

MIDDLE GEORGIA STATE UNIVERSITY
Department of Human Resources
100 University Parkway
Macon, GA 31206
Telephone: (478) 471-2010

I, _____, am a new employee of Middle Georgia State University.
(Name)

My date of hire is _____.
(Date)

I have been informed that it is my responsibility to select benefits and name beneficiaries on the ADP Portal. I understand that I have 30 days from my date of hire to enroll in Middle Georgia State University's optional benefits (ex: health insurance, dental insurance, vision insurance, etc.) If elections are not made, I will not be eligible for benefits until the next Open Enrollment Period. If I fail to enroll within the first 30 days, I may have to wait as much as one year before I could be eligible for any optional benefits.

If I wish to cover my spouse or dependents, I will be required to provide documentation as to proof of relationship (ex: marriage certificate, birth certificate, etc.) for coverage to be approved.

Other than Open Enrollment, the only other time Federal Law allows me to make a change to my coverage is if I experience a qualifying event (ex: marriage, divorce, death of covered dependent, birth or adoption of a child, employment or termination of employment of a spouse). Failure to complete the change within 30 days of a qualifying event will prohibit me from making such changes until the next Open Enrollment period.

As authorized by Section 125 of the Internal Revenue Code, health and dental deductions are made before taxes are withheld thus increasing take-home pay and reducing taxable income.

Date

Signature of Employee