



### POSTDOCTORAL FELLOW 2016 OPEN ENROLLMENT BENEFITS ELECTION FORM

FOR FULL-TIME POSTDOCTORAL CLINICAL FELLOWS AND POSTDOCTORAL RESEARCH FELLOWS NOT RECEIVING SALARY

**TIME-SENSITIVE: Complete By November 20, 2015 to Make Changes for the 2016 Plan Year**

#### PERSONAL INFORMATION (to be completed by the postdoctoral fellow)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

UNI: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### MEDICAL AND DENTAL PLANS (to be completed by the postdoctoral fellow)

Please check the desired coverage level\* with the associated monthly contribution for one following medical coverage options. For plan details, consult the *Benefits Highlights* for Officers, available online at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits).

\*Relationship codes for the following chart:

PDF=Post-Doctoral Fellow / SP = Spouse / SSDP = Eligible Same-Sex Domestic Partner

Medical Plans	Coverage Levels & Employee Monthly Contributions							
Choice Plus 80	<input type="checkbox"/> PDF	\$569	<input type="checkbox"/> PDF & SP / SSDP	\$1,195	<input type="checkbox"/> PDF & Child(ren)	\$1,081	<input type="checkbox"/> Family	\$1,707
Choice Plus 90	<input type="checkbox"/> PDF	\$669	<input type="checkbox"/> PDF & SP / SSDP	\$1,406	<input type="checkbox"/> PDF & Child(ren)	\$1,272	<input type="checkbox"/> Family	\$2,008
Choice Plus 100	<input type="checkbox"/> PDF	\$870	<input type="checkbox"/> PDF & SP / SSDP	\$1,828	<input type="checkbox"/> PDF & Child(ren)	\$1,653	<input type="checkbox"/> Family	\$2,611
<b>Dental Plan</b>								
Aetna Dental	<input type="checkbox"/> PDF	\$40	<input type="checkbox"/> PDF + One	\$80	<input type="checkbox"/> Family	\$119		

**DEPENDENT INFORMATION (to be completed by the postdoctoral fellow)**

Enter all dependents who are to be covered under the Plan you selected and check the appropriate box to indicate which benefits apply to each dependent. You must be prepared to provide proof of each dependent's eligibility if you are selected for audit at any time.

**Dependent #1**  Medical Coverage  Dental Coverage Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN (Required): Call Columbia Benefits Service Center

**Dependent #2**  Medical Coverage  Dental Coverage Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN (Required): Call Columbia Benefits Service Center

**Dependent #3**  Medical Coverage  Dental Coverage Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN (Required): Call Columbia Benefits Service Center

**Dependent #4**  Medical Coverage  Dental Coverage Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN (Required): Call Columbia Benefits Service Center

**PLEASE NOTE: INTERNAL REVENUE CODE SECTIONS 104 AND 105 REQUIRE THAT CONTRIBUTIONS MADE BY YOUR DEPARTMENT OR YOUR GRANT FOR MEDICAL AND/OR DENTAL COVERAGE ARE INCLUDED AS TAXABLE INCOME FOR YOU. IMPUTED INCOME MEANS YOU PAY TAXES ON THE COST OR VALUE OF THE BENEFITS. IMPUTED INCOME IS REPORTED ANNUALLY ON YOUR W-2 OR 1099.**

**P.D. Fellow Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT INFORMATION (TO BE COMPLETED BY THE DEPARTMENTAL ADMINISTRATOR)**

**I. PAYMENT OPTIONS (CHECK ONE OF THE FOLLOWING THREE OPTIONS):**

- Department pays full cost (*IDI in advance*)  P.D. fellow pays full cost (*monthly premiums*)
- Department pays part of the cost (*IDI in advance*) & postdoctoral fellow pays part (*monthly premiums*)

Department portion: \$ \_\_\_\_\_ Postdoctoral fellow portion: \$ \_\_\_\_\_

**II. POSTDOCTORAL FELLOW'S APPOINTMENT EFFECTIVE DATE:** \_\_\_\_\_

**Dept. Admin. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Departmental Administrators:** Please return this completed Form and the Interdepartmental Invoice (IDI) to Shawn Hayes, Benefits Specialist, at [sh2276@columbia.edu](mailto:sh2276@columbia.edu) at the Columbia Benefits Service Center. If you have any questions, please call 212-851-7000.

**Return this Form to your Departmental Administrator  
by November 20, 2015**