Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Dear New Employee:

Welcome to BMCC. Attached are a variety of documents concerning your appointment to the college that you need to be aware of or must complete. Please read these materials carefully and provide all of the requested information as quickly as possible.

We hope you will enjoy your experience at the college. Best wishes for a productive and successful career at BMCC.

Sincerely,

Robert E. Diaz
Vice President of Legal Affairs and
Faculty & Staff Relations

Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Full Time Instructional Staff/Faculty/ECP Packet Checklist

When you accept an offer of employment with the Borough of Manhattan Community College, you must present ORIGINAL documents as outlined below.

□ **Proof of Identity and Employment Eligibility**
Under federal law you must complete an Employment Verification (I-9) form in the presence of an HR officer. Be sure to bring appropriate proof of identity/eligibility to HR before your first day of work.

□ **Social Security Card**

□ **Curriculum Vitae (Faculty)**

□ **Three letters of reference**

□ **Original Transcript (highest degree)**

□ **Employment Packet – CUNY**

□ **Personnel Information Form**

□ **Amended Constitutional Oath Upon Appointment**

□ **Agency Shop Agreement**

□ **Health Benefits Application**

□ **PSC-CUNY Welfare Fund Datasheet**

□ **Retirement Program Election Form**

□ **Death Benefit Beneficiary Designation Card**

□ **Emergency Contact**

□ **Employee's Withholding Allowance Certificate (W-4 and IT-2104)**

If applicable, complete and return:

□ **Direct Deposit of Net Pay Enrollment**
□ **Tax Certification for Foreign Nationals**
□ **Transit Benefit Enrollment/Wage Works)**

Please take time to familiarize yourself with the following:

• Health Plan costs and optional riders, etc.
• A comparison of pension plans
• Departmental Mailboxes and E-mail Accounts
• TIAA-CREF enrollment instructions
• Listing of various policies/procedures on BMCC Web.

The timing of your initial pay check will be based on the process and our receipt of the above documents. If you have any questions about your appointment or payroll process, please call us at 212-220-8300.

____
Print Name

____
Date

____
Signature

BOROUGH OF MANHATTAN COMMUNITY COLLEGE

The City University of New York
IMMIGRATION REFORM AND
CONTROL ACT OF 1986

EMPLOYMENT ELIGIBILITY VERIFICATION INFORMATION

Among other changes, the Immigration Reform and Control Act of 1986 creates a national employment verification system which places responsibility for verification of the identity and employment eligibility of all employees on the employer. Effective June 1, 1987 this new law requires employers to request and examine original documentation pertaining to the identity and employment eligibility of all new hires and rehires, including U.S. citizens, permanent residents, and non-immigrant visa holders.

Should you accept an offer of employment with the Borough of Manhattan Community College, you must present **ORIGINAL** documentation, outlines on the next page of the document, on or before your first day of work.

After these documents are reviewed, you will then be required to complete and sign an Employment Eligibility Verification Form (Form 9) in the presence of the designated representative of the College.

Should you accept an offer of employment with the College, this process should be completed on or before your first day of work. Otherwise, your employment at the College will be jeopardized.

If you have any questions concerning the employment process at Borough of Manhattan Community College, please call **Human Resources Office, 212-220-8300**

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A
Documents that Establish Both Identity and Employment Authorization

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

OR

LIST B
Documents that Establish Identity

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

AND

LIST C
Documents that Establish Employment Authorization

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Borough of Manhattan Community college

Office of Human resources

Personnel Information form

____ ________________________________

Name (print) **Social Security Number**

________________________ ________________________ ___________________________

Title **Department** **Date of Appointment**

☐ **Female** ☐ **Male** **Date of Birth**__________________________

Ethnicity:

☐ **American Indian** ☐ **Alaskan Native** ☐ **Asian**

☐ **Black** ☐ **Hispanic** ☐ **Italian American**

☐ **Pacific Islander** ☐ **Puerto Rican** ☐ **White**

U.S. Citizen: ☐ Yes ☐ No **If you are not a U.S. Citizen,**

Of what country are you a citizen: ________________________________

What type of VISA are you holding: ________________ **Expiration Date:** ___________________

Are you a Veteran? ☐ Yes ☐ No **If you are a veteran, please specify:**

☐ **Active Reserve** ☐ **Disabled** ☐ **Disabled Vietnam Era**

☐ **Inactive Reserve** ☐ **Retired** ☐ **Vietnam Era**

Home Address: ____

(print)

____

Telephone Number: ________________________

Emergency Contact: _____________________________ **Relationship:** _____________________________

Address:

Telephone Number: _____________________________ **Business Number:** ________________________

Education: **Degree** **Major** **Date Earned** **Institution**

____

____

____

To be completed by the Office of Human Resources

I-9 Date:_______________ **Work Authorization Expiration Date:**_______________ **Staff Initial**_________ **Date:**_________

HR-2000

THE CITY UNIVERSITY OF NEW YORK

APPLICATION FOR EMPLOYMENT

College: Borough of Manhattan Community College | Job ID#: ______ | ☐ Full-time | ☐ Part-time

Position: ______ | If part-time, hours available A.M. ______ P.M. ______

Contract Title: ______

Personal Information

Last ______ First ______ Middle ______

If known by another name, please provide ______

Address ______ Apt. # ______

City ______ State ______ Zip Code ______ Daytime Phone # ______

email ______ Evening Phone # ______

Are you able to perform the essential functions of the position as described in the Position Vacancy Notice and/or Job Specification with or without reasonable accommodation? ☐ Yes ☐ No

If no and you would require an accommodation to perform the essential functions of this job and you wish to make known at this time what that would be , please indicate: ______

Please identify if you have any relatives employed in the department for which you are applying. ☐ No relatives ☐ Yes, I have (a) relative (s)

If yes, please explain ______

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Applicant Attestation:

By my signature below, I declare and affirm that I have read and fully understand that:
Any misrepresentation or material omission of facts in this application or in any other materials I submit in support of my candidacy (including but not limited to the letter of application and resume/CV), or in any oral statements I may make during the selection process shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired, or shall be sufficient cause to end further consideration of my application prior to being hired;

Present and past employers may be contacted for verification of data and reference check, unless I specifically request otherwise and provide reasons acceptable to the hiring official. This verification may, but need not, begin prior to my receiving an offer;

An offer of employment is contingent on successful completion of the entire employment selection process, including the receipt and review of references, satisfactory to the University;

No manager or representative of CUNY has the authority to make an offer of employment or to represent a condition of employment which is in violation of the bylaws, rules, regulations, or collective bargaining agreements governing the City University of New York;

Any representations that are contrary to these policies, even when made in writing, are unenforceable;

Under federal law, CUNY is required to verify my employment eligibility and identity within three (3) days of my reporting to work. At that time, I must produce legitimate supporting documents.

Signature ______ Date ______

A. Education *(Please indicate highest equivalent grade of education completed)*:

☐ Doctorate ☐ Masters ☐ Baccalaureate ☐ High School/GED

List schools attended, beginning with most recent (college, business school, high school, vocational or trade school, etc.):

School Name		School Name		School Name	
Location		Location		Location	
Major Study		Major Study		Major Study	
Credits completed	Degree received	Credits completed	Degree received	Credits completed	Degree received

B. Employment History: *(Begin with present or last job (if currently unemployed) and work back for the last 15 years listing all job-related full or part-time employment. Be sure to include any current CUNY employment held. Attach an extra page, if necessary.*

Employer Name

Job Title

Address

Telephone

Briefly describe duties

Name/Title of Immediate Supervisor

Date employed from

Date employed to

Telephone

Reason for leaving

☐ Full-time ☐ Part-time Salary (Indicate one): Gross Annual Gross Weekly Gross Hourly

---

Employer Name

Job Title

Address

Telephone

Briefly describe duties

Name/Title of Immediate Supervisor

Date employed from

Date employed to

Telephone

Reason for leaving

☐ Full-time ☐ Part-time Salary (Indicate one): Gross Annual Gross Weekly Gross Hourly

---

Employer Name

Job Title

Address

Telephone

Briefly describe duties

Name/Title of Immediate Supervisor

Date employed from

Date employed to

Telephone

Reason for leaving

☐ Full-time ☐ Part-time Salary (Indicate one): Gross Annual Gross Weekly Gross Hourly

Please explain any gaps in employment in excess of two (2) months during the past 15 years

C. Important skills, competencies, or experience not identified above *(Identify other important skills, competencies, expertise, or related experiences (such as volunteer work, competence in foreign language, etc.) that you feel should be considered in evaluating your suitability for this position.*

D. Background Questions

1. Have you previously been employed by CUNY in a position not reported in Section B? If yes, please give name of college, name and title of supervisor, dates of employment, job title (s), and reason for leaving. ☐ Yes ☐ No

2. Have you ever been discharged or asked to resign from any employment? If yes, explain briefly ☐ Yes ☐ No

3. Have you ever been convicted of an offense anywhere, including felonies, misdemeanors or violations (not including traffic violations or convictions sealed, expunged, or set aside under federal law or state law? ☐ Yes ☐ No

4. Are there any criminal charges or violations (except for traffic violations) **currently** pending against you? ☐ Yes ☐ No

Note: A conviction record will not necessarily disqualify you from the position for which you are applying. Each record will be reviewed in accordance with guidelines established by the University and in accordance with New York State Law. Failure to tell the truth will, when discovered, automatically result in your elimination from consideration or your termination if you have been selected.

5. Please explain below all past convictions or currently pending charges against you (as specified in Questions 3 and 4 above):

Offense	Date of conviction	Name and location of Court	Disposition including incarceration

6. Are you a retiree of either a New York City or State agency or currently collecting a State/City pension? ☐ Yes ☐ No

If yes, are you willing to suspend pension payment if offered the position with CUNY? ☐ Yes ☐ No

7. The City University of New York may conduct a background investigation including, but not limited to, contacting references which you supply. Please list a minimum of three (3) persons residing in the United States who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

Professional References:

Name, Title	Name, Title	Name, Title
Company Affiliation	Company Affiliation	Company Affiliation
Address	Address	Address
Daytime Phone #	Daytime Phone #	Daytime Phone #
email	email	email

E. Recruitment Source:

From which source did you learn of this position?

- [ ] Campus Posting
- [ ] Electronic Mail
- [ ] Personal Contact
- [ ] Other

Name ______

Newspapers / Publications

- [ ] New York Times
- [ ] Chronicle of Higher Education
- [ ] Hispanic Outlook
- [ ] Black Issues
- [ ] Discipline-specific journal
- [ ] Other

Name ______

Internet Job Services / University web site

- [ ] CUNY Web Site
- [ ] College Web Site
- [ ] Monster.com
- [ ] Higheredjobs.com
- [ ] Hotjobs.com
- [ ] America's Job Bank
- [ ] Careerbuilder.com
- [ ] Diversity.com
- [ ] Other

Name ______

THIS PAGE INTENTIONALLY LEFT BLANK

College

Name of Candidate

Position sought

Authorization to Release Reference Information

I have applied for a position with the City University of New York (CUNY) and would like CUNY to be fully informed of my qualifications for the position. I hereby authorize any current or former employer, professional reference, and education/training provider, to disclose in good faith any information they may have regarding and pertaining to my qualifications and fitness for employment.

I agree to hold such employers, references, educational/training institutions and any other persons giving references harmless from liability or damages for providing the requested information.

A photocopy or fax of this authorization shall be as valid as the original.

Signature

Date

The City University of New York is an Affirmative Action /Equal Employment Opportunity/Americans with Disabilities Act/IRCA Employer

BOROUGH OF MANHATTAN COMMUNITY COLLEGE

The City of New York
Department of Personnel

AGENCY SHOP FEE AGREEMENT

This form must be completed by all employees except those in the managerial Pay Plan, Original Jurisdiction titles, and those employees specifically excluded from collective bargaining by decisions of the Office of Collective Bargaining.

Notice to Employee:
Under an act passes by the New York State Legislature and by agreement between the City and the municipal employee unions, employees in titles which are represented in collective bargaining but who are not union members are subject to a deduction from their salary in an amount equal to the amount payable by a union member.

Employee Affirmation:
I have been informed that I have the right to join or refrain from joining the union certified for my title. I understand that if I refrain from joining I will be subject to an Agency Shop fee deduction, which shall be an amount equivalent to the amount of dues payable by a union member.

______________________________ ______________________

Employee Signature **Date**

TO BE FILLED OUT BY AGENCY

NOTICE TO UNION:
Please be advised of the appointment or change in status of the employee as indicated below:

Employee Name: ______________________________

Title: ______________________ Social Security Number [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] Check Digit [ ]

Job Sequence Number (JSN): ____________ Check one: Assigned [ ] Automatically
[ ] Manually
(List plan assigned)

Payroll No.: ____________ Title Code No.: ____________

Agency Address: ______________________ Agency Clerk: ____________

Phone No.: ______________________

Name of Union: ______________________________

***To the Union**: If the deduction plan was assigned incorrectly, submit correction to the Organizational dues Unit Office of payroll Administration.*

***FORWARD TO THE APPROPRIATE UNION**
****MAINTAIN A COY IN EMPLOYEE'S PERSONNEL FILE**

DP-2328b (R.4/07)

Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Tax Certification for Foreign Nationals

(Excluding Applicants with Permanent Resident Status)

The City University of New York has currently implemented the **GLACIER** online tax compliance system and all Foreign Nationals will be required to register through it, in order to ensure that the appropriate taxation is deducted from you wages. To complete your individual tax record, you will need to obtain instructions and a password from the Office of Human Resources. **Please contact the individuals listed below at your earliest convenience, but no later than 10 days after your employment begins.**

Gloria Chao
Phone Number: (212) 220-8300
E-Mail Address: gchao@bmcc.cuny.edu

Please note that unless your record is completed in **GLACIER,** and copies of the supported documents are submitted, the Payroll Office had been instructed to withhold taxes at the maximum rate of withholding until your record in **GLACIER** has been completed. Furthermore, any taxes withheld will not be refunded by the Payroll office under circumstance.

I have been notified of my requirements to complete certain information in **GLACIER.** I understand that I must go to the Office of Human Resources to obtain access and instructions for **GLACIER.**

Employee Name (Print)

Employee Signature	Date
E-mail Address (CUNY e-mail preferred)	Employee Phone Number
Form I-9 Certifier Signature	Date

Health Benefits Application

Please print all information clearly using a black or blue ballpoint pen.

Health Benefits Program
40 Rector Street - 3rd Floor
New York, NY 10006
(212) 513-0470
TTY/TDD: (212) 306-7753
www.nyc.gov/olr

Applicant MUST check one:
- ☐ EMPLOYEE
- ☐ RETIREE
- ☐ RETURN TO RETIREMENT (Check this box if you were previously retired)
- ☐ LINE OF DUTY SURVIVOR

REASON(S) FOR SUBMISSION (check one or more boxes:enter change date if appropriate)

A.
- ☐ New Enrollment
- ☐ Reinstatement
- ☐ Retirement
- ☐ Disability Retirement
- ☐ Accident Disability Retirement
- ☐ Drop Optional Benefits
- ☐ Other:____________
- ☐ Add Optional Benefits
- ☐ Cancel Benefits (check one)
  - ☐ Waive Benefits
  - ☐ Buy-Out Waiver Program (employees only - complete sections D, e, F & i only)

B. Transfer of Health Plan and/or Optional/Benefit Based on:
- ☐ Transfer Period
- ☐ Permanent Move Into/Out of Health Plan Area
  Effective Date: ___/___/___
- ☐ Retiree Once-in-A-Lifetime
- ☐ Other:____________

C. Change of:
- ☐ Spouse/Domestic Partner: ☐ Add ☐ Drop
  Effective Date: ___/___/___
- ☐ Dependent Child(ren): ☐ Add ☐ Drop
  Effective Date: ___/___/___
- ☐ Change of Name - Former Name: ____________

D. EMPLOYEE/RETIREE INFORMATION

Last Name:	First Name:	M.I.:	Social Security Number: - -

Home Address:	Apt. No:

City:	State:	Zip Code:	Country (if outside the U.S.):

Date of Birth: / /	Sex: ☐ M ☐ F	Home - Telephone Number: ( ) -	Work - Telephone Number: ( ) -	Mobile - Telephone Number: ( ) -

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Domestic Partnership	Date of Event (mm/dd/yy) / /	Agency in which employed or retired from:	Union or Welfare Fund

Name of current City Health Plan:	Medicare Claim Number:	☐ If Medicare Part A - Effective Date: / / ☐ If Medicare Part B - Effective Date: / /	attach copy of card

THIS SECTION RETIREES ONLY

Retirement System:	Years Credited Service:	City Start Date: / /	Retirement Date: / /	Pension Number:

E. SPOUSE/DOMESTIC PARTNER INFORMATION

Last Name:	First Name:	M.I.:	Social Security Number: - -	Date of Birth: / /

Is spouse/domestic partner: ☐ Employed ☐ Retired ☐ Not Employed
☐ City Agency Name:____________ ☐ Non-City Related

Is spouse/domestic partner to be covered by employee/retiree's Health Plan? **(Double City coverage is not permitted)** ☐ Yes ☐ No

Does spouse/domestic partner have Non-City group health plan? ☐ Yes ☐ No	Medicare Claim Number:	☐ If Medicare Part A - Effective Date: / / ☐ If Medicare Part B - Effective Date: / /	attach copy of card

F. FAMILY INFORMATION (Attach a second form if necessary; dependent may not be covered under two NYC Health Plans.)

List all eligible dependents to be covered by your Health Plan.
(CUNY ADJUNCT EMPLOYEES: City rates apply for Individual coverage ONLY. Contact your Benefits Office for information about additional cost for Family coverage.)

Last Name:	First Name:	Date of Birth:	Social Security Number:	Sex:	Check if Applicable: full-time student	permanently disabled	drop coverage
Spouse/Domestic Partner		/ /	- -		☐	☐	☐
Dependent		/ /	- -		☐	☐	☐
Dependent		/ /	- -		☐	☐	☐
Dependent		/ /	- -		☐	☐	☐
Dependent		/ /	- -		☐	☐	☐

G. HEALTH PLAN REQUESTED (Please print clearly)

HEALTH PLAN NAME IN FULL: ____________

Optional Benefits? (Check "Yes" or "No" for optional benefits rider. If no box is checked, it will be presumed that you do not want optional benefits.) ☐ Yes ☐ No

H. TO PARTICIPATE IN THE HEALTH BENEFITS PROGRAM PLEASE SIGN AND DATE BELOW (Participant must sign either Section H or I)

I certify that the above information is correct and I authorize the City to deduct from my salary/pension the amount required, if any, through the City Health Benefits Program.

I understand that the City Program's benefits will be coordinated with those available through Medicare or any other source.

Furthermore, I agree that my periodic health plan deductions, if any, will be made on a pre-tax basis pursuant to the Internal Revenue Code 125. I understand that I have an option to decline this benefit, by obtaining a Medical Spending Conversion Form, both of which are obtainable at my payroll office. (Section 125 does not apply to retirees.)

If I have checked the Waive Benefits Box in Section A, I am choosing not to participate in the City Health Benefits Program at this time.

Employee/Retiree Signature: Date: / /

I. TO PARTICIPATE IN THE HEALTH BENEFITS BUY OUT WAIVER PROGRAM SIGN AND DATE BELOW (Participant must sign either Section H or I)

I wish to participate in the Health Benefits Buy-Out Waiver Program. I have read the Medical Spending Conversion Health Benefits Buy-Out Waiver Program brochure and completed a Medical Spending Conversion Form and I attest that I meet the qualifications for this program. (Retirees, Line of Duty Survivors and CUNY Adjunct employees are not eligible.)

Employee Signature: Date: / /

J. FOR COMPLETION BY PAYROLL OR PERSONNEL OFFICE ONLY

I certify that the above employee/retiree is eligible for the New York City Health Benefits Program (HBP) and that dependent documentation has been verified in accordance with HBP procedures. I certify that the above employee is eligible for the Health Benefits Buy-Out Waiver Program and I have reviewed and processed the Medical Spending Conversion Form and I attest that the employee meets the qualifications for this Program.

Certifying Signature:	Date: / /	Telephone Number: ( ) -

Agency Code:	Title Code No.:	Status: ☐ Full-Time ☐ Civil Servant ☐ Part-Time ☐ Provisional	Appointment/Retirement Date: (MM/DD/YYYY) / /	Pay Period: ☐ Weekly ☐ Monthly ☐ Bi-Weekly ☐ Semi-Monthly	Effective Date of coverage: (MM/DD/YYYY) / /

Death Benefit Beneficiary Designation Card

Name of Employee (Last) (First) (Middle Initial)		
Social Security Number	Male ☐ Female ☐	Date of Birth: Mo. Day YR.
Name of College:		
Date Employed:		
Primary Beneficiary Name:	Telephone Number relation to me:	
Primary Beneficiary Address:		
Contingent Beneficiary Name:	Telephone Number: relation to me:	
Contingent Beneficiary Address:		
Date Signed Mo. Day YR.	Signature of Employee	

Order of Payment and Division of Benefits. Unless otherwise provided:

(a) Payment at my death is to be made to a primary beneficiary if he/she is then living

(b) Payment at my death is to be made to a contingent beneficiary if he/she is then living and there is no primary beneficiary then living.

(c) If all beneficiaries predecease me, the benefits will be payable to my estate.

EMPLOYEE Health Plan Rates as of July 1, 2015

These rates are in effect as of the first full payroll period in July 2015

(All rates are subject to change)

Plan		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
Aetna EPO	Basic Plan	$36.79	$188.29	$73.57	$376.57	$80.14	$410.20
Optional Rider	Prescription Drugs	53.77	136.21	107.55	272.43	117.15	296.75
	TOTAL	**$90.56**	**$324.50**	**$181.12**	**$649.00**	**$197.29**	**$706.95**
CIGNA HealthCare	Basic Plan	$139.39	$379.29	$278.79	$758.58	$303.68	$826.31
Optional Rider	Prescription Drugs	51.79	155.04	103.57	310.09	112.82	337.78
	TOTAL	**$191.18**	**$534.33**	**$382.36**	**$1,068.66**	**$416.50**	**$1,164.08**
DC37 Med-Team (DC 37 members only)	Basic Plan	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
(No Rider Available)	**TOTAL**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
Empire EPO	Basic Plan	$128.75	$328.88	$257.49	$657.77	$280.49	$716.50
Optional Rider	Prescription Drugs	36.06	88.40	72.12	176.79	78.56	192.58
	TOTAL	**$164.81**	**$417.28**	**$329.61**	**$834.56**	**$359.04**	**$909.07**
Empire HMO	Basic Plan	$49.45	$149.33	$98.90	$298.66	$107.73	$325.33
Optional Rider	Prescription Drugs	36.06	88.40	72.12	176.79	78.56	192.58
	TOTAL	**$85.51**	**$237.72**	**$171.02**	**$475.45**	**$186.29**	**$517.90**
GHI-CBP/Empire BlueCross BlueShield							
	Basic Plan	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Optional Rider	Prescription Drugs	27.54	49.34	55.08	98.69	60.00	107.50
	Enhanced Major Medical Coverage	1.47	3.73	2.95	7.46	3.21	8.13
	TOTAL	**$29.01**	**$53.07**	**$58.03**	**$106.15**	**$63.21**	**$115.63**
GHI HMO	Basic Plan	$24.73	$76.87	$49.45	$153.73	$53.87	$167.46
Optional Rider	Prescription Drugs	44.96	114.64	89.93	229.27	97.96	249.75
	TOTAL	**$69.69**	**$191.50**	**$139.38**	**$383.01**	**$151.83**	**$417.21**
HIP Prime HMO	Basic Plan	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Optional Rider	Prescription Drugs	33.98	83.24	67.95	166.49	74.02	181.35
Durable Medicate Equipment & Private Duty Nursing		1.32	3.23	2.63	6.45	2.87	7.03
	TOTAL	**$35.29**	**$86.47**	**$70.59**	**$172.94**	**$76.89**	**$188.38**
HIP Prime POS	Basic Plan	$151.37	$370.92	$302.75	$741.83	$329.78	$808.07
Optional Rider	Prescription Drugs	121.44	295.85	242.88	591.69	264.57	644.52
	TOTAL	**$272.82**	**$666.76**	**$545.63**	**$1,333.53**	**$594.35**	**$1,452.59**
Metroplus (HHC Employees Only)	Basic Plan	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Optional Rider	Prescription Drugs	35.15	80.74	70.30	161.47	76.58	175.89
	TOTAL	**$35.15**	**$80.74**	**$70.30**	**$161.47**	**$76.58**	**$175.89**
Vytra	Basic Plan	$17.52	$71.64	$35.05	$143.28	$38.18	$156.08
Optional Rider	Prescription Drugs	39.02	101.47	78.03	202.94	85.00	221.06
	TOTAL	**$56.54**	**$173.11**	**$113.08**	**$346.22**	**$123.18**	**$377.14**

Enrollment Form
PSC-CUNY Welfare Fund

61 Broadway, 15th Floor
New York, NY 10006
Phone (212) 354-5230
Fax (212) 354-5363

[PSC-CUNY WF Office Use Only]
Data ____________
Rx ____________
ASO ____________
Dental ____________
☐ Stipend ☐ Waived/Buy-out

A copy of your NYC Health Beneftis Application and Welfare Fund Domestic Partner Form (if applicable) must be attached.

Dependent information will be obtained from your NYC Health Benefits Application, unless you indicate otherwise.

Enrollee

NY State ID# N ____________

Last Name ____________ First Name ____________

Social Security Number ____ - ____ - ____ Job Title ____________

Home Address ____________

City ____________ State ______ Zip Code ______

Primary Contact # ( ) ____________ Primary Email ____________

Date of Birth ____ / ____ / ____ Sex ____ Marital Status ____ Domestic Partner ☐

CUNY Campus

____

Health Insurance Basic ☐ Rider ☐

____

Welfare Fund Dental Option

Guardian ☐

DeltaCare USA ***(Attach DeltaCare Form)*** ☐

Effective Date of Hire ___ / ___ / ___

Earliest CUNY Hire Date ___ / ___ / ___

Previous College (if applicable) ____________

I hereby certify that all information I have provided on this Enrollment Form is true and accurate.

Member Signature ____________ **Date** ___ / ___ / ___

[College HR Office Use Only] ☐ **Check here if this enrollee is classified managerial**

The individual named herein is eligible for coverage effective ___ / ___ / ___

____________ ____________ ___ / ___ / ___
Signature Position Date

[PSC-CUNY Welfare Fund Use Only] ____________ Status ____________ Authorization

The City University of New York

Information regarding Pension System Membership

I. Full Time Instructional Staff (Including Exec. Comp, REM and Substitute titles):

All Full-time instructional staff is eligible for membership in either the Optional Retirement Program (ORP), which refers to membership in TIAA/CR$EF and the Alternate Funding Vehicles, or the new York City Teachers' Retirement System (ERS) and who is appointed to a full-time instructional staff position may retain membership in ERS as a "transferred contributor", thereby revoking his/her rights to join any other public pension plan in the future. Regardless of Choice, pension membership, with the exception of Substitutes, is a mandatory for all **full-time** instructional staff. Substitutes can join the ORP only (unless they are Transferred Contributors of another public pension).

New instructional staffs who are ERS members on a leave of absence from a civil service position must remain in ERS until they have relinquished their leave, generally upon attainment of 13.3b status in the instructional staff position. Once this status is attained, the employee has sixty (60) days to 1) elect to remain in ERS, 2) transfer to TRS, or 3) elect membership in the ORP.

Any member of TRS or ERS who is eligible to elect membership in the ORP may be able to retain rights to a TRS or ERS retirement benefit even if normal vesting time frames have not been met, provided contributions to the system are not withdrawn. Please consult with your college Human Resources for details.

II. Full-time Civil Service Managers:

All full-time classified service personnel are required to join the New York City employees' Retirement System after six months from gaining permanent status (those in provisional status may elect to join earlier). Civil Service Managers are also given the opportunity to join the Optional Retirement Program upon appointment to their position, pursuant to the rules cited in "I." above.

My signature below indicates that I have read the information above and have consulted with my college Human Resources regarding any questions I may have had concerning my pension program options and rights.

Name **Signature**

HR Verification

The information within this document is based upon currently available information and should not be considered the sole source of information regarding pension membership. In all cases, the provisions of governing laws, rules and regulations prevail.

The City University of New York

RETIREMENT PROGRAM ELECTION FORM

For Full-Time Instructional Staff/Civil Service Managers

This Form is to be used for Eligible employees of CUNY who are appointed, promoted, transferred of reclassified to an eligible Instructions Staff/Civil Service Managerial position and must be filed within 30 days of written notification of eligibility (for new employees, filing must occur within 30 days of appointment). For those electing the Optional Retirement Program (ORP), must enroll on line. Those failing to complete the election process within the statutory time frame noted above are forced into membership with the NYTRS by law (Civil Service Managers into the NYCERS).

Section 1: Personal Information

Name: ______________________________ **Social Security Number:** ____________________

Address: ____

College: Borough of Manhattan Community College **Job Title:** ______________ **Pension No. (if any)** _________

Section 2: Election of Retirement Program

Having received written notification of my retirement program options and having satisfied myself as to the desired retirement program available to me by or pursuant to law in connection with my employment by the City University of New York, I hereby make the following election in regard to my participation in the retirement program as specified below (Check only one)

1. ☐ The Optional Retirement Program (ORP). I understand that I have to complete the application for TIAA/CREF process on line;
2. ☐ The New York Teachers' Retirement System* (Instructional Staff members only, unless already a member of the NYCTRS through a former position on public service);
3. ☐ The New York City Employees' Retirement System* (Classified Managers only, unless already a member of NYCERS through a former position on public service);
4. ☐ The Board of Education Retirement System* (for current members only)
5. ☐ I have been appointed to a Substitute position, and opt not to join the ORP; therefore, I choose not to be a member of a pension system at this time

____

Employee Signature/Date **Verification by HR/Date**

***Those participating as Transferred Contributors please check here.** ☐

The City University of New York

Information regarding Pension System Membership

I. Full Time Instructional Staff (Including Exec. Comp, REM and Substitute titles):

All Full-time instructional staff is eligible for membership in either the Optional Retirement Program (ORP), which refers to membership in TIAA/CR$EF and the Alternate Funding Vehicles, or the new York City Teachers' Retirement System (ERS) and who is appointed to a full-time instructional staff position may retain membership in ERS as a "transferred contributor", thereby revoking his/her rights to join any other public pension plan in the future. Regardless of Choice, pension membership, with the exception of Substitutes, is a mandatory for all **full-time** instructional staff. Substitutes can join the ORP only (unless they are Transferred Contributors of another public pension).

New instructional staffs who are ERS members on a leave of absence from a civil service position must remain in ERS until they have relinquished their leave, generally upon attainment of 13.3b status in the instructional staff position. Once this status is attained, the employee has sixty (60) days to 1) elect to remain in ERS, 2) transfer to TRS, or 3) elect membership in the ORP.

Any member of TRS or ERS who is eligible to elect membership in the ORP may be able to retain rights to a TRS or ERS retirement benefit even if normal vesting time frames have not been met, provided contributions to the system are not withdrawn. Please consult with your college Human Resources for details.

II. Full-time Civil Service Managers:

All full-time classified service personnel are required to join the New York City employees' Retirement System after six months from gaining permanent status (those in provisional status may elect to join earlier). Civil Service Managers are also given the opportunity to join the Optional Retirement Program upon appointment to their position, pursuant to the rules cited in "I." above.

My signature below indicates that I have read the information above and have consulted with my college Human Resources regarding any questions I may have had concerning my pension program options and rights.

Name **Signature**

HR Verification

The information within this document is based upon currently available information and should not be considered the sole source of information regarding pension membership. In all cases, the provisions of governing laws, rules and regulations prevail.

PSCcuny/ Professional Staff Congress / City University of New York
61 Broadway, Suite 1500 • New York, New York 10006 • 212/354-1252 • Fax 212/302-7815
Visit our website at http://www.psc-cuny.org

CHOOSING A PENSION PLAN: A GUIDE FOR NEW MEMBERS

New York State law mandates participation in a retirement system for full time members of the instructional staff. New staff members have 30 days from the effective date of their appointment to choose a retirement program, and the choice is irrevocable. If no choice is filed within 30 days, the law mandates that the member be assigned to the New York City Teacher's Retirement System (TRS).

Full-time instructional staff members must choose between the New York City Teachers' Retirement System (TRS) and the Optional Retirement Program (ORP). Those who elect the Optional Retirement Program must choose investment options through either Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF) or through the alternate funding vehicles offered by Guardian or MetLife. More information may be obtained from your college HR Office.

Adjuncts employed by CUNY are only eligible for membership in TRS and may join at their option. Additional information on choosing a pension plan is available from Jared Herst, PSC Coordinator of Pension and Welfare Benefits at (212) 354-1252 or jherst@pscmail.org.

CUNY's Pension Options

System	New York City Teachers' Retirement System (TRS)	Optional Retirement Program
Type of Basic Retirement Plan	**Defined benefit plan:** Benefits are based on age, Final Average Salary* (FAS) and years of employment. *Final Average Salary (FAS): Average of your highest five consecutive annual salaries with certain limitations.	**Defined contribution plan:** Benefits are based on the amounts contributed by the employer and employee and earnings of the employee's choice of investments.
Vesting	After ten years of total credited service	After 366 days of continuous full-time employment. (Immediate if employee has a pre-existing, vested TIAA-CREF Retirement Annuity (RA) or Group Retirement Annuity (GRA) Contract.)
Retirement Age	**Age 63:** Immediate, unreduced benefits. **Age 55 to 62:** Immediate, reduced benefits at 6.5% per year between those ages.	**No age limitation:** A member may choose to retire and begin annuity income after vesting without a reduction in benefits.
NYC Retirement Health Benefits	Full-time CUNY employees with 10 years of credited service, age 55 old and receiving a pension. Health insurance premiums are deducted from employees' basic pension payouts in retirement.	A member with at least 15 years of pensionable, continuous, full-time CUNY service and who is at least age 62. **Note:** As of 9/1/05, if you are a health-benefits-eligible retiree, you are required to maintain $50,000 in reserve, with TIAA-CREF, in order to pay for retiree health insurance premiums. Additional reserve amounts may be required depending on the health plan you select or to cover future insurance rate increases.
Retirement Allowances	**For Members who join TRS after 3/31/2012: Less than 20 years of service:** 1.67% x FAS x years of service. **20 years of service:** 1.75% x FAS x Years of service (for first 20 years) + 2% FAS for each year of total service credit above 20.	Retirement benefits are based on total accumulations, age at retirement, and the income options selected.
Contribution Rates	Employee pays 3% of regular compensation on a federally tax-deferred basis through 3/31/2013. Thereafter, the contribution rate varies for the remainder of service, dependent upon an employee's salary: --$45,000 or less 3.00% --More than $45,000 to $55,000: 3.50% --More than $55,000 to $75,000 4.50% --More than $75,000 to $100,000 5.75% --More than $100,000 6.00% **Employer contributes a lump-sum annually to TRS**	Employee pays 3% of regular compensation on a federally tax-deferred basis through 3/31/2013. Thereafter, the contribution rate varies for the remainder of service, dependent upon an employee's salary: --$45,000 or less 3.00% --More than $45,000 to $55,000: 3.50% --More than $55,000 to $75,000 4.50% --More than $75,000 to $100,000 5.75% --More than $100,000 6.00% **Employer pays 8% of salary for the first seven years of employment and 10% thereafter until the remainder of the employee's service.**

PSCcuny/ Professional Staff Congress / City University of New York
61 Broadway, Suite 1500 • New York, New York 10006 • 212/354-1252 • Fax 212/302-7815
Visit our website at http://www.psc-cuny.org

CHOOSING A PENSION PLAN: A GUIDE FOR NEW MEMBERS (continued)

System	New York City Teachers' Retirement System (TRS)	Optional Retirement Program
Tax-Deferred Annuity (TDA)	Voluntary TRS TDA 403(b) is available for members of TRS basic retirement plan.	Voluntary TIAA-CREF TDA 403 (b) is available
	Note that other tax-deferred retirement investment options are also available. For more information, contact your campus HR benefits officer or reach out to Jared Herst at PSC-CUNY.	
Retirement Disability Benefits	**Ordinary Disability benefits:** 10 or more years of service credit required. **Accident Disability Benefits:** No minimum service requirement.	A member who has been certified disabled and retires may receive annuity payments and city-provided health benefits after 10 years of full service.
Death Benefit: Beneficiar(ies) of Active Employees in Basic Pension	Member contribution accumulation (member contributions +interest) + death benefit equal to one year's salary for one year of service, two years' salary for two years of service and three years' salary for three or more. Reductions may be applicable depending on age.	Total accumulations in a member's basic retirement plan.
Loans	Yes, to the maximum allowable by law from a member's contributions to basic retirement plan, TDA, 457 (b) and 401 (k) plans.	Yes, to the maximum allowable by law from a member's basic retirement plan, TDA, 457 (b) and 401 (k) plans.

***The preceding is for information al purposes only. It is a preliminary interpretation of 2012 Tier VI legislation & subject to change.**

HOW TO ENROLL ONLINE

TIAA-CREF has made it easy for you to enroll online in the CUNY retirement program.

BE READY WITH YOUR:

- **Investment choices and allocations**

  Go to **www.tiaa-cref.org/cuny** to review your investment choices including:

  — One-Decision Strategy – Allocate 100% of your investment to the TIAA-CREF Lifecycle Fund closest to your estimated year of retirement.

  — Build Your Own Portfolio Strategy – Indicate the percentage of your contribution you want allocated to each fund/account you choose.

- **Social Security Number**
- **Beneficiary's Social Security Number (optional), birth date and address**

TO ENROLL ONLINE:

LOG IN TO **www.tiaa-cref.org/cuny** AND CLICK "ENROLL NOW"

- Click on the link for the plan(s) you want to enroll in.
- Follow the on-screen directions to complete your enrollment application.

NOTE: At the allocations screen, you can click on any investment choice to view its fact sheet.

Once you complete your enrollment, you can retrieve and print a confirmation page from the "Congratulations" screen.

IMPORTANT:

If you participate in the Voluntary Savings Program (Tax-Deferred Annuity), you **must** complete and submit a Salary Reduction Agreement form for your enrollment application to be processed.

COMPLETE YOUR SALARY REDUCTION AGREEMENT

You may be able to access your agreement at **tiaa-cref.org/cuny**. If so, download and print it, fill it out, and return it to your Benefits Office. If it is not available, get an agreement from your Benefits Office. Complete it and return it to your Benefits Office.

HELP IS READY FOR YOU

If you need assistance with enrolling online, call TIAA-CREF at **800 842-2776**, Monday through Friday, from 8 a.m. to 10 p.m., and Saturday from 9 a.m. to 6 p.m. (ET). We will guide you through the online enrollment process.

Any withdrawals you make from your account may be subject to ordinary income tax and an additional 10% federal tax may apply if you make a withdrawal prior to age 59½. There are risks when investing in securities, including Lifecycle Funds. Read the prospectus before making any investment choices.

You should consider the investment objectives, risks, charges and expenses carefully before investing. Please call 877 518-9161 or go to tiaa-cref.org for a prospectus that contains this and other information. Please read the prospectus carefully before investing. TIAA-CREF Individual & Institutional Services, LLC, and Teachers Personal Investors Services, Inc., members FINRA, provide advisory services and distribute securities products. TIAA (Teachers Insurance and Annuity Association), New York, NY issues annuities. FINANCIAL SERVICES FOR THE GREATER GOOD is a registered trademark of Teachers Insurance and Annuity Association.

©2008 Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF), New York, NY 10017

THE CITY UNIVERSITY OF NEW YORK COMMUTER BENEFITS PROGRAM
TRANSITBENEFIT PLANS

Submit completed form to: Your College TransitBenefit Coordinator   www.cuny.edu/transitbenefit   www.getwageworks.com/nyc

EMPLOYEE ACTION

☐ **NEW** (Enroll)
☐ **CHANGE PERSONAL INFORMATION** (Change Mailing address, Email or Telephone)
☐ **CHANGE DEDUCTION** (Change Transit Plan and/or Amount Deducted from Pay each Month)
☐ **SUSPEND DEDUCTION** (Temporarily Stop Transit Plan Deduction from Pay)
☐ **CANCELLATION** (Terminate Your Transit Plan Payroll Deduction)

EMPLOYEE IDENTIFICATION (All fields in this section are required and must be filled out completely. Please Print.)

Social Security / ERN	DOB MM__/DAY__
Name (First/Middle/Last)	
Address Line 1	
Address Line 2**	
City/State/Zip	
Email Address	**Telephone**

* Located on your pay statement or check stub.   ** Apt.#, Fl.# or Box# if applicable.

TRANSIT PLAN AUTHORIZATION

(Please select One of the following plans by writing your initials in the column next to the Transit Plan of your choice. Please enter the total amount, including dollars and cents, you want deducted from your pay each month.)

ACCESS-A-RIDE ($3.05 Monthly Admin Fee through Payroll Deductions)		COMMUTER CARD - Unrestricted ($1.77 Monthly Admin Fee through Payroll Deductions)		TRANSIT PASS ($3.05 Monthly Admin Fee through Payroll Deductions)	
Employee Initials	**Monthly Deduction Amount***	Employee Initials	**Monthly Deduction Amount***	Employee Initials	**Monthly Deduction Amount***
	$		$		$

*For the Commuter Card – Unrestricted, Transit Pass and Access-A-Ride plans you may elect any amount up to $800

SUSPEND TRANSIT PLAN DEDUCTION

Submit at least 2 weeks before you want to suspend your deduction. Remember, administrative deductions will continue when applicable. If you are also enrolled in the Commuter Benefits Parking Plan, the parking plan will be suspended for the same period. Please note this will only suspend your payroll deduction. To also suspend your transit pass orders you must do so directly with Wageworks at **www.wageworks.com** or 1-877-924-3967.

PAY DATE TO SUSPEND DEDUCTION MONTH __ / DAY __ / YEAR ____   **PAY DATE TO RESUME DEDUCTION** MONTH __ / DAY __ / YEAR ____

EMPLOYEE CERTIFICATION

I hereby authorizeTthe City University of New York to deposit my payroll deduction as indicated above into my Wageworks Commuter Benefits Transit Account.

I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, The City University of New York can only reverse the amount of the incorrect direct deposit.

I understand, according to the Internal Revenue Code, that the average monthly amount of my transportation deductions should not exceed my average monthly cost of public transportation to and from work. If my average monthly cost of public transportation to and from work should change, I will change my deduction plan to accommodate my new circumstance. Furthermore, no reimbursement will be provided for pre-tax transportation fringe deductions. Upon cancellation, voluntary or otherwise, any funds remaining in my Transit Account will be available for use for a period of 90 days from the effective date of cancellation. Residual funds remaining in the account beyond the 90 day period will be forfeited.

I understand there is a monthly fee to cover administrative costs of the program. Said fee will deducted from my post-tax pay each month. The administrative charge is non-refundable. The administrative fees and charges are as follows:

TRANSIT PLAN	FEE	CHARGE METHOD
Access-A-Ride	$3.05	Deducted from post-tax pay
Commuter Card-Unrestricted	$1.77	Deducted from post-tax pay.
Transit Pass	$3.05	Deducted from post-tax pay.

I grant authorization for The City University of New York to provide my enrollment information, including mailing address, phone number and e-mail address to Wageworks for uses exclusively related to the administration of the program.

I understand that this authorization will remain in effect until I submit a new request for a change or cancellation.

I understand that my Commuter Benefits transit account balance and information will be maintained by Wageworks and are accessible online at **www.wageworks.com** or by calling Wageworks Customer Service at 1-877-WageWorks (1-877-924-3967).

Employee Signature ______________________   **DATE** MONTH __ / DAY __ / YEAR __

AGENCY PAYROLL SECTION

Payroll #	Personal information updated in PayServ / PMS (check all that apply): ☐ **Mailing Address** ☐ **Email Address** ☐ **Phone Number** PAYSERV / **PMS ENTRY DATE** MONTH __ / DAY __ / YEAR __

I certify that the above data was entered in PMS via EForms:

Prepared By (Please Print)	**Signature**	**Date**

THE CITY UNIVERSITY OF NEW YORK COMMUTER BENEFITS PROGRAM

PARK-N-RIDE PLAN

Submit completed form to: Your College TransitBenefit Coordinator. www.cuny.edu/transitbenefit www.getwageworks.com/nyc

IMPORTANT INFORMATION FOR EMPLOYEE

To enroll in the Commuter Benefits Program Park-n-Ride Plan, you must be jointly enrolled in one of the following Commuter Benefits Program TransitBenefit Plans: Commuter Card Plan or the Transit Pass Plan.

Only Parking expenses at or near a public transportation stop or station that you use to commute to work are eligible under this plan. With the Park-n-Ride plan, you pay an administrative fee of $3.05 per month through payroll deductions.

In this plan, you fund a parking account with WageWorks with your pre-tax and post-tax payroll deductions and you select your Park-n-Ride payment option on the WageWorks system. WageWorks offers three parking payment options: • Pay My Parking • Parking Card • Pay Me Back.

Two business days after you enroll in the Park-n-Ride Plan, go to www.wageworks.com or call WageWorks at 1-877-WageWorks (1-877-924-3967) Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time, to select your preferred WageWorks parking payment option.

TRANSITBENEFIT PLAN IDENTIFICATION

Please identify the Commuter Benefits TransitBenefit Plan in which you are enrolled by writing your initials in the column next to the plan.

COMMUTER CARD Unrestricted	Employee Initials	TRANSIT PASS	Employee Initials		

EMPLOYEE ACTION

- ☐ **NEW** (Enroll)
- ☐ **CHANGE PERSONAL INFORMATION** (Change Mailing Address, Name, Email or Telephone)
- ☐ **CHANGE DEDUCTION** (Change Amount Deducted from Pay each Month)
- ☐ **SUSPEND DEDUCTION** (Temporarily Stop Deduction from Pay)
- ☐ **RESUME DEDUCTION** (End Suspension, Resume Deduction from Pay)
- ☐ **CANCELLATION** (Terminate Payroll Deduction)

EMPLOYEE IDENTIFICATION (All fields in this section are required and must be filled out completely. Please Print.)

Social Security #		D.O.B (MONTH / DAY / YEAR)	
Name (First/Middle/Last)			
Address Line 1		Address Line 2**	
City/State/Zip			
Email Address		Telephone	

** Apt.#, Fl.# or Box# if applicable.

PARK-N-RIDE DEDUCTION AUTHORIZATION

Please enter the total amount, in dollars and cents, you want deducted from your pay each month.	Monthly Deduction Amount	$

SUSPEND OR RESUME PARK-N-RIDE DEDUCTION

Submit at least 2 weeks before you want to suspend your deduction from pay or when you want to resume the deduction from being withheld from pay. A separate form will be required to resume the deduction. Please place your initials next to the action you are authorizing. Remember, administrative deductions will continue when applicable. Please note this will only suspend or resume your payroll deduction. To also suspend or resume your Park-n-Ride payment options you must do so directly with Wageworks at **www.wageworks.com** or 1-877-924-3967.

PAY DATE TO SUSPEND DEDUCTION MONTH / DAY / YEAR ______ Employee Initials

PAY DATE TO RESUME DEDUCTION MONTH / DAY / YEAR ______ Employee Initials

EMPLOYEE CERTIFICATION

I hereby authorize The City University of New York to deposit my payroll deduction as indicated above into my WageWorks Commuter Benefits Parking Account.

I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, The City University of New York can only reverse the amount of the incorrect direct deposit.

I understand, according to the Internal Revenue Code, that the average monthly amount of my transportation deductions should not exceed my average monthly cost of public transportation to and from work. If my average monthly cost of public transportation to and from work should change, I will change my deduction plan to accommodate my new circumstance. Furthermore, no reimbursement will be provided for pre-tax transportation fringe deductions. Upon cancellation, voluntary or otherwise, any funds remaining in my Parking account will be forfeited on the effective date of cancellation.

I understand that $3.05 per month, to cover administrative costs of the program, will be deducted from my post-tax pay each month my account is debited for purchases and/or charges. The administrative charge is non-refundable. In addition to the administrative fee I pay for Park-N-Ride, I must enroll in another Commuter Plan and pay the administrative fee associated with that plan.

I grant authorization for The City University of New York to provide my enrollment information, including mailing address, phone number and e-mail address to WageWorks for use exclusively related to the administration of the program.

I understand that this authorization will remain in effect until I submit a new request for a change or cancellation.

I understand that my Commuter Benefits Parking Account balance and information will be maintained by WageWorks. Parking Account orders must be placed directly through WageWorks. Parking Account order processing and balance information is accessible online at **www.wageworks.com** or by calling WageWorks Customer Service at 1-877-WageWorks (1-877-924-3967).

Employee Signature ______________________ DATE MONTH / DAY / YEAR

AGENCY PAYROLL SECTION

Payroll #

Personal information updated in PAYSERV (check all that apply):

☐ Mailing Address ☐ Email Address ☐ Phone Number PAYSERV ENTRY DATE MONTH / DAY / YEAR

I confirm that this employee is jointly enrolled in the following TransitBenefit Plan: ☐ Commuter Card Unrestricted ☐ ☐ Transit Pass

I certify that the above data was entered in PAYSERV:

Prepared By (Please Print)	Signature	Date

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. 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.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your College Health Benefits or Human Resources Office. Get the SPD at www.psccunywf.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

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.

<table>
<tr><td colspan="2">3. Employer Name:
City University of New York</td><td colspan="2">4. Employer Identification Number (EIN)
13-6400434</td></tr>
<tr><td colspan="2">5. Employer Address
205 E 42 Street</td><td colspan="2">6. Employer phone Number
N/A</td></tr>
<tr><td colspan="2">7. City
New York</td><td>8. State
NY</td><td>9. Zip Code
10017</td></tr>
<tr><td colspan="4">10. Who can we contact about employee health coverage at this job?
Employee's College Health Benefits or Human Resources Office</td></tr>
<tr><td>11. Phone number (if different from above)
212-354-5230</td><td colspan="3">12. Email Address
N/A</td></tr>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees.
  - ☑ Some employees. Eligible employees are:

    Certain part-time employees classified as adjuncts and who meet credit hour and longevity criteria may receive basic health insurance through their union's Welfare Fund. Refer to that SPD at www.psccunywf.org

- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:

    legal spouse, certified domestic partner, children under age 26 as follows: natural children, adopted children, children under a medical support court order, children for whom employee is the legal guardian, children who are the employee's tax dependent, health plan certified disabled children. See the SPD for more info at www.psccunywf.org

  - ☐ We do not offer coverage.

☑ If checked, 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.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.