

NOTICE OF FELLOWSHIP/TRAINEEESHIP AWARD

SOUTHERN ILLINOIS UNIVERSITY

Type of Hire: New hire Rehire

Name Last First Middle Social Security Number (for new hire) AIS/Emp (for reappointment) Student ID/Dawg Tag

Mailcode (campus correspondence will be mailed to this address)

Campus Phone

Effective Date(s):

Academic Year Basis: Fall Semester 20 _____ Spring Semester 20 _____ Intersession 20 _____ Summer Semester 20 _____

or _____ (Specify begin date, if the appointment is less than a full semester.)

(For intersession or Summer Session only, specify end date.) _____

Fiscal Year Basis: July 1, 20 _____ through June 30, 20 _____ or _____ (Begin Date) _____ (End Date)

Campus Identifier: Carbondale School of Medicine Carbondale School of Medicine Springfield

Appointment Type:

Term (non-recurring) A term appointment is written for a specified period of time. Term appointments may be renewed; however, reappointment to such a position creates no right to subsequent employment or presumption of a right to subsequent employment.

Contingent upon administrative approval and verification of eligibility to be legally employed in the United States (if applicable), the above named individual is hereby appointed under the following conditions:

POSITION ID	
Employment Type	<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee
Category (Job)	C.TR.Fellowship-Training Award.078
Graduate Student Information	<input type="checkbox"/> Research Fellows <input type="checkbox"/> Rehabilitation Traineeship <input type="checkbox"/> Law Scholars <input type="checkbox"/> Other
Department (Organization)	
Building (Location)	
Percentage of Time* (FTE)	
Full-time equivalent monthly payment	

*SIU's payroll system will calculate the actual salary by multiplying the full-time equivalent payment by the percentage of time.

Position ID*	AIS Budget Description	AIS Proportions*	AIS Fund	AIS Unit	AIS Budget Purpose	AIS Dept Activity 1	AIS Dept Activity 2	AIS Function	AIS Natural Account

*Proportion must be 100

Name under which any previous assignments were held if different from current name: _____

Present Status:

Admitted to Graduate School, _____ Program, beginning with _____ (term/yr.), for _____ degree

OR

Applied for admission to _____ Program, beginning with _____ (term/yr.), for _____ degree

Total months of financial support as a graduate student at SIU (assistantships and fellowships). Do NOT include months of this assignment.

TOTAL months as a master's student: _____ TOTAL months as a doctoral student: _____ Candidacy Date _____

GRADUATE SCHOOL USE ONLY

Admitted Referred Other _____

Master's Ph.D.

Term _____ Year _____ Total Months _____

Signatures

Correct Rate

Overlap

Letters

N

Y

Tuition Waiver

N

Y

Date _____ By _____

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Name	Last	First	Middle	AIS No. (rehire) SSN (new Hire)	Student ID/ Dawg Tag
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Other terms and conditions of this award:

1. A Fellowship/Traineeship award is contingent upon the award notice signed by the graduate/professional student. Each award has specific guidelines for the awardees to follow. Please refer back to the award notice for regulations.
2. The appointment outlined on this form is contingent upon the prior approval of the Dean of the Graduate School or Professional School, upon admission to the degree program and fulfillment of requirements concerning enrollment in an approved course load each academic term. It is further contingent upon and subject to satisfactory performance of the award notice as governed by the rules and regulations of Southern Illinois University.
3. If the source of funds for this appointment is an external grant or contract, this appointment is contingent on the availability of funds in the external account.

I agree to adhere to the terms and conditions of the award which will include the laws of Illinois, including Board of Trustees legislation, and all policies and regulations from time to time issued pursuant thereto, all of which will be as much a part of the student's award as if set out in full therein, and that such terms and conditions as from time to time amended will continue to govern in any change of assignment or renewal of the award.

I hereby affirm that the information which I submitted in consideration for the award to which I am being appointed (including but not limited to resume or application, curriculum vitae, and/or transcripts) is true and correct. I understand that if any of the information submitted in application for this award is a misrepresentation or omission of facts, I may be subject to discharge from this award.

I understand that if my position is defined as a security sensitive position, that my continued appointment is contingent upon successful completion of any applicable statewide post-appointment investigation(s).

As an applicant for or the recipient of a tuition or fee waiver award from Southern Illinois University (if applicable), I understand that the University has the legal authority to release my name and address, the name of my former high school or college, the name of my award, and the award amount. This release is valid for the period of time the tuition waiver is in effect.

I have read the terms and conditions of appointment stated in this document and agree to them.

Signature of Student

Date

ADMINISTRATIVE APPROVALS (As required by campus)

Recommendation: I certify that the appointee meets the position requirements and recommend this appointment.

Chair/Fiscal Officer

Date

Dean/Director

Date

Vice Chancellor/Provost

Date

Other administrative approval

Date

Chancellor

Date

Dean of the Graduate School

Date

Or Professional School

NOTICE OF FELLOWSHIP/TRAINEEESHIP AWARD

SOUTHERN ILLINOIS UNIVERSITY

******This Notice is required to be given to all employees******

New Health Insurance Marketplace Coverage Options and Your Health Coverage

As part of the requirements of the Patient Protection and Affordable Care Act (PPACA), Southern Illinois University Carbondale, as your employer, is required to provide you with information relating to the Health Insurance Marketplace. This notice will serve to provide basic information about the Marketplace and how it may relate to coverage that is offered by Southern Illinois University Carbondale through the State Employee's Group Insurance Program ("SEGIP").

Part A: General Information

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" where you will be able to compare and evaluate quality affordable private health insurance options, apply tax credits directly, and receive enrollment support. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

SIU Carbondale employees are provided coverage through the SEGIP, provided they meet the eligibility criteria as outlined in Part B of this notice. Generally, employees who work at least 50% of a normal work period, are paid a salary through the university payroll, and are eligible to participate in and contribute to the State Universities Retirement System (SURS) are eligible for coverage through SEGIP. The SEGIP meets the Affordable Care Act's minimum value standard and is intended to be affordable based on employee wages. Accordingly, if you are eligible to participate through the SEGIP, you will generally not be eligible for a tax credit through the Marketplace. However, if you are not eligible to participate in SEGIP, or if the cost of member-only coverage through SEGIP is more than 9.5% of your household income for the year, you may be eligible for a new tax credit that lowers your monthly premium if you purchase a qualified health plan through the Marketplace.

Please note that if you are eligible for SEGIP and choose to purchase a health plan through the Marketplace instead of enrolling in the SEGIP plan, you will lose any employer contribution to the SEGIP coverage. In addition, while both the employer contributions and your employee contribution to SEGIP coverage are typically excluded from income for Federal and State income tax purposes, your payments for coverage through the Marketplace will be made on an after-tax basis.

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How Can I Get More Information?

For more information regarding the Marketplace, including an online application for coverage and contact information for the Marketplace, please visit HealthCare.gov. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and the cost of such coverage.

Additional information on the SEGIP coverage can be found at www.benefitschoice.il.gov.

Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Southern Illinois University Carbondale	4. Employer Identification Number (EIN) 37-6005961	
5. Employee Address 1255 Douglas Drive, Mailcode 6520	6. Employer phone number (618)-453-6668	
7. City Carbondale	8. State Illinois	9. Zip code 62901
10. Who can we contact about employee health coverage at this job? Human Resource Benefits Office		
11. Phone Number (if different from above) (618)-453-6668	12. Email Address HRBenefits@siu.edu	

Here is some basic information about health coverage offered by Southern Illinois University Carbondale.

- As your employer, we offer a health plan to:
 - All Employees.
 - ✓ Some Employees. Eligible employees are:
 - An employee who works at least 50% of a normal work period, is paid a salary through the university payroll, and is eligible to participate in and contribute to the State Universities Retirement System (SURS).
- With respect to dependents:
 - ✓ We do offer coverage. Eligible dependents are:
 - An Eligible employee's spouse; same-sex domestic partner (enrolled prior to June 1, 2011); civil union partners (enrolled on or after June 1, 2011); child from birth to age 26 where child includes an employee's natural child, stepchild or child of a civil union partner, legally adopted child or child who has been placed for adoption, and a child who has been placed under the employee's legal guardianship; or child who is older than age 26 who is totally disabled and a tax dependent of the employee.
 - We do not offer coverage.
- ✓ This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

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Statement of Purpose for Collection of Social Security Numbers

The Identity Protection Act (5 ILCS 179/1 *et seq.*) requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by Southern Illinois University to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- Student Financial Aid
- Employment matters
- Insurance Claim
- Complaint mediation or investigation
- Vendor services, such as executing contracts and/or billing
- Law enforcement investigation
- Child support collection
- Internal verification
- Administrative services
- Other: _____

What do we do with your Social Security number?

We will only use your SSN for the purpose for which it was collected.¹ We will not:

- Sell, lease, loan, trade, or rent your SSN to a third party for any purpose
- Publicly post or display your SSN
- Print your SSN on any card required for you to access our services
- Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted
- Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN²

¹ Exceptions include, but are not limited to: disclosure pursuant to a court order, warrants, or subpoena; disclosure to ensure safety; disclosure for internal verification or administrative purposes; disclosure for collection of delinquent child support or of any state debt or to a governmental agency to assist with an investigation or the prevention of fraud; and disclosure to investigate or prevent fraud, to conduct background checks, to collect debt, to obtain a credit report, as allowable under the federal Gramm-Leach-Bliley Act, and to locate missing persons who are due benefits, such as a pension or unclaimed property.

² Exceptions include, but are not limited to: material mailed in connection with the administration of the Unemployment Insurance Act; material mailed in connection with any tax administered by the Department of Revenue; and documents sent as part of an application or enrollment process or to establish, amend, or terminate an account, contract, or policy or to confirm the accuracy of the SSN.

A signed copy of this form must accompany the Notice of Fellowship/Traineeship Award form. An additional [copy](#) of the form may be provided to the employee, if requested.

Employee Signature

Date

Questions or Comments about this Statement of Purpose?

Please contact:

Southern Illinois University
Vice Chancellor for Administration and Finance
Anthony Hall, Mail Code 4315
Carbondale, IL 62901
(618) 453-2474