

New Employee

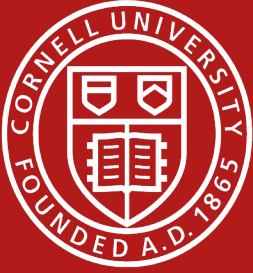
Benefits Decision & Enrollment Guide

**FOR CORNELL UNIVERSITY'S
CONTRACT COLLEGE EMPLOYEES**

- Decision worksheets
- Step-by-step instructions

Cornell University

Benefit Services
& Administration



Welcome to Cornell!

Working at Cornell comes with great benefits.

This booklet guides you through your benefits enrollment options as a new Cornell employee, and provides step-by-step instructions on how to enroll.

HR Services and Transitions Center (HRSTC)

WE'RE HERE TO HELP

Have questions about your benefits?

LOOK ONLINE:

hr.cornell.edu

EMAIL US:

hrservices@cornell.edu

PHONE US:

(607) 255-3936

SEND US MAIL:

HR Services and Transitions Center
395 Pine Tree Road
East Hill Office Building, Suite 130
Ithaca, New York 14850

HOURS:

8:30 am - 4:30 pm EST, M-F

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This booklet is for new Cornell employees with CONTRACT COLLEGE BENEFITS.

Not sure if this is the right guide for you?
Check your formal offer letter, or contact
the HR Services and Transitions Center.

Important Notes

☒ **ENROLLMENT DEADLINES FROM DATE OF HIRE**

28 Days: Health and Dental Plan Coverage.

30 Days: Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) or State University of New York Optional Retirement Plan (SUNY ORP).

60 Days: Flexible Spending Accounts, Voluntary Term Life (VTL) Insurance, Legal Plan Insurance.

Anytime: Personal Accident Insurance, Cornell University Tax-Deferred Annuity Plan (CUTDAP), 457(b) Deferred Compensation Plan, Auto/Home/Pet Insurance, NY's 529 College Savings Program, Long Term Care Insurance

There are exceptions for certain qualifying events, such as marriage, birth of a child or adoption, divorce, etc. - [more info about qualifying events](#).

☒ **Review and complete worksheets**

Choose your medical and dental plan, decide on your coverage level, and calculate any flexible savings account contributions. Worksheets are located in first 11 pages of this guide.

We recommend reviewing this information before your onboarding appointment, so that an HRSTC counselor can answer any questions.

☒ **Have personal information and documents ready**

When you enroll, you'll need the date of birth and social security number or ITIN (Individual Taxpayer ID Number) for yourself and each of your dependents; other documentation may also be required.

More details about [required documentation](#).

☒ **Enroll**

An HRSTC counselor will help you enroll during your appointment. Or follow the step-by-step instructions starting on page 16 of this booklet.



Decision Worksheets

1 Who?



Submit documentation by mail to:

HR Services and Transitions Center
395 Pine Tree Road
East Hill Office Building, Suite 130
Ithaca, New York 14850

Documentation can also be submitted through the Cornell
Secure File Transfer Site (DropBox): <https://sft.cornell.edu>

*Note: Call the HRSTC at 607-255-3936 if you
need help to upload your files*

Decide who will be covered

Gather the information below for yourself and each dependent you wish to include in your coverage. You'll need to enter this info into Workday.

IMPORTANT!

You must also provide [documentation](#) to the HR Services & Transitions Center.

NOTE: DO NOT UPLOAD documents to Workday; documentation may be submitted during your onboarding appointment, by postal mail, or via secure file transfer.

• Legal Name: _____

• Social Security Number: _____

• Date of Birth: _____

• Gender: _____

• Legal Name: _____

• Social Security Number: _____

• Date of Birth: _____

• Gender: _____

• Legal Name: _____

• Social Security Number: _____

• Date of Birth: _____

• Gender: _____

• Legal Name: _____

• Social Security Number: _____

• Date of Birth: _____

• Gender: _____

2 Health Plan?

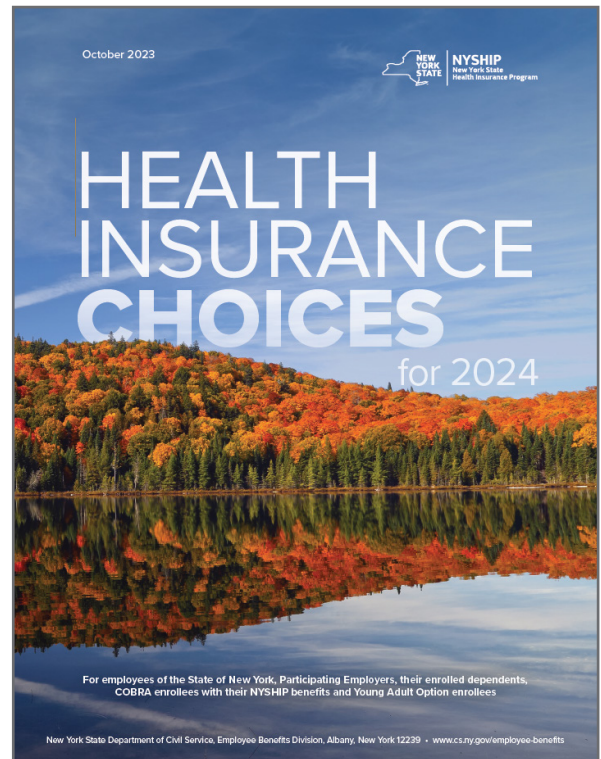
Choose one:

Empire Plan

The Empire Plan is a unique plan designed exclusively for New York State's public employees. This plan allows you to choose care either in-network with Empire or out of network. If you use out-of-network providers, you risk paying higher costs.

NYSHIP Health Maintenance Organization (HMO) Plan:

In an HMO plan, you choose an in-network primary care physician (PCP) for routine medical care and referrals to specialists and hospitals. Your HMO choice will depend on the county in which you live or work.



Prescription drug coverage

Prescription drug coverage is included with your health insurance enrollment, regardless of which plan you choose.

How the plans work

See the [NYSHIP Health Insurance Choices 2024 booklet](#) for details about benefits, services and programs under the Empire Plan and the NYSHIP HMOs. Access NYSHIP online ([first-time user login instructions here](#)) to obtain additional information about health and dental plan benefits.

You can enroll and/or add eligible dependents within 28 days of your date of hire (waiting period) for coverage effective the 29th day. After your 28-day waiting period, you can enroll or add eligible dependents anytime with a 10-week waiting period unless you have a qualifying event based on IRS guidelines (such as marriage, birth of child, etc; see [documentation requirements](#) for Contract College employees). Limited changes can be made without the 10-week wait during the annual Option Transfer Period in the fall.

2024 Comparison Chart and Rates

This [pdf comparison chart](#) shows plan features for the contract college health plan choices, including both HMOs and Empire Plan participating and non-participating providers. View [2024 rates here](#).

Note: NYS requires 2 advance premiums, so double deductions will be reflected in your pay. This does provide you with 28 days of coverage after your last day worked if you were to leave Cornell.

3 Dental?

Dental Plan

The state of New York pays the full cost of this coverage, but you must enroll to participate in the plan (check the dental box on Form PS404 when enrolling in health care).

[Learn more about the NYSHIP dental insurance plan.](#)

Update: Effective October 1, 2024, NYSHIP's dental coverage provider will change from EmblemHealth to Anthem Blue Cross.

Effective Date:

If you enroll and/or add eligible dependents within the 28 day waiting period, coverage is effective the 29th day.



4 PS404 Enrollment

Enroll in Health & Dental Plans with Form PS404

[Download Form PS404](#)

Enrollment process:

1. Select your plan and dependents in Workday when you enroll in other benefits (instructions begin on page 16 of this booklet).
2. Submit the PS404 and any other required documentation as indicated below and on the following page.

IMPORTANT: ENROLLMENT, PS404, AND DOCUMENTATION MUST BE SUBMITTED WITHIN 28 DAYS OF DATE OF HIRE

NEW YORK STATE OF OPPORTUNITY		Department of Civil Service		EMPLOYEE BENEFITS DIVISION NYSHIP Health Insurance Transaction Form for NYS & PE Employees		PS-404 (1/2023) 02.07.23 CU				
INSTRUCTIONS: READ AND COMPLETE BOTH PAGES. PLEASE PRINT, CHECK THE APPROPRIATE CHOICES AND SIGN/DATATE THE DOCUMENT.										
EMPLOYEE INFORMATION										
1. Last Name		First Name		MI	2. Social Security Number		3. Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X			
4. Permanent Address Street		City		State		Zip				
5. Mailing Address (if different) Street		City		State		Zip				
6. Work Location & Address Street		City		State		Zip				
7. Date of Birth		8. Telephone Numbers Primary () Work ()								
9. Personal Email Address										
10. Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				Marital Status Date				
11. Covered under Medicare?		<input type="checkbox"/> Self Medicare ID Number: _____ Date: _____ <input type="checkbox"/> Dependent Medicare ID Number: _____ Date: _____ Dependent Name: _____								
12. Is any of this information new? <input type="checkbox"/> No <input type="checkbox"/> Yes Box Number(s): _____ Effective Date of Change: _____										
13. ELECT OR DECLINE COVERAGE										
A. Choose a Pre-Tax election										
1. <input type="checkbox"/> Elect Pre-Tax Status for Premium deduction				2. <input type="checkbox"/> Elect After-Tax Status for Premium deduction						
You are only eligible for Pre-Tax deductions if newly eligible or if requested during the Pre-Tax Contribution Program (PTCP) Election Period										
B. Select a NYSHIP Coverage Option (Choose option 1, 2, or 3)										
1. Individual Enrollment		Medical (10) (Select Empire Plan or HMO) <input type="checkbox"/> Empire Plan <input type="checkbox"/> HMO Code _____ Name _____				<input type="checkbox"/> Dental (11)				
2. Family Enrollment (Complete box 14)		Medical (10) (Select Empire Plan or HMO) <input type="checkbox"/> Empire Plan <input type="checkbox"/> HMO Code _____ Name _____				<input type="checkbox"/> Dental (11)				
3. Decline Coverage		<input type="checkbox"/> Medical (10) <input type="checkbox"/> Dental (11)								
14. DEPENDENT INFORMATION										
Must be provided when choosing to enroll in NYSHIP family coverage (use additional sheets if necessary)										
Check One: A (Add), D (Delete) or C (Change)										
Check all that apply: M (Medical), D (Dental)										
Date of Event: _____										
	↓	↓	Last Name	First Name	MI	Relationship	Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> X	Address (if different)	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> D									
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> D									
<input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> C	<input type="checkbox"/> M <input type="checkbox"/> D									

Complete items 1 - 11.

Complete 13 (A):

You must indicate a before or after tax election for health insurance premiums. If you elect before tax, (which most do), your premiums will be deducted before taxes have been calculated.

Complete 13 (B), #1 or #2, to choose individual or family enrollment.

If you are enrolling as a family from item 13 (B) #2, complete item 14, dependent information.

4 PS404 Enrollment

Enroll with Form PS404, continued

Back:

Department of Civil Service
Albany, NY 12239

NYSHIP Health Insurance Transaction Form
PS-404 (1/2023)

15. CHANGE OR CANCEL EXISTING COVERAGE	
A. Change Coverage: <input type="checkbox"/> Medical (10) <input type="checkbox"/> Dental (11) <input type="checkbox"/> Change to FAMILY (Complete box 14 on page 1) <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Newborn <input type="checkbox"/> Request coverage for dependents not previously covered <input type="checkbox"/> Previous coverage terminated (proof required) <input type="checkbox"/> Dependent returned to full-time student status (Dental only) <input type="checkbox"/> Other: _____	Date of Event: _____ <input type="checkbox"/> Change to INDIVIDUAL <input type="checkbox"/> Divorce <input type="checkbox"/> Termination of Domestic Partnership (Attach completed PS-425.4) <input type="checkbox"/> Only dependent ineligible due to age <input type="checkbox"/> I voluntarily cancel coverage for my dependents <input type="checkbox"/> Only dependent died <input type="checkbox"/> Only dependent graduated (Dental only) <input type="checkbox"/> Other: _____
NOTE: If you are indicating a change in marital status to Divorced or Separated, please be sure to update the address information for the dependent in box 14 if applicable.	
B. Voluntarily Cancel Coverage: <input type="checkbox"/> Medical (10) <input type="checkbox"/> Dental (11) Qualifying Event: _____ NOTE: If you are enrolled in the PTCF, you may make changes during the Annual Option Transfer Period or when experiencing a PTCF qualifying event.	

16. ENTER ANNUAL OPTION TRANSFER REQUEST(S) BELOW	
Change NYSHIP Option	Change to: <input type="checkbox"/> Empire Plan <input type="checkbox"/> HMO Code _____ HMO Name: _____
Change Pre-Tax Status	Change to: <input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax Submit during the PTCF Election Period

Personal Privacy Protection Law Notification The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.
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AUTHORIZATION I have read the Pre-Tax Contribution Program materials and have made my selection on Page 1 of this document. I understand that if my coverage is declined or canceled, I may subject myself and/or my dependents to waiting periods if I decide to enroll at a later date and may forfeit the right to such coverage after leaving State service (vest, retirement, etc.). I am aware of how to obtain a current Summary of Benefits and Coverage for the NYSHIP option I have selected. I understand that my failure to provide required proof(s) within 30 days may delay the availability of benefits for me or any dependent for whom I fail to provide such proof. Any person who makes a material misstatement of fact or conceals any pertinent information shall be guilty of a crime, conviction of which may lead to substantial monetary penalties and/or imprisonment, as well as an order for reimbursement of claims. I certify that the information I have supplied is true and correct. I hereby authorize deduction from my salary or retirement allowance of the amount required, if any, for the coverage indicated above.
Employee Signature (Required): _____ Date: _____

AGENCY USE ONLY				
Retirement Tier	Registration #	Sick Leave Information # Hours	Date Entered on NYBEAS	Effective Date
		Hourly Rate of Pay		
HBA Signature (Required): _____ Date: _____				

Be sure to sign and date!

Submit this form and any documentation to:

HR Services and Transitions Center
395 Pine Tree Road, Suite 130
East Hill Office Building
Ithaca, New York 14850

Documentation can also be submitted through the Cornell Secure File Transfer Site (DropBox): <https://sft.cornell.edu>, or submitted to HRSTC during your onboarding appointment.

Note: Call the HRSTC at 607-255-3936 if you need help to upload your files

5 Spending Account?

Do you want a Flexible Spending Account?

Tax Savings for Any Health Plan

The Flexible Spending Account (FSA) helps save on your federal income and Social Security taxes by setting aside pretax money from your paycheck to use for eligible medical care and/or childcare expenses. An FSA doesn't replace health insurance. Cornell offers two types of FSA accounts:

- **Medical Care FSA** is for certain out-of-pocket expenses that insurance doesn't cover.
- **Dependent Care FSA** is for eligible dependent daycare expenses while you work (not for medical expenses for your dependents).

You may choose one, both or neither.

How it Works

You make an annual or per-paycheck election for a payroll deduction to put money into an Inspira Financial (Inspira) FSA before taxes are calculated. When you incur an eligible expense, you file a claim for reimbursement, or you can use the Inspira debit card to pay for eligible expenses such as co-pays and prescriptions.

- [Learn more about FSAs](#), including eligible expenses and online worksheets.

IMPORTANT: ENROLL WITHIN 60 DAYS OF DATE OF HIRE

A: MEDICAL CARE FSA Contribution Calculator

How much should you set aside in a medical care FSA? Use the calculator on the following pages to estimate unreimbursed health and dependent care expenses to assist you in determining your health care spending account contributions.

1. Medical expenses not covered by insurance

- Deductibles, co-pays, co-insurance: _____
- Physician visits and routine exams: _____
- Prescription drugs: _____
- Over-the-counter items: _____
- Insulin, syringes and diabetic supplies: _____
- Chiropractic treatments: _____
- Other medical expenses: _____

YOUR TOTAL MEDICAL EXPENSES: _____

2. Dental expenses not covered by insurance

- Checkups and cleanings: _____
- Fillings, root canals: _____
- Crowns, bridges and dentures: _____
- Oral surgery or orthodontia: _____
- Other dental expenses _____

YOUR TOTAL DENTAL EXPENSES: _____

3. Vision and hearing care expenses not covered by insurance

- Vision exams: _____
- Eyeglasses, prescription sunglasses: _____
- Contact lenses and cleaning solution: _____
- Corrective eye surgery (LASIK, cataract, etc.): _____
- Hearing exams, aids and batteries: _____

YOUR TOTAL VISION AND HEARING EXPENSES: _____

GRAND TOTAL

OF MEDICAL, DENTAL, AND VISION & HEARING: _____

EQUALS YOUR ANNUAL CONTRIBUTION

IRS maximum contribution limit

The 2024 limit for **FSA medical** per employee is \$3,200.

5 Spending Account?



B: DEPENDENT CARE FSA Contributions

Pre-tax contributions to this account allow you to be reimbursed for eligible dependent (children and other qualified dependents) care expenses (typically for children under age 13), provided the care received allows both you and your spouse to work. Amounts you pay for dependent care while you are off work due to vacation, holidays, illness or injury are not eligible expenses. If your dependent is a student, your allowable expense may be different during the months when school is not in session.

Dependent care expenses

YOUR ANNUAL CONTRIBUTION: _____

You may also apply for a Cornell Child Care Grant, whereby Cornell will contribute into the Dependent Care account on your behalf. Find out more about the [Cornell Child Care Grant](#) online or talk with an HR Services and Transitions Center counselor.

IRS maximum contribution limit

The contribution limit for the dependent care FSA is \$5,000 per household.
Combined total of FSA dependent care and Child Care Grant award
cannot exceed the \$5,000 limit.

Insurance Benefits

Basic Life Insurance

Contract College employees enrolled in the Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) are provided basic life insurance under the death benefit. Employees enrolled in the State University of New York Optional Retirement Program (SUNY ORP) are also provided with basic life insurance, insured by New York Life Group Benefit Solutions (NYL GBS) receiving coverage of up to one-half of their annual salary up to a maximum of \$50,000. Learn more about [Basic Life Insurance](#) and using [NYL GBS Benefit Guide website](#) to designate beneficiaries once enrolled.

You may wish to review your additional life insurance needs by considering Group Universal Life Insurance as described on the Optional Benefits page, page 14.

Short Term Disability

The Cornell Short-Term Disability (STD) Plan provides benefits and partial compensation when you are unable to work for qualified health reasons unrelated to workers' compensation. STD will provide 50% of your base pay for staff and 100% for academic positions, for a maximum of 26 weeks (approx. 6 months) in any 52 week period, and your job will be held in accordance with Cornell's job hold policy provisions. More about Short Term Disability [Short Term Disability](#) eligibility and benefits.

Long Term Disability

Contract College employees are required to enroll in Long Term Disability (LTD) coverage and pay a nominal fee. LTD benefits begin after six months of short-term disability and continue as long as you remain disabled or until the maximum benefit period has been reached at your social security normal retirement age. More about [Long Term Disability](#) eligibility and benefits.

New York State Paid Family Leave

In 2016, Governor Cuomo signed into law the New York State Paid Family Leave (NYPFL) policy that requires employers to offer paid leave for eligible staff members to bond with a new child, care for a family member with a serious health condition, or for a qualifying military exigency. New York State specified that the Paid Family Leave Program is employee-funded, and that employers shall collect an employee contribution through a payroll deduction determined annually. While there is no required action from you in Workday, if you are eligible for this benefit, it will appear on your Insurance Plan summary screen.

More about [NYPFL](#) eligibility and benefits.

7 Retirement

Retirement Benefits

Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS)

[NYSLRS](#) is designed to provide employees with retirement, disability, and death benefits with the ERS defined benefit pension plan. Your benefits are based upon a formula for your tier level. This formula includes years of membership and final average salary. For the current tier, Tier 6, you are vested in your benefit in this plan after 5 years of retirement service credit.

Participation is mandatory for non-exempt regular full-time contract college (CC) employees with an appointment longer than 13 months. Participation is optional for other non-exempt CC employees. Participation in a NYS retirement plan is also mandatory for exempt regular full-time CC employees, who must elect to participate in this plan or the State University of New York Optional Retirement Program (SUNY ORP) within 30 days from the date of hire. New members enroll in Tier 6; if you have a prior membership in ERS, you may resume your membership in your previous tier.

Your contribution will be 3% - 6% of your gross salary for your entire career based on your salary level. Overtime pay is capped.

Office of the New York State Comptroller NYSLRS New York State and Local Retirement System 110 State Street, Albany, New York 12244-0001 Fax Number: (518) 486-4382 For questions concerning Member Enrollment call: (518) 474-3081 NYSLRS ID: <input type="text"/>		Received Date: <input type="text"/>	Employees' Retirement System Membership Registration RS 5420 (Rev. 11/22)
Social Security Number * <input type="text"/>		Plan: <input type="text"/> Tier: <input type="text"/> Rate: <input type="text"/> Date of Membership (mm/dd/yyyy): <input type="text"/>	Registration Number: <input type="text"/>
Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.			
Employee's Last Name:		First Name:	Middle Initial:
Employee's Address:		Apt	City
		State	Zip Code
Former Name: (if applicable)		Date of Birth (mm/dd/yyyy)	Sex
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____ Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____ (NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')			
Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.			
Employer's Name:		Employer's Telephone:	
New York State Colleges at Cornell University		607-255-3936	
Employer's Address:		Employer's Fax Number:	
395 Pine Tree Rd, Suite 130 Ithaca, NY 14850		607-255-6873	
Job Code [1]		Employee Classification	
0 3 6 0 0 E		<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem	
Hire Date [3a]		Date of Full-Time Permanent Appointment [3b]	
Month Day Year		Month Day Year	
		Location Code	
		Standard Workday [4]	
		For State Agency Use Only – Agency Code	
For a substitute, seasonal, on call or per diem employee, please check if he/she/they is working on the day the application is being submitted. <input type="checkbox"/> Yes			
Frequency of Payment			
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other- Please Specify _____			
Projected Annualized Wage [5]			
Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.			
Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership. I acknowledge that my membership in the New York State and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.			
Employee's Signature: _____		Date: _____	
Employee's Telephone Number: _____		Employee's Email Address: _____	
For important information and instructions – See Back Page			

[Download ERS Membership Form RS5420](#)

[More information about NYSLRS](#)

Submit this form and any documentation to:

HR Services and Transitions Center
395 Pine Tree Road, Suite 130
East Hill Office Building
Ithaca, New York 14850

DO NOT send form to Albany address noted on form.

Documentation can also be submitted through the Cornell Secure File Transfer Site (DropBox):

<https://sft.cornell.edu>

Note: Call the HRSTC at 607-255-3936 if you need help uploading your forms.

7 Retirement

State University of New York Optional Retirement Program (SUNY ORP)

[SUNY ORP](#) is designed to provide retirement income to faculty and exempt Contract College employees as an alternative to ERS defined benefit pension plan. Contributions are based on your tier level. You are vested in SUNY ORP after the 366-day vesting period. Employees who have a vested prior employer-funded account with any of the SUNY ORP investment providers may have the vesting period waived upon confirmation that the prior employer account contains vested employer contributions. That account must still have a balance.


Your contribution will be 3% - 6% of your gross salary for your entire career based on your salary level. Cornell contributes 8% of your pay during your participation for the first 7 years of service, and then 10% thereafter, upon completion of the seventh year of membership. All contributions are made based upon compensation up to the federal limit, which is determined annually by the IRS.

Part-time faculty or exempt employees may elect to participate in SUNY ORP. If you participated in SUNY ORP in a prior job, have an account with vested employer contributions, and that account maintains a balance, you may be able to resume your participation based on your prior tier. An employee whose position is noted as temporary in the job title and is part-time is not eligible to participate in SUNY ORP, nor are CCE employees eligible to participate, unless they already have a SUNY ORP account

If you have another employer-funded retirement plan invested with Corebridge Financial, Fidelity Investments, TIAA and/or Voya, from a prior job, you should contact the HR Services and Transitions Center to determine if you are eligible to have the vesting period waived.

[Download Cornell's SUNY ORP Retirement Plan Election Form](#)

[More information about the SUNY ORP plan](#)



PURSUE EXCELLENCE. DISCOVER SUCCESS.

HR Services & Transitions Center (HRSTC)
395 Pine Tree Road, EHD8, Suite 110
T 607.255.3936 F 607.255.6873
hrservices@cornell.edu www.hr.cornell.edu

Contract College Retirement Plan

Election Form

PART A: CONTRACT COLLEGE RETIREMENT ELIGIBILITY (To be read by all contract college employees).

APPOINTMENT	PLAN ELIGIBILITY	PLAN PARTICIPATION
Regular Full-time Nonexempt	Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) only	Mandatory
Regular Full-time Exempt	Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) or State University of New York Optional Retirement Program (SUNY ORP)	Mandatory
Part-time or Temporary Nonexempt	Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) only	Not Mandatory
Part-time or Temporary Exempt	Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) or State University of New York Optional Retirement Program (SUNY ORP)	Not Mandatory
Seasonal	Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS) only	Not Mandatory

PART B: EMPLOYEE INFORMATION (Please print plainly or type).

Last Name		First Name	Title
Date of Birth		Social Security Number	E-Mail Address
Home Area Code and Telephone Number		Work Area Code and Telephone Number	
Home Address			
City		State	Zip Code

SOCIAL SECURITY DISCLOSURE REQUIREMENT: In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11, 34, 311, and 314 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in administration of the Retirement System.

You Must Complete Other Side

Diversity and Inclusion are a part of Cornell University's heritage. We are a recognized employer and educator valuing ALLIED, Principled Partners, and Individuals with Disabilities. We also recognize a varied profession in employment practices for Native Americans living on or near Indian reservations.

Enrollment in the SUNY ORP plan is not done through Workday, but by submitting the Contract College Retirement Plan Election form. All three pages must be returned to the HRSTC within 30 days of your hire date. Failure to provide the enrollment form within 30 days voids your ability to enroll in SUNY ORP; if it's mandatory for you to enroll in a NYS retirement plan, you will automatically be enrolled in the ERS pension plan.

Submit this form and any documentation to:

HR Services and Transitions Center
395 Pine Tree Road, Suite 130
East Hill Office Building
Ithaca, New York 14850

Documentation can also be submitted through the Cornell Secure File Transfer Site (DropBox):

<https://sft.cornell.edu>

Note: Call the HRSTC at 607-255-3936 if you need help uploading your forms.

7 Retirement

Cornell University Tax-Deferred Annuity Plan (TDA)

You may also choose to voluntarily contribute to a [TDA Account](#). You elect the amount or percentage that will be contributed to your account directly from your paycheck, before tax. Also, you may select how the contributions are allocated between Fidelity Investments and/or TIAA, and the type of investment funds in which to invest. The TDA is 100% vested upon enrollment.

Learn more about [Retirement Savings](#).

These contributions can be allocated in full or as a percentage to Fidelity Investments and TIAA through Workday as described on page 22 of this guide.

Eligible 457(b) Deferred Compensation Plan of Cornell University

You may choose to voluntarily contribute to a 457(b) retirement plan if your projected compensation meets or exceeds 67% of the IRS annual compensation limit for the calendar year (67% of \$350,000 for 2025). Before deciding to enroll in the 457(b) retirement plan, you are strongly encouraged to contact Fidelity Investments and/or TIAA to fully understand the plan, including how the plan functions when you separate from Cornell University.

Learn more about the [457\(b\) Retirement Plan](#)





Optional Benefits

You can choose to enroll in these voluntary programs to receive Cornell's discounted group rates.

Enrollment is directly with the vendor, and does not appear in Workday. Once established, your deduction will appear in your pay stub.

Voluntary Term Life Insurance (VTL)

You may supplement your basic life insurance by enrolling in New York Life Group Benefit Solutions life insurance at any time. The maximum amount of coverage available within 60 days of your hire date without evidence of insurability is 5 times your base annual salary or \$1,000,000 (whichever is less). During these initial 60 days, you may also purchase coverage for your spouse/domestic partner for \$50,000, and dependents with up to \$20,000 worth of coverage without medical evidence of insurability. [Learn more about Voluntary Term Life Insurance](#), and use the [NYL GBS Benefit Guide](#) to learn how to designate beneficiaries once enrolled. You can enroll in VTL insurance at any time or within 60 days of hire or a qualified life event. If you miss the 60-day period or elect an amount over the guaranteed issuance, you will be required to provide proof of good health.

Personal Accident Insurance (PAI)

New York Life Group Benefit Solutions offers coverage that can help pay your mortgage or children's college if you die as a result of a covered accident. It also pays benefits if you are injured in a covered accident. PAI pays whether the covered accident is work-related or not, anywhere in the world. [Learn more about Personal Accident Insurance](#), and use the [NYL GBS Benefit Guide](#) to learn how to designate beneficiaries once enrolled.

Long-Term Care Insurance (LTC)

RetirementGuard provides access to a selection of policies that can help cover the costs associated with extended long-term care due to a chronic disease or long-lasting disability. [More about Long-Term Care Insurance](#).

Auto, Home, and Pet Insurance

Mercer Voluntary Benefits provides access to group rates for auto, home, and personal property liability insurance, which can be conveniently deducted from your paycheck. Pet insurance is also available through Nationwide Insurance. If enrolled, you simply go to the veterinarian of your choice and submit covered expenses for reimbursement. More about [Auto & Home Insurance](#) and [Pet Insurance](#).

Legal Insurance

Covered services include identity theft, IRS audit/defense, trusts, powers of attorney, will preparation, and tenant matters/home sales. If you have a legal matter that's not covered, you still receive at least 25% off the normal hourly rate. Is legal insurance right for you? [Learn more about Legal Insurance](#).

Note: new employee enrollment deadline is 60 days from date of hire.

Care and Support Benefits

We value families and provide benefits to support those who depend on you.

Child Care Grant

Cornell University's Child Care Grant provides financial assistance by reimbursing benefit-eligible employees for child care expenses, including infant and toddler child care, pre-school/pre-K programs, care on school holidays, school-age summer day camps/programs, and school-age before/after school care, provided those expenses allow employees and their spouse/domestic partner (if applicable) to work or to seek work. Learn more about [Cornell's Child Care Grant](#) program.

Adoption Assistance

Cornell reimburses eligible employees for qualified adoption expenses up to \$10,000 per adoption. There is a maximum of three adoption reimbursements per family. Learn more about [adoption assistance](#).

Care@Work by Care.com

Cornell provides eligible employees with a free premium membership to Care.com to help find babysitters, nannies, elder care providers, tutors, pet and house sitters. Learn more about [Care@Work](#).

Elder Care and Child Care

Learn about [Elder & Adult Care](#) and [Parenting](#) resources available to Cornell employees. Email worklife@cornell.edu to schedule a meeting with a dependent care consultant.

Lactation

With over 40 designated spaces on the Ithaca, Geneva, and New York City campuses, working mothers are supported with space accommodations, time away from work to pump, and insurance coverage for pumps and lactation consultations. Learn more about [Lactation support](#).

Ithaca Campus Child Care

The Cornell Child Care Center offers high-quality child care and kindergarten prep programs on the Ithaca campus. The center is managed by Bright Horizons and licensed to provide care to 170 children, ages 6 weeks to 5 years. Learn more by visiting the website or by calling (607) 255-1010. Learn more about [Cornell Child Care Center](#).

Educational Benefits

Never stop learning. We understand the value of education. That's why we offer benefits that support your career and personal development, and education for your children, too.

Employee Degree and Tuition Aid Programs

The Employee Degree Program provides full tuition for eligible employees to pursue a Cornell University undergraduate or graduate degree that is related to your current job or Cornell career-related. The Tuition Aid Program allows eligible employees to take job-related courses or earn a degree outside of Cornell with partial tuition reimbursement. [Learn more about educational benefits](#) and see plan details for tax information.

Cornell Children's Tuition Scholarship

[Cornell Children's Tuition Scholarship \(CCTS\)](#) is a reimbursement program that provides the children of eligible employees a partial scholarship for study at Cornell or other accredited institutions.

NY's 529 College Savings Program

This flexible savings program is designed to help families of all income levels save for college. Employees can enroll for as little as \$15 per pay period with after-tax payroll deductions. The program also offers an annual New York State income tax deduction for contributions up to \$5,000 for individuals and \$10,000 for married couples filing jointly. Qualified withdrawals are income tax free. [Learn more about NY's 529 College Savings Program](#).

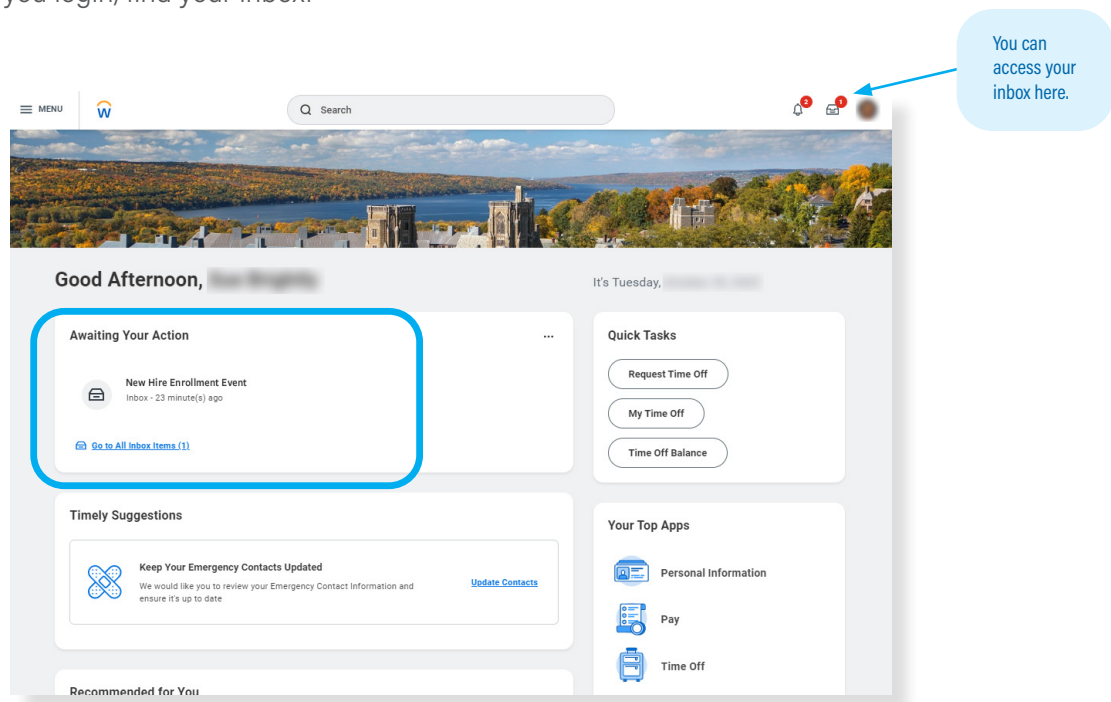


Enrolling in Workday

Use Workday to:

- Enroll in **Health and Dental Insurance** (optional); a PS-404 form must be submitted within 28 days including all supporting documentation to avoid a 10-week waiting period
- Enroll in a **Flexible Spending Account** for medical or dependent care. (optional, must be done within 60 days)
- Enroll in **Basic Life Insurance** (if you are eligible and enroll in SUNY ORP)
- Enroll in **Long Term Disability Insurance** (required enrollment)
- Enroll in a **Retirement Plan**: SUNY ORP, ERS, TDA (enrollment in either SUNY ORP or ERS is not complete until the appropriate form is submitted, and must be done within 30 days; TDA enrollment is optional, enroll anytime)

[Login to Workday](#). You'll need your NetID and [two-step login](#) set up to login. After you login, find your inbox.



Click on the "New Hire Enrollment Event" and then click on the orange "Let's Get Started" button.



Dashboard Screen

Your New Hire Enrollment event will open to this dashboard.

This screen shows your benefits enrollment options.

Simply click on a block and follow the instructions to enroll in that benefit.

When you complete an enrollment, you'll be returned to the dashboard.

New Hire New Hire for [Employee Name] ...

Projected Total Cost Per Paycheck
\$0.00

Health Care and Accounts

- Medical and Prescription** (Heart icon) Waived
Enroll
- Dental** (Tooth icon) Waived
Enroll
- Flexible Spending Account - Medical Care** (Card icon) Waived
Enroll
- Flexible Spending Account - Dependent Care** (Card icon) Waived
Enroll

Insurance and Retirement

- Basic Life Insurance** (Shield icon) Waived
Enroll
- Short Term Disability (STD)** (Shield icon) Cornell University (Employee)
Cost per paycheck: Included
Coverage: 50% of Salary
Manage
- Long Term Disability (LTD)** (Shield icon) Waived
Enroll
- NY Paid Family Leave** (Shield icon) Cornell University NY Paid Family Leave (Employee)
Cost per paycheck: Included
Coverage: 67% of Salary
View
- SUNY Optional Retirement Plan** (Shield icon) Waived
Enroll
- New York State Employees' Retirement System** (Shield icon) Waived
Enroll
- Tax Deferred Annuity** (Shield icon) Waived
Enroll

Callouts:

- Enroll in Basic Life Insurance only if you're enrolling in the SUNY Optional Retirement Plan.
- You're already enrolled in Short Term Disability insurance and NY Paid Family Leave, no action necessary on these blocks.
- You can save your enrollment in progress if you have questions.
- When you're ready to submit your enrollment, come back to this orange button to review, sign, and receive confirmation.

Buttons: Review and Sign (orange), Save for Later (grey)

Medical and Prescription Plan



Medical and Prescription
Waived

Enroll

Do you want to enroll in a Medical and Prescription Plan?

Click the "Enroll" link.



IMPORTANT: PS404 FORM REQUIRED!

You will not be enrolled unless you **also** submit the PS404 form (see pages 5-6) and any other required documentation within 28 days of your date of hire. [Download form PS404](#)

On this screen:

Choose a health care plan

Not sure which plan you want? [Compare plans](#)

Plans Available

Select a plan or Waive to opt out of Medical and Prescription. The displayed cost of waived plans assumes coverage for Employee.

4 items

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	New York State 001 - The Empire Plan	\$66.87	\$351.10
<input type="radio"/> Select <input checked="" type="radio"/> Waive	New York State 072 - HMO Blue Excellus BlueCross BlueShield - Central New York Region	\$64.66	\$339.52
<input type="radio"/> Select <input checked="" type="radio"/> Waive	New York State 300 - Capital District PHP - Central	\$86.69	\$336.59
<input type="radio"/> Select <input checked="" type="radio"/> Waive	New York State 330 - MVP Health Care - Central	\$97.02	\$347.74

Select the plan of your choice.

You may choose from two options: The Empire Plan or a Health Maintenance Organization (HMO) in your geographic area that has been approved for participation in NYSHIP.

Confirm and Continue

When you've made your selection, click the orange "Confirm and Continue" button at bottom of screen. You can still change your plan before submitting.

On this screen:

Choose your coverage and dependents

- Choose the level of coverage from the drop-down menu (i.e., "Employee + Spouse")
- Choose which dependents will be covered
- Add dependents if needed (instructions on adding dependents on following pages)

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage



Search

× Employee ...

Plan cost per paycheck \$66.87

Add New Dependent

Save

When you're finished, click the orange "Save" button at the bottom of screen. You'll return to the dashboard, where you can choose other enrollment options, save for later, or submit your enrollment.

Dental Plan



Dental
Waived

Enroll

Do you want to enroll in a Dental Plan?

Click the "Enroll" link.



IMPORTANT: PS404 FORM REQUIRED!

You will not be enrolled unless you **also** submit the PS404 form (see pages 5-6) and any other required documentation within 28 days of your date of hire. [Download form PS404](#)

On this screen: Enroll in the dental care plan

Details about the [Contract College Dental plan](#)

Plans Available

Select a plan or Waive to opt out of Dental. The displayed cost of waived plans assumes coverage for Employee.

1 item

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	New York State	Included	\$24.74

Click on "Select" to enroll in the dental plan.

Confirm and Continue

When you've made your selection, click the orange "Confirm and Continue" button at bottom of screen. You can still change your plan before submitting.

On this screen: Choose your coverage and dependents

- Choose the level of coverage from the drop-down menu (i.e., "Employee + Spouse")
- Choose which dependents will be covered
- Add dependents if needed (instructions on adding dependents on following pages)

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage

* Search

× Employee ...

Plan cost per paycheck \$66.87

Add New Dependent

Save

When you're finished, click the orange "Save" button at the bottom of screen. You'll return to the dashboard, where you can choose other enrollment options, save for later, or submit your enrollment.

How To Add A Dependent

Dependents are those who are covered by your health plans, such as your children, spouse/domestic partner (see rules regarding [dependent eligibility](#)). Beneficiaries are those who have been designated to receive benefits from your insurance enrollments in case of death, but these are not entered or stored in Workday.

- You can add dependents to your health care plans in Workday. New dependents require documentation to be submitted separately to receive coverage.
- You cannot upload documentation for your dependents in Workday. See page 4 for instructions on how to submit documentation.
- You don't need to add beneficiaries in Workday. Contact the [insurance provider](#) to designate your beneficiaries. You can add or modify your beneficiaries with the provider at any time. If you've already entered beneficiaries in Workday in the past, they may show up as an option in the Workday dependent drop-down. You can select them as a dependent, but you will still need to send any required documentation to the HRSTC to add them as a health care dependent.

Plans Available

Select a plan or Waive to opt out of Medical and Prescription. The displayed cost of waived plans assumes coverage for Employee.

4 items

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	New York State 001 - The Empire Plan	\$66.87	\$351.10
<input type="radio"/> Select <input checked="" type="radio"/> Waive	New York State 072 - HMO Blue Excellus BlueCross BlueShield - Central New York Region	\$64.66	\$339.52
<input type="radio"/> Select <input checked="" type="radio"/> Waive	New York State 300 - Capital District PHIP - Central	\$66.69	\$336.59
<input type="radio"/> Select <input checked="" type="radio"/> Waive	New York State 330 - MVP Health Care - Central	\$97.02	\$347.74

To add a dependent, select the health or dental plan of your choice, and then click the orange "Confirm and Continue" button at bottom of page. Don't worry - you can still change your plan before submitting your enrollment.

Confirm and Continue

On the next screen, choose a coverage option from the drop-down menu (ie, "employee and spouse"), and then click the "Add New Dependent" button.

Dependents

Designate the Provider ID (Primary Care Physician) for any covered dependents based on your health care elections. Select the Provider website link to find the doctor's Provider ID.

Coverage *

Plan cost per paycheck

Add New Dependent

If you want to make this dependent a beneficiary to your basic life insurance, GUI, personal accident and/or retirement plans, you'll need to contact your insurance vendor separately (can be done at any time).

Add My Dependent From Enrollment

On the next screen you will add your dependent.

Note: Beneficiaries are not maintained in Workday, if you want to add dependents as beneficiaries to basic life insurance, GUI, personal accident and/or retirement plans, they need to be added separately with the [vendors](#), which can be done at any time.

Click **OK** to continue.

OK

Cancel

Click the orange "OK" button at bottom of screen to continue.

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Primary Nationality

Citizenship Status

Country of Birth

Region of Birth

City of Birth

Full-time Student ☐

Student Status Start Date

Student Status End Date

Disabled ☐

Keep scrolling down the screen to complete all information, including address, phone, email, etc.

Save

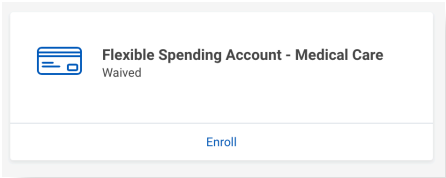
Click the orange "Save" button at bottom of page when you're finished. You can confirm that the new dependent is enrolled by opening the plan page again and confirming that the dependent appears in the chart and has a blue checkmark in the "Select" column. The new dependent will now appear as an option in all your plan choices, but you must check the "select" box to enroll them in each plan.



IMPORTANT: DEPENDENT DOCUMENTATION

Your dependent will not be covered unless you submit the [required documentation](#) to HRSTC postmarked or received within 28 days of your hire date! HRSTC offices are open but available by phone/email only.

Inspira Financial Medical Care Flexible Spending Account



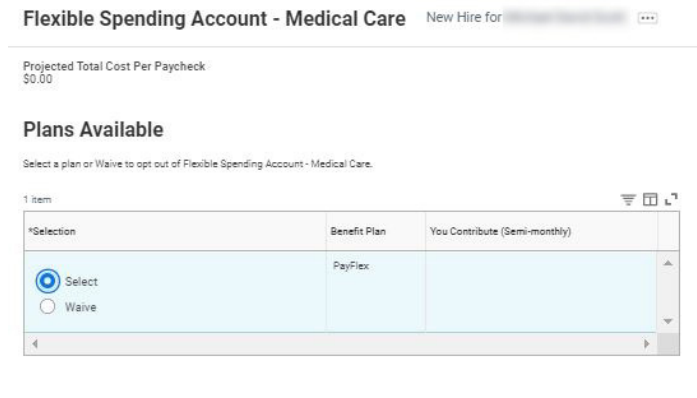
Do you want a Medical Care Flexible Spending Account?

The Flexible Spending Account - Medical Care block will show as "Waived."
Click the "Enroll" link.

- You can choose whether you want to participate in either the Medical Care or Dependent Care FSAs, both, or neither.
- Refer to pages 7-8 of this booklet for a worksheet to help determine your contribution.
- You must enroll within 60 days of your date of hire.

[Learn more about Flexible Spending Accounts](#)

**On this screen:
Choose "Select"**



Click the orange "Confirm and Continue" button at bottom of screen.

**On this screen:
Input your contribution**

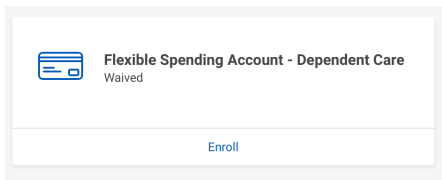


- Refer to pages 7-8 of this booklet for a worksheet to help determine your contribution.
- Type in either an annual amount or per paycheck deduction; the other field will calculate automatically.



Click the orange "Save" button at bottom of screen to return to the dashboard.

Inspira Financial Dependent Care Flexible Spending Account



Flexible Spending Account - Dependent Care
Waived

Enroll

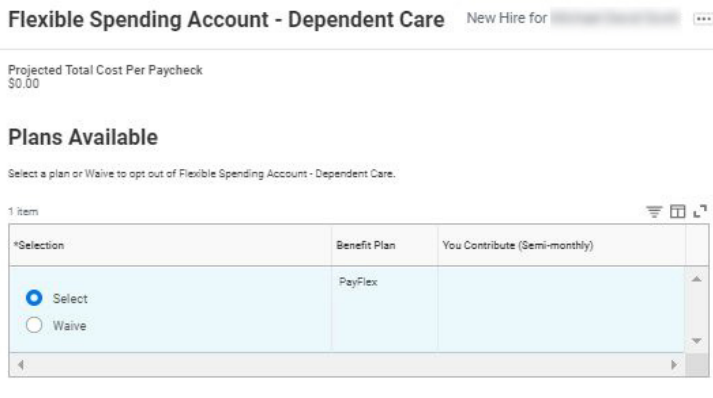
Do you want a Dependent Care Flexible Spending Account?

The Flexible Spending Account - Dependent Care block will show as "Waived."
Click the "Enroll" link.

- You can choose whether you want to participate in either the Medical Care or Dependent Care FSAs, both, or neither.
- Refer to page 9 of this booklet for a worksheet to help determine your contribution.
- You must enroll within 60 days of your date of hire.

[Learn more about Flexible Spending Accounts](#)

**On this screen:
Choose "Select"**



Flexible Spending Account - Dependent Care New Hire for [redacted] [...]

Projected Total Cost Per Paycheck
\$0.00

Plans Available

Select a plan or Waive to opt out of Flexible Spending Account - Dependent Care.

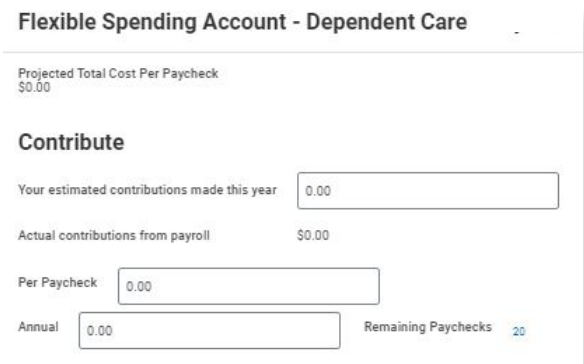
1 item

*Selection	Benefit Plan	You Contribute (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	PayFlex	

Confirm and Continue

Click the orange "Confirm and Continue" button at bottom of screen.

**On this screen:
Input your contribution**



Flexible Spending Account - Dependent Care

Projected Total Cost Per Paycheck
\$0.00

Contribute

Your estimated contributions made this year

Actual contributions from payroll \$0.00

Per Paycheck


Annual Remaining Paychecks 20

- Refer to page 9 of this booklet for a worksheet to help determine your contribution.
- Type in either an annual amount or per paycheck deduction; the other field will calculate automatically.

Save

Click the orange "Save" button at bottom of screen to return to the dashboard.

Insurance



Long Term Disability (LTD)
Waived

Enroll

Enroll in Long Term Disability Insurance

Contract College employees are required to enroll and pay a nominal fee.

Long Term Disability (LTD) New Hire for [Name] [Edit]

Projected Total Cost Per Paycheck
\$0.00

Plans Available
Select a plan or Waive to opt out of Long Term Disability (LTD).

1 item

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Cigna - Contract College (Employee)		

Long Term Disability (LTD) - Cigna - Contract College (Employee)

Projected Total Cost Per Paycheck
\$0.00

Coverage
Calculated Coverage
Coverage 60% of Salary
Plan cost per paycheck


Choose "Select"

Confirm and Continue

Click the orange "Confirm and Continue" button at bottom of screen.

Save

Click the orange "Save" button at bottom of screen to return to the dashboard.



Basic Life Insurance
Waived

Enroll

Enroll in Basic Life Insurance *only* if you're enrolling in SUNY ORP retirement savings plan (see page 27)

See page 10 for more insurance information.

Plans Available
Select a plan or Waive to opt out of Basic Life Insurance.

1 item

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (Semi-monthly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Cigna (Employee)		

Basic Life Insurance - Cigna (Employee)

Projected Total Cost Per Paycheck
\$0.00

Coverage
Calculated Coverage \$28,000.00
Coverage 0.5 X Salary
Plan cost per paycheck Included

You'll be shown a screen with your coverage.

Choose "Select"

Confirm and Continue

Click the orange "Confirm and Continue" button at bottom of screen.

Save

Click the orange "Save" button at bottom of screen to return to the dashboard.

New York State Employees' Retirement System (ERS)



New York State Employees' Retirement System
Waived

Enroll

Do you want to enroll in ERS?

Learn about the the Employees' Retirement System (ERS) with New York State and Local Retirement System (NYSLRS): [Retirement plan details](#).

If you have questions about your eligibility or plan details, contact the [HR Services and Transitions Center](#), (607) 255-3936.



IMPORTANT: RS5420 FORM REQUIRED!

You will not be enrolled unless you **also** submit the RS5420 form (see page 11) and any other required documentation **within 30 days** of your date of hire. Do not mail the RS5420 form to the address on the form; it must be sent to the HR Services and Transitions Center.

Plans Available

Select a plan or Waive to opt out of New York State Employees' Retirement System.

1 item

*Selection	Benefit Plan	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	New York State (ERS)		

Choose "Select"

Confirm and Continue

Click the orange "Confirm and Continue" button at bottom of screen.

Projected Total Cost Per Paycheck
\$0.00

Contribute


You will be enrolled in this plan.

You'll be shown a screen with your projected cost per paycheck.

Save

Click the orange "Save" button at bottom of screen to return to the dashboard.

SUNY Optional Retirement Program (ORP)



SUNY Optional Retirement Program
Waived

Enroll

Do you want to enroll in SUNY ORP?

Learn about the the State University of New York [Optional Retirement Program](#)

If you have questions about your eligibility or plan details, contact the [HR Services and Transitions Center](#), (607) 255-3936.



IMPORTANT: CORNELL'S SUNY ORP RETIREMENT PLAN ELECTION FORM REQUIRED!

You will not be enrolled unless you **also** submit the Cornell SUNY ORP Retirement Plan Election form (see page 12) and any other required documentation **within 30 days** of your date of hire. Failure to submit the SUNY ORP Retirement Plan Election form within the 30 day deadline will negate your eligibility for SUNY ORP and you will be automatically enrolled in the ERS pension plan, if you are required to enroll in a NYS retirement plan.

Plans Available

Select a plan or Waive to opt out of SUNY Optional Retirement Plan.

1 item

*Selection	Benefit Plan	You Contribute (Semi-monthly)	Company Contribution (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	New York State (ORP)		

Choose "Select"



Click the orange "Confirm and Continue" button at bottom of screen.

Projected Total Cost Per Paycheck
\$0.00

Contribute

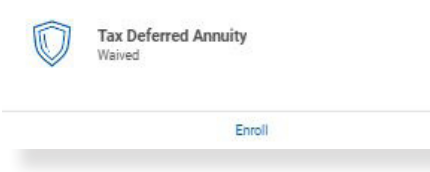
You will be enrolled in this plan.

You'll be shown a screen with your projected cost per paycheck.



Click the orange "Save" button at bottom of screen to return to the dashboard.

Cornell University Tax-Deferred Annuity Plan (TDA)



Do you want to make optional TDA contributions?

Cornell University Tax-Deferred Annuity Plan (TDA) contributions and vendors are managed on this page.

You can enroll and make changes to a TDA in Workday at any time.

Step #1: Choose the contribution type you prefer: as a dollar **amount**, or as a **percentage** of your salary, per paycheck. A drop-down box for your contribution will appear; fill it in, and the amount to be withheld per paycheck will appear at the top of the screen. Do not elect 100% of your salary to be contributed to your TDA, as you will have to cover all of your mandatory taxes, benefits, etc.

Step #2: Choose between the vendor options and allocate the percentage you would like to go to each choice. Your total must equal 100% . The per-paycheck contribution will show in the Calculated Contribution column.

- [More about the Cornell University TDA](#)
- [Compare the differences between TIAA's RA and SRA accounts](#)

Note: If you are eligible for a [457\(b\) Deferred Compensation Plan](#), the option to make additional contributions will appear.

Tax Deferred Annuity Retirement Savings Election Allocation for [Name]

Projected Total Cost Per Paycheck
\$0.00

Retirement Savings Elections by Coverage Type

Benefit Coverage Type Tax Deferred Annuity

Employee Contribution

Contribution Type

When entering employee contributions, the total for Plan Contribution Percentage must add up to 100%.

Employee Contribution 3 items

Benefit Plan	Plan Contribution Percentage	Calculated Contribution
Fidelity	<input type="text" value="0"/>	Percent 0 Amount (Semi-monthly) \$0.00
TIAA-CREF RA	<input type="text" value="0"/>	Percent 0 Amount (Semi-monthly) \$0.00
TIAA-CREF SRA	<input type="text" value="0"/>	Percent 0 Amount (Semi-monthly) \$0.00
	0	

Step #1

Step #2



Click the orange "Continue" button at bottom of screen to return to the dashboard.

Review and Submit

You're almost done! When you've completed your enrollments and clicked the "Save" button, you'll be returned to the dashboard screen.

Review and Sign

Click the orange "Review and Sign" button at bottom of screen.

Your new elections will show in the Selected Benefits display, along with other automatic benefits such as Short-Term Disability and NY Paid Family Leave.

Waived Benefits: This is a list of benefits you have waived (NOT enrolled in). Remember: you must enroll in medical and dental plans via the PS404 form (see pages 5-6); once you're enrolled they will appear in Workday.

Total Benefits Cost: The next display shows your per paycheck deduction and Cornell's contribution.

Attachments: Disregard - Contract college health & dental plan documentation must be submitted with a paper PS404 form - see pages 5-6.

Electronic Signature:

YOU MUST CHECK THE "I Accept" CHECKBOX TO CONFIRM THAT YOU HAVE REVIEWED YOUR ELECTIONS AND ARE SATISFIED WITH YOUR ENROLLMENT IN ORDER TO SUBMIT!

View Summary New Hire for [Name] [More]

Projected Total Cost Per Paycheck
\$75.00

You're not done yet - YOU MUST HIT SUBMIT! This screen summarizes your enrollments.

If you received a "critical alert" message, [click here](#).

Once you are satisfied with your choices, you **MUST** scroll down to the bottom of the page to check the "I Accept" box, and then click the "Submit" button to finalize your elections.

Your submission is complete when you receive the success message and a link to view your Benefits Statement, which you should print for your records.

Turn on the new tables view ☐

Selected Benefits 4 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Flexible Spending Account - Medical Care	08/01/2021	08/01/2021	\$1,500.00 Annual			\$75.00
PayFlex						
Short Term Disability (STD)	08/01/2021	08/01/2021	50% of Salary			Included
Cornell University (Employee)						
NY Paid Family Leave	08/01/2021	08/01/2021	67% of Salary			Included
Cornell University NY Paid Family Leave (Employee)						
SUNY Optional Retirement Plan	08/01/2021	08/01/2021				Included
New York State (GRP)						

Turn on the new tables view ☐

Waived Benefits 7 items

Benefit	Status
Medical and Prescription	Waived
Dental	Waived
Flexible Spending Account - Dependent Care	Waived
Basic Life Insurance	Waived
Long Term Disability (LTD)	Waived
New York State Employees' Retirement System	Waived
Tax Deferred Annuity	Waived

Turn on the new tables view ☐

Total Benefits Cost 1 item

Company Contribution	Employee Cost	Net Cost
\$0.00	\$75.00	\$75.00

Attachments

Drop files here

Select files

Electronic Signature

**** YOU MUST CHECK THE CHECKBOX THAT YOU HAVE REVIEWED YOUR ELECTIONS AND ARE SATISFIED WITH YOUR ENROLLMENT TO BE ABLE TO SUBMIT YOUR ELECTIONS ****

I Accept ☐

Submit Save for Later Cancel

Everything looks good? You must click the orange "Submit" button at bottom of screen to complete your enrollment!

One more thing - your submission is not complete until you receive a confirmation message -- see next page.

Confirmation

Your Workday submission is not complete until you receive this Confirmation screen:

Success, You're Enrolled

You have submitted your elections – Please view and print your Benefits Statement

To complete your enrollment in the health plans, **you MUST provide the required documentation which may include copies of:**

- your child(ren)'s birth certificate or visa/passport,
- adoption papers/court order confirming custody,
- marriage license, divorce decree, or statement of domestic partnership,

Copies may be required to enroll in the dental and vision plans.

All documents required as part of proof of benefit eligibility should be sent directly to HR Services and Transitions Center, 130 East Hill Office Building.

[View 2024 Benefits Statement](#)

HIGHLY RECOMMENDED:

Click the "View 2024 Benefits Statement" to download a PDF that you can save or print for your personal records!

Once you receive this Confirmation message, Workday will begin to process your elections.



IMPORTANT: DON'T FORGET PAPER ENROLLMENT FORMS!

You will not be enrolled unless you **also** submit any forms and other required documentation!

- **Health & Dental Plans:** PS404, pages 5-6, deadline 28 days from date of hire
- **NYSLRS:** RS5420, page 11, deadline 30 days from date of hire
- **SUNY ORP:** Cornell's Suny ORP Election Form, page 12, deadline 30 days from date of hire



Be sure to browse the
New Employee Guide To Your First Year at Cornell:
hr.cornell.edu/welcome
for tips, resources, and what to expect!