

MANAGERIAL BENEFITS OVERVIEW

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**You will receive additional information on how to enroll during your
New Employee Orientation.**

For additional information, please log in to <http://ess.nychhc.org/>

Newly – Hired Eligible Employees on or after July 1, 2019

Please be advised that the NYC Office of Labor Relations (OLR) will be implementing a new health benefit requirement for all new employees (Group 11 & 12) hired on or after July 1, 2019.

New employees hired during this period who are electing City Health Coverage will be able to choose from the following options for their health insurance beginning July 2019:

- HIP HMO Basic or
- HIP HMO Carved-Out (Those Unions who offer the Prescription Coverages) or
- HIP HMO Optional Rider (For Group 11 and unions who do not provide Prescription Coverage)

Important Note:

- New employees hired on or after July 1, 2019 will not be able to participate in Open Enrollment until after they complete 365 days of employment.
- New employees hired on or after July 1, 2019 will be able to transfer out of the HIP HMO within 30 days beginning on the 366th day of employment.

Exception:

An employee who needs to request an exemption from the required enrollment in the HIP HMO Preferred Plan can do so by submitting an [HIP HMO Opt-Out Request Form](#) to EmblemHealth. Once the employee completes and submits the HIP HMO Opt-Out Request Form, Emblem Health will notify the employee of the decision within 7-10 days, based on the information provided by the employee. The employee will submit this notice from Emblem, along with other necessary documentation, when they are applying for the City Health Benefits Program.

*For further instructions, please visit ESS.nychhc.org or the Employee Resource Center at <http://hhcinsider.nychhc.org/corpoftices/erc/Pages/Index.aspx>

Excluded:

- New Employees who are classified as Rehires
- New Employees who reside outside of the service area (as identified by designated Zip Codes)

Health Insurance

* You may select from up to 10 Health Insurance Plans, all offering individual coverage and family coverage (which includes current spouse, registered domestic partner and children/young adults up to age 26).

- The following are **HMOs** (Health Maintenance Organizations) that provide managed, pre-paid hospital and medical services to its members. Members choose a Primary Care Physician (PCP) from the HMO network, and the PCP manages all medical services, provides referrals, and is responsible for non-emergency admissions:
 - CIGNA Healthcare
 - Empire HMO
 - GHI HMO
 - HIP Prime HMO (Basic Plan is Free)
 - Vytra Health Plan
 - MetroPlus Health Plan - **MetroPlus Gold** has been available since January 1, 2016 to all NYC employees, non-Medicare eligible retirees, their spouses or qualified domestic partners, and eligible dependents. MetroPlus Gold's basic plan is offered at no cost to the employee. There are no copays for most in-network services including PCPs, specialists, lab, and x-rays. No pre-authorizations are required for any outpatient services, and there are no written referrals to an in-network specialist. A low-cost optional prescription drug rider is available, prescription drug rider is available. MetroPlus Gold has an extensive network of participating physicians and hospitals, with providers in over 22,000 sites in all five boroughs.
- The following is an **EPO** (Exclusive Provider Organization) that provides a higher level of choice and flexibility than many other managed care plans. Members can see any provider in the EPO network, no need to choose a primary care physician and no referrals are necessary to see a specialist. There is no out-of-network coverage:
 - Empire EPO
 - Aetna EPO
- The following is a **POS** (Point-of-Service) that provide the freedom to use either a network provider or an out-of-network provider for medical and hospital care. With the usage of a network provider there is prepaid comprehensive coverage and little out-of-pocket costs for services. With the usage of an out-of-network provider there is less comprehensive coverage and employees are subject to deductibles and/or coinsurance:
 - HIP Prime POS
- The following are **PPOs** (Participating Provider Organizations)/ Indemnity plans that provide the freedom to use either a network provider or an out-of-network provider for medical and hospital care. PPO/Indemnity Plans contract with health care providers who agree to accept a negotiated lower payment from the health plan, with co-payments from the subscribers as payment in full for medical services. When the subscriber uses a non-participating provider, they are subject to deductibles and/or coinsurance:
 - GHI-CBP/Empire BlueCross BlueShield (Basic Plan has No employee cost)

** If hired before July 1, 2019 you are able to enroll into any of the 11 Health Plans Offered. If you were hired post July 1, 2019 you may change your coverage 365 days after your date of hire.*

You can visit www.nyc.gov/olr, Health Benefits Program for additional information.



**New York City
Health Benefits Program
Dependent Eligibility Required Documentation**



Below is a list of all dependent eligibility documentation requirements for health benefits coverage for dependents.

For a Spouse

- married one year or less – Government Issued Marriage Certificate
- married more than one year – Government Issued Marriage Certificate and one of the following:
 - Federal tax return filed within last two years and listing spouse as joint or individual
 - Proof of joint ownership (bank account, auto, home, etc.) issued within last six months
 - Proof of cohabitation (two separate documents – one in your name and one in your spouse’s name – at the same address, such as utility bills, bank statements or credit card statements)

For a Domestic Partner

- partnership of one year or less – Domestic Partnership Certificate of Registration
- partnership of more than one year – Domestic Partnership Certificate of Registration and one of the following:
 - Proof of joint ownership (bank account, auto, home, etc.) issued within last six months
 - Proof of cohabitation (two separate documents – one in your name and one in your domestic partner’s name – at the same address, such as utility bills, bank statements or credit card statements)

For a Child

NOTE: Disabled status for any child still requires current medical certification from the health plan in addition to the documents listed below.

- Biological Child
 - Government Issued Birth Certificate (including parent’s names)
- Step Child – Must be spouse’s child. One of the following combinations of documents is required:
 - Government Issued Birth Certificate (including parent’s names) and Government Issued Marriage Certificate if married one year or less
 - Government Issued Birth Certificate (including parent’s names) and Government Issued Marriage Certificate and Federal tax return filed within last two years listing spouse as joint or individual
 - Government Issued Birth Certificate (including parent’s names) and Government Issued Marriage Certificate and proof of joint ownership (bank account, auto, home, etc.) issued within last six months
- Domestic Partner’s child – Must be registered domestic partner’s child. One of the following combinations of documents is required:
 - Government Issued Birth Certificate (including parent’s names) and Domestic Partnership Certificate of Registration if partnership of one year or less
 - Government Issued Birth Certificate (including parent’s names) and Domestic Partnership Certificate of Registration and proof of joint ownership (bank account, auto, home, etc.) issued within last six months
- Legal Ward
 - Government Issued Birth Certificate and the court ordered document of legal custody
- Tax Dependent Child
 - Government Issued Birth Certificate and the federal tax return filed in the previous year listing child as dependent

Flexible Spending Account Programs

- **Medical Spending Conversion (MSC) Health Benefits Buy-out Waiver Program:** Allows eligible employees who can obtain non-City group health benefits (proof required) to waive their New York City health benefits in return for a cash incentive payment (taxable) made semi-annually (June and December). Annual amount for waived family coverage is \$1,000 and waived individual coverage is \$500. Employees who enroll remain in the Buy-out Waiver program until they have a qualifying event or during open enrollment when a City health plan can be elected. Re-enrollment is not required every year.
- **Medical Spending Conversion (MSC) Premium Conversion Program:** Allows employees who have payroll deductions for health insurance premiums and optional riders to increase their take-home pay. Payments are made on a pre-tax basis effectively reducing the salary on which your taxes are computed by the amount of the health plan deduction. Enrollment remains in effect during the Plan Year and your status cannot change unless an approved Qualifying Event occurs mid-year. Enrollment in the Premium Conversion Program is automatic.
- **Health Care Flexible Spending Account Program (HCFSA):** Allows employees to pay for eligible out-of-pocket health care expenses on a pre-tax basis, with deductions taken directly from salary. This reduces your gross salary for federal and Social Security tax, resulting in tax savings. HCFSA is designed to help employees pay for necessary out-of-pocket medical, dental, vision, and hearing expenses not covered by health insurance. The minimum annual contribution is \$260 and maximum annual contribution is \$2,700. Any unused balances will be forfeited, **If you don't use it, you lose it!** (see **website below for more information***)

Grace Period

There is a Grace Period offered following the end of a Plan Year. During this Grace Period, you may submit claims for eligible medical expenses incurred from January 1st through March 15th, using the remaining balance in your Plan Year account, if any. However, in the event that you are unable to submit HCFSA Program claims by the end of the Plan Year or accompanying Grace Period, a Claims Run-Out Period is provided, during which you may submit claims for services performed during the previous Plan Year or accompanying Grace Period.

Plan Year: January 1st, – December 31st

Grace Period: January 1st, – March 15th

Claims Run-Out Period: January 1st– May 31st

(If you do not submit claims for eligible expenses incurred during the Plan Year or the Grace Period by May 31st, you will forfeit any money remaining in your HCFSA for Plan Year).

Enrollment in HCFSA remains in effect during the Plan Year and your status cannot change unless an approved Qualifying Event occurs mid-year. Enrollment is **not** automatic from year to year. You must re-enroll each year during the annual Open Enrollment Period.

- **Dependent Care Assistance Program (DeCAP):** Employees are able to pay for eligible dependent care expenses on a pre-tax basis, with deductions taken directly from paychecks. These deductions reduce your gross income on your W-2 Form for federal and Social Security tax purposes. The minimum annual contribution is \$500 and maximum annual contribution is \$5,000 (reduced to \$2,500 if you are married and file a separate federal income tax return). Any unused balances will be forfeited. Enrollment remains in effect during the Plan Year and your status cannot change unless an approved Qualifying Event occurs mid-year. Enrollment is **not** automatic from year to year. You must re-enroll each year during the annual Open Enrollment Period.

Plan Year: January 1st – December 31st

Claim Run-Out Period: January 1st – February 28th

You can visit www.nyc.gov/olr, Flex Spending Account Programs for additional information.

Management Benefits Fund (MBF)

- Provides supplemental benefits to members only.
- MBF has sought to provide coverage for services not reimbursed by the City of New York's Employee Benefits Program, including:
 - **Basic Life and Accidental Death & Dismemberment Insurance Coverage:** This coverage is provided at no cost to members. Employees under age 65 are covered for 1 times (1X) annual salary, subject to a coverage amount minimum of \$15,000 and maximum of \$50,000. Employees ages 65-69 are covered for 66 2/3% of their annual salary, subject to a coverage amount minimum of \$10,000 and maximum of \$34,000. Employees age 70 and over are covered for 50% of their annual salary, subject to a coverage amount minimum of \$7,500 and maximum of \$25,000. AD&D Insurance is provided for active employees only in the amount equal to their Basic Life Insurance coverage.
 - **Group Universal Life Insurance:** Provides life insurance coverage at affordable group rates and offers members an opportunity to set aside sums of money in a Cash Accumulation Fund (CAF), which earns tax-deferred interest. GUL is optional and is paid for entirely by member contributions. The insurance is portable so long as the group contract is in force and once you have enrolled as an active member, can be continued at group rates into retirement or when membership in the Fund ends for any reason. Coverage for a member is available in units of \$10,000 up to \$100,000 or as a multiple (1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x) of basic salary. The maximum coverage is \$1,000,000 or 8x times your basic salary, whichever is less. You can buy coverage for your spouse/domestic partner in units of \$10,000 up to \$100,000. It is also available for \$120,000, \$150,000, \$200,000 or \$250,000. You can also purchase coverage for child(ren) (ages 15 days to 26 years), in the amount of \$10,000, \$15,000 or \$20,000. GUL is insured with Prudential Insurance Company of America.
 - **Long Term Disability Insurance:** Provides partial protection to active employees in the event of loss of earnings due to total or partial disability extending beyond six months. After six months of total and continuous disability, members are eligible to receive up to 66 2/3%* of pre-disability salary with a minimum of \$150 and a maximum of \$5,000 per month. In addition, if a member is certified as disabled under the LTD program and their City health coverage ends (for reasons other than reaching the maximum benefits available under the health plan), MBF Superimposed Major Medical may extend basic City health coverage, Dental and Vision Care Benefits on behalf of both the member and their eligible dependents.
 - **Superimposed Major Medical Plan:** Supplements Basic City Health Insurance coverage by providing additional coverage to members who incur substantial qualifying out-of-pocket medical expenses that remain after all other health coverage has been applied. After an individual calendar year deductible is satisfied, the plan reimburses 90% of non-reimbursed covered medical expenses at Reasonable and Customary (R&C) allowances until out-of-pocket expenses reach \$2,500. Reimbursement is at 80% of R&C for out of pocket costs incurred for prescription drugs. The Superimposed Major Medical Plan also provides a hearing aid and audiometric examination benefit covering a maximum of up to \$1,500 per hearing aid and 90% of Reasonable and Customary (R&C) allowances for audiometric examination. These benefits are not subject to the deductible. Please note that members covered under HMO plans are required to use the services of HMO providers and can only use the Fund's SMMP for co-payments or services not available under their HMO plan.

- **Dental Benefits:** Offers services through a Participating Provider Organization and an Out-of-Network reimbursement benefit. The PPO networks are offered through Healthplex and MBF-SIDS Select PPO Programs, as well as the CONNECTION Dental Provider Organization for members residing outside of New York, New Jersey or Connecticut. With Out-of-Network, eligible members are reimbursed after deductibles, at either 80%, 70% or 50% of Reasonable and Customary allowances, depending on the services, once the member has paid the dentist and filed claim forms with the Fund's Claims Administrator, Healthplex. The maximum amount of dental benefits payable is \$4,000 per person per benefit year. There is a separate \$4,000 orthodontic lifetime maximum.
- **Vision Benefits:** Offers services through an In-Network Participating Provider Option and an Out-of-Network Indemnity Option. Under the Indemnity Option, the member may select a provider of his/her choice and will be reimbursed 100% of the first \$25 incurred and then 80% of the excess, subject to an annual maximum reimbursement of \$150. An annual benefit for eye examination and lenses and a bi-annual benefit for frames. The PPO Option provides for the accessing of services through a nationwide panel of providers. An annual eye examination, lenses (including progressive, no-line bi-focals), contact lenses, and plan frames are provided at no member cost under the PPO option.
- **Health and Fitness Club Reimbursement Programs:** Provides reimbursement for active and the member's spouse/domestic partner membership at an MBF approved Health Club and other physical fitness programs such as Citi Bike, Yoga, Class Pass, etc. The program will reimburse members and their spouse/domestic partner up to \$250 after each six-month consecutive period. This is a taxable fringe benefit. The member and member's spouse/domestic partner must submit separate claim forms for this benefit, including proof of payment from the health club after every six-month period.

You can visit www.nyc.gov/olr, Management Benefits Fund for additional information.

Managerial Employees - Vacation and Sick Leave (Time Accrual if hired on or after 07/14/04)

Rate of Accrual for Newly Hired Employees (Vacation Leave)		
Years of Continuous Service	Monthly Accrual Rate	Annual Leave Allowance
First Year	10:30 hours per month	18 workdays
Beginning with 5 th Year	11:05 hours per month	19 workdays
Beginning with 7 th Year	11:40 hours per month	20 workdays
Beginning with 10 th Year	12:15 hours per month	21 workdays
Beginning with 11 th Year	12:50 hours per month	22 workdays
Beginning with 12 th Year	13:25 hours per month	23 workdays
Beginning with 13 th Year	14:00 hours per month	24 workdays
Beginning with 14 th Year	14:35 hours per month	25 workdays

*Cap on Annual Leave is 3 years for Group 11 employees and 2 years for Group 12 employees.

Rate of Accrual for New Hired Employees (Sick Leave)	
Years of Continuous Service	Sick Leave Allowance
First year through 5 th Year	10 workdays per year
Beginning of 6 th Year and on	Maximum 12 workdays per year

*Cap on Sick Leave is unlimited.

- The following are regular holidays with pay:

New Year's Day	Columbus Day
Martin Luther King, Jr. Day	Election Day
President's Day	Veteran's Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day
Labor Day	

Family & Medical Leave Act (FMLA)

- FMLA entitles eligible employees up to a maximum of 12 weeks of paid/unpaid leave in a 12 month period to care for an immediate family member (spouse, domestic partner, child and parent) or for the serious illness of the employee.
- During this period, benefits remain intact (health insurance and MBF).

Special Leave of Absence Coverage (SLOAC)

- SLOAC entitles eligible employees on an active approved unpaid leave up to a maximum of 18 weeks or 4 months of continued benefits (health insurance and MBF) coverage in a 12 month period during an unpaid Leave resulting from a disability or serious illness of the employee.

Other Types of Leave

- Child Care Leave
- Parental Leave
- Military Leave

Retirement Savings Plans

- **Pension:** This is administered by the New York City Employees' Retirement System (NYCERS).
 - Membership is available to all New York City employees.
 - All people holding a permanent civil service position in the competitive or labor class are required to become members of NYCERS six months after their date of appointment, but may voluntarily elect to join the system prior to their mandated membership date. All other eligible employees have the option of joining the system upon appointment or at any time thereafter. After joining NYCERS, membership is irrevocable until you leave city service.
 - Tiers and Plans ~ Your Tier is generally determined by the date you joined NYCERS.
 - NYCERS is a defined benefit plan, which means the amount of your benefit is defined by law.
 - Buy-Back Option ~ Employees are eligible to buy back full or part-time New York City service rendered prior to your NYCERS membership.
 - NYCERS offers a once a year loan availability (qualifications required). Employees can borrow up to 75% of the amount in their Member Contributions Accumulation Fund (MCAF) account minus the present value of any outstanding loan and a minimum loan amount borrowed at \$1,000. The law requires you repay the loan within 5 years at a fixed rate (no less than 2% of your gross pay).

You can visit www.nycers.org for additional information.

- **Taxed Deferred Arrangement Program - TDA 403B:** The NYC Health + Hospitals TDA Program is a retirement program that has been available to all employees for more than 35 years. This 403(b) program gives you the opportunity to save for retirement on a tax-deferred basis.
 - Immediate eligibility and anytime enrollment for NYC Health + Hospitals' employees.
 - Employees choose the percentage they want to contribute to the TDA. Deductions are taken from your paycheck. You may start with as little as 1% and up to a max of 70% of your salary a year (subject to max dollar amount a year by IRS regulations). This is an employee contributed only program.
 - The federal maximum limits for elective deferrals in 2019 for employees under age 50 is \$19,000 and for employees 50 + is \$25,000.
 - You can rollover another employers' qualified retirement plan or pre-tax IRA into the TDA.
 - The TDA is one way to help you save for retirement. That's because you have two ways to contribute: 1) Traditional pre-tax contributions, and 2) Roth after-tax contributions. You can choose to make either one or both types of contributions based on what's best for your tax situation.
 - You can change or stop your contribution rate at any time.
 - You may borrow (loan) up to 50% of your vested balance. Options to take out a loan are available to all TDA members.
 - A 10% federal income tax penalty may apply for any withdrawals made before age 59 ½.
 - Hardship withdrawals are available that provide for situations that require emergency access to your money, i.e. unforeseen medical expenses, purchase of primary residence, higher education expenses, threat of eviction from primary residence, or funeral expenses.

You can visit www.prudential.com/nychealthandhospitals for additional information.

- **Deferred Compensation Plan:** An employee benefit available to New York City employees. The Plan is comprised of two programs: a 457 Plan and a 401(k) Plan. Employees may choose to join either the 457, the 401(k), or both.
 - It is recommended that participants choose to invest in either one of the pre-arranged portfolios or create their own portfolio from the core investment funds offered.
 - The Deferred Compensation Plan has an option to contribute on both a pre-tax and post-tax (Roth) basis.
 - The following chart shows the differences between Pre-Tax 457/401(k) and After-Tax Roth 401(k).

You can visit www.nyc.gov/olr, Deferred Compensation for additional information.

- **The New York City Employee Individual Retirement Account - NYCE IRA:** A tax-favored retirement savings account. Includes both a traditional IRA and a Roth IRA for the exclusive benefit of employees and former employees of the City of New York and their respective spouses.
 - You can continue to make contributions while you work or after you leave City service. As long as you receive taxable compensation, even after you retire or leave City service, you are eligible to contribute to the Traditional NYCE IRA until age 70½. There is no age limit for making contributions to the Roth NYCE IRA.
 - You can rollover all your retirement plans into an IRA.

You can visit www.nyc.gov/olr, NYCE IRA for additional information.

Additional Savings Plan

- **NY 529 College Savings Program:** *Direct Plan* provides a flexible, convenient, and low-cost way to save for college. The Program features a wide range of investment choices, tax-free withdrawals when used for qualified higher education expenses, and contributions that are tax-deductible (up to certain limits) for New York State residents.
 - You can save for a child, grandchild, friend — or even yourself.
 - You can start with as little as \$15 and can contribute by check, automatic investment, electronic bank transfer, payroll deduction, or by moving assets from other college savings accounts.
 - Your assets grow tax-deferred and earnings on your withdrawals are exempt from federal income tax when used for qualified higher education expenses.

You can visit www.nysaves.org for additional information.

MetroCards

TransitChek: The Premium TransitChek MetroCard (Premium Card) is a special annual, unlimited ride MetroCard offered to eligible employees of the City of New York.

- You receive a MetroCard that can be used for a continuous twelve-month period for unlimited rides on the subway and local buses (MTA NYC Transit subway and local buses, MTA Staten Island Railroad, MTA Bus Company (not for Express buses)).
- You will have a set pre-tax monthly deduction, which is equal to the cost of the MTA NYCT 30-Day unlimited Ride MetroCard.
- You can purchase your Premium Card with pre-tax dollars through payroll deductions. As a result, you do not pay federal, state, city, social security, or Medicare taxes on payments for the card.

Wage Work Account (Transportation Spending Account – TSA): NYC Health + Hospitals offer employees the opportunity to deduct pre-tax dollars to cover certain public transportation costs.

- Is a voluntary benefit providing you with flexibility and control over your purchases of Metrocards used for commuting to and from work.
- Upon enrollment, a special bank account is established and then issues you a PIN-based debit card linked to that account. Your Transportation Spending Account (TSA) is funded each payday with pre-tax deductions taken from your paycheck. You then use the TSA debit card to purchase your MetroCard or pay for parking.
- You can select a deduction plan to suit your personal transportation needs; Occasional Rides, Frequent Rides, or Express Bus Rides.
- You can save money per month in taxes.
- You can suspend deductions for short periods, i.e. while on vacation or on paid leave of absence.
- Your funds are protected; a lost TSA debit card does not mean lost funds.

Premium MetroCard Program	Wage Work
<ul style="list-style-type: none"> • Provides unlimited MetroCards only. • Provides the employee with an actual card. • Requires continuous deductions for card activation. • Provides an actual replacement card, if the original is lost, damaged, or stolen, but may result in loss of use (and therefore dollars) while the Card is being replaced. 	<ul style="list-style-type: none"> • Provides 4 different deduction plans, including an express bus plan and an unlimited ride plan. • Provides the means to purchase a Metrocard • Provides the option to suspend deductions without termination of program. • Debit cards are PIN protected. If card is lost or stolen the funds are secure. Your old card will be deactivated and a new card will be issued.

Direct Deposit

- Your paycheck can be conveniently deposited (bi-weekly) into a checking or savings account.
- Activated upon completion of an enrollment form. A voided blank check, bank statement, or deposit slip with routing number is required.

MCU (Municipal Credit Union)

- MCU offers the convenience of direct deposit and automatic payroll deductions into your savings, checking, IRA and even to a high dividend earning Certificate Account all without taking a single step once you've filled out the appropriate forms.
- MCU offers excellent rates on Savings Accounts, Mortgages, Auto Loans, Credit Cards, Personal Loans, etc.
- MCU offers special accounts like a Holiday or Vacation Account which earn a dividend rate and help you save for those special occasions. At the end of the one year term, your funds will be automatically deposited into your Checking or Share account for easy ATM access.
- Not everyone can be a member at MCU, but NYC Health + Hospitals employees are qualified, so take advantage of the exceptional offerings.

You can visit www.nymcu.org for additional information.

City of New York

New Employee HIP HMO Opt-Out Request Form

Pursuant to the New York City Health Benefits Summary Program Description, all City of New York employees, and employees of Participating Employers, hired on or after July 1, 2019 will only be eligible to enroll in the EmblemHealth HIP HMO Preferred Plan and must remain in the HIP HMO Preferred Plan for the first 365 days of employment.

An employee who needs to request an exemption to this requirement can do so by submitting this completed Opt-Out Request Form to EmblemHealth, via the email address provided below. An employee or eligible dependent must meet the criteria outlined below, and the request must be approved by EmblemHealth before the exemption is granted.

Criteria for Opt-Out (Check box below):

- If the new employee or eligible dependent is being treated by a non-network provider for a life-threatening or disabling disease or condition and is receiving ongoing treatment for a catastrophic or terminal illness or has a condition that requires complex case management (such as ventilator dependence or trauma). **Please provide treating physicians name, address and phone number on the back of this form.**

Process:

New employees need to complete and submit this New Employee HIP HMO Opt-Out Request Form immediately. Please email completed forms to: cityagencies@emblemhealth.com or fax to **212-510-5445**. You can also mail the completed form to: **EmblemHealth Attn: Opt-Out Form Processing Department, 55 Water Street New York, NY 10041.**

Once your Opt-Out Request Form has been reviewed and a determination has been made, you will be notified by EmblemHealth via the email address you have provided on the back of this form. If you are approved, you must submit the approval notification to NYCAPS or your agency benefits representative.

Please complete the following:

Employee Information			
Employee Last Name:		Employee First Name:	
Date of Birth:	Phone:	Email Address:	
Home Address:			Home Zip:
Agency:			Date of Hire:
Dependent Information: <i>(If the request for exemption is due to an eligible dependent, please also provide the following.)</i>			
Dependent's Last Name:		Dependent's First Name:	
Dependent's Date of Birth:			

Medical InformationPlease check one: Self Dependent

Treating Physician's Name:

Physician's Phone:

Physician's Address:

Diagnosis/Condition:

EMPLOYEE/DEPENDENT'S SIGNATURE AND RELEASE (This form must be signed to be processed)

I hereby request exemption from the above City Health Benefits Program requirement and certify that the above information is complete, true and correct. I authorize above listed physicians and other medical professionals to provide EmblemHealth with information concerning medical care, advice, treatment or supplies provided to the Employee or eligible dependent. I understand that this authorization will be used only for the purpose of obtaining information, and the duration of the authorization will be limited, to determine whether the employee or eligible dependent meets the criteria outlined above. I agree that a photostatic copy of this authorization is as valid as the original.

Employee Signature:	Date:
Dependent's Signature (if dependent is not a minor)	Date:

FOR OFFICIAL USE ONLY Approval Denial – does not meet criteria

Date: