



Orientation Checklist

Employee Name: _____ Date : _____
Budget Title: _____ Telephone: _____
Hire Date: _____
Negotiating Unit: Select one

*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 business days (45 for graduate assistants)** of your appointment to the **Employee Benefits Office, Cleveland Hall 410.***

Health Insurance:

I wish to enroll in the following [health insurance plan](#):

- Empire Plan
- Blue Cross Blue Shield of WNY (HMO)
- Independent Health (HMO)

If enrolling, select coverage type and complete the appropriate health insurance enrollment form:

- individual
- family
- health insurance enrollment form ([PS-404](#))
- Student Employee Health Plan (graduate assistants)
- health insurance enrollment form ([PS-404G](#))
- [Opt-Out Program](#), complete:
 - [PS-409](#) Form
 - [PS-404](#) Form

If electing family coverage, provide the following documentation:

- marriage certificate
- if married over one year, attach current proof of financial interdependence
- birth certificate(s) for all dependents
- social security card(s) for all dependents
- I do not wish to enroll in health insurance.

Dental and Vision Care:

- complete PS-404 (M/C, M/C Classified, PBANYS, NYSCOPBA, PEF)
- complete PS-404G (graduate assistant)
- complete [UUP Enrollment Card](#)

Retirement Plan(s):

- I wish to join the NYS [Employees' Retirement System \(ERS\)](#). [Plan Application](#)
- I wish to join the NYS [Teachers' Retirement System \(TRS\)](#). [Plan Application](#)
(TRS available only to teaching, librarian, or coach positions.)
- I wish to join the [Optional Retirement Program \(ORP\)](#). [Plan Application](#)
(ORP available only to full or part-time term professionals and faculty.)
 - [Retirement Election Form](#)
 - [Retirement History Sheet](#)



Retirement Plan(s) continued:

- I wish to join the NYS [Police and Fire Retirement System \(PFRS\)](#). [Plan Application](#)
- I am presently a member of NYS TRS, ERS or PFRS:
Membership Number: _____ Membership Date: _____ Tier: _____
- I am presently a member of the SUNY Optional Retirement Program (ORP).
- I do not wish to join a retirement plan at this time (optional for part-time appointees only).

Insurances:

- [Group Life Insurance](#): (available only to M/C employees)
 complete [application](#)
- [Group Life Insurance](#): (available only to UUP employees)
 complete [application](#) (click on Benefits/Benefits Forms)
- [Disability Coverage](#): (available only to faculty and professional employees)
 complete [waiver request](#) (statement of eligibility)

Additional Benefits and Resources:

- [Tax Deferred Annuities and College Savings Program](#)
- [Tuition Assistance](#)
- [Flex Spending Accounts](#)
- Vacation and Sick Leave

Additional Forms to Complete and Return:

- [Direct Deposit Form](#)
- [Emergency Contact Form](#)
- [NYS IT-2104 \(state\)](#)
- [W-4 \(federal\)](#)

Payroll, Policies and Information:

- [Child Care Center](#)
- [Employee Assistance Program](#)
- [Employee Orientation Toolkit](#) (sign up for BUFF STATE Alert)
- [General Policy Against Discrimination and Harassment](#)
- [Health Insurance Marketplace](#)
- [Holidays](#)
- [Internal Control Program](#)
- [Morton Lane Credit Union](#)
- [Payroll Calendar](#)
- [Alcohol and Drug Use in the Workplace Policy](#)
- [Safety Awareness](#)
- [U.S. Savings Bonds](#)
- [Workplace Violence Prevention Policy and Training](#)

Employee Signature

Date