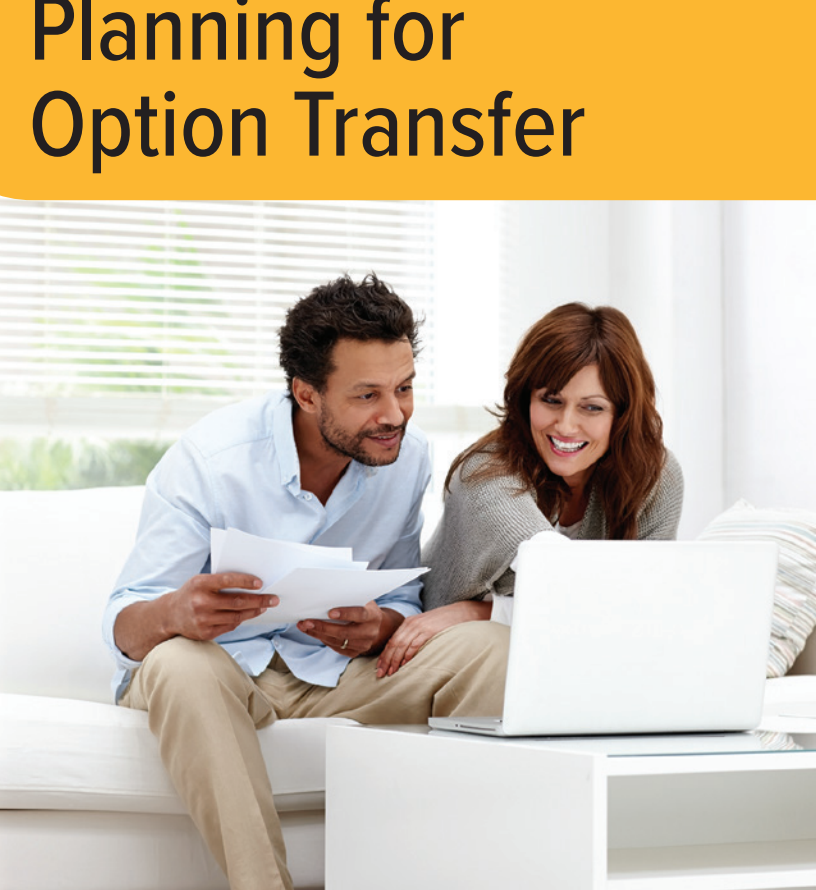




# Planning for Option Transfer



**September 2019**

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

**Option Transfer | Opt-out Program | Pre-Tax Contribution Program | Productivity Enhancement Program**



**NYSHIP**  
New York State  
Health Insurance Program

New York State Department of Civil Service, Employee Benefits Division, Albany, New York 12239  
[www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits)

# 2020 Option Transfer Period

This fall, you will have the opportunity to consider the following for the 2020 plan year:

- Changing your New York State Health Insurance Program (NYSHIP) option during the **Option Transfer Period**
- Enrolling in the **Opt-out Program** (if eligible)
- 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, DC-37, PEF or UUP; Legislature and 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 *General Information Book* or contact your Health Benefits Administrator (HBA).

## New in 2020

- The Pre-Tax Contribution Program Election Period will now run concurrently with the Option Transfer Period. Dates will be announced once rates have been approved.
- It is no longer necessary to reenroll in the Opt-out Program each year. No action is required for current Opt-out enrollees who are still eligible and wish to remain in the Program during the upcoming plan year.

## Option Changes Permitted

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\*\*

**NO ACTION IS REQUIRED IF YOU WISH TO KEEP YOUR CURRENT OPTION 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 2020*, 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 to NYSHIP Online and read the descriptions of plans in your area to compare the benefits that are important to you and your family.

If you have any questions about the plan information provided, call the plan directly at the phone number listed in *Choices*.

Once 2020 rates have been 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 on NYSHIP Online 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.

\* 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. Note: Empire BlueCross BlueShield will not be offered as a NYSHIP HMO option for the 2020 plan year.

\*\* The Opt-out Program is available to eligible employees who have other employer-sponsored group health insurance. Employees who are represented by UUP are not eligible to participate in this Program. Check with your HBA if you have any questions about your eligibility for the Opt-out Program.



# Opt-out Program for 2020

In 2020, 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.

**It is no longer necessary to reenroll in the Opt-out Program each year.** No action is required for current Opt-out enrollees who are still eligible and wish to remain in the Program during the 2020 plan year.

## Eligibility Requirements

To participate in 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, 2019 (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 2019.

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.

## Newly Electing to Opt Out

If you are currently enrolled in NYSHIP coverage and wish to participate in the Opt-out Program, you must elect to opt out and attest to having other

employer-sponsored group health insurance during the annual Option Transfer Period. **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 *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. 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 your other employer-sponsored coverage begins on January 1, 2020 and your first NYSHIP pay period for the new plan year is before January 1, 2020, please notify your HBA so NYSHIP can extend benefits through December 31, 2019 to prevent a lapse in coverage.

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 as defined by Internal Revenue Service (IRS) rules, such as a change in family status (e.g., marriage, birth, death or divorce) or loss of your other employer-sponsored health insurance (see pages 6-7 for a complete list). To avoid a waiting period, your request for enrollment must be made within 30 days of the qualifying event. For additional information, consult your *General Information Book*.

\* 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 a result of their 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.** Yes. As a result of a change in policy, no action is necessary to remain enrolled in the Opt-out Program for the 2020 plan year.

**Q. I currently participate in the Opt-out Program but would like to enroll in The Empire Plan or a NYSHIP HMO for the 2020 plan year. What should I do?**

**A.** To enroll in one of these options after having participated in the Opt-out Program, you must submit a *NYS Health Insurance Transaction Form (PS-404)* (see page 9 for a copy of this form) requesting enrollment in a NYSHIP health plan. Late enrollment provisions may apply.

**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. 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. The qualifying event must satisfy the IRS consistency rule, and the request must be submitted within 30 days of the qualifying event.

**Q. If the enrollment period for my other employer-sponsored health coverage is at a different time than the NYSHIP Option Transfer Period, how can I coordinate the effective date of my coverage with the start of the Opt-out Program so I don't experience a lapse in coverage?**

**A.** Under IRS rules, you may 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 first find out whether your spouse's, domestic partner's or parent's employer will permit you to be enrolled as a dependent at that time.** Once you have coverage under the other plan, you may 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. If I lose my other coverage during the plan year, can I enroll in The Empire Plan or a NYSHIP HMO right away, or do I have to wait?**

**A.** You may only change from the Opt-out Program to another NYSHIP option outside the Option Transfer Period if you experience a qualifying event, such as a loss of coverage or change in family status. You must submit your enrollment request within 30 days of the qualifying event in order to avoid a late enrollment waiting period. Your Opt-out incentive payments will stop once you are no longer eligible for other employer-sponsored coverage.

**Q. What happens if I do not request enrollment for NYSHIP benefits with The Empire Plan or a NYSHIP HMO within 30 days of losing my other 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 Pre-Tax Contribution Program Election Period for the next plan year. Your incentive payments will stop when you are no longer eligible for other employer coverage.

**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 first 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 and changed to Family coverage during the plan year. Can I now enroll in the Opt-out Program and receive the \$3,000 Family incentive payment?**

**A.** Employees enrolled in either The Empire Plan or a NYSHIP HMO who changed from Individual coverage to Family coverage during the plan year within 30 days of a qualifying event are eligible to enroll in Family Opt-out during the next Annual Option Transfer Period. However, if your Family coverage became effective after April 1, 2019 and you experienced a late enrollment waiting period, you will not be eligible for the higher incentive payment.

**Q. I am currently enrolled in the Opt-out Program and am receiving Individual incentive payments. I recently acquired an eligible dependent. What do I need to do in order to begin receiving the Family incentive payment?**

**A.** Once you are enrolled in Individual Opt-out, you cannot change to Family Opt-out during the plan year, even if you acquire a dependent. In order to qualify for Family incentive payments during the 2020 plan year, you must have been enrolled in NYSHIP Family coverage (The Empire Plan or HMO) from April 1, 2019 through the end of the 2019 plan year. To be eligible for Family incentive payments for the 2021 plan year, you must enroll in NYSHIP Family coverage during the 2020 Option Transfer Period and maintain that coverage for the duration of the 2020 plan year.

**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. **Note:** Upon retirement, you are no longer eligible to participate in the Opt-out Program.

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

**A.** If you are on a leave of absence and you remain 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) during that time, you will also remain 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 incentive payments.

# 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. **The 2020 PTCP Election Period will be the same as the 2020 Option Transfer Period. Dates will be announced once rates have been approved.**

## 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 experience a qualifying event that would allow you to make a change or cancel your coverage and provide timely notification (within 30 days) of the event.

## 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, or part of your deduction is being taken after tax (e.g., for a non-federally qualifying dependent), 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.

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

## Changing Your PTCP Status

If you want to change your PTCP election for 2020, complete a *NYS Health Insurance Transaction Form* (PS-404) (see page 9 for a copy of this form) and submit it to your HBA before the PTCP Election Period deadline.

If you are already enrolled in PTCP, you can make the following changes during the annual PTCP Election Period:

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

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

If you apply after the deadline, you cannot change your PTCP selection until the next PTCP Election Period. **Per Internal Revenue Service (IRS) rules, this election period is your only opportunity to change your PTCP status for 2020; mid-year status changes are not allowed.**

However, if you experience a PTCP qualifying event that leads you to change your health option or coverage type [Family or Individual] or to cancel your coverage, your pre-tax payroll deduction will be adjusted accordingly. Any request to change your benefits during the tax year must be consistent with a qualifying event and submitted in a timely manner (within 30 days).

PTCP qualifying events include:

- Change in marital status
- Change in number of dependents
- Change in your (or your dependent's) 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 dependent's) 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 dependent's) 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.**

## Productivity Enhancement Program

Under the Productivity Enhancement Program (PEP), eligible full- and part-time employees of the State of New York who are Management/Confidential or represented by CSEA, DC-37, PEF or UUP; Legislature and UCS may exchange previously accrued annual and/or personal leave 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.

To elect PEP for 2020, you must apply between **October 14 and November 19, 2019**. Ask your HBA for details and an application.

**If you are currently enrolled in PEP and remain eligible to participate, you must reenroll to continue your benefits in 2020.** 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 2020 are shown in the table below and on page 8. Eligible part-time employees may participate on a prorated basis.

Review this information carefully and contact your HBA if you have any questions or to confirm your eligibility for this benefit.

Full-time employees in positions at or equated to Salary Grade 17 and below:		
Employee Group	Forfeited Days	Annual NYSHIP Credit
CSEA, DC-37 and Management/Confidential;* Legislature	3	\$600
	6	\$1,200
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

# Productivity Enhancement Program

<b>Full-time employees in positions at or equated to Salary Grade 18 through 24 (through grade 23 for M/C; Legislature):</b>		
<b>Employee Group</b>	<b>Forfeited Days</b>	<b>Annual NYSHIP Credit</b>
CSEA, DC-37 and Management/Confidential;* Legislature	2	\$600
	4	\$1,200
PEF Non-Teachers	2	\$500
	4	\$1,000
PEF Institution Teachers <sup>1</sup>	1	\$250
	2	\$500
	3	\$750
	4	\$1,000

<b>Unified Court System (UCS) full-time employees<sup>2</sup> in the following positions:</b>		
	<b>Forfeited Days</b>	<b>Annual NYSHIP Credit</b>
UCS employees at or below Judicial Grade 16	3	\$600
	6	\$1,200
UCS employees at and including Judicial Grades 17 through 23	2	\$600
	4	\$1,200

<b>United University Professions (UUP) full-time employees<sup>3</sup> in the following positions:</b>		
	<b>Forfeited Days</b>	<b>Annual NYSHIP Credit</b>
Employees earning at or below \$69,556 annually	3	\$600
	6	\$1,200
Employees earning above \$69,556 and below \$99,397 annually	2	\$600
	4	\$1,200

<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.

<sup>3</sup> UUP employees may only forfeit annual leave for their PEP credit.

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





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# Department of Civil Service

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

PS-404 (9/19)

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

EMPLOYEE INFORMATION				(All employees must complete)	
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>			
1. <input type="checkbox"/> <b>Elect Pre-Tax Status</b> for Premium deduction      2. <input type="checkbox"/> <b>Elect After-Tax Status</b> for Premium deduction You are only eligible for Pre-Tax deductions if newly eligible or if requested during the Pre-Tax Contribution Program (PTCP) Election Period			
<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="text"/>	<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="text"/>	<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) <b>Date of Event:</b> <input type="text"/>	
<input type="checkbox"/> <b>Change to FAMILY</b> (Complete box 13) <input type="checkbox"/> <b>Change to INDIVIDUAL</b>	
<input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Newborn <input type="checkbox"/> Request coverage for dependents not previously covered <input type="checkbox"/> Previous coverage terminated (proof required) <input type="checkbox"/> Dependent returned to full-time student status (Dental and Vision only) <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Divorce <input type="checkbox"/> Termination of Domestic Partnership (Attach completed PS-425.4) <input type="checkbox"/> Only dependent ineligible due to age <input type="checkbox"/> I voluntarily cancel coverage for my dependents <input type="checkbox"/> Only dependent died <input type="checkbox"/> Only dependent married (Dental and Vision only) <input type="checkbox"/> Only dependent graduated (Dental and Vision only) <input type="checkbox"/> Other: <input type="text"/>
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) <b>Qualifying Event:</b> <input type="text"/>	
NOTE: If you are enrolled in the PTCP, you may make changes during the Annual Option Transfer Period or when experiencing a PTCP qualifying event.	



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

<b>14. ENTER ANNUAL OPTION TRANSFER REQUEST(S) BELOW</b>		
<b>Change NYSHIP Option</b>	Change to: <input type="checkbox"/> Empire Plan <input type="checkbox"/> HMO Code <input style="width: 40px; border: 1px solid black;" 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 Program Election Period

<b>Personal Privacy Protection Law Notification</b>
<p>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, <b>contact your Health Benefits Administrator</b>. 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.</p>
<b>AUTHORIZATION</b>
<p>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></p>
<p><b>Employee Signature (Required):</b> _____ <b>Date:</b> _____</p>

<b>AGENCY USE ONLY</b>					
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> _____
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# Important Program Dates

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## **Flex Spending Account Open Enrollment Period** | **October 7 to November 8, 2019**

The Flex Spending Account 2020 plan year begins on **January 1, 2020**. A flex spending account offers a way to pay for your dependent care, health care or adoption 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, or visit the Flex Spending Account website for information about eligibility and program rules. If you are currently enrolled in the Flex Spending Account program, you must reenroll to continue your participation in 2020.

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## **PEP Enrollment Period** | **October 14 to November 19, 2019**

This program allows you to exchange previously-accrued leave in return for a credit to be applied toward your NYSHIP premium. Review the chart on pages 7 and 8 and consult your HBA to find out if you are eligible to enroll.

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## **PTCP Election Period** | **Same as 2020 Option Transfer Period\***

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

**Note:** The PTCP Election Period is your only opportunity during the plan year to change your PTCP status.

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## **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 2020* for active employees will be sent to agencies in **October**. Ask your HBA for a copy of the *Choices* booklet or view it on NYSHIP Online at [www.cs.ny.gov/employee-benefits](http://www.cs.ny.gov/employee-benefits).
  - The Option Transfer Period dates will be announced once rates have been approved.
  - *NYSHIP Rates & Deadlines* will be posted online and mailed to enrollee homes once rates have been approved.
  - The new health insurance plan benefit year begins on **January 1, 2020**.
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## **Young Adult Option Enrollment**

The Young Adult Option open enrollment period will be announced once rates are available and will run concurrently with the Option Transfer Period. 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.

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\* More detailed information about Option Transfer Period dates and deadlines will be provided once 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

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**NYSHIP**  
New York State  
Health Insurance Program

## Address Service Requested

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

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

*Planning for Option Transfer – September 2019*

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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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## NYSHIP Young Adult Option

This option allows unmarried, young adult children (up to age 30) of NYSHIP enrollees to purchase their own NYSHIP coverage. Young adults pay 100 percent (full share) of Individual coverage for the NYSHIP option selected. During the Option Transfer Period, eligible adult children of NYSHIP enrollees can enroll in the Young Adult Option for the coming plan year, and current Young Adult Option enrollees are permitted 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.