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IMPORTANT INFORMATION REGARDING YOUR PARTICIPATION IN THE NYSHIP OPT-OUT PROGRAM FOR 2015

Dear Opt-out Program Participant:

This is a reminder that your current participation in the Opt-out Program does not automatically renew each year. You must select a NYSHIP option for the upcoming plan year, even if you want to opt out again.

If you do not select one of the following NYSHIP options for the upcoming year, your participation in the Opt-out Program will end, the Opt-out payment credited to your biweekly paycheck will stop and you will NOT be enrolled in health benefits through NYSHIP.

NOTE: If you are close to retirement, remember you must be enrolled in NYSHIP on your retirement date to be eligible for retiree health benefits. The Opt-out Program participation satisfies that requirement.

To remain enrolled in NYSHIP for 2015, please select one of the following NYSHIP options:

- **If you wish to participate in the Opt-out Program for the 2015 plan year**, you must complete and submit the enclosed NYS Health Insurance Transaction Form (PS-404) and the Opt-out Attestation Form (PS-409) to your agency Health Benefits Administrator (HBA) during the upcoming Annual Option Transfer Period for 2015.
- **If you wish to enroll in NYSHIP health benefits in 2015**, you must submit a completed NYS Health Insurance Transaction Form (PS-404) to your agency HBA during the upcoming Annual Option Transfer period for 2015.

Contact your agency HBA during the Annual Option Transfer Period to make your selection.

Your Opt-out incentive payments for the current plan year will end according to the chart below, depending on your payroll cycle:

Payroll Cycle	Last Paycheck with 2014 Opt-out Credit
Administration Lag	12/17/2014
Admin Lag Exempt	12/3/2014
Admin Triple Lag	12/24/2014
Institution Lag	12/11/2014

NYSHIP does not allow a State employee to be enrolled in more than one family plan option. The Department of Civil Service is currently reviewing employee accounts to ensure that individuals who have other employer coverage through a NYSHIP Participating Employer or Agency are appropriately receiving only the individual incentive payment amount (\$1,000 or \$38.47 per paycheck).

If your other employer coverage is through a NYSHIP Participating Employer or Agency and you were erroneously receiving the family incentive payment amount (\$3,000 or \$115.39 biweekly), you are only eligible to receive the individual incentive amount (\$1,000 or \$ 38.46 biweekly) for Plan Year 2015.