PLAN YEAR **2016** ENROLLMENT/CHANGE FORM

MEDICAL SPENDING CONVERSION (MSC)

PREMIUM CONVERSION PROGRAM

Bowling Green Station, P.O. Box 707, New York, NY 10274
(212) 306-7760 TTY: (212) 306-7629 nyc.gov/fsa

DO NOT WRITE IN THIS BOX				
AGENCY PAYROLL CODE				

INSTRUCTIONS: Please review the MSC Premium Conversion section in the Flexible Spending Accounts (FSA) Program Brochure, which is on the FSA website at nyc.gov/fsa,and see instructions on reverse side of this form before completing.

ENROLLMENT ***(Check one):***
- ❑ Open Enrollment (September 21 - October 30, 2015; effective January 1, 2016) Complete Sections I, II and IV.
- ❑ Mid-Year Enrollment (January 1 - November 13, 2016; effective Qualifying Event date) Complete Sections I, II, III, and IV.

I. EMPLOYEE (PARTICIPANT) INFORMATION (Please print)

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
			- -

HOME ADDRESS - NUMBER AND STREET	APT

CITY	STATE	ZIP CODE + FOUR
		+

HOME PHONE NUMBER	WORK PHONE NUMBER	MOBILE PHONE NUMBER
- -	- -	- -

AGENCY NAME (NOT DIVISION): CUNY AND HHC EMPLOYEES PLEASE SPECIFY THE NAME OF COLLEGE OR HOSPITAL

II. MSC PREMIUM CONVERSION PROGRAM SECTION: Complete this section if you are changing your health premium tax status. If completing this section during mid-year, you must also complete Section III below.

PREMIUM CONVERSION WAIVER AGREEMENT (Check A or B) Note: Changing your health premium status **will not** change your health plan.

A) I have read the MSC Premium Conversion Program materials and I am choosing to decline the conversion of my health plan deductions on a pre-tax status.
❑ I decline to participate in the MSC Premium Conversion Program (pre-tax to post-tax status).

B) I have read the MSC Premium Conversion Program materials and I am choosing to rescind the conversion of my health plan deductions on a post-tax status.
❑ I rescind my declination in the MSC Premium Conversion Program (post-tax to pre-tax status).

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/HR Shared personnel. All documents must be received by the MSC Administrative Office within 30 days after the Qualifying Event to take effect.

Date of Qualifying Event: ____ / ____ / **2 0 1 6**

Please check one of the following:

Employment Status: Documentation must be provided by employer/agency
- ❑ Beginning/termination of employment (❑ self ❑ spouse)
- ❑ Unpaid leave of absence (❑ self ❑ spouse)
- ❑ Return from unpaid leave of absence (❑ self ❑ spouse)
- ❑ Change from P/T to F/T employment or vice versa (❑ self ❑ spouse)
- ❑ Increase in health plan deductions by more than 20%

Family Status Change: Legal documentation must be provided by participant
- ❑ Marriage
- ❑ Birth or adoption of a child
- ❑ Divorce
- ❑ Ineligibility of dependent (❑ age ❑ marriage ❑ loss of F/T student status)

IV. EMPLOYEE SIGNATURE.

I have read the MSC Program materials and instructions and I attest that I meet the qualifications to decline or rescind my declination from the MSC Program.

Signature _____ Date ____ / ____ / ____

V. FOR COMPLETION BY EMPLOYING AGENCY'S HUMAN RESOURCES DEPARTMENT/NYCAPS/HR SHARED PERSONNEL ONLY:

Please review the above information and submitted documentation from employee before completing the HR Shared information below.

Note to Benefits/Payroll/NYCAPS/HR Shared 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.

1) **For the Premium Conversion Program (Section II)**, I have changed the employee's health premium status.

   Non-PMS Payroll Effective Date: ____ / ____ / **2 0 1 6**

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.

AGENCY BENEFITS MANAGER/NYCAPS/HR SHARED PERSONNEL SIGNATURE	DATE	PHONE NUMBER
	/ /	- -

EMPLOYEE AGENCY CODE	E-MAIL ADDRESS

MSC ADMINISTRATIVE OFFICE USE ONLY

ENROLLMENT EFFECTIVE DATE	WITHDRAWAL EFFECTIVE DATE	PROCESSING DATE	PROCESSOR
/ /	/ /	/ /	

MEDICAL SPENDING CONVERSION (MSC)
PLAN YEAR 2016

INSTRUCTIONS:

PREMIUM CONVERSION PROGRAM

The MSC Premium Conversion Program allows you to pay for health plan deductions on a pre-tax basis. This program is automatic; however, it is not mandatory. Refer to the MSC Premium Conversion section in the Flexible Spending Accounts Program Brochure for detailed information.

If you pay a premium for your New York City health benefits coverage, you may decline to pay for those premiums on a pre-tax basis by completing Section II.

Your waiver of this benefit will remain in effect indefinitely unless you experience an approved mid-year Qualifying Event or change to pre-tax status during the Open Enrollment Period (September 21 to October 30, 2015). During the mid-year, you must notify the MSC Program Administrative Office within thirty (30) days after the Qualifying Event in order for the change to be effective.

If you wish to change your post-tax status, please complete Section II by checking the box to rescind your declination. If you are rescinding your declination mid-year, you must also complete Section III.

Please Note:

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

This form is not used for waiving City health benefits in order to receive an incentive payment.