



## Specific Changes Permitted during the Option Transfer Period and Instructions for Completing PS404 Enrollment Form

PS404 Health Insurance Transaction Form: <https://hr.cornell.edu/sites/default/files/PS404.pdf>

### 2018 Option Transfer runs to 4:00 pm EST., Dec. 15, 2017

- ▶ **You can change from the Empire Plan to an HMO, or change from one HMO to another (effective date 1/4/2018)**

Complete a [PS404 paper enrollment form](#) and submit to Benefit Services, EHOB, 395 Pine Tree Rd., Suite 102, by 4:00 pm EST. or postmarked by 12/15/17.

Complete sections 1-8 on the front, [section 10H](#) on the back and sign and date under the authorization section. Do not complete the dependent section as that will remain the same.

*If you have family coverage and wish to add new dependents or remove dependents, an additional PS404 New York State Health Insurance Transaction Form must be completed. Please contact Benefit Services at (607)-255-3936 or [Benefits@cornell.edu](mailto:Benefits@cornell.edu) for questions.*

- ▶ **You can change from an HMO to the Empire Plan (effective date 1/4/2018)**

Complete a [PS404 paper enrollment form](#) and submit to Benefit Services, EHOB, 395 Pine Tree Rd., Suite 102, by 4:00 pm EST. or postmarked by 12/15/17.

Use the same instructions as above.

- ▶ **You can change from family coverage to individual coverage (effective 1/4/2018)**

Complete a [PS404 paper enrollment form](#) and submit to Benefit Services, EHOB, 395 Pine Tree Rd., Suite 102, by 4:00 pm EST. or postmarked by 12/15/17.

Complete sections 1-8 and 10F on the front of the form and check; “change coverage”, “medical”, “change to Individual” and *voluntary cancel coverage* for my dependents. Sign and date the authorization section on the back of the form.

► **You can voluntarily cancel your health insurance coverage (effective 1/4/2018)**

Complete a [PS404 paper enrollment form](#) and submit to Benefit Services, EHOB, 395 Pine Tree Rd., Suite 102, by 4:00 pm EST or postmarked by 12/15/17.

Complete sections 1-8 on the front of the form; check 10E (*Voluntarily cancel coverage* and select “medical” box) and sign and date on the back. **Important:** If you chose to voluntarily cancel your coverage, this results in the complete termination of your health insurance plan.

### **10-Week Waiting Period Applies to Certain Changes**

If you wish to change your health insurance coverage from individual coverage to family coverage, or join the plan for the first time, then a 10-week waiting period still applies – unless you have a qualifying event based on IRS guidelines.

A qualifying event is a change of family status, e.g. marriage, etc. Please refer to your NYSHIP Empire Plan General Information booklet for further details. You will need to complete the [New York State Health Transaction Form \(PS-404 form\)](#). You will have to attach copies of your marriage certificate. (Note: if marriage took place over a year ago, you will need to provide proof of a current joint ownership/joint financial obligation such as a prior year joint tax return, if tax return is not provided, a copy of a current bank statement, mortgage statement or homeowner’s policy may be provided), copies of birth certificates and social security cards for all dependents, including yourself. If this request is the result of a qualifying event, you must attach proof of that event and the date it occurred. Benefit Services cannot process the change unless we have the documentation to support the change of coverage. You will need to complete a separate [PS-404 form](#) for each type of change (option change and change of coverage or adding or deleting a dependent) as different effective dates may apply to each transaction.

### **Payroll Deductions**

New York State requires advance health insurance premiums, therefore, the 2018 rates take effect in the semimonthly pay of 12/29/2017 and the biweekly pay of 1/11/2018.

When making option changes, the new rate is charged in advance. Please note, **if Benefit Services does not receive the PS404 form in time to process and appear in the 12/29/2017 or 1/11/18 paychecks, you will see adjustments in subsequent pays.**

When making a change from family to individual coverage, the refund will be reflected in one of your January paychecks.

When completing a voluntary cancellation, a refund will be issued in one of your January paychecks. Again, a voluntary cancellation results in the **complete** termination of your health insurance plan.

## Important Tips

- 1) Option change requests take effect on 1/4/2018
- 2) If you are currently a member of the Empire Plan and are changing to an HMO, remember that the basic medical deductible is an annual amount. The deductible will apply for services effective **1/1/2018**.

You can get information about the Empire Plan and the HMOs, including phone numbers, on the New York State Department of Civil Service web site at [www.cs.ny.gov](http://www.cs.ny.gov).

Follow the instructions below:

- a. Select "Employees' then State Government Employee"
  - b. Under Health Insurance & Other Benefits, select "New York State Health Insurance Program (NYSHIP)"
  - c. Note: First time users will need to select "I am a New York State Active Employee, then from the dropdown menu choose "Management Confidential (MC) Legislature and then choose either Empire Plan or HMO
  - d. Select "Health Benefits & Option Transfer"
  - e. Rates and Health Plan Choices
- 3) Telephone numbers can be found in the 2018 rate chart (refer to the Benefit Services website below).
  - 4) If you need further assistance while our office is closed, you can contact the New York State Department of Civil Service at (800) 833-4344.
  - 5) Benefit Services also has information at <https://hr.cornell.edu/enroll>.