



Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Dear New Employee

Welcome to BMCC. Attached are a variety of documents concerning your appointment to the college that you need to be aware of or must complete. Please read these materials carefully and provide all of the requested information as quickly as possible.

The offer of this employment is conditional upon satisfactory completion of all verifications, including but not limited to confirmation employment and background checks.

We hope you will enjoy your experience at the college. Best wishes for a productive and successful career at BMCC.

Sincerely,

Gloria M. Chao
Director of Human Resources

/New Employee



Full Time Instructional Staff/Faculty

When you accept an offer of employment with the Borough of Manhattan Community College, you must present ORIGINAL documents as outlined below.

Proof of Identity and Employment Eligibility

Under federal law you must complete an Employment Verification (I-9) form in the presence of an HR officer. Be sure to bring appropriate proof of identity/eligibility to HR before your first day of work.

- Social Security Card**
- Employee's Withholding Allowance Certificate (W-4 and IT-2104)**
- Curriculum Vitae (Faculty)**
- Health Benefits Application**
- Three letters of reference**
- PSC-CUNY Welfare Fund Datasheet**
- Original Transcript (highest degree)**
- Retirement Program Election Form**
- CUNY Employment Application –Part 2**
- Death Benefit Beneficiary Designation Card**
- Personnel Information Form**
- Emergency Contact**
- Amended Constitutional Oath Upon Appointment**

If applicable, complete and return:

- Direct Deposit of Net Pay Enrollment**
- Transit Benefit Enrollment**

Please take time to familiarize yourself with the following:

- TIAA-CREF enrollment instructions
- A comparison of pension plans
- Departmental Mailboxes and E-mail Accounts
- [BMCC Policies & Procedures](#) on the HR Website
- [Students Bill of Rights](#)
- [Annual Security report](#)

The timing of your initial pay check will be based on the process and our receipt of the above documents. If you have any questions about your appointment or payroll process, please call us at 212-220-8300.

Print Name

Date

Signature

BOROUGH OF MANHATTAN COMMUNITY COLLEGE

The City University of New York IMMIGRATION REFORM AND CONTROL ACT OF 1986

EMPLOYMENT ELIGIBILITY VERIFICATION INFORMATION

Among other changes, the Immigration Reform and Control Act of 1986 creates a national employment verification system which places responsibility for verification of the identity and employment eligibility of all employees on the employer. Effective June 1, 1987 this new law requires employers to request and examine original documentation pertaining to the identity and employment eligibility of all new hires and rehires, including U.S. citizens, permanent residents, and non-immigrant visa holders.

Should you accept an offer of employment with the Borough of Manhattan Community College, you must present **ORIGINAL** documentation, outlines on the next page of the document, on or before your first day of work.

After these documents are reviewed, you will then be required to complete and sign an Employment Eligibility Verification Form (Form I9) in the presence of the designated representative of the College.

Should you accept an offer of employment with the College, this process should be completed on or before your first day of work. Otherwise, your employment at the College will be jeopardized.

If you have any questions concerning the employment process at Borough of Manhattan Community College, please call **Human Resources Office, 212-220-8300**

Please review the following important Policies and Procedures by opening the links provided.

- CUNY [Sexual Misconduct](#) Policy
- [Notice of Non-Discrimination](#)
- [CUNY Policies and Procedures on Equal Opportunity & Non-Discrimination](#)
- [Reasonable Accommodation Policy](#)
- CUNY [Lactation Room](#) Policy
- Annual Security [Report](#)
- [CUNY Policy on Drug and Alcohol](#)
- [Acceptable use of computer resources](#)
- [Children on Campus](#)
- [Time Off for Breast and Prostate Cancer Screenings and Donating Blood](#)
- [Time Off for Religious Observance](#)

Additional [Policies and Procedures](#) are available on the BMCC/HR and [Office of Diversity](#) websites for your examination.

The college is committed to ensuring a discriminatory free environment, where all persons are treated fairly and with respect regardless of his/her protected status. The [Office of Compliance & Diversity](#) is dedicated to promoting an open and inclusive environment, addressing complaints as they arise, creating programs which promote diversity and awareness and ensuring that the college complies with all applicable policies and laws.

Odelia Levy, Esq. is the college's Chief Diversity Officer. She also serves as the Coordinator for Title 504. You may reach Ms. Levy at olevy@bmcc.cuny.edu or (212) 220-1236.

Theresa B. Wade, Esq. is the college's Deputy Director of Diversity & Title IX Compliance and can be reached at twade@bmcc.cuny.edu or (212) 220-1273.

To file a complaint of unlawful discrimination or harassment, including sexual harassment, please contact Ms. Levy or Ms. Wade.

By signing below, I acknowledge that I have received, and familiarized myself with the above policies and reviewed the additional policies available on the BMCC website before commencing employment and agree to abide by their requirements.

Signature

Date

Print Name

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|--|----|---|-----|---|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | OR | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | AND | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security |

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|---|---|--------------------------------|---------------------------|----------------|---------------------------------------|-------------------|
| Last Name <i>(Family Name)</i> | | First Name <i>(Given Name)</i> | | Middle Initial | Other Last Names Used <i>(if any)</i> | |
| Address <i>(Street Number and Name)</i> | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth <i>(mm/dd/yyyy)</i> | U.S. Social Security Number □□□□ - □□ - □□□□ | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| QR Code - Section 1 Do Not Write In This Space | |

| | |
|-----------------------|----------------------------------|
| Signature of Employee | Today's Date <i>(mm/dd/yyyy)</i> |
|-----------------------|----------------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|---|--|----------------------------------|-------------------|
| Signature of Preparer or Translator | | Today's Date <i>(mm/dd/yyyy)</i> | |
| Last Name <i>(Family Name)</i> | | First Name <i>(Given Name)</i> | |
| Address <i>(Street Number and Name)</i> | | City or Town | State ZIP Code |

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|---------------------------------------|-----|--|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date (if any) (mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

| | | | | |
|--|---|---------------------------|--|----------|
| Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State | ZIP Code |

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

| | | | | |
|------------------------------------|-------------------------|----------------|--|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

**Borough of Manhattan Community College
Office of Human Resources
Personnel Information Form**

Name (print) _____ **Social Security Number** _____

Title _____ **Department** _____ **Date of Appointment** _____

Female Male Other _____ **Date of Birth** _____

Ethnicity:

African American Alaskan Native American Indian Asian

Black Hispanic Italian American

Pacific Islander Puerto Rican White Other _____

U.S. Citizen: Yes No **If you are not a U.S. Citizen,**

Of what country are you a citizen? _____

What type of VISA are you holding: _____ **Expiration Date:** _____

Are you a Veteran? Yes No **If you are a veteran, please specify:**

Active Reserve Disabled Disabled Vietnam Era

Inactive Reserve Retired Vietnam Era

Home Address: _____
(print) _____

Telephone Number: _____ **E-Mail Address** _____

Emergency Contact: _____ **Relationship:** _____

Address: _____

Telephone Number: _____ **Alternate Phone Number:** _____

| Education: | Degree | Major | Date Earned | Institution |
|-------------------|---------------|--------------|--------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

To be completed by the Office of Human Resources

I-9 Date: _____ **Work Authorization Expiration Date:** _____ **Staff Initial** _____ **Date:** _____



Name

Position

College

Dept.

**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART TWO
POST-CONDITIONAL OFFER OF EMPLOYMENT**

This form should be completed only after a conditional job offer has been made.

Post-Conditional Offer Verifications and Checks

Employment Eligibility and Identity Documents Verification

Newly hired employees must complete Section 1 of the Dept. of Homeland Security/U.S. Citizenship & Immigration Services I-9 Form no later than the first day of employment. CUNY is required to verify evidence of identity and employment authorization within 3 business days of the employee's first day of employment.

Verification of Credentials

Academic and professional credentials, as submitted in CUNY Employment Application Part 1, will be verified by the college.

Criminal Background Check

As a candidate with a conditional offer of employment, you must provide criminal background information. For some positions, a criminal history report may also be required. CUNY will consider your criminal history in accordance with Article 23-A of the New York State Correction Law and the NYC Fair Chance Act. (FCA).

A conviction record will not necessarily disqualify you from the position for which you are applying. However, failure to provide truthful responses will, when discovered, automatically result in the withdrawal of the conditional offer of employment or your termination, following any applicable disciplinary procedures, if employed.

Before any adverse action is taken based on a previous criminal conviction, CUNY will

- provide a written Article 23-A analysis to the candidate in a form determined by the New York City Commission on Human Rights (NYCCHR), together with any and all supporting information and/or documents that formed the basis and for the adverse action; and
- after providing the candidate with the required documentation, allow the candidate at least **5 business days to respond** and, during that time, hold the position open for the candidate.

Credit History Check, Medical Certification, Medical Examination, Drug Screening, and Physical Agility and Fitness Assessment

For some positions, a credit history, medical certification, medical examination, drug test, and/or physical agility and fitness assessment may be required as a condition of employment. CUNY processes all information per applicable laws.

Accommodation required to perform Essential Job Functions

It is the University's policy to provide reasonable accommodations to individuals with disabilities, individuals observing religious practices, employees who have pregnancy or child-birth related medical conditions, or employees who are victims of domestic violence/stalking/sex offenses.

If you require an accommodation to perform the essential job functions for the position for which you have received a conditional offer of employment, please contact the HR Director at the college or unit where you have received the conditional offer of employment.

**THE CITY UNIVERSITY OF NEW YORK
APPLICATION FOR EMPLOYMENT - PART TWO**

Application for Employment - Part Two (Confidential Background Information)
Only candidates who have received a conditional job offer should complete this form.

For questions and concerns, candidates may request guidance from the Office of Human Resources.

The completed form should be submitted to the Office of Human Resources only.

| | | | | |
|----------------|----------------------|---------|----------------------|------------------------------------|
| College | <input type="text"/> | Job ID# | <input type="text"/> | <input type="checkbox"/> Full-time |
| Position | <input type="text"/> | | | <input type="checkbox"/> Part-time |
| Contract Title | <input type="text"/> | | | A.M. <input type="text"/> |
| | | | | P.M. <input type="text"/> |

Personal Information

Last Name First Name Middle Initial

If known by another name, please provide

Address Apt. #

City State Zip Code Daytime Phone #

e-mail Evening Phone #

Please complete Page 3

Confidential Criminal Background Information:

1. Have you ever been convicted of a crime (felony or misdemeanor)? Yes No

DO NOT include the following: conviction for an offense classified as a "violation", a criminal action that has been adjourned in contemplation of dismissal ("ACD"), adjudication as a youthful offender, conviction of a non-criminal offense, as defined by a law of another state, conviction that has been sealed pursuant to the criminal procedure law.

2. Are there any criminal charges currently pending against you? Yes No

3. Please explain below **all** past convictions or currently pending criminal charges against you (as specified in Questions 1 and 2 above).
Attach additional pages, as necessary.

| | | | | | | | |
|---------|----------------------|--------------------|----------------------|----------------------------|----------------------|-------------------------------------|----------------------|
| Offense | <input type="text"/> | Date of conviction | <input type="text"/> | Name and location of Court | <input type="text"/> | Disposition including incarceration | <input type="text"/> |
| Offense | <input type="text"/> | Date of conviction | <input type="text"/> | Name and location of Court | <input type="text"/> | Disposition including incarceration | <input type="text"/> |
| Offense | <input type="text"/> | Date of conviction | <input type="text"/> | Name and location of Court | <input type="text"/> | Disposition including incarceration | <input type="text"/> |
| Offense | <input type="text"/> | Date of conviction | <input type="text"/> | Name and location of Court | <input type="text"/> | Disposition including incarceration | <input type="text"/> |

Applicant Attestation:

By my signature below, I declare and affirm that I have read and fully understand that:

Any misrepresentation or material omission of facts on this form shall be sufficient cause to end further consideration of my candidacy for the position for which I have received a conditional offer of employment or shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired.

Signature _____ Date _____

COLLEGE USE ONLY

Received by the Director of Human Resources

Name _____ Date _____

Signature _____



Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
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AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT

(In compliance with Section 62 of the New York State Civil Service Law)

“I hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York and that I will faithfully discharge the duties of the Position of _____ according to the best of my ability”

Name: _____

Signature: _____

Address: _____

Date: _____



Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Primary: Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Secondary: Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Name (Print)

Department

Signature

Date

Borough of Manhattan Community College

New Employee On-Boarding & Existing Employee Orientation for IT Security

Why is IT Security important at CUNY?

- We must ensure our academic and administrative systems continue to be available to run the business of the University and to serve our faculty, students, and staff
- We must maintain accurate University data and prevent unauthorized changes (g.g., grades, financial aid information).
- We must be reputable custodians and are required by law to protect the privacy of personal data belonging to our faculty, students, and staff.

What are the IT security risks to CUNY?

- Don't be phished. Phishing is a scam in which an e-mail message directs you to click on a link that takes you to a web site where you are prompted for personal information, such as passwords, social security number, bank account number or credit card number. Both the link and the web site may closely resemble an authentic web site, but they are not legitimate.
- Don't disclose personal information to someone you don't know. Social engineering is an approach to gain access to information through misrepresentation. It is the conscious manipulation of people to obtain information without their realizing that a security breach is occurring. It may take the form of impersonation via telephone or in person, and through e-mail.
- Don't disclose personal information within CUNY unless it is absolutely necessary. The need for disclosing your social security number outside of the Human Resources (HR) department would be unusual. When in doubt, contact the HR department directly to verify the legitimacy of the request.
- Protect your user ID and password and never share them. Your user ID is your identification, and it is what links you to your actions on CUNY's computer systems. Your password authenticates your user ID. Use passwords that are difficult to guess the change them regularly.
- You are responsible for actions taken with your ID and password. Log off or lock your computer when you are away from your workstation. In most cases, hitting the "Control-Alt-Delete" keys and then selecting "Lock Computer" will keep other out. You will need your password to sign back in, but doing this several times a day will help you to remember your password.
- E-mail and portable devices are not secure. Do not ship personal information belonging to you or CUNY faculty, students and staff to portable devices (e.g., portable hard drives, memory) or send or request to be sent such personal information in an e-mail text or as an email attachment without encryption.
- Be careful when using Internet. Malicious code can take forms such as a virus, worm, or Trojan and can be hidden behind an infected web page or a downloaded program. Keep an anti-virus and anti-malware programs and the software on your workstation up-to-date at all times. Only install software authorized by your department, and never disable or change security programs and their configuration.

Where are the CUNY IT Security information resources?

- Security.cuny.edu is available 24 hours a day from any Internet accessible location without a user ID and password. All relevant policies, procedures, and advisories, the IT Security awareness program and materials, and links to external IT security information resources are located here.
- Find the Policy on Acceptable Use of Computer Resources under Info Security Policies.
- Find the IT Security Procedures-General under Info Security Policies.
- To take the IT Security Awareness tutorial, approximately 30 minutes, click on the padlock on the home page of security.cuny.edu.

Who to contact for help with IT Security at CUNY?

- Your Supervisor
- Your College Web-site
- security.cuny.edu
- The College IT Security Manager (click on Campus Security Managers Contact Information at security.cuny.edu under Contact Us).
- The College Chief Information Officer or equivalent in the Central Office department.
- The CUNY Central IT Security Office at security@mail.cuny.edu or the Contact us page at security.cuny.edu or the Who to Contact for Help page at security.cuny.edu

Where are some external resources for help with IT Security located?

- New York State Office of Cyber Security and Critical Infrastructure Coordination (CSCIC) at www.csic.state.ny.us
- Federal trade Commission at www.ftc.gov
- Privacy Rights Clearinghouse-Nonprofit Consumer Information and Advocacy Organization at www.privacyrights.org
- Anit-Phishing working Group-Committed to wiping out Internet scams and fraud at www.antiphishing.org
- Microsoft Malware protection Center, Threat Research and Response at www.microsoft.com/security/portal

What is required of me as an employee of CUNY?

- Acknowledge, by signature below, receipt of the Policy on Acceptable Use of Computer Resources.
- Acknowledge, by signature below, receipt of the IT Security Procedures-General.
- Complete the IT Security Awareness tutorial within the first 30 days of employment.
- Maintain compliance with the Policy on Acceptable Use of Computer resources and the IT Security Procedures at all times.

If you discover or suspect a security breach, you should report the incident to your supervisor, the college IT Security Manager (click on Contact Us at security.cuny.edu) and the CUNY Central IT Security Office (security@mail.cuny.edu) immediately.

I hereby acknowledge receipt of the Policy on Acceptable Use of Computer Resources and the IT Security Procedures-General.

(Printed Name)

(Signed)

Borough Of Manhattan Community College
(College/business area)

(Date)

Employee's Withholding Certificate

2022

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

| | | | |
|---|---|-----------|--|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|--|---|-------------|-------------------|
| Step 3: Claim Dependents | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ | | |
| | Multiply the number of other dependents by \$500 ▶ \$ _____ | | |
| Add the amounts above and enter the total here | | | 3 \$ _____ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ _____ |

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

| | | | |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
| | | | |



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

| | | |
|---|-----------|---|
| First name and middle initial | Last name | Your Social Security number |
| Permanent home address (number and street or rural route) | | Apartment number |
| City, village, or post office | | State |
| | | ZIP code |
| Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box. |
| Complete the worksheet on page 4 before making any entries. 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) 1 <input type="text"/> 2 Total number of allowances for New York City (from line 31) 2 <input type="text"/> | | |
| Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer. 3 New York State amount 3 <input type="text"/> 4 New York City amount 4 <input type="text"/> 5 Yonkers amount 5 <input type="text"/> | | |

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

| | |
|----------------------|------|
| Employee's signature | Date |
|----------------------|------|

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

| | |
|--|--------------------------------|
| Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.) | Employer identification number |
|--|--------------------------------|

Instructions

Important information

The 2021-2022 New York State budget was signed into law on April 19, 2021. Changes to New York State personal income tax have caused withholding tax changes for taxpayers with taxable income:

- more than \$2,155,350, and who are married filing jointly or a qualified widow(er);
- more than \$1,077,550, and who are single or married filing separately; or
- more than \$1,616,450, and who are head of household.

Accordingly, if you previously filed a Form IT-2104 and earn more than the amounts listed above, you should complete a new 2022 Form IT-2104 and give it to your employer.

Changes effective for 2022

Form IT-2104 has been revised for tax year 2022. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2022 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or

**THE CITY OF NEW YORK PAYROLL
MANAGEMENT SYSTEM
DIRECT DEPOSIT OF NET PAY
Enrollment/Cancellation**

**SUBMIT COMPLETED FORM TO:
YOUR AGENCY DIRECT DEPOSIT COORDINATOR OR YOUR
PAYROLL OFFICE**

www.NYC.gov/payroll

| | |
|-----------------------|--|
| TYPE OF ACTION | Attach a voided check or most recent savings statement. Check all that apply. |
| | <input type="checkbox"/> New Enrollment <input type="checkbox"/> Cancellation <input type="checkbox"/> Change of Name on Account <input type="checkbox"/> Change of Account Number <input type="checkbox"/> Change of Account Type <input type="checkbox"/> Change of ABA Number |

EMPLOYEE SECTION

| | |
|--------------------------------|---|
| EMPLOYEE IDENTIFICATION | FIRST M.I. LAST |
| | <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> |

| | |
|---|--|
| SOCIAL SECURITY NUMBER | WORK TELEPHONE |
| <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> - <input style="width:20px; height: 20px;" type="text"/> - <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> | <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> - <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> |

| | | |
|---|---|--|
| Enrollment | PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY-INCLUDE TRUSTEE OR HOINT OWNER): | |
| | PERSON 1 | |
| | <input style="width:100%; height: 20px;" type="text"/> | |
| | PERSON 2 | |
| | <input style="width:100%; height: 20px;" type="text"/> | |
| ABA NUMBER* | ACCOUNT NUMBER** | ACCOUNT TYPE (CHECK ONLY ONE) |
| <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> | <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> <input style="width:20px; height: 20px;" type="text"/> | <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING |
| <p>*ABA BANK NUMBER: CHECKING ACCOUNTS—The ABA number is the first nine(9) numbers prior to the account number at the bottom left corner of the check SAVINGS ACCOUNTS---Contact your bank for ABA number, if not known.</p> | | |

EMPLOYEE AUTHORIZATION

I hereby authorize The City of New York to deposit my net pay directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the “National Automated Clearing House Association” operating guidelines and rules. The City of New York can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to my agency a written cancellation to terminate the service.

Employee Signature _____ Date / /

| | | |
|---------------------|--|---|
| Cancellation | I hereby authorize The City of New York to cancel my direct deposit agreement. | |
| | Employee Signature _____ | Date <input style="width:20px; height: 20px;"/> / <input style="width:20px; height: 20px;"/> / <input style="width:20px; height: 20px;"/> |

AGENCY PAYROLL SECTION

| | | | |
|---|---|---|--|
| DOCUMENT # <input style="width:20px; height: 20px;"/> <input style="width:20px; height: 20px;"/> <input style="width:20px; height: 20px;"/> <input style="width:20px; height: 20px;"/> | CHECK DIGIT <input style="width:20px; height: 20px;"/> | JSN <input style="width:20px; height: 20px;"/> | PAYROLL <input style="width:20px; height: 20px;"/> <input style="width:20px; height: 20px;"/> |
|---|---|---|--|

ENROLLMENT REJECTION REASONS: INACTIVE LEAVE STATUS PAYCYCLE IS “A” OTHER _____

| | | | |
|-------------------|--|------------------------|-------------------|
| AGENCY REP | <u>NAME</u> _____ <small>(PLEASE PRINT)</small> | <u>SIGNATURE</u> _____ | <u>DATE</u> _____ |
|-------------------|--|------------------------|-------------------|

| | | | |
|----------------------------|--|------------------------|-------------------|
| DATA ENTRY OPERATOR | <u>NAME</u> _____ <small>(PLEASE PRINT)</small> | <u>SIGNATURE</u> _____ | <u>DATE</u> _____ |
|----------------------------|--|------------------------|-------------------|

IMPORTANT

HEALTH PLAN COVERAGE FOR EMPLOYEES HIRED ON OR AFTER JULY 1, 2019

City of New York employees, and employees of Participating Employers, hired on or after July 1, 2019 will only be eligible to enroll in the Emblem Health **HIP HMO Preferred Plan** and must remain in the HIP HMO Preferred Plan for the first year (365 days) of employment.

Within the 335th day and 365th day of employment, the employee will have the option of either remaining in the HIP HMO Preferred Plan or selecting a different health plan. If a new health plan is selected, the new plan will be effective on the 366th day. Paperwork must be completed and submitted to the employees Benefits Officer within those 30 days leading to the 365th day of employment.

A newly hired employee who needs to request an exemption from the required enrollment in the HIP HMO Preferred Plan can do so by submitting a [HIP HMO Opt-Out Request Form](#) to **Emblem Health**. An employee, or eligible dependent, must meet certain criteria and the request must be approved by Emblem Health before the exemption is granted by your employer. The HIP HMO Opt-Out Request Form and HIP service area are available on the [Emblem Health website](#).

In addition, after the 365th day of employment an employee can participate in an Annual Fall Transfer Period to select a different plan.

This information can also be found on the [New York City Office of Labor Relations – Health Benefits website](#). A description of the plans are available under “Summary of Plans”.



Health Benefits Application

Health Benefits Program

40 Rector Street - 3rd Floor
New York, NY 10006
(212) 513-0470
TTY/TDD: (212) 306-7753
www.nyc.gov/olr

Please print all information clearly using a black or blue ballpoint pen.

| | |
|---|--|
| Applicant <u>MUST</u> check one: | <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> RETIREE <input type="checkbox"/> RETURN TO RETIREMENT (Check this box if you were previously retired) <input type="checkbox"/> LINE OF DUTY SURVIVOR |
|---|--|

REASON(S) FOR SUBMISSION (check one or more boxes: enter change date if appropriate)

| | | | |
|--|--|---|---|
| A. <input type="checkbox"/> New Enrollment <input type="checkbox"/> Reinstatement <input type="checkbox"/> Retirement <input type="checkbox"/> Disability Retirement <input type="checkbox"/> Accident Disability Retirement <input type="checkbox"/> Drop Optional Benefits <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Add Optional Benefits <input type="checkbox"/> Cancel Benefits (CHECK ONE) <input type="checkbox"/> Waive Benefits <input type="checkbox"/> Buy-Out Waiver Program <small>(EMPLOYEES ONLY - COMPLETE SECTIONS D, E, F & I ONLY)</small> | B. Transfer of Health Plan and/or Optional/Benefit Based on: <input type="checkbox"/> Transfer Period <input type="checkbox"/> Permanent Move Into/Out of Health Plan Area Effective Date: ____/____/____ <input type="checkbox"/> Retiree Once-in-A-Lifetime <input type="checkbox"/> Other: _____ | C. Change of: <input type="checkbox"/> Spouse/Domestic Partner: <input type="checkbox"/> Add <input type="checkbox"/> Drop Effective Date: ____/____/____ <input type="checkbox"/> Dependent Child(ren): <input type="checkbox"/> Add <input type="checkbox"/> Drop Effective Date: ____/____/____ <input type="checkbox"/> Change of Name - Former Name: _____ |
|--|--|---|---|

D. EMPLOYEE/RETIREE INFORMATION

| | | | | | | | |
|--|---|--------------------------|---|--|-------------------------|----------------------------|----------|
| Last Name: | | First Name: | | M.I.: | Social Security Number: | | |
| Home Address: | | | | | | | Apt. No: |
| City: | | State: | Zip Code: | Country (if outside the U.S.): | | | |
| Date of Birth: | Sex: | Home - Telephone Number: | | Work - Telephone Number: | | Mobile - Telephone Number: | |
| / / | <input type="checkbox"/> M <input type="checkbox"/> F | () - | | () - | | () - | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced | | Date of Event (MM/DD/YY) | Agency in which employed or retired from: | | Union or Welfare Fund | | |
| <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership | | / / | | | | | |
| Name of current City Health Plan: | | | Medicare Claim Number: | <input type="checkbox"/> If Medicare Part A - Effective Date: / / <input type="checkbox"/> If Medicare Part B - Effective Date: / / | | ATTACH COPY OF CARD | |
| THIS SECTION RETIREES ONLY | | | | | | | |
| Retirement System: | | Years Credited Service: | City Start Date: | Retirement Date: | Pension Number: | | |
| | | | / / | / / | | | |

E. SPOUSE/DOMESTIC PARTNER INFORMATION

| | | | | | | | |
|--|--|-------------|------------------------|--|-------------------------|----------------------------|----------------|
| Last Name: | | First Name: | | M.I.: | Social Security Number: | | Date of Birth: |
| | | | | | | | / / |
| Is spouse/domestic partner: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed | | | | Is spouse/domestic partner to be covered by employee/retiree's Health Plan? | | | |
| <input type="checkbox"/> City Agency Name: _____ <input type="checkbox"/> Non-City Related | | | | (Double City coverage is not permitted) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Does spouse/domestic partner have Non-City group health plan? | | | Medicare Claim Number: | <input type="checkbox"/> If Medicare Part A - Effective Date: / / <input type="checkbox"/> If Medicare Part B - Effective Date: / / | | ATTACH COPY OF CARD | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

F. FAMILY INFORMATION (Attach a second form if necessary; dependent may not be covered under two NYC Health Plans.)

List all eligible dependents to be covered by your Health Plan.
(CUNY ADJUNCT EMPLOYEES: City rates apply for Individual coverage ONLY. Contact your Benefits Office for information about additional cost for Family coverage.)

| Last Name: | First Name: | Date of Birth: | Social Security Number: | Sex: | Check if Applicable | | |
|-------------------------|-------------|----------------|-------------------------|------|--------------------------|--------------------------|--------------------------|
| | | | | | FULL-TIME STUDENT | PERMANENTLY DISABLED | DROP COVERAGE |
| Spouse/Domestic Partner | | / / | - - | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent | | / / | - - | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent | | / / | - - | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent | | / / | - - | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent | | / / | - - | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G. HEALTH PLAN REQUESTED (Please print clearly)

HEALTH PLAN NAME IN FULL: _____

Optional Benefits? (Check "Yes" or "No" for optional benefits rider. If no box is checked, it will be presumed that you do not want optional benefits.) Yes No

H. TO PARTICIPATE IN THE HEALTH BENEFITS PROGRAM - PLEASE SIGN AND DATE BELOW (Participant must sign either Section H or I)

I certify that the above information is correct and I authorize the City to deduct from my salary/pension the amount required, if any, through the City Health Benefits Program. I understand that the City Program's benefits will be coordinated with those available through Medicare or any other source.

Furthermore, I agree that my periodic health plan deductions, if any, will be made on a pre-tax basis pursuant to the Internal Revenue Code 125. I understand that I have an option to decline this benefit, by obtaining a Medical Spending Conversion Form, both of which are obtainable at my payroll office. (Section 125 does not apply to retirees.)

If I have checked the Waive Benefits Box in Section A, I am choosing not to participate in the City Health Benefits Program at this time.

Employee/Retiree Signature: _____ Date: ____/____/____

I. TO PARTICIPATE IN THE HEALTH BENEFITS BUY-OUT WAIVER PROGRAM - SIGN AND DATE BELOW (Participant must sign either Section H or I)

I wish to participate in the Health Benefits Buy-Out Waiver Program. I have read the Medical Spending Conversion Health Benefits Buy-Out Waiver Program brochure and completed a Medical Spending Conversion Form and I attest that I meet the qualifications for this program. (Retirees, Line of Duty Survivors and CUNY Adjunct employees are not eligible.)

Employee Signature: _____ Date: ____/____/____

J. FOR COMPLETION BY PAYROLL OR PERSONNEL OFFICE ONLY

I certify that the above employee/retiree is eligible for the New York City Health Benefits Program (HBP) and that dependent documentation has been verified in accordance with HBP procedures. I certify that the above employee is eligible for the Health Benefits Buy-Out Waiver Program and I have reviewed and processed the Medical Spending Conversion Form and I attest that the employee meets the qualifications for this Program.

| | | | | | |
|-----------------------|-----------------|--|------------------------------|--|-----------------------------|
| Certifying Signature: | | | Date: | Telephone Number: | |
| | | | / / | () - | |
| Agency Code: | Title Code No.: | Status: | Appointment/Retirement Date: | Pay Period: | Effective Date of coverage: |
| | | <input type="checkbox"/> Full-Time <input type="checkbox"/> Civil Servant <input type="checkbox"/> Part-Time <input type="checkbox"/> Provisional | (MM/DD/YYYY) / / | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly | (MM/DD/YYYY) / / |

The City University of New York

RETIREMENT PROGRAM ELECTION FORM For Full-Time Staff / Civil Service Managers

This form is to be used for eligible employees of CUNY who are appointed, promoted, transferred or re-classified to an eligible Full-time Staff / Classified Managerial position and **must be filed within 30 days** of written notification of eligibility. For those electing the Optional Retirement Program (ORP), you must submit this form and enroll with TIAA-CREF online. **New employees who do not complete the election process within the statutory time frame noted in the attached information sheet are by law forced into membership with TRS or, if Classified Managerial, into NYCERS.**

Section 1: Personal Information

Name: _____ Social Security Number: _____

Home Address: _____

College: BMCC/CUNY Job Title: _____ Pension Member # (if any): _____

Section 2: Election of Retirement Program

Having received written notification of my retirement system options and having satisfied myself as to the desired retirement system available to me by or pursuant to law in connection with my employment by the City University of New York, I hereby make the following election in regard to my participation in the retirement program as specified below (check one only)

- I.** _____ **The Optional Retirement Program (ORP)** – I understand that in addition to notifying my employer of my election, I must also enroll with TIAA online (www.tiaa.org/cuny)
- II.** _____ **Teachers' Retirement System of The City of New York (TRS)** – For Instructional Staff only, unless already a member of the NYC TRS through a former position in public service.
- III.** _____ **The New York City Employees' Retirement System (NYCERS)** – Classified Managerial only, unless already a member of NYCERS through a former position in public service.
- IV.** _____ **The Board of Education Retirement System*** (for current members only);
- V.** _____ I have been appointed to a **Substitute or Visiting Professor** title and opt not to join the ORP or TRS; therefore, I choose not to be a member of a pension system at this time.

Signature

Name (Print)

Date

HR Office Verification

Those participating as Transferred Contributors please check here



CHOOSING A PENSION PLAN: A GUIDE FOR NEW MEMBERS (Tier VI)

New York State law mandates participation in a retirement system for full-time members of the instructional staff. New staff members have 30 days from the effective date of their appointment to choose a retirement program, and the choice is irrevocable. If no choice is filed within 30 days, the law mandates that the member be assigned to the New York City Teachers' Retirement System (TRS).

Full-time instructional staff members must choose between the New York City Teachers' Retirement System (TRS) and the Optional Retirement Program (ORP). Those who elect the Optional Retirement Program must choose investment options through either Teachers Insurance and Annuity Association- College Retirement Equities Fund (TIAA-CREF) or through the alternate funding vehicles offered by Guardian or MetLife. More information may be obtained from your college HR Office.

Adjuncts employed by CUNY are only eligible for membership in TRS and may join at their option. Additional information on choosing a pension plan is available from Jared Herst, PSC Coordinator of Pension and Welfare Benefits, at (212) 354-1252, or jherst@pscmail.org. This chart, which compares the two systems, may assist new members in choosing their pension plan.

CUNY's Pension Options

| System | New York City Teachers' Retirement System (TRS) | Optional Retirement Program |
|---------------------------------------|---|---|
| Type of Basic Retirement Plan | Defined benefit plan: Benefits are based on age, Final Average Salary* (FAS) and years of employment. *Final Average Salary (FAS): Average of your highest five consecutive annual salaries with certain limitations. | Defined contribution plan: Benefits are based on the amounts contributed by the employer and employee and earnings of the employee's choice of investments. |
| Vesting | After ten years of total credited service. | After 366 days of continuous full-time employment. (Immediate if employee has a pre-existing, vested TIAA-CREF Retirement Annuity (RA) or Group Retirement Annuity (GRA) contract.) |
| Retirement Age | Age 63: Immediate, unreduced benefits. Ages 55 to 62: Immediate, reduced benefits at 6.5% per year between those ages. | No age limitation: A member may choose to retire and begin annuity income after vesting without a reduction in benefits. |
| NYC Retirement Health Benefits | Full-time CUNY employees with 10 years of credited service, age 55 or older and receiving a pension. Health insurance premiums are deducted from employees' basic pension payouts in retirement. | A member with at least 15 years of pensionable, continuous, full-time CUNY service and who is at least age 62. Note: As of 9/1/05, if you are a health-benefits-eligible retiree, you are required to maintain \$50,000 in reserve, with TIAA-CREF, in order to pay for retiree health insurance premiums. Additional reserve amounts may be required depending on the health plan you select or to cover future insurance rate increases. |

| System | New York City Teachers' Retirement System (TRS) | Optional Retirement Program | | | | | | | | | | | | | | | | | | | | |
|--|--|--|-------|-----------------------------------|-------|-----------------------------------|-------|------------------------------------|-------|------------------------|-------|--|---------------------|-------|-----------------------------------|-------|-----------------------------------|-------|------------------------------------|-------|------------------------|-------|
| Retirement Allowances | <p>For members who join TRS after 3/31/2012: Less than 20 years of service: 1.67% x FAS x years of service. 20 years of service: 1.75% x FAS x years of service. More than 20 years of service: 1.75% x FAS x years of service (for first 20 years) + 2% FAS for each year of total service credit above 20.</p> | Retirement benefits are based on total accumulations, age at retirement, and the income options selected. | | | | | | | | | | | | | | | | | | | | |
| Contribution Rates | <p>Employee pays 3% of regular compensation on a federally tax-deferred basis through 3/31/2013. Thereafter, the contribution rate varies for the remainder of service, dependent upon an employee's salary:</p> <table> <tr> <td>--\$45,000 or less:</td> <td>3.00%</td> </tr> <tr> <td>--More than \$45,000 to \$55,000:</td> <td>3.50%</td> </tr> <tr> <td>--More than \$55,000 to \$75,000:</td> <td>4.50%</td> </tr> <tr> <td>--More than \$75,000 to \$100,000:</td> <td>5.75%</td> </tr> <tr> <td>--More than \$100,000:</td> <td>6.00%</td> </tr> </table> <p>Employer contributes a lump-sum annually to TRS.</p> | --\$45,000 or less: | 3.00% | --More than \$45,000 to \$55,000: | 3.50% | --More than \$55,000 to \$75,000: | 4.50% | --More than \$75,000 to \$100,000: | 5.75% | --More than \$100,000: | 6.00% | <p>Employee pays 3% of regular compensation on a federally tax-deferred basis through 3/31/2013. Thereafter, the contribution rate varies for the remainder of service, dependent upon an employee's salary:</p> <table> <tr> <td>--\$45,000 or less:</td> <td>3.00%</td> </tr> <tr> <td>--More than \$45,000 to \$55,000:</td> <td>3.50%</td> </tr> <tr> <td>--More than \$55,000 to \$75,000:</td> <td>4.50%</td> </tr> <tr> <td>--More than \$75,000 to \$100,000:</td> <td>5.75%</td> </tr> <tr> <td>--More than \$100,000:</td> <td>6.00%</td> </tr> </table> <p>Employer pays 8% of salary for first seven years of employment and 10% thereafter until the remainder of the employee's service.</p> | --\$45,000 or less: | 3.00% | --More than \$45,000 to \$55,000: | 3.50% | --More than \$55,000 to \$75,000: | 4.50% | --More than \$75,000 to \$100,000: | 5.75% | --More than \$100,000: | 6.00% |
| --\$45,000 or less: | 3.00% | | | | | | | | | | | | | | | | | | | | | |
| --More than \$45,000 to \$55,000: | 3.50% | | | | | | | | | | | | | | | | | | | | | |
| --More than \$55,000 to \$75,000: | 4.50% | | | | | | | | | | | | | | | | | | | | | |
| --More than \$75,000 to \$100,000: | 5.75% | | | | | | | | | | | | | | | | | | | | | |
| --More than \$100,000: | 6.00% | | | | | | | | | | | | | | | | | | | | | |
| --\$45,000 or less: | 3.00% | | | | | | | | | | | | | | | | | | | | | |
| --More than \$45,000 to \$55,000: | 3.50% | | | | | | | | | | | | | | | | | | | | | |
| --More than \$55,000 to \$75,000: | 4.50% | | | | | | | | | | | | | | | | | | | | | |
| --More than \$75,000 to \$100,000: | 5.75% | | | | | | | | | | | | | | | | | | | | | |
| --More than \$100,000: | 6.00% | | | | | | | | | | | | | | | | | | | | | |
| Tax-Deferred Annuity (TDA) | <p>Voluntary TRS TDA 403(b) is available for members of TRS basic retirement plan.</p> <p>Note that other tax-deferred retirement investment options are also available. For more information, contact your campus HR benefits officer or reach out to Jared Herst at PSC-CUNY.</p> | Voluntary TIAA-CREF TDA 403(b) is available. | | | | | | | | | | | | | | | | | | | | |
| Retirement Disability Benefits | <p>Ordinary Disability benefits: 10 or more years of service credit required. Accident Disability Benefits: No minimum service requirement.</p> | A member who has been certified disabled and retires may receive annuity payments and city-provided health benefits after 10 years of full-time service. | | | | | | | | | | | | | | | | | | | | |
| Death Benefit: Beneficiar(ies) of <u>Active</u> Employees in Basic Pension. | Member contribution accumulation (member contributions + interest) + death benefit equal to one year's salary for one year of service, two years' salary for two years of service and three years' salary for three or more. Reductions may be applicable depending on age. | Total accumulations in a member's basic retirement plan. | | | | | | | | | | | | | | | | | | | | |
| Loans | Yes, to the maximum allowable by law from a member's contributions to basic retirement plan, TDA, 457(b) and 401(k) plans. | Yes, to the maximum allowable by law from a member's basic retirement plan, TDA, 457(b) and 401(k) plans. | | | | | | | | | | | | | | | | | | | | |

*The preceding is for informational purposes only. It is a preliminary interpretation of 2012 Tier VI legislation & subject to change.



How to enroll

Enrollment eligibility and details for the CUNY Optional Retirement Program (ORP)

You have **30 days after the date of your hire to enroll**. All full-time faculty and professional members (teaching and nonteaching or executive compensation plan employees) are eligible to choose between two plans: the NYC Teachers' Retirement System (TRS) Defined Benefit Plan or the Optional Retirement Program offered through TIAA. If you do not choose a plan within 30 days of employment, you will be automatically default enrolled into the Defined Benefit Plan.

Contribution information for the Optional Retirement Program

The City University of New York (CUNY) requires appointed members to contribute a certain percentage of base salary through regular payroll deductions as a condition of employment.

- CUNY contributes 8% of your salary for the first seven years of your employment and 10% for all subsequent years.
- New employees are required to contribute 3%-6% (pretax) of your salary through regular payroll deductions. See contribution table below:

| | |
|---------------------------------------|-------|
| Wages up to \$45,000 | 3% |
| Wages \$45,000.01 and up to \$55,000 | 3.5% |
| Wages \$55,000.01 and up to \$75,000 | 4.5% |
| Wages \$75,000.01 and up to \$100,000 | 5.75% |
| Wages \$100,000.01 and greater | 6% |

- Once you have completed 366 days of service with CUNY, you are fully vested in all retirement and death benefits provided by the investments purchased through both the University and your own contributions. The 366-day wait is waived for employees who enter service with a current, pre-existing vested TIAA retirement contract.

To learn more, visit TIAA.org/cuny.

Don't forget to join the CUNY Voluntary Savings Plan. Open a Tax-Deferred Annuity.

Contributing to a Tax-Deferred Annuity (TDA) can help you supplement the retirement income you can receive from your retirement plan and Social Security.

The TDA Plan allows you to make pretax and Roth (after-tax) contributions to your retirement savings.

The major difference between a Roth contribution option and a pretax contribution option is *when* you pay income taxes. With a pretax option, your contribution comes out of your paycheck before it is taxed. Pretax contributions lower your taxable income in the year of your contribution, and your contributions and earnings are tax deferred until you take them out of your TDA Plan account. With the Roth contribution option, your contribution is taken out of your paycheck after taxes are paid. Roth contributions do not lower your current taxable income. Your Roth contributions, and the accumulations on them, are not taxed when qualified withdrawals are made.*

Instructions on how to enroll are on next page.



Enrolling with the CUNY Optional Retirement Program

Remember, you have only 30 days to make the choice that's right for you. After that, you will be automatically default enrolled into the NYC Teachers' Retirement System (TRS) Defined Benefit Plan, which is irrevocable.

For information on enrollment eligibility and details on the CUNY Optional Retirement Program and Tax-Deferred Annuity Plan offered, please visit [TIAA.org/cuny](https://www.tiaa.org/cuny).

Before you begin to enroll, have handy your Social Security number, birth date and address, along with the same information for your beneficiary if you'd like to name one at this time.

Enrolling online is fast and simple:

Visit [TIAA.org/cuny](https://www.tiaa.org/cuny)

- Select *Ready to Enroll*.
- Choose *Optional Retirement Program* (Employer Program) and then *Next*.
- Click *Begin Enrollment*.
- Arrive at the TIAA *Welcome* page where you can register for a user ID and password or enter your log-in information if you are already registered with TIAA.
- Enter your user ID and click *Log In* if you are a returning user.
- Or, click *Register with TIAA* if you are a first-time user.
- Select your school from the drop-down list.
- Follow the on-screen instructions. You will be asked for specific investment choices on the Allocation screen.
- When you arrive at the *Thank You* screen, your online enrollment is complete.
- You may want to print a copy of the confirmation for your records.

CUNY has dedicated representatives at TIAA who are trained to answer all of your questions about the retirement plan. Call **800-842-2252** to be connected with a representative. To schedule an in-person advice session with your dedicated financial consultant, go to [TIAA.org/schedulenow](https://www.tiaa.org/schedulenow) and sign up. Or you may meet with your financial consultant at one of the following offices:

New York Financial Center

750 Third Avenue
(Between 46th & 47th Sts)
New York, NY 10017-3206

Long Island Office

58 South Service Road, Suite 305
Melville, NY 11747



Enrollment Form

PSC-CUNY Welfare Fund
 61 Broadway, 15th Floor
 New York, NY 10006
 Office 212-354-5230 Fax: 212-354-5363
 Website: www.psccunywf.org

Required A copy of your NYC Health Benefits Application is required and/or WF Domestic Partner form if Applicable.
 Dependent information will be obtained from your NYC Health Application unless you indicate otherwise.

| | | |
|---------------|---|---|
| Member | NYSUT ID: _____ | NYS ID (State Colleges): _____ |
| | Social Security : _____ | Date of Birth: _____ / ____ / ____ |
| | First Name: _____ | Last Name: _____ |
| | Address: _____ | |
| | City: _____ | State: _____ Zipcode: _____ |
| | Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> DP | Gender: <input type="checkbox"/> F <input type="checkbox"/> M |
| | Primary Telephone: () _____ | Primary Email: _____ |

Dental For more information visit: www.psccunywf.org
 Guardian
 DeltaCare USA *Delta will assign you a Dentist. To change it, call Delta or go Online.

Health Plan

Basic Rider Waived Stipend

Member I hereby certify that all of my personal information presented here is true and accurate.

Signature _____ Date _____

| | | |
|------------------------|---|--|
| College | CUNY Campus _____ | Effective Date of Coverage _____ / ____ / ____ |
| | Job Title and Code _____ | Effective Date of Hire _____ / ____ / ____ |
| | <i>If Classified Managerial check here</i> <input type="checkbox"/> | Earliest CUNY Hire Date _____ / ____ / ____ |
| | I hereby certify to the best of my knowledge that the information presented here is accurate, complete and sufficient to verify eligibility for benefits under the PSC-CUNY Welfare Fund. | Previous College (if applicable) _____ |
| Benefits Officer _____ | | Date _____ |

| | |
|----------------------------------|---------------------|
| [PSC-CUNY Welfare Fund Use Only] | [Alpha] |
| Date Received _____ | Authorization _____ |
| Initials _____ | Date _____ |

PSC-CUNY Welfare Fund Death Benefit Beneficiary Designation Card

| | | |
|---|--|--|
| Name of Employee (Last) (First) Middle Initial | | |
| Social Security Number | Male <input type="checkbox"/> Female <input type="checkbox"/> | Date of Birth Mo. Day Yr. 19 |
| Name of College: | | |
| Date employed: | | Job title |
| Primary Beneficiary Name | Telephone number | relation to me |
| Primary Beneficiary Address, | | |
| Contingent Beneficiary Name | Telephone number | relation to me |
| Contingent Beneficiary Address, | | |
| Date Signed Mo. Day Yr. | Signature of Employee | |

Order of Payment and Division of Benefits. Unless otherwise provided:

- (a) Payment at my death is to be made to a primary beneficiary if he/she is then living.
- (b) Payment at my death is to be made to a contingent beneficiary if he/she is then living and there is no primary beneficiary then living.
- (c) If all beneficiaries predecease me, the benefits will be payable to my estate.