POLICY COVER SHEET

(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)

[3/09]

Faculty/Staff Handbook [FSH] □ Addition □ Revision* □ Deletion* □ Emergency
Minor Amendment XX
Chapter & Title: Retirement Privileges and Programs 3730

Minor Amendment □
Chapter & Title: __________________________________________

All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu, all changes must be made using “track changes.”

Originator(s): Brandi Terwilliger 3-23-15
(Please see FSH 1460 C)
Telephone & Email: 885-3008 brandit@uidaho.edu

Policy Sponsor: (If different than originator.) Greg Walters 3-23-15 – Reviewed and Approved
Telephone & Email: 885-3478 gregwalters@uidaho.edu

Reviewed by General Counsel X Yes ___No Name & Date: Kent Nelson – 3-23-15

I. Policy/Procedure Statement: Briefly explain the purpose/reason of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual. Updates were needed to clarify eligibility in retirement programs due to changes in enrollment requirements due to Health Care Reform. Without the changes, many employees could potentially lose eligibility for retiree health coverage under the University plans. Other changes were needed to update contact information and provide further clarity.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have? No negative fiscal impact on the University.

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change. None

IV. Effective Date: This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: __________________________________________

Policy Coordinator
Appr. & Date: ______________
[Office Use Only]

FSH
Appr. ______________
FC ______________
GFM ______________
Pres./Prov. ______________
[Office Use Only]

APM
F&A Appr.: ______________
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Track # ______________
Date Rec.: ______________
Posted: t-sheet ______________
h/c ______________
web ______________
Register: ______________
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