

WELCOME TO ANDREWS UNIVERSITY

I _____ fully understand that have 30 days from the effective date of hire to elect Andrews University medical, opt-out or other benefits. I further understand that if I fail to enroll, online at www.andrews.edu/go/mybenefits for medical benefits, I forfeit the opportunity to participate in any of the medical coverage until the next open- enrollment period.

Employee's Signature

Date

Witness' Signature

Date