



## **Classified Part 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](#)

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

Tax Deferred Annuities Information [www.tiaa.org/cuny](http://www.tiaa.org/cuny) and [www.nysdcp.com](http://www.nysdcp.com)

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I acknowledge receipt of the Benefits Package

Sign & Print Name \_\_\_\_\_

Title: \_\_\_\_\_ date \_\_\_\_\_