



This form documents your sick leave credit if you are not electing New York State Health Insurance Program (NYSHIP) retiree coverage upon separating your employment. Ask your agency's Health Benefits Administrator to complete this form and be sure to keep a copy of the completed form for your records.

Refer to your *General Information Book for Retirees* for information including details on how to enroll in NYSHIP coverage at a later date. For questions regarding eligibility for or enrollment in NYSHIP coverage, contact the Employee Benefits Division Monday through Friday, 9 a.m. to 4 p.m. Eastern time, at 518-457-5754 or 1-800-833-4344.

Keep this completed form as documentation of your State service and sick leave credit.

Last Name		First Name	MI	Health Insurance ID:
Street Address				Phone Number:
City		State	Zip Code	Annual Salary:
Sick Leave Credit Hours: (Nearest Tenth)		Sick Leave Type: (Single or Dual Annuitant)		Standard Hours Worked Per Week:
Negotiating Unit:				Negotiating Unit Code:
Retirement System:				Retirement Registration Number:
Agency Name:				Agency Code:

If covered under another NYSHIP contract please complete the following:

Contract Holder's Name: _____ Contract Holder's ID: _____

Enrollee Signature: _____ Date: _____

Agency Information

HBA Name: _____ Phone Number: _____
(Please Print)

HBA Signature: _____ Date: _____

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, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.

Please make a copy of this signed election form for your records.