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PA03-02

To: Participating Agency Health Benefits Administrator
From: Employee Benefits Division
Subject: New PS 503.1
Date: January 10, 2003

This memo is to advise you of the new *PA Health Insurance Transaction Form PS-503.1(10/02)*. A duplicating master of this form is included with this memo. The new form can also be downloaded from the HBA web site at www.cs.state.ny.us/ebdonline. The October 2002 version of the form should be used for all transactions and will take the place of the previous carbon-set format of the PS-503.1. Any remaining stock of the old form should be discarded.

Outlined below are the changes in the PS-503.1, with the corresponding section numbers:

- Sect. 8 – Marital Status date (must be completed if status is anything other than single)
- Sect. 9 – Medicare information (only used when Medicare is primary)
- Sect. 10 C – Declination of Benefits
- Sect. 10 F - Change of Coverage (reasons now listed)
- Sect. 10 G – More detailed information for dependents and field for the dependent's social Security numbers
- Sect. 10 H – Pension deduction rate of contribution and change to retiree payment status
- Sect. 12 - Leave Without Pay and Retirement/Vestee information
- Sect. 13 - Card request information

Located on the second page in the Agency/EBD Use Only section is the Action/Reason field, formerly the txn code, and the Retirement Tier. In the Action/Reason field you should use the same codes that you would use when entering transactions on NYBEAS (ex: ENR/REG, CCO/VOL, DEP/ADD, CAN/VOL). Non-NYBEAS agencies can continue to use the transaction codes found in the Pink section of the *Participating Agency Manual of Procedures* when completing this section.

Agencies that submit transactions to the Employee Benefits Division for processing should include a completed PS-516, *Transaction Transmittal Form for Participating Agencies*, when sending transactions to the Department of Civil Service. A duplicating master of this form is attached for your use.

If you have any questions/problems completing this form, contact the PA Operations Unit:

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