



# Department of Civil Service

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NY24-10  
PE24-06

**TO:** Health Benefits Administrators of New York State Agencies and Participating Employers  
**FROM:** Employee Benefits Division  
**SUBJECT:** Donate Life Registry Election Added to NYSHIP Health Insurance Transaction Form (PS-404)  
**DATE:** June 20, 2024

As per New York State Public Health Law 4310, the Department of Health has established an organ, eye, and tissue donor registry (called the “donate life registry”) which provides a means to make and register a gift of organs, eyes and tissues to take place after death. The donate life registry contains a listing of all donors who have declared their consent to make an anatomical gift.

Chapter 758 of the Laws of 2022 amends Public Health Law 4310 to extend the option for an insured and/or applicant for insurance to indicate they would like to be added to the Donate Life Registry and consent to organ, eye and tissue donation during enrollments.

Accordingly, the Employee Benefits Division (EBD) has added a Donate Life Registry Election section to form PS-404, *NYSHIP Health Insurance Transaction Form for NYS & PE Employees*. **Enrollees must fill out this section by checking either the “Yes” or “Skip this question” box. The election must be made each time a new form is submitted.**

<b>17. DONATE LIFE REGISTRY ELECTION</b>
<b><u>You must fill out the following section:</u></b>
Would you like to be added to the Donate Life Registry? <input type="checkbox"/> Yes <input type="checkbox"/> Skip this question
Check box for 'yes' or 'skip this question.'
By indicating yes in response to the question asking if you would like to be added to the Donate Life Registry, you are certifying that you are 16 years of age or older, consenting to donate your organs and tissues for the purposes of transplantation and research in the event of your death and authorizing NYSHIP to share your name and identifying information with the Registry.
ID Number on New York State Driver License, Learner Permit, or Non-Driver ID Card
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Effective immediately, please discontinue use of all prior PS-404 forms. The new version of the form is attached to this memo and posted to the [Publications & Forms](#) section of HBA Online.

## Processing the Donate Life Registry election in NYBEAS

If the enrollee selects “Yes” to be added to the Donate Life Registry, the election must be processed in NYBEAS. If the enrollee selects “Skip this question,” no further action is required. To process the election, go to Benefits/Transactions/Donate Life Registry Elect.



Add the enrollee’s EmplID number.

### Donate Life Registry Elect

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](#)

Check the “This employee has elected to be added to the Donate Life Registry” box. If available, add the enrollee’s 9-digit NYS Driver License/Learner Permit ID Card number. Please note that a NYS Driver License/Learner Permit ID Card is not required to elect to be added to the Donate Life Registry.

Donate Life Registry Elect

Employee Information

ENROLLEE,SAMPLE EmplID: 987123456 Empl Rcd #: 0

NYS Driver License/Learner Permit/ID Card #, if available  (9 digit value, no spaces)

Election Confirmation

☐ This employee has elected to be added to the Donate Life Registry.

Save Return to Search

Select **Save** and the election will be entered successfully.

**If enrollees wish to remove themselves from the registry, please direct them to contact the Donate Life Registry at 1-866-NY-DONOR or [registry@donatelife.ny.gov](mailto:registry@donatelife.ny.gov) for further assistance.**

If you have questions about this memo, please contact the HBA Helpline at 518-474-2780.

#### **Attachments:**

PS-404 NYSHIP Health Insurance Transaction Form for NYS & PE Employees