



**NEW YORK STATE DEPENDENT HEALTH INSURANCE  
NEW HIRE BENEFIT FORM**

**Please complete the information below for each New York State  
new hire and return to Accu Data Payroll via fax or email.**

EMPLOYEE NAME \_\_\_\_\_

\_\_\_\_\_ Yes, dependent health insurance benefits are available to this  
employee.

\_\_\_\_\_ Date employee is eligible for the dependent health benefit.

\_\_\_\_\_ No, dependent health insurance benefits are not available to this  
employee.

COMPANY NAME \_\_\_\_\_

PAYROLL ADMINISTRATOR NAME (please print) \_\_\_\_\_

DATE \_\_\_\_\_

**Accu Data Payroll  
108 New South Road  
Hicksville, NY 11801  
T: (516) 935-6767 F: (516) 935-6848  
Email: [info@accudatapayroll.com](mailto:info@accudatapayroll.com)**