

# Initial Appointment

## Enrollment Periods and Coverage Effective Dates

### EXAMPLE A--UNCLASSIFIED/FACULTY OR ACADEMIC STAFF—Hired 1st of Month

Facts: Employee begins University employment on **January 1, 2XXX**  
 Employee is in a WRS covered position  
 Employee has no prior WRS service  
 Employee will complete first six months under WRS on 7/1/XX

Enrollment Periods and Coverage Effective Dates	WRS	SGH	ICI	SGL	Ind & Fam Life	UW Empl Life	UIA	Maj Med	A D & D	Dental*		TSA, Deferred Comp & Long Term Care	Vision	ERA
										OSER Rep	UW Non-Rep			
<b>A. any time on or before: 30 days from the first day of WRS covered employment</b>														
A1. application received on or before 1/1/XX for coverage effective	Automatic Coverage	1/1/XX *			1/1/XX	1/1/XX	Automatic Enrollment	1/1/XX		1/1/XX	1/1/XX		1/1/XX	1/1/XX
A2. application received from 1/2/XX through 1/31/XX for coverage effective		2/1/XX *			2/1/XX	2/1/XX		2/1/XX	2/1/XX	2/1/XX		2/1/XX	2/1/XX	
<b>B. any time on or before: 30 days after the 1<sup>st</sup> of the month following the date on which 6 months of WRS coverage is completed.</b>														
B1. application received on or before 7/1/XX for coverage effective	Automatic Coverage			7/1/XX			Automatic Enrollment							
B2. application received from 7/2/XX through 7/31/XX for coverage effective				8/1/XX										

\* Employees are eligible for employer contribution towards health insurance premium immediately.

\*\* Employees are eligible to enroll in ICI after 6 or 12 months of State service under WRS. Employer contribution does not start until after 12 months of WRS state service.

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										OSER Rep	UW Non-Rep				
<b>C. any time on or before: 30 days following the date on which 12 months of WRS coverage is completed</b>															
C1. application received on or before 7/1/XX for coverage effective	<b>Automatic Coverage</b>		7/1/XX **				<b>Automatic Enrollment</b>								
C2. application received from 7/2/XX through 7/31/XX for coverage effective			8/1/XX **												
C3. application received on or before 1/1/XX following year of hire for coverage effective			1/1/XX **												
C4. application received from 1/2/XX through 1/31/XX following year of hire for coverage effective			2/1/XX **												
<b>D. no specific enrollment periods</b>									<b>X</b>			<b>X</b>			

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# Initial Appointment

## Enrollment Periods and Coverage Effective Dates

### EXAMPLE B--UNCLASSIFIED/FACULTY OR ACADEMIC STAFF—Hired 2nd of Month

Facts: Employee begins University employment on **January 2, 2XXX**  
 Employee is in a WRS covered position  
 Employee has no prior WRS service  
 Employee will complete first six months under WRS on 7/2/XX

Enrollment Periods and Coverage Effective Dates	WRS	SGH	ICI	SGL	Ind & Fam Life	UW Empl Life	UIA	Maj Med	AD &D	Dental*		TSA & Deferred Comp & Long Term Care	Vision	ERA
										OSER Rep	UW Non Rep			
<b>A. any time on or before: 30 days from the first day of WRS covered employment</b>														
A1. application received on or before 2/1/XX for coverage effective	Automatic Coverage	2/1/XX*			2/1/XX	2/1/XX	Automatic Enrollment	2/1/XX		2/1/XX	2/1/XX		2/1/XX	2/1/XX
<b>B. any time on or before: 30 days after the 1<sup>st</sup> of the month following the date on which 6 months of WRS coverage is completed.</b>														
B1. application received on or before 8/1/XX for coverage effective	Automatic Coverage			8/1/XX			Automatic Enrollment							
B2. application received from 8/2/XX through 8/31/XX for coverage effective				9/1/XX										

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## Enrollment Periods and Coverage Effective Dates

### EXAMPLE B--UNCLASSIFIED/FACULTY OR ACADEMIC STAFF—Hired 2nd of Month

Facts: Employee begins University employment on **January 2, 2XXX**  
 Employee is in a WRS covered position  
 Employee has no prior WRS service  
 Employee will complete first six months under WRS on 7/2/XX

Enrollment Periods and Coverage Effective Dates	WRS	SGH	ICI	SGL	Ind & Fam Life	UW Empl Life	UIA	Maj Med	AD &D	Dental*		TSA & Deferred Comp & Long Term Care	Vision	ERA	
										OSER Rep	UW Non Rep				
<b>C. any time on or before: 30 days following the date on which 12 months of WRS coverage is completed</b>															
C1. application received on or before 8/1/XX for coverage effective	<b>Automatic Coverage</b>		8/1/XX ***				<b>Automatic Enrollment</b>								
C2. application received from 8/2/XX through 8/31/XX for coverage			9/1/XX ***												
C3. application received on or before 1/31/XX following year of hire for coverage effective			2/1/XX ***												
C4. <i>No 4<sup>th</sup> option when hired on the 2<sup>nd</sup> of a 31 day month</i>															
<b>D. no specific enrollment periods</b>									X			X			

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# Initial Appointment

## Enrollment Periods and Coverage Effective Dates

### EXAMPLE C--UNCLASSIFIED/FACULTY OR ACADEMIC STAFF--Hired Mid Month

Facts: Employee begins University employment on **January 15, 2XXX**  
 Employee is in a WRS covered position  
 Employee has no prior WRS service  
 Employee will complete first six months under WRS on 7/15/XX

Enrollment Periods and Coverage Effective Dates	WRS	SGH	ICI	SGL	Ind & Fam Life	UW Empl Life	UIA	Maj Med	AD & D	Dental*		TSA & Deferred Comp & Long Term Care	Vision	ERA
										OSER Rep	UW Non Rep			
<b>A. any time on or before: 30 days from the first day of WRS covered employment</b>														
A1. application received on or before 2/1/XX for coverage effective	Automatic Coverage	2/1/XX **			2/1/XX	2/1/XX	Automatic Enrollment	2/1/XX		2/1/XX	2/1/XX		2/1/XX	2/1/XX
A2. application received from 2/2/XX through 2/14/XX for coverage effective		3/1/XX **			3/1/XX	3/1/XX		3/1/XX	3/1/XX	3/1/XX		3/1/XX	3/1/XX	
<b>B. any time on or before: 30 days after the 1<sup>st</sup> of the month following the date on which 6 months of WRS coverage is completed.</b>														
B1. application received on or before 8/1/XX for coverage effective	Automatic Coverage			8/1/XX			Automatic Enrollment							
B2. application received from 8/2/XX through 8/31/XX for coverage effective				9/1/XX										

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# Initial Appointment

## Enrollment Periods and Coverage Effective Dates

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Facts: Employee begins University employment on **January 15, 2XXX**  
 Employee is in a WRS covered position  
 Employee has no prior WRS service  
 Employee will complete first six months under WRS on 7/15/XX

Enrollment Periods and Coverage Effective Dates	WRS	SGH	ICI	SGL	Ind & Fam Life	UW Empl Life	UIA	Maj Med	AD& D	Dental*		TSA & Deferred Comp & Long Term Care	Vision	ERA	
										OSER Rep	UW Non Rep				
<b>C. any time on or before: 30 days following the date on which 12 months of WRS coverage is completed</b>															
C1. application received on or before 8/1/XX for coverage effective	<b>Automatic Coverage</b>		8/1/XX **				<b>Automatic Enrollment</b>								
C2. application received from 8/2/XX through 8/31/XX for coverage effective			9/1/XX **												
C3. application received on or before 2/1/XX following year of hire for coverage effective			2/1/XX **												
C4. application received from 2/2/XX through 2/14/XX following year of hire for coverage effective			3/1/XX **												
<b>D. no specific enrollment periods</b>									<b>X</b>			<b>X</b>			

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