

# NYC Medicare Advantage Plus Plan Opt-Out Form

Effective April 1, 2022, City of New York is automatically enrolling Medicare-eligible retirees, along with their eligible dependents, into a premium-free plan: The NYC Medicare Advantage Plus Plan.

## Important information for those who choose not to be enrolled in the NYC Medicare Advantage Plus Plan

You acknowledge that:

- You can only opt out of the NYC Medicare Advantage Plus Plan in order to remain in your current retiree health plan.

Retirees can only opt out of the NYC Medicare Advantage Plus Plan in order to remain in their current retiree health plan. The deadline to opt-out of the NYC Medicare Advantage Plus Plan has been extended until March 31, 2022.

If you do not opt out of the NYC Medicare Advantage Plus Plan, you will automatically be enrolled in the plan effective April 1, 2022.

To opt out of the NYC Medicare Advantage Plus Plan and remain in your current health plan, please complete and sign the form on the next page and return it via mail, fax or email. Each Medicare-eligible participant (i.e., retiree, spouse or dependent) must complete a separate opt-out form.

**DO NOT** complete this opt-out form if you would like to be enrolled in the NYC Medicare Advantage Plus Plan. No action is required by you. You will automatically be enrolled in the NYC Medicare Advantage Plus Plan effective April 1, 2022.

By your signature on the next page, you acknowledge that you **do not** wish to participate in the NYC Medicare Advantage Plus Plan and hereby elect to continue participation in your current health plan option.

If you wish to waive your City of New York retiree health coverage, complete the NYC Retiree *Health Benefits Application/Change Form* available on the Health Benefits Program website at:

**<https://www1.nyc.gov/site/olr/health/retiree/health-retiree-forms-and-downloads.page>**.

You may reenroll in City retiree health benefits during the next Transfer Period, or experience a qualifying event. During the Transfer Period, you may add the 365-Day Rider under GHI Senior Care if your union provides prescription drug coverage. If you currently have the High Option Rider, the 365-Day Rider is already included.



# NYC Medicare Advantage Plus Plan Opt-Out Form

Complete this form if you wish to opt out of the NYC Medicare Advantage Plus Plan.

**This section should be completed by the Medicare-eligible participant (each Medicare-eligible participant [i.e., retiree, spouse, or dependent] must complete a separate opt-out form):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Complete this section with the City Retiree's information:**

Retiree's First Name: \_\_\_\_\_ Retiree's Last Name: \_\_\_\_\_

Retiree's Medicare Number: \_\_\_\_\_

Retiree's Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City Agency from which the City employee retired: \_\_\_\_\_

By signing below, I elect to continue participation in my current health plan.

\_\_\_\_\_  
Signature of Participant Opting Out

\_\_\_\_\_  
Date

**Return this form at your earliest convenience via one of the following methods:**

Complete electronically at: [www.empireblue.com/nyc-ma-plus](http://www.empireblue.com/nyc-ma-plus)

Mail to: NYC Medicare Advantage Plus Plan, PO Box 1620 New York, NY 10008-1620