



New York State Public Employee and Retiree Long Term Care Insurance Plan (NYPERLSM)

PURPOSE: The purpose of the 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 who are offered health insurance should sign the form on the first day the employee reports to work. (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 transfer from another state agency or employees who have left state 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.

PROCEDURE FOR AGENCY

1. Complete 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 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.

MedAmerica Insurance Company of New York will determine the employee's eligibility based upon rules established under an agreement with the Department of Civil Service. 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. Those State employees eligible for the State's health insurance plan are eligible to apply for NYPERL.