

## Orientation Checklist

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Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Budget Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Hire Date: \_\_\_\_\_

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When you have finished the online orientation, please complete this checklist to acknowledge you have reviewed the benefits and completed any forms, and return all documents within 30 days (45 days for Graduate Assistants) of your appointment to the Employee Benefits Office, Miller Administration Building, room 301 or bring to your scheduled orientation.

### **Health Insurance:**

I wish to enroll in the following health insurance plan:

- Empire Plan
- HMO Blue (Central NY Region) (HMO)
- MVP Health Plan (Central NY Region) (HMO)
- Complete the New York State Health Insurance Program Transaction Form- [PS-404 \(PDF\)](#)
  - o Graduate Assistants complete [PS-404G \(PDF\)](#)

Opt Out Program (only available to CSEA, PEF, Management Confidential, NYSPBA, NYSCOPBA)

- Complete the following forms
  - o [PS-404 \(PDF\)](#)
  - o [PS-409 Opt Out Attestation Form \(PDF\)](#)

If electing to enroll or opt out for family coverage, provide the following documentation (copies):

- Marriage certificate
  - o If married over one year, attach current proof of financial interdependence
- Birth certificate(s) for all dependents
- Social Security card(s) for all

I do not wish to enroll in health insurance or the opt out program

- Complete the [PS-404 \(PDF\)](#)

**Dental and Vision Coverage:** you do not need to enroll in the health insurance to be eligible for dental/vision enrollment

- [PS-404 \(PDF\)](#) (M/C, PEF, NYSCOPBA, PBANYS)
- UUP [UUP Enrollment Card](#)
- CSEA [Enroll online](#)
- Graduate Assistants [PS-404G \(PDF\)](#)

**Retirement Plan:**

- I wish to join the New York State and Local Retirement System (ERS) [ERS Registration Form \(PDF\)](#)
- I wish to join the New York State Police and Fire Retirement System (PFRS) [PFRS Registration Form \(PDF\)](#)
- I wish to join the New York State Teacher’s Retirement System (TRS)  
*(Only eligible titles may join TRS- teaching title, librarian, coach)* [TRS Registration Form \(PDF\)](#)
- I wish to join the Optional Retirement Program  
*(only available to FT professionals/faculty, or part-time term)*
- Retirement plan election must be made online at [www.retirementatwork.org/suny](http://www.retirementatwork.org/suny) in addition to the appropriate registration form (ERS/TRS/PFRS).
- I do not wish to join a retirement program at this time (only part-time or temporary employees can decline membership)

**Supplemental Insurances:**

- [Management Confidential Life Insurance \(PDF\)](#) (available only to M/C employees)
  - Obtain application from Human Resources
- Long-term disability coverage (available to UUP and M/C employees) [Program Description](#)
  - [Waiver Request \(PDF\)](#)

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Employee Signature

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Date