



PLAN YEAR 2012 ENROLLMENT/CHANGE FORM
MEDICAL SPENDING CONVERSION (MSC)

HEALTH BENEFITS BUY-OUT WAIVER PROGRAM

40 Rector Street, 3rd Floor, New York, NY 10006-1705
(212) 306-7760 TTY: (212) 306-7629 nyc.gov/fsa

DO NOT WRITE IN THIS BOX

AGENCY PAYROLL CODE

INSTRUCTIONS: Please review the MSC Health Benefits Buy-Out Waiver section in the Flexible Spending Accounts (FSA) Program Brochure and see instructions on reverse side of this form before completing.

ENROLLMENT (Check one):
Open Enrollment (September 26 - November 18, 2011; effective January 1, 2012) Complete Sections I, II and IV.
Mid-Year Enrollment (January 1 - November 15, 2012; effective Qualifying Event date) Complete Sections I, II, III, and IV.

I. EMPLOYEE (PARTICIPANT) INFORMATION (Please Print)

Form fields for employee information including Last Name, First Name, M.I., Social Security Number, Home Address, City, State, ZIP Code, Home Phone Number, Work Phone Number, Mobile Phone Number, E-mail, and Agency Name.

II. MSC HEALTH BENEFITS BUY-OUT WAIVER PROGRAM SECTION: If completing this section during mid-year, you must also complete Section III below.

A) To participate in the Buy-Out Waiver Program, complete this form and a Health Benefits Application. Return both forms to your agency's Human Resources Department/NYCAPS (if applicable) for approval and completion.

- I wish to participate in the Buy-Out Waiver Program. Check one
Individual Coverage (\$500)
Domestic Partner Coverage (\$500)
Family Coverage (\$1,000)
Non-City group health plan provider (company name)
Please note: You must attach proof of non-City health coverage (letter and health insurance card).

B) To terminate your participation in the Buy-Out Waiver Program, you must complete this form and a Health Benefits Application for reinstating City health benefits. Return both forms to your agency's Human Resources Department/NYCAPS (if applicable) for approval and completion.

- I wish to withdraw from the Buy-Out Waiver Program.

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's Human Resources Department/NYCAPS (if applicable) and they must be received by the MSC Administrative Office within 30 days after the Qualifying Event to take effect.

Date of Qualifying Event: \_\_\_/\_\_\_/2012 Today's Date: \_\_\_/\_\_\_/2012

If Today's Date is more than 30 days from the Date of Qualifying Event, please note that you are not eligible for Plan Year 2012.

Please check one of the following:

Employment Status and Family Status Change sections with checkboxes for various events like beginning/termination of employment, unpaid leave, return from leave, change from P/T to F/T, increase in health plan deductions, marriage/partnership, birth/adoption, divorce, and ineligibility of dependent.

IV. Employee Signature

I have read the MSC Program materials and instructions and I attest that I meet the qualifications to enroll or withdraw from the MSC Health Benefits Buy-Out Waiver Program.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

V. FOR COMPLETION BY EMPLOYING AGENCY'S HUMAN RESOURCES DEPARTMENT/NYCAPS PERSONNEL ONLY: Please review the above information and submitted documentation from employee before completing the information below.

Note to Benefits/Payroll/NYCAPS Officer: Send this MSC Form and the Health Benefits Application, along with any legal/supporting documentation, to the address above. You should retain a copy of this form for your records.

- If your agency is a centralized agency - send directly to: NYCAPS Central, 1 Centre Street, New York, NY 10006
DOE Employee/Payroll/Secretary - send directly to: DOE MSC Unit, 65 Court Street, #101, Brooklyn, NY 11201
HHC Centralized Agency - send directly to: H.R. Shared Services, 160 Water Street, 17th Floor, New York, NY 10038

- 1) For the Health Benefits Buy-Out Waiver Program (Section II), I have reviewed and processed the Health Benefits Application and certify that the employee has listed a non-City group health insurance policy under which he/she is covered. I have notified the appropriate health carrier of this change.
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.

Employee's Agency Appointment Date: \_\_\_/\_\_\_/\_\_\_ Effective Date of Health Benefits: \_\_\_/\_\_\_/\_\_\_

- A) MSC Buy-Out Waiver Effective Date: (Check one)
Open Enrollment: (September 26 - November 18, 2011: effective January 1, 2012)
Mid-Year Enrollment: \_\_\_/\_\_\_/2012 (January 1, 2012 - November 15, 2012)
(June 1- June 30, effective July 1, 2012) (December 1- December 31, effective January 1, 2013)
B) MSC Buy-Out Waiver Withdrawal Date: (Check one)
Open Enrollment: (September 26 - November 18, 2011: effective January 1, 2012)
Mid-Year Withdrawal: \_\_\_/\_\_\_/2012 (January 1, 2012 - November 15, 2012)

Form fields for Agency Benefits Manager/NYCAPS Personnel Signature, Effective Date, Work Phone Number, Employee Agency Code, and E-mail Address.

MSC ADMINISTRATIVE OFFICE USE ONLY

Form fields for MSC Administrative Office Use Only including Enrollment Effective Date, Withdrawal Effective Date, Processing Date, and Processor.

## MEDICAL SPENDING CONVERSION (MSC) PLAN YEAR 2012

### **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 personnel if you do not receive a confirmation letter.

**Current employees:** You may enroll in the Program during the Open Enrollment Period (September 26 - November 18, 2011) for an effective date of January 1, 2012. You must complete Sections I, II, and IV. Section V is to be completed by your agency's Human Resources Department/NYCAPS personnel.

**Newly eligible employees:** 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 personnel.

**During mid-year:** 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 personnel.

Any MSC Form received in June will be effective July 1<sup>st</sup> of that Plan Year. Any MSC Form received in December will be effective January 1<sup>st</sup> 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/same sex spouse 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/same sex spouse coverage waived at the end of every six-month calendar period. **(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.

**Please Note:** In domestic partner/same sex spouse situations, a participant in the Health Benefits Buy-Out Waiver Program can only receive the individual incentive payment of \$500. However, if there is a family contract between the participant and his/her domestic partner/same sex spouse and the domestic partner/same sex spouse is, for tax purposes, a legal dependent of the participant, then the participant can receive the family incentive payment of \$1,000.

#### **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 check the appropriate box in Section III.

**Please Note:** If you waive City health coverage, you must have other non-City group health coverage available to you. The Health Benefits Application must 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 personnel may request additional documentation.

This form is not valid if you have not completed Sections I, II, III (for mid-year Qualifying Event) and IV.

This form is not valid if Section V has not been completed by your agency's Human Resources Department/NYCAPS personnel.