

New UUP Employee Benefits Acknowledgment Form



Stony Brook University

As a UUP 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
- Health Insurance Rates
- Prescription Drug Coverage
- Dental Insurance (Covered by UUP)
- Vision Care Program (Covered by UUP)
- Life Insurance (Covered by UUP)
- Health Care Flexible Spending Account
- Dependent Care Flexible Program
- Adoption Advantage Account
- Long-Term Disability Certificate
- Long-Term Disability
- Tuition Assistance
- Retirement Plans
- Tax-Deferred Programs
- SUNY Retirement At Work
- 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.