

BENEFIT PLAN	OPEN ENROLLMENT/TRANSFER PERIOD
<p>**New changes to adding dependents to health benefits plan.</p> <p>Important Dependent Eligibility Requirements</p> <p>2015 Fall Transfer Period Information</p>	<p>-----</p>
<p>Flexible Spending Account Brochure</p> <p>2016 Flexible Spending Application</p> <p>2016 Plan Year – FSA Question and Answer Sheet</p> <p>Mail to:</p> <p>City of New York Flexible Spending Accounts Program- 2016 Bowling Green Station P.O. Box 707 New York, NY 10274</p> <p>Note: Retain a copy for records</p>	<p>September 21st thru November 30th</p>
<p>Health Benefits Buy-Out Waiver Program Information</p> <p>2016 Health Benefits Buy-Out Waiver Program Application</p> <p>2016 Buy-Out Waiver Incentive Poster</p>	<p>September 21st thru November 30th</p>
<p>Health Insurance Application</p> <p>Health Plans Summary of Benefits & Coverage (SBC)</p> <p>Health Plans Rates</p>	<p>October 1st thru October 31st</p>
<p>PSC-CUNY Dental Plans</p>	<p>October 1st thru October 31st</p>
<p>Catastrophic Sick Leave Bank Program - Application to Donate Sick Leave</p> <p>Catastrophic Sick Leave Bank Program - Application to Receive Sick Leave</p> <p>Catastrophic Sick Leave Bank Program - Application to Change Donation or Withdraw</p> <p>Dedicated Sick Leave Bank Program Information and Forms</p>	<p>October 1st thru October 31st</p>