New York City Office of Labor Relations
Health Benefits Program

Request for 45-Day Extension of Health Benefits for Eligible Dependents Form

nyc.gov/olr

To be completed by Eligible Dependent or Agency Personnel

Please complete this form to request a *45-day extension of health benefits coverage for eligible dependents* of an active employee who has died of Covid-19. You will need to attach a copy of the death certificate, as well as a positive COVID-19 test result if the death certificate does not list COVID-19 as cause of death to this form.

Section I: Employee Information

Last Name:_____ First Name:_____ MI:_____

Date of Death:_____ Employee ID/Last 4-digits of SSN:_____

Health Plan Name:_____

Section II: Agency/Dependent Information

Date of Request:_____ Agency Name:_____

Name of Person Completing this Form:_____

Title/Relationship to Employee (if applicable):_____

Phone Number:_____ Email:_____

Section III: Signature Section

I have included a copy of the above mentioned employee's death certificate, as well as a positive COVID-19 test result if the death certificate does not list COVID-19 as cause of death, and hereby request a 45-day extension of City health benefits coverage by the New York City Health Benefits Program for the above mentioned employee's dependents.

Signature of Person Completing this Form:_____ Date:_____

Print Name:_____

DO NOT WRITE BELOW THIS LINE (To be completed by Health Benefits Program)

First Date:_____ Last Date:_____

Health Plan:_____

Processing Date:_____

Return this form and documentation via secure email to https://nycemployeebenefits.leapfile.net