



Department of
Civil Service

ANDREW M. CUOMO
Governor

Date

JANE ENROLLEE
123 SAMPLE STREET
ALBANY, NY 12239

Notice of Cancellation of Coverage

Dear NYSHIP Enrollee:

HMS Employer Solutions (HMS) has completed the Verification Phase 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 this audit, dependents that were not verified as eligible during this verification phase have been removed from your NYSHIP coverage. Effective January 1, 2016, the following dependent was removed from your NYSHIP coverage.

JOHN ENROLLEE SPOUSE

If you wish to appeal the cancellation of this dependent's NYSHIP coverage, contact HMS at 1-855-893-8477 immediately. This number is available from 8 a.m. to 11 p.m., Monday through Friday. You have until **August 3, 2016** to make your appeal and to provide the appropriate documents to reinstate your dependent's coverage. Verified dependents will be reinstated as of the date of cancellation.

Removed dependents may be eligible for Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage. For questions regarding COBRA eligibility, you will need to contact your employer, or former employer if retired.

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. Your dependent should retain this letter as proof of previous coverage. Documentation of prior coverage is usually necessary when applying for health coverage through the Marketplace.

Sincerely,

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