# Vanderbilt University Postdoctoral Trainee Benefits Action Form (BAF)

## Trainee Information
- **Last Name:**
- **First Name:**
- Last 4 of SSN or Employee ID Number

## Department Information
- **Home Department:**
- **BAF Responsible:**
- **Phone Number:**

## Benefits Action Information
- **Action:**
- **Effective Start Date:**
- **Funding Source** (i.e. T32 DK001234):
- **Comments:**

## Distribution Information

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Center Number</th>
<th>% or Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## Approval Signatures
- **Signature/Date:**
- **Signature/Date:**
- **Signature/Date:**

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**Please return completed form to:** Office of Biomedical Research Education & Training, 340 Light Hall (0301), c/o Mary Michael-Woolman or email to mary.michael@vanderbilt.edu, or fax to 615.343.0749

Last Updated 10/01/2015
### Coverage Type

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Insurance Package w/ Dental HMO</th>
<th>Insurance Package w/ Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee Only</td>
<td>$450.70/month</td>
<td>$462.45/month</td>
</tr>
<tr>
<td>Trainee/Spouse</td>
<td>$1,025.26/month</td>
<td>$1,048.39/month</td>
</tr>
<tr>
<td>Trainee/Children</td>
<td>$919.49/month</td>
<td>$948.78/month</td>
</tr>
<tr>
<td>Trainee/Spouse/Children</td>
<td>$1,479.02/month</td>
<td>$1,523.04/month</td>
</tr>
</tbody>
</table>

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**Section 1: Trainee Information**
- Enter the first, middle and last name of the trainee.
- Enter the trainee's employee ID number or SSN. If unavailable, enter N/A.

**Section 2: Department Information**
- Enter the home department of the trainee.
- Enter the name of the person to whom all BAF questions should be directed.
- Enter the phone number of the contact person above.

**Section 3: Benefits Action Information**
- Use the drop down menu to select what action is taking place - New Enrollee, Center Number Change, Terminate Coverage, Other.
- Enter the effective start date that the action above is taking place.
- Enter the trainee's funding source. For example, if the trainee is being funded by a training grant, you would enter the training grant ID number.
- Use the comments section to clarify any information on the form.

**Section 4: Distribution Information**
- Enter the benefits account number(s) and center number(s) to which the trainee's monthly insurance premium will be charged. If using multiple center numbers, enter the percentage of amount that should be charged to each center number. (Note: Account number 64430 should be used for postdoc insurance charges.)
- Please note that the center number(s) given on the BAF will be charged for the total insurance cost each month based on coverage selected by the trainee. For example, if your trainee enrolls his/her spouse and children, then the given center number(s) will be charged for the total monthly premium. If the center number(s) on the BAF are restricted to only pay for the trainee's single coverage, you will need to either provide additional unrestricted center number(s) for the additional charges for dependents or restrict your trainees to enrolling for single coverage only.

**Section 5: Approval Signatures**
- Acquire the signatures of those authorized to sign for each center number listed above.

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**IMPORTANT**

Please note there is not an end date field. In order to terminate someone from the insurance, complete a new BAF with the action to terminate and list the termination effective date. We will continue to charge the given center number until a termination BAF is received.

All BAFs are to be received by the 15th of the month for change to be effective the following month. A BAF received after the 15th of each month may result in the responsible department completing a Journal Entry (JE) in order to assign charges to appropriate center numbers or reverse charges, depending on the requested action.

For Enrollment:

- **The trainee must enroll online via the website** [www.garnett-powers.com/vanderbilt/](http://www.garnett-powers.com/vanderbilt/) **within 31 days of their effective start date.** If they fail to enroll within the initial open enrollment period, they will default into waiving the insurance and will not be eligible to enroll again until the next open enrollment period.
- Once the trainee enrolls online, the enrollment form will be sent to our office for verification. The trainee's enrollment will not be verified until our office has received a BAF from the department. **No trainee will be enrolled until the online enrollment form and the BAF have been completed.**