



GEORGE E. PATAKI  
GOVERNOR

STATE OF NEW YORK  
DEPARTMENT OF CIVIL SERVICE  
THE STATE CAMPUS  
ALBANY, NEW YORK 12239  
[www.cs.state.ny.us](http://www.cs.state.ny.us)

DANIEL E. WALL  
COMMISSIONER

JOHN F. BARR  
EXECUTIVE  
DEPUTY COMMISSIONER

NY04 – 24  
PE04 – 23  
PA04 – 19

MEMORANDUM

TO: NYSHIP Health Benefits Administrators

FROM: Employee Benefits Division

SUBJECT: Revised Forms:  
Instructions and Application for Statement of Disability  
Dependent 19 Years of Age or Older – PS 451I (8/04/L) & PS 451 (8/04L)  
Instructions and Application for Waiver of Premium – PS 452I (3/04) & PS452 (3/04L)

DATE: October 4, 2004

Enclosed are new versions of the above noted forms. Please discard any old versions of these forms you have in stock and begin to use these forms immediately. The PS 451 and PS 451I were revised in order to comply with HIPAA privacy regulations regarding protected health information and to update carrier contact information. The PS 452 and 452I were revised to update carrier contact information.

If you have any questions regarding the procedures or completion of the forms contact your processor.

These forms are also available on EBD Online at <http://www.cs.state.ny.us/ebdonline>.