BENEFITS Enrollment Guidelines Click on any web address in the table to go directly to that website.

BENEFIT	IS ENROLLMENT REQUIRED?	CAN I ENROLL ON SELF SERVICE?	IS PAPER ENROLLMENT AN OPTION?
Health Insurance Dental Insurance Vision Insurance	Yes, even if you are electing to decline covera	eYes, during the initial 60 days of eligible employment, marriage or birth/adoption of a child; and annually during Open Enrollment. Enrollment at any other time must be done via paper enrollment form.	Yes. Use the RF Benefits Enrollment form.
Basic Life and AD&D Coverage	No, coverage is automatic.	Yes and no. Coverage is automatic, so you will not have to enroll, but you may designate or change beneficiaries during the initial 60 days of eligible employment and annually during Open Enrollment. Beneficiary changes at any other time must be made via paper enrollment form.	Yes and no. Coverage is automatic, so you will not have to enroll, but you may designate or change beneficiaries using the RF Benefits Enrollment form.
Optional Life and AD&D Coverage	Yes.	Yes, during the initial 60 days of eligible employment. At any other time, coverage and beneficiary changes must be made via paper enrollment form.	Yes. Use the RF Benefits Enrollment form. Evidence of insurability is also required for coverage increases and late enrollments.
Optional Dependent Life and AD&D Coverage	Yes.	Yes, during the initial 60 days of eligible employment. At any other time, coverage changes must be made via paper enrollment form.	Yes. Use the RF Benefits Enrollment form and Optional Dependent Life Enrollment form. Evidence of insurability is required for dependent or spouse coverage greater than \$20,000 and for coverage changes.
NY SDI/ PFL	No, coverage is automatic.	No, coverage is automatic.	No, coverage is automatic.
Voluntary Short- Term Disability	Yes.	Yes, during the initial 60 days of eligible employment. At any other time, coverage changes must be made via paper enrollment form.	Yes. Use the RF Benefits Enrollment form and Voluntary Short-Term Disability Enrollmen form. Evidence of insurability is also required for coverage increases and late enrollments.
Long-Term Disability	No, coverage is automatic.	No, coverage is automatic.	No, coverage is automatic.
Basic Retirement	No. Contributions begin automatically after you satisfy the eligibility requirements.	No. However, you should log on to the vendor website (www.tiaa.org/rfsuny) to designate your beneficiary and/or if you would like to choose an investment option other than the default (age-based target date fund).	No. However, you should log on to the vendor website (www.tiaa.org/rfsuny) to designate your beneficiary and/or if you would like to choose an investment option other than the default (age-based target date fund).
Optional Retirement	Yes.	Yes, at any time during the year. However, you should log on to the vendor website (www.tiaa.org/rfsuny) to designate your beneficiary and/or if you would like to choose an investment option other than the default (age-based target date fund).	Yes. Use the RF Salary Reduction Agreement form. However, you should log on to the vendor website (www.tiaa.org/rfsuny) to designate your beneficiary and/or if you would like to choose an investment option other than the default (age-based target date fund).
Deferred Compensation (special eligibility rules apply)	Yes.	No. Paper enrollment form only.	Yes. Complete the voluntary salary deferral agreement and the TIAA enrollment form.
Health and Dependent Care Flexible Spending Accounts	Yes.	Yes, during the initial 60 days of eligible employment and annually during Open Enrollment. At any other time, coverage changes must be made via paper enrollment form.	Yes. Use the Flexible Spending Account Enrollment form.
RF Ride Transit Benefit	Yes.	Yes, but log in via the vendor website (www.payflex.com).	No.



BENEFITS How to View Your Benefits

4

GO TO: Employee Self Service Home > Main Menu > Employee Self Service > My Benefits

- 1. Accept the Legal Disclaimer verifying that you are providing accurate information and click Next.
- 2. On the Dependents and Beneficiaries page, you can review your dependent and beneficiary information. If you need to update this information see *How to Enroll in or Make Changes to Benefits* on the next page. Click Next.
- 3. Select the program you wish to review and click Next.
- 4. Click the **Current Benefits** tab and use the drop-down menu to select the effective date of the benefits you would like to review.
- 5. Click Go.

		Program Be	enefits		
÷ G	io				
	Coverage Start		Emp	Emp After	
Option	Date	Coverage	Pretax		RF Cos
					262.03
1					14.69
EE Only		- mons			1.9
	01-Jul-2012	50000.00	0.00	0.00	2.4
	29-Jan-2012		0.00	0.00	2.03
	01-Jan-2013		0.00	0.00	6.89
Dollar Amount	01-Jan-2012	2500.00	96.15	0.00	0.00
4X Salary	01-Jul-2012	160000.00	0.00	7.04	0.0
n \$400 Weekly Income	29-Jan-2012	400.00	0.00	6.80	0.0
		Total	133.51	13.84	289.98
				Upd	
	ity Number Primary			Benerie	ciaries
	Option EE Only EE Only EE Only Dollar Amount 4X Salary \$400 Weekly	Coverage Start Date EE Only 12-Feb-2012 EE Only 01-Jul-2012 EE Only 01-Jul-2012 EE Only 01-Jul-2012 01-Jul-2012 01-Jul-2012 01-Jul-2012 01-Jul-2012 01-Jan-2013 01-Jan-2013 Dollar Amount 01-Jan-2012 4X Salary 01-Jul-2012 \$400 Weekly 29-Jan-2012	Coverage Start Date Coverage EE Only 12-Feb-2012 Coverage EE Only 01-Jul-2012 Image: Coverage 01-Jul-2012 01-Jul-2012 Image: Coverage 01-Jul-2012 1mage: Coverage Image: Coverage 01-Jul-2012 1mage: Coverage Image: Coverage 01-Jul-2012 1mage: Coverage Image: Coverage 01-Jul-2013 Image: Coverage Image: Coverage 01-Jan-2013 1mage: Coverage: Coverage Image: Coverage: Cov	Coverage Start Date Coverage Pretax EE Only 12-Feb-2012 35.73 EE Only 01-Jul-2012 1.63 EE Only 01-Jul-2012 0.00 01-Jul-2012 50000.00 0.00 01-Jul-2012 0.00 0.00 01-Jul-2012 50000.00 0.00 01-Jan-2013 0.00 0.00 Dollar Amount 01-Jan-2012 160000.00 0.00 4X Salary 01-Jul-2012 400.00 0.00	÷ Go Option Coverage Start Date Coverage Emp Pretax Emp After Tax EE Only 12-Feb-2012 35.73 0.00 EE Only 01-Jul-2012 1.63 0.00 EE Only 01-Jul-2012 0.00 0.00 01-Jul-2012 50000.00 0.00 0.00 01-Jul-2012 50000.00 0.00 0.00 01-Jan-2013 0.00 0.00 0.00 Dollar Amount 01-Jan-2012 2500.00 96.15 0.00 4X Salary 01-Jul-2012 16000.00 0.00 6.80 Income Total 133.51 13.84



BENEFITS How to Enroll in or Make Changes to Benefits

GO TO: Employee Self Service Home > Main Menu > Employee Self Service > My Benefits

- 1. Accept the Legal Disclaimer verifying that you are providing accurate information and click Next.
- On the Dependents and Beneficiaries page, you can add a or update your dependent and beneficiary information.
 To add dependents and/or beneficiaries:

Tip! Before getting started, be sure you have your dependent's or beneficiary's full legal name, date of birth and Social Security number (if one has been assigned).

- a. Click Add Another Person.
- b. Enter information in all the required (*) fields following the guidelines below. Social Security numbers are required unless your dependent has not yet been issued one.

If you are a new employee, the relationship start date is your date of hire.

If you have a new child, the relationship start date is your child's date of birth/adoption.

If you are adding a spouse, the relationship start date is your date of marriage.

If you have dependent changes for any other reason, contact your campus Benefits Office.

- c. Click **Apply** at the bottom of the screen to save your changes.
- d. Repeat these steps to add more dependents or

beneficiaries. Continues next page >>

📅 Navigator 🔻 🛛 🙀 Favorites 🔻 Diagnostics Home Logout Preferences Help **Dependents and Beneficiaries** Name Pat Smith Cancel Next Add Another Person Name Relationship Social Security Number **Birth Date** Update No results found. Cancel Next Diagnostics Home Logout Preferences Help About this Page RF Business Applications User Help Copyright (c) 2006, Oracle. All rights re

Be very careful to enter your correct relationship start date. An error in this early step will create issues throughout your enrollment process that may force you to re-start or disqualify your enrollment.

SUNY (RF) Employee Self Service

When you add dependents any time after initial or open enrollment ends, your new dependents will need to be certified. When off-cycle changes are necessary to your dependents list due to birth, adoption, or marriage, you must submit legal documentation for the changes. Acceptable proof includes marriage and birth certificates or adoption documentation.

Your campus Benefits Office must receive certification of your dependent changes before coverage will be effective.



BENEFITS How to Enroll in or Make Changes to Benefits Continued

To update information for a current dependent and/or beneficiary:

- a. Click the pencil icon in the row in which the person's name appears.
- b. Update the information as needed.
- c. Click **Apply** at the bottom of the screen to save your changes.
- d. Repeat these steps to update more dependents and beneficiaries.
- 3. When you are finished adding/updating your dependents and beneficiaries, click **Next**.
- 4. Select the **Benefits** program for the following benefits.

Enrolling In	Choose Program Name
Medical, Dental, Vision, Volun-	Benefits
tary Life and AD&D Insurance,	
Voluntary Short-term Disability,	
Flexible Spending Accounts	
Note: Basic Life and AD&D,	
Short-term Disability, Paid	
Family Leave, and Long-term	
Disability are automatic benefits	
and do not require enrollment.	
Unamped transportation benefit	See carrier website to enroll, you will not be able to enroll here.

5. Click Next.

Continues next page >>

Dependents an	d Beneficiaries						
		Name Pat Smith				Cancel Neg	xt
Add Anothe	r Person						
Name	Relationship	Social Security Number	Birth Date	Update			
David Smith	Spouse	001-01-0009	01-Apr-2000	1 🔸	a		
Grace Smith	Child	001-01-0010	27-Jul-2007	1			
						Cancel Nex	



BENEFITS How to Enroll in or Make Changes to Benefits Continued

- 6. On the Benefits Enrollment page is a summary of your current benefit elections. All newly eligible employees will default to "Waived" for Health, Dental and Vision coverage. To make your elections, click Update Benefits on the bottom right. For more information about your options, visit www.rfsuny.org/benefits.
- 7. Use the checkboxes and fields to enter your elections for each benefit. Benefit levels with a certificate icon next to them require certification. Also, some benefits are provided to you automatically at no charge. You will not be able to change those elections.

Tip! Select the pre-tax option to ensure your benefits are exempt from taxes.

If you don't see the benefit options you're looking for, make sure you have added all your dependents and their birth dates. If you go back to add dependents or beneficiaries, your Benefits Enrollment changes will not be saved. If you are not eligible for a certain option and you think you should be, contact your campus Benefits Office.

• Your Dependent Care and/or Health Care Spending elections must be entered annually. The amount you enter for dependent care should not include the employer subsidy. To receive the subsidy, you must check the Dependent Care Spending Employer Subsidy box.

8. When you're ready to elect coverages for specific dependents, click **Next**.

Continues next page >>

is i						
0		(0		-0	
Cover Dependents		Update Be	eneficiaries	Confirmat	ion Statement	
		Des surgers - Base				
iain	Enrollme	ent Period 01.	-JAN-2014 - 02-	Recalculate	Back	Ne
Ontion	Select	Emp Brotay	Emp After Tay	RE Cost		
option	Jerect	Linp Fredax		RI COSL		
EE Only	0	35.73		262.01		
EE + Spouse	0	123.82		500.16		
EE + Child(ren)		97.45		428.87		
EE + Family		195.88		694.99		
EE Only		0.00		0.00		
EE + Spouse		0.00		0.00		
EE + Child(ren)		0.00		0.00		
EE + Family		0.00		0.00		
	0					
	0					
EE + Family	0	164.94		597.13		
EE Only	0	35.24		258.44		
	Cover Dependents Cover	S Cover Dependents Cover Dependents Enrollma Enrollma Enrollma EE Only Select EE + Child(ren) Image: Cover Dependent Select EE Only Image: Cover Dependent Select EE + Child(ren) Image: Cover Dependent Select EE Conly Image: Cover Dependent Select EE Only Image: Cover Dependent Select EE Conly Image: Cover Dependent Select EE + Family Image: Cover Dependent Select EE + Child(ren) Image: Cover Dependent Select EE + Family Image: Cover Dependent Select	S Update Bill Cover Dependents Update Bill Program Bernollment Period 01 MA Enrollment Period 01 Option Select Emp Pretax EE Only 35.73 EE Spouse 123.82 EE Cover Dependents Update Bill EE Option Select Emp Pretax EE Only 35.73 EE EE EE Collage 123.82 EE 125.88 EE Only 0.00 EE Spouse 0.00 EE Spouse 0.00 EE Family 0.00 EE Only 32.66 EE Spouse 106.14 EE Colla(ren) 98.80 EE 106.14 EE Family 106.14 EE Family 104.94	S Update Beneficiaries Cover Dependents Update Beneficiaries Program Benefits Display Display Bain Enrollment Period Benefits Option Select Emp Pretax Emp After Tax EE Only 35.73 EE EE Anly Italian 97.45 EE + Child(ren) 97.45 EE only 0.00 EE + Spouse 0.00 EE + Child(ren) 0.00 EE + Child(ren) 0.00 EE + Child(ren) 98.80 EE + Spouse 106.14 EE + Child(ren) 98.80 EE + Family 164.94	S Option Select Emp Pretax Emp After Tax RF Cost 0 0 0.00 0.00 0.00 0.00 EE Only 35.73 262.01 500.16 EE + Spouse 123.82 500.16 EE + Child(ren) 97.45 428.87 EE Only 0.00 0.00 EE + Spouse 0.00 0.00 EE + Spouse 0.00 0.00 EE + Family 0.00 0.00 EE + Spouse 0.00 0.00 EE + Spouse 0.00 0.00 EE - Child(ren) 98.80 418.32 EE + Spouse 106.14 438.19 EE + Family 0.64.99 418.32	S Cover Dependents Update Beneficiaries Confirmation Statement Program fain Program Enrollment Period Benefits 01.JAN-2014 - 02- MAR-2014 Recalculate Back Option Select Emp Pretax Emp After Tax RF Cost EE 0.01 35.73 262.01 262.01 EE + Spouse 123.82 500.16 EE + Spouse 195.88 694.99 EE Only 0.00 0.00 EE + Spouse 0.00 0.00 EE + Family 0.00 0.00 EE + Family 98.80 418.32 EE + Family 164.94 597.13

Plan	Option	Select	Coverage	Emp Pretax
Health Care Spending Account				
	Dollar Amount		0.00	0.00
Dependent Care Spending Account				
	Dollar Amount	1	500.00 🕦	19.23
Dependent Care Spending Employer Subsidy			700.00	



BENEFITS How to Enroll in or Make Changes to Benefits Continued

- 9. Use the checkboxes to designate which dependents receive which coverages.
- 10. Once you have made your elections, click Next.
- 11. On the Beneficiary Selection page, update your beneficiary designations. Click **Recalculate** to ensure your totals do not exceed 100%.

Tip! If you would like some or all of your benefits to go to your estate, assign the percentage to your own name.

- 12. Once you have entered your beneficiary designations, click **Next**.
- 13. On the Confirmation Statement, you can review your elections to confirm they are accurate.
 - a. **To print your Confirmation Statement**, click **Confirmation Statement**, and then use your browser's print function.
 - **1** You will not have a chance to review your confirmation statement again, so be sure to print it now for future reference.
 - b. To make changes to your elections, click Back.
 - c. To complete the enrollment process, click Finish.

On the Confirmation Statement page, you may see warnings indicating that proper certification is required before coverage can begin for your dependents. Please contact your campus Benefits Office for more details.

Tip! To enroll in Optional Retirement, click the **Change Program** tab at the top of the page to switch the benefits program to Optional Retirement and start at step 3 in the Optional Retirement section.

enefits Enrollment Current Benefits									
0	0			0				0	
Update Enrollments	Cover Depende	ents	Up	date Benefici	aries	(Confirmat	ion Statemen	t
Confirmation Your changes have been saved. To make records.	e additional cha	nges, rel	turn to the Over	view page ar	id repeat the pr	ocess. Ple	ase print	this page for y	our
Confirmation Statement									
Name Pat Smith Event Name 1.0 FTE Ga			Progran nrollment Perioc	01-JAN-2 MAR-201		Bac <u>k</u>	Sta	irmation tement	F <u>i</u> nish
TIP Click Confirmation Statement to get nk when you are ready to leave the applic	a PDF document	t of you	r enrollments. C	lick Finish to	complete the e	nrollment	process,	then click the	Logout
Benefit Selections									
Denem Delections									
				C			F	Frank Affran	
Plan			Option	Coverage 5 Date	Cove	age	Emp Pretax	Emp After Tax	RF Cost
lealthcare - Blue Cross Traditional PPO - Pr	etax		EE + Family				195.88	0.00	694.99
Dental - Dental Plan - Pretax			Family	01-Jul-2014			7.20	0.00	31.38
/ision - Vision Plan			Family	01-Jul-2014			0.00	0.00	4.68
Basic Life - Basic Life and ADD				01-Jul-2014	5000	0.00	0.00	0.00	2.40
Short Term Disability - NYS				29-Jan-2014			0.00	0.00	2.02
ong Term Disability - Long Term Disability				01-Jan-2015			0.00	0.00	6.89
Flexible Spending Accounts - Dependent C		count	Dollar	01-Jan-2014		0.00	19.23	0.00	0.00
texible opending Accounts Dependent of	ne openaning ne	count	Amount	01 501 201			10.25	0.00	0.00
elexible Spending Accounts - Dependent Ca Subsidy	are Spending Em	ployer		01-Jan-2014	F 70	0.00	0.00	0.00	0.00
					T	otal 2	222.31	0.00	742.36
Covered Dependents									
Plan	Option	Covera	ige Start Date	Dependent	Relationship				
Healthcare - Blue Cross Traditional PPO - Pr	etax EE + Family	12-Feb	-2014	David Smith	Spouse				
		12-Feb	-2014	Grace Smith	Child				
Dental - Dental Plan - Pretax	Family	01-Jul-	2014	David Smith					
		01-Jul-3	2014	Grace Smith	Child				
/ision - Vision Plan	Family	01-Jul-		David Smith					
		01-Jul-	2014	Grace Smith	Child				
Beneficiaries									
Plan Option Ben	eficiary Relation	onship S	Social Security	Number Pr	imary % Cont	ingent o	10		
Basic Life - Basic Life and ADD Davi	d Smith Spouse	. (001-01-0009	10	0 0				
					Deals	Canfilm	antian Ci		Finish
					Back	Contirn	nation St	atement	Finish
	and Curre	ant Bono	fite Diagnostic	s Home Lo	gout Preferen	ces Heli	n.		

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BENEFITS How to Enroll in or Make Changes to Optional Retirement

3

GO TO: Employee Self Service Home > Main Menu > Employee Self Service > My Benefits

- 1. Accept the Legal Disclaimer verifying that you are providing accurate information and click Next.
- 2. On the Dependents and Beneficiaries page, click Next.
- 3. Select the **Optional Retirement** program and click **Next**.
- On the Benefits Enrollment page is a summary of your current Optional Retirement election (stated as a percentage of gross pay). To enroll or update this amount, click Update Benefits on the bottom right.
- 5. Enter the percent of gross pay you would like to contribute and click **Next**.
- 6. Click **Next** again as there are no covered dependents for this program and beneficiaries must be designated at TIAA-CREF.
- 7. On the Confirmation Statement, you can review your elections to confirm they are accurate.
 - a. **To print your Confirmation Statement**, click **Confirmation Statement**, and then use your browser's print function.
 - You will not have a chance to review your confirmation statement again, so be sure to print it now for future reference.
 - b. To make changes to your elections, click Back.
 - c. To complete the enrollment process, click Finish.

This deduction will take place immediately, and be processed in the first pay period to be run after you have made your election.

		n Navigator	▼ G Favorites ▼	Diagnostics He	ome Logout Pr	reterences Hel
elect Program						
	Name	Pat Smith			Cancel	Back Nex
lease select a Program to updat	e.					
elect Program Name						
 Benefits 						
Optional Retirement						
					Cancel	Back Nex

Note that you can review your dependent and beneficiary information, but all beneficiaries for Optional Retirement must be managed at TIAA-CREF.

