

NYSHIP DEPENDANT
ELIGIBILITY VERIFICATION PROGRAM

The NY State Health Insurance Program (NYSHIP) and the NY State Department of Civil Service will be conducting a Dependant Eligibility Verification Program in the upcoming months. All of you should have received a letter from the NY State Dept. of Civil Service explaining this program. They are conducting this program to verify that all dependants of everyone enrolled with family coverage are eligible to receive these benefits.

It is imperative that you read all the documents thoroughly, fill out any required forms correctly, and mail them back within the specified time period.



DAVID A. PATERSON
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE
ALFRED E. SMITH STATE OFFICE BUILDING
ALBANY, NEW YORK 12239
www.cs.state.ny.us

NANCY G. GROENWEGEN
COMMISSIONER

March 16, 2009

**Important Information about Coverage for your Dependent(s) under
the New York State Health Insurance Program (NYSHIP)**

Dear Enrollee:

Your employer-sponsored health insurance provided through the New York State Health Insurance Program (NYSHIP) is a valuable benefit, but it is also costly to provide. It becomes more costly, to you and your employer, when NYSHIP is asked to pay benefits for individuals who are not eligible for coverage.

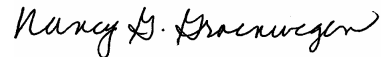
NYSHIP will conduct a Dependent Eligibility Verification Project to help ensure that every participant who receives benefits is entitled to those benefits. During the course of the project, NYSHIP enrollees with family coverage will be asked to document the eligibility of all enrolled dependents. Consistent with industry best practices for dependent eligibility audits, a Special Amnesty Period has been established through legislation. The amnesty period will occur before verification of dependent eligibility is required. Enrollees who remove ineligible dependents during this period will be held harmless. It is extremely important that you carefully read all material you receive about this project and respond to all requests before the deadlines. If you have ineligible dependents, it is in your best interest to report them during the Amnesty Period. Also, it is very important that you provide documentation for each of your eligible dependents when it is requested. If you fail to do so, your dependents will be removed from NYSHIP coverage.

The Department of Civil Service has contracted with BUDCO Health Service Solutions (BUDCO) to administer the Dependent Eligibility Verification Project. BUDCO is a national leader in this field and is located in Highland Park, Michigan. From April 3-13, 2009, BUDCO will mail information packets regarding the Special Amnesty Period to enrollees with family coverage. Allow seven to ten days for delivery. Please review all the information closely and report any ineligible dependents directly to BUDCO, but no later than June 12, 2009.

After the Special Amnesty Period ends, you will be required to provide BUDCO with documentation of the eligibility for coverage under NYSHIP for each remaining dependent. BUDCO will send you an information packet regarding Dependent Eligibility Verification requirements between July and September 2009. If you fail to respond or do not provide acceptable proofs of eligibility for your dependents, your dependents will be removed from coverage and you will be responsible for repaying claims paid under NYSHIP for those dependents as early as the date the dependent was first added to coverage. Other penalties could also be imposed. You will receive more detailed information with your packet of information regarding the Special Amnesty Period.

Additional information about the project is available online at www.cs.state.ny.us/nyshipeligibilityproject/index.cfm . It will be updated periodically as new information and deadlines are available. Be sure to bookmark it and visit the web site regularly during the project.

Sincerely,

A handwritten signature in cursive script that reads "Nancy G. Groenwegen".

Nancy G. Groenwegen
Commissioner

Steps you should take:

1. Review the list of covered dependents on the Special Amnesty Form.
2. For each dependent, review the eligibility rules listed on the enclosed Eligibility Worksheet.
3. If you have any ineligible dependents, follow the instructions on the Special Amnesty Form. **The form must be received no later than June 12, 2009.**

Dependents reported by you as ineligible during the **amnesty period** will be removed from NYSHIP coverage effective June 13, 2009. For dependents of New York State enrollees or enrollees of Participating Employers, ineligible dependents who are removed from coverage during the Special Amnesty Period or during the Verification of Dependent Eligibility phase are eligible to continue coverage through NYSHIP under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Information on applying for COBRA will be provided to you when you are notified that your dependent has been removed from coverage. Dependents of Participating Agency enrollees should check with the enrollee's agency's personnel office to see if they are eligible for COBRA coverage.

The Special Amnesty Period Ends on June 12, 2009

Questions?

If you have questions about the Special Amnesty Period, NYSHIP eligibility requirements or the enclosed materials, you can find additional information on www.cs.state.ny.us/nyshipeligibilityproject/index.cfm.

You may also call the NYSHIP Dependent Eligibility Project Service Center at **888-358-2196**. Agents are available to answer your questions from 12:00 p.m. to 8:00 p.m., Monday through Friday.

Sincerely,



Robert W. DuBois, CEBS
Director
Employee Benefits Division
NYS Department of Civil Service

Key 2009 Dates

April 6, 2009	NYSHIP Dependent Eligibility Project Service Center opens and is ready to help you at 888-358-2196
June 12, 2009	Deadline to report ineligible dependents during the Special Amnesty Period
July-September 2009	Packets to be mailed to enrollees to request proof of eligibility for dependents enrolled in NYSHIP

If you have questions, call 888-358-2196 beginning April 6





Special Amnesty Form
Complete This Form and Return by June 12, 2009
To Report Dependents Not Eligible for Coverage Under NYSHIP

You have until June 12, 2009 to remove ineligible dependents from your NYSHIP coverage under the amnesty provisions. Failure to do so could result in you being required to repay claims that were paid for those dependents under NYSHIP.

Avoid costs by removing ineligible dependents now!

Below is a list of all your dependents that were covered under NYSHIP on February 1, 2009. Review the list carefully. Review the eligibility rules on the enclosed eligibility worksheet for each dependent and follow these instructions:

- If the dependent is not eligible for coverage, check the box to the left of the dependent's name to remove that dependent from coverage.
- Do not check the box if the dependent is eligible for coverage.
- No action is necessary at this time if all your dependents are eligible for coverage. You should not return the form if you have not checked any boxes.

<u>Place (✓) to Remove Ineligible Dependent from Coverage</u>	<u>Name</u>	<u>Relationship</u>
<input type="checkbox"/>	Pamela A. Sample	Spouse
<input type="checkbox"/>	Sally Sample	Child
<input type="checkbox"/>	Andrew W. Sample	Child
<input type="checkbox"/>	Emily E. Sample	Child
<input type="checkbox"/>	Nickolas K. Sample	Child
<input type="checkbox"/>	Kyle A. Sample	Child
<input type="checkbox"/>	Jared C. Sample	Child
<input type="checkbox"/>	Rebecca A. Sample	Child
<input type="checkbox"/>	Matthew A. Sample	Child

For dependents meeting eligibility, no action is required at this time.

Signature of Enrollee	Date
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Fax this page only to:

Attn: NYSHIP Dependent Eligibility Project	Verification Fax #: 1-866-371-6213*
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See reverse side for additional steps



Detach and Return



The form must be received by the NYSHIP Dependent Eligibility Project or faxed no later than June 12, 2009. Please allow 7 - 10 days for mailing.

If Mailing United States Postal Service - First Class Only, mail to:

NYSHIP Dependent Eligibility Project
PO Box 8072
Royal Oak, MI 48068

If mailing Express/Overnight/Certified/Registered Delivery (signature required for receipt), mail to:

NYSHIP Dependent Eligibility Project
13700 Oakland Ave.
Highland Park, MI 48203

If faxing

Fax to 1-866-371-6213*. This number also appears on the bottom of the first page of this form.

You will receive a confirmation letter after the end of this amnesty period listing the ineligible dependents you removed from your coverage and providing information on COBRA coverage.

*You are responsible for ensuring that facsimile transmissions are accurately and appropriately directed to the designated fax number. You acknowledge that certain security, transmission error, corruption and access availability risks are associated with using facsimile connections and telephone networks, and you expressly assume such risks, as permissible by law. You have made your own independent assessment of the adequacy and security of facsimile transmission as a delivery mechanism for forwarding your requested dependent eligibility information.



Partial List of Documents

Below is a **partial list** of documents by relationship that you may need during the Verification Phase. This list is being provided to assist you in preparing for the next phase of the Dependent Eligibility Verification Project. A complete list of documents will be provided to you when the Verification Phase begins. **Do not send documentation at this time.**

A. Spouse

1. Proof of Marital Status

- a. Tax Return – Federal or State (including Puerto Rico returns), Page 1 only, no financial information required **OR**
 - b. Marriage Certificate **AND** proof of joint ownership dated anytime during the November 1, 2008 through February 1, 2009 timeframe **OR**
 - c. You must provide both a tax return and a marriage certificate if you reside or were married in any of the following states: Alabama, Colorado, Connecticut, Georgia, Idaho, Iowa, Kansas, Montana, New Hampshire, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, or Utah.
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B. Domestic Partner

1. Proof of Domestic Partnership

- a. Provide two proofs of financial interdependency. For example: Bank statement, credit card statement, jointly held mortgage, auto loan showing both names. Each proof will show current interdependency dated anytime during the November 1, 2008 through February 1, 2009 timeframe **AND**
 - b. Provide proof of residency. The proof should list both of your names or two separate proofs that show the legal residence of each partner. For example: driver's licenses, auto registration, bank statement showing both names. You must provide one proof showing current residency dated anytime during the November 1, 2008 through February 1, 2009 timeframe.
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C. Natural-Born Child, Stepchild or Legally Adopted Child

1. Proof of Parent/Child Relationship

- a. Birth Certificate/Hospital Record identifying the child's parent(s) **OR**
- b. Court-approved adoption papers (with signature or seal), including Adoption Placement Agreement and Petition for Adoption **OR**
- c. Court approved document identifying the child's parents **AND**

2. Proof of Full-time Student Status (if the child is age 19 or over but under age 25)

- a. Verification of full-time enrollment through transcript, class schedule dated anytime during the November 1, 2008 and February 1, 2009 timeframe **OR**
 - b. Letter from accredited institution or accredited educational institution that prepares student for an occupation licensed by the State or which issues a certificate recognized by the State as the equivalent of a diploma, which qualifies the holder to engage in an occupation or take a license exam; the letter must be on school letterhead stating the child is a full-time student, working toward a degree or certification dated anytime during the November 1, 2008 through February 1, 2009 timeframe **OR**
 - c. Letter from a Trade School that is State-Certified and grants a certificate or diploma, even if the certificate or diploma is not necessary to legally practice the trade or to take a State license exam; the letter must be on school letterhead stating the child is a full-time student, working toward a degree or certification dated anytime during the November 1, 2008 and February 1, 2009 timeframe.
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D. Other Children

1. Proof of Legal Residence

- a. A PS-457 Statement of Dependence that is signed and notarized by the enrollee. The enrollee must have responded "Yes" to question #5 "Is your home the permanent legal residence of this dependent" **OR**
- b. School registration or letter from the school listing enrollee's address as address of dependent **AND**

2. Proof of Financial Support

- a. 2008 Tax Return – Federal or State, showing child as a dependent **OR**
- b. A letter that the dependent could be claimed on the enrollee's 2008 tax return under current IRS regulations if enrollee chose to do so, signed by either a CPA, an attorney, or other tax professional **AND**

3. Proof of Full-time Student Status (if the child is age 19 or over but under age 25)

- a. Verification of full-time enrollment through transcript, class schedule dated anytime during the November 1, 2008 and February 1, 2009 timeframe **OR**
- b. Letter from accredited institution or accredited educational institution that prepares student for an occupation licensed by the State or which issues a certificate recognized by the State as the equivalent of a diploma, which qualifies the holder to engage in an occupation or take a license exam; the letter must be on school letterhead stating the child is a full-time student, working toward a degree or certification dated anytime during the November 1, 2008 and February 1, 2009 timeframe **OR**
- c. Letter from a Trade School that is State-Certified and grants a certificate or diploma, even if the certificate or diploma is not necessary to legally practice the trade or to take a State license exam; the letter must be on school letterhead stating the child is a full-time student, working toward a degree or certification dated anytime during the November 1, 2008 and February 1, 2009 timeframe.

E. Disabled Dependent Children

1. If Natural-Born Child, Stepchild, or Legally Adopted Child:

- a. Refer to proof of Parent/Child Relationship (see section C-1 on page 3)

2. If Other Child:

- a. Refer to Proof of Legal Residence and Proof of Financial Support (see section D-1 and D-2 on page 4)
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This document which summarizes the dependent eligibility provisions for the New York State Health Insurance Program (NYSHIP) is presented as a quick reference for general information only. For detailed terms and conditions of NYSHIP, consult your *NYSHIP General Information Book* at www.cs.state.ny.us. Select *Benefit Programs* on the home page, then *NYSHIP Online* and choose your group, if prompted. On the *NYSHIP Online* homepage, choose *Using Your Benefits then Publications* to locate the updated *NYSHIP General Information Book* for your group.