Young Adult Health Benefits Coverage Instruction Sheet
Retirees

Follow the instructions on this page to enroll your Young Adult dependent in your health benefits coverage through the City of New York. You must submit an application and the associated required documents for **each** Young Adult dependent that you wish to enroll.

STEP 1. COMPLETING THE YOUNG ADULT ELIGIBILITY CERTIFICATION

- Review the requirements for eligibility on page 3 of the Summary Program Description (SPD) available on the Health Benefits Program website at www.nyc.gov/olr under "Health Benefits Program".
- Answer each question on the Young Adult Health Benefits Coverage Eligibility Certification form as directed.
- Follow the instructions on the Young Adult Health Benefits Coverage Eligibility Certification form to determine the appropriate action.
- If the Young Adult is eligible to be added to your coverage proceed with enrollment.

STEP 2. COMPLETING HEALTH BENEFITS ENROLLMENT

- Locate the application form included in this package.
- Complete the application **and indicate that you are adding a dependent** in Section C of the application.

STEP 3. SUBMITTING THE ENROLLMENT PACKAGE

- You must submit documentation to prove that your dependent is an eligible dependent (per the SPD). Examples of this are a birth certificate, adoption papers, legal guardianship papers, etc. These must be submitted even if the dependent was previously on your coverage. Copies of the required documents will be accepted, however you must be prepared to provide original documents upon request. If you do not submit the required documentation the enrollment process will be terminated and your dependent will not be added to your coverage.
- Include your Social Security Number, ***and*** the Young Adult's Social Security Number, on all documentation.
- Attach the Young Adult Health Benefits Coverage Eligibility Certification form and the required documentation for proof of eligible dependent to the health benefits application and mail that to: City of New York, Health Benefits Program, 40 Rector Street – 3rd Floor, New York, New York 10006, Att'n Young Adult Coverage Unit - Enrollment

Young Adult Health Benefits Coverage Eligibility Certification Form

To be completed by the City retiree.

You must answer the questions below to determine if the Young Adult can be enrolled under your health benefits coverage through the City of New York. Check one box for each question.

1. Is the Young Adult your eligible dependent? (For a description of eligible dependents see the Health Benefits Program website at www.nyc.gov/olr, select "Health Benefits Program", click on the picture of the Summary Program Description and go to page 3.)

   ☐ Yes ☐ No

2. Are you enrolled in health benefits coverage through the City of New York?

   ☐ Yes ☐ No

STOP

If you answered* NO *to either of the questions above STOP here. You CAN NOT enroll the Young Adult under your health benefits coverage through the City of New York. DO NOT complete this form. DO NOT send an application.

3. Does the Young Adult have access to other employer sponsored health benefits coverage through their own employment or their spouse (even if they have not enrolled in that coverage)?

   ☐ Yes ☐ No

STOP

If you answered YES to Question Number 3 STOP here. You CAN NOT enroll the Young Adult under your health benefits coverage through the City of New York. DO NOT complete this form. DO NOT send an application.

All others CAN enroll the Young Adult under their City health benefits coverage. Read the Certification Statement below and then sign and date this form. **This form must be submitted at the time of enrollment to add the Young Adult dependent.** See the Instruction Sheet in the Young Adult Coverage to Age 26 Package for information about how to enroll your Young Adult dependent. **You must submit a separate Young Adult Health Benefits Coverage Eligibility Certification form for each Young Adult that you are adding to your coverage.**

Certification Statement: I certify that the information I have supplied is true and correct. I understand that any person who makes a material misstatement of fact or conceals any pertinent information shall be guilty of a crime, conviction of which may lead to monetary penalties and/or imprisonment, as well as an order for reimbursement of claims. I authorize deduction from my pension of the amount required, if any, for the health benefits coverage indicated above.

Retiree Signature _____ Date_____

Retiree Name (Print)_____ Retiree Social Security Number_____-_____-_____

Young Adult Name (Print)_____ Young Adult Social Security Number_____-___-_____

Applicant MUST check one:

☐ **EMPLOYEE**
☐ **RETIREE**

Health Benefits Application

City of New York
Health Benefits Program

REASON(S) FOR SUBMISSION (Check one or more boxes: enter change date if appropriate)

A.
☐ New Enrollment
☐ Reinstatement
☐ Retirement
☐ Disability Retirement
☐ Accident Disability Retirement
☐ Drop Optional Benefits
☐ Add Optional Benefits
☐ Cancel Benefits (Check one)
☐ Waive Benefits
☐ Buy-Out Waiver Program (Employees only) (Complete Sections D, E, F & I only)
☐ Other _____

B. Transfer of Health Plan and/or Optional Benefits Based on:
☐ Transfer Period
☐ Permanent Move Into/Out of Health Plan Area
mo dy yr
Eff. Date: / /
☐ Retiree Once-in-A-Lifetime
☐ Other _____

C. Change Of:
☐ Spouse/Domestic Partner
mo dy yr
☐ Add ☐ Drop / /
Dependent Child(ren) mo dy yr
☐ Add ☐ Drop / /
☐ Change of Name - Former Name: _____

D. EMPLOYEE/RETIREE INFORMATION

Last Name	First Name	M.I.	Social Security Number	Tel.No: Home: ( ) Cell: ( )
			_ _	

Home Address - Number and Street	Apt. No.	Date of Birth	Sex
		/ /	☐ Male ☐ Female

City	State	Zip Code	Country (if outside the U.S.)

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Domestic Partnership	Date of Event / /	Agency in which employed or retired from	Union or Welfare Fund

Name of Current City Health Plan	Medicare Claim No.	☐ If Medicare Part A - Effective Date / / ☐ If Medicare Part B - Effective Date / /	Attach copy of card

Retirement System (Retirees Only)	Yrs. Credited Service	City Start Date	Retirement Date	Pension Number (Retirees Only)
		/ /	/ /	

E. SPOUSE/DOMESTIC PARTNER INFORMATION

Last Name	First Name	M.I.	Social Security Number	Date of Birth
			-- --	/ /

Is your spouse/domestic partner: ☐employed ☐retired ☐not employed
☐ City Agency Name: _____ ☐ Non-City related

Is spouse/partner to be covered by employee/retiree's health plan?
(Double City coverage is not permitted) ☐ Yes ☐ No

Does spouse/partner have Non-City group health plan? ☐Yes ☐No	Medicare Claim No.:	☐ If Medicare Part A - Effective Date / / ☐ If Medicare Part B - Effective Date / /	Attach copy of card

F. FAMILY INFORMATION (Attach a second form if necessary; dependents may not be covered under two NYC Health Plans.)

(List all eligible dependents to be covered your health plan)

		Birth Date MO DY YR	Social Security Number	Sex M/F	Check if Applicable: Full-Time Student	Permanently Disabled	Drop Coverage
Spouse/Domestic Partner Last Name	First	/ /	- -				
Dependent Last Name	First	/ /	- -				
Dependent Last Name	First	/ /	- -				
Dependent Last Name	First	/ /	- -				

G. HEALTH PLAN REQUESTED

HEALTH PLAN NAME IN FULL (Please Print Clearly): _____

Optional Benefits? (Check "Yes" or "No" for optional benefits rider. If no box is checked, it will be presumed that you do not want optional benefits.) ☐YES ☐NO

H. TO PARTICIPATE IN THE HEALTH BENEFITS PROGRAM - PLEASE SIGN & DATE BELOW (Participant must sign either Section H or I)

I certify that the above information is correct and I authorize the City to deduct from my salary/pension the amount required, if any, through the City Health Benefits Program. I understand that the City Program's benefits will be coordinated with those available through Medicare or any other source.

Furthermore, I agree that my periodic health plan deductions, if any, will be made on a pre-tax basis pursuant to the Internal Revenue Code 125. I understand that I have an option to decline this benefit, by obtaining a Medical Spending Conversion Form, both of which are obtainable at my payroll office. (Section 125 does not apply to retirees.)

If I have checked the Waive Benefits Box in Section A, I am choosing not to participate in the City Health Benefits Program at this time.

Employee/Retiree Signature _____ Date _____

I. TO PARTICIPATE IN THE HEALTH BENEFITS BUY-OUT WAIVER PROGRAM - SIGN & DATE BELOW (Participant must sign either Section H or I)

I wish to partipcate in the Health Benefits Buy-Out Waiver Program. I have read the Medical Spending Conversion Health Benefits Buy-Out Waiver Program brochure and completed a Medical Spending Conversion Form and I attest that I meet the qualifications for this program. (Retirees not Eligible.)

Employee Signature _____ Date _____

J. FOR COMPLETION BY PAYROLL OR PERSONNEL OFFICE ONLY

I certify that the above employee/retiree is eligible for the New York City Health Benefits Program (HBP) and that dependent documentation has been verified in accordance with HBP procedures.

I certify that the above employee is eligible for the Health Benefits Buy-Out Waiver Program and I have reviewed and processed the Medical Spending Conversion Form and I attest that the employee meets the qualifications for this Program.

✍ Certifying Signature _____ Date _____ Telephone Number _____

Agency Code	Title Code No	Status	Appointment Date/Ret. Date	Pay Period	Effective Date of Coverage
		☐ FT ☐ Civil Service ☐ PT ☐ Provisional	MO DY YR	☐ Weekly ☐ Monthly ☐ Bi-Weekly ☐ Semi-Monthly	MO DY YR

Frequently Asked Questions
Federal Patient Protection and Affordable Care Act (PPACA)
Young Adult Coverage to Age 26

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1. Q. My son is turning 19 years old in June. What do I need to do to keep him enrolled as a dependent on my New York City Health Benefits coverage?

   A. Nothing. As of July 1, 2011, your son will continue to be eligible as a dependent on your family coverage up to age 26 provided that he continues to meet the eligibility requirements.

2. Q. My 23-year-old daughter is graduating from college in June. What do I need to do to keep her enrolled as a dependent on my New York City Health Benefits coverage?

   A. Nothing. As of July 1, 2011, your daughter will continue to be eligible as a dependent on your family coverage up to age 26 provided that she continues to meet the eligibility requirements.

3. Q. What are the eligibility requirements for enrolling my son under my coverage?

   A. Your son must be under age 26, must not have access to other employer sponsored health benefits coverage either through their own employer or their spouse (even if they have not enrolled in that coverage), and must be your dependent as described on page 3 of the Summary Program Description (SPD). If you do not have a copy of the SPD visit the Health Benefits Program website at www.nyc.gov/olr and select “Health Benefits Program”.

4. Q. My 20-year-old son is a student. Will I need to continue to submit proof of that?

   A. No. Student status will no longer be required to continue to include an eligible Young Adult dependent on your coverage.

5. Q. When my daughter turns 26, when will her coverage end?

   A. Your daughter’s coverage as a young adult dependent will end on the last day of the month in which she turns 26 years old.

6. Q. I plan to enroll my 24 year-old son as a dependent; will there be an extra charge to cover him?

   A. Your deductions will not increase if you already have family coverage because, under the PPACA, eligible young adult children will be included as dependents on your family contract. However, if you are currently enrolled with individual coverage, your coverage will change to family coverage and there may be an increase in your payroll/pension deductions (please refer to the rate chart on the Health Benefits Program website at www.nyc.gov/olr).

7. Q. My son is under age 26 and his current employer does not offer health benefits. Can I enroll him in coverage under my City of New York Health Benefits?

A. Yes, you can add him to your coverage during the Special Open Enrollment Period which is April 1-April 30, 2011 for retirees and May 1-May 31, 2011 for employees, with the effective date of July 1, 2011. This Special Open Enrollment Period is being held for the sole purpose of enrolling a Young Adult dependent on the parent's health plan. You may not make any other changes to your coverage during this Special Open Enrollment Period unless you experience a qualifying event.

8. Q. My daughter was previously enrolled as a dependent on my New York City health benefits coverage. Do I have to go through the whole enrollment process to put her on my coverage again?

A. Yes. If you want to include her under your coverage again you must participate in the Special Open Enrollment Period as if you were adding her to your coverage for the first time. The dates of the Special Open Enrollment Period are April 1-April 30, 2011 for retirees and May 1-May 31, 2011 for employees, with the effective date of July 1, 2011.

9. Q. My 23-year-old son has been enrolled in COBRA continuation of coverage for the past 14 months. I would like to add him as a dependent on my coverage. When he turns 26, will he be eligible again for COBRA?

A. If you add your son as a dependent on your coverage now, when he turns 26 he will once again be eligible for the full period of COBRA coverage.

10. Q. If I add my son as a young adult dependent, can I also add his daughter?

A. Under the PPACA, coverage does not apply to the child of your young adult dependent. However, if your son's daughter is **your tax dependent** (i.e., you claim her as a dependent on your income tax), she is eligible to be covered on your health benefits plan as an eligible dependent.

11. Q, If I miss this Special Open Enrollment Period will I be able to add my young adult dependent at any other time?

A. Yes, you will be able to add your young adult dependent during the next Transfer Period or if your dependent experiences a qualifying event, such as loss of health coverage.

12. Q. Can I add my young adult dependent through Employee Self Service?

A. Some agencies have access to Employee Self Service (ESS). If your agency has access then you are strongly urged to use ESS. All other employees, and all retirees, must complete an application to add a young adult dependent to their coverage.

13. Q. I would like to add my 24 year old young adult dependent to my health coverage. What documents do I need to submit?

A. You must enroll through ESS or submit an application. In addition, all employees and retirees must submit the Young Adult Health Benefits Coverage Eligibility Certification form and whichever of the following documents are applicable: birth certificate, adoption papers, legal guardianship papers, etc. Include your Social Security Number or your Employee I.D. Number on all documentation (as applicable).