Notices of the Women's Health and Cancer Rights Act \(WHCRA\)](#)
- Documents which must be provided to a participant after written request is received by the Plan Administrator
- [Information pertaining to Retirement Plans](#)
- [Universal Availability Notice](#)
- [Information pertaining to Workers' Compensation and the Family and Medical Leave Act \(FMLA\)](#)
- [Graham Leach Bliley Privacy Notice](#)

2. I understand I have the right to request paper copies of any documents I receive via electronic media from the Plan Administrator free of charge. I also understand if any disclosures include personal information relating to my individual accounts and benefits, the plan administrator will take reasonable and appropriate steps to safeguard the confidentiality of my information.

3. Kenyon College Employment Handbooks can be found at: <http://www.kenyon.edu/directories/offices-services/human-resources/employee-handbooks/>. I agree to receive the Kenyon College Staff and Administration or Faculty Handbook electronically, and have received the Web address to access the handbook(s).

- I further understand that my employment is terminable "at will," either by myself or Kenyon College. I understand that except under awarding of tenure, that no contract of employment other than "at will" has been expressed or implied, and that no circumstances arising out of my employment will alter my "at will" employment relationship unless expressed in writing, with the understanding specifically set forth and signed by myself and the President of Kenyon College.

- I am aware that during the course of my employment, confidential information may become available to me and that this information must not be shared or used outside of my employment with Kenyon College.

- I understand that this handbook(s) will serve as a guide to my employment at Kenyon College and I agree to abide by its policies and procedures; however, it is not the final word in all cases. Individual circumstances may call for individual attention.

- If this appointment is a faculty position, I agree to abide by the terms and [Conditions of Appointment to the Faculty](#), located in section 2.3 of the *Faculty Handbook*.

- Due to changes in legislation and economic conditions, I understand that the contents of this handbook(s) may be changed at any time at the discretion of the College. It is Kenyon's intent that no changes in benefit, policy, procedure, or rule will be made without due consideration of the mutual advantages, disadvantages, benefits, and responsibilities such changes will have on you as an employee and on the institution. I understand that the most current online version of the handbook(s) supersedes all previous versions.

I confirm that I am a member of the employee type selected below, and agree to abide by the terms above for the corresponding handbook.

Staff/Administration

Faculty

\_\_\_\_\_  
Signature

Date:

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## Payroll and Reimbursement Information: Direct Deposit Authorization

I hereby authorize my employer, KENYON COLLEGE, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) listed below. Non Payroll deposits (expense reimbursements, etc.) will default to your primary account. Please scan a voided check or deposit slip with this authorization.

Primary Account: Financial Institution Name

Primary: \*ABA Routing Number

Primary: Account Number

Primary: City, State

Primary: Account Type

Primary: Percentage Allocated to this Account:

Checking

Savings

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Secondary Account: Financial Institution Name

Secondary: \*ABA Routing Number

Secondary: Account Number

Secondary: City, State

Secondary: Account Type

Secondary: Percentage Allocated to this Account

Checking

Savings

This authority is to remain in full force until KENYON COLLEGE has received written notification from me of its termination in such timely manner as to afford KENYON COLLEGE and its FINANCIAL INSTITUTION a reasonable opportunity to act on it.

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Signature

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## Payroll Information: Mount Vernon City Taxes

Please check your preference in box below.

Yes, Please Withhold Tax at .5% of my taxable gross earnings as required by the City of Mount Vernon for Income Tax. I certify that I live within the city limits and/or am a resident of the City of Mount Vernon.

No, I do not wish to participate

No, Mount Vernon City Income Taxes are not applicable to me as I do not live within Mount Vernon City Limits

City of Mount Vernon, Division of Income Tax, Mount Vernon, Ohio: Employee's Withholding Certificate

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and believe, it is true, correct, and complete.

# Benefits Options

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The benefits listed on this page (4) are paid for by Kenyon College for your benefit. Please confirm your enrollment for each benefit by completing the information below.

**Cigna Basic Life Insurance** - One Times your Salary, Rounded to the Nearest \$1,000. Please select a primary beneficiary. You may also elect a contingent beneficiary if necessary.\*

[Detailed Eligibility and Plan Information](#)

Initial Enrollment

Rehire/Reinstatement

Primary Beneficiary Name: (First, Last)

Primary Beneficiary Social Security Number

Primary Beneficiary Address

Primary Beneficiary Relationship

% of Benefit

\*Contingent Beneficiary Name: (First, Last)

\*Contingent Beneficiary Social Security Number

\*Contingent Beneficiary Address

\*Contingent Beneficiary Relationship

\*% of Benefit

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## **Cigna Total Disability Insurance**

[Detailed Eligibility and Plan Information](#)

I elect only the insurance to which I am, or may become entitled to at no cost to me.

### **For Human Resources Use Only:**

Initial Enrollment or Change Request- Effective Date

Note: Enrollment in Cigna Total Disability Insurance is effective one year from your initial date of hire into a benefits eligible status. This one year waiting period may be waived if you had disability insurance through a previous employer. Please include a paystub or other certification showing previous coverage was in effect in order to waive this waiting period.

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## **Emeriti Post Retirement Health Account**

[Detailed Eligibility and Plan Information](#)

I elect the account to which I am, or may become entitled to, at no cost to me.

# Benefits Options, Continued

The benefits listed on the following pages (5-6) require specific selections to participate. Please complete the corresponding information below.

<b>KC Health Insurance Plan - <a href="#">Detailed Eligibility, Rates and Plan information</a></b>	<b>Health Coverage Options if you have selected enrollment on the left</b>	<b>KC Dental Insurance Plan - <a href="#">Detailed Eligibility, Rates and Plan information</a></b>
Waive Coverage	Employee Only	Waive Coverage
Premium Plan	Employee + 1	Employee Only
Basic Plan	Family (3 or more)	Employee + 1
		Family (3 or more)

Add the names of the dependent(s)/spouse//partner you wish to enroll below:

Name (First, MI, Last)	Social Security #	Gender	Birth Date	Relation
			<input type="text"/>	
Name (First, MI, Last)	Social Security #	Gender	Birth Date	Relation
			<input type="text"/>	
Name (First, MI, Last)	Social Security #	Gender	Birth Date	Relation
			<input type="text"/>	
Name (First, MI, Last)	Social Security #	Gender	Birth Date	Relation
			<input type="text"/>	

Check this box if you or any of your dependents have other health or dental coverage that should be counted as primary.

Yes, I confirm that I have additional health or dental coverage and will provide insurance information to Human Resources

**Flexible Spending Account - [Click here for detailed Eligibility, Rates, and Plan Information](#)**

I waive enrollment in my employer's flexible spending account plan

I elect to participate in my employer's Flexible Spending Account Plan. I understand that the contribution(s) I have elected will be made with pre-tax salary reductions and that these reduce my compensation for Social Security benefit purposes. I understand receipts and/or documentation may be requested by the plan in order to substantiate expenses. I understand I am making a binding election for the entire plan year unless I have a qualifying life change.

<b>For Enrollment Only: Pay Period</b>	Health Care Annual Contribution Amount	Dependent Care Annual Contribution Amount
Bi-Weekly		
Monthly		

# Benefits Options, Continued

## TIAA-CREF Retirement Plan Contribution - [Click here for detailed Eligibility, Rates, and Plan Information](#)

By this agreement made between myself and Kenyon College, I agree that my salary will be reduced by the required and/or voluntary amount(s) indicated below. As of the eligibility date listed below, the College will contribute 9.5% to my employee annuity contract (or custodial account) which I will allocate among the funding vehicles approved by the College. This agreement shall be legally binding and irrevocable for both the College and myself while employment continues. I may terminate or otherwise modify this agreement (other than the mandatory contribution) as of the end of any month or pay period by giving at least 30 days written notice so that this agreement will not apply to salary subsequently paid. **The mandatory 5% contribution and the 9.5% College match will go into effect 1 year from your employment start date, unless you have a TIAA-CREF account already established from a previous employer. (Proof of account can be sent to HR in the form of your most recent pay stub showing the deduction).** You may make contributions on your own to an SRA or Roth 403(b) prior to the 1 year waiting period if you so choose.

Pre-Tax Contribution Amount(s)

For HR Use Only: Effective Date

Mandatory 5% for College Contribution Match (GRA) (Generally Effective 1 year from date of hire, see above for detail)

Additional Pre-Tax Contribution (SRA) (Flat Dollar Per Pay or %):

Enter the beginning and ending dates for which you would like any Additional Contributions to be effective. Ex: 1/1/01 through 7/31/2015. For no end date, type a beginning date only.

If you would like to contribute to a **Post-Tax** Roth 403B, enter a Flat Dollar amount per pay period and the effective date. Ex: \$100 effective 1/1/01 through 7/31/2015.

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## Cigna Voluntary Life Insurance - [Click here for detailed Eligibility, Rates, and Plan Information](#)

Voluntary life insurance in addition to Kenyon's Basic Life insurance is available to you at the [costs listed here](#). If you choose to enroll, please visit the Benefits Website for a [formal application](#).

I wish to waive my enrollment in Cigna Voluntary Life Insurance

I wish to enroll in Cigna Voluntary Life Insurance and will obtain a formal application from the Benefits Website

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## Cigna Personal Accident Insurance - [Click here for detailed Eligibility, Rates, and Plan Information](#)

Voluntary personal accident insurance in addition to Kenyon's voluntary life insurance is available to you at the [costs listed here](#). If you choose to enroll, please visit the Benefits Website for a [formal application](#).

I wish to waive my enrollment in Cigna personal accident insurance

I wish to enroll in Cigna personal accident insurance and will obtain a formal application from the Benefits Website

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This signature serves as authorization for the benefits I have elected on the preceding pages.

Signature

Date