

Certifying Signature:

# Health Benefits Program

## Employee Application/Change Form

www.nyc.gov/olr

Centralized NYCAPS agency/H+H employees **MUST** complete the Health Benefits Application through their employee self service.

Non-Centralized agency employees and DOE employees *MUST* complete this form and return it to their agency Human Resources Office.

Domestic Partner Changes - Return form to Health Benefits Program, 22 Cortlandt Street, 12<sup>th</sup> Floor, New York, NY 10007

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☐ Bi-Weekly

## Instructions for Completing the Health Benefits Application/Change Form

Please refer to the Health Benefits Program Summary Plan Description (SPD) located on the Program website at nyc.gov/hbp for benefits information. You should be using Employee Self Service (ESS) or completing this form in order to enroll in a health plan or change your health benefits.

Gender Categories:

**M** - Male/Man **F** - Female/Woman

N - Non-binary (Not female/woman or male/man) 0 - Choose not to disclose

Section A: Please complete this section indicating the reason for your submission.

**Section B:** Please complete this section if you are adding a spouse, domestic partner or dependent child(ren). Refer to the Dependent Eligibility Required Documentation on page 3 of this form or on our website, at nyc.gov/hbp, for a list of all dependent eligibility documentation requirements for health benefits coverage for dependents.

If you are dropping a spouse, domestic partner or dependent child(ren) please submit appropriate documentation, e.g., proof of other coverage, death certificate, divorce decree, termination of domestic partnership or court order.

If changing your name, please indicate your former name and provide documentation of name change.

**Section C**: Check Transfer Period if the change you are requesting (such as Adding Optional Benefits or Changing Plans) is being made during a Transfer Period.

Check Permanent Move Into/Out of Health Plan Area if you are requesting to change plans as a result of either moving out of the service area of your current plan, or if you are moving into the service area of another plan.

- **Section D:** Please complete this section with the employee's information *only*.
- **Section E:** If you are married or have a domestic partner, this section must be completed only if you are covering your spouse/domestic partner.

If your spouse/domestic partner is enrolled in health plan other than your City coverage or Medicare, you must indicate so.

If your domestic partner is enrolled in Medicare Parts A & B, you must attach a photocopy of their Medicare card.

<u>Domestic Partner Taxation</u>: You should be aware that, under IRS rulings, if your domestic partner is not a 'dependent', within the meaning of the Internal Revenue Code, the amount paid by an employer attributable to coverage of a domestic partner is treated as part of the participant's gross income for federal tax purposes. Consequently, unless you have indicated and provided proof to the Health Benefits Program (e.g., a copy of a recent tax return) that your domestic partner is your dependent, the value of this benefit must be included as income on your federal tax return for the applicable year. State and local tax treatment of the amount in question will vary among jurisdictions. You should consult the applicable laws and/or a tax professional to ascertain how the amount should be treated in your case.

- **Section F:** List **ALL** eligible dependent children to be covered.
- **Section G:** Write the complete name of your current health plan or the plan you are selecting (see page 3 of this form for a list of health plans). If you do not make an optional rider selection, you will be given basic coverage only.
- **Section H:** This section is for employees only who wish to participate in the Buy-Out Waiver Program. Remember to date your form. CUNY Adjunct employees are not eligible for the Buy-Out Wavier Program.
- **Section I:** Your signature is required in this section to enroll or effect the changes requested on this Health Benefits Program Employee Application/Change Form.
- **Section J:** Your payroll/personnel office must complete this section.

See top, right-hand corner of reverse side for instructions on submitting this Health Benefits Program Employee Application/Change Form.

Retain a copy for your records.

#### Dependent Eligibility Required Documentation

Below is a list of all dependent eligibility documentation requirements for health benefits coverage for adding 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 the 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 parents' names)
- Step Child Must be spouse's child. One of the following combinations of documents is required:
  - Government-Issued Birth Certificate (including parents' names) and Government-Issued Marriage Certificate if married one year or less
  - Government-Issued Birth Certificate (including parents' 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 the registered domestic partner's child. One of the following combinations of documents is required:
  - Government-issued Birth Certificate (including parents' 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 the child as a dependent

### Health Plans Available to Employees and their Dependents

Aetna EPO

DC 37 Med-Team (DC 37 members only)

Empire EPO

Empire Blue Access Gated EPO

GHI-CBP/Anthem BlueCross BlueShield (Discontinued after 1/1/2026)\*

**GHI HMO** 

HIP HMO

HIP Prime POS

MetroPlus Gold

NYCE PPO (Available 1/1/2026)\*

Vytra Health Plans

**RESTRICTIONS:** Some health plans are only available in certain states and counties. Please check the Summary Program Description booklet at www.nyc.gov/olr or call the health plans directly.

\*All current members in the GHI-CBP Plan will be enrolled automatically into the new NYCE PPO plan, effective January 1, 2026. Please refer to the NYCE PPO Plan summary section the the SPD for health plan information.