



The Medical Spending Conversion Program is a division of the Office of Labor Relations' Tax-Favored Benefits Program

PLAN YEAR 2008 ENROLLMENT/CHANGE FORM MEDICAL SPENDING CONVERSION (MSC) PREMIUM CONVERSION 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 sections in the Flexible Spending Accounts Program brochure and see instructions on reverse side of this form before completing.

ENROLLMENT: [ ] Open Enrollment (September 24 - November 16, 2007; effective January 1, 2008) Complete Sections I, II, and IV. (Check one) [ ] Mid-Year Enrollment (January 1 - November 15, 2008; 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. No.: City: State: Zip Code: Home Phone Number (Area Code): Work Phone Number (Area Code): Agency Name (Not Division):

II. MSC PREMIUM CONVERSION PROGRAM SECTION: Complete this section if you are changing your health premium tax status. If you are completing this form mid-year, you must also complete Section III below.

PREMIUM CONVERSION WAIVER AGREEMENT (Check A or B) Note: Changing your health premium status will not change your health plan. A) I have read the MSC Premium Conversion Program materials and I am choosing to decline the conversion of my health plan deductions on a pre-tax status. B) I have read the MSC Premium Conversion Program materials and I am choosing to rescind the conversion of my health plan deductions on a post-tax status.

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: / / 2008

Table with Employment Status and Family Status Change sections. Employment Status includes Beginning/termination of employment, Unpaid leave of absence, Return from unpaid leave of absence, Change from P/T to F/T employment, Increase in health plan deductions, and Moving out of an HMO service area. Family Status Change includes Marriage, Birth or adoption of child, Divorce, and Ineligibility of dependent.

IV. EMPLOYEE SIGNATURE

I have read the MSC Program materials and instructions and I attest that I meet the qualifications to decline or rescind my declination from the MSC Program.

Signature: Date: / /

V. FOR COMPLETION BY BENEFITS/PAYROLL PERSONNEL ONLY: Please review the above information before completing the information below.

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

1) For the Premium Conversion Program, I have changed the employee's health premium status.

Non-PMS Payroll effective date: / / 2008

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

Benefits Officer's Signature: Agency Code:

Phone Number: ( ) Date:

MSC ADMIN. OFFICE ONLY Pre-tax effective date: / / Post-tax effective date: / / Processing date: / / Processor

## **MEDICAL SPENDING CONVERSION (MSC) PLAN YEAR 2008**

### **INSTRUCTIONS:**

#### **PREMIUM CONVERSION PROGRAM**

The Medical Spending Premium Conversion Program allows you to pay for health plan deductions on a pre-tax basis. This program is automatic; however, it is not mandatory. Refer to the MSC sections in the Flexible Spending Accounts Program brochure for detailed information.

If you pay a premium for your New York City health benefits coverage, you may decline to pay for those premiums on a pre-tax basis by completing Section II.

Your waiver of this benefit will remain in effect indefinitely unless you experience an approved Qualifying Event mid-year or change to pre-tax status during the Open Enrollment Period (September 24 to November 16, 2007). In mid-year, you must notify the MSC Program Administrative Office within thirty (30) days after the Qualifying Event in order for the change to be effective.

If you wish to change your post-tax status, please complete Section II, by checking the box, to rescind your declination. If you are rescinding your declination mid-year, you must also complete Section III.

#### **Please Note:**

This form is not valid if you have not completed Section I, II, III (for mid-year) and IV.

This form is not valid if Section V has not been completed by your Agency Human Resource Department.

This form is not used for waiving City health benefits in order to receive an incentive payment.