



State of New York  
Department of Civil Service  
The State Campus  
Albany, NY 12239

**EMPLOYEE BENEFITS DIVISION**  
**NYPERL<sup>SM</sup> PA/PE Employee Notice and Fact Sheet**  
**Instruction Sheet**

EBD-541 (1/03L)(w)

**New York State Public Employee and Retiree Long Term Care Insurance Plan (NYPERL<sup>SM</sup>)**

**PURPOSE:** The purpose of this form is to establish and formally notify employees of their 60-day open enrollment opportunity for NYPERL without providing evidence of insurability

**EMPLOYEES WHO MUST SIGN THE FORM**

- New employees should sign the form on the first day the employee reports to work if the employee 1) is in a class of employees that the employer has selected as eligible for NYPERL; and 2) is eligible to enroll in the employer's health insurance plan. (Note that NYPERL eligibility is based upon health insurance *eligibility* not health insurance *enrollment*.)
- If an employee, not previously eligible for NYPERL, changes employment status and becomes newly eligible for *health* insurance, the employee becomes newly eligible for NYPERL and must sign the form.
- An employee, who was not actively at work during the agency's NYPERL open enrollment period, must sign the form when the employee returns to active work for the first time after the employer's NYPERL open enrollment period has expired. If you are unsure of the past date of your agency's NYPERL open enrollment period, contact MedAmerica's NYPERL Customer Service toll free number, 1-866-474-5824.

Employees who have left the employer's service and are rehired are not new employees for open enrollment unless they meet the requirements in either the second or third bulleted items above. The employee is entitled to only one 60-day open enrollment period. The form should not be completed more than once for the same employee.

An employee is actively at work if the employee is at the employer's place of business or at a location to which the employer's business requires the employee to travel and the employee is able to fully perform the duties of the position for that employee's normal workday. It includes any day on which the employee is on vacation or on authorized leave provided such absence is not due to illness or injury or Leave Without Pay.

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**PROCEDURE FOR EMPLOYER**

1. Complete the Employing Agency Section and Open Enrollment Expiration Date.
2. Give the employee a copy of Page 1 and Page 2 of the form.
3. Instruct the employee to read, sign, date and provide SSN in Employee Section of the form.
4. Retain Page 1 and Page 2 of the completed original form in the employee's personnel folder.
5. Provide a copy of Page 1 and Page 2 of the completed form to the employee.
6. Mail a copy of the form to: MedAmerica Insurance Company of New York; Customer Service – NYPERL; 165 Court Street; Rochester, NY 14647.

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MedAmerica Insurance Company of New York will determine the employee's eligibility based upon 1) rules established under an agreement with the Department of Civil Service and 2) the classes of employees designated by the employer at the time the employer elected to participate in NYPERL. MedAmerica may contact you (the employer) for information about an employee to help MedAmerica to establish an employee's eligibility and/or an employee's actively at work status.