THE RESEARCH FOUNDATION
The State University of New York

Benefits Enrollment Form

☐ **New Enrollment** (Complete Parts A through I)
☐ **Late Enrollment** (Please see *Benefits Handbook* for rules on late enrollment.)
☐ **Change**: ☐ Coverage (Complete Parts A,B,C,D,F,G,H,I) ☐ Add Dependent(s) ☐ Delete Dependents (Complete Parts A,B,C,D,H,I)
☐ Health Plan (Complete Parts A,B,D,H,I) ☐ Life Insurance Beneficiary (Complete Parts A,E,F,I)
☐ Name (Complete Parts A,I) ☐ Other _____

PART A

Legal Marital Status: ☐ Married ☐ Not Married | Sex: ☐ Male ☐ Female | Date of Birth: | Employment Date:

Name: LAST FIRST MI | FORMER LAST NAME (IF CHANGED) | SOCIAL SECURITY NUMBER

Address: STREET OR P. O. BOX CITY STATE ZIP CODE | TELEPHONE ( ) | E-MAIL ADDRESS

PART B — MEDICAL INSURANCE COVERAGE (42-DAY WAITING PERIOD)

☐ RF PPO Plan ☐ HMO Name: (Additional form required) ☐ I Decline Coverage

Please choose one of the following:
☐ **Employee Only** ☐ **Employee & Child(ren)** ☐ **Employee & Family**
☐ **Employee & Spouse or Domestic Partner** (requires additional documentation and approval)

Immediate prior coverage with Blue Cross? ☐ Yes ☐ No
Do you or any of your dependents have any other group health insurance? ☐ Yes ☐ No
If yes, please indicate policyholder, insurance company, and identification number:

PART C — DENTAL/VISION COVERAGE (6-MONTH WAITING PERIOD) DENTAL MAJOR/PROSTHODONTIC (1-YEAR WAITING PERIOD)

☐ Individual ☐ Family ☐ I Decline Coverage

PART D — COVERED DEPENDENTS – COMPLETE IN FULL – LIST ANY ADDITIONAL DEPENDENTS ON BACK OF THIS FORM

LAST NAME	FIRST NAME	MI	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP	TYPE OF COVERAGE
							☐ Medical ☐ Dental ☐ Vision
							☐ Medical ☐ Dental ☐ Vision
							☐ Medical ☐ Dental ☐ Vision
							☐ Medical ☐ Dental ☐ Vision
							☐ Medical ☐ Dental ☐ Vision

PART E — BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (6-MONTH WAITING PERIOD)

NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS	BENEFICIARY DESIGNATION Primary-Class 1	Contingent-Class 2
				☐ Primary	☐ Contingent
				☐ Primary	☐ Contingent
				☐ Primary	☐ Contingent

List additional beneficiaries on back of this form. Benefit is payable to contingent beneficiary ONLY if all primary beneficiaries are deceased.
(If a class of beneficiaries contains more than one person, the benefit is apportioned equally unless specified otherwise.)

PART F — OPTIONAL LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (6-MONTH WAITING PERIOD)

☐ I Decline Coverage

Employee Paid – Submit within 60 days of hire or medical statement required | Multiple of earnings, offset by Basic Life amount ☐ 1X ☐ 2X ☐ 3X ☐ 4X ☐ 5X

List additional beneficiaries on back of this form. Beneficiaries will be the same as for Basic Life (Part E), unless you list different beneficiaries on the back of this form.

PART G

DEPENDENT OPTIONAL LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
☐ I Decline Coverage ☐ I Elect Coverage (Additional form required)

OPTIONAL SUPPLEMENTAL SHORT-TERM DISABILITY INSURANCE
☐ I Decline Coverage ☐ I Elect Coverage (Additional form required)

PART H

MEDICAL INSURANCE PLAN CHANGE Date of change:

☐ Open Enrollment
☐ Moving out of area

From: ☐ RF PPO Plan ☐ HMO Plan _____ ☐ Decline Coverage ☐ Other _____

To: ☐ RF PPO Plan ☐ HMO Plan _____ ☐ Decline Coverage ☐ Other _____

DEPENDENT COVERAGE CHANGES Date of change:

Reason for addition of dependents:
☐ Marriage ☐ Birth/Adoption
☐ Spouse's coverage terminated
☐ Other, specify _____

Reason for deletion of dependents:
☐ Newly eligible for coverage ☐ Dependent died
☐ Child reached age limit ☐ Divorce
☐ No longer a student ☐ Other, specify _____

PART I

I hereby authorize deductions from my salary of the amount required, if any, for the insurance indicated. This authorization will be in effect until revoked in writing. Medical insurance deduction is paid on a pre-tax basis unless a waiver form is submitted. (See *Benefits Handbook* for pre-tax medical insurance deduction information.)

EMPLOYEE SIGNATURE | DATE

Health	Dental/Vision	Basic Life/AD&D	Optional Life/AD&D	NYS DBL	LTD	Campus Location