



Department of Civil Service

ANDREW M. CUOMO
Governor
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NY21-04

TO: New York State Health Benefit Administrators
FROM: Employee Benefits Division
SUBJECT: Dependent Eligibility Letter mailed to all NYSHIP enrollees with covered dependents
DATE: March 29, 2021

The Employee Benefits Division (EBD) has mailed a letter to all NYSHIP enrollees currently covering dependents on their health plan. This is a reminder of the enrollee's responsibility to keep their NYSHIP enrollment record up to date and remove dependent(s) who no longer meet eligibility requirements.

If the NYSHIP enrollee's dependent(s) experienced a qualifying event resulting in ineligibility to continue under their NYSHIP policy, you should be notified, and the following documents are required to be submitted:

- A completed, signed, and dated PS-404 Health Insurance Transaction Form, **and**
- Applicable proof documenting the qualifying event causing ineligibility under NYSHIP

When a dependent loses eligibility for NYSHIP coverage, that dependent **may** be eligible for continuation of coverage through COBRA, if requested within 60 days of the loss of eligibility. Dependents who are not eligible for COBRA or are seeking lower cost options can be referred to the New York State Marketplace site at <https://nystateofhealth.ny.gov>.

It is the HBA's responsibility to update NYBEAS with any changes reported within 3-5 business days and keep the file current. Timely processing will help to avoid claims being processed for ineligible dependents. For more information please refer to the HBA Manual for your group: <https://www.cs.ny.gov/employee-benefits/hba/manual/> and the *NYSHIP General Information Book*.

Due to the protected health insurance contained in these letters, undeliverable mail will be returned to your agency for handling. Please contact the enrollees whose letter is returned to you and ask them to update their mailing address so that you can provide them with the dependent notification letter. Please ensure the method used is secure and that follow up with the enrollee is completed as soon as practicable. Documenting your outreach using a comment in NYBEAS is a good practice to use in such situations.

If you have any questions after reviewing this memo and the HBA Manual, please contact the HBA Help Line at 518-474-2780; representatives are available between the hours of 9:00 am to 4:00 pm, Monday through Friday.

Attachment:

Dependent Eligibility Letter