

NYSHIP Program Information Resources

To enroll in benefits or to change your current benefits, you will most likely be required to submit proofs of eligibility for coverage or evidence of a qualifying event with the completed and signed *Health Insurance Transaction Form PS-404*. Learn more about these additional requirements in the following publications:

- **General Information Book (GIB)**
Eligibility, enrollment, required forms and proofs of eligibility
- **Planning for Option Transfer**
The Pre-Tax Contribution Program (PTCP)
- **Choices**
Your plan options under NYSHIP (Empire Plan, NYSHIP HMO) and the benefits included with each one

In many situations, you will also be required to complete, sign and submit additional forms and proofs. For detailed instructions on what will be required, please refer to your *GIB* and any additional forms and form instructions for requirements specific to your request.

EMPLOYEE INFORMATION

Boxes 1 – 10	Employee Information	You must complete boxes 1 – 10 with your personal information. Note: Use the Marital Status Date to show the date of marriage, separation or divorce when any of those marital statuses are selected.
Boxes 11 (A-B)	Elect or Decline Coverage	Complete appropriate sections. You are entitled to make separate choices regarding your medical and dental coverage. You may enroll in or decline any or both. You may also enroll in Family coverage for one benefit in Individual coverage for another.

ELECT OR DECLINE COVERAGE

11.A.1 11.A.2	Pre-Tax Contribution Program (PTCP) Status	New enrollees must make an election (Pre-Tax or After-Tax) for medical coverage. The PTCP applies to all NYS groups and select Participating Employers (PE). If you work for a PE, contact your HBA to learn if your employer participates in the PTCP and if you are eligible to enroll. If you are a new enrolling after your waiting period or more than 30 days after a qualifying event, you will need to wait until the annual PTCP Election Period to enroll. The PTCP Election Period coincides with the annual Option Transfer Period. Until then, your deductions will be taken out after taxes.
11.B.1	Individual Enrollment	Check box to enroll in Individual coverage. Check Medical or Dental boxes for coverage selected.
11.B.2	Family Enrollment	Check box to enroll in Family coverage. Check Medical or Dental boxes for coverage selected.
11.B.3	Decline NYSHIP Coverage	Check box to decline coverage. Be sure to check the appropriate boxes for the coverage type declined.

CHANGE IN COVERAGE OR VOLUNTARILY CANCEL COVERAGE

Box 12.A	Change Coverage	Check this box to change from Individual to Family or from Family to Individual coverage. If you are enrolled in PTCP, you may only change coverage from Family to Individual during the annual Option Transfer Period, or within 30 days of a PTCP qualifying event (check the qualifying event and enter the Date of Event). Check Medical or Dental boxes for coverage being changed. In the event that you are indicating a change in your marital status to divorced or separated, please update the dependent's new address, if applicable, in the Dependent Information section (Box 13).
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DEPENDENT INFORMATION

Box 13	Dependent Information	Check the box to add or delete a dependent or to change a dependent's information. Check Medical or Dental boxes that apply. Complete all dependent information and provide the dependent's Social Security Number. Additional documentation is required to add the dependent.
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ANNUAL OPTION TRANSFER REQUEST(S)

Box 14	Annual Option Transfer Request(s)	Change NYSHIP Option: Complete during annual Option Transfer Period or with a qualifying event (for example, change of address outside of HMO area). Change Pre-Tax Status: Existing enrollees can only change PTCP status during the annual PTCP Election Period, which coincides with the annual Option Transfer Period.
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AUTHORIZATION	You must SIGN and DATE this form.
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