

**Pace University
New Hire Benefits Checklist**

Name: _____ UID#: _____

This checklist, and the forms listed below, *must* be returned to the University Benefits office within 31 days of your full time date of hire.

If you are adding a dependent to your Medical, Vision Only, and/or Dental Plan, you are required to provide a Marriage Certificate and/or Birth Certificate/Legal Documentation for each covered dependent.

- Benefits Enrollment Form (includes medical, dental, vision, medical plan waiver, FSA, HSA, voluntary life insurance)
- Voluntary Life Insurance Enrollment Form (if applicable, coverage in excess of \$400,000)
- 403(b) Retirement Plan University Contribution Eligibility Acknowledgement
- Benefits Eligibility Acknowledgement Form

Other forms (i.e. Long Term Care, Long-Term Disability Plan – Waiting Period Waiver, 403(b) Retirement Plan – Waiting Period Waiver, Commuter Reimbursement Plan Enrollment Form, 403(b) Salary Reduction Agreement, etc.) must be returned if applicable to your enrollment decisions.

If you have questions regarding the completion of the forms or benefit eligibility, please contact the University Benefits office via telephone at 914- 923-2828 or e-mail at benefits@pace.edu.

Please fax completed forms to (914) 989-8506.

