



For Enrollees and Agencies:

On the back of this form are instructions for choosing to continue, convert or cancel life insurance coverage after retirement. For more information, refer to letter PS-931 or contact your agency's benefits administrator.

Personal Privacy Protection Law

The information you provide on this application is being requested in accordance with Section 158 of the Civil Service Law for the principal purpose of processing your request to continue, convert or cancel life insurance coverage after retirement. The information will be used accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subsections (b), (e) and 9f). Failure to provide the information requested may prevent the processing of your request. This information will be maintained by the Director, Employee Benefits Division, NYS Department of Civil Service, Alfred E. Smith State Office Bldg., Albany, NY 12239. For information concerning the Personal Privacy Protection law, call (518) 457-9375. For information related to this form, call (518) 473-3496.

Please Print Legibly

Section I—Enrollee Completes

A—Enrollee Information

Social Security No.

Last Name		First Name	M
Street Address		City	
State	ZIP Code	Telephone No. ()	

B—Enrollee Continuation/Conversion/Cancellation of Life Insurance Coverage

Please read instructions carefully and choose either Option 1—Continue Coverage, Option 2—Conversion of Coverage or Option 3—Cancellation of Coverage. Check the box for the option you elect to choose. Sign and date the form.

Option 1—Continue M/C Life Insurance Coverage	<input type="checkbox"/>	Please continue my coverage into retirement. I understand that I will receive an initial billing amount and that monthly payments are due by the 1st day of each month. I understand that if my account becomes past due, my coverage will be cancelled and cannot be reinstated.
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Option 2—Conversion of M/C Life Insurance Coverage	<input type="checkbox"/>	I currently plan to exercise my conversion privileges. I have received Conversion Form G-685NY. If I do change my decision to exercise the conversion option, I know that I have 45 days from the date of my last paycheck to make a full monthly payment to the NYS Department of Civil Service in order to remain in the M/C Life Insurance program.
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Option 3—Cancellation of M/C Life Insurance Coverage	<input type="checkbox"/>	Please cancel my coverage. I do not wish to continue my life insurance coverage during retirement. I understand that once my coverage is canceled, it cannot be reinstated.
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Enrollee Signature 	Date
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Section II—Agency Completes

Agency Code	Agency Name		
Retirement Date	Last Day Worked	Last Check Date	

Authorized Agency Signature 	Telephone No. ()
Title	Date

INSTRUCTIONS FOR COMPLETING

Please refer to letter PS-931 which explains in detail the different options concerning your M/C Life Insurance coverage. Complete the appropriate sections of the form on the reverse side in conformance with the instructions given below.

Section I—Enrollee Completes

A-Enrollee Information

Complete this section in its entirety regardless of the option you choose.

B-Enrollee Continuation/Conversion/Cancellation of M/C Life Insurance Coverage

You must decide if you wish to continue M/C Life Insurance, convert to a direct pay policy with Metropolitan Life Insurance Company or cancel coverage at this time.

Option 1—Continue M/C Life Insurance Coverage

1. Check box to continue coverage.
2. Sign and date the form.

Making payments

You will receive your initial billing notice after the NYS Department of Civil Service completes the processing of this form. All payments are due by the 1st of each month. **If your account becomes past due, your coverage will be canceled. Coverage cannot be reinstated.**

Option 2—Conversion of M/C Life Insurance Coverage

1. Check box to convert coverage.
2. Sign and date the form.

By completing this section you are canceling your M/C Life Insurance. You have 45 days from the date of your last paycheck to convert your coverage to a direct pay policy. Request Conversion Form G-685NY from your agency Benefit's Administrator.

If you subsequently decide that you do not wish to convert to a direct pay policy and wish to continue your M/C Life Insurance coverage, the NYS Department of Civil Service must receive a full monthly payment from you within 45 days of your last pay check.

Option 3—Cancellation of M/C Life Insurance Coverage

1. Check box to cancel coverage.
2. Sign and date the form.

Once coverage is canceled, it cannot be reinstated.

Submission of Completed Forms

Return this form to your agency's benefits administrator as soon as possible but no later than the date of your retirement. If you wish to submit a change in beneficiary or coverage, request the appropriate form from your agency. Complete the form and return it to your agency's benefit's administrator.

Section II—Instructions to the Agency

Review Section I. Make sure the enrollee has completed the form correctly and has signed and dated the form. Complete Section II. Return the completed form to:

Employee Benefits Division
M/C Life Insurance Unit
NYS Department of Civil Service
Alfred E. Smith State Office Bldg.
Albany, NY 12239

If you have any questions about this procedure write the NYS Department of Civil Service, or call (518) 473-3496.

(Complete Side/Page 1 of this form)