



**PLAN YEAR 2010 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 Premium Conversion section in the Flexible Spending Accounts 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. No.:	City:		State:	Zip Code:
Home Phone Number (Area Code): (     )			Work Phone Number (Area Code): (     )			
Agency Name (Not Division): (CUNY and HHC employees, please specify name of college or hospital.)						

**II. MSC PREMIUM CONVERSION PROGRAM SECTION:** Complete this section if you are changing your health premium tax status. If completing this section during 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.  I decline to participate in the MSC Premium Conversion Program (pre-tax to post-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.  I rescind my declination in the MSC Premium Conversion Program (post-tax to pre-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: \_\_\_\_\_ / \_\_\_\_\_ / 2010

**Please check one of the following:**

<p><b>Employment Status:</b> Documentation must be provided by employer/agency</p> <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><b>Family Status Change:</b> Legal documentation must be provided by participant</p> <input type="checkbox"/> Marriage <input type="checkbox"/> Birth or adoption of a 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)
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**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 EMPLOYING AGENCY BENEFITS MANAGERS/NYCAPS PERSONNEL ONLY:**  
Please review the above information before completing the information below.

**Note to Benefits/Payroll/NYCAPS 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 (Section II)**, I have changed the employee's health premium status.  
Non-PMS Payroll effective date: \_\_\_\_\_ / \_\_\_\_\_ / 2010
- 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.

Agency Benefits Manager's/NYCAPS Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Employee Agency Code: \_\_\_\_\_

E-mail Address (Print): \_\_\_\_\_

<b>MSC ADMIN. OFFICE USE ONLY</b>	Pre-tax effective date: _____ / _____ / _____	Post-tax effective date: _____ / _____ / _____	J:\FSA\PLYR2010\ MSC\PremConvFrm10.indd 09/09
	Processing date: _____ / _____ / _____	Processor	

## **MEDICAL SPENDING CONVERSION (MSC) PLAN YEAR 2010**

### **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 Premium Conversion section 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 21 to November 13, 2009). 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's Human Resources Department/ NYCAPS personnel.

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