

# BENEFITS OVERVIEW

## COLLEGE ASSISTANTS

Baruch College  
City University of New York



# WHY WE DO WHAT WE DO

At Baruch  
We believe that  
Student Success  
is everyone's responsibility

# YOUR BENEFITS INCLUDE:

- Pension Plans
- Tax Deferred Annuity (TDA) – Voluntary Savings
- NYS Deferred Compensation Plan
- NYC Health Benefits Program
- Welfare Fund Benefits
- Other Benefits/Leaves/Voluntary Programs

# PENSION PLANS

## ☐ NYCERS - New York City Employees' Retirement System

- As a member of the as a new part-time classified staff, New York State law does not mandate participation in a retirement system.
- Please complete and return the [Pension Election Form](#) within 30 days of your appointment date.
- Your pension plan election is irrevocable as long as you remain continuously employed in any CUNY position.
- **Enrollments: Must be completed via application and online via NYCERS.**

# PENSION PLAN DETAILS

NYCERS													
Plan Type	<p>Qualified Pension Plan (defined benefit plan)</p> <p>Benefits are based on age, final average salary (FAS) and years of service credit (service prorated for part-time members)</p>												
Vesting Period	5 full-time years of Total Service Credit												
Contribution Rates	<table border="1"> <thead> <tr> <th>Salary</th> <th>Contribution Rate</th> </tr> </thead> <tbody> <tr> <td>• \$45,000 or less</td> <td>• 3.00%</td> </tr> <tr> <td>• More than \$45,000 to \$55,000</td> <td>• 3.50%</td> </tr> <tr> <td>• More than \$55,000 to \$75,000</td> <td>• 4.50%</td> </tr> <tr> <td>• More than \$75,000 to \$100,000</td> <td>• 5.75%</td> </tr> <tr> <td>• More than \$100,000 to \$179,000*</td> <td>• 6.00%</td> </tr> </tbody> </table>	Salary	Contribution Rate	• \$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 to \$179,000*	• 6.00%
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Retirement Benefits	<p>Employee: Graduated scale based on tier and contractual salary (Tier 6 only)</p> <p>Employer: Actuarially determined amount to fund benefits for all plan members</p>												

# PENSION PLAN COMPARISON

	NYCERS
Post-Retirement Health Benefits	NYC Health Benefits coverage contingent on minimum of 10 years' service credit and full-time CUNY employment immediately before retirement
Separating from Service	If not vested (less than 5 years membership) Employee's contribution (with interest) may be withdrawn/rolled over. If membership expires (after seven school years), withdrawal/rollover is mandatory Vested: Eligible to receive a monthly benefit on reaching retirement age

last updated as of 09/08/2023

# PENSION PLAN COMPARISON

	NYCERS
Portability	Membership may be transferred to certain NYS/NYC public retirement systems; or funds may be rolled over to eligible IRAs or successor plans
Secondary (multiple) positions	If you have secondary or multiple lines of employment at CUNY they are all pensionable. You must inform the school where you have the secondary line that you have membership so any required employee contributions can be initiated from your paycheck

# NYCERS ONLINE ENROLLMENT

The screenshot shows the NYCERS website homepage. At the top left is the NYCERS 100 (1920-2020) logo. The top navigation bar includes a calendar icon for 'Pension Payment Calendar', 'MAR 29 Check Mailed', and 'MAR 31 Direct Deposit'. Below this is a secondary navigation menu with links for 'Operations During Pandemic', 'COVID-19', 'Join', 'Resources', 'Forms & Publications', 'About', 'Contact', a language selector (set to 'A'), and a 'Log In / Register' button with a search icon. The main content area features three banners: 1) 'How can we help?' with icons for 'Operations During Pandemic', 'COVID-19', and 'Join NYCERS'. 2) 'MyNYCERS' with the text 'Access your pension account anytime, anywhere, on any device.' and a 'Log In / Register' button. 3) 'World Trade Center' with the text 'Filing Deadline now 9/11/2022'.

<https://www.nycers.org/join>



# TAX DEFERRED ANNUITY (TDA) PLANS

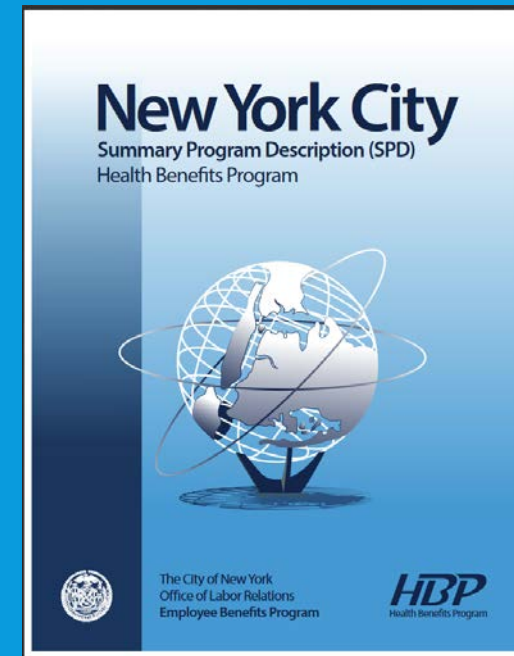
- The TDA is an optional 403(b) defined contribution plan that may be elected in addition to the mandatory retirement plan.
- You may contribute up to \$22,500 in 2023 if under age 50, and up to \$30,000 if age 50 or older through “catch-up” contributions
- It is completely funded by employee contributions.
- The earnings are tax deferred until withdrawn.
- The TIAA TDA is available to NYCERS members.
- For more information, visit:  
**TIAA:** <https://www.tiaa.org/public/land/cunysystem>
- After enrollment, submit a [salary reduction agreement](#) to Human Resources.

# NEW YORK STATE DEFERRED COMPENSATION PLAN (NYSDCP) 457(B) PLAN

- The NYSDCP is an optional 457(b) deferred compensation plan sponsored by the State of New York that may be elected in addition to any of the above retirement plans.
- You may contribute up to \$22,500 in 2023 if under age 50, and up to \$30,000 if age 50 or older through “catch-up” contributions
- It is completely funded by employee contributions.
- The earnings are tax deferred until withdrawn.
  - For more information, visit: [www.nysdcp.com](http://www.nysdcp.com)
  - Victoria Farnam, NYS deferred compensation plan retirement specialist - [farnav1@nationwide.com](mailto:farnav1@nationwide.com)

# HEALTH INSURANCE BENEFITS

- [New York City Office Of Labor Relations \(OLR\)](#)
- [Summary Program Description \(SPD\)](#)
  - [Available Health Plans and Rates \(September 2023\)](#)
  - [Summary of Health Plans](#)
  - [Summary of Benefits and Coverage \(SBC\)](#)



# HEALTH INSURANCE BENEFITS

Employment Status	Benefit Effective Date
Probable Permanent / Permanent	Date of hire (if paperwork received within 31 days of hire)
Provisional / Temporary	91st day from the date of hire (if paperwork is submitted in that timeframe)

# COLLEGE ASSISTANT ELIGIBILITY REQUIREMENTS

- Part time employees with a six (6) month appointment
- regularly work 20 or more hours per week
- 90-day waiting period
  
- Benefits are effective on the 91st date of appointment after submitting a [health benefits application](#)

# HEALTH INSURANCE BENEFITS

## □ Choosing a Health Plan

- To select a health plan that best meets your needs, you should consider at least four factors:
  - Coverage - The services covered by the plans differ. For example, some provide preventive services while others do not cover them at all; some plans cover routine podiatric (foot) care, while others do not.
  - Choice of Doctor - Some plans provide partial reimbursement when non-participating providers are used. Other plans only pay for, or allow the use of, participating providers.
  - Convenience of Access - Certain plans may have participating providers or centers that are more convenient to your home or workplace.
  - Cost - There is no cost for basic coverage under some of the health plans offered through the City Health Benefits Program, but others require a payroll deduction.

## □ Additional resources

- Summary of Health Plans
- Summary of Benefits and Coverage (SBC)
- Emblem Health has a dedicated website for CUNY employees:  
<https://www.emblemhealth.com/resources/city-of-new-york-employees>
- MetroPlus Gold dedicated website: <https://metroplus.org/plans/nyc-employees/gold-plan/>

# HEALTH INSURANCE BENEFITS

Health Plan	Plan Type	Phone Number
<b>Aetna EPO</b>	EPO	(800) 445-8742
<b>CIGNA HealthCare</b>	HMO	(800) 244-6224
<b>DC 37 Med-Team</b> (DC 37 members only)	PPO	(800) 624-2414
<b>Empire EPO</b>	EPO	(800) 767-8672
<b>Empire Blue Access Gated EPO</b>	EPO	(833) 924-1055
<b>GHI-CBP/Empire BlueCross BlueShield</b>	PPO	
GHI Emblem Health		(800) 624-2414
Empire BlueCross BlueShield		(800) 433-9592
<b>GHI HMO</b>	HMO	(877) 244-4466
<b>HIP HMO</b>	HMO	(833) 269-4653
<b>HIP Prime POS</b>	PPO	(800) 447-6929
<b>MetroPlus Gold</b>	HMO	(877) 475-3795
<b>Vytra Health Plans</b> (underwritten by HIP Health Plan)	HMO	(800) 448-2527

<https://www1.nyc.gov/site/olr/health/summaryofplans/summaryofplanshome.page#employeeplans>

# EMPLOYEE HEALTH PLAN RATES

## EMPLOYEE Health Plan Rates as of September 2023 (Rates are subject to change)

These rates are in effective September 1, 2023 and will be reflected as of your first full payroll period in September 2023

### BI-WEEKLY

INDIVIDUAL	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold (Grandfathered)	MetroPlus Gold (Standard)	Vytra
Basic	\$211.07	\$704.61	\$0.00	\$278.43	\$548.78	\$0.00	\$130.70	\$0.00	\$0.00	\$559.92	\$0.00	\$0.00	\$104.08
Prescription Drugs	\$1,029.22	\$193.82	\$0.00	\$226.63	\$226.63	\$39.59	\$229.18	\$168.09	\$49.89	\$196.47	\$128.05	\$63.77	\$195.41
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.90	\$0.00	\$4.75	\$4.75	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$1,240.29</b>	<b>\$898.44</b>	<b>\$0.00</b>	<b>\$505.06</b>	<b>\$775.41</b>	<b>\$42.49</b>	<b>\$359.88</b>	<b>\$172.84</b>	<b>\$54.64</b>	<b>\$756.39</b>	<b>\$128.05</b>	<b>\$63.77</b>	<b>\$299.49</b>
FAMILY	Aetna EPO	CIGNA	DC37 Med Team	Empire Blue Access Gated EPO	Empire EPO	GHI-CBP/EBCBS	GHI HMO	HIP HMO Gold Preferred Plan (Grandfathered)	HIP HMO Gold Preferred Plan (Standard)	HIP POS	MetroPlus Gold (Grandfathered)	MetroPlus Gold (Standard)	Vytra
Basic	\$876.83	\$1,880.70	\$0.00	\$788.36	\$1,393.84	\$0.00	\$375.67	\$0.00	\$0.00	\$1,371.83	\$0.00	\$0.00	\$352.09
Prescription Drugs	\$2,910.96	\$586.61	\$0.00	\$555.59	\$555.59	\$72.58	\$584.48	\$411.82	\$91.45	\$481.35	\$320.13	\$116.50	\$508.40
Rider Other*	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7.33	\$0.00	\$11.63	\$11.63	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total (Basic + Rider)</b>	<b>\$3,787.79</b>	<b>\$2,467.32</b>	<b>\$0.00</b>	<b>\$1,343.95</b>	<b>\$1,949.42</b>	<b>\$79.90</b>	<b>\$960.15</b>	<b>\$423.46</b>	<b>\$103.09</b>	<b>\$1,853.18</b>	<b>\$320.13</b>	<b>\$116.50</b>	<b>\$860.49</b>

\* For GHI-CBP/EBCBS, "Rider Other" is for enhanced major medical coverage. For HIP HMO, "Rider Other" is for private duty nursing & durable medical equipment.

\*\*Please note that effective August 1 2021 the grandfathered rider will be closed and the only rider available will be the standard rider.

Note that DC-37 Health and Security Plan will offer prescription drug coverage via Optum Rx at no additional cost

<https://www.nyc.gov/assets/olr/downloads/pdf/health/employee-rates-september-2023.pdf>



# HEALTH INSURANCE BENEFITS

- Supporting Documentation is required in order to enroll dependents in health insurance coverage or the buyout waiver program:
  - Children
    - Birth Certificate
  - Spouse
    - Government issued Marriage Certificate
    - If married for more than one year, a Federal Tax Return for the last two years (first page only)

OR

Proof of Joint Ownership issued within the last six months (e.g. mortgage statement, lease agreement, utility bills, bank statement, credit card statement, property tax statement)

- Domestic Partnership\*: Domestic Partnership Registration Certificate and Proof of Joint Ownership if more than one year. Also complete the PSC Application for Domestic Partners

\*There is a mandated tax per payroll deductions\*

For tax purposes, the cost of providing health and supplemental insurance to a domestic partner is imputed income. The amount is calculated by CUNY's University Benefits Office, the Welfare Fund, and the NYC Office of Labor Relations and will be reflected on your W-2 statement. (Domestic Partner Unit 212-306-7605)

# HEALTH INSURANCE BENEFITS

## ❑ Health Benefits Buy-Out Waiver

- Eligible employees receive a cash incentive payment for waiving their City health benefits if non-City group health coverage is available to them (e.g., a spouse's/domestic partner's plan, coverage from another employer).
- If enrolling, complete the [health benefits application](#), [buy-out waiver form](#), and submit a copy of your appointment letter.
  - \$500 per year for those waiving individual coverage
  - \$1,000 per for those waiving family coverage

## ❑ Double City Coverage Prohibited

- No person can be covered by two City health contracts at the same time. In other words, no person can be covered as both an employee/retiree and a dependent of another City employee/retiree at the same time.
- Eligible dependent children must be enrolled as dependents under one City contract. If either a spouse or a domestic partner, or eligible dependent, is enrolled as a dependent of the other, the spouse/domestic partner/eligible dependent may pick up coverage in their own name if the other's contract is terminated.

# HEALTH INSURANCE BENEFITS

## Change in Status – Adding or Dropping Dependents

- Qualifying Life Event: Within 30 days after the event date
  - Changes include adding a dependent due to marriage, domestic partnership, birth or adoption of a child, and to drop dependents due to death, divorce, termination of domestic partnership, or a child reaching an ineligible age.

## Annual Enrollment (Fall Transfer Period)

- A Health Benefits Transfer Period is held once each year for coverage effective January 1st of the following year. During this period, you may transfer from your current health plan to any other plan for which you are eligible, or you may add or drop Optional Rider coverage in your current plan. If you previously waived health insurance coverage, you may elect coverage during this period.

# WELFARE FUND BENEFITS

- Provided through the DC-37 Health & Security Plan
- [https://www.dc37.net/benefits/benefits\\_all](https://www.dc37.net/benefits/benefits_all)

District Council 37 AFSCME AFL-CIO New York City's Largest Public Employee Union

News & Events Info: (212) 815-7555

HOME ABOUT ORGANIZING NEWSROOM BENEFITS SERVICES CONTRACTS POLITICS CONTACT US

LATEST NEWS > Engage and empower our union! To volunteer in Community Outreach programs, click here. SEARCH THIS SITE

Home > Benefits

## Benefits

- [CLICK HERE for the New DC 37 H&S Plan Your Benefits Update – Volume 1.](#)

**ATTENTION**

### Important Information About Your DC 37 Health & Security Plan Benefits During COVID-19

See Info on Prescription Drugs, MELS, PSU, Dental Centers, Audiology Services, Optical vouchers and more.

Select from the following benefits offered by District Council 37 to its members.

**Health & Security H&S FORMS**

LEARN MORE

**Education Free Courses**

LEARN MORE

**Benefits At A Glance**

LEARN MORE

### BECOME A MEMBER

Click Here to Join

#### DC 37 BENEFITS

- Health & Security Benefits
- Health Insurance Plans
- Education
- Legal Services
- Med Team
- Annuity Plan
- Benefits At A Glance

#### DC 37 BLOG

### DC 37 NEWS, EVENTS and SERVICES YOU CAN USE in JULY

June 29, 2023

THE DC 37 GREEN JOBS TRAINING PROGRAM IS BACK AND IT'S EXPANDING! The DC37 Education Fund is happy to announce the Green Jobs Training Expansion Program, a grant-funded training program for eligible DC 37 members to receive free, hands-on instruction in areas of need within the green economy and energy sector. Training courses

# DC-37 WELFARE FUND BENEFITS

- Health & Security Benefits (“H&S Benefits”)
- H&S Benefits available to you and your dependents:
  - Dental Benefit
  - Prescription Drug Benefit
  - Vision Care Benefit, including Supplemental Optical Benefit
  - Catastrophic Medical
  - Second Surgical Consultation
  - Health & Pension Counseling
  - Personal Service Unit (Social Service Crisis Intervention)
  - Survivor Benefit
  - Municipal Employee Legal Services Benefit

# DC-37 WELFARE FUND BENEFITS

Benefits available only to you (the employee):

Death Benefit

Accidental Death and Dismemberment Benefit

Disability Benefit

Audiology

Podiatry

Education Benefits

Education benefits are available ONLY to you (the employee).

# FLEXIBLE SPENDING ACCOUNTS (FSA) (IF ELIGIBLE FOR HEALTH BENEFITS)

- ❑ Allows enrollees to deposit a portion of their pre-tax income into accounts maintained for certain health and dependent care expenses
  - the Health Care Flexible Spending Account (HCFSA) Program (\$260 to \$3,050 in 2023)
  - the Dependent Care Assistance Program (DeCAP) (\$500 to \$5,000 in 2023)
  
- ❑ New Enrollments must be completed within 30 days from health benefits eligibility date.
  
- ❑ Annual Enrollment period will be effective January 1<sup>st</sup> of the following year. You must re-enroll each year.
  
- ❑ For more information, visit: <https://www1.nyc.gov/site/olr/fsa/fsahome.page>  
(There is a \$48 yearly administrative fee associated with each account)

# TRANSIT BENEFIT

## Edenred

Use pre-tax earnings to cover certain public transportation costs:

- Commuter Card
- Transit Pass
- Access-A-Ride/Paratransit
- Park-n-Ride

You must submit a transit enrollment form prior to registering for your account at login.commuterbenefits.com using company ID: CUNY

Learn more here: <https://www.cuny.edu/about/administration/offices/hr/benefits/transit-benefit-senior-colleges-central-office-edenred/>



# NY 529 COLLEGE SAVING PROGRAM

- ❑ The 529 College Savings Plan is a federally tax-deferred investment account you can use for higher-education savings.
- ❑ Accounts may be opened on behalf of a child, grandchild, friend, or even yourself (as long as the beneficiary must be a U.S. citizen or resident alien with a valid Social Security number or other taxpayer identification number).
- ❑ New York State taxpayers can save \$5,000 per year per person; married couples filing jointly can save \$10,000. There is a management fee of 0.12% of your accounts.
- ❑ When enrolling, 529 payroll authorization forms must be submitted with a direct deposit form to the Office of Human Resources.
- ❑ For more information, visit: <https://www.nysaves.org/home.html>

# PAID TIME OFF

Employees are afforded annual leave, sick leave, and a variety of other leaves. You may track your time and leave balances via [PRAssist](#)\*.

For new employees:

Annual leave – accrue 1 hour for every 15 hours worked

Sick leave – accrue 1 hour for every 20 hours worked

For the first three fiscal years (July 1 – June 30), annual leave may accrue but not be used until 500 work hours is reached.

Any annual leave balances should be used by the end of fiscal year (June 30). Unused annual leave will be paid out at the end of fiscal year.

Sick leave balances not used by the end of the fiscal year will be carried over into the following fiscal year.

Please contact your timekeeping team for further details at [PRAssist.timeandleave@baruch.cuny.edu](mailto:PRAssist.timeandleave@baruch.cuny.edu)

\*PRAssist may only be accessed while on the Baruch College network or through the VPN via GlobalProtect

# -LEAVES- FAMILY AND MEDICAL LEAVE ACT (FMLA)

College Assistants are not eligible for Family and Medical Leave Act (FMLA) due to their part-time status.

Note the following:

- Employees absent from work for 3 or more consecutive days due to illness are required to bring in a note from their health care provider.
- Employees who are absent from work for more than 5 consecutive days due to illness must file non-FMLA forms

# -LEAVES- COVID-19 NEW YORK SICK LEAVE

- Employees who are subject to a mandatory or precautionary order of quarantine or isolation due to COVID 19 are provided with at minimum 5 days of paid sick leave at their regular rate of pay with no charge to their accruals.
- Employees who can work remotely and are not experiencing symptoms are not eligible for this benefit.
- [COVID-19 New York Sick Leave Reference Guide](#)

# -LEAVES- PAID FAMILY LEAVE (PFL)

New York State Paid Family Leave Benefits (PFL) are available for certain Staff Titles through Collective Bargaining Agreements. PFL is an employee-funded insurance policy that provides job protected, paid time-off to:

- Bond with a newly born, adopted or fostered child;
- Care for a family member with a serious health condition;
- Assist loved ones when a family member is deployed in a foreign country on active military service.

Eligible employees must be on a leave without pay status before receiving PFL benefits provided by the Standard.

PFL will pay for up to 12 weeks of leave in any 52-week period at 67% of the employee's average weekly wage, not to exceed 67% of the State Average Weekly Wage.

<https://paidfamilyleave.ny.gov/>

# -LEAVES- WORKER'S COMPENSATION

You are covered for workers' compensation benefits if you suffer a job-related injury or illness

- <https://hr.baruch.cuny.edu/workers-comp/>

# JURY DUTY

- Employees on Jury Duty must submit a copy of the certificate of service once the service is completed. Submit the certificate with the application for leave for special purposes.
- College Assistants are paid \$40 per day, for up to 3 days, for the time they are on Jury Duty.
- If employee receives a check for Jury Duty service, it must be submitted to the Controller's Office.

# CREDIT UNIONS

Pentagon Federal Credit Union	Municipal Credit Union (MCU)
<ul style="list-style-type: none"><li>• High interest on savings</li><li>• Payroll deduction</li><li>• CDs and IRA accounts at favorable rates</li><li>• Loans</li><li>• Insurance</li><li>• Visa</li><li>• Share drafts (checking)</li><li>• Automatic teller machine (ATM) cards</li><li>• Automated clearing house</li><li>• Home banking</li><li>• Online bill-payer services</li> <li>• For more information, visit: <a href="https://www.penfed.org/">https://www.penfed.org/</a></li></ul>	<ul style="list-style-type: none"><li>• Checking and savings accounts</li><li>• Visa cards</li><li>• Mortgages</li><li>• Loans</li><li>• ATM access</li><li>• Money market accounts</li><li>• Individual retirement accounts</li> <li>• For more information, visit: <a href="https://www.nymcu.org/">https://www.nymcu.org/</a></li></ul>



# EMPLOYEE ASSISTANCE PROGRAM

- Provided by CCA@YourService
- Designed to help employees balance their personal and professional life
- Offers eight confidential short-term counseling sessions at no cost to the employee or their family
- The program consists of professional counselors who are experts in their field.
- Additional services include:
  - Emotional Well-Being
  - Health & Wellness
  - Legal Resources and Consultation
  - Daily Living and Convenience
  - Financial Resources and Consultation
  - Work/Life Balance
- For more information, visit: [www.myccaonline.com](http://www.myccaonline.com) or call 800-833-8707 – **Company Code: CUNY**

# MANDATORY TRAININGS

## ☐ Workplace Violence

- In compliance with New York State law and the City University of New York Campus and Workplace Violence Prevention Policy, all CUNY employees are required to complete training in workplace violence awareness and prevention at least once each academic year.
- This training is available to employees via CUNY Blackboard. Once in Blackboard, the link to complete the training can be found in the *My Organization* section.
- New employees are registered for the course within 30 days of their first day of work and will receive a notice from their Human Resources Office with instructions for accessing the course.

## ☐ Sexual Misconduct Prevention and Response Course (E-SPARC)

- New York State Law requires employees to complete the Employee Sexual Misconduct Prevention and Response Course (E-SPARC) at least once every academic year.

<https://hr.baruch.cuny.edu/training-and-development/>

# NEXT STEPS

- Review Summary Plan Description and Pension Comparison Chart
- Complete and return all enrollment forms within 30 days of your date of hire.
- Forms to be returned:**
  - Retirement Program Election
  - Health Benefits Application (with supporting documents)
  - DC-37 Health and Security Plan Enrollment

Submit these documents via our Dropbox link:

<https://www.dropbox.com/request/V82KrJmoqxqgIYiyXJKH>

# ADDITIONAL RESOURCES

- [Benefits Summary](#)
- [Time and Leave Summary](#)
  
- Best contact for most inquiries: [Human.Resources@baruch.cuny.edu](mailto:Human.Resources@baruch.cuny.edu)
- Payroll Inquiries: [baruchpayroll@baruch.cuny.edu](mailto:baruchpayroll@baruch.cuny.edu)
- Timekeeping Inquiries: [PRAssist.timeandleave@baruch.cuny.edu](mailto:PRAssist.timeandleave@baruch.cuny.edu)
- Baruch Computing and Technology Center (BCTC): [main page](#); [helpdesk@baruch.cuny.edu](mailto:helpdesk@baruch.cuny.edu) ;

Baruch College Office of Human Resources  
135 E 22<sup>nd</sup> St, 2<sup>nd</sup> Fl  
New York, NY 10010

Phone Number: 646-660-6590

Fax Number: 646-660-6614

<https://baruch.cuny.edu/hr>



# Health Benefits Program

## Employee Application/Change Form

www.nyc.gov/oir

Centralized NYCAPS agency/H-H employees MUST complete the Health Benefits Application through their employee self service.  
 Non-Centralized agency employees MUST complete this form and return it to their agency Human Resources Office.  
 Domestic Partner Changes - Return form to: Health Benefits Program 22 Cortlandt Street, 12th Floor, New York, NY 10007

Please print all information clearly using a black or blue ballpoint pen. See reverse for instructions.

**REASON(S) FOR SUBMISSION (Check one or more boxes. Enter change date, if appropriate)**

**A.  New Enrollment**  
 Reinstatement  
 Add Optional Benefits\* \*Please indicate Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Drop Optional Benefits\*  
 Waive Benefits\*  
 Buy-Out Waiver Program  
COMPLETE SECTIONS D, E, F & H  
 YOU MUST ALSO COMPLETE THE MSC  
 BUY-OUT WAIVER FORM

**B. Change of (see page 3 for required documentation):**  
 Spouse/Domestic Partner:  Add  Drop  
 Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Dependent Child(ren):  Add  Drop  
 Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Change of Name - Former Name: \_\_\_\_\_  
\*Attach legal documents

**C. Transfer of Health Plan and/or Optional Rider Benefits Based on:**  
 Transfer Period  
 Move Into/Out of Health Plan Area  
 Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 HIP/HMO Exemption  
 Transfer after HIP/HMO Mandate at Enrollment

**D. EMPLOYEE INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Employee Payroll ID# \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country (if outside the U.S.): \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  O  N  O Work - Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/Home - Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Marital:  Single  Married  Divorced  Widowed  Domestic Partnership  Widowed Date of Event (wed/div): \_\_\_\_/\_\_\_\_/\_\_\_\_ Agency/Institution (Name of agency not division): **Baruch College** Union or Welfare Fund: **DC-37**  
 Name of current City Health Plan: \_\_\_\_\_ Name of new City Health Plan (if changing): \_\_\_\_\_

**E. SPOUSE/DOMESTIC PARTNER - ONLY COMPLETE IF YOUR SPOUSE/DOMESTIC PARTNER IS TO BE COVERED. IF NOT, LEAVE BLANK.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Gender:  M  F  O  N  O Does spouse/domestic partner have City coverage?  Yes  No  Employed (Double City coverage is not permitted)  Not Employed  City Agency Name: \_\_\_\_\_  Non-City Related  
 Does spouse/domestic partner have Non-City group health plan?  Yes  No Is your domestic partner Medicare eligible?  Yes  No  
 If YES, please attach a copy of his/her Medicare card to this application. **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 dependent children. Indicate if you are adding or dropping coverage by checking the appropriate box below (CUNY Adjunct are eligible for individual coverage only. Contact your benefits office for information about family coverage.)

Dependent's Last Name	Dependent's First Name	Date of Birth	Social Security Number	Gender M/F/O	ADD COVERAGE	DROP COVERAGE	PERMANENTLY DISABLED
		__/__/__	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		__/__/__	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		__/__/__	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		__/__/__	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		__/__/__	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G. HEALTH PLAN ELECTION (Please print clearly)**  
 Newly hired employees on or after October 1, 2022 for 365 days:  HIP/HMO Basic  HIP/HMO Rider  
 FULL NAME OF HEALTH PLAN SELECTED: \_\_\_\_\_  
 Optional Rider Benefits? (Check "Yes" or "No" for optional rider benefits. If no box is checked, it will be presumed that you do not want optional rider benefits.)  YES  NO

**H. FOR THE HEALTH BENEFITS BUY-OUT WAIVER PROGRAM**  
 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. I understand that if I do not complete the MSC Form, I will not be eligible to receive payments. (Line of Duty Survivors and CUNY Adjunct employees are not eligible.)  
 Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I. TO PARTICIPATE IN THE HEALTH BENEFITS PROGRAM OR REQUEST CHANGES TO HEALTH COVERAGE**  
 I certify that the above information is correct and I authorize the City to deduct from my salary the amount required, if any, through the City Health Benefits Program. Furthermore, I agree that my 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.  
 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may leave the Employee Payroll ID field blank

# ENROLLMENT FORM

(PLEASE READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM)

(PRINT OR TYPE IN BLACK INK AND IN CAPITAL LETTERS)

## SECTION A: MEMBER'S INFORMATION

SOCIAL SECURITY NUMBER		LAST NAME		FIRST NAME		MI
DATE OF BIRTH MONTH / DAY / YEAR		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF HIRE MONTH / DAY / YEAR		DEPT./AGENCY <b>Baruch College</b>
HOME STREET ADDRESS			APT. NO.	HOME PHONE ( ) -		
CITY		STATE	ZIP CODE	CELL PHONE ( ) -		
CURRENT STATUS Please check one box.	NOTE: A date is required if an option other than single is selected		EDUCATION LEVEL: (Circle One) College 1yr 2yr 3yr BA BS Other _____		WORK PHONE ( ) -	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	High School Diploma or Equiv: <input type="checkbox"/> Yes <input type="checkbox"/> No		Home E-Mail Address (Optional)			
<input type="checkbox"/> WIDOWED <input type="checkbox"/> DOMESTIC PARTNER <input type="checkbox"/> SINGLE	If no High School Diploma, (Circle One) Highest Year Completed: 4 5 6 7 8 9 10 11					

If you enroll any dependents, spouse or domestic partner, it is mandatory that you attach all required documents (i.e. BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, ADOPTION DOCUMENTS or REGISTRATION OF DOMESTIC PARTNERS) before any benefits will be provided to dependents, spouse or domestic partner.

## SECTION B: SPOUSE OR DOMESTIC PARTNER INFORMATION

SSN OF SPOUSE/DOMESTIC PARTNER		LAST NAME (if Different)		FIRST NAME		MI
DATE OF BIRTH MONTH / DAY / YEAR		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		NAME OF EMPLOYER		DATE OF HIRE MONTH / DAY / YEAR
WORK ADDRESS			ZIP CODE	WORK PHONE ( ) -		
NAME OF SPOUSE/DOMESTIC PARTNER'S UNION/LOCAL # IF APPLICABLE				PHONE No. of SPOUSE/DOMESTIC PARTNER'S UNION/LOCAL ( ) -		
ADDRESS/ZIP CODE OF SPOUSE/DOMESTIC PARTNER'S UNION/LOCAL # IF APPLICABLE						
Benefit	Name of Insurer	Address/Zip Code of Insurer	Phone # of Insurer	Policy #	Coverage Individual or Family	
Drug						
Dental						
Health Insurance						

## SECTION C: DEPENDENT INFORMATION (NOTE - If there are additional dependents, please list on a separate page.)

DEPENDENT SS#	FIRST NAME	LAST NAME (if Different)	DATE OF BIRTH MONTH / DAY / YEAR	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RELATIONSHIP <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-SON <input type="checkbox"/> STEP-DAUGHTER	OTHER: _____			
DEPENDENT SS#	FIRST NAME	LAST NAME (if Different)	DATE OF BIRTH MONTH / DAY / YEAR	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RELATIONSHIP <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-SON <input type="checkbox"/> STEP-DAUGHTER	OTHER: _____			
DEPENDENT SS#	FIRST NAME	LAST NAME (if Different)	DATE OF BIRTH MONTH / DAY / YEAR	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RELATIONSHIP <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-SON <input type="checkbox"/> STEP-DAUGHTER	OTHER: _____			
DEPENDENT SS#	FIRST NAME	LAST NAME (if Different)	DATE OF BIRTH MONTH / DAY / YEAR	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RELATIONSHIP <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEP-SON <input type="checkbox"/> STEP-DAUGHTER	OTHER: _____			

## SECTION D: DEATH BENEFITS TO BE PAID TO

1) BENEFICIARY(IES): If more than one primary beneficiary is named, the Death Benefit will be divided equally among them, unless otherwise indicated.

LAST NAME OF BENEFICIARY		FIRST NAME		MI
BENEFICIARY ADDRESS			APT. #	CITY
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	DATE OF BIRTH (MONTH / DAY / YEAR)
LAST NAME OF BENEFICIARY		FIRST NAME		MI
BENEFICIARY ADDRESS			APT. #	CITY
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	DATE OF BIRTH (MONTH / DAY / YEAR)

2) CONTINGENT BENEFICIARY(IES) In the event the primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies).

LAST NAME OF BENEFICIARY		FIRST NAME		MI
BENEFICIARY ADDRESS			APT. #	CITY
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	DATE OF BIRTH (MONTH / DAY / YEAR)
LAST NAME OF BENEFICIARY		FIRST NAME		MI
BENEFICIARY ADDRESS			APT. #	CITY
STATE	ZIP CODE	TELEPHONE NUMBER	RELATIONSHIP	DATE OF BIRTH (MONTH / DAY / YEAR)

NOTE: If there are additional beneficiaries, please list on a separate page.

ATTENTION: I attest that the information entered on this form is true and accurate and I understand that I and my family may lose benefit coverage if any of the information given on this form is false.

X \_\_\_\_\_  
MEMBER/EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

## The City University of New York Information Regarding Pension System Membership

### I. Full-Time Instructional Staff (Including Higher Education Officers, Teaching Faculty, Librarians, Registrar Series Employees, Counselors, Executive Compensation Program and Substitute titles):

All full-time Instructional Staff are eligible for membership in either the Optional Retirement Program (ORP), which refers to membership in TIAA-CREF and the Alternate Funding Vehicles after vesting, or the Teachers' Retirement System of the City of New York (TRS). In some cases, an employee who is already a member of the New York City Employees' Retirement System (NYCERS) and who is appointed to a full-time Instructional Staff position may retain membership in NYCERS 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 or Visiting Professor titles, is mandatory for all full-time Instructional Staff. Substitutes can join the ORP or TRS (unless they are Transferred Contributors of another public pension).

New Instructional Staff who are NYCERS members on a leave of absence from a civil service position must make an election to remain in NYCERS until they have relinquished their leave. The employee has thirty (30) days to: 1) elect to remain in NYCERS as a "Transferred Contributor" and must resign the underlying title; 2) transfer to TRS with no need to resign the underlying title; or 3) elect membership in the ORP with no need to resign the underlying title.

- 1) Remain a NYCERS member**, you must resign your NYCERS-eligible position and complete a Transferred Contributor Affidavit (download from [www.nycers.org](http://www.nycers.org)). You must notify your Human Resource officer of your resignation in writing then send the affidavit, along with proof of resignation to your Benefits Officer. They will send verification of your resignation along with other documents to NYCERS. **Choosing "Transferred Contributor" status means that you will be renouncing any present or prospective benefit from any other New York City public employee retirement system.**
- 2) Join TRS and then transfer your NYCERS membership**, complete a TRS membership application (download from [www.trsnyc.org](http://www.trsnyc.org)) and submit it to TRS. To transfer your NYCERS membership, complete NYCERS' Transfer Form #321 (download from [www.nycers.org](http://www.nycers.org)) and submit it to your Benefits Officer. **Please be advised that you are not required to resign your NYCERS eligible position if you choose this option.**
- 3) Join ORP**, if you choose TIAA-CREF and are transferring from a NYCERS eligible title, there is no need to resign your underlying position.

Any member of NYCERS as long as they resign from NYCERS, who is eligible to elect membership in the ORP, may be able to retain rights to a NYCERS retirement benefit, even if normal vesting time frames have not been met, provided contributions to the pension system are not withdrawn.

By law, Instructional Staff participating in the ORP who are reclassified must remain a member of the TIAA-CREF pension system, unless there is a break in service. However, Instructional Staff enrolled in the ORP who transfer from full-time status to part-time status must remain in the ORP.

### II. Full-Time Classified Staff:

All full-time Classified Staff are required to join the New York City Employees' Retirement System six months after gaining permanent status. (Those in provisional status may elect to join earlier). Classified Managerial are also given the opportunity to join the ORP upon appointment to their position pursuant to the rules cited in section I.

My signature below indicates that I have read the information above and have consulted with my College Human Resources Office regarding any questions concerning my pension system options and rights.

Signature	Name (print)	Date	HR Office Verification

*The information provided 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 Staff / Civil Service Managers**

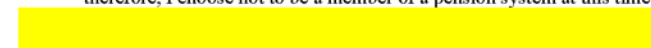
This form is to be used for eligible employees of CUNY who are appointed, promoted, transferred or re-classified to an eligible Full-time Staff / Classified Managerial position. For those electing the Optional Retirement Program (ORP), this election form must be accompanied by proof of online enrollment with TIAA-CREF. New employees who do not complete the election process within the statutory time frame noted in the attached information sheet are by law forced into membership with TRS or, if Classified Managerial, into NYCERS.

<b>Section 1: Personal Information</b>	
Name: _____	Last four digits of Social Security Number: _____
Home Address: _____	
College: _____	Job Title: _____ Pension Member # (if any): _____

**Section 2: Election of Retirement Program**

Having received written notification of my retirement system options and having satisfied myself as to the desired retirement system 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 system as specified below: (check one only)

- 1)  **The Optional Retirement Program (ORP) – For Instructional Staff Only (must enroll online).**  
I have attached the TIAA-CREF Retirement Annuity Application.
  - a) *Visiting Professors- Have the option to join TIAA-CREF if they work at least 50% of a full-time schedule and have a pre-existing vested open account with the TIAA/CREF retirement system.*
  - b) *Substitute Titles –Have the option to join TIAA-CREF.*
  
- 2)  **Teachers' Retirement System of The City of New York – For Instructional Staff Only**
  - a) *Visiting Professors or Substitute Titles–Have the option to join TRS as of January 2004.*
  - b) *Non-Teaching Adjuncts – Have the option to join TRS as of February 2002.*
  - c) *If already a member of TRS as a “Transferred Contributor” through a former position in public service, you may elect to remain in TRS.\**
  - d) *Visiting Professors can join TRS, if they have a current account open with TRS.*
  
- 3)  **The New York City Employees' Retirement System – Classified Managerial Only**
  - a) *If already a member of the NYCERS as a “Transferred Contributor” through a former position in public service, you may elect to remain in NYCERS.\**
  
- 4)  **The Board of Education Retirement System\*** (for current members only);
  
- 5)  I have been appointed to a **Substitute or Visiting Professor** title and opt not to join the ORP or TRS; therefore, I choose not to be a member of a pension system at this time.

			
Signature	Name (Print)	Date	HR Office Verification

**\*Those participating as Transferred Contributors please check here**

If enrolling in NYCERS,  
please also complete the NYCERS  
online enrollment at [nycers.org](http://nycers.org)



# Q&A