



Instructional Staff 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](#)

[PSC-CUNY Welfare Enrollment Form](#)

[PSC-CUNY Welfare Fund Death Benefit Beneficiary Designation Card](#)

[Choosing a Pension Plan: A Comparison Chart for New Members \(TierVI\)](#)

[TRS Online](#)

[TIAA-CREF Online](#)

[Flexible Spending Account Frequently Asked Questions](#)

[COBRA Fact Sheet](#)

[Commuter Benefits Program FAQ's & 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 _____