



POSTDOCTORAL FELLOW 2017 BENEFITS ENROLLMENT FORM

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

TIME-SENSITIVE: Submit this form to your Departmental Administrator within 31 days of your date of hire to receive benefits.

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 of the following medical coverage options. For plan details, please view <http://hr.columbia.edu/links-especially/benefits-postdocs>.

Medical Plan	Coverage Levels & Postdoctoral Fellow Monthly Contributions							
Choice Plus 80	<input type="checkbox"/> Yourself	\$28	<input type="checkbox"/> Yourself & Spouse or Same-Sex Domestic Partner	\$28	<input type="checkbox"/> Yourself & Child(ren)	\$28	<input type="checkbox"/> Family	\$28
Dental Plan								
Aetna Dental	<input type="checkbox"/> Yourself	\$42	<input type="checkbox"/> Yourself+ One	\$84	<input type="checkbox"/> Family	\$125		

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. To provide your dependent's Social Security Number, call the Columbia Benefits Service Center at 212-851-7000.

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. MEDICAL PAYMENT - Total medical contributions must equal \$800 per month

- P.D. Fellow contribution (no more than \$28 per month): _____
- PI/Department contribution: _____
- Fellowship Allowance contribution (no greater than 75% of the total fellowship allowance*): _____

Total Fellowship/Training Grant Allowance: _____

*Questions related to fellowship allowance use should be directed to the Office of Postdoctoral Affairs or Sponsored Projects Administration

II. DENTAL PAYMENT – See monthly contributions on Page 1

- PI/Department pays full cost
- P.D. fellow pays full cost
- Fellowship Allowance pays full cost
- Cost split between PI/Department and Fellow – please explain breakdown of cost below:
 - PI/Department pays: _____
 - P.D. fellow pays: _____
 - Fellowship Allowance pays: _____

III. POSTDOCTORAL FELLOW'S APPOINTMENT EFFECTIVE DATE: _____

POSTDOCTORAL FELLOW'S APPOINTMENT END 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 at the Columbia Benefits Service Center. If you have any questions, please call 212-851-7000.

**Return this Form to your Departmental Administrator
within 31 days of your date of hire**