

Processing Enrollments and Declinations

1. *Enrollments*

- a. Verify that the employee meets the eligibility requirements for coverage in the New York State Health Insurance Program (See Section 2.1).
- b. The employee and Health Benefits Administrator complete a Health Insurance Transaction Form (PS-503.1). Review the form to ensure that all required items have been completed and that the employee has signed and dated the form. The form will not be processed without a signature and date.
- c. If the employee is enrolling for Family coverage, review the list of dependents for conformity with the following:
 - 1) The name, relationship, social security number, and date of birth must be completed and documented for each dependent listed on the form. (See Section 2.2, #1.c for required proofs of relationships.)
 - 2) Only those persons defined as eligible dependents with proper documentation may be listed. If ineligible dependents such as parents have been listed, the names of such ineligible dependents should be deleted and the employee notified of the deletion.
 - 3) If a dependent other than a spouse or natural child, adopted child, dependent stepchild, or child in the final waiting period prior to finalization of adoption is listed, a Statement of Dependence form (PS-457) must be completed (See Section 2.2, #2).
 - 4) When an employee has listed a dependent child age 19 or older who may be eligible by reason of disability or as a full-time student, follow the procedures set forth in Section 2.3 to establish eligibility for coverage for such child. **In the case of a disabled dependent, eligibility must be established at the time of initial enrollment if the dependent is already 19 years of age or older.**
- d. Determine the employee's effective date of coverage in accordance with Section 2.7.

2. *Declinations:*

- a. If an employee does not wish to enroll in the New York State Health Insurance Program at the time of initial eligibility (See Section 2.1), he or she should be required to complete the Declination of Health Insurance section (10C) on the PS-503.1.

This form serves two purposes:

- 1) It directs the employee's attention to the fact that the effective date of his or her coverage may be deferred for a period of time if he or she request coverage at a later date (See Section 2.7).
 - 2) It provides a permanent record of the fact that the employee has been advised of his or her eligibility for enrollment, and he or she chose not to enroll when first eligible.
- b. The completed form should be retained by the Participating Agency.