



**Contents**

Dental until age 26	1
Medical/Dental Deductions	2
Paycheck Delivery	2
Vacation Reminder	3
Attendance Calendar	3
24 Pay – Reminder	3
ESY Salary Schedule	4
TRS Retirement PREP	5

**Attachments:**

- [Dental Open Enrollment Form](#)
- [2019-20 Timesheet/Payroll Schedule](#)

**Dental Dependents through Age 26!**

Great news! Our dental plan will now allow you to keep your dependent child on your dental plan through age 26, same as medical. In addition, your dependent child no longer needs to be a full time student to stay the dental.

We are holding a special open enrollment for adding these qualifying dependents **ONLY** to your dental. The enrollment period is from now through June 28th.

**Only employees already on dental will be able to enroll dependents only between ages 19 and 26 back on the dental. Once they are 26 they must come off your medical and dental at the same time.**

If your child is currently on COBRA dental, we can assist you in moving them back off COBRA and onto your dental plan.

**Follow these instructions in order to add your dependents between age 19 through 26. Complete the attached enrollment form. Type of Transaction is \*Add Dependent. Reason; Open Enrollment. Then fill out your information and any dependents that are eligible to be re-added. Sign and date. Scan, fax, or drop off form to HR before June 28th. Sooner the better. Social security numbers are required for all dependents.**

If you dependent does not meet this criterion then you will not be allowed to add them until open enrollment. You can contact Tracy Birge directly if you have specific questions to get your dependent back on your dental.

[Tracy\\_birge@boces.monroe.edu](mailto:Tracy_birge@boces.monroe.edu).



### **Medical/Dental Deduction Reminder**

A reminder about your medical and dental deductions for June:

- For medical, we have been taking deduction to cover premiums for July and August with each check since January, until June 28, 2019.
- The dental deductions will be **tripled** on the June 28<sup>th</sup> paycheck to cover the payments for June, July and August.
- There are no medical or dental deductions in July or August for any employee, unless benefits start after the last pay period.

### **Paycheck Delivery**

#### **June 28, 2019 Paychecks**

As we have done in the past, we will be sending your June 28<sup>th</sup> paycheck to your regular school year delivery location. If you would like to have it mailed to you, please send a written request for the change. To request your June 28<sup>th</sup> paycheck delivery change, please email [Annmarie\\_Herbst@boces.monroe.edu](mailto:Annmarie_Herbst@boces.monroe.edu) in the HR department with your request. Please include your full name, your current address and state that you would like your check mailed to your residence for the 6/28 pay only.

#### **Extended School Year (ESY)/Summer Work Paychecks**

Your ESY/Summer Work check will be delivered to your regular school year location, unless HR receives a written request for change during the summer program. To request your ESY/Summer Work paycheck delivery change, please email AnnMarie Herbst in HR department with your request. Please include your full name and the department you would like your check delivered to. You may also choose to pick up your check in the HR office. However, if you request the change for the summer program, you will also need to send a request in September to change it back to your regular school year location. Requests should be emailed to [Annmarie\\_Herbst@boces.monroe.edu](mailto:Annmarie_Herbst@boces.monroe.edu).

## **Vacation Reminder**

### **Personal Days**

Employees do NOT lose their personal days if they are not used. Personal Days are carried over as sick bank days, if they are not used by the end of the school year.

### **Personal Days: *Attention BUP Unit Members***

BUP members may carry over up to one (1) earned but unused Personal Day into a Personal Day Bank. Please check the BUP contract for details.

### **Vacation Days: *Attention 12-month Staff - Non-Admin***

Please check the Available Balance of your vacation days on your pay stub or on your WinCapWeb account. You may carry over a max of (5) five days to the next fiscal year.

## **Attendance Calendars – WinCapWeb**

Your Attendance Calendar can be printed by going to WinCapWeb - Employee Self Service-My Attendance Balances. The calendar will show all of the attendance days taken as well as your available balances for the entire fiscal year formatted as a .pdf.

**Please remember that if you are working ESY, you will have two attendance calendars-one for the regular school year and one for ESY.**

## **24 Pay Elections - Reminder**

As mentioned in last month's newsletter, any new 24 Pay elections are due to be submitted to Payroll (T-5) by June 21, 2019.

We do not accept electronic copies. The form consists of two parts. You must return the ENTIRE (2 part) form. Forms missing the yellow copy will be returned as incomplete. Once processed the yellow copy will be returned to you as proof of receipt and processing.

If you have any questions or concerns with the 24 pay, please call Marivel Winn at extension 6683.

### 2019 Extended School Year Salary Schedule

**7/08/19 - 8/16/19**

If you are a **salaried employee**, we will take your daily rate (per diem) and multiply it by the number of days worked. The following will be the schedule if you are a **salaried employee**:

<b>Pay Period</b>	<b># of days</b>	<b>Pay Day</b>
<b>(7/08– 7/12)</b>	<b>5 days</b>	<b>7/14/19</b>
<b>(7/15– 7/26)</b>	<b>10 days</b>	<b>7/30/19</b>
<b>(7/29 – 8/09)</b>	<b>10 days</b>	<b>8/15/19</b>
<b>(8/12 – 8/16)</b>	<b>5 days</b>	<b>8/30/19</b>

If you are a **time sheet employee**, you will be paid on the following schedule:

#### Extended School Year/Summer Work Timesheet Schedule

<b>Pay Period</b>	<b># of days</b>	<b>Pay Day</b>
<b>(7/08– 7/12)</b>	<b>5 days</b>	<b>7/30/19</b>
<b>(7/15– 7/26)</b>	<b>10 days</b>	<b>8/15/19</b>
<b>(7/29 – 8/09)</b>	<b>10 days</b>	<b>8/30/19</b>
<b>(8/12 – 8/16)</b>	<b>5 days</b>	<b>9/13/19</b>

If your Extended School Year appointment has been approved on or before the first Board Meeting of June, you will be on salary. If not, you may be on time sheet.

The number of days for each pay period are the total you could be paid for if you worked all possible days in that time period. Your pay will be based on the actual amount of time you worked in each pay period.

**Please Note...**

**These are for TRS members only.**

**We do not have any information on any ERS sessions at this time.**

**Teachers Retirement System - Summer 2019****Pension & Retirement Education Program (PREP)**

Many retirees wish they began focusing on financial and retirement planning much earlier in their lives. The truth is: No matter how far along in your career, careful financial and retirement planning are critical.

NYSTRS' Pension & Retirement Education Program (PREP) is designed to help members of all ages prepare for retirement. PREP is structured to allow you to tailor the program to fit your needs. Stay for the entire seminar or just the modules below that would be of greatest significance to you:

- **NYSTRS Benefits**
- **Financial Planning**
- **Social Security**
- **Estate Planning**
- **Retirement—A New Beginning**
- **Filing for Retirement**
- **Retirement Income**

**2019 Summer Schedule**

To make reservations call (800) 348-7298, Ext. 6180, weekdays from 8:30 – 3:30pm or use the link below for more information.

<https://www.nystrs.org/Retirement-Planning/Pension-Retirement-Education-Program>

**ROCHESTER:**

***July 10*** (Wednesday) & ***July 30*** (Tuesday)

RIT Inn & Conference Center  
5257 W Henrietta Road  
Rochester NY 14467

<https://www.nystrs.org/Retirement-Planning/Pension-Retirement-Education-Program>

**Reservations:** When calling, you must provide your Employee ID or Social Security number, address, and home phone number for you and spouse if he/she is attending. If you make a reservation but cannot attend, please call the number above to cancel, so we can offer this reservation to another member.

**Monroe #1 BOCES  
Timesheet Schedule 2019 - 2020**

FOR TIME SHEET EMPLOYEES ONLY	TIME SALARIED ABSENCE SHEETS DUE IN PAYROLL OFFICE	PAY DATE (SALARIED EMPLOYEES ARE PAID UP TO DATE)
June 10 - June 30, 2019*	**June 28, 2019	July 15, 2019 (Monday)
July 1 - July 14, 2019	July 15, 2019	July 30, 2019 (Tuesday)
July 15 - July 28, 2019	July 29, 2019	August 15, 2019 (Thursday)
July 29 - August 11, 2019	August 12, 2019	August 30, 2019 (Friday)
August 12- August 25, 2019	<b>**August 23, 2019</b>	September 13, 2019 (Friday)
August 26 - September 15, 2019*	September 16, 2019	September 30, 2019 (Monday)
September 16 - September 29, 2019	September 30, 2019	October 15, 2019 (Tuesday)
September 30 - October 13, 2019	<b>**October 11, 2019</b>	October 30, 2019 (Wednesday)
October 14 - October 27, 2019	<b>**October 25, 2019</b>	November 15, 2019 (Friday)
October 28 - November 10, 2019	<b>**November 8, 2019</b>	November 26, 2019 (Tuesday)
November 11 - November 24, 2019	<b>**November 22, 2019</b>	December 13, 2019 (Friday)
November 25 - December 8, 2019	December 9, 2019	December 30, 2019 (Monday)
December 9 - December 29, 2019*	<b>**December 27, 2019</b>	January 15, 2020 (Wednesday)
December 30, 2019 - January 12, 2020	<b>**January 10, 2020</b>	January 30, 2020 (Thursday)
January 13 - January 26, 2020	January 27, 2020	February 14, 2020 (Friday)
January 27 - February 9, 2020	<b>**February 7, 2020</b>	February 28, 2020 (Friday)
February 10 - March 1, 2020*	March 2, 2020	March 13, 2020 (Friday)
March 2 - March 15, 2020	March 16, 2020	March 30, 2020 (Monday)
March 16 - March 29, 2020	<b>**March 27, 2020</b>	April 15, 2020 (Wednesday)
March 30 - April 12, 2020	April 13, 2020	April 30, 2020 (Thursday)
April 13 - April 26, 2020	April 27, 2020	May 15, 2020 (Friday)
April 27 - May 10, 2020	May 11, 2020	May 29, 2020 (Friday)
May 11 - May 24, 2020	<b>**May 22, 2020</b>	June 15, 2020 (Monday)
May 25 - June 7, 2020	June 8, 2020	June 30, 2020 (Tuesday)
June 8 - June 30, 2020*	<b>**June 30, 2020</b>	July 15, 2020 (Wednesday)
<b>*Three weeks in Pay Period for Timesheet Employees Only</b>		
<b>** Payroll needs to be received early due to the short processing time.</b>		<a href="h/excel/payrollschedules/2019-20 timesheet">h/excel/payrollschedules/2019-20 timesheet</a>

**Please note:** This schedule is for timesheets only. It does not apply to salaried payments, which are not delayed.

**BOARD OF COOPERATIVE EDUCATION SERVICES**  
**First Supervisory District of Monroe County**  
**Payroll Schedule 2019/2020**

2019	2020
Monday, July 15 (11/12 month salary begins) Tuesday, July 30	Wednesday, January 15 Thursday, January 30
Thursday, August 15 Tuesday, August 30	Friday, February 14 Friday, February 28
Friday, September 13 (10 month salary begins) Monday, September 30	Friday, March 13 Monday, March 30
Tuesday, October 15 Wednesday, October 30	Wednesday, April 15 Thursday, April 30
Friday, November 15 Tuesday, November 26	Friday, May 15 Friday, May 29
Friday, December 13 Monday, December 30	Monday, June 15 Tuesday, June 30

PAID HOLIDAYS

TEN MONTH EMPLOYEES

Columbus Day (Observed)	Monday, October 14
Veterans' Day (Observed)	Monday, November 11
Thanksgiving Day	Thursday, November 28
Day after Thanksgiving	Friday, November 29
Christmas Day	Wednesday, December 25
New Year's Day	Wednesday, January 1
Martin Luther King Day	Monday, January 20
Presidents' Day	Monday, February 17
Good Friday	Friday, April 10
Memorial Day (Observed)	Monday, May 25

ELEVEN MONTH EMPLOYEES

Same as Ten Month Employees and Labor Day	Monday, September 2
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TWELVE MONTH EMPLOYEES

Same as Eleven Month Employees and Independence Day	Thursday, July 4
Day Before Thanksgiving	Wednesday, November 27



# Rochester Area Schools Health Plan 2 – Enrollment Form

P.O. Box 22999, Rochester, NY, 14692  
A nonprofit independent licensee of the BlueCross BlueShield Association

PLEASE PRINT CLEARLY District Name: Monroe #1 BOCES

Group #:

**Section 1: Enrollment Information** **Subgroup#:**

Member ID#  Dental: 20635017

**Type of Transaction** Please X  
Add Subscriber \*Add Dependent Remove Dependent Change of Coverage Change Gender  
Change Name (prev. name \_\_\_\_\_) Transfer to COBRA/COBRA Effective Date: \_\_\_\_\_

**Reason for Enrollment/Change**

Open Enrollment  
Work Status Change \_\_\_\_\_  
\*

**Choose Plan:**

Dental

**Type of Coverage:**

Dental: Single Family

Hire Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Subscriber Information**

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Marital Status: Single Married Divorced Legally Separated

**Section 2: Dependent Information**

**Spouse/Domestic Partner** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Dependent's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Dental Only: Full Time Student: Y N Expected Graduation Date: \_\_\_\_\_

Dependent's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Dental Only: Full Time Student: Y N Expected Graduation Date: \_\_\_\_\_

Dependent's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Dental Only: Full Time Student: Y N Expected Graduation Date: \_\_\_\_\_

Dependent's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Dental Only: Full Time Student: Y N Expected Graduation Date: \_\_\_\_\_



**Section 3 Release/Subscriber Signature Required. You must sign and date this form to be eligible for insurance.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. I have thoroughly read, understand and agree to comply with the terms of the Release on the back.

**Subscriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Section 5 Group Employer Information** (This section should be completed by the Group Benefits Administrator. This application cannot be processed without this information and a Signature.)

**Medical Group #:** 00044333      **Subgroup #:**      **Class #:**      **Dept. Code:**  
**Dental Group #:**      **Subgroup #:**      **Pkg #:**  
**Group Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Subscriber Last Name:** \_\_\_\_\_