

September 2017

# Planning for Option Transfer

For employees of the State of New York, their enrolled dependents,  
COBRA enrollees with their NYSHIP benefits and Young Adult Option enrollees



# 2018 Option Transfer Period

This fall, you will have the opportunity to consider the following for the 2018 plan year:

- Changing your New York State Health Insurance Program (NYSHIP) option during the **Option Transfer Period**
- Enrolling in the **Opt-out Program** (if applicable)
- Changing your **Pre-Tax Contribution Program (PTCP)** election
- Participating in the **Productivity Enhancement Program (PEP)** for eligible employees who are Management/Confidential or represented by CSEA or PEF; Legislature or Unified Court System (UCS).

Please read through the following descriptions of each of these options/programs carefully and make note of the deadlines. If you have additional questions, please consult your *NYSHIP General Information Book* or call your Health Benefits Administrator (HBA).

**Note:** At the time of this publication, a decision on extending the **Productivity Enhancement Program (PEP)** for 2018 to other employee groups has not been determined. Contact your HBA if you have any additional questions about your eligibility for PEP.

## 2018 Option Transfer Period

During the Option Transfer Period, you may change your NYSHIP option for the next plan year to one of the following:

- The Empire Plan
- A NYSHIP Health Maintenance Organization (HMO)\*
- The Opt-out Program\*\*

**If you currently participate in the Opt-out Program for 2017 and wish to continue to receive incentive payments in 2018, you must re-elect the Opt-out Program during Option Transfer.** You will need to submit a completed *Opt-out Attestation Form* (PS-409) and a *NYS Health Insurance Transaction Form* (PS-404) (see page 9 for a copy of this form) to

\* To be eligible to enroll in an HMO or to continue your enrollment in an HMO, you must live or work in that HMO's NYSHIP service area.

\*\* The Opt-out Program is available to eligible employees who have other employer-sponsored group health insurance. Check with your HBA if you have any questions about your eligibility for the Opt-out Program.

your HBA. These forms are also available on NYSHIP Online. Go to [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits). Select your group and plan, if prompted, and then select Forms.

**NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT HEALTH PLAN AND STILL QUALIFY FOR IT.**

## Other Changes Permitted During the Option Transfer Period

During the Option Transfer Period, the following changes also are permitted:

- Change from Family to Individual coverage (regardless of whether a qualifying event has affected your dependents' eligibility)
- Change from Individual to Family coverage (late enrollment provisions will apply)
- Voluntarily cancel your coverage (regardless of whether a qualifying event has affected your eligibility)
- Enroll in NYSHIP coverage (late enrollment provisions will apply)

This fall, your agency will receive *Health Insurance Choices for 2018*, your guide to NYSHIP options. If you are thinking about changing your option or newly enrolling in NYSHIP, ask your HBA for a copy or go online and read the descriptions of plans in your area to compare the benefits that are important to you and your family.

The information provided in *Choices* will assist you with your decision-making process. If you have any questions about the plan information provided, call the plan directly at the phone number listed in *Choices*.

When 2018 rates are approved, information about the premium for each option will be sent to both your agency and your address on record. Rate information will also be posted at [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits) under Health Benefits & Option Transfer. You will have 30 days from the date your agency receives the rates to change your option.

# Opt-Out Program for 2018

In 2018, NYSHIP will continue to offer the Opt-out Program, which allows eligible employees who have other employer-sponsored group health insurance\* to opt out of their NYSHIP coverage in exchange for an incentive payment.

The annual incentive payment is \$1,000 for opting out of Individual coverage or \$3,000 for opting out of Family coverage. The incentive payment is prorated and credited through your biweekly paycheck throughout the year (payable only when you are eligible for NYSHIP coverage at the employee share of the premium). **Note:** Opt-out incentive payments increase your taxable income.

If your other employer-sponsored coverage begins on January 1, 2018 and your first NYSHIP pay period is before January 1, 2018, please notify your HBA so NYSHIP can extend benefits through December 31, 2017 to prevent a lapse in coverage.

## Eligibility Requirements

To be eligible for the Opt-out Program, you must be a member of a group eligible for the Opt-out Program and you must have been enrolled in NYSHIP by April 1, 2017 (or on your first date of NYSHIP eligibility if that date is later than April 1) and have remained continuously enrolled while eligible for the employee share of the premium through the end of 2017.

Once you enroll in the Opt-out Program, you will not be eligible for the incentive payment during any period that your status changes and, as a result, you do not meet the requirements for the State contribution to the cost of your NYSHIP coverage. Also, if you are receiving the incentive for opting out of Family coverage and, during the year, your last dependent loses NYSHIP eligibility, you will only be eligible for the Individual incentive payment (\$1,000) for the remainder of the tax year.

## Electing to Opt Out

If you currently participate in the Opt-out Program and wish to continue for 2018, or you are currently enrolled in NYSHIP coverage and wish to participate in the Opt-out Program, you must elect to opt out during the annual Option Transfer Period. You must attest to having other employer-sponsored group health insurance. **Other employer-sponsored group health coverage\* cannot be NYSHIP coverage that is the result of your or your spouse's, domestic partner's or parent's employment relationship with New York State, or the result of your own employment with a NYSHIP Participating Agency (PA) or Participating Employer (PE).**

Complete the 2018 *Opt-out Attestation Form* (PS-409) and a *NYS Health Insurance Transaction Form* (PS-404) and submit both to your HBA before the end of the Option Transfer Period. If you are currently enrolled in NYSHIP coverage and you elect to opt out for 2018, your NYSHIP coverage will terminate at the end of the plan year and the incentive payments will begin with the first payroll period of the new plan year.

If you are a newly benefits-eligible employee who has other employer-sponsored group health insurance\* and you wish to participate in the Opt-out Program, you must make your election prior to the end of your NYSHIP waiting period. Complete the *NYS Health Insurance Transaction Form* (PS-404) and the *Opt-out Attestation Form* (PS-409) and submit both to your HBA.

## Reenrollment in a NYSHIP Health Plan

Once you elect to participate in the Opt-out Program, you may not reenroll in a NYSHIP health plan until the next annual Option Transfer Period, unless you experience a qualifying event such as a change in family status (e.g., marriage, birth, death or divorce) or loss of coverage. To avoid a waiting period, your request for enrollment must be made within 30 days of the qualifying event. See your *NYSHIP General Information Book* for more details.

\* See page 4 for additional information regarding what does and does not qualify as other employer-sponsored group health insurance.



# Opt-Out Program Questions & Answers

- Q. What is considered other employer-sponsored group health insurance coverage for the purpose of qualifying for the Opt-out Program?**
- A.** To qualify for the Opt-out Program, you must be covered under an employer-sponsored group health insurance plan through other employment of your own or a plan that your spouse, domestic partner or parent has as the result of his or her employment. **The other employer-sponsored group health coverage cannot be NYSHIP coverage that is the result of your or your spouse's, domestic partner's or parent's employment relationship with New York State, or the result of your own employment with a NYSHIP PA or PE.** If you are covered as a dependent on another NYSHIP policy through a PA or PE, you are eligible to receive the Individual incentive payment, but not the Family incentive payment.
- Q. If I am enrolled in the Opt-out Program, will I automatically be enrolled in the Program for the following plan year?**
- A.** No. Unlike other NYSHIP options, you must elect the Opt-out Program annually. If you do not make an election for the next plan year, your enrollment in the Opt-out Program will end and the incentive payment credited to your paycheck will cease.
- Q. If I currently participate in the Opt-out Program and do not reenroll for 2018, will I automatically be enrolled for NYSHIP coverage?**
- A.** No. Enrollment in coverage is not automatic. The incentive payment credited to your paycheck will stop, and you will not be enrolled in coverage unless you complete a *NYS Health Insurance Transaction Form (PS-404)* (see page 9 for a copy of this form) requesting enrollment in a NYSHIP health plan. You may have a late enrollment waiting period before coverage takes effect.
- Q. If I opt out and do not like my alternate coverage (for instance, my doctor does not participate), can I withdraw my enrollment in the Opt-out Program and reenroll in NYSHIP coverage?**
- A.** No. This is not a qualifying event. During the year, you can terminate your enrollment in the Opt-out Program and reenroll in a NYSHIP health plan only if you experience a qualifying event (according to federal Internal Revenue Service [IRS] rules), such as a change in family status or loss of other coverage. The qualifying event must satisfy the IRS consistency rule, and the request must be submitted in a timely manner.
- Q. If my spouse's, domestic partner's or parent's employer has its open enrollment or Option Transfer Period at a different time of the year, how can I coordinate the effective date of my other coverage with the start of the Opt-out Program?**
- A.** Under IRS rules, you can be permitted to enroll in your spouse's, domestic partner's or parent's employer plan mid-year, as long as the plan has a different open enrollment period. **However, you should check to see whether your spouse's, domestic partner's or parent's employer will permit you to be enrolled as a dependent.** Once you have coverage under the other plan, you may then enroll in the Opt-out Program during the NYSHIP Option Transfer Period. You are responsible for making sure that your other coverage is in effect during the period you opt out of NYSHIP.
- Q. What if I lose my other coverage and do not request enrollment for NYSHIP benefits with The Empire Plan or a NYSHIP HMO within 30 days of losing that coverage?**
- A.** If you fail to make a timely request, you will be subject to NYSHIP's late enrollment waiting period (five biweekly pay periods). You will not be eligible for NYSHIP coverage during the waiting period, and you will not be eligible to elect pre-tax health insurance deductions until the following November for the new plan year. Your incentive payments will stop when you are no longer eligible for other employer coverage. **Note:** You may also be subject to a federal penalty if you do not have health insurance coverage for any portion of the tax year.

**Q. If I am eligible for health, dental and vision coverage as a State employee, do I have to opt out of all three benefits to receive the incentive payment?**

**A.** No. The Opt-out Program incentive payment applies to health coverage only. If you enroll in the program, your eligibility for dental and vision coverage will not be affected.

**Q. Can I get a lump-sum payment if I elect the Opt-out Program?**

**A.** No. The Opt-out Program incentive payment is prorated and credited through your biweekly paychecks throughout the year. It is taxable income.

**Q. When I enroll in the Opt-out Program, what information will I need to provide about other employer-sponsored group health coverage?**

**A.** To enroll, you must do all of the following:

- Complete an *Opt-out Attestation Form* (PS-409) and a *NYS Health Insurance Transaction Form* (PS-404)
- Provide information about the person who carries the other employer-sponsored group health coverage
- Provide the name of the other employer and other health plan

**Q. I had Individual NYSHIP coverage prior to April 1, 2017, and changed to Family coverage when I got married in July. If I enroll in the Opt-out Program, will I qualify for the \$3,000 Family incentive payment, even though I did not have Family coverage as of April 1, 2017?**

**A.** Employees who enrolled in Family coverage due to a qualifying event (and who did so in a timely manner between April 1, 2017, and the end of 2017) are eligible for the higher incentive payment. You will not be eligible for the higher incentive payment if you enrolled in Family coverage after April 1, 2017 and were subject to a late enrollment waiting period.

**Q. I am currently enrolled in the Opt-out Program and am receiving Individual incentive payments. Now I have a dependent, which would make me eligible for Family coverage. If I reenroll in the Opt-out Program for 2018, will I receive the \$3,000 Family incentive payment?**

**A.** To be eligible for the Family incentive payment for the coming plan year, you must have been enrolled in Family coverage by April 1 of the previous year, and you must have continued that enrollment through the end of that year. To receive the Family payment, you must enroll in Family coverage with The Empire Plan or a NYSHIP HMO during the Option Transfer Period and continue that coverage throughout 2018. Then, you may elect the Opt-out Program for 2019, and you will receive the Family incentive payments (provided you meet the other eligibility requirements for the Opt-out Program).

**Q. Will participating in the Opt-out Program affect my eligibility for NYSHIP coverage in retirement?**

**A.** No. Participation in the Opt-out Program at the time you retire satisfies the requirement of enrollment in NYSHIP health insurance for retirement purposes.

**Q. What happens to my Opt-out Program incentive payments when I am on a leave of absence?**

**A.** If you are on a leave and you are still eligible for health insurance coverage with an employer contribution (i.e., workers' compensation, family medical leave, short-term disability through the Income Protection Plan or disciplinary suspension leave), you will continue to be eligible for the Opt-out Program and the incentive payments. However, your incentive payments will accumulate until you return to the payroll. You will not receive those payments while you are on leave.

For all other types of leave when you are not eligible for coverage with an employer contribution (for example, when you must pay the entire cost of the premium), you will not be eligible for the Opt-out Program.

# Pre-Tax Contribution Program

The Pre-Tax Contribution Program (PTCP) is a voluntary program that employees can choose to participate in when they are first eligible for health insurance benefits. Employees may also elect to participate or decline participation in PTCP each year during the PTCP Election Period from **November 1 through November 30**.

## If You Choose to Participate in PTCP

Under PTCP, your share of the health insurance premium is deducted from your wages before taxes are withheld, which may lower your tax liability.

In exchange for this reduction in your tax liability, you agree to maintain the same pre-tax health insurance deduction for the entire plan year, unless you provide timely notification (within 30 days) of a qualifying event, which would allow you to make a change or cancel your coverage.

## If You Choose Not to Participate in PTCP

If you decline participation in PTCP, your share of the health insurance premium will be deducted from your wages after taxes are withheld. Employees who do not participate in PTCP may have greater flexibility to make changes to their NYSHIP coverage during the year, as long as those changes are consistent with NYSHIP rules.

## Checking Your PTCP Status

Your paycheck shows whether or not you are enrolled in PTCP.

- If you are enrolled in PTCP, your paycheck stub shows “Regular Before-Tax Health” in the Before-Tax Deductions section. Your health insurance premium is deducted from your wages before taxes are withheld.
- If you are not enrolled in PTCP, your paycheck stub shows “Regular After-Tax Health” in the After-Tax Deductions section. Your health insurance premium is deducted from your wages after taxes are withheld.

## Changing Your PTCP Status

If you wish to change your PTCP selection for 2018, complete a *NYS Health Insurance Transaction Form (PS-404)* (see page 9 for a copy of this form) and submit it to your HBA between November 1 and November 30, 2017.

If you apply after November 30, you cannot change your PTCP selection until the next PTCP Election Period. This election period is your only opportunity to change your PTCP status for 2018; mid-year status changes are not allowed, unless you experience a qualifying event.

**NO ACTION IS REQUIRED TO KEEP YOUR CURRENT PTCP STATUS.**





Under Internal Revenue Service (IRS) rules, if you are enrolled in PTCP, you may change your **pre-tax payroll deduction for health benefits** during the Plan year (by changing your health benefit option, changing your coverage [Family or Individual] or by canceling coverage) only after one of the PTCP qualifying events listed below. Requests to change your pre-tax deduction during the tax year must be consistent (for all individuals covered under the contract) with qualifying life events and must be requested within 30 days of the event. Payroll deductions can be changed during the tax year only after one of the following PTCP qualifying events:

- Change in marital status
- Change in number of dependents
- Change in your (or your dependents') employment status that affects eligibility for health benefits
- Change in your dependent's status that affects eligibility for health benefits
- Change in your (or your dependents') place of residence or worksite that affects eligibility for health benefits
- Significant change in health benefits and/or premium under NYSHIP
- Significant change in health benefits and/or premium under your (or your dependents') other employer's plan

- COBRA events
- Judgment, decree or order to provide health benefits to eligible dependents
- Medicare or Medicaid eligibility
- Leaves of absence
- HIPAA special enrollment rights

**A change in coverage due to a qualifying event must be requested within 30 days of the event (or within the waiting period, if newly eligible); delays may be costly.**

**In November, if you are enrolled in PTCP, you can make the following changes:**

- Change your PTCP election
- Change from Family to Individual coverage, while your dependents are still eligible, when there is no qualifying event
- Change from Individual to Family coverage without a qualifying event (late enrollment provisions will apply)
- Voluntarily cancel your coverage, while you are still eligible for coverage, when there is no qualifying event

Requests made in November during the PTCP Election Period are effective beginning the next plan year.

## Productivity Enhancement Program

Under the Productivity Enhancement Program (PEP), eligible full- and part-time employees of **CSEA, PEF, M/C, Legislature** and **UCS** may exchange previously accrued annual and/or personal leave in return for a credit to be applied toward the employee share of their NYSHIP premium. If you are eligible for and elect this program, the credit will be included in your biweekly paychecks and divided evenly during the plan year. **Note:** PEF Institution teachers may only forfeit personal leave for their PEP credit – they may not forfeit annual leave for PEP credit.

To elect PEP for 2018, you must apply between October 2 and November 6, 2017. Ask your HBA for details and an application.

**If you are currently enrolled in PEP and are still eligible to participate, you must reenroll to continue your benefits in 2018.** The amount of annual and/or personal leave that eligible full-time employees can forfeit at the time of enrollment and the corresponding NYSHIP premium credits for 2018 are shown in the table on page 8. Eligible part-time employees can participate on a prorated basis.

Review this information carefully and contact your HBA (located in your personnel office or the Business Services Center) if you have any questions or to confirm your eligibility for this benefit.

## Productivity Enhancement Program for 2018

### Full-time employees in positions at or equated to Salary Grade 17 and below:

Employee Group	Forfeited Days	NYSHIP Credit
CSEA, Management/Confidential;* Legislature and PEF Non-Teachers	3	\$500
	6	\$1,000
PEF Institution Teachers <sup>1</sup>	1	\$166.66
	2	\$333.32
	3	\$499.98
	4	\$666.64
	5	\$833.30
	6	\$999.96

### Full-time employees in positions at or equated to Salary Grade 18 through 24 (through grade 23 for M/C Legislature):

Employee Group	Forfeited Days	NYSHIP Credit
CSEA, Management/Confidential;* Legislature and PEF Non-Teachers	2	\$500
	4	\$1,000
PEF Institution Teachers <sup>1</sup>	1	\$250
	2	\$500
	3	\$750
	4	\$1,000

### Unified Court System (UCS) full-time employees<sup>2</sup> in the following positions:

Employee Group	Forfeited Days	NYSHIP Credit
Employees at or below Judicial Grade 16	3	\$500
	6	\$1,000
Employees at and including Judicial Grades 17 through 23	2	\$500
	4	\$1,000

<sup>1</sup> PEF-represented teachers may only forfeit personal leave for their PEP credit.

<sup>2</sup> UCS employees, see your HBA for additional information.

\* SUNY Management/Confidential employees, see your HBA for additional information.





**Department of  
Civil Service**

**EMPLOYEE BENEFITS DIVISION  
HEALTH INSURANCE TRANSACTION FORM  
FOR NYS & PE EMPLOYEES**

PS-404 (9/17)

**INSTRUCTIONS: READ AND COMPLETE BOTH SIDES/PAGES. PLEASE PRINT AND CHECK THE APPROPRIATE CHOICES.**

EMPLOYEE INFORMATION				<i>(All employees must complete)</i>	
1. Last Name	First Name	MI	2. Social Security Number	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Permanent Address Street		City	State	Zip	
5. Mailing Address (If different) Street		City	State	Zip	
6. Work Location & Address Street		City	State	Zip	
7. Date of Birth	8. Telephone Numbers		Primary ( )	Work ( )	
9. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			Marital Status Date	
10. Covered under Medicare?	Self: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse/Domestic Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child: <input type="checkbox"/> Yes <input type="checkbox"/> No		

11. ELECT OR DECLINE COVERAGE			
<b>A. Choose a Pre-Tax election</b> (Only eligible for Pre-Tax deductions if newly eligible or if requested during the PTCP election period, Nov 1-30)			
1. <input type="checkbox"/> Elect Pre-Tax Status for Premium deduction		2. <input type="checkbox"/> Elect After-Tax Status for Premium deduction	
<b>B. Select a NYSHIP Coverage Option (Choose option 1, 2, 3 or 4)</b>			
1. Individual Enrollment	Medical (10) (Select Empire Plan or HMO) <input type="checkbox"/> Empire Plan <input type="checkbox"/> HMO Code <input type="text"/> Name _____	<input type="checkbox"/> Dental (11)	<input type="checkbox"/> Vision (14)
2. Family Enrollment (Complete box 13 on page 2)	Medical (10) (Select Empire Plan or HMO) <input type="checkbox"/> Empire Plan <input type="checkbox"/> HMO Code <input type="text"/> Name _____	<input type="checkbox"/> Dental (11)	<input type="checkbox"/> Vision (14)
3. Opt-out Program (NYS Medical only)	<input type="checkbox"/> Individual Opt-out <input type="checkbox"/> Family Opt-out (Complete Box 13) If choosing Opt-out, you must also complete the PS-409 Opt-out Attestation Form.	<input type="checkbox"/> Dental (11)	<input type="checkbox"/> Vision (14)
4. Decline Coverage	<input type="checkbox"/> Medical (10)	<input type="checkbox"/> Dental (11)	<input type="checkbox"/> Vision (14)

12. CHANGE OR CANCEL EXISTING COVERAGE	
<b>A. Change Coverage:</b>	<input type="checkbox"/> Medical (10) <input type="checkbox"/> Dental (11) <input type="checkbox"/> Vision (14) Date of Event: _____
<input type="checkbox"/> Change to FAMILY (Complete box 13)	<input type="checkbox"/> Change to INDIVIDUAL
<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce
<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Termination of Domestic Partnership (Attach completed PS-425.4)
<input type="checkbox"/> Newborn	<input type="checkbox"/> Only dependent ineligible due to age
<input type="checkbox"/> Request coverage for dependents not previously covered	<input type="checkbox"/> I voluntarily cancel coverage for my dependents
<input type="checkbox"/> Previous coverage terminated (proof required)	<input type="checkbox"/> Only dependent died
<input type="checkbox"/> Dependent returned to full-time student status (Dental and Vision only)	<input type="checkbox"/> Only dependent married (Dental and Vision only)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Only dependent graduated (Dental and Vision only)
	<input type="checkbox"/> Other: _____
NOTE: If you are indicating a change in marital status to Divorced or Separated, please be sure to update the address information for the dependent in Box 13 if applicable.	
<b>B. Voluntarily Cancel Coverage:</b>	<input type="checkbox"/> Medical (10) <input type="checkbox"/> Dental (11) <input type="checkbox"/> Vision (14) Qualifying Event: _____
NOTE: If you are enrolled in the Pre-Tax Contribution Program, you may make changes during the Annual Option Transfer Period or when experiencing a qualifying event.	

13. DEPENDENT INFORMATION									
<b>Must be provided when choosing to enroll or opt-out of NYSHIP family coverage (use additional sheets if necessary)</b>									
<b>Check One: A (Add), D (Delete) or C (Change)</b>					<b>Date of Event: _____</b>				
<b>Check all that apply: M (Medical), D (Dental), and V (Vision)</b>									
↓	↓	Last Name	First Name	MI	Relationship	Date of Birth	Sex	Address (if different)	Social Security Number
<input type="checkbox"/> A	<input type="checkbox"/> M								
<input type="checkbox"/> D	<input type="checkbox"/> D								
<input type="checkbox"/> C	<input type="checkbox"/> V								
<input type="checkbox"/> A	<input type="checkbox"/> M								
<input type="checkbox"/> D	<input type="checkbox"/> D								
<input type="checkbox"/> C	<input type="checkbox"/> V								
<input type="checkbox"/> A	<input type="checkbox"/> M								
<input type="checkbox"/> D	<input type="checkbox"/> D								
<input type="checkbox"/> C	<input type="checkbox"/> V								
<input type="checkbox"/> A	<input type="checkbox"/> M								
<input type="checkbox"/> D	<input type="checkbox"/> D								
<input type="checkbox"/> C	<input type="checkbox"/> V								

14. ENTER ANNUAL OPTION TRANSFER REQUEST(S) BELOW		
<b>Change NYSHIP Option</b>	Change to: <input type="checkbox"/> Empire Plan <input type="checkbox"/> HMO Code <input type="text"/> HMO Name: _____	
<b>Elect Opt-out</b> <i>(NYS Medical only)</i>	<input type="checkbox"/> Individual Opt-out <input type="checkbox"/> Family Opt-out	If choosing Opt-out, you must also complete the PS-409 Opt-out Attestation Form.
<b>Change Pre-Tax Status</b>	Change to: <input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax	Submit during the Pre-Tax Contribution Selection Period (November 1-30)

**Personal Privacy Protection Law Notification**

The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. 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) 473-2624. For information related to the Health Insurance Program, **contact your Health Benefits Administrator**. If, after calling your Health Benefits Administrator, you need more information, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 4:00 p.m. Eastern time.

AUTHORIZATION	
I have read the Pre-Tax Contribution Program materials and the Opt-out Attestation Form (if applicable), and have made my selection on Page 1 of this document. I understand that if my coverage is declined or canceled, I may subject myself and/or my dependents to waiting periods if I decide to enroll at a later date and may forfeit the right to such coverage after leaving State service (vest, retirement, etc.). I am aware of how to obtain a current <i>Summary of Benefits and Coverage</i> for the NYSHIP option I have selected. I understand that my failure to provide required proof(s) within 30 days may delay the availability of benefits for me or any dependent for whom I fail to provide such proof. Any person who makes a material misstatement of fact or conceals any pertinent information shall be guilty of a crime, conviction of which may lead to substantial monetary penalties and/or imprisonment, as well as an order for reimbursement of claims. <b>I certify that the information I have supplied is true and correct. I hereby authorize deduction from my salary or retirement allowance of the amount required, if any, for the coverage indicated above.</b>	
<b>Employee Signature (Required):</b> _____	<b>Date:</b> _____

AGENCY USE ONLY					
Retirement Tier	Registration #	Sick Leave Information		Date Entered on NYBEAS	Effective Date
		# Hours	Hourly Rate of Pay		
<b>HBA Signature (Required):</b> _____				<b>Date:</b> _____	

## Important Program Dates

### Flex Spending Account Open Enrollment | October 2 to November 6, 2017

The Flex Spending Account 2018 plan year begins on **January 1, 2018**. A flex spending account offers a way to pay for your dependent care or health care expenses with pre-tax dollars. Visit [www.flexspend.ny.gov](http://www.flexspend.ny.gov) to enroll online, or call 1-800-358-7202 for more information or to enroll by telephone.

**Note:** Ask your HBA if you are eligible for this benefit. If you are currently enrolled in the Flex Spending Account, you must reenroll to continue your participation in 2018.

### PEP Enrollment | October 2 to November 6, 2017

This program allows you to exchange previously-accrued leave in return for a credit to be applied to your NYSHIP premium. Review the chart on page 8 and consult your HBA to find out if you are eligible to enroll.

### PTCP Enrollment | November 1 to November 30, 2017

This program allows you to have your share of your health insurance premium deducted from your paycheck before taxes are withheld.

**Note:** The PTCP Enrollment Period is your only opportunity during the plan year to change your PTCP status, unless you experience a PTCP qualifying event.

### Option Transfer Information Availability\*

The Option Transfer Period is the time of year when you are able to change your NYSHIP option for the next plan year. To assist you with this decision, the following information will be made available:

- *Health Insurance Choices for 2018* for active employees will be sent to agencies in **October**. See your HBA for a copy of the *Choices* booklet or visit [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits).
- The Option Transfer Period will be announced in **November**.
- *NYSHIP Rates & Deadlines* will be posted online and mailed to enrollee homes when rates are approved.
- The new health insurance plan benefit year begins **January 1, 2018**.

### Young Adult Option Enrollment

The Young Adult Option open enrollment period will be announced when rates are available and will run concurrent with Option Transfer. During this time, eligible adult children of NYSHIP enrollees can enroll or switch plans. Visit [www.cs.ny.gov/yao](http://www.cs.ny.gov/yao) for more information.

\* More detailed information about Option Transfer Period dates and deadlines will be provided when rates are available.

New York State  
Department of Civil Service  
Employee Benefits Division  
P.O. Box 1068  
Schenectady, NY 12301-1068  
www.cs.ny.gov

## Save this document



**NYSHIP**  
New York State  
Health Insurance Program

NYSHIP Information for the Enrollee and  
their Enrolled Spouse/Domestic Partner  
and Other Enrolled Dependents

*Planning for Option Transfer – September 2017*

## Change Service Requested

**Please do not send mail or  
correspondence to the return  
address above. See the front  
cover for address information.**

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It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on NYSHIP Online at [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits). Visit NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS agency websites. If you need an auxiliary aid or service to make benefits information available to you, please contact your Health Benefits Administrator. COBRA enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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Planning for OT/September 2017

NY1204

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## NYSHIP's Young Adult Option

This option allows unmarried, young adult children of NYSHIP enrollees up to age 30 to purchase their own NYSHIP coverage. Young adults pay 100 percent (full share) for Individual coverage for the NYSHIP option selected. During the Option Transfer Period, eligible young adult children of NYSHIP enrollees can enroll in the Young Adult Option for the coming plan year, and current Young Adult Option enrollees will be able to change plans. For more information on the Young Adult Option, go to [www.cs.ny.gov/yao](http://www.cs.ny.gov/yao) and choose your group.