Planning for Option Transfer

October 2015

For Employees of
the State of New York,
their enrolled Dependents,
COBRA Enrollees with
their NYSHIP Benefits, and
Young Adult Option Enrollees.

NEW YORK STATE | NYSHIP
New York State
Health Insurance Program

New York State Department of Civil Service
Employee Benefits Division, Albany, New York 12239
https://www.cs.ny.gov/employee-benefits

2016 Option Transfer Period

This fall, you will have the opportunity to consider the following for the 2016 plan year:

- changing your NYSHIP option during the **Option Transfer Period**
- enrolling in the **Opt-out Program** (if applicable)
- changing your **Pre-tax Contribution Program (PTCP)** election
- participating in the **Productivity Enhancement Program** (if applicable)

Please read through the following descriptions of each of these options/programs carefully and make note of the deadlines for each. If you have additional questions, please consult your *NYSHIP General Information Book* or call your Health Benefits Administrator (HBA).

2016 Option Transfer Period

During the Option Transfer Period, you may change your New York State Health Insurance Program (NYSHIP) option for the next plan year to one of the following:

- The Empire Plan,
- NYSHIP HMO*, or
- the Opt-out Program**

If you currently participate in the Opt-out Program for 2015 and wish to continue to receive incentive payments in 2016, you must re-elect the Opt-out Program during Option Transfer by submitting a completed Opt-out Attestation Form (PS-409) and a NYS Health Insurance Transaction Form (PS-404) (see page 9 for a copy of this form) to your HBA.

NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH PLAN AND STILL QUALIFY FOR IT.

Other Changes Permitted During the Option Transfer Period

During the Option Transfer Period, the following changes also are permitted:

- Change from Family to Individual coverage (regardless of whether a qualifying event has affected your dependents' eligibility)
- Change from Individual to Family coverage (late enrollment provisions will apply)
- Voluntarily cancel your coverage (regardless of whether a qualifying event has affected your eligibility)
- Enroll for NYSHIP coverage (late enrollment provisions will apply)

This fall, your agency will receive *Health Insurance Choices for 2016*, your guide to NYSHIP options. If you are thinking about changing your option or newly enrolling in NYSHIP, ask your HBA for a copy and read the descriptions of plans in your area to compare the benefits that are important to you and your family.

Choices will assist you with your decision process. If you have any questions about the plan information provided, call the plan directly at the phone number listed in *Choices*.

When 2016 rates are approved, information about the premium for each option will be sent to both your agency and your home address in our enrollment system. Rate information will also be posted at https://www.cs.ny.gov/employee-benefits under Health Benefits & Option Transfer. You will have 30 days from the date your agency receives the rates to change your option.

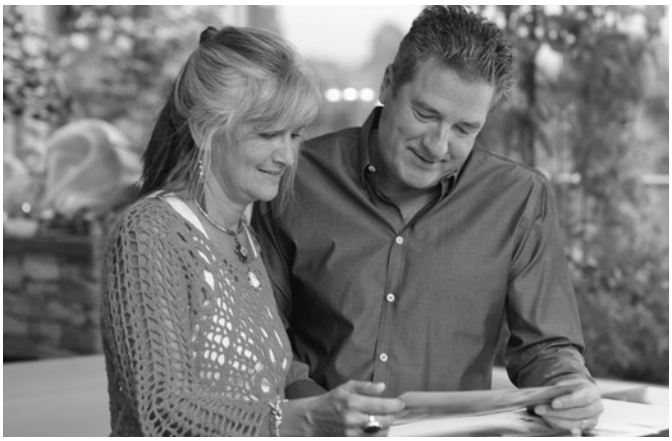
Now is also the time for you to make important decisions about your benefits related to the Pre-Tax Contribution Program (PTCP) and, if eligible, the Productivity Enhancement Program (PEP)***. This guide provides more information about deadlines and other benefits. **Note:** COBRA and Young Adult Option enrollees are not eligible for these programs.

* To be eligible to enroll in an HMO or to continue your enrollment in an HMO, you must live or work in that HMO's NYSHIP service area.

** The Opt-out Program is available to eligible employees of the following groups who have other employer-sponsored group health insurance: **APSU, C-82, CSEA, DC-37, M/C; Legislature, NYSCOPBA, PEF, PBA-S, PBA-T, UUP** and **UCS**. Check with your HBA if you have any questions about your eligibility for the Opt-out Program.

*** See page 8 for more information about PEP eligibility. Contact your HBA if you have any additional questions about your eligibility for the PEP program.

Opt-Out Program for 2016



In 2016, NYSHIP will continue to offer the Opt-out Program, which allows eligible employees of **APSU, C-82, CSEA, DC-37, M/C; Legislature, NYSCOPBA, PEF, PBA-S, PBA-T, UUP** and **UCS** who have other employer-sponsored group health insurance* to opt out of their NYSHIP coverage in exchange for an incentive payment.

The annual incentive payment is $1,000 for opting out of Individual coverage or $3,000 for opting out of Family coverage. The incentive payment is prorated and credited through your biweekly paycheck throughout the year (payable only when an employee is eligible for NYSHIP coverage at the employee share of the premium). **Note:** Opt-out incentive payments increase your taxable income.

Eligibility Requirements

To be eligible for the Opt-out Program, you must be a member of a group eligible for the Opt-out Program, and you must have been enrolled in NYSHIP by April 1, 2015 (or on your first date of NYSHIP eligibility if that date is later than April 1), and remain continuously enrolled while eligible for the employee share of the premium through the end of 2015.

Once you enroll in the Opt-out Program, you will not be eligible for the incentive payment during any period that your status changes and, as a result, you do not meet the requirements for the State contribution to the cost of your NYSHIP coverage. Also, if you are receiving the incentive for opting out of Family coverage and, during the year, your last dependent loses NYSHIP eligibility, you will only be eligible for the Individual incentive payment ($1,000) for the remainder of the tax year.

Electing to Opt Out

If you currently participate in the Opt-out Program and wish to continue for 2016, or you are currently enrolled in NYSHIP coverage and wish to participate in the Opt-out Program, you must elect to opt out during the annual Option Transfer Period. You must attest to having other employer-sponsored group health insurance. **Other employer-sponsored group health coverage cannot be the result of your or your spouse's, domestic partner's or parent's employment relationship with New York State, or the result of your own employment with a NYSHIP Participating Agency (PA) or Participating Employer (PE).**

Complete the 2016 Opt-out Attestation Form (PS-409) and a NYS Health Insurance Transaction Form (PS-404) and submit both to your HBA before the end of the Option Transfer Period. If you are currently enrolled in NYSHIP coverage and you elect to opt out for 2016, your NYSHIP coverage will terminate at the end of the plan year and the incentive payments will begin with the first payroll period of the new plan year.

If you are a newly benefits-eligible employee who has other employer-sponsored group health insurance* and wish to participate in the Opt-out Program, you must make your election prior to the end of your NYSHIP waiting period. See your HBA and complete the NYS Health Insurance Transaction Form (PS-404) and the Opt-out Attestation Form (PS-409).

Reenrollment in a NYSHIP Health Plan

Once you elect to participate in the Opt-out Program, you may not reenroll in a NYSHIP health plan until the next annual Option Transfer Period, unless you experience a qualifying event such as a change in family status (e.g., marriage, birth, death or divorce) or loss of coverage. To avoid a waiting period, your request for enrollment must be made within 30 days of the qualifying event. See your *NYSHIP General Information Book* for more details.

* See page 4 for additional information regarding what does and does not qualify as "other employer-sponsored group health insurance."

Opt-Out Program Questions and Answers

Q. What is considered other employer-sponsored group health insurance coverage for the purpose of qualifying for the Opt-out Program?

A. To qualify for the Opt-out Program, you must be covered under an employer-sponsored group health insurance plan through other employment of your own or a plan that your spouse, domestic partner or parent has as the result of his or her employment. **The other group health coverage cannot be provided through a NYSHIP policy through your/their employment with New York State or your own NYSHIP policy through a Participating Agency (PA) or Participating Employer (PE).** If you are covered as a dependent on another NYSHIP policy through a PA or PE, you are eligible to receive the Individual incentive payment, but not the Family incentive payment.

Q. If I am enrolled in the Opt-out Program, will I automatically be enrolled in the Program for the following plan year?

A. No. Unlike other NYSHIP options, you must elect the Opt-out Program on an annual basis. If you do not make an election for the next plan year, your enrollment in the Opt-out Program will end and the incentive payment credited to your paycheck will cease.

Q. If I currently participate in the Opt-out Program and do not reenroll for 2016, will I automatically be enrolled for NYSHIP coverage?

A. No, enrollment in coverage is not automatic. The incentive payment credited to your paycheck will stop and you will not be enrolled in coverage unless you complete a NYS Health Insurance Transaction Form (PS-404) (see page 9 for a copy of this form) requesting enrollment in a NYSHIP health plan. You may have a late enrollment waiting period before coverage takes effect.

Q. If I opt out and I find that I don't like my alternate coverage (for instance, my doctor does not participate), can I withdraw my enrollment in the Opt-out Program and reenroll in NYSHIP coverage?

A. No. This is not a qualifying event. During the year, you can terminate your enrollment in the Opt-out Program and reenroll in NYSHIP benefits only if you experience a qualifying event (according to federal Internal Revenue Service [IRS] rules), such as a change in family status or loss of other coverage. The qualifying event must satisfy the IRS consistency rule and the request must be submitted timely.

Q. If my spouse's, domestic partner's or parent's employer has its open enrollment or Option Transfer Period at a different time of the year, how can I coordinate the effective date of my other coverage with the start of the Opt-out Program?

A. Under IRS rules, if an employee's spouse or dependent drops coverage under his or her employer plan during Option Transfer, the employee can be permitted to enroll the spouse or dependent mid-year in his or her employer plan, as long as the plans have different open enrollment periods. **You should check to see whether your spouse's, domestic partner's or parent's employer will permit you to be enrolled as a dependent.** You are responsible for making sure that your other coverage is in effect during the period you opt out of NYSHIP.

Q. What if I lose my other coverage and do not request enrollment for NYSHIP benefits with The Empire Plan or a NYSHIP HMO within 30 days of losing that coverage?

A. If you fail to make a timely request, you will be subject to NYSHIP's late enrollment waiting period, which is five biweekly pay periods. You will not be eligible for NYSHIP coverage during the waiting period, and you will not be eligible to elect pre-tax health insurance deductions until the following November for the new plan year. Your incentive payments will stop when you are no longer eligible for other employer coverage. **Note:** You may also be subject to a federal penalty if you do not have health insurance coverage for any portion of the tax year.

Q. If I am eligible for health, dental and vision coverage as a State employee, do I have to opt out of all three benefits to receive the incentive payment?

A. No. The Opt-out Program incentive payment applies to health coverage only. If you enroll in the Program, your eligibility for dental and vision coverage will not be affected.

Q. Can I get a lump sum payment if I elect the Opt-out Program?

A. No. The Opt-out Program incentive payment is prorated and credited through your biweekly paychecks throughout the year. It is taxable income.

Q. When I enroll in the Opt-out Program, what information will I need to provide about other employer-sponsored group health coverage?

A. To enroll, you must do all of the following:

- complete an Opt-out Attestation Form (PS-409) and a NYS Health Insurance Transaction Form (PS-404)
- provide proof that you are covered by other employer-sponsored group health coverage
- provide information about the person who carries the other employer-sponsored group health coverage, and
- provide the name of the other employer and other health plan

Q. I had Individual NYSHIP coverage prior to April 1, 2015, and changed to Family coverage when I got married in July. Will I qualify for the $3,000 family incentive payment even though I did not have Family coverage as of April 1, 2015?

A. Employees who enrolled in Family coverage due to a qualifying event, and who did so in a timely manner between April 1, 2015, and the end of 2015, are eligible for the higher incentive payment. You will not be eligible for the higher incentive payment if you enrolled in Family coverage after April 1, 2015, and were subject to a late enrollment waiting period.

Q. I am currently enrolled in the Opt-out Program and am receiving Individual incentive payments. Now I have a dependent. Am I eligible to receive the Family incentive payment?

A. You may **not** make a change from receiving an Individual Opt-out incentive payment to receiving a Family Opt-out incentive payment. To receive the $3,000 incentive payment, you must enroll for Family coverage during the next annual Option Transfer Period, and then, the following year, you may elect to opt out and receive the Family incentive payments.

Q. Will participating in the Opt-out Program affect my eligibility for NYSHIP coverage in retirement?

A. No. Participation in the Opt-out Program at the time you retire satisfies the requirement of enrollment in NYSHIP for health insurance for retirement purposes.

Q. What happens to my Opt-out Program incentive payments when I am on a leave of absence?

A. If you are on a leave and you are still eligible for health insurance coverage with an employer contribution (i.e., workers' compensation, family medical leave, short-term disability through the Income Protection Plan, or disciplinary suspension leave) you will continue to be eligible for the Opt-out Program and the incentive payments. However, your incentive payments will accumulate until you return to the payroll. You will not receive those payments while you are on leave.

For all other types of leave when you are not eligible for coverage with an employer contribution, you will not be eligible for the Opt-out Program. Your Opt-out incentive payments will stop altogether.

Pre-Tax Contribution Program

The Pre-Tax Contribution Program (PTCP) is a voluntary program that employees can choose to participate in when they are first eligible for health insurance benefits. Employees may also elect to participate or to decline participation in the PTCP each year during the PTCP Election Period from **November 1 through November 30**.

If You Choose to Participate in PTCP

Under the PTCP, your share of the health insurance premium is deducted from your wages before taxes are withheld, which may lower your tax liability.

In exchange for this reduction in your tax liability, you agree to maintain the same pre-tax health insurance deduction for the entire plan year, unless you provide timely (within 30 days) notification of a qualifying event, which would allow you to make a change or cancel your coverage.

If You Choose Not to Participate in PTCP

If you decline participation in PTCP, your share of the health insurance premium will be deducted from your wages after taxes are withheld. Employees who do not participate in PTCP have greater flexibility to make changes to their NYSHIP coverage during the year, as long as those changes are consistent with NYSHIP rules.

Checking Your PTCP Status

Your paycheck shows whether or not you are enrolled in PTCP.

- If you are enrolled in PTCP, your paycheck stub shows "Regular Before-Tax Health" in the Before-Tax Deductions section. Your health insurance premium is deducted from your wages before taxes are withheld.
- If you are not enrolled in PTCP, your paycheck stub shows "Regular After-Tax Health" in the After-Tax Deductions section. Your health insurance premium is deducted from your wages after taxes are withheld.

Changing Your PTCP Status

If you wish to change your PTCP selection for 2016, see your HBA and complete a NYS Health Insurance Transaction Form (PS-404) (see page 9 for a copy of this form) between November 1 and November 30, 2015.

If you apply after November 30, you cannot change your PTCP selection until the next PTCP Election Period. This election period is your only opportunity to change your PTCP status for 2016, as mid-year status changes are not allowed.

NO ACTION IS REQUIRED TO KEEP YOUR CURRENT PTCP STATUS.

Under Internal Revenue Service (IRS) rules, if you are enrolled in PTCP, you may change your **pre-tax payroll deduction for health benefits** during the Plan year (by changing your health benefit option, changing your coverage [Family or Individual] or by canceling coverage) only after one of the following PTCP qualifying events. Requests to change your pre-tax deduction during the tax year must be consistent (for all individuals covered under the contract) with qualifying life events and must be requested within 30 days of the event. Payroll deductions can be changed during the tax year only after one of the following PTCP qualifying events:

- Change in marital status
- Change in number of dependents
- Change in your (or your dependents') employment status that affects eligibility for health benefits
- Your dependent satisfies or ceases to satisfy eligibility requirements for health benefits
- Change in your (or your dependents') place of residence or worksite that affects eligibility for health benefits
- Significant change in health benefits and/or premium under NYSHIP
- Significant change in health benefits and/or premium under your (or your dependents') other employer's plan
- COBRA events
- Judgment, decree or order to provide health benefits to eligible dependents
- Medicare or Medicaid eligibility
- Leaves of absence
- HIPAA special enrollment rights

A change in coverage due to a qualifying event must be requested within 30 days of the event (or within the waiting period, if newly eligible); delays may be costly.

In November, if you are enrolled in the PTCP, you can make the following changes:

- Change your PTCP election
- Change from Family to Individual coverage, while your dependents are still eligible, when there is no qualifying event
- Change from Individual to Family coverage without a qualifying event (late enrollment provisions will apply)
- Voluntarily cancel your coverage, while you are still eligible for coverage, when there is no qualifying event

Requests made in November during the PTCP Election Period are effective beginning the next plan year.

Productivity Enhancement Program

Under the Productivity Enhancement Program (PEP), eligible full- and part-time employees of **CSEA, DC-37, M/C; Legislature, UCS** and **UUP** may exchange previously accrued annual and/or personal leave in return for a credit to be applied toward the employee share of their NYSHIP premium. The credit will be included in biweekly paychecks and divided evenly during the plan year.

To elect PEP for 2016, you must apply between **October 26 and November 27, 2015**. Ask your HBA for details and an application.

IF YOU ARE CURRENTLY ENROLLED IN PEP AND ARE STILL ELIGIBLE TO PARTICIPATE, YOU MUST REENROLL TO CONTINUE YOUR BENEFITS IN 2016.

The amount of annual and/or personal leave that eligible full-time employees can forfeit at the time of enrollment and the corresponding NYSHIP premium credits for 2016 are shown in the tables below. Eligible part-time employees can participate on a prorated basis.

Review this information carefully and contact your HBA, usually located in your personnel office, or, if applicable, the Business Services Center if you have any questions or to confirm your eligiblity for this benefit.

Note: PEP is not available to enrollees represented by PEF because it expires at the end of plan year 2015, under the 2011-15 PS&T contract.

Full-time employees in positions at or equated to Salary Grade 17 and below:		
Employee Group	**Forfeited Days**	**NYSHIP Credit**
CSEA, DC-37 and Management/Confidential*; Legislature	3 6	$500 $1,000
Full-time employees in positions at or equated to Salary Grade 18 through 24:		
Employee Group	**Forfeited Days**	**NYSHIP Credit**
CSEA, DC-37 and Management/Confidential*; Legislature	2 4	$500 $1,000
Unified Court System (UCS) full-time employees in the following positions:		
Employee Group	**Forfeited Days**	**NYSHIP Credit**
Employees at or below Judicial Grade 16	3 6	$500 $1,000
Employees at and including Judicial Grades 17 through 23	2 4	$500 $1,000
United University Professions (UUP) full-time employees in the following positions:		
Employee Group	**Forfeited Days[1]**	**NYSHIP Credit**
Employees earning at or below $62,998 annually[1]	3	$500
Employees earning above $62,998 and below $90,022 annually[1]	2	$500

* SUNY Management/Confidential employees, see your HBA for additional information.

[1] UUP employees may only forfeit annual leave for their PEP credit.

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NEW YORK STATE OF OPPORTUNITY. **Department of Civil Service**

EMPLOYEE BENEFITS DIVISION
NYS HEALTH INSURANCE TRANSACTION FORM

PS-404 (9/15)

INSTRUCTIONS: READ AND COMPLETE BOTH SIDES/PAGES. PLEASE PRINT AND CHECK THE APPROPRIATE CHOICES.

EMPLOYEE INFORMATION *(All employees must complete)*

1. Last Name First Name MI | **2.** Social Security Number | **3.** Sex ☐ Male ☐ Female

4. Street Address City State Zip

5. Date of Birth | **6.** Telephone Numbers Primary ( ) Work ( ) | **7.** Work location and address

8. Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated | Marital Status Date

9. Covered under Medicare? Self: ☐Yes ☐ No Spouse/Domestic Partner: ☐Yes ☐ No Child: ☐Yes ☐ No

10. DEPENDENT INFORMATION

Must be provided when choosing to enroll or opt-out of NYSHIP family coverage *(use additional sheets if necessary)*

Check One: A (Add), D (Delete) or C (Change)
Check all that apply: M (Medical), D (Dental), and V (Vision)

Date of Event _____

A D C	M D V	Last Name First Name MI	Relationship	Date of Birth	Sex	Address *(if different)*	Social Security Number
☐ ☐ ☐	☐ ☐ ☐						
☐ ☐ ☐	☐ ☐ ☐						
☐ ☐ ☐	☐ ☐ ☐						
☐ ☐ ☐	☐ ☐ ☐						

11. NEW OR NEWLY ELIGIBLE EMPLOYEES: CHOOSE ONE OF THE FOLLOWING OPTIONS (A, B OR C)

A. Enroll in NYSHIP Coverage: Choose options 1 or 2 and complete box 3

1. **Individual Enrollment**	Medical *(10)* *(Select Empire Plan or HMO)* ☐ Empire Plan ☐ HMO Code ☐ Name _____	☐ Dental *(11)*	☐ Vision *(14)*
2. **Family Enrollment** *(Complete box 10)*	Medical *(10)* *(Select Empire Plan or HMO)* ☐ Empire Plan ☐ HMO Code ☐ Name _____	☐ Dental *(11)*	☐ Vision *(14)*

3. ☐ **Elect Pre-Tax Status** for Premium deduction ☐ **Elect Post-Tax Status** for Premium deduction
Please read the Pre-Tax Contribution program materials.

B. Elect the Opt-out program (if eligible): Complete boxes 1 and 2

1. ☐ **Individual Opt-out** ☐ **Family Opt-out** If choosing Opt-out, you must also complete the PS-409 Opt-out Attestation Form.
2. ☐ **Elect Pre-Tax Status** for Premium deduction ☐ **Elect Post-Tax Status** for Premium deduction
Please read the Pre-Tax Contribution program materials.

C. Decline NYSHIP Coverage ☐ Medical*(10)* ☐ Dental *(11)* ☐ Vision *(14)*

12. TO CHANGE OR CANCEL COVERAGE CHOOSE FROM THE BOXES BELOW

A. Change Coverage: ☐ Medical *(10)* ☐ Dental *(11)* ☐ Vision *(14)* **Date of Event:** _____

☐ **Change to FAMILY** *(Complete box 10)*
- ☐ Marriage
- ☐ Domestic Partner
- ☐ Newborn
- ☐ Request coverage for dependents not previously covered
- ☐ Previous coverage terminated *(proof required)*
- ☐ Dependent returned to full-time student status *(Dental and Vision only)*
- ☐ Other _____

☐ **Change to INDIVIDUAL**
- ☐ Divorce
- ☐ Termination of Domestic Partnership *(Attach completed PS-425.4)*
- ☐ Only dependent ineligible due to age
- ☐ I voluntarily cancel coverage for my dependents
- ☐ Only dependent died
- ☐ Only dependent married *(Dental and Vision only)*
- ☐ Only dependent graduated *(Dental and Vision only)*
- ☐ Other _____

B. Voluntarily Cancel Coverage: ☐ Medical *(10)* ☐ Dental *(11)* ☐ Vision *(14)* Qualifying Event:
NOTE: If you are enrolled in the Pre-Tax Contribution Program, your ability to make mid-year changes may be limited.

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13.	ENTER ANNUAL OPTION TRANSFER REQUEST(S) BELOW
Change NYSHIP Option	Change to: ☐ Empire Plan ☐ HMO Code ☐ HMO Name _____
Elect Opt-out (if eligible)	☐ Individual Opt-out ☐ Family Opt-out If choosing Opt-out, you must also complete the PS-409 Opt-out Attestation Form.
Change Pre-Tax Status	Change to: ☐ Pre-Tax ☐ Post-Tax Submit during the Pre-Tax Contribution Selection Period (November 1-30)

14. LEAVE WITHOUT PAY AND RETIREMENT STATUS

LEAVE WITHOUT PAY

☐ I wish to continue coverage while I am on authorized leave. I understand that I will be billed and must pay for this coverage. ☐ Medical ☐ Dental ☐ Vision

☐ I do not wish to continue coverage while I am on authorized leave. I wish to resume my coverage upon return to the payroll. ☐ Medical ☐ Dental ☐ Vision

RETIREMENT

☐ I understand the requirements for continuing medical insurance coverage as a retiree and wish to continue my coverage.

☐ I understand the requirements for continuing medical insurance coverage as a retiree and wish to defer my coverage. *(A completed PS-406.2 must be attached.)*

☐ I understand that I will receive an application for COBRA continuation of Dental and/or Vision coverage automatically.

Personal Privacy Protection Law Notification

The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director of the Employee Benefits Division, NYS Department of Civil Service, Albany, NY 12239. For information concerning the Personal Protection Law, call (518) 457-9375. For information related to the Health Insurance Program, **contact your Health Benefits Administrator**. If, after calling your Health Benefits Administrator, you need more information, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 4:00 p.m.

AUTHORIZATION

I have read the Pre-Tax Contribution Program materials and the Opt-out Attestation Form (if applicable), and have made my selection on Page 1 of this document. I understand that if my coverage is declined or canceled, I may subject myself and/or my dependents to waiting periods if I decide to enroll at a later date and may forfeit the right to such coverage after leaving State service (vest, retirement, etc.). I am aware of how to obtain a current *Summary of Benefits and Coverage* for the NYSHIP option I have selected. I understand that my failure to provide required proof(s) within 30 days may delay the availability of benefits for me or any dependent for whom I fail to provide such proof. Any person who makes a material misstatement of fact or conceals any pertinent information shall be guilty of a crime, conviction of which may lead to substantial monetary penalties and/or imprisonment, as well as an order for reimbursement of claims. **I certify that the information I have supplied is true and correct. I hereby authorize deduction from my salary or retirement allowance of the amount required, if any, for the coverage indicated above.**

Employee Signature (Required): **Date:**

AGENCY/EBD USE ONLY

Action/Reason	Date of Event	Hire Date	Date of 1st Eligibility	Percentage Working	Agency Code	Neg. Unit	Retirement System

Retirement Tier	Registration #	Sick Leave Information # Hours	Sick Leave Information Hourly Rate of Pay	Date Entered on NYBEAS	Effective Date

HBA Signature (Required): **Date:**

Important Program Dates

Flex Spending Account Open Enrollment	**October 5 to November 9, 2015** The Flex Spending Account begins on **January 1, 2016**. A flex spending account offers a way to pay for your dependent care or health care expenses with pre-tax dollars. Visit www.flexspend.ny.gov to enroll online, or call 1-800-358-7202 for more information or to enroll by telephone. **Note:** Ask your HBA if you are eligible for this benefit. If you are currently enrolled in the Flex Spending Account, you must reenroll to continue your participation in 2016.
PEP Enrollment	**October 26 to November 27, 2015** Review the chart on page 8 and consult your HBA to learn if you are eligible for this program to exchange previously accrued leave in return for a credit to be applied to your NYSHIP premium.
PTCP Enrollment	**November 1 to November 30, 2015** This program allows you to have your share of your health insurance premium deducted from your paycheck before taxes are withheld. **Note:** The PTCP Enrollment Period is your only opportunity during the plan year to change your PTCP status.
Option Transfer Information Availability*	The Option Transfer Period is the time of year when you are able to change your NYSHIP option for the next plan year. To assist you with this decision, the following information will be made available: • *Health Insurance Choices for 2016* for active employees will be sent to agencies in late **October**. See your HBA for a copy of the *Choices* booklet that is applicable to your group or visit https://www.cs.ny.gov/employee-benefits. • The Option Transfer Period will be announced in **November**. • *NYSHIP Rates & Deadlines* will be mailed to homes when rates are approved and posted online in **December**. • New health insurance option effective dates for both Institution Payroll and Administration Payroll employees will be in **December**, as announced in *NYSHIP Rates & Deadlines*. • The new health insurance plan benefit year begins **January 1, 2016**.
Young Adult Option Enrollment	The Young Adult Option open enrollment period is in **December**. During this time, eligible adult children of NYSHIP enrollees can enroll or switch plans. Visit https://www.cs.ny.gov/yao for more information.

* More detailed information on dates for the Option Transfer Period will be available later this fall when rates are available.

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, NY 12301-1068
https://www.cs.ny.gov

Please do not send mail or correspondence to the return address above. See the front cover for address information.

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NYSHIP
New York State
Health Insurance Program

NYSHIP Information for the Enrollee, Enrolled Spouse/ Domestic Partner and Other Enrolled Dependents

Planning for Option Transfer – October 2015

Planning for Option Transfer was printed using recycled paper and environmentally sensitive inks. Planning for OT/October 2015 NY1137

NYSHIP's Young Adult Option

During the Option Transfer Period, eligible young adult children of NYSHIP enrollees can enroll in the Young Adult Option for the following plan year, and current Young Adult Option enrollees will be able to change plans. This allows unmarried, young adult children of NYSHIP enrollees up to age 30 to purchase their own NYSHIP coverage. Young adults pay 100 percent (full share) for Individual coverage for the NYSHIP option selected. For more information on the Young Adult Option, go to https://www.cs.ny.gov/yao and choose your group.