



INSTRUCTIONS: READ AND COMPLETE BOTH PAGES. PLEASE PRINT, CHECK THE APPROPRIATE CHOICES AND SIGN/DATE THE DOCUMENT.

EMPLOYEE INFORMATION

1. Last Name First Name MI 2. Social Security Number 3. Gender
4. Permanent Address Street City State Zip
5. Mailing Address (If different) Street City State Zip
6. Work Location & Address Street City State Zip
7. Date of Birth 8. Telephone Numbers: Primary () Work ()
9. Personal Email Address:
10. Marital Status: Single Married Widowed Divorced Separated Marital Status Date:
11. Covered under Medicare? Self Medicare ID Number: Date:
12. Is any of this information new? No Yes Box Number(s): Effective Date of Change:

13. ELECT OR DECLINE COVERAGE

A. Select a SEHP Coverage Option
B. Choose a Pre-Tax election
You are only eligible for Pre-Tax deductions if newly eligible or if requested during the Pre-Tax Contribution Program (PTCP) Election Period

14. DEPENDENT INFORMATION

Must be provided when choosing to enroll in family coverage (use additional sheets if necessary)
Check One: A (Add), D (Delete) or C (Change) Date of Event:
Table with columns: Last Name, First Name, MI, Relationship, Date of Birth, Gender, Address (if different), Social Security Number

Documentation Requirements for the Student Employee

Completed enrollment form
A copy of your birth certificate or passport
A copy of your Social Security Card
A copy of your appointment letter

Documentation Requirements for Dependents

A copy of their birth certificate or passport
A copy of their Social Security Card (if they have a Social Security Number)
If adding a spouse, a copy of your marriage certificate

Documentation Requirements for Domestic Partners

Completed and notarized [NYSHIP Domestic Partner Enrollment Form](#)
A copy of their birth certificate or passport
A copy of their Social Security Card (if they have a Social Security Number)
The additional documentation listed in Section B of the NYSHIP Domestic Partner Enrollment Form

Section 13.B. - Pre-Tax / After Tax Deductions

If you enroll with pre-tax premium deductions, your health insurance premiums will be deducted before you are taxed on your income, so you will be taxed on a lesser amount. Electing pre-tax deductions, however, will prohibit you from cancelling coverage or changing from family to individual coverage outside of the annual option transfer period without a qualifying event (e.g. acquiring new health insurance coverage from another source). After-tax deductions will allow you to voluntarily make the above changes anytime during the year.

15.B.- Voluntarily Cancellation of Coverage

If you are enrolled with pre-tax deductions, you will need to provide documentation from your new insurance company or employer that confirms that you have become newly eligible or and acquired new health insurance coverage within the 30 days prior to your cancellation request. Otherwise, you will need to request cancellation of coverage during the annual Option Transfer Period (usually held in December). If you are enrolled with after-tax deductions, you may voluntarily cancel your coverage at any time.