

Benefits Eligibility Acknowledgement

I have been informed of the benefits available to full-time Pace University employees and understand that I have 31 days, from my full-time date of hire, to enroll in medical, dental, life insurance and Flexible Spending Accounts and/or the Health Savings Account. If I do not enroll within 31 days, I will have to wait until the next annual Open Enrollment period to do so, unless I experience a qualifying change in family status (i.e. marriage, birth of a child, divorce, etc.) in the interim.

If I do experience a qualifying change in family status during the plan year, I understand that I must contact the University Benefits office, within 31 days of the date of the qualifying event, to request benefits enrollment information. I understand that completed enrollment forms and requisite documentation must be received by the University Benefits office within 31 days of the date of the qualifying event.

I understand that I am responsible for all premiums, current and retroactive, from my benefits-effective date, regardless of when I submit my forms within the 31-day enrollment period.

I further acknowledge that I have reviewed the *New Employee Orientation* narrated presentation online and I have contacted the University Benefits office if any information is unclear.

Print Name: _____

Signature: _____

Date: _____

