



M/C IPP

Income Protection Plan

Income Protection Plan Administration Manual

Income Protection Plan Administration Manual

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Maintenance of the Manual

Content

1. This manual outlines the procedures for the administration of the New York M/C Income Protection Plan in State Agencies
2. Additional Information on the Plan and its benefits and limitations will be found in the certificates describing the Plan.

Issuance of Material

1. All material for this manual will be issued by the Employee Benefits Division of the New York State Department of Civil Service. No changes or additions to this manual will have any authority unless they have been so issued.
2. Suggested changes in the manual may be submitted to the Employee Benefits Division, New York State Department of Civil Service, Swan Street Core Building 1, Albany, NY 12239. The Division will secure any necessary clearance and prepare approved material for issuance in manual format.

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General Information

1. The M/C Income Protection Plan helps provide for continuation of income for the M/C employee in the event of an employee illness or injury.
2. The Plan is comprised of short term and long term disability insurance.
3. Coverage under the Plan is available to M/C employees who are listed under the following units: 06, 18, 46, 48, 52, 66. Coverage under the Plan is available to DC-37 employees who are listed under the following unit: 67. Coverage under the Plan for long term disability insurance is available to employees of the Senate and Assembly.
4. The cost of the Plan is borne completely by the State. Employees are not required to take a medical examination for enrollment.
5. The Plan is underwritten by the Metropolitan Life Insurance Company under the terms of a group policy issued to the State of New York as the contract holder.
6. If an agency administrator cannot answer an inquiry regarding the Plan, contact the Employee Benefits Division of the NYS Department of Civil Service for the appropriate information.

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Forms and Materials

1. The following forms and materials are used for the for the administration of the Plan:

NYS-STD-5782	Disability Claim for Accident and Sickness (A&S) / Short Term Disability (STD) / Salary Continuance
ERS-LTD-5317	Disability Claim for Long Term Disability
COLLAB-MED-AUTH	MetLife – Authorization to Disclose Information About Me

2. Supplies of any of the above forms are available on HBA Online at:

<https://www.cs.ny.gov/employee-benefits/hba/index.cfm>

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Employee Eligibility

1. Annual salaried M/C employees who are scheduled to work at least half-time are eligible to participate in the M/C Income Protection Plan.
2. New State M/C employees hired on or after January 1, 1986, who have no *prior creditable service*¹ MUST participate in the Income Protection Plan. Participation is a condition of employment.
3. Individuals who are appointed to an M/C position on or after January 1, 1986 and have *prior creditable service*¹, have **30 days from the effective date of the appointment to elect coverage under IPP**. If the employee does not make a timely election, the employee cannot participate in the IPP. This will be the employee's only opportunity to elect coverage under the IPP, and their decision is not reversible.
4. Covered employees are immediately covered under the Plan's Short Term Disability (STD) component.
5. To be covered under the Plan's Long Term Disability component, IPP participants must:
 - a. Have at least six months of active New York State service (not necessarily continuous), and
 - b. Be a member of a public retirement system of New York State or an optional retirement program (TIAA-CREF or the Voluntary Defined Contribution (VDC) plan)

Participants will not be eligible for LTD coverage until the six-month service requirement is met and they are a member of a retirement system.

¹ As defined in the Regulations of the Department of Civil Service, prior creditable service means, "State service prior to January 1, 1986, during which an employee was eligible to earn leave accruals, without any interruption in such service in excess of one year. A separation in excess of one year followed by reinstatement by the Civil Service Department or Commission or by appointment while eligible for appointment from a preferred list shall not be deemed an interruption in service for this purpose."

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Effective Dates of Coverage

1. Eligible employees in service prior to January 1, 1986 who elected to participate in the Income Protection Plan were covered effective January 1, 1986. Eligible employees who became disabled and who were on sick leave at full pay on December 31, 1985 and on their first regularly scheduled workday thereafter, or who were using other leave credits as sick leave on those dates, or who were on sick leave at half-pay or leave without pay, continued to be eligible to receive those benefits for which they were eligible on December 31, 1985 and were afforded the option of enrolling in the Plan following their return from such leave. Such persons had 30 calendar days following their return to enroll in the Plan. Eligible employees electing coverage were deemed to have coverage effective as of the date upon which they initially became eligible to make such election.
2. Eligible employees with prior creditable service who are appointed or reinstated to an M/C position on or after January 1, 1986, and who were not previously eligible employees, shall have 30 calendar days following such appointment or reinstatement to elect coverage. Such employees electing coverage shall be deemed to have coverage effective as of the date upon which they initially became eligible to make such an election. Such persons who are on leave without pay on the effective date of their appointment or reinstatement shall make their election within 30 days of their restoration to the payroll. The effective date of their coverage shall be the date of such restoration. Failure to enroll during the 30-day period is an automatic declination of coverage.
3. Eligible employees hired on or after January 1, 1986 who have no prior creditable service are mandatorily enrolled into the program. The effective date of coverage is their date of appointment in an M/C position.

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Loss of Eligibility

1. An employee's coverage under the IPP will terminate as the result of any of the following events:
 - a. The employee separates from State service (including an employee reported on a preferred list or vested status).
 - b. The employee is no longer M/C
 - c. The employee dies.
 - d. The employee retires.
 - e. The employee's work scheduled drops below fifty percent (50%).
 - f. The employee is no longer paid on an annual basis.
 - g. The employee is granted a leave without pay for any reason that exceeds one year.
2. If an employee's coverage under the IPP is terminated because the employee is no longer in an M/C position and the employee later returns to an M/C position, the employee is again covered under the IPP.
3. There are no conversion privileges under the IPP.

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Transfers Between Agencies

When an enrolled employee transfers from one State agency to another State agency, the following steps must be taken by the agencies involved:

1. The releasing agency should forward its copy of the employee's enrollment application to the acquiring agency. (The enrollment form must follow the employee wherever he/she is transferred regardless of the bargaining unit to which the employee belongs.)
2. The acquiring agency should make sure the enrollment application file is received from the releasing agency.

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Effect on Other Coverages

Health Insurance Coverage and Waiver of Premium

Employees who are temporarily removed from the payroll while receiving short term disability (STD) benefits may continue health insurance coverage by making payments directly to the Employee Benefits Division, NYS Department of Civil Service. Employees receiving STD benefits will only pay the employee share of the cost of coverage. Employees are not considered *receiving STD benefits* during the 14 day waiting period before STD benefits begin.

Waiver of Premium

An employee who is receiving short term disability benefits is ineligible to apply for Waiver of Premium.

A Waiver of Premium will be granted only to employees who are eligible to receive long term disability (LTD) benefits. An employee may apply for a Waiver of Premium on his/her first day of eligibility of LTD benefits. However, an employee must meet the following requirements:

1. The employee must be totally disabled as a result of sickness or injury and have been continuously disabled for at least six biweekly payroll periods.
2. The employee must have kept his/her coverage in effect by making direct payments to the Employee Benefits Division while receiving short term disability benefits.

A Waiver of Premium will continue during long term disability for a maximum period of 26 biweekly pay periods. The employee must request the Waiver of Premium form, PS-452 (Application for Waiver of Premium) from the New York State Department of Civil Service. The employee completes Part A of the form and has the attending physician complete Part C. The employee then forwards the completed application form to the Employee Benefits Division, NYS Department of Civil Service. State agencies need not complete any part of this form. If the waiver is approved, the waiver will commence on the first day of the long term disability benefit.

NOTE: In the event the employee receives a retroactive disability retirement during the waiver period, the Waiver of Premium will cease as of the effective date of the retirement, and the employee will become liable for the employee share of the premium. In some cases, this may require the employee to make retroactive payments.

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M/C Life Insurance Coverage

1. An enrollee who is placed on short term or long term disability may continue personal and dependent M/C Life Insurance coverage by remitting payments directly to the Employee Benefits Division. In the event the enrollee fails to remit any required payments, both personal life coverage and dependent life insurance coverage will cease on the last day of the coverage period for which payment was made.
2. Once coverage has lapsed, it can be reinstated only at the time of return to actively-at-work status by submission of a new enrollment application and evidence of insurability acceptable to MetLife. Since no arrear payments will be accepted, it is essential that enrollees be advised of this fact before going off the payroll.
3. If an enrollee becomes totally disabled before age 60 and remains totally disabled for nine or more months, he/she may apply for a Waiver of Premium under the M/C Life Insurance Program. The necessary application form, with appropriate instructions, will be forwarded by the Employee Benefits Division upon request by the enrollee or employing agency. If approved, the waiver will continue until the cessation of disability or the enrollee's death, whichever occurs first.

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Dental Coverage

1. Dental insurance coverage for employees who are removed from the payroll and placed on the short term disability (STD) will continue at no cost to the employee until the last day of payroll period in which STD benefits end. Employees placed on long term disability (LTD) may continue coverage by paying the full premium cost for each pay period they remain on LTD.
2. The first two biweekly pay periods of premium is payable to the Employee Benefits Division no later than 28 calendar days following the employee's last day on STD. Thereafter, premium payments are due not later than 28 days after the payroll period of coverage. If an employee returns to work during a coverage period for which the employee has paid, a refund of that premium will be issued.
3. Dental insurance coverage will be terminated if the payment for premium are not received timely and can be reinstated only upon the employee's return to payroll.
4. Waiver of premium is not available under the Dental Insurance Program.
5. The Employee Benefits Division will assume responsibility for notifying employees regarding dental coverage while they are in LTD status about procedures and premium amounts required to keep their dental insurance coverage in effect.
6. Dental insurance may be continued by an employee placed on LTD status until:
 - a. The employee returns to work;
 - b. The LTD benefit is terminated;
 - c. The employee dies;
 - d. The employee reaches age 65.

Vision Coverage

Eligibility for the M/C Vision Plan continues during STD at no cost to the employee but will terminate at the end of the STD period. Employees placed on long term disability (LTD) may continue coverage by paying the full premium cost for each pay period they remain on LTD.

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Filing of Claims

Claims for Income Protection – STD and LTD

1. Processing Short Term Disability Claims

- a. When it is anticipated that an employee will be absent from work for more than two weeks, you must provide the employee the Disability Claim form (NYS-STD-5782) and advise them to complete the Employee Portion of the Disability Claim form (Section 2).
- b. At least 14 calendar days **prior to** the exhaustion of the employee's **sick leave** accruals, contact the employee to determine whether or not the employee intends to use any or all of his or her **other** leave accruals. **To avoid delays in payment of benefits**, the employee should notify the agency no later than the 14th day prior to the exhaustion of the sick leave accruals.
- c. You must complete and forward the Employer Portion (Section 1) of the Disability Claim form, with a job description to the Employee Benefits Division for review either by secure e-mail, first class mail, or fax to (518) 485-5590.
- d. When completing the Employer Portion of the claim form, all required fields must be completed for review by EBD and MetLife.

2. Processing Long Term Disability Claims

- a. When it becomes evident that the employee will be disabled for a period greater than six months, the agency must complete its portion of the Long Term Disability claim packet. The packet should then be forward to the employee no later than the end of the tenth week following their disability.
- b. The employee and the employee's physician must complete their sections of the Statement of Claim – Long Term Disability Form. The employee returns the completed employers portion, employee portion and physician information of the Long Term Disability Claim form to MetLife.

Detailed Instructions – Filing Out the Disability Claim Form

Filing a Disability Claim

If your employee requests a leave through the Income Protection Program's Short Term Disability (STD) or Long Term Disability (LTD), it is your responsibility as HBA to provide and assist with the completion of form NYS-STD-5782. The first page of this form must be provided to the Employee Benefits Division for review, along with the employee's Job Description by secure e-mail, first class mail, or secure fax.

Do not send copies of medical documentation or physician's statements to the Employee Benefits Division.

Please refer to the Sample STD Claim Form – Appendix I as a reference when completing the first page of form NYS-STD-5782. The first page must be reviewed by both the Employee Benefits Division and MetLife. Ensure that all required fields are completed, otherwise this will result in a delay with the processing and payment of the claim.

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Contact Person's Name 	Provide a "Contact Person" at the Agency that the Employee Benefits Division or MetLife can communicate with regarding the claim's standing. Additionally, you must provide the Contact Person's E-Mail and phone number. The employee's Agency Code, Agency Address, employee's contact numbers, and supervisor information must be provided. <i>MetLife may need to contact the employee for information regarding the claim.</i>
Retirement Registration # 	The employee's "Retirement Registration #" must also be provided on the form. If the employee contributes towards another plan such as VDC, write VDC and provide the percentage of contribution.
Is condition work related? W/C Contact Person's Name:	If the disability resulted from a work-related incident and the employee is or will be collecting Worker's Compensation (W/C), then a W/C contact person, phone number and W/C claim number must be included on the first page of the form.
Date Last Worked mm/dd/yy First Date of Absence mm/dd/yy	The employee's "Last Day Worked" refers to the last day the employee was physically at the job. The next calendar day is considered the employee's "First Date of Absence" , even if it falls on a non-work day such as Saturday or Sunday.
Eff. Date of IPP Enrollment mm/dd/yy	The employee's "Effective Date of IPP Enrollment" refers to the date the employee became eligible for IPP. This is typically the date the employee was hired into an IPP benefits eligible position.
Basic Earnings \$	The employee's "Basic Earnings" in the form of Annual Salary must be provided by the HBA. Report retroactive salary increases that took effect prior to the "First Date of STD Coverage" in order for MetLife to adjust payments. "Basic Earnings" is not effected by salary increases that take place after the "First Date of STD Coverage" . If the employee is working less than 100% of the standard hours, the HBA must adjust the "Basic Earnings" accordingly.
Hours Worked Per Week Scheduled Work Week:	<i>MetLife uses "Hours Worked per Week" and "Scheduled Work Week" to determine which days the claim is payable.</i>
First Date of STD Coverage:	The "First Date of STD coverage" begins after the employee has exhausted all sick leave accruals or 14 calendar days from the "First Date of Absence" , whichever occurs later.
LTD Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the employee has met the eligibility requirement for IPP LTD benefits, mark "Yes" so that benefits will continue as LTD if approved for 6 months of STD.

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<div>Can employee's job be modified</div>	MetLife may request that the employee's job be modified or accommodations made for things such as sitting, standing and lifting so that the employee may return to work. If no modifications can be made mark "No".
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Once the Claim's first page is supplied to the Employee Benefits Division, it will be reviewed and submitted to MetLife for approval. The Employee Benefits Division is notified by MetLife once a determination is made and forwards this information to the Agency's **"Contact Person"**.

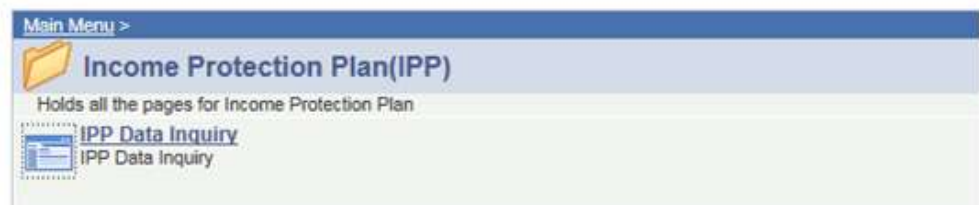
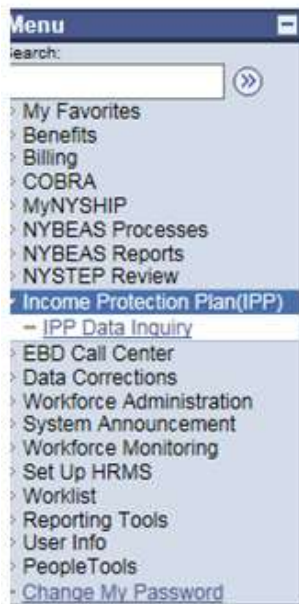
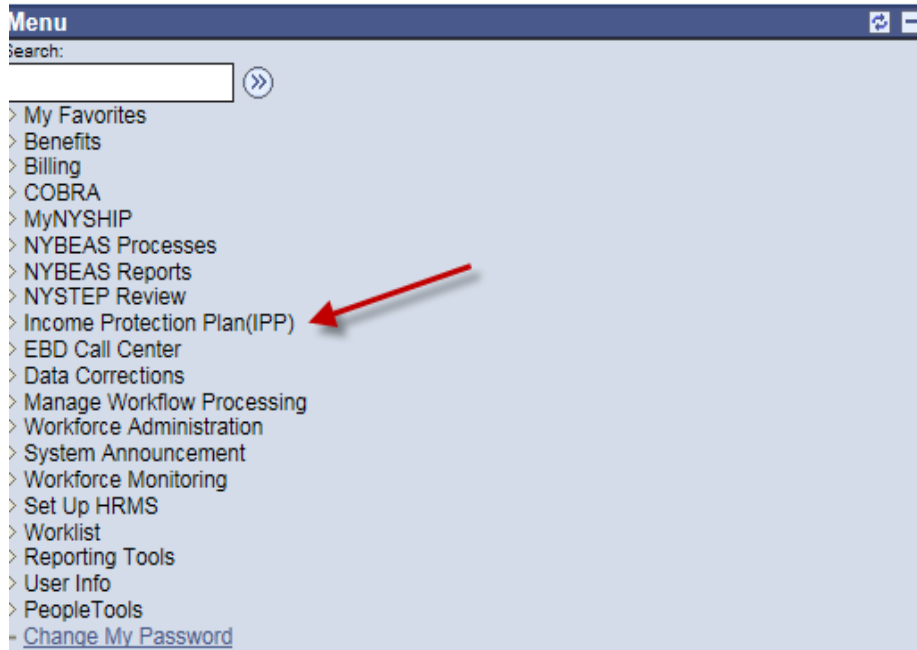
A STD or LTD transaction will need to be processed retroactively on NYSTEP and NYBEAS after the claim is approved by MetLife and their decision is forwarded to the Agency's "Contact Person". If you have any questions regarding how to fill out the disability claim form, please contact the M/C Life and IPP Unit of the Employee Benefits Division at (518) 473-3496.

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NYBEAS Income Protection Plan NYBEAS User Guide Navigation

IPP Screens in NYBEAS

When logging into NYBEAS you will select the Income Protection Plan(IPP) link as shown below to view an enrollment, cancellation, or if an enrollee is currently collecting IPP Benefits.



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IPP Data Inquiry

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

EmplID:

Empl Rcd Nbr:

Last Name:

First Name:

Department:

☐ Case Sensitive

[Basic Search](#)  [Save Search Criteria](#)

Enrollment information including STD/LTD Effective Dates, Anniversary Date, and Salary can be found in the *Enroll/Cancel Data* tab.

Enroll/Cancel Data  **Benefits Data**

Employee Info			
SMITH, JANE		EmplID: 123456789	Empl Rcd #: 0
Date of Birth:	01/17/1967	Sex: F	Anniversary Date: 01/01/2017
Retirement System: 1	Retirement Tier: 6	Retirement Registration#:	


Enroll/Cancel Data				Find View All	First  5 of 5  Last
Effective Date/Seq:	01/01/2017	Status:	Active	Benefit Program:	
Agency Code:	01080	Div Hsg Community	Renewal	Salary Grade:	600
Negotiating Unit:	06	Management Confidential		NY Title Code	2912001
STD Enrollment Date:	01/01/2017	LTD Enrollment Date:	07/01/2017		
Action / Reason:	ENR STD	Enroll STD		PaySrv Action / Reason:	CNV CNV
Annual Salary:	79,000.00	Std Hrs/Wk:	1.00	Pay Basis Code:	ANN
Jurisdiction Code:					
Last Upd DtTm:	04/10/17 3:04:49PM	Last Updated by:	MXM50		

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[Enroll/Cancel Data](#) | [Benefits Data](#)

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Information regarding existing or past claims can be found under the *Benefits Data* tab.

[Enroll/Cancel Data](#) **Benefits Data** 

Employee Info

SMITH, JANE EmplID: 123456789 Empl Rcd #: 0
Date of Birth: 01/17/1967 Sex: F Anniversary Date: 01/01/2017
Retirement System: 1 Retirement Tier: 6 Retirement Registration#:

Benefits Data [Find](#) | [View All](#) First ☒ 1 of 2 ☐ Last

Effective Date/Seq: 04/01/2017 Status: Active Benefit Program:
Agency Code: 01080 Div Hsg Community Renewal Salary Grade: 600
Union Code: 06 Management Confidential NY Title Code 2912001
STD Enrollment Date: 02/01/2017 LTD Enrollment Date: 07/01/2017
Action / Reason: IPP END IPP Claim Ended PaySrv Action / Reason: CNV CNV
Annual Salary: 79,000.00 Std Hrs/Wk: 1.00 Pay Basis Code: ANN
Jurisdiction Code:
Last Upd DtTm: 04/11/17 9:13:12AM Last Updated by: MXM50

[Return to Search](#)

[Enroll/Cancel Data](#) | [Benefits Data](#)

If an enrollee has less than six months of state service, the STD Enrollment date will be the same as the hire date and the LTD Enrollment will automatically be calculated six months after the STD Enrollment Date.

IPP Enrollment

Employee Info

Smith, John EmplID: 987654321 Empl Rcd #: 0
Date of Birth: 4/12/1972 Sex: M Anniversary Date: 01/01/2017
Retirement System: 1 Retirement Tier: 4 Retirement Registration#:

IPP Enrollment Record

Effective Date/Seq: 01/01/2017 1 Status: Active Benefit Program: A05 ☒
Agency Code: 20010 NYS Dept Tax and Finance
Negotiating Unit: 06 Management Confidential
Action / Reason: ENR LTD Enroll STD/LTD
STD Enrollment Date: 01/01/2017 LTD Enrollment Date: 07/01/2017
Annual Salary 150,000.00 Std Hrs/Wk: 1.00 Pay Basis: Annual Salary - BW Payment
Jurisdiction Code: 0 Competitive Salary Grade: 800
Last Update Date/Time: 05/26/17 2:48:25PM Last Updated by: EBD1

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If an enrollee has 6 months of active state service or more prior to becoming eligible for the IPP the STD and LTD enrollment dates will be the same as shown in the example below.

IPP Enrollment		
Employee Info		
BOBLAW, BOB		EmplID: 111111111 Empl Rcd #: 0
Date of Birth: 10/31/1968	Sex: M	Anniversary Date: 8/12/1995
Retirement System: 1	Retirement Tier: 4	Retirement Registration#:
IPP Enrollment Record		
Effective Date/Seq: 01/01/2015 1	Status: Active	Benefit Program: A05
Agency Code: 03000	NYS Dept of Law	
Negotiating Unit: 06	Management Confidential	
Action / Reason: ENR LTD	Enroll STD/LTD	
STD Enrollment Date: 01/01/2017	LTD Enrollment Date: 01/01/2017	
Annual Salary 150,000.00	Std Hrs/Wk: 1.00	Pay Basis: Annual Salary - BW Payment
Jurisdiction Code: 0 Competitive	Salary Grade: 800	
Last Update Date/Time: 05/26/17 2:48:25PM	Last Updated by: EBD1	

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ENR/STD TRANSACTION

When a new hire is processed in PayServ the enrollment will populate into the NYBEAS IPP Data History Inquiry Page. If the enrollee has less than six months of state service the STD effective date will be the same as the hire date or the date in which the enrollee became eligible for IPP Benefits. The LTD effective date will be six months after the hire date .

Enroll/Cancel Data		Benefits Data	
Employee Info			
SMITH, JANE		EmplID: 123456789	Empl Rcd #: 0
Date of Birth:	01/17/1967	Sex: F	Anniversary Date: 01/01/2017
Retirement System: 1	Retirement Tier: 6	Retirement Registration#:	
Enroll/Cancel Data			
Effective Date/Seq: 01/01/2017		Status: Active	Benefit Program:
Agency Code: 01080	Div Hsg Community Renewal	Salary Grade: 600	
Negotiating Unit: 06	Management Confidential	NY Title Code: 2912001	
STD Enrollment Date: 01/01/2017	LTD Enrollment Date: 07/01/2017		
Action / Reason: ENR STD Enroll STD	PaySrv Action / Reason: CNV CNV		
Annual Salary: 79,000.00	Std Hrs/Wk: 1.00	Pay Basis Code: ANN	
Jurisdiction Code:			
Last Upd DtTm: 04/10/17 3:04:49PM		Last Updated by: MXM50	

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[Enroll/Cancel Data](#) | [Benefits Data](#)

ENR/LTD TRANSACTION

The ENR/LTD transaction will populate after an ENR/STD transaction has been processed. This transaction indicates that an enrollee is eligible for both STD and LTD Benefits under the plan. If an enrollee has at least 6 months of active state service prior to becoming eligible for the IPP the STD and LTD effective dates will be the same.

IPP Enrollment			
Employee Info			
Smith, John		EmplID: 987654321	Empl Rcd #: 0
Date of Birth: 4/12/1972	Sex: M	Anniversary Date: 01/01/2017	
Retirement System: 1	Retirement Tier: 4	Retirement Registration#:	
IPP Enrollment Record			
Effective Date/Seq: 01/01/2017 1		Status: Active	Benefit Program: A05
Agency Code: 20010	NYS Dept Tax and Finance		
Negotiating Unit: 06	Management Confidential		
Action / Reason: ENR LTD	Enroll STD/LTD		
STD Enrollment Date: 01/01/2017	LTD Enrollment Date: 07/01/2017		
Annual Salary: 150,000.00	Std Hrs/Wk: 1.00	Pay Basis: Annual Salary - BW Payment	
Jurisdiction Code: 0	Competitive	Salary Grade: 800	
Last Update Date/Time: 05/26/17 2:48:25PM		Last Updated by: SXQ1	

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ENR/LOA TRANSACTION

The ENR/LOA Transaction will populate if the employee has less than 6 months of state service and is on a leave. The employee is eligible to collect Short Term Disability benefits for up to 6 months. When the employee returns to work the Long Term Disability effective date will be adjusted based on the number of days the employee was out of the office.

Enroll/Cancel Data		Benefits Data	
Employee Info			
SMITH, JANE		EmplID: 123456789	Empl Rcd #: 0
Date of Birth:	01/17/1967	Sex: F	Anniversary Date: 01/01/2017
Retirement System: 1	Retirement Tier: 6	Retirement Registration#:	
Enroll/Cancel Data			
Effective Date/Seq: 03/01/2017		Status: Leave	Benefit Program:
Agency Code: 01080	Div Hsg Community Renewal	Salary Grade: 600	
Negotiating Unit: 06	Management Confidential	NY Title Code: 2912001	
STD Enrollment Date: 02/01/2017	LTD Enrollment Date: 07/01/2017		
Action / Reason: ENR LOA Leave Of Absence	PaySrv Action / Reason: CNV CNV		
Annual Salary: 79,000.00	Std Hrs/Wk: 1.00	Pay Basis Code: ANN	
Jurisdiction Code:			
Last Upd DtTm: 04/10/17 3:55:32PM	Last Updated by: MXM50		

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ENR/ADJ TRANSACTION

If an enrollee is newly eligible for IPP benefits, has less than six months of state service, was out on a leave, and returns from leave, the ENR/ADJ transaction will populate when the Return From Leave (RFL) transaction is entered in PayServ. The LTD effective date will be adjusted based on the number of days the enrollee was out on a leave.

Enroll/Cancel Data		Benefits Data	
Employee Info			
SMITH, JANE		EmplID: 123456789	Empl Rcd #: 0
Date of Birth:	01/17/1967	Sex: F	Anniversary Date: 01/01/2017
Retirement System: 1	Retirement Tier: 6	Retirement Registration#:	
Enroll/Cancel Data			
Effective Date/Seq: 04/01/2017 1		Status: Active	Benefit Program:
Agency Code: 01080	Div Hsg Community Renewal	Salary Grade: 600	
Negotiating Unit: 06	Management Confidential	NY Title Code: 2912001	
STD Enrollment Date: 01/01/2017	LTD Enrollment Date: 08/01/2017		
Action / Reason: ENR ADJ Adjustment	PaySrv Action / Reason: CNV CNV		
Annual Salary: 79,000.00	Std Hrs/Wk: 1.00	Pay Basis Code: ANN	
Jurisdiction Code:			
Last Upd DtTm: 04/11/17 9:13:12AM	Last Updated by: MXM50		

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[Enroll/Cancel Data](#) | [Benefits Data](#)

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ENR/HLD Transaction

If an enrollee has prior creditable service without interruption of service for a over one year the enrollee will have the option to enroll or decline enrollment in the IPP. When an enrollee becomes eligible for the IPP a letter will be generated giving the enrollee 30 days to elect to enroll or decline enrollment in the IPP. If a response is not received within 30 days a declination will be processed systematically. Please see below for dates when enrollment in the IPP was mandated.

Enroll/Cancel Data

Benefits Data

Employee Info			
DIRCHI, REBA		EmplID: 22222222	Empl Rcd #: 0
Date of Birth: 3/01/1951	Sex: F	Anniversary Date: 11/28/1972	
Retirement System: 1	Retirement Tier: 3	Retirement Registration#:	

Enroll/Cancel Data				Find View All	First 1 of 1 Last
Effective Date/Seq: 01/01/2015	Status: Active	Benefit Program: A05			
Agency Code: 16000	NYS Dept of Public Service	Salary Grade: 600			
Negotiating Unit: 06	Management Confidential	NY Title Code 2931200			
STD Enrollment Date: 01/01/2015	LTD Enrollment Date: 01/01/2015				
Action / Reason: ENR HLD		PaySrv Action / Reason: PAY CSL			
Annual Salary: 75000.00	Std Hrs/Wk: 1.00	Pay Basis Code: ANN			
Jurisdiction Code: 2	Exempt				
Last Upd DtTm: 05/22/17 11:44:11AM	Last Updated by: IPPConv				

ENR/SPC Transaction

A list of titles which have been defined as "Special Enrollee Titles" is available on HBA Online. Enrollees will have the option to enroll or decline enrollment in the IPP within 30 days of their appointment. If the employee chooses to enroll in the IPP they are eligible for LTD benefits only.

Enroll/Cancel Data

Benefits Data

Employee Info			
MOORE, NOAH		EmplID: 121212121	Empl Rcd #: 0
Date of Birth: 5/5/1954	Sex: M	Anniversary Date: 5/5/1973	
Retirement System:	Retirement Tier:	Retirement Registration#:	

Enroll/Cancel Data				Find View All	First 1 of 3 Last
Effective Date/Seq: 01/01/2015	2	Status: Active	Benefit Program: A05		
Agency Code: 01540	NYS Board of Elections	Salary Grade: 700			
Negotiating Unit: 06	Management Confidential	NY Title Code 8117900			
STD Enrollment Date:	LTD Enrollment Date: 01/01/2015				
Action / Reason: ENR SPC		PaySrv Action / Reason: PAY FAC			
Annual Salary: 250000.00	Std Hrs/Wk: 1.00	Pay Basis Code: CAL			
Jurisdiction Code: 4	Unclassified				
Last Upd DtTm: 05/22/17 12:05:05PM	Last Updated by: IPPConv				

Income Protection Plan Administration Manual

ENR/LEG Transaction

If an employee of the Legislature is eligible for the IPP benefits the ENR/LEG transaction will populate after the PayServ transaction is processed. The employee will be eligible for LTD Benefits only. When an LTD claim is submitted the salary will include the annual salary and any stipend the employee receives while serving as a member on a board or a committee.

Enroll/Cancel Data		Benefits Data	
Employee Info			
MAYOR, M.R.		EmplID: 123123123	Empl Rcd #: 0
Date of Birth: 1/05/1952	Sex: F	Anniversary Date: 5/10/1997	
Retirement System: 1	Retirement Tier: 4	Retirement Registration#:	
Enroll/Cancel Data Find View All First 1 of 4 Last			
Effective Date/Seq: 01/01/2017	Status: Active	Benefit Program: A05	
Agency Code: 04020	Nys Assembly	Salary Grade: 600	
Negotiating Unit: 77	Legislative Unit	NY Title Code: 9332208	
STD Enrollment Date:	LTD Enrollment Date: 01/01/2015		
Action / Reason: ENR LEG Legislative	PaySrv Action / Reason: PAY SIC		
Annual Salary: 125000.00	Std Hrs/Wk: 1.00	Pay Basis Code: BIW	
Jurisdiction Code: 1	Non Competitive		
Last Upd DtTm: 05/22/17 8:12:37PM	Last Updated by: IPPConv		

CAN/CHG

The CAN/CHG transaction will be processed if the employee moves from one job to another which offers different IPP Benefits. For example, if an M/C employee moves from an M/C position to a Special Enrollee Title and elects to enroll in the IPP under their new title, they will only be eligible for LTD benefits.

Enroll/Cancel Data		Benefits Data	
Employee Info			
Bravo, Johnny		EmplID:	Empl Rcd #: 0
Date of Birth: 08/19/1954	Sex: M	Anniversary Date: 06/27/1995	
Retirement System: 1	Retirement Tier: 4	Retirement Registration#:	
Enroll/Cancel Data Find View All First 1 of 2 Last			
Effective Date/Seq: 06/08/2017	Status: Active	Benefit Program: A05	
Agency Code: 53500	NYS Alcoholism Treatment	Salary Grade: 661	
Negotiating Unit: 06	Management Confidential	NY Title Code: 5246950	
STD Enrollment Date:	LTD Enrollment Date: 08/01/1995		
Action / Reason: CAN CHG Ineligible for STD Coverage	PaySrv Action / Reason: PAY PAV		
Annual Salary: 95000.00	Std Hrs/Wk: 1.00	Pay Basis Code: ANN	
Jurisdiction Code: 0	Competitive		
Last Upd DtTm: 06/08/17 2:27:17PM	Last Updated by:		


Income Protection Plan Administration Manual

CAN/RET

The CAN/RET transaction will populate if a retirement is processed in Payserv or NYBEAS. A termination of IPP benefits will take place unless the employee remains eligible to collect LTD benefits under the IPP.

IPP Enrollment

Employee Info			
RUBBLE, BARNEY		EmplID: 000000000	Empl Rcd #: 0
Date of Birth: 3/7/1940	Sex: M	Anniversary Date: 09/27/1972	
Retirement System: 1	Retirement Tier: 3	Retirement Registration#:	

IPP Enrollment Record			
Effective Date/Seq: 06/06/2017	0	Status: Active	Benefit Program: A05 
Agency Code: 03020	Office of the Attorney General		
Negotiating Unit: 06	Management Confidential	Letter:	
Action / Reason: CAN RET	Retirement		
STD Enrollment Date: 10/01/2015	LTD Enrollment Date: 10/01/2015		
Annual Salary 40000.00	Std Hrs/Wk: 1.00	Pay Basis: Annual Salary - BW Payment	
Jurisdiction Code: 0 Competitive			Salary Grade: 600
Last Update Date/Time: 06/07/17 2:40:36PM	Last Updated by: IPPConv		



CAN/SEP

The CAN/SEP transaction will populate if a separation from state service is processed. IPP benefits will terminate at the time of separation unless the employee remains eligible to collect LTD benefits under the IPP.

Enroll/Cancel Data

Benefits Data

Employee Info			
Brown, Doc		EmplID: 555555555	Empl Rcd #: 0
Date of Birth: 03/18/1973	Sex: F	Anniversary Date: 01/03/2004	
Retirement System: 1	Retirement Tier: 4	Retirement Registration#:	

Enroll/Cancel Data				Find View All	First  1 of 1  Last
Effective Date/Seq: 12/01/2005	Status:		Benefit Program:		
Agency Code: 08000	NYS Department of Civil Service		Salary Grade: 618		
Negotiating Unit: 06	Management Confidential		NY Title Code		
STD Enrollment Date:	LTD Enrollment Date:				
Action / Reason: CAN SEP Separation			PaySrv Action / Reason:		
Annual Salary:	Std Hrs/Wk:		Pay Basis Code:		
Jurisdiction Code: 2 Exempt					
Last Upd DtTm: 09/01/16 12:18:02PM	Last Updated by: 79MCHU				

Income Protection Plan Administration Manual

CAN/TER

The CAN/TER transaction will populate if a termination is processed. IPP benefits will terminate unless the employee remains eligible to collect LTD benefits under the IPP.

Enroll/Cancel Data

Benefits Data

Employee Info

Meecha, Gooda

EmplID: 333333333 Empl Rcd #: 0

Date of Birth: 02/10/1972

Sex: F

Anniversary Date: 06/01/2017

Retirement System: 1

Retirement Tier: 6

Retirement Registration#:

Enroll/Cancel Data

Find | View All First 1 of 8 Last

Effective Date/Seq:	06/01/2017	3	Status:	Active	Benefit Program:	A05
Agency Code:	08000	NYS Dept Of Civil Service			Salary Grade:	800
Negotiating Unit:	06	Management Confidential			NY Title Code	1423010
STD Enrollment Date:	06/01/2017	LTD Enrollment Date: 12/01/2017				
Action / Reason:	CAN	TER	Termination		PaySrv Action / Reason:	DTA CRS
Annual Salary:	32000.00	Std Hrs/Wk:	1.00	Pay Basis Code: ANN		
Jurisdiction Code:	0	Competitive				
Last Upd DtTm:	06/08/17 2:14:26PM	Last Updated by: RAD5				

CAN/PYB

The CAN/PYB transaction will populate if the method of payment for the employee changes. The IPP benefits are available to employees who are paid on an Annual Salary, 21 Payroll, Biweekly Paid, Legislative Session, Calendar Year, College Year Part-Time or Legislative. If an employee is not paid on one of above pay methods they are no longer eligible for the IPP benefits.

Enroll/Cancel Data

Benefits Data

Employee Info

Kent, Clarke

EmplID: 777777777 Empl Rcd #: 0

Date of Birth: 09/23/1947

Sex: M

Anniversary Date: 10/05/1985

Retirement System: 1

Retirement Tier: 3

Retirement Registration#:

Enroll/Cancel Data

Find | View All First 1 of 2 Last

Effective Date/Seq:	05/27/1999	Status:	Active	Benefit Program:	A05	
Agency Code:	08000	NYS Dept Of Civil Service			Salary Grade:	618
Negotiating Unit:	06	Management Confidential			NY Title Code	1423100
STD Enrollment Date:		LTD Enrollment Date:				
Action / Reason:	CAN	PYB	Pay Basis Change		PaySrv Action / Reason:	PAY PAV
Annual Salary:	35000.00	Std Hrs/Wk:	1.00	Pay Basis Code:		
Jurisdiction Code:	0	Competitive				
Last Upd DtTm:	06/08/17 2:47:04PM	Last Updated by: EBD1				

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CAN/LHF

The CAN/LHF transaction will populate if the employee's percentage worked is 49% or less. IPP benefits are only available to enrollees working 50% or more of the standard work hours.

Enroll/Cancel Data

Benefits Data

Employee Info			
Brown, Woodstock		EmplID: 020202020 Empl Rcd #: 0	
Date of Birth: 1/27/1983	Sex: M	Anniversary Date: 05/01/2005	
Retirement System: 1	Retirement Tier: 4	Retirement Registration#:	

Enroll/Cancel Data		Find View All	First 1 of 4 Last
Effective Date/Seq: 01/01/2015 2	Status: Active	Benefit Program: A05	
Agency Code: 20010	NYS Dept Tax and Finance	Salary Grade: 800	
Negotiating Unit: 06	Management Confidential	NY Title Code 0642020	
STD Enrollment Date: 01/01/2015	LTD Enrollment Date: 01/01/2015		
Action / Reason: CAN LHF	Less Than Half Time	PaySrv Action / Reason: PAY SAC	
Annual Salary: 300000.00	Std Hrs/Wk: 0.40	Pay Basis Code: ANN	
Jurisdiction Code: 0	Competitive		
Last Upd DtTm: 06/08/17 2:07:39PM	Last Updated by: RAD5		

CAN/DEC

The CAN/DEC transaction will populate if the employee passes away. Please call the Employee Benefits Division to check for any M/C Life Insurance benefits and contact the New York State Retirement System to notify of the employee's passing.

Enroll/Cancel Data

Benefits Data

Employee Info			
GONE,RUBY		EmplID: 111222333 Empl Rcd #: 0	
Date of Birth: 01/1/1960	Sex: F	Anniversary Date: 02/22/1980	
Retirement System: 1	Retirement Tier: 3	Retirement Registration#:	

Enroll/Cancel Data		Find View All	First 1 of 3 Last
Effective Date/Seq: 06/05/2017 1	Status: Active	Benefit Program: A05	
Agency Code: 08000	NYS Department of Civil Service	Salary Grade: 618	
Negotiating Unit: 06	Management Confidential	NY Title Code 2600100	
STD Enrollment Date:	LTD Enrollment Date:		
Action / Reason: CAN DEC	Deceased	PaySrv Action / Reason: PAY SAC	
Annual Salary: 30000.00	Std Hrs/Wk: 1.00	Pay Basis Code: ANN	
Jurisdiction Code: 0	Competitive		
Last Upd DtTm: 06/07/17 2:50:49PM	Last Updated by: ARD3		

Income Protection Plan Administration Manual

CAN/NRT

The CAN/NRT transaction will populate if the employee had state service prior to the mandated IPP enrollment date and has not responded to elect or decline enrollment in the IPP within 30 days of their appointment. This transaction will be systematically processed monthly.

Enroll/Cancel Data		Benefits Data	
Employee Info			
FLINTSTONE, WILMA		EmplID: 55555555	Empl Rcd #: 0
Date of Birth: 04/22/1935	Sex: F	Anniversary Date: 01/01/1958	
Retirement System: 1	Retirement Tier: 1	Retirement Registration#:	
Enroll/Cancel Data			
Find View All		First 1 of 3	Last
Effective Date/Seq: 06/05/2017	1	Status: Active	Benefit Program: A02
Agency Code: 20010	NYS Dept Tax and Finance	Salary Grade: 800	
Negotiating Unit: 06	Management Confidential	NY Title Code	0642020
STD Enrollment Date:	LTD Enrollment Date:		
Action / Reason: CAN NRT No Return	PaySrv Action / Reason: POS 701		
Annual Salary:	Std Hrs/Wk: 1.00	Pay Basis Code: ANN	
Jurisdiction Code: 0	Competitive		
Last Upd DtTm: 06/07/17 2:32:10PM	Last Updated by: IPPConv		

CAN/DCL


The CAN/DCL transaction will populate if the employee had state service prior to the mandated IPP enrollment date and has elected to decline enrollment within 30 days of their appointment or if the enrollee was in an IPP Benefits eligible position and previously declined enrollment.

Enroll/Cancel Data		Benefits Data	
Employee Info			
DIRCHI, REBA		EmplID: 22222222	Empl Rcd #: 0
Date of Birth: 03/01/1951	Sex: F	Anniversary Date: 11/28/1972	
Retirement System: 1	Retirement Tier: 3	Retirement Registration#:	
Enroll/Cancel Data			
Find View All		First 1 of 1	Last
Effective Date/Seq: 02/01/2015	Status: Active	Benefit Program: A05	
Agency Code: 16000	NYS Dept of Public Service	Salary Grade: 600	
Negotiating Unit: 06	Management Confidential	NY Title Code	
STD Enrollment Date:	LTD Enrollment Date:		
Action / Reason: CAN DCL Decline	PaySrv Action / Reason:		
Annual Salary:	Std Hrs/Wk:	Pay Basis Code:	
Jurisdiction Code: 2	Exempt		
Last Upd DtTm: 05/23/17 12:44:01 PM	Last Updated by: IPPConv		

Income Protection Plan Administration Manual

IPP/STD

The IPP/STD transaction will be processed for an employee who is out a disability and is collecting IPP Benefits from Met. The HBA will be notified by email when the claim has been approved.

Enroll/Cancel Data		Benefits Data 	
Employee Info			
JONES, FRED		EmplID: 888888888	Empl Rcd #: 0
Date of Birth: 06/01/1969	Sex: M	Anniversary Date: 07/01/2003	
Retirement System: 1	Retirement Tier: 4	Retirement Registration#:	
Benefits Data Find View All First <input type="button" value="1 of 1"/> Last			
Effective Date/Seq: 04/01/2010	Status: Leave	Benefit Program: A05	
Agency Code: 16000	NYS Dept of Public Service	Salary Grade: 600	
Union Code: 06	Management Confidential	NY Title Code: 9170000	
STD Enrollment Date:	LTD Enrollment Date:		
Action / Reason: IPP STD	Short Term Disability	PaySrv Action / Reason: PAY PAV	
Annual Salary: 75000.00	Std Hrs/Wk: 1.00	Pay Basis Code: ANN	
Jurisdiction Code: 2	Exempt		
Last Upd DtTm: 06/08/17 3:55:13PM	Last Updated by: EBD1		

IPP/LTD

The IPP/LTD transaction will be processed for an employee who has been out on a short term disability leave for 6 months and is unable to return to work.

Enroll/Cancel Data		Benefits Data	
Employee Info			
JONES, FRED		EmplID: 888888888	Empl Rcd #: 0
Date of Birth: 06/01/1969	Sex: M	Anniversary Date: 07/01/2003	
Retirement System: 1	Retirement Tier: 4	Retirement Registration#:	
Benefits Data Find View All First <input type="button" value="1 of 2"/> Last			
Effective Date/Seq: 04/01/2010 1	Status: Leave	Benefit Program: A05	
Agency Code: 16000	NYS Dept of Public Service	Salary Grade: 600	
Union Code: 06	Management Confidential	NY Title Code: 9170000	
STD Enrollment Date:	LTD Enrollment Date:		
Action / Reason: IPP LTD	Long Term Disability	PaySrv Action / Reason: PAY PAV	
Annual Salary: 75000.00	Std Hrs/Wk: 1.00	Pay Basis Code: ANN	
Jurisdiction Code: 2	Exempt		
Last Upd DtTm: 06/08/17 3:55:45PM	Last Updated by:		

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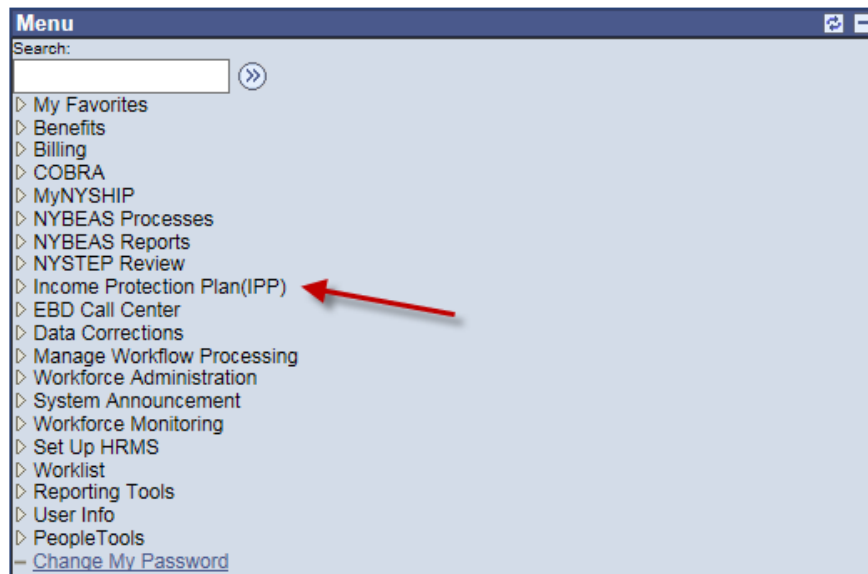
IPP/END

The IPP/End transactions will be processed when the employee returns to work or is no longer eligible to collect IPP benefits.

Enroll/Cancel Data		Benefits Data	
Employee Info			
JONES, FRED		EmplID: 888888888	Empl Rcd #: 0
Date of Birth: 06/01/1969	Sex: M	Anniversary Date: 07/01/2003	
Retirement System: 1	Retirement Tier: 4	Retirement Registration#:	
Benefits Data			
Find View All		First 1 of 2 Last	
Effective Date/Seq: 04/01/2010 1	Status: Leave	Benefit Program: A05	
Agency Code: 16000	NYS Dept of Public Service	Salary Grade: 600	
Union Code: 06	Management Confidential	NY Title Code 9170000	
STD Enrollment Date:	LTD Enrollment Date:		
Action / Reason: IPP END IPP Claim Ended	PaySrv Action / Reason: PAY PAV		
Annual Salary: 75000.00	Std Hrs/Wk: 1.00	Pay Basis Code: ANN	
Jurisdiction Code: 2	Exempt		
Last Upd DtTm: 06/08/17 3:55:45PM	Last Updated by: EBD1		

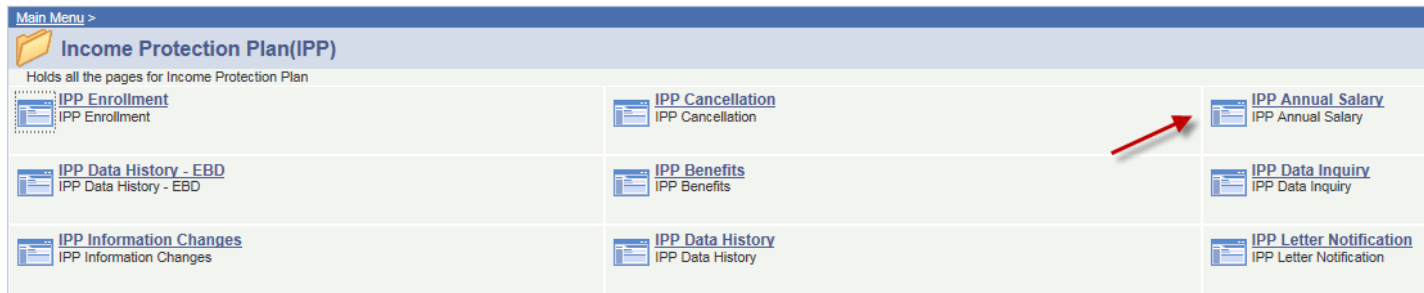
IPP Annual Salary Page

To access the Annual Salary page in NYBEAS, you must navigate to the Income Protection Plan (IPP) under the Main Menu and select to see additional options.



Income Protection Plan Administration Manual

A new page will populate and you must select IPP Annual Salary.



Enter the employee's SSN

The screenshot shows the 'IPP Annual Salary' search form. It includes fields for EmpID, Empl Rcd Nbr, Last Name, First Name, and Department, each with a 'begins with' dropdown. A red arrow points to the EmpID field which contains '123456789'. There are also checkboxes for 'Include History' and 'Case Sensitive'. At the bottom are 'Search', 'Clear', 'Basic Search', and 'Save Search Criteria' buttons.

IPP Annual Salary
Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

EmpID:

Empl Rcd Nbr:

Last Name:

First Name:

Department:

☐ Include History ☐ Case Sensitive

[Basic Search](#) [Save Search Criteria](#)

After entering the employee's information, you must enter the salary in "Annual Rate". Once completed click "Save". You will see the time and date of when the update was made and you will see the initials to indicate who updated the record.

The screenshot shows the 'IPP Annual Salary' record for 'Smith, John'. It displays the employee's name, EmpID (123456789), and Empl Rcd # (0). The record shows the Department (04220), Effective Date (05/26/2017), Annual Rate (\$50000.00), Last Update Date/Time (05/26/17 1:50:21PM), and Last Updated by (RAD5). A red arrow points to the 'Save' button at the bottom left.

IPP Annual Salary

IPP Salary for Enrollee

Smith, John EmpID: 123456789 Empl Rcd #: 0

IPP Salary Find | View All First 1 of 1 Last

Department: 04220

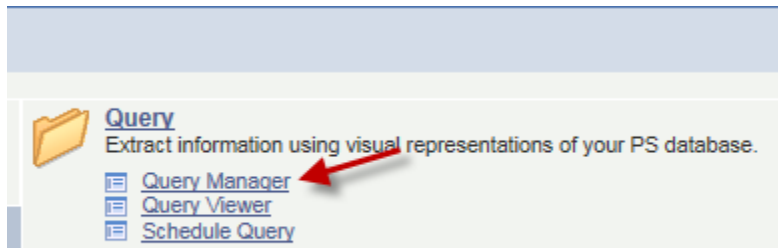
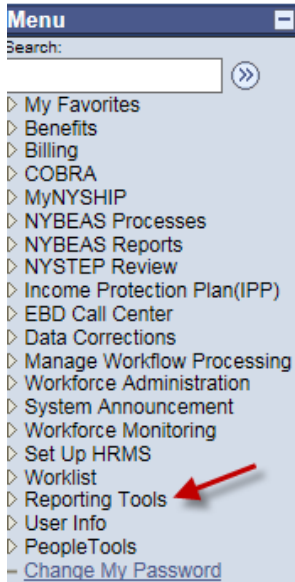
Effective Date: 05/26/2017 Annual Rate: \$50000.00

Last Update Date/Time: 05/26/17 1:50:21PM Last Updated by: RAD5

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IPP Queries

Two queries will be available for HBAs to determine who is eligible for IPP benefits and who is currently collecting benefits under Short or Long Term Disability. HBAs can access the queries under the main Menu in NYBEAS, select Reporting Tools, then select Query Manager.



Enter BEA in the "Begins with" Field and hit Search.

Query Manager

Enter any information you have and click Search. Leave fields blank for a list of all values.

[Find an Existing Query](#) | [Create New Query](#)

*Search By: begins with

[Advanced Search](#)

<input type="checkbox"/>	BEA_IPP_ELIGIBLE_BY_AGENCY	IPP ELig	Public	Edit HTML Excel Schedule
<input type="checkbox"/>	BEA_IPP_LTD_STD_BY_AGENCY	IPP LTD STD Rpt	Public	Edit HTML Excel Schedule

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The query entitled “BEA_IPP_ELIGIBLE_BY_AGENCY” will provide a list of employees who are eligible for IPP Benefits. The query entitled, “BEA_IPP_LTD_STD_BY_AGENCY” will provide a list of employees who are currently received IPP benefits under a Short or Long Term Disability.

BEA_IPP_ELIGIBLE_BY_AGENCY - IPP ELig

DEPT ID:

[View Results](#)

Download results in : [Excel Spreadsheet](#) [CSV Text File](#) (1 kb)

[View All](#)

First [1-1 of 1](#) [Last](#)

	ID	Eff Date	First Name	Last Name	DeptID	Union Code	Grade	NID	IPP Actn Reason	IPP Action
1	123456789	01/01/2017	JANE	SMITH	01080	06		123456789	ENR	STD

BEA_IPP_LTD_STD_BY_AGENCY - IPP LTD STD Rpt

DeptID: [x](#)

[View Results](#)

Download results in : [Excel Spreadsheet](#) [CSV Text File](#) (1 kb)

[View All](#)

First [1-1 of 1](#) [Last](#)

	ID	First Name	Last Name	Eff Date	Union Code	DeptID	Grade	IPP Action	IPP Actn Reason	LTD Date	STD Date
1	123456789	Jane	Smith	04/01/2017	06	1080	600	IPP	LTD	03/19/2017	09/19/2016

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Worklists

The IPP Salary Update/Verification worklist will be available for HBAs of the Legislature and Roswell Park. It is the responsibility of the HBA to review the salary for accuracy for each employee. Any updates will be made in the IPP Annual Salary Page.



Worklist Summary						
Detail	Filter	Business Process	Activity	Worklist	Count	
1	Detail	Filter	BEA Administer Workflow	BEA_CVS_FEEDBACK	CVS Feedback File	1
2	Detail	Filter	BEA Administer Workflow	Income Protection Plan	IPP Benefits MisMatch	0
3	Detail	Filter	BEA Administer Workflow	IPP Salary Update/Verification	IPP Salary Update	2
4	Detail	Filter	BEA Administer Workflow	Message Agent Log Processing	CMS Date of Death	9
5	Detail	Filter	BEA Administer Workflow	Message Agent Log Processing	Rejected Coverage Change	68
6	Detail	Filter	BEA Administer Workflow	Message Agent Log Processing	Rejected DEP DEL Age 25 WL	35

Field 1: Field 2: Field 3:

Worklist Details								
Mark Worked	ID	Empl Rcd#	DeptID	Name	Sent From	WL Created on	WL Comments	Reassign
1	Work It	454545454	0	55875	FLANDERS, NED	PCONTROL	05/21/2017 8:33:50AM	Reassign
2	Work It	123123123	0	04020	MAYOR, M.R.	PCONTROL	05/21/2017 8:33:50AM	Reassign

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Appendix I – Sample Disability Claim Form

SAMPLE STD CLAIM FORM

DISABILITY CLAIM FOR ACCIDENT & SICKNESS (A&S)/ SHORT TERM DISABILITY (STD)/SALARY CONTINUANCE

MetLife®

Metropolitan Life Insurance Company
P.O. Box 14590
Lexington, KY 40511
Fax: 1-800-230-9531

Instructions for completing the claim form:

1. Complete all applicable areas of the claim form. Please print clearly.
2. Please sign – a) bottom of this page and b) Fraud Statement.
3. Faxing this claim form will expedite receipt and eliminate your need to mail it.

New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Section 1: To Be Completed by the Employer and faxed to NYS Dept. of Civil Service

Name of Employer State of New York MC/IPP 23900					
Agency Address 1220 Washington Avenue Bldg		City Albany	State NY	Zip Code 12226	Agency Code 16000
Contact Person's Name John Smith				Phone # (518) 473-5555	
Contact Person's E-mail Address John.Smith@cs.ny.gov				FAX # (518) 473-5554	
Employee Name (First, MI, Last) Fred Jones			Social Security No. 888-88-8888	Retirement Registration # 123456	
Date of Hire 04/01/10	Job Title Administrative Assistant			Job Class <input checked="" type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Very Heavy	
Work Location Address Core 1 Bldg, Swan Street Albany, NY 12239			Employees Work Phone # (518) 473-2222	Employees Home Phone # (518) 518-8158	
Supervisor Name Clarke Kent			Supervisor's E-Mail Address Clarke.Kent@cs.ny.gov		Phone # (518) 473-1111
Is condition work related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If yes, provide: W/C Carrier Name _____					
W/C Contact Person's Name _____			Phone # _____		Worker's Comp Claim # _____
Date Last Worked 06/15/17	First Date of Absence 06/16/17	Date Returned To Work <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated 08/01/17	Eff. Date of IPP Enrollment 04/01/10	Basic Earnings (exclusive of overtime, bonus, etc.) \$ 75,000.00	
Premium contributions Employer 84 % Employee 16 % <input type="checkbox"/> Pre-Tax <input type="checkbox"/> Post-Tax			Benefit Amount _____	Payroll Classification <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly <input type="checkbox"/> Union <input type="checkbox"/> Non Union <input type="checkbox"/> Other _____	
Employee's Status As Of First Day Absent 6/16/17 <input checked="" type="checkbox"/> Active <input type="checkbox"/> Vacation <input type="checkbox"/> LOA <input type="checkbox"/> Laid Off <input type="checkbox"/> Terminated <input type="checkbox"/> Retired			Hours Worked Per Week 37.5	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
			Scheduled Work Week <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> Tu <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su		
			Is work week regular Regular or variable _____		
If other than Active, please explain _____				First Date of STD Coverage: 06/16/17	
If STD buy up, date enrollment card signed mm/dd/yy				LTD Coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Can employee's job be modified/accommodated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe. _____				Has return to work been discussed with employee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

To the best of your knowledge, indicate if the employee has filed for or is receiving income from any of the following sources:

	Applied for	Receiving	\$ Amount	Frequency	From/To Dates mm/dd/yy mm/dd/yy
Salary Continuance/Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	mm/dd/yy mm/dd/yy
Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	mm/dd/yy mm/dd/yy
State Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	mm/dd/yy mm/dd/yy
Other (Please identify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	mm/dd/yy mm/dd/yy

Provide weekly deduction amounts, if applicable:

	Pre Tax	Post Tax	\$ Weekly Amount
Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$95.75
Life	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$3.79
Dental	<input type="checkbox"/>	<input type="checkbox"/>	_____
LTD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Please identify) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Authorizing Signature John Smith	Date 07/11/17
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Income Protection Plan Administration Manual

Appendix II – Sample IPP Letters

SAMPLE LETTER FOR ENR/LOA TRANSACTION



**Department of
Civil Service**

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Acting Commissioner

June 27, 2017

Dear Enrollee:

Previously you were advised that your first date of eligibility for Long Term Disability (LTD) benefits under the Income Protection Plan (IPP) was October 16, 1998. However, our office was notified that you were placed on a leave of absence prior to your completion of six months of State service. As a result, the date you are first eligible for LTD benefits under the IPP will be adjusted. While you are on a leave of absence, this time does not accrue toward meeting six months of State service. Upon your return to work you will receive another letter with the corrected eligibility date.

For more information on the benefits under the IPP, please refer to your IPP Benefits Booklet. This booklet can be obtained from your Personnel Office or on our website at www.cs.ny.gov. If you require additional information please contact your Personnel Office or the IPP Unit at (518) 473-3496 between the hours of 9:00 a.m. and 4:00 p.m. EST, Monday through Friday.

Sincerely,

Program Administration Unit
Employee Benefits Division

Income Protection Plan Administration Manual

SAMPLE LETTER FOR CAN/NRT TRANSACTION



**Department of
Civil Service**

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Acting Commissioner

July 3, 2017

Dear Enrollee:

This letter confirms that you have effectively declined enrollment in the Income Protection Plan (IPP). This declination is irrevocable and you may not enroll in the IPP at a later time. Your account has been updated to reflect:

That we did not receive a request to enroll within 30 days from the date you were eligible to enroll in the IPP. This is considered a declination of coverage.

If you require additional information please contact your Personnel Office or the IPP Unit at (518) 473-3496 between the hours of 9:00 a.m. and 4:00 p.m. EST, Monday through Friday.

Sincerely,

Program Administration Unit
Employee Benefits Division

Income Protection Plan Administration Manual

SAMPLE LETTER FOR CAN/NRT TRANSACTION



**Department of
Civil Service**

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Acting Commissioner

July 3, 2017

Dear Enrollee:

This letter confirms that you have effectively declined enrollment in the Income Protection Plan (IPP). This declination is irrevocable and you may not enroll in the IPP at a later time. Your account has been updated to reflect:

That we did not receive a request to enroll within 30 days from the date you were eligible to enroll in the IPP. This is considered a declination of coverage.

If you require additional information please contact your Personnel Office or the IPP Unit at (518) 473-3496 between the hours of 9:00 a.m. and 4:00 p.m. EST, Monday through Friday.

Sincerely,

Program Administration Unit
Employee Benefits Division

Income Protection Plan Administration Manual

SAMPLE LETTER FOR CAN/NRT TRANSACTION



**Department of
Civil Service**

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Acting Commissioner

July 3, 2017

Dear Enrollee:

This letter confirms that you have effectively declined enrollment in the Income Protection Plan (IPP). This declination is irrevocable and you may not enroll in the IPP at a later time. Your account has been updated to reflect:

That we did not receive a request to enroll within 30 days from the date you were eligible to enroll in the IPP. This is considered a declination of coverage.

If you require additional information please contact your Personnel Office or the IPP Unit at (518) 473-3496 between the hours of 9:00 a.m. and 4:00 p.m. EST, Monday through Friday.

Sincerely,

Program Administration Unit
Employee Benefits Division

Income Protection Plan Administration Manual

SAMPLE LETTER FOR CANCELLATION TRANSACTIONS



**Department of
Civil Service**

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Acting Commissioner

June 27, 2017

Dear Enrollee:

This letter is in regards to your enrollment in the Income Protection Plan (IPP). Please be advised that this benefit is only offered to certain Management/Confidential (M/C) employees.

Our records indicate that you are no longer eligible to be enrolled in the IPP because:

You have separated from state service due to retirement or termination.

This change does not affect your eligibility to enroll in other programs offered by the New York State Health Insurance Program (NYSHIP) or by your employer. Please retain a copy of this letter for your records.

If you require additional information please contact your Personnel Office or the IPP Unit at (518) 473-3496 between the hours of 9:00 a.m. and 4:00 p.m. EST, Monday through Friday.

Sincerely,

Program Administration Unit
Employee Benefits Division

Income Protection Plan Administration Manual



SAMPLE LETTER FOR ENR/LEG TRANSACTION

**Department of
Civil Service**

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Acting Commissioner

June 6, 2017

Dear Enrollee:

This letter confirms your enrollment in the Legislative Long Term Disability Plan (LTD). The plan is administered by the Department of Civil Service and benefits are provided by Metropolitan Life Insurance Company.

The benefits available under Legislative LTD Plan are designed to ease financial burdens in the event you are unable to work due to illness or injury. LTD benefits are payable at the rate of 60 percent of your basic monthly salary, up to a maximum monthly benefit of \$5,000. The date you are first eligible for LTD benefits is January 28, 2009.

For more information on the benefits under the Legislative LTD Plan, including waiting periods before receiving benefits, please refer to your Personnel Office.

If you require additional information please contact your Personnel Office or the IPP Unit at (518) 473-3496 between the hours of 9:00 a.m. and 4:00 p.m. EST, Monday through Friday.

Sincerely,

Program Administration Unit
Employee Benefits Division

Income Protection Plan Administration Manual



SAMPLE LETTER FOR ENR/HLD TRANSACTION

**Department of
Civil Service**

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Acting Commissioner

June 27, 2017

Dear Enrollee:

You have recently become eligible for the Income Protection Plan (IPP). You have 30 days from the date of this notice to enroll. If you do not respond within 30 days you will not be eligible to participate in the IPP. Please be advised that your decision to participate or not participate is irrevocable.

If you wish to enroll in the IPP, you must notify the Employee Benefits Division in writing within 30 days of this notice.

For more information on the benefits under the IPP, please refer to your IPP Benefits Booklet. This booklet can be obtained from your Personnel Office or on our website at www.cs.ny.gov. If you require additional information please contact your Personnel Office or the IPP Unit at (518) 473-3496 between the hours of 9:00 a.m. and 4:00 p.m. EST, Monday through Friday.

Sincerely,

Program Administration Unit
Employee Benefits Division