

RESEARCH FOUNDATION GRADUATE STUDENT EMPLOYEE BENEFITS AT A GLANCE

Benefit	Benefits/Claims Administrator	Eligibility	Effective Date	Cost (Bi-weekly)
HEALTH INSURANCE/PRESCRIPTIONS	POMCO Student Employee Health MEDCO Prescription	Total compensation of \$4,122 or more each contract year Work at least 1 semester	Effective the date the enrollment form is received in the Student Health Insurance Office OR Effective 30 days after the enrollment form is received in the Student Health Insurance Office	Individual Coverage \$9.27 Individual + 1 \$36.21 Individual + 2 or more \$52.44
VISION AND DENTAL PLANS	Davis Vision/Delta Dental	You must be eligible and enrolled in NYSHIP	Effective the date the enrollment form is received in the Student Health Insurance Office	NO COST
LIFE INSURANCE	N/A	_____	_____	_____
OPTIONAL LIFE	N/A	_____	_____	_____
WORKER'S COMPENSATION	Chubb Insurance	ALL EMPLOYEES	Effective date of hire	NO COST
NEW YORK STATE DISABILITY	First Reliance Standard	_____	Contact: Edmond Anderson 632-6144 for details on effective date	_____
UNEMPLOYMENT INSURANCE	NEW YORK STATE DEPT OF LABOR	ALL EMPLOYEES	_____	
BASIC RETIREMENT	N/A		Upon enrollment	
OPTIONAL RETIREMENT SRA/TDA	N/A		Upon enrollment	
SICK LEAVE ACCRUALS	N/A		Contact	NO COST
COLLEGE SAVINGS PROGRAM	New York Saves	All Employees	No waiting period	Go to www.nysaves.org for details