PLAN YEAR **2024** ENROLLMENT/CHANGE FORM

MEDICAL SPENDING CONVERSION (MSC)

HEALTH BENEFITS BUY-OUT WAIVER PROGRAM

nyc.gov/fsa

Employee (Participant) return completed form to:

Agency Benefits Office, NYCAPS Central or HR Shared Services Office. See instructions on reverse side.

INSTRUCTIONS: Please review the MSC Health Benefits Buy-Out Waiver section in the Flexible Spending Accounts (FSA) Program Brochure, which is on the FSA website at nyc.gov/fsa. Also, see instructions on reverse side of this form before completing.

ENROLLMENT ***(Check one):***

❑ Open Enrollment (October 2 - November 15, 2023; effective January 1, 2024) Complete Sections I, II, and IV.

❑ Mid-Year Enrollment (January 1 - November 10, 2024; effective Qualifying Event date) Complete Sections I, II, III, and IV.

I. EMPLOYEE (PARTICIPANT) INFORMATION (Please Print)

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER

HOME ADDRESS - NUMBER AND STREET	APT

CITY	STATE	ZIP CODE + FOUR
		-

HOME PHONE NUMBER	WORK PHONE NUMBER	MOBILE PHONE NUMBER	E-MAIL
( ) -	( ) -	( ) -	

AGENCY NAME (NOT DIVISION):CUNY EMPLOYEES PLEASE SPECIFY THE NAME OF COLLEGE

II. MSC HEALTH BENEFITS BUY-OUT WAIVER PROGRAM SECTION: If completing this section during mid-year, you must also complete Section III below.

A) ***To participate*** in the Buy-Out Waiver Program, complete this form and a Health Benefits Application or submit through ESS. Return both forms to your agency's Human Resources Department/NYCAPS (if applicable) for approval and completion. Check *one*

❑ **I wish to participate in the Buy-Out Waiver Program.**

Non-City group health plan provider (company name) _____

❑ Individual Coverage ($500) ❑ Domestic Partner/Civil Union Coverage ($500) ❑ Family Coverage ($1,000)

Please note: You must attach proof of non-City group health coverage (letter or health insurance card).

B) ***To terminate*** your participation in the Buy-Out Waiver Program, you must complete this form and a Health Benefits Application, or submit through ESS, for reinstating City health benefits. Return both forms to your agency's Human Resources Department/NYCAPS (if applicable) for approval and completion.

❑ **I wish to withdraw from the Buy-Out Waiver Program.**

III. MID-YEAR QUALIFYING EVENT: Newly eligible employees or current employees changing their status during mid-year must complete this section.

This is to certify that I incurred the Qualifying Event indicated below and, therefore, wish to modify my benefits as indicated. I understand that the change(s) requested must be consistent with the Qualifying Event and that I must submit this form with legal/supporting documentation of all changes to my agency's Human Resources Department/NYCAPS (if applicable) and they must be received by the MSC Administrative Office within 30 days after the Qualifying Event to take effect.

Date of Qualifying Event: ____/____/ 2024 | Today's Date: ____/____/ 2024

If Today's Date is more than 30 days from the Date of Qualifying Event, please note that you are not eligible for Plan Year 2024.

Please check one of the following:

Employment Status: Documentation must be provided by employer/agency

❑ Beginning/termination of employment (❑ self ❑ spouse)

❑ Unpaid leave of absence (❑ self ❑ spouse)

❑ Return from unpaid leave of absence (❑ self ❑ spouse)

❑ Change from P/T to F/T employment or vice versa (❑ self ❑ spouse)

❑ Increase in health plan deductions by more than 20%

Family Status Change: Legal documentation must be provided by participant

❑ Marriage/domestic partner

❑ Birth or adoption of child

❑ Divorce

❑ Ineligibility of dependent (❑ age ❑ marriage)

IV. Employee Signature

I have read the MSC Program materials and instructions and I attest that I meet the qualifications to enroll or withdraw from the MSC Health Benefits Buy-Out Waiver Program.

Signature:_____ Date: ____/____/____

V. FOR COMPLETION BY EMPLOYING AGENCY'S HUMAN RESOURCES DEPARTMENT/NYCAPS/HR SHARED PERSONNEL ONLY:

Please review the above information and submitted documentation from employee before completing the information below.

Note to Benefits/Payroll/NYCAPS/HR Shared Officer:

- Send this MSC Form and the Health Benefits Application, along with any legal/supporting documentation, electronically to: ***https://nyc-fsa.leapfile.net***
- You should retain a copy of this form for your records.

1) ***For the Health Benefits Buy-Out Waiver Program*** (Section II), I have reviewed and processed the Health Benefits Application and certify that the employee has listed a non-City group health insurance policy under which he/she is covered. I have notified the appropriate health insurance carrier of this change.

2) ***For mid-year changes, I certify that a Qualifying Event*** listed in Section III has occurred within 30 days after this request *and* this form, along with legal/supporting documentation, have been submitted.

Employee's Agency Appointment Date: ____/____/____ Effective Date of Health Benefits: ____/____/____

A) **MSC Buy-Out Waiver Effective Date: (Check one)**

❑ Open Enrollment: (October 2 - November 15, 2023: effective January 1, 2024)

❑ Mid-Year Enrollment: ____/____/ 2024 (January 1, 2024 - November 10, 2024)

(June 1- June 30, effective July 1, 2024) (December 1- December 31, effective January 1, 2025)

B) **MSC Buy-Out Waiver Withdrawal Date: (Check one)**

❑ Open Enrollment: (October 2 - November 15, 2023: effective January 1, 2024)

❑ Mid-Year Withdrawal: ____/____/ 2024 (January 1, 2024 - November 10, 2024)

AGENCY BENEFITS MANAGER/NYCAPS/HR SHARED PERSONNEL SIGNATURE	EFFECTIVE DATE	WORK PHONE NUMBER
	/ /	( ) -

EMPLOYEE AGENCY CODE	CUNY STATE I.D. NUMBER	E-MAIL ADDRESS

MSC ADMINISTRATIVE OFFICE USE ONLY

ENROLLMENT EFFECTIVE DATE	WITHDRAWAL EFFECTIVE DATE	PROCESSING DATE	PROCESSOR	AGENCY PAYROLL CODE
/ /	/ /	/ /		

MEDICAL SPENDING CONVERSION (MSC)
PLAN YEAR 2024

INSTRUCTIONS:

HEALTH BENEFITS BUY-OUT WAIVER PROGRAM - SECTION II:

The Medical Spending Conversion (MSC) Health Benefits Buy-Out Waiver Program allows you to receive an incentive payment for waiving your City health benefits. Refer to the MSC Health Benefits Buy-Out Waiver Program section in the Flexible Spending Accounts Program Brochure for detailed information.

A. Enrolling:

Please Note: The Internal Revenue Service does not permit any retroactive participation from a previous Plan Year.

If you are covered under your spouse's/domestic partner's or parent(s)' non-City group health insurance, or a group health plan available through other employment, you may waive New York City health benefits. Once your enrollment form has been processed and approved, you will receive a confirmation letter from the MSC Administrative Office. Please contact your agency's Human Resources Department/NYCAPS/HR Shared personnel if you do not receive a confirmation letter.

Current employees: You may enroll in the Program during the Open Enrollment Period (October 2, 2023 - November 15, 2023) for an effective date of January 1, 2024. You must complete Sections I, II, and IV. Section V is to be completed by your agency's Human Resources Department/NYCAPS/HR Shared personnel.

Newly eligible employees: You may enroll in the Program within thirty (30) days after becoming eligible for City health benefits. You must complete Sections I, II, III, and IV. Section V is to be completed by your agency's Human Resources Department/NYCAPS/HR Shared personnel.

During mid-year: If you incur a Qualifying Event, you must notify the MSC Program Administrative Office within thirty (30) days after the Qualifying Event in order to participate. You must complete Sections I, II, III, and IV and attach legal/supporting documentation. Section V is to be completed by your agency's Human Resources Department/NYCAPS/HR Shared personnel.

Any MSC Form received in June will be effective July1st of that Plan Year. Any MSC Form received in December will be effective January 1st of the following Plan Year.

By signing the MSC Health Benefits Buy-Out Waiver Program Enrollment/Change Form, you elect to receive $1,000 (family coverage waived), $500 (individual coverage waived), or $500 (domestic partner/civil union coverage waived) annually in lieu of New York City health benefits. You will receive $500 for family coverage, $250 for individual coverage, or $250 for domestic partner/civil union coverage waived at the end of every six-month calendar period. Please note that same sex marriage will be treated as family coverage **(This amount will be pro-rated for any period less than six months by the number of days you are in the Health Benefits Buy-Out Waiver Program.)**

An employee participating in the City's Deferred Compensation Plan (DCP) in lieu of FICA and participating in the Health Benefits Buy-Out Waiver Program (taxable income), may need to increase his/her salary deferral percentage to an amount higher than 7.5% of annual salary in order to account for the increase in income due to the "Buy-Out Waiver Incentive Payment." If the 7.5% of total salary income requirement is not met, the participant who is enrolled in the DCP may have to continue to pay FICA taxes until that requirement is met.

B. Terminating:

Your waiver will remain in effect during the Plan Year unless a) you experience an approved mid-year Qualifying Event or, b) you reinstate your City health coverage during the Health Benefits Program Fall Transfer Period. During the mid-year, your form must be received by the MSC Administrative Office within thirty (30) days after the Qualifying Event in order for the change to be effective. If you are returning from an approved leave of absence or transferring to a new City agency, you must complete the MSC Health Benefits Buy-Out Waiver Program Enrollment/Change Form and the Health Benefits Application within thirty (30) days after such event to be reinstated, or to receive a pro-rated incentive payment.

If you wish to terminate your participation in the Health Benefits Buy-Out Waiver Program and reinstate your City health benefits coverage, complete Section II, by indicating your requested change. If you are terminating your participation mid-year, you must also complete Section III.

Please Note: If you waive City health coverage, you must have other non-City group health coverage available to you. The Health Benefits Application must accompany this MSC Form so that your agency's benefits/payroll manager is able to verify that you have other coverage. Your agency's Human Resources Department/NYCAPS/HR Shared personnel may request additional documentation.

This form is not valid if you have not completed Sections I, II, III (for mid-year Qualifying Event) and IV.
This form is not valid if Section V has not been completed by your agency's Human Resources Department/NYCAPS/HR Shared personnel.

Please return the completed form and documentation to:

- If your agency is a non-centralized agency - Send directly to your agency benefits office.
- If your agency is a centralized agency - Send directly to: NYCAPS Central, 1 Centre Street, New York, NY 10007
- DOE Employee/Payroll/Secretary - Send directly to: DOE MSC Unit, 65 Court Street, Rm. 102B, Brooklyn, NY 11201
- H+H Centralized Agency - Please upload via Employee Self Service and contact HR Shared Services at 646-458-5634 for additional assistance.