



Department of Civil Service

ANDREW M. CUOMO
Governor

September 18, 2015

SALLY SAMPLE
1 SAMPLE RD
SAMPLE, NY 12239

Dear Enrollee:

According to New York State Health Insurance Program (NYSHIP) records, you are currently covering a Domestic Partner on your health, dental and/or vision plan. If there has been a change in the status of your domestic partnership, **you should report the change in a timely manner.**

If you married your domestic partner or your domestic partnership has terminated, you should notify your agency Health Benefits Administrator (HBA) or the Employee Benefits Division, as soon as possible. You will be required to submit the following forms and applicable documentation:

If you married your Domestic Partner, you will need to submit:

- A completed PS-404 – Health Insurance Transaction Form, and
- A copy of your marriage certificate listing both you and your spouse. (If the marriage took place more than one year ago, proof of current joint ownership/joint financial obligation is also required.)

If your Domestic Partnership ended, you will need to submit:

- A completed PS-404 – Health Insurance Transaction Form
- A completed PS-425.4 – Termination of Domestic Partnership

When a termination of domestic partnership occurs, NYSHIP coverage for your domestic partner's children, if applicable, will also end on the date the partnership terminated unless those children are otherwise eligible. Your Domestic Partner may be eligible for continuation of coverage through COBRA.

NOTE : If you are enrolled in the Pre-Tax Contribution Program (PTCP), certain restrictions may apply. Please review the PTCP section of the [2014 General Information Book](#) for details.

If there is no change in the status of your domestic partner relationship, you do not need to contact your HBA or take any action at this time. This is simply a reminder that it is your responsibility to keep your NYSHIP enrollment record up to date and that you must notify your HBA when your covered dependent(s) no longer meet NYSHIP eligibility requirements or have a change in their dependent status.

If you are actively working and have questions regarding this letter, please contact your agency HBA. If you are retired, please contact the Employee Benefits Division at 1-800-833-4344 between the hours 9:00 a.m. to 4:00 p.m., EST, Monday through Friday.

Thank you,

Program Administration
Employee Benefits Division

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