New York City Office of Labor Relations
Health Benefits Program
nyc.gov/hbp

Retiree Special Enrollment/Waiver Form

****Use this form between May 1, 2023 - July 10, 2023****

RETURN FORM BY JULY 10, 2023

1) MAIL FORM TO:
NYC Health Benefits Program
22 Cortlandt Street, 12th Floor
New York, NY 10007

2) SUBMIT FORM ELECTRONICALLY TO:
https://nycemployeebenefits.leapfile.net

3) FAX FORM TO:
212-306-7373

This is not an Opt-out Form. To opt-out of the Aetna Medicare Advantage PPO Plan you must contact Aetna directly at 1-855-648-0389 or online at CONY.AetnaMedicare.com. If you presently have the Rx drug rider in your current plan and wish for it to continue in the Aetna MA PPO plan, this form is not needed. It will do so automatically.

Only Complete this application for any of the following reasons (all changes will be effective September 1, 2023):

1) For current HIP VIP members who wish to enroll in the Aetna Medicare Advantage Plan

2) To add the Aetna Medicare Rx Drug Rider for prescription drug coverage if your union welfare fund is subject to a benefit maximum or you are no longer eligible for other Medicare Part D drug plans

3) To add the HIP VIP Rx Drug Rider for prescription drug coverage if your union welfare fund is subject to a benefit maximum or you are no longer eligible for other Medicare Part D drug plans

4) To waive City Health Benefits coverage

Do not use this form 1) if you presently have the Rx drug rider in your current plan and wish for it to continue in the Aetna MA PPO plan. It will change automatically.
2) if you are retiring - use the Retiree Health Benefits Application to enroll in Health Benefits as a retiree (available on nyc.gov/hbp).

RETIREE LAST NAME	RETIREE FIRST NAME	MI

HOME ADDRESS (P.O. BOX WILL NOT BE ACCEPTED)	APT NO	DATE OF BIRTH	SOCIAL SECURITY NUMBER
		/ /	- -
CITY	**STATE**	**ZIP CODE**	**MEDICARE (MBI) NUMBER**

DAYTIME PHONE NUMBER	EMAIL ADDRESS	EFFECTIVE DATE OF MEDICARE COVERAGE	
		PART A : / /	PART B : / /

NAME OF AGENCY RETIRED FROM	PENSION SYSTEM	NAME OF WELFARE FUND	
			ATTACH COPY OF MEDICARE CARD TO FORM

To add or drop dependents from your health plan, please complete the Health Benefits Application which can be found on nyc.gov/hbp.

1) If you are a HIP VIP member and wish to enroll in the Aetna Medicare Advantage Plan

❑ By checking this box, I wish to enroll in the Aetna Medicare Advantage Plan. I acknowledge that I will no longer be in the HIP VIP plan and these changes will be effective September 1, 2023.

2) Add the Aetna Medicare Rx drug rider for prescription drug coverage if your union welfare fund is subject to a benefit maximum or you are no longer eligible for other Medicare Part D drug plans (contact union welfare fund for benefit max)

❑ I wish to add the Aetna Medicare Advantage Plan Prescription Drug Rider (effective September 1, 2023)

3) Add the HIP VIP Rx drug rider for prescription drug coverage if your union welfare fund is subject to a benefit maximum or you are no longer eligible for other Medicare Part D drug plans (contact union welfare fund for benefit max)

❑ I wish to add the HIP VIP Prescription Drug Rider (effective September 1, 2023)

4) Waive (Terminate) City Health Benefits Coverage

❑ I wish to waive (terminate) my City health benefits. I understand that if I waive benefits my covered dependents and I will no longer have City health coverage and will not be eligible for Medicare Part B and IRMAA reimbursement, if applicable, as of September 1, 2023.

Signature

I certify that the above information is correct and I authorize the City to deduct from my pension the amount required, if any, through the City Health Benefits Program. I understand that the City Program's benefits will be coordinated with those available through Medicare or any other source. If I have checked the Waive Benefits Box in Section 4, I am choosing not to participate in the City Health Benefits Program at this time. I understand that I can re-enroll in City health benefits as a retiree should I experience a loss of coverage or during the Annual Retiree Transfer Period. I understand that all changes will be effective September 1, 2023.

RETIREE SIGNATURE	DATE
	/ /

Note: For Aetna Medicare Advantage Plan benefit coverage information, including opting out of the Aetna Medicare Advantage Plan, visit Aetna's website at CONY.AetnaMedicare.com or contact Aetna directly at 1-855-648-0389.