

PLAN YEAR 2017 ENROLLMENT/CHANGE FORM MEDICAL SPENDING CONVERSION (MSC) HEALTH BENEFITS BUY-OUT WAIVER PROGRAM (212) 306-7760 TTY: (212) 306-7629 nyc.gov/fsa

Employee (Participant) return completed form to:

Agency Benefits Office, NYCAPS Central or HR Shared Services Office. See information in Section V and instructions on reverse side.

NSTRUCTIONS: Please review the MSC Health Benefits FSA website at nyc.gov/fsa. Also, see	•		•	A) Progra	m Brochure, v	which is on the	
ENROLLMENT Open Enrollment (September 19 - C(Check one): Mid-Year Enrollment (January 1 - N	October 31, 2016; effec	tive January 1, 2017) Con	nplete Sections I,		II, and IV.		
I. EMPLOYEE (PARTICIPANT) INFORMATION (Pleas	e Print)						
AST NAME	FIRST NAME			M.I.	SOCIAL SECURIT	ΓΥ NUMBER	
HOME ADDRESS - NUMBER AND STREET						APT	
				1	I		
CITY				STATE	ZIP CODE + FOU	R -	
HOME PHONE NUMBER WORK PHONE NUMBE	R	MOBILE PHONE NUMBER	E-	MAIL			
() -		-					
AGENCY NAME (NOT DIVISION):CUNY AND H+H EMPLOYEES PLEASE SPE	CIFY THE NAME OF COLLEGE	OR HOSPITAL					
II. MSC HEALTH BENEFITS BUY-OUT WAIVER PROC	GRAM SECTION: If cor	npleting this section during	mid-year, you mus	st also com	plete Section	III below.	
A) To participate in the Buy-Out Waiver Program, compl Department/NYCAPS (if applicable) for approval and c	ompletion.	alth Benefits Application.	Return both form	s to your a	agency's Hum	nan Resources	
	ner/Civil Union Covera	ge (\$500)	Coverage (\$1,000)			
Non-City group health plan provider (company r		ge (4000) — 1 anning e	συνειαθε (ψ1,σου	,			
Please note: You must attach proof of non-City grou							
B) To terminate your participation in the Buy-Out Waiver efits. Return both forms to your agency's Human Reso	Program, you must cor ources Department/NY0	nplete this form and a Hea CAPS (if applicable) for ap	alth Benefits Appli proval and compl	cation for etion.	reinstating Cit	ty health ben-	
☐ I wish to withdraw from the Buy-Out Waiver Pro	gram.						
III. MID-YEAR QUALIFYING EVENT: Newly eligible empl	oyees or current employ	ees changing their status d	uring mid-year <u>mu</u>	st complete	e this section.		
This is to certify that I incurred the Qualifying Event indi-							
requested must be consistent with the Qualifying Event ar Resources Department/NYCAPS (if applicable) and they re							
Date of Qualifying Event:/		I .	day's Date:				
If Today's Date is more than 30 days fror	n the Date of Qualifying	g Event, please note that y	ou are not eligible	e for Plan	Year 2017.		
Please check one of the following:							
Employment Status: Documentation must be provided by	y employer/agency	Family Status Change:	Legal documenta	ation must	be provided b	oy participant	
□ Beginning/termination of employment (□ self □ spous -	se)	☐ Marriage/domestic partner					
☐ Unpaid leave of absence (☐ self ☐ spouse)		☐ Birth or adoption of child					
☐ Return from unpaid leave of absence (☐ self ☐ spouse) ☐ Divorce ☐ Change from P/T to F/T employment or vice versa (☐ self ☐ spouse) ☐ Ineligibility of dependent (☐ age ☐ marriage)							
☐ Change from P/T to F/T employment or vice versa (☐ s	seif 🖵 spouse)	Ineligibility of dependent	ent (Lage Lam	arriage)			
☐ Increase in health plan deductions by more than 20%							
IV. Employee Signature I have read the MSC Program materials and instructions Waiver Program.	and I attest that I mee	et the qualifications to enr	oll or withdraw fro	om the MS	SC Health Be	nefits Buy-Out	
Signature:					Date:/	<i>!</i>	
V. FOR COMPLETION BY EMPLOYING AGENCY'S Hi Please review the above information and submitted docum				RSONNEL	ONLY:		
Note to Benefits/Payroll/NYCAPS/HR Shared Officer: Sto: MSC Administrative Office, Bowling Green Station, P.O.						ocumentation,	
 If your agency is a centralized agency - send dire DOE Employee/Payroll/Secretary - send directly to 	•	,	•	i			
 H+H Centralized Agency - send directly to: H.R. S 	hared Services, 55 Wa	ater Street, 26th Floor, Ne	w York, NY 1004	1			
 For the Health Benefits Buy-Out Waiver Program (state of the state of							
 For mid-year changes, I certify that a Qualifying E supporting documentation, have been submitted. 						ong with legal/	
Employee's Agency Appointment Date:/		Effective Date of Health					
A) MSC Buy-Out Waiver Effective Date: (Check one)	31, 2016: effective January 1, 2017)						
	☐ Mid-Year Enrollment: / / 2017 (January 1, 2017 - November 13, 2017)						
D) MCC Day Out Weiger With drawel Date (O)	_	(June 1- June 30, effective July 1, 2017) (December 1- December 31, effective January 1, 2018)					
B) MSC Buy-Out Waiver Withdrawal Date: (Check one)		☐ Open Enrollment: (September 19 - October 31, 2016: effective January 1, 2017) ☐ Mid-Year Withdrawal:/ / 2017 (January 1, 2017 - November 13, 2017)					
AGENCY BENEFITS MANAGER/NYCAPS/HR SHARED PERSONNEL SIGNATI	UKE		EFFECTIVE DATE / /		PRK PHONE NUME)	sek -	
EMPLOYEE AGENCY CODE E-MAIL ADDRESS							
	MCC ADMINISTRATIO	/C OFFICE HOE ONLY				<u></u>	
ENROLLMENT EFFECTIVE DATE WITHDRAWAL EFFECTIVE DATE PF	MSC ADMINISTRATION ROCESSING DATE	PROCESSOR			AGENCY	/ PAYROLL CODE	
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MEDICAL SPENDING CONVERSION (MSC) PLAN YEAR 2017

INSTRUCTIONS:

HEALTH BENEFITS BUY-OUT WAIVER PROGRAM - SECTION II:

The Medical Spending Conversion (MSC) Health Benefits Buy-Out Waiver Program allows you to receive an incentive payment for waiving your City health benefits. Refer to the MSC Health Benefits Buy-Out Waiver Program section in the Flexible Spending Accounts Program Brochure for detailed information.

A. Enrolling:

Please Note: The Internal Revenue Service does not permit any retroactive participation from a previous Plan Year.

If you are covered under your spouse's/domestic partner's or parent(s)' non-City group health insurance, or a group health plan available through other employment, you may waive New York City health benefits. Once your enrollment form has been processed and approved, you will receive a confirmation letter from the MSC Administrative Office. Please contact your agency's Human Resources Department/NYCAPS/HR Shared personnel if you do not receive a confirmation letter.

<u>Current employees</u>: You may enroll in the Program during the Open Enrollment Period (September 19 - October 31, 2016) for an effective date of January 1, 2017. You must complete Sections I, II, and IV. Section V is to be completed by your agency's Human Resources Department/NYCAPS/HR Shared personnel.

<u>Newly eligible employees</u>: You may enroll in the Program within thirty (30) days after becoming eligible for City health benefits. You must complete Sections I, II, III, and IV. Section V is to be completed by your agency's Human Resources Department/NYCAPS/HR Shared personnel.

<u>During mid-year</u>: If you incur a Qualifying Event, you must notify the MSC Program Administrative Office within thirty (30) days after the Qualifying Event in order to participate. You must complete Sections I, II, III, and IV and attach legal/supporting documentation. Section V is to be completed by your agency's Human Resources Department/NYCAPS/HR Shared personnel.

Any MSC Form received in June will be effective July1st of that Plan Year. Any MSC Form received in December will be effective January 1st of the following Plan Year.

By signing the MSC Health Benefits Buy-Out Waiver Program Enrollment/Change Form, you elect to receive \$1,000 (family coverage waived), \$500 (individual coverage waived), or \$500 (domestic partner/civil union coverage waived) annually in lieu of New York City health benefits. You will receive \$500 for family coverage, \$250 for individual coverage, or \$250 for domestic partner/civil union coverage waived at the end of every six-month calendar period. Please note that same sex marriage will be treated as family coverage (This amount will be pro-rated for any period less than six months by the number of days you are in the Health Benefits Buy-Out Waiver Program.)

An employee participating in the City's Deferred Compensation Plan (DCP) in lieu of FICA and participating in the Health Benefits Buy-Out Waiver Program (taxable income), may need to increase his/her salary deferral percentage to an amount higher than 7.5% of annual salary in order to account for the increase in income due to the "Buy-Out Waiver Incentive Payment." If the 7.5% of total salary income requirement is not met, the participant who is enrolled in the DCP may have to continue to pay FICA taxes until that requirement is met.

B. Terminating:

Your waiver will remain in effect during the Plan Year unless a) you experience an approved mid-year Qualifying Event or, b) you reinstate your City health coverage during the Health Benefits Program Fall Transfer Period. During the mid-year, your form must be received by the MSC Administrative Office within thirty (30) days after the Qualifying Event in order for the change to be effective. If you are returning from an approved leave of absence or transferring to a new City agency, you must complete the MSC Health Benefits Buy-Out Waiver Program Enrollment/Change Form and the Health Benefits Application within thirty (30) days after such event to be reinstated, or to receive a pro-rated incentive payment.

If you wish to terminate your participation in the Health Benefits Buy-Out Waiver Program and reinstate your City health benefits coverage, complete Section II, by indicating your requested change. If you are terminating your participation mid-year, you must also complete Section III.

<u>Please Note:</u> If you waive City health coverage, you must have other non-City group health coverage available to you. The Health Benefits Application <u>must</u> accompany this MSC Form so that your agency's benefits/payroll manager is able to verify that you have other coverage. Your agency's Human Resources Department/NYCAPS/HR Shared personnel may request additional documentation.

This form is <u>not</u> valid if you have not completed Sections I, II, III (for mid-year Qualifying Event) and IV. This form is <u>not</u> valid if Section V has not been completed by your agency's Human Resources Department/NYCAPS/HR Shared personnel.

Please return the completed form and documentation to:

- If your agency is a non-centralized agency send directly to your agency benefits office.
- If your agency is a centralized agency send directly to: NYCAPS Central, 1 Centre Street, New York, NY 10007.
- DOE Employee/Payroll/Secretary send directly to: DOE MSC Unit, 65 Court Street, #101, Brooklyn, NY 11201.
- H+H Centralized Agency send directly to: H.R. Shared Services, 55 Water Street, 26th Floor, New York, NY 10041.