

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 2025 Open Enrollment Period for the Student Employee Health Plan (SEHP) will run from Friday, September 5, through close of business on Monday, October 20, 2025.**

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](#).

### 2025 SEHP Bi-Weekly Rates

| Coverage Level | Bi-Weekly Rate |
|----------------|----------------|
| Individual     | \$33.59        |
| Family         | \$207.84       |

### 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 carry health insurance coverage for the duration of their academic registration at UB. The University offers student health insurance options outside of the SEHP plan. Enrollment in the student health insurance is automatic for international students when the credit hour threshold is met.

If you enroll in the SEHP plan, you must waive the student health insurance to cancel the coverage and waive applicable fees from your tuition bill. **Benefit Services will not waive your student health insurance.**

The student health insurance waiver is determined by the Student Health Insurance Office. Visit the [Student Guide](#) for more information.

## 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-404 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)  |
|---|--|
| <b>Employee</b>                               | <ol style="list-style-type: none"> <li>1. Birth Certificate or Government issued photo identification (Passport or Drivers’ License)</li> <li>2. Social Security Card</li> </ol>   |
| <b>Spouse</b>                                 | <ol style="list-style-type: none"> <li>1. Birth Certificate or Government issued photo identification (Passport or Drivers’ License)</li> <li>2. Marriage Certificate</li> <li>3. Proof of joint financial obligation containing the names of both the enrollee and spouse               <ol style="list-style-type: none"> <li>A. Must confirm both are responsible parties for the same financial obligation</li> <li>B. Required for marriages that took place <u>more than one year prior</u> to the date of request)</li> </ol> </li> </ol> |
| <b>Domestic Partner</b>                       | <ol style="list-style-type: none"> <li>1. Complete a <a href="#">PS-425</a> form and submit required proofs listed</li> <li>2. Complete a <a href="#">PS-425.3</a></li> </ol>  |
| <b>Natural Child</b>                          | <ol style="list-style-type: none"> <li>1. Birth Certificate confirming enrollee as the parent</li> </ol>   |
| <b>Stepchild or Child of Domestic Partner</b> | <ol style="list-style-type: none"> <li>1. Birth Certificate confirming the enrolled spouse or domestic partner is the parent</li> </ol>  |
| <b>Adopted Child</b>                          | <ol style="list-style-type: none"> <li>1. Adoption papers that include the child’s name and list the enrollee as the adoptive parent</li> <li>2. Birth Certificate</li> </ol>  |
| <b>“Other” Child</b>                          | <ol style="list-style-type: none"> <li>1. For children that do not qualify under the above categories, complete a <a href="#">PS-457</a> form and submit required proofs listed</li> </ol>   |
| <b>Disabled Dependents Age 26 or Older</b>    | <ol style="list-style-type: none"> <li>1. Complete a <a href="#">PS-451</a> form and submit required proofs listed</li> </ol>  |

### 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

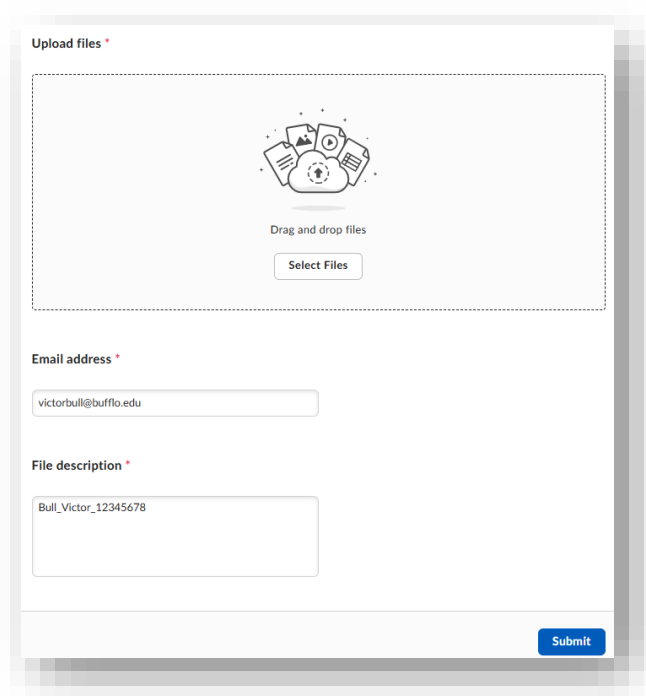
1. Combine your enrollment form(s) and supporting documentation into one document (preferred).
2. Save your form with your last name, first name and UB person number.
  - A. Example: Bull\_Victor\_12345678
  - B. All submissions should include your name and person number so we may properly identify you
3. Use the below secure upload link or QR code.

| Upload Link/Code           | QR Code  |
|----------------------------|--|
| <a href="#">Click Here</a> |  |

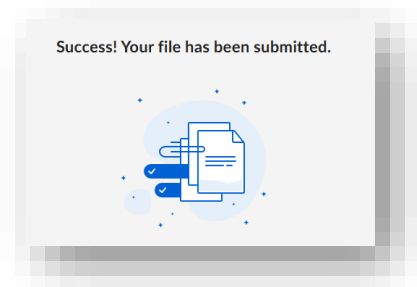
## Confirming Benefit Enrollments

### 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 for uploading files. At the top, it says "Upload files \*". Below this is a large dashed box containing an icon of a hand dropping files into a folder, with the text "Drag and drop files" and a "Select Files" button. Below the dashed box is an "Email address \*" field with the text "victorbull@bufflo.edu". Below that is a "File description \*" field with the text "Bull\_Victor\_12345678". At the bottom right of the form is a blue "Submit" button.



### 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.