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NY02-21
PE02-12
PA02-08

TO: New York State Health Benefits Administrators

FROM: Employee Benefits Division

SUBJECT: Revised Form – PS-451 (Statement of Disability Dependent 19 Years of Age or Older)
New Form – PS 451 I (Statement of Disability Dependent 19 Years of Age or Older Instructions)

DATE: May 29, 2002

The **PS-451** – *Statement of Disability Dependent 19 Years of Age or Older* has been changed from a three-part carbon form to a single copy two sided form. The instructions for completing the **PS-451** appear in a separate new form – **PS-451 I** - *Statement of Disability Dependent 19 Years of Age or Older Instructions*. Please discard any old versions of the **PS-451** that you have in stock and begin to use this form and the new **PS-451 I** immediately.

The **PS-451** is designed to maintain the privacy of the enrollee. As the HBA, you should *not* have access to information completed in Parts D or E, which appear on the back of the PS-451. **Please read the instructions carefully in PS-451 I for more information.**

Keep the forms as a master copy to photocopy, or print the forms directly from our website at:

www.cs.state.ny.us/ebdonline

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If you have any questions, please contact your processor.