

New Classified Employee Benefits Acknowledgment Form



As a Classified employee, you are entitled to receive information about your benefits. This information is listed below and provided to you in your New Employee Benefits Package. Please acknowledge receipt of these items by checking off each item's corresponding box accordingly, signing and dating this document, and returning it to hrs_benefits@stonybrook.edu.

- Health Insurance Plans, including the Opt-Out Incentive Program
- Health Insurance Rates
- Prescription Drug Coverage
- Dental Insurance
- Vision Care Program
- Life Insurance
- Health Care Flexible Spending Account
- Dependent Care Flexible Program
- Automobile/Homeowners Insurance
- Adoption Advantage Account
- Tuition Assistance
- Retirement Plans
- SUNY Retirement At Work
- Tax-Deferred Programs
- Marketplace Information

By checking the boxes above and signing this document below you are affirming that these items were reviewed during your New Employee Orientation.

Name (Print)

Employee ID

Signature

Date

I certify that the above listed benefits were reviewed during my New Employee Orientation.