



ACKNOWLEDGEMENT RECEIPT OF POLICIES AND BENEFITS

I. Coppin State University and University System of Maryland Policies

- EEO (USM - 132.0 - VI-1.00)
- CSU's Sexual Misconduct Policy (Includes Sexual Harassment Policy) (<http://www.coppin.edu/hr/title9>)
- Professional Code of Conduct (USM VII – 8.05)
- Drug and Alcohol Free Work Place (USM VII – 1.10)
- Coppin State University Handbook (<http://www.coppin.edu/hr>)

II. Health Plans

- Received State Health Benefits Enrollment Information
- Must enroll within 60 days of my hire date or else wait until another Open Enrollment period
- Must elect and pay for retroactive coverage within 60 days of my hire date
- May waive retroactive coverage and accept the next available processing date established by the Employee Benefits Division upon receipt of my worksheet.
- Must produce official documentation to confirm dependent eligibility when my form is submitted for Agency signature
- Must file any address change with my Agency Benefits Coordinator
- Must sign enrollment form to decline health coverage
- **Decline health coverage by signing health application and return it to Agency Benefits Coordinator in OHR**

III. Retirement Option Information

- Every Employee must join a retirement plan upon beginning employment
- Choosing a Retirement Program
- Comparison of Retirement Plan Option
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I acknowledge that I have received a copy or access to the policies and benefits listed above. I understand that, as an employee, it is my responsibility to comply with these policies, other state laws and Coppin State University. Please read and maintain the policies for your personal record. If you need a copy of any of these policies please contact the Office of Human Resources. Also, I understand that the Faculty/Staff Orientation Program to which I have been invited will include additional information and gives me an opportunity to clarify any questions to assist me in making informed decisions regarding my benefit options.

Employee's Signature

Employee's Name (Printed or Typed)

Date

Employee ID or Social Security Number

Office of Human Resources - 2500 West North Avenue - Baltimore, Maryland 21216 - 410-951-3666 (p) - 410-951-3667 (f)

AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER