



State of New York  
Department of Civil Service  
The State Campus  
Albany, NY 12239

**EMPLOYEE BENEFITS DIVISION**  
**NYS Health Insurance Transaction Form**  
Graduate Student Employee Union - Student Employee Health Plan  
PS-404G (12/01L)

New  Re-appointed  Add Dependent  Delete Dependent  Terminate  Address Change  Card Request

<b>Last Name</b>		<b>First Name</b>		<b>MI</b>	<b>Social Security Number</b>		<b>Sex</b>	
					- -		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Email Address</b>					<b>School ID Number</b>			
<b>Street Address</b>			<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Date of Birth</b>		<b>Telephone Numbers</b>				<b>Department Name &amp; Zip</b>		
		Home/Cell ( )		Work ( )				
<b>Marital Status</b>			<b>Marital Status Date</b>		<b>Visa Status</b>		Are you changing from a RA:	
<input type="checkbox"/> Single <input type="checkbox"/> Married					<input type="checkbox"/> US Citizen <input type="checkbox"/> F1		If yes check box <input type="checkbox"/>	
<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			/ /					

**ENTER REQUEST(S) BELOW**

<b>Enrollment</b> <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> Decline Coverage <input type="checkbox"/> Voluntarily Cancel Coverage (Qualifying Event)	<b>Elect or Change- Pre-Tax Status for Premium deduction</b> <input type="checkbox"/> Pre-Tax <input type="checkbox"/> Post-Tax	<b>Card Request</b> <input type="checkbox"/> Enrollee <input type="checkbox"/> Dependent <input type="checkbox"/> Duplicate Card Id number remains valid <input type="checkbox"/> Replacement Card New Id number assigned
	If you chose Pre-Tax Initial here to indicate that you have read the Pre-Tax Contribution memorandum on reverse side _____	

<b>Change Coverage: <input type="checkbox"/> To Family</b> <input type="checkbox"/> Marriage <input type="checkbox"/> First dependent child acquired <input type="checkbox"/> Arrival of eligible dependent in United States <input type="checkbox"/> Request coverage for dependent no previously covered <input type="checkbox"/> Newborn <input type="checkbox"/> Previous coverage terminated <input type="checkbox"/> Other _____	<b>Change Coverage: <input type="checkbox"/> To Individual</b> <input type="checkbox"/> I voluntarily cancel coverage for my dependents <input type="checkbox"/> I voluntarily cancel coverage for my domestic partner <input type="checkbox"/> Only dependent died <input type="checkbox"/> Only dependent married <input type="checkbox"/> Divorce <input type="checkbox"/> Only dependent disqualified by age <input type="checkbox"/> Termination of domestic partnership (complete PS-425.4) <input type="checkbox"/> Other _____
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**Dependent Information (use additional sheets if necessary)**

Last Name	First Name	Sex	Date of Birth	Relationship	Social Security Number

**Previous Coverage Information**

Complete this section if you are requesting new enrollment or a change to family coverage because you or your dependent's previous coverage was terminated (regardless of whether coverage was previously provided under NYSHIP or another health insurance plan) and you are requesting to have late enrollment of your benefits waived (attach proof: ie insurance bill or letter confirming former coverage and the end date of such coverage). **Enrollee's Name Under Which Previously Covered**

Last \_\_\_\_\_ First \_\_\_\_\_ ID# \_\_\_\_\_ Date Coverage Terminated \_\_\_\_\_

**Personal Privacy Protection Law Notification**

This 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 NYS Department of Civil Service to process your request concerning health insurance coverage. This information will be used to accordance with Section 96 (1) of the Personal Privacy 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 of the Employee Benefits Division NYS Department of Civil Service. The State Campus, Albany NY 12239. Form information concerning the Personal Protection Law call (518)457-9375. For information related to the Health Insurance Program information please call (518)457-5754 or 1800-833-4344 between the hours of 9:00 am and 3:00 pm.

**Authorization**

I have read the Pre-Tax Contribution Program memorandum and have made my selection on Page 1 of this document, if applicable I understand that if I voluntarily decline or cancel my coverage. I may subject myself and /or my dependents to waiting periods if I decide to enroll at a later date and I may be forfeiting the right to COBRA Continuation Coverage right for myself and /or my dependents. I certify that the information I have supplied is true and correct. I understand that my failure to provide required proof (s) within 30 days of the end of the initial or annual enrollment periods or within 30 days of a qualifying event may delay the availability of benefits for me or any dependent for whom I fail to provide such proof. 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 substantial monetary penalties and/or imprisonment as well as an order for reimbursement of claims. I hereby authorized deduction from my salary of the amount required if any for insurance indicated above. This authorization shall be in effect until I revoke it in writing.

<b>Employee's Signature (Required)</b>							<b>Date (Required)</b>	
<b>AGENCY USE ONLY</b>								
<b>Hire Date</b>	<b>Percentage</b>	<b>Agency Code</b> 28059	<b>Neg Unit</b> 28	<b>Action/Reason</b>	<b>Date of Event</b>	<b>Effective Date</b>	<b>Processor/Date</b>	

## **(For GSEU Employees Enrolled in the Student Employee Health Plan)**

Under the Pre-Tax Contribution Program (PTCP), you may have your share of your health insurance premium deducted from your gross wages before taxes are withheld. This program may lower your taxes.

### **Who is Eligible**

If you are an active State employee who receives regular payroll checks and has health insurance premiums withheld from your paycheck, you are eligible to participate in the PTCP.

### **Tax Savings**

Having your contributions to your health insurance premium deducted on a before tax basis (contributions are withheld from your salary before it is taxed) effectively reduces your salary by the amount of your contribution. Therefore, you pay taxes based on a lower salary. These salary-based taxes include Federal income taxes, Social Security taxes, and most State and local income taxes. (If you live in New Jersey or in Erie, Philadelphia or Pittsburgh Pennsylvania, you are not allowed to reduce your State or local taxable income by the amount of your health plan contribution. If you live in these areas, only your Federal income taxes and Social Security taxes will be affected.) The amount you save in taxes will depend on the amount of your income, your premium and the number of withholding allowances that you claim on your taxes. Contact your tax professional for advice on how participation in PTCP will affect you.

### **Automatic Deductions and Opt-Out Period**

If you are eligible for PTCP, you will be enrolled automatically in the Program unless you file a PS-404 G form with your agency Health Benefits Administrator indicating that you decline to participate. New employees who want to opt out must do so at the time they enroll for health insurance coverage. After the initial election is made to enroll in PTCP, or to opt out, the employee remains in that status. Changes in Pre-tax status can only be made during the designated Pre-Tax Selection Period. For example, to opt out of PTCP for the 2003 Plan Year, you must complete the PS-404 G and return it to your HBA, no later than November 30, 2002.

### **Domestic Partners: Not Eligible for Pre-Tax**

Under IRS pre-tax rules, unless a domestic partner qualifies as a member of your household under Section 152 of the Internal Revenue Code, a domestic partner is not an eligible dependent. Therefore, if you cover your non-federally qualified partner, the portion of the premium you pay for Family health insurance coverage must be deducted on a post-tax basis.

### ***Changes Permitted for PTCP Enrollees Outside of November Election Period***

Under Internal Revenue Service (IRS) regulations, if you participate in PTCP, you may change your health insurance deduction from family to individual coverage, or cancel your coverage only when one of the following PTCP qualifying events occurs:

- You have a change in family status (e.g. marriage, birth, death, legal separation, divorce, attainment of the maximum coverage age in the case of a dependent child, or other loss of dependent eligibility).
- Your spouse loses his/her coverage due to termination of employment and you apply for coverage for your spouse under NYSHIP.
- You first become eligible for health coverage on or after the annual open enrollment period which begins in August of each year.
- Your employment with the State terminates.
- Your spouse has a change in employment status, which results in either acquiring or losing eligibility for health insurance coverage.
- You receive a divorce/legal separation and are required under a court order to provide health insurance coverage for your eligible dependent children.
- There is a significant change in your or your spouse's health coverage, which is attributable to your spouse's employment.

### **IRS Regulations: Arbitrary Changes Not Permitted During the Year**

Internal Revenue Service (IRS) regulations require an employer to take a fixed pre-tax contribution toward an employee's coverage throughout the PTCP year unless a qualifying event or a significant change in your spouse's employment occurs. Changes that do not stem from a qualifying event are defined by the IRS as arbitrary health insurance coverage changes. These arbitrary changes in health insurance coverage cannot change the amount of your health insurance deduction.