



Department of Civil Service

ANDREW M. CUOMO
Governor

September 19, 2016

JOHN ENROLLEE
1 SAMPLE STREET
ALBANY, NY 12239

Notice of Cancellation of Coverage

RE: HMS Reference Number **999999999**

Dear NYSHIP Enrollee:

HMS Employer Solutions (HMS) has completed the Verification Period of the New York State Dependent Eligibility Verification Audit (DEVA) of the New York State Health Insurance Program (NYSHIP). Consistent with previous information sent by HMS regarding DEVA, the following dependent was not verified and will be removed from coverage effective January 1, 2016. This termination will be processed on October 2, 2016.

JANE ENROLLEE

SPOUSE

A 90-day reinstatement period is available through **December 6, 2016** if you wish to appeal the cancellation of this dependent's NYSHIP coverage. Contact HMS at 1-866-252-0635. This number is available from 8 a.m. to 11 p.m., Monday through Friday. To submit an appeal you must provide the appropriate documents to reinstate your dependent's coverage. You may fax documentation to 1-877-223-8478 or upload your documentation via www.VerifyOS.com. You will need your HMS Reference Number **999999999** when contacting HMS or submitting documentation. Dependents reinstated by December 6, 2016 will be re-added effective the date their coverage was cancelled. Dependents reinstated after December 6, 2016 will be subject to NYSHIP late enrollment rules. Refer to your *General Information Book* for more information regarding late enrollment.

We understand that most enrollees are covering eligible dependents but may require additional time to provide the necessary documents. Therefore, if the removal of

your dependent results in a change to individual coverage, NYSHIP will continue to deduct the family premium through the end of the reinstatement period. This ensures there is no affect to your paycheck or taxes once you've reinstated family coverage. If you do not reinstate your dependent, you will receive a refund of premium for the difference between family and individual coverage for the 2016 Plan Year. All refunds will be processed by year end.

Remember: your dependent may be eligible for coverage through the Marketplace. For additional information regarding the New York State Marketplace call 1-855-355-5777 or log onto their website www.nystateofhealth.ny.gov. For United States residents who live outside New York State contact your state exchange or visit www.healthcare.gov. Documentation of prior coverage is usually necessary when applying for health coverage through the Marketplace; your dependent should retain this letter as proof of his/her previous coverage.

Sincerely,



Barbara K. Vaughn
Director of Employee Insurance Programs
Employee Benefits Division