

## ***UAB Hospital Management, LLC Benefit Eligibility***

<b>Assignment Category</b>	<b>Assignment Category Code</b>	<b>UAB-paid Life, AD&amp;D Insurance</b>	<b>Employee- paid Life, AD&amp;D Insurance</b>	<b>Long-term Disability Insurance</b>	<b>403(b) Participant</b>	<b>403(b) Matching</b>	<b>Health</b>	<b>Dental</b>	<b>Vision</b>	<b>Flexible Spending Accounts</b>	<b>Vacation, Holiday, Sick Time Accrual</b>	<b>Educational Assistance</b>
Full-time Regular	01	Yes	Yes*	Yes	Yes	Yes	Yes	Yes*	Yes*	Yes*	Yes	Yes
Full-time Temporary	02	Yes	Yes*	Yes	Yes	No	Yes	Yes*	Yes*	Yes*	No	No
Part-time Regular	03	No	Yes*	Yes	Yes	Yes	Yes	Yes*	Yes*	Yes*	Yes/Prorated	No
Irregular	04	No	No	No	No	No	No	No	No	No	No	No
Three Twelve- hour-shift	12	Yes	Yes*	Yes	Yes	Yes	Yes	Yes*	Yes*	Yes*	Yes	Yes
Weekend Staff	17	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes*	Sick Time Only	No

\*Individual pays full premium