



Nassau University Medical Center
A. Holly Patterson Extended Care Facility
Family Health Centers*

TRIPLE ACKNOWLEDGMENT

Please read and sign each of the three (3) different items on this page.

Print Name

Date

Department

①

CONSTITUTIONAL PLEDGE

I do hereby pledge and declare that I will support the Constitution of the United States, and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position of _____ according to the best of my ability.

Signature

②

INFORMATION REGARDING GROUP DISABILITY INSURANCE

Disability insurance is **NOT** provided to NuHealth/Nassau Health Care Corporation employees. However, you do have the option to enroll in Group Disability Insurance through CSEA administered by:

Pearl Insurance
1-800-705-3716*

www.cseainsurance.com

* You may contact Pearl Insurance directly to discuss rates for the different types of Disability and Life Insurance available.

I have been informed about Disability and Life Insurance at Nassau Health Care Corporation

Signature

③

EMPLOYEE ORIENTATION

This is to verify that I have attended the Human Resources employee orientation on the above date:

Signature