



Classified Full Time Benefits Package Checklist

[City of New York Health Benefits Application](#)

[City of New York Health Benefits Rate Sheet](#)

[City of New York Summary Program Description Booklet](#)

[Dependent Eligibility Required Documentation List](#)

[District Council 37 Health 7 Security Enrollment Card](#) (For all other unions the employee must contact the union directly)

[New York City Employees' Retirement System \(NYCERS\) Tier 6 Fact Sheet](#)

[New York City Employees' Retirement System Tier 6 Application](#)

[Flexible Spending Account Frequently Asked Questions](#)

[COBRA Fact Sheet](#)

[Family & Medical Leave Act Fact Sheet](#)

[Commuter Benefits Program FAQ's & Application](#)

[Transit Benefit Transportation Account \(TSA\) Fact Sheet & Application](#)

Tax Deferred Annuities Information www.tiaa.org/cuny and www.nysdcp.com

I acknowledge receipt of the Benefits Package

Sign & Print Name _____

Title: _____ date _____