



**PLAN YEAR 2010 ENROLLMENT/CHANGE FORM
MEDICAL SPENDING CONVERSION (MSC)
HEALTH BENEFITS BUY-OUT WAIVER PROGRAM**

40 Rector Street, 3rd Floor, New York, NY 10006-1705
(212) 306-7760 TTY: (212) 306-7629 nyc.gov/olr

Do not write in this box			
Agency Payroll Code			

INSTRUCTIONS:

Please review the MSC Health Benefits Buy-Out Waiver section in the Flexible Spending Accounts (FSA) Program Brochure and see instructions on reverse side of this form before completing.

**ENROLLMENT
(Check one):**

- Open Enrollment (September 21 - November 13, 2009; effective January 1, 2010) Complete Sections I, II and IV.
- Mid-Year Enrollment (January 1 - November 15, 2010; 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:
Agency Name (Not Division): Cuny and HHC employees, please specify the name of college or hospital						
Home Phone Number (Area Code): () -				Work Phone Number (Area Code): () -		

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. Return both forms to your agency benefits office for approval and completion.
- I wish to participate in the Buy-Out Waiver Program. Check one:
- Individual Coverage (\$500) Domestic Partner Coverage (\$500) Family Coverage (\$1,000)
- Non-City group health plan provider _____ and name of health carrier: _____
- B) To terminate** your participation in the Buy-Out Waiver Program, you must complete this form and a Health Benefits Application reinstating City health benefits. Return both forms to your agency benefits office 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 benefits office and they must be received by the MSC Administrative Office within 30 days after the Qualifying Event to take effect.

Date of Qualifying Event: ____/____/2010 Today's Date: ____/____/2010

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 2010.

Please check one of the following:

- | | |
|--|---|
| <p>Employment Status: Documentation must be provided by employer/agency</p> <ul style="list-style-type: none"> <input type="checkbox"/> Beginning/termination of employment (<input type="checkbox"/> self <input type="checkbox"/> spouse) <input type="checkbox"/> Unpaid leave of absence (<input type="checkbox"/> self <input type="checkbox"/> spouse) <input type="checkbox"/> Return from unpaid leave of absence (<input type="checkbox"/> self <input type="checkbox"/> spouse) <input type="checkbox"/> Change from P/T to F/T employment or vice versa (<input type="checkbox"/> self <input type="checkbox"/> spouse) <input type="checkbox"/> Increase in health plan deductions by more than 20% <input type="checkbox"/> Eligible to receive Medicare (Part A and Part B) | <p>Family Status Change: Legal documentation must be provided by participant</p> <ul style="list-style-type: none"> <input type="checkbox"/> Marriage/domestic partner <input type="checkbox"/> Birth or adoption of child <input type="checkbox"/> Divorce <input type="checkbox"/> Ineligibility of dependent (<input type="checkbox"/> age <input type="checkbox"/> marriage <input type="checkbox"/> loss of F/T student status) <input type="checkbox"/> Must attach proof of non-City health coverage; letter and health insurance card |
|--|---|

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 HUMAN RESOURCES DEPARTMENT/NYCAPS PERSONNEL ONLY:

Please review the above information before completing the information below.

Note to Benefits/Payroll/NYCAPS Officer: Send this MSC Form and the Health Benefits Application, along with any legal/supporting documentation, to the address above. You should retain a copy of this form for your records.

(DOE School Secretary - send to: DOE MSC Unit, 65 Court Street, #101, Brooklyn, NY 11201)

- 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 carrier of this change.
- 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: (September 21 - November 13, 2009; effective January 1, 2010)
 - Mid-Year Enrollment: ____/____/2010
(June 1- June 30, effective 7/1/2010) (December 1- December 31, effective 1/1/2011)

- B) MSC Buy-Out Waiver Withdrawal Date: (Check one)**
- Open Enrollment: (September 21 - November 13, 2009; effective January 1, 2010)
 - Mid-Year Withdrawal Effective Date: ____/____/2010

Agency Benefits Manager's/NYCAPS Personnel Signature:		Date: / /
Phone Number (Area Code): () -	Employee Agency Code:	
E-mail Address (Print):		

MSC Admin Office Use Only	Enrollment effective date: / /	Withdrawal effective date: / /
	Processing date: / /	Processor:

MEDICAL SPENDING CONVERSION (MSC) PLAN YEAR 2010

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 non-City group health insurance, or through other employment, or under Medicare Part A and Part B, 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 personnel if you do not receive a confirmation letter.

Current employees: You may enroll in the Program during the Open Enrollment Period (September 21 - November 13, 2009) for an effective date of January 1, 2010. You must complete Sections I, II, and IV. Section V is to be completed by your agency's Human Resources Department/NYCAPS 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 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 Resource Department/NYCAPS personnel.

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

By signing the MSC Buy-Out Waiver Program Enrollment/Change Form, you elect to receive \$1,000 (family coverage waived) or \$500 (individual coverage waived) annually in lieu of New York City health benefits. You will receive \$500 for family coverage or \$250 for individual coverage at the end of every six-month calendar period. **(This amount will be prorated 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.

Please Note: In domestic partner situations, a participant in the Health Benefits Buy-Out Waiver Program can only receive the individual incentive payment of \$500. However, if there is a family contract between the participant and his/her domestic partner and the domestic partner is, for tax purposes, a legal dependent of the participant, then the participant can receive the family incentive payment of \$1,000.

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 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 prorated 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 check the appropriate box in 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 Human Resources Department/NYCAPS 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 Resource Department/NYCAPS personnel.