



Department of Civil Service

ANDREW M. CUOMO
Governor
LOLA W. BRABHAM
Commissioner

DATE

AGENCY CODE, BP
FIRST NAME LAST NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

Dear Enrollee:

According to New York State Health Insurance Program (NYSHIP) records, you are currently covering the following dependent(s) on your health plan:

- <<DEP Name>>, <<DEP RELATIONSHIP>>

If there has been a change that impacts dependent eligibility such as a finalized divorce, **you must notify your Health Benefits Administrator (HBA) as soon as possible.** You will be required to submit:

- A completed, signed and dated NYSHIP Health Insurance Transaction Form (PS-404), and
- Applicable proof documenting the event that caused your dependent to become ineligible to continue coverage under your health plan.

When a dependent loses eligibility for NYSHIP coverage, they may be eligible to continue coverage under COBRA. Contact your HBA for details.

If there is no change in the eligibility of your covered dependent(s), you do not need to take any action at this time. This letter is a reminder that it is your responsibility to keep your NYSHIP enrollment record up to date and that you must notify your HBA when your covered dependent(s) no longer meet NYSHIP eligibility requirements. If you fail to inform your HBA of dependent eligibility changes, you may be responsible for repaying all health insurance claims for ineligible dependents as early as the date they became ineligible. See your *General Information Book* for information about eligibility, qualifying events and time limitations.

If you have questions regarding this letter, please contact your agency HBA, <<HBA Name>>, at <<HBA phone number>>.

Sincerely,

James DeWan
Director
Employee Benefits Division