



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