

The Open Enrollment Period provides employees who were eligible for Student Employee Health Plan (SEHP) last year but chose not to enroll, an opportunity to enroll now, without the 30-day waiting period otherwise required for late enrollment.

The 2026 Open Enrollment Period for the Student Employee Health Plan (SEHP) will run through close of business on Thursday, October 08, 2026.

You must take action to enroll in the SEHP during open enrollment. Enrollment in the SEHP is optional and not automatic. This [Open Enrollment Checklist](#) is designed to guide you through your benefit options and help you complete your enrollments accurately and on time.

Should you have any questions about the information provided or enrollment steps, please [contact Benefit Services](#).

Student Employee Health Insurance Plan (SEHP) Information

Review Your Plan Options

Student Employee Health Insurance (SEHP), Anthem Dental, and Davis Vision information can be located on [the Department of Civil Service, Employee Benefits Division website](#). Choose "Login as SEHP" to access your plan information.

SEHP Health Insurance

- ✓ Read the [Student Employee Health Plan \(SEHP\) At A Glance](#) and [Summary of Benefits and Coverage](#) for an overview of coverage.
- ✓ Review the [Student Employee Health Plan \(SEHP\) General Information Book](#) for general eligibility and enrollment rules and information.

Anthem Dental Insurance

- ✓ Read the [SEHP Anthem Dental Summary of Benefits](#) for an overview of coverage.

Davis Vision Insurance

- ✓ Read the [SEHP Davis Vision Benefits Summary](#) for an overview of coverage (see page 22).

Understand Your Bi-Weekly Cost

The cost of your coverage will be deducted from your bi-weekly paycheck. Health, dental, and vision insurance rates are subject to change. Insurance program changes and updates are communicated via UB email and/or the announcements posted on the [Administrative Services Gateway](#).

Your health insurance deduction may be taken on a pre or post tax basis, based on your choice upon initial eligibility and enrollment. To determine which option best fits your personal needs, review the [Pre-Tax Contribution PTCP Fact Sheet](#).

2026 SEHP Bi-Weekly Rates

Coverage Level	Bi-Weekly Rate
Individual	\$37.60
Family	\$197.98

International Students

You will need a Social Security Number (SSN) for enrollment in the SEHP. Benefit Services can accept your enrollment form and other documentation before you receive your SSN but **will not be able to process** and finalize your enrollment **without a copy of your Social Security card**. This means you will not have active coverage until we receive your SSN. It is your responsibility to take immediate action.

[International Student Services](#) can assist with the process of obtaining a Social Security Card.

Student Health Insurance Waiver

International scholars must maintain health insurance coverage while enrolled at UB. Students meeting the required credit hour threshold are automatically enrolled in the Student Health Insurance Plan unless they provide proof of other qualifying coverage.

Enrollment in the SEHP meets the waiver requirement. **As health insurance coverage is mandatory for international students, coverage will be effective on your appointment date.**

Benefit Services will waive your student health insurance enrollment, charged on your tuition bill, upon receipt of your completed enrollment form. Please continue to monitor your tuition bill to monitor the removal of the appropriate fees.

SEHP Benefit Card

New SEHP benefit cards may be issued to you and your covered dependents each year. Please be sure to use the new card and securely destroy the old one.

Possession of a Card Does Not Guarantee Eligibility.

Do not use your card before coverage becomes effective or after eligibility ends. To verify eligibility dates, contact Benefit Services. Use of a benefit card when you are not eligible may constitute fraud. If you or a dependent uses a card when you are not eligible for benefits, you will be billed for all claims paid incorrectly on your behalf or on behalf of your dependents. You are responsible for notifying your Benefit Services immediately when you or your dependents are no longer eligible for SEHP coverage.

SEHP Open Enrollment Instructions

You must take action to submit all required form(s) and documentation to enroll the SEHP plan.

Complete Your Enrollment

1. Download the [PS-404G form](#).
2. Complete sections 1 through 12 on page 1.
3. Select to have your health insurance payroll deduction taken on a pre-tax or after-tax basis in section 13A on page 1.
4. Choose your enrollment option in section 13B on page 1.
 - A. Indicate your plan choice next to "Individual Enrollment" if you are enrolling in an individual plan.
 - B. Indicate your plan choice next to "Family Enrollment" if you are enrolling in a family plan with one or more dependent(s).
 - C. Choose "Decline Coverage" if you do not want to enroll.
5. **If you choose family coverage**, complete your dependent's information in section 14 on page 1. Otherwise, skip this section.
 - A. Check "A" to add a dependent and fill in their requested information.
 - B. **If you have more than two dependents**, you will need to complete an accompanying [PS-404S form](#) and include it with your PS-404G form submission.

6. In section 15, choose if you would prefer to receive NYSHIP publications by email only or by mail and email.
7. In section 17, page 2, choose if you would like to be added to the Donate Life Registry.
8. Sign and date your form in the "Authorization" section.

Provide Your Supporting Documentation

Specific documentation is required to enroll in NYSHIP, including the Opt-out program and should be included with your PS-404G form. If you are declining coverage, documentation is required.

Enrollee	Required Documentation (Copies)
Employee	1. Birth Certificate or Government issued photo identification (Passport or Drivers' License) 2. Social Security Card
Spouse	1. Birth Certificate or Government issued photo identification (Passport or Drivers' License) 2. Marriage Certificate 3. Proof of joint financial obligation containing the names of both the enrollee and spouse A. Must confirm both are responsible parties for the same financial obligation B. Required for marriages that took place <u>more than one year prior</u> to the date of request)
Domestic Partner	1. Complete a PS-425 form and submit required proofs listed 2. Complete a PS-425.3
Natural Child	1. Birth Certificate confirming enrollee as the parent
Stepchild or Child of Domestic Partner	1. Birth Certificate confirming the enrolled spouse or domestic partner is the parent
Adopted Child	1. Adoption papers that include the child's name and list the enrollee as the adoptive parent 2. Birth Certificate
"Other" Child	1. For children that do not qualify under the above categories, complete a PS-457 form and submit required proofs listed
Disabled Dependents Age 26 or Older	1. Complete a PS-451 form and submit required proofs listed

Dependent Social Security Numbers

Although Social Security Cards are not required as part of the supporting documentation for eligible dependents, their Social Security Number must be included on the PS-404 or PS-404S.

Dependents who have not obtained work authorization can:

1. Complete an Affidavit for a Dependent Who is Not Eligible for a Social Security Number or
2. Visit an SSA office and request a denial letter (SSA-L676), which states that the individual is not eligible for a Social Security number. The letter does not affect an individual's ability to request an SSN in the future.

Submit your Forms and Documentation to Benefit Services

1. Combine your enrollment form(s) and supporting documentation into one document (preferred).
2. Save your form with your last name, first name and UB person number.
 - A. Example: Bull_Victor_12345678
 - B. All submissions should include your name and person number so we may properly identify you
3. Use the below secure upload link or QR code.

Upload Link/Code	QR Code
Click Here	

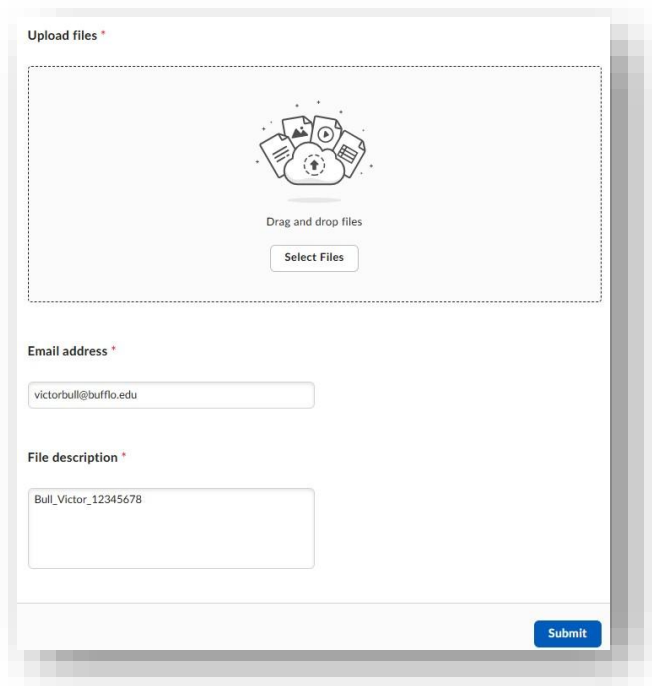
SEHP Health Insurance Effective Date

- **International students** will have coverage effective on their appointment date, as health insurance enrollment is required for all international students.
- **Domestic (non-international) students** who enroll during the Open Enrollment Period will have coverage effective on the date their completed enrollment form is received by Human Resources.

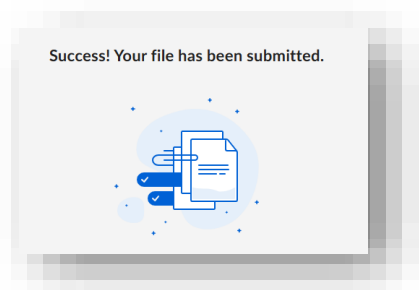
Confirming Benefit Enrollments

Submitting Files to the Secure Upload Box

When you upload files to our secure UB Box, you will receive confirmation that the upload was successful. If there are any problems with the uploaded files, Benefit Services will contact you if it is uploaded with the correct identifying information.



The screenshot shows a web form titled "Upload files *". It features a large dashed box for file uploads with a "Drag and drop files" instruction and a "Select Files" button. Below this is an "Email address *" field containing "victorbull@bufflo.edu". Underneath is a "File description *" field containing "Bull_Victor_12345678". A blue "Submit" button is located at the bottom right of the form.



Verify Benefit Enrollments by Reviewing Your Paycheck

Continually review each bi-weekly paycheck to verify your benefit deductions have been established. This will also serve as confirmation of your enrollment.

How to Access and Review Your Paycheck

1. [Use Payroll Self Service Tools](#) for State employees.
2. Review [Reading My Paycheck](#) for State employees.

Questions

Benefit deduction questions may go to [Benefit Services](#) or by calling 716-645-7777.

Paycheck questions may go to [Payroll Services](#) or by calling 716-645-7777.