INSTRUCTIONS

This form is to be completed by:

☞ Newly hired employees who wish to enroll for benefits for the first time. As a newly hired employee, you must complete all sections of this form within 31 days of your date of eligibility.

☞ Employees who have experienced a qualifying change in status and wish to make corresponding changes to their present coverage levels. Changes must be consistent with your status change. Changes to your level of coverage must be made within 31 days following the status change.

Visit the NYU Benefits Resource Center via NYU Home at www.home.nyu.edu for online tools and information about your NYU benefits.
Enrollment Type:  
☐ I am a new hire  ☐ I have a status change  Date of Status Change: __________________

You must make your election to change your level of coverage within 31 days following the occurrence of a qualifying status change as described in the NYU publication “When You Can Add or Cancel Coverage for Your Dependent.” The change in your level of coverage must be consistent with the change that occurred and will be effective as of the date the change occurred.

SECTION 1  MEDICAL COVERAGE

You cannot waive medical coverage for yourself. You are required to make a contribution for part of the cost of medical coverage for your family.

I want to be covered by the following medical plan (check one box):
☐ NYU Point-of-Service Plan administered by UnitedHealthcare
☐ HIP HMO
☐ Aetna HMO
☐ Oxford Health Plans HMO

Do you want to cover dependents?  Select the level of medical coverage you want below (check one box):
☐ Yes
  ☐ Employee only
  ☐ Employee plus spouse
  ☐ Employee plus child or children
  ☐ Employee plus spouse plus child or children

☐ No, I do not wish to cover dependents.

SECTION 2  DENTAL COVERAGE

You cannot waive coverage for yourself under the NYU Dental Assistance Plan. You are required to make a contribution for part of the cost of dental coverage for your dependents.

Do you want to cover dependents?  Select the level of dental coverage you want below (check one box):
☐ Yes
  ☐ Employee only
  ☐ Employee plus spouse
  ☐ Employee plus child or children
  ☐ Employee plus spouse plus child or children

☐ No, I do not wish to cover dependents.

SECTION 3  DEPENDENT COVERAGE

If you are selecting coverage for your dependents, list the dependents you want to cover below. Be sure to read the important note below about submitting proof of relationship for your dependents.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>DATE OF BIRTH MM/DD/YYYY</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>MEDICAL</th>
<th>DENTAL</th>
</tr>
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<td>YES</td>
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<td>YES</td>
<td>NO</td>
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Important note applicable to dependent enrollment in a medical or dental plan:
If you have not previously submitted proof of relationship for the dependents you plan to cover you’ll need to attach to this form, copies of each covered child’s birth certificate, custody/guardianship/adoption papers or your marriage certificate if you are covering your spouse or your approved NYU Domestic Partner Registration form.
SECTION 4  COMMUTATION EXPENSE REIMBURSEMENT ACCOUNT PARTICIPATION

Do you want to participate in the Commutation Expense Reimbursement Account Program (CERA)?

☐ Yes  ☐ No

Make your elections and contribution amounts below. You may elect a Mass Transit Account, a Parking Account or both.

Mass Transit CERA
☐ I elect to participate in the Mass Transit Commutation Account Program. I want my salary reduced by $ __________ per month (minimum $10; maximum $105).

Parking CERA
☐ I elect to participate in the Parking Commutation Account Program. I want my salary reduced by $ __________ per month (minimum $10; maximum $205).

SECTION 5  DIRECT DEPOSIT OPTION FOR ALL REIMBURSEMENT ACCOUNTS

☐ I authorize NYU and EBPA, Inc., the organization providing administrative services for the NYU Commutation Expense Reimbursement Account Program, to deposit any reimbursement due me from the accounts in which I am enrolled into the same bank account as my NYU paycheck. I understand that I must first arrange for direct deposit of my NYU paycheck for this to be in effect.

SECTION 6  GROUP LIFE & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

NYU provides $20,000 of Life and AD&D coverage at no cost to you. To enroll, designate your beneficiary in the space provided below. NYU also provides a Long Term Disability benefit at no cost to you. You are automatically enrolled in the Long Term Disability Plan.

You may purchase additional Life and AD&D insurance through payroll deduction. To purchase additional coverage in increments of $5,000 check the box below next to the amount you wish to purchase. Your beneficiary will be as specified below.

Check one:
☐ $5,000 – current payroll deduction is $1.10 per month  ☐ $25,000 – current payroll deduction is $5.50 per month
☐ $10,000 – current payroll deduction is $2.20 per month  ☐ $30,000 – current payroll deduction is $6.60 per month
☐ $15,000 – current payroll deduction is $3.30 per month  ☐ $35,000 – current payroll deduction is $7.70 per month
☐ $20,000 – current payroll deduction is $4.40 per month  ☐ $40,000 – current payroll deduction is $8.80 per month

The schedule and rates shown above are for employees under age 65. For employees age 65 and over, the Schedule of Insurance and corresponding costs decrease each year. Contact the Benefits Office if you require a copy of this schedule.

BENEFICIARY DESIGNATION (REQUIRED) for enrollment in Basic and Supplemental Life Insurance)

Primary Beneficiary(ies) will receive the benefit in the event of your death. If you name more than one primary beneficiary, they will share the benefit equally unless you name a specific percentage for each person named.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Relationship to You</th>
<th>Social Security #</th>
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Secondary Beneficiary(ies) will receive the benefit only if your primary beneficiary(ies) are deceased.

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<th>Name</th>
<th>Address</th>
<th>Relationship to You</th>
<th>Social Security #</th>
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Definition of Terms: Unless otherwise provided, these terms have the meanings indicated:
CHILDREN – the children born of any and all marriages and any children legally adopted at any time.
ESATATE – any duly appointed Executors or Administrators
SECTION 7  AUTHORIZATION

I have read the Summary Plan Descriptions and/or Overview for each plan and understand the benefit choices I have made. This information is available on the Benefits Resource Center which is accessible via NYUHome at www.home.nyu.edu or you may obtain paper copies from the NYU Benefits Office.

I understand that I cannot change any of the elections for medical, dental, and dependent coverage until the next open enrollment period unless I have a qualifying status change.

I understand that my salary deduction will automatically stop if a plan is discontinued or if I cease to receive a salary at least equal to my deduction.

I understand that evidence of insurability satisfactory to the Standard will not be required if I enroll in the Supplemental plan when I am first eligible to participate or if I enroll or increase my coverage within 31 days of a qualifying status change as defined in the Plan. I understand that if I enroll or increase my Supplemental Life Insurance at any other time, my coverage will not be effective until the Standard receives proof that I am in good health and approves the additional coverage.

I designate the beneficiary(ies) shown on this form to receive any death benefits which may become payable under the Group Life Insurance Policy.

Salary reductions will be taken on a pre-tax basis for Mass Transit and/or Parking Commutation Expense Reimbursement Accounts and I understand the effect of any pre-tax contributions on my pay.

- The tax advantages from which any of these programs are intended to provide are subject to government regulations, rules, and application of the tax laws by the IRS. Although it may anticipate certain tax consequences as being likely, the University does not promise that any particular tax consequences will result from participation in any of these programs.

If I enroll in the Mass Transit and/or Parking CERA, I have read and understand the terms and conditions applicable to these accounts, including:

- I have until January 31 of the following year to submit bills to my CERA for expenses incurred on or before December 31 of the previous year. Any unused funds remaining in my account after January 31 will be handled in accordance with IRS regulation.

If I receive reimbursement for expenses that are not eligible and qualifying, I agree on demand to indemnify and reimburse the University for any liability it may incur for failure to withhold federal, state, and city income tax or Social Security tax, up to the additional tax actually owed by me.

I authorize any payroll deductions based on the elections I have made here.

SIGNATURE                             DATE

FOR BENEFITS OFFICE USE ONLY DATE ENTERED ________________ VERIFIED ________________