

NYSHIP Health Insurance Transaction Form for NYS & PE Employees

Before You Complete the Form

This form is for enrollment in NYSHIP and changes to your plan option or coverage type. It is also for adding and removing dependents as well as switching between pre-tax and after-tax status for the NYSHIP premium. **Leave blank any sections that do not pertain to your transaction.** Send the signed, completed form to your health benefits administrator (HBA).

You will usually need to submit proof of eligibility for coverage with your completed and signed form. You may also need to complete, sign and submit additional forms. Review **Documentation Required for Each Type of Transaction** on the last page of the PS-404 before submitting your request.

For information on eligibility and when you can make changes, see your *General Information Book* (GIB) or visit nyship.ny.gov.

1. Employee Information

Enter your current personal information.

If your mailing address is different from your home address or if your address has changed, also complete the Mailing Address fields.

If you are enrolled in Medicare, complete the Medicare Information fields. If you are not enrolled in Medicare, leave those fields blank.

If you select "Yes" for "Is any of the above information new?", briefly describe the change(s) and enter the effective date. Examples may include changes to your name, address, marital status or Medicare information.

2. Enroll In, Change or Decline Coverage

Use this section to enroll in, change or decline medical, dental and/or vision coverage. If you leave a row blank, no change will be made to that form of coverage.

If you are newly enrolling in Family coverage or changing your coverage type, you must complete Section 4 (Dependent Transaction Information). If you no longer have any eligible dependents, you must request a change from Family to Individual coverage.

If you enroll in an HMO, enter the HMO name and code (available in the *Rates* flyer or the "Compare NYSHIP Plans" page at nyship.ny.gov). If you select the Opt-Out Program (available for NYS only), you must also complete the *NYSHIP Opt-Out Program Attestation Form* (PS-409).

3. Choose Pre-Tax or After-Tax Status (NYS Only)

Use this section to choose whether your health insurance premiums will be deducted on a pre-tax or after-tax basis.

If you choose "Pre-tax status for premium deduction," you will be enrolled in the Pre-Tax Contribution Program (PTCP). You may only choose or change your tax election when you are newly eligible for coverage or during Open Enrollment.

If you are enrolled in PTCP, you may only make certain coverage changes during Open Enrollment or after experiencing a PTCP qualifying event. Requests to make coverage changes due to a qualifying event must be submitted within 30 days of the event.

Even if you have a PTCP qualifying event, IRS rules limit you to specific coverage changes for each event. Contact your HBA or see the *Pre-Tax Contribution Program* publication at nyship.ny.gov if you have questions.

4. Dependent Transaction Information

Complete this section if you have Family coverage, are changing from Individual to Family coverage, or are adding or removing a dependent.

Enter each dependent's personal information. If the dependent is enrolled in Medicare, complete the Medicare Information fields.

Select the reason for adding or removing the dependent. If your request is based on a qualifying event, provide the date of the event. Check which coverage(s) the transaction applies to.

If you have additional dependents, select the last checkbox in this section and attach a *NYSHIP Health Insurance Transaction Form Additional Dependent Information Supplement (PS-404S)* with their information. Refer to **Documentation Required for Each Type of Transaction** for required supporting documentation.

5. Notification Preferences

Complete this section only if you want to change how you receive NYSHIP publications.

To receive publications by email, provide a personal email address in Employee Information. Some communications must be sent by mail.

6. Donate Life Registry Election

Answer this question each time you submit the form.

Select "Yes" to enroll in the New York State Donate Life Registry. If you do not wish to enroll or are already enrolled, select "Skip this question." If you select "Yes," providing your New York State Driver License, Learner Permit or Non-Driver ID number is recommended but not required.

7. Personal Privacy Protection Law Notification

Read this section for information about how the Department of Civil Service collects, maintains and uses the information provided on this form. No action is required.

8. Authorization

Read the authorization and sign and date this section to certify that the information provided is true and correct. Unsigned forms cannot be processed.

9. HBA Use Only

Do not complete this section. It is reserved for your HBA.

Documentation Required

Submit all required documentation with your completed form. Required documentation is listed on the last page of the PS-404. Missing documentation may delay processing of your request.

You may add a newborn child immediately upon submission of a signed PS-404 even if proofs are not available. You must follow up within 30 days of the date of birth to provide all required documentation.