State of New York
Department of Civil Service
Alfred E. Smith State Office Bldg.
Albany, NY 12239

EMPLOYEE BENEFITS DIVISION

Enrollment Form For Employees Eligible To Defer Health Insurance Coverage And Sick Leave Credit Calculation Indefinitely In Retirement

PS-406.2 (8/06)

Information For Employees Eligible To Defer Health Insurance Coverage And Sick Leave Credit Calculation Indefinitely In Retirement

- Enrollees who have health insurance coverage through their post-retirement employment, or through their spouse's employer, are eligible to defer indefinitely the activation of their New York State Health Insurance Program (NYSHIP) coverage as retirees.
- Retirees use their sick leave credit to reduce their health insurance premiums. If you defer your NYSHIP coverage when you notify EBD to activate your coverage, your sick leave credit will be calculated when you are older and will have a greater dollar value than if it were calculated immediately at retirement. You will not have to pay NYSHIP premiums while your coverage is deferred.
- If you die while your coverage is deferred, your spouse and/or eligible dependents may transfer back to NYSHIP. Coverage for the eligible survivors would begin on the day following your death. Eligible survivor(s) who wish to enroll should do so as soon as possible to avoid retroactive premium payments.
- If you wish to defer your retiree health insurance coverage, furnish proof to your agency health benefits administrator that you have coverage through post-retirement employment, or through your spouse's health care plan, and complete the form below. Keep a copy of the completed form for your records.

ENROLLMENT FORM FOR EMPLOYEES ELIGIBLE TO DEFER HEALTH INSURANCE COVERAGE AND SICK LEAVE CREDIT CALCULATION INDEFINITELY IN RETIREMENT

I have read the information provided to me regarding Deferred Health Insurance Coverage for Retirees.
I wish to defer my New York State Health Insurance Program Coverage, understanding that I may defer only once.

My last day on the payroll is: Month: Day: Year:

I understand that if I pre-decease my spouse and/or other eligible dependent(s) while coverage is deferred, they may transfer back to the New York State Health Insurance Program. My eligible survivor(s) should send a written request for enrollment to the Employee Benefits Division Operations-Deferred Health Insurance Coverage Unit, at the above address within 90 days of my death.

I understand that I may reactivate my enrollment in the New York State Health Insurance Program at any time, by writing to the Employee Benefits Division Operations-Deferred Health Insurance Coverage Unit, at the above address.

Check One: ☐ Proof of my continued coverage in my spouse's health care plan is attached.
☐ Proof of my coverage through post-retirement employment is attached.

→ **Signature:** **Date**:

Please Print Name in this Space: Social Security Number:

→ **Signature of Agency Health Benefits Administrator:** **Date**:

Agency Name: Agency Code

Personal Privacy Protection Law Notification:

This information you provide on this application is requested for the principal purpose of deferring activation of your health insurance coverage. This information will be used in accordance with Public Officers Law Section 96 (1) also known as the Personal Privacy Protection Law. Failure to provide the information requested may prevent the Department from processing this application. This information will be maintained by the Director of the Employee Benefits Division, NYS Department of Civil Service, Albany, NY 12239. For information concerning the Personal Protection Law, call (518) 457-9375. If you have a question, regarding this form or the health insurance coverage, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.

Please make a copy of this signed election form for your records.