



2024 Open Enrollment

November 1 - November 30, 2023

Health Benefits Summary

**New York City Transit
NYSHIP and Non-NYSHIP
City Groups (MaBSTOA ONLY)
TWU Local 106 (TSO) Career & Salary
TWU Local 100 Career & Salary
Retirees**

MTA Business Service Center
www.mymta.info

Disclaimer

This Summary contains information concerning some of the benefits you are entitled to as an MTA New York City Transit retiree. This Summary is for informational purposes only and may be modified at any time. If a conflict exists between this Summary and an official written document setting forth the benefit, policy, procedure, or rule, the official written document controls.

It is important to note that all benefits summarized herein are the benefits that are currently in effect at New York City Transit. These benefits are all subject to change, including termination, at any time in the sole discretion of New York City Transit, except to the extent that they have been established by collective bargaining agreements or are required by law. Some benefit programs, such as public retirement plans, are administered and interpreted outside of New York City Transit. If the information contained in this Summary conflicts with the provisions of any benefit program, the program's policies control.

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Attachments:

- HR-BEN-831R 2024 Open Enrollment/Change Form for MaBSTOA Retirees with City Group Health Coverage
- HR-BEN-832R 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
- HR-BEN-833R 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired **Prior** to January 1, 2001)
- HR-BEN-834R 2024 Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees
- HR-BEN-835R 2024 Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees
- HR-BEN-836R 2024 Dental Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) Retirees with NYSHIP Health Plan
- HR-BEN-837R 2024 Dental Open Enrollment/Change Form for NYCT Retirees with NYSHIP Health Plan (**EXCEPT** SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector-UFLEO)
- Notice of Creditable Coverage
- Retiree Affidavit

1 INTRODUCTION

Open Enrollment Period: November 1 - November 30

Plan changes will be effective January 1, 2024



Reminder...to remain in your current medical and/dental plan, no action is required unless you are or will become Medicare eligible in 2024.

The MTA Business Service Center (MTA BSC) processes all medical benefit enrollments and changes. For assistance, contact us at 646-376-0123 or bscservice@mtabsc.org.

During the Open Enrollment period, you may...

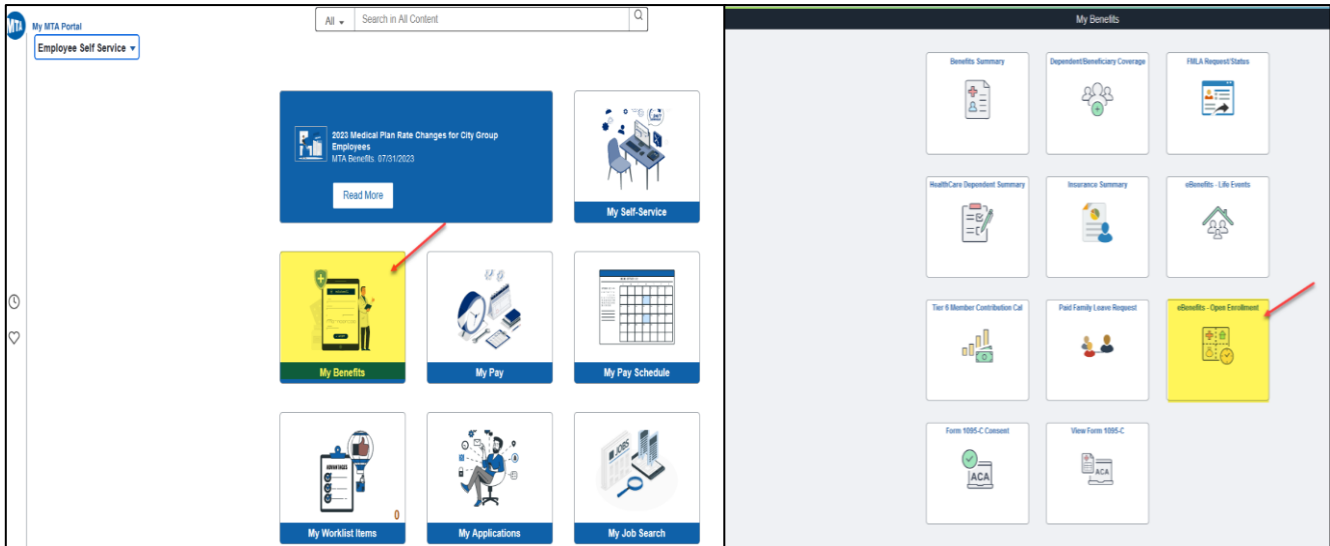
- Change plans
- Add, change, and/or remove dependents

Available online on the My MTA Portal (www.mymta.info/openenrollment)...

- Open Enrollment Recorded Informational Webinars
- Self-service access to change plan enrollments (*Availability to this functionality will vary based on your retirement date*)
- Summary of Health Benefits
- Medical enrollment/change forms
- Dental enrollment/change forms

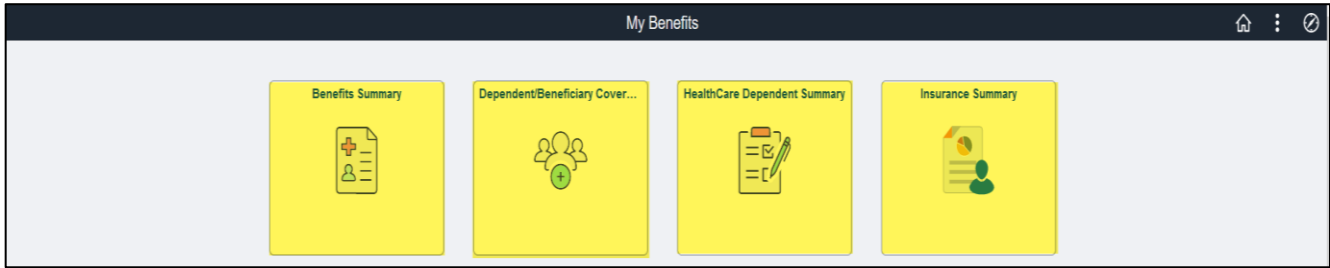
2 HOW TO MAKE CHANGES

- To make medical and/or dental plan changes online (Depending on your retirement date, this option **may not be available** for you to access; alternatively, you **MUST** complete and submit a paper open enrollment/change form instead):
 - Sign on to the My MTA Portal (www.mymta.info)
 - On the home page, click the **My Benefits** tile, then click the **eBenefits - Open Enrollment** tile



- To make medical and/or dental plan changes (based on eligibility) via form and/or to **add a new dependent or make a change to or remove a current dependent**, submit the below enrollment form(s) as applicable:
 - **HR-BEN-831R** 2024 Open Enrollment/Change Form for MaBSTOA Retirees with City Group Health Coverage
 - **HR-BEN-832R** 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
 - **HR-BEN-833R** 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired **Prior** to January 1, 2001)
 - **HR-BEN-834R** 2024 Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees
 - **HR-BEN-835R** 2024 Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees
 - **HR-BEN-836R** 2024 Dental Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) Retirees with NYSHIP Health Plan
 - **HR-BEN-837R** 2024 Dental Open Enrollment/Change Form for NYCT Retirees with NYSHIP Health Plan (**EXCEPT** SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector-UFLEO)
- Do **NOT** use/submit the above form(s) if you are making your **medical and/or dental changes online**

- **ALL retirees, regardless of retirement date, can use online services to review their benefits information:**



3 HEALTH BENEFIT CHOICES

A. Medical Plans

1. New York State Health Insurance Program (NYSHIP) Retirees do **NOT** have a specific enrollment period

- You have the option to enroll in or change your medical plan once within any *12-month period*
- You can access open enrollment information online during the NYSHIP Open Enrollment period from November 1st through December 31st
- To assist with your decision-making, please see the **2024 NYSHIP Retiree Choices Guide** available on the open enrollment site at www.mymta.info/openenrollment
- To make changes to your medical coverage, you **MUST** contact NYSHIP directly at 800-833-4344 **or** you can visit their website at www.cs.ny.gov/employe-benefits and click on the link titled, “Click here for NYSHIP online for RETIREES”

The above information is applicable to the NYSHIP retiree groups listed below:

- Managers
- Non-Represented Career & Salary
- Non-Represented Operating
- Organization of Staff Analysts (OSA)
- Doctors Council (Medical ONLY)
- Special Inspectors
- DC-37 with Non-Represented Benefits
- Subway Surface Supervisors Association (SSSA)
- TSO Operating & Queens Division
- MTA Bus TSO Local 106

2. Non-NYSHIP Retirees can only make their medical plan changes during the open enrollment period of November 1st through November 30

To make changes to your coverage, depending on your retirement date, you can access the online **eBenefits - Open Enrollment** tool as shown on page 5 of this summary **OR** submit the applicable 2024 Open Enrollment/Change Form as listed below:

- **HR-BEN-831R** 2024 Open Enrollment/Change Form for MaBSTOA Retirees with City Group Health Coverage
- **HR-BEN-832R** 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
- **HR-BEN-833R** 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired **Prior** to January 1, 2001)

The above information is applicable to the Non-NYSHIP retiree groups listed below:

- Managers
- Non-Represented Career & Salary
- Non-Represented Operating
- Organization of Staff Analysts (OSA)
- Doctors Council (Medical ONLY)
- Special Inspectors

- Subway Surface Supervisors Association (SSSA)
- TSO Operating & Queens Division
- TWU Local 100 Career & Salary

3. New York City Transit TWU Local 106 Transit Supervisors Organization (TSO) Career & Salary & TWU Local 100 Career & Salary Retirees

- You have the option to enroll in or change your medical/dental plan once within any 18-month period
- Questions on medical, dental, and vision benefits should be directed to the MTA BSC, while all other benefit questions should be directed to your union
- To make changes to your coverage, depending on your retirement date, you can access the online **eBenefits - Open Enrollment** tool as shown on page 5 of this summary **OR** submit one (1) of the applicable 2024 open enrollment forms as listed below
 - **HR-BEN-834R** 2024 Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees
 - **HR-BEN-835R** 2024 Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees

NOTE TO ALL PRE-MEDICARE ELIGIBLE RETIREES AND/OR DEPENDENTS:

If you and/or your covered dependent become Medicare-eligible as a result of reaching at least age 65 or being disabled when you retire, Medicare will be you and/or your dependent's primary medical coverage.

Please ensure that you and/or your covered dependent(s) enroll in Medicare.

Enrollment in Medicare generally takes about three (3) months, so please contact the Social Security Administration in advance so that as a retiree, you and/or your dependent will be enrolled in Medicare Part A (hospitalization) and Medicare Part B (medical).

B. Dental Plans

Open Enrollment Period: November 1st through November 30th

The retirees in the groups listed in section 3A of this summary have the option to enroll or change their dental plan during the above open enrollment period (if eligible for dental benefits).

To make changes to your dental coverage, depending on your retirement date, you can access the online **eBenefits - Open Enrollment** tool as shown on page 5 of this summary **OR** submit one (1) of the applicable 2024 dental open enrollment forms as listed below:

- **HR-BEN-832R** 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
- **HR-BEN-834R** 2024 Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees
- **HR-BEN-835R** 2024 Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees
- **HR-BEN-836R** 2024 Dental Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) Retirees with NYSHIP Health Plan
- **HR-BEN-837R** 2024 Dental Open Enrollment/Change Form for NYCT Retirees with NYSHIP Health Plan (**EXCEPT** SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector-UFLEO)

4 LEGAL REQUIREMENTS

COVERAGE FOR DEPENDENT CHILDREN

A dependent child is eligible for medical coverage, regardless of their student or marital status, up to the age of 26.

- To enroll a dependent child, submit one (1) of the below enrollment forms as applicable:
 - **HR-BEN-831R** 2024 Open Enrollment/Change Form for MaBSTOA Retirees with City Group Health Coverage
 - **HR-BEN-832R** 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
 - **HR-BEN-833R** 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division/ Retired **Prior** to January 1, 2001)
 - **HR-BEN-834R** 2024 Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees
 - **HR-BEN-835R** 2024 Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees

Submit the applicable form listed above (based on union affiliation), with all required supporting documentation, and affirm, by signing the form, that your child is eligible for coverage.

SOCIAL SECURITY NUMBER REQUIREMENT

The Medicare, Medicaid, and State Children's Health Insurance Extension Act of 2007 (MMSEA) requires MTA New York City Transit to report Social Security Numbers to the Federal Centers for Medicare and Medicaid Services (CMS) for all dependents who are at least age 45.

You can check to see if a covered dependent's Social Security Number is missing from your benefits record by signing on to the My MTA Portal at www.mymta.info. Click on the **My Benefits** tile, then click the **Health Care Dependent Summary** tile. Click the dependent's name to view their personal information.

If a dependent's Social Security Number is not shown under SSN (only the last four digits will show), please submit to the MTA BSC, a copy of the dependent's Social Security Card with your name and BSC ID number noted on the copy, along with one (1) of the below enrollment forms as applicable.

Be sure to include your name and BSC ID number on the copy of the Social Security Card(s).

- **HR-BEN-831R** 2024 Open Enrollment/Change Form for MaBSTOA Retirees with City Group Health Coverage
- **HR-BEN-832R** 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
- **HR-BEN-833R** 2024 Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired **Prior** to January 1, 2001)
- **HR-BEN-834R** 2024 Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees
- **HR-BEN-835R** 2024 Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees

5 IMPORTANT TELEPHONE NUMBERS & WEBSITES

Medical/Hospital		
NYSHIP		
Health Plans	877-769-7447	www.cs.ny.gov/nyship
Department of Civil Service	800-833-4344	www.cs.ny.gov/nyship
City of New York		
Plan Description	212-513-0470	www.nyc.gov
GHI	212-501-4444	www.ghi.com
HIP	800-447-8255	www.hipusa.com
Dental Plans		
DentCare/HealthPlex	800-468-0600	www.healthplex.com
MetLife	800-942-0854	www.metlife.com
CIGNA Dental Care (DHMO) or CIGNA DPPO (SSSA and TSO Members ONLY)	800-578-5682	www.Cigna.com
Vision Plans		
EyeMed (Eligibility based on union affiliation and/or retirement date)	800-334-7591	www.EyeMedVisionCare.com
Other Important Telephone Numbers		
Medicare	800-633-4227	www.MyMedicare.gov
Social Security Administration	800-772-1213	www.ssa.gov
Business Service Center		
Phone: 646-376-0123, 8:30 a.m. - 5 p.m., Monday – Friday Email: bscservice@mtabsc.org Website: www.mymta.info Fax: 212-852-8700		
<p><i>Please have your BSC ID ready when you call us and be sure to include your full name and BSC ID on all emails and documents.</i></p>		

5 IMPORTANT TELEPHONE NUMBERS & WEBSITES

Medical/Hospital		
NYSHIP		
Health Plans	877-769-7447	www.cs.ny.gov/nyship
Department of Civil Service	800-833-4344	www.cs.ny.gov/nyship
City of New York		
Plan Description	212-513-0470	www.nyc.gov
GHI	212-501-4444	www.ghi.com
HIP	800-447-8255	www.hipusa.com
Dental Plans		
HealthPlex/DentCare	800-468-0600	www.healthplex.com
MetLife	800-942-0854	www.metlife.com
CIGNA Dental Care (DHMO) or CIGNA DPPO (SSSA and TSO Members ONLY)	800-578-5682	www.Cigna.com
Vision Plans		
EyeMed (Eligibility based on union affiliation and/or retirement date)	800-334-7591	www.EyeMedVisionCare.com
Other Important Telephone Numbers		
Medicare	800-633-4227	www.MyMedicare.gov
Social Security Administration	800-772-1213	www.ssa.gov
Business Service Center		
<p>Phone: 646-376-0123, 8:30 a.m. - 5 p.m., Monday – Friday Email: bscservice@mtabsc.org Website: www.mymta.info Fax: 212-852-8700</p> <p><i>Please have your BSC ID ready when you call us and be sure to include your full name and BSC ID on all emails and documents.</i></p>		

2024 Open Enrollment/Change Form

For MaBSTOA Retirees with City Group Health Coverage

HR-BEN-831R



Section 1 - Information and Instructions

Complete this form to enroll in or change your health insurance coverage. This form is only for MaBSTOA retirees with City Group health coverage and/or their dependent(s). Do **NOT** submit this form if you are making your enrollment changes online.

For Medicare-eligible retirees and Medicare-eligible dependents, you **MUST** submit a copy of your Medicare Identification Card(s) with this completed form.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information. Completed and signed forms may be submitted via fax to 212-852-8700 OR via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday OR BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)		E-Mail	

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees and/or Dependents ONLY (Effective January 1, 2024)

Non-Medicare Eligible Retiree and/or Dependent Election (Check only ONE):

<input type="checkbox"/> GHI	<input type="checkbox"/> GHI with Optional Rider
<input type="checkbox"/> HIP HMO	<input type="checkbox"/> HIP HMO with Optional Rider
<input type="checkbox"/> Aetna	<input type="checkbox"/> Other _____

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** as elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees and/or Dependents ONLY (Effective January 1, 2024)

Medicare-Eligible Retiree and/or Dependent Election (Check only ONE):

<input type="checkbox"/> EmblemHealth (Formerly GHI PPO)
<input type="checkbox"/> EmblemHealth VIP (Formerly HIP VIP) – <i>Open to Medicare-Eligible, New York Residents <u>ONLY</u></i>

NOTE: Medicare-Eligible Dependent(s) will be **automatically enrolled into the same plan** as elected by the Medicare-Eligible Retiree.

IMPORTANT: For all Non-Medicare Eligible and Medicare-Eligible retirees and/or dependents, questions about prescription drug, dental, and vision coverage should be directed to your respective union.

Section 5 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):
Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 7 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER*:
Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are removing a Domestic Partner, please complete and submit this open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change			Relationship (Check only <u>ONE</u>)			Gender			Date of Birth		
A	R	C	Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY

Section 6 - Signature and Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:	Date:
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2024 Open Enrollment/Change Form

For MaBSTOA Retirees with City Group Health Coverage

HR-BEN-831R



Section 7 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport or Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is more than one (1) year old, proof of joint ownership is also **required.** If your marriage date is less than 1 year old, such proof is not required. **If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.**

Both the enrollee's and spouse's name must be listed on the documentation of joint ownership. Where indicated, proof* of joint ownership must be dated within the past 90 days. Examples of proof of joint ownership include a copy of:

- Most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name **must** appear on the tax form on the line after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension or Life insurance or Will, designating your spouse as a beneficiary
- Mortgage Statement or Rental/Lease Agreement or Property Tax Document*
- Utility or Phone or Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**

3. Dependent Children Between Ages 19 and 26:

To enroll an eligible dependent child, up to the age of 26, in your medical and hospital coverage, add the child's name on this form, submit the required documentation as indicated above, and affirm by signing this form, that the child is eligible for this employer-sponsored coverage.

2024 Open Enrollment/Change Form

For NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)

HR-BEN-832R



Section 1 - Information and Instructions

Complete this form to enroll in **or** change your health insurance coverage. This form is **only** for NYCT Non-NYSHIP retirees who retired **PRIOR** to April 1, 1996 and/or their dependent(s). Do **NOT** submit this form if you are making your enrollment changes online.

For Medicare-eligible retirees **and** Medicare-eligible dependents, you **MUST** submit a copy of your Medicare Identification Card(s) with this completed form.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are **any** changes in the below information. Completed and signed forms may be submitted via fax to 212-852-8700 **OR** via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday **OR** BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)		E-Mail	

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the **HR-HRIS-012 Employee Data Change Form**. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees and/or Dependents ONLY (Effective January 1, 2024)

Non-Medicare Eligible Retiree and/or Dependent Election (Check only ONE):

EmblemHealth (Formerly GHI PPO)

EmblemHealth HMO (Formerly HIP HMO) – *Open to Non-Medicare Eligible, New York Residents **ONLY***

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** as elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees and/or Dependents ONLY (Effective January 1, 2024)

Medicare-Eligible Retiree and/or Dependent Election (Check only ONE):

EmblemHealth (Formerly GHI PPO)

EmblemHealth VIP (Formerly HIP VIP) – *Open to Medicare-Eligible, New York Residents **ONLY***

NOTE: Medicare-Eligible Dependent(s) will be **automatically enrolled into the same plan** as elected by the Medicare-Eligible Retiree.

Section 5 - Dental Coverage Election (Eligibility Will Vary Based On Union Affiliation)

DENTAL: Individual Family

Check only **ONE** of the below dental plans:

MetLife PPO

DentCare/HealthPlex

Section 6 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):
Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 8 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER*:
Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are **removing** a Domestic Partner, please complete and submit this open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change			Full Name	SSN	Relationship (Check only <u>ONE</u>)			Gender			Date of Birth		
A	R	C			Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY

2024 Open Enrollment/Change Form

For NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)

HR-BEN-832R



Section 7 - Signature and Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:

Date:

Section 8 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport **or** Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is **more than one (1) year old**, proof of joint ownership is also **required**. If your marriage date is **less than 1 year old**, such proof is **not required**. If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.

Both the enrollee's and spouse's name **must** be listed on the documentation of joint ownership. Where indicated, proof* of joint ownership **must** be dated within the past 90 days. Examples of proof of joint ownership include a copy of:

- Most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name **must** appear on the tax form on the line after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation **or** Bank Account Statement*
- Pension **or** Life insurance **or** Will, designating your spouse as a beneficiary
- Mortgage Statement **or** Rental/Lease Agreement **or** Property Tax Document*
- Utility **or** Phone **or** Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

*Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.

3. Dependent Children Between Ages 19 and 26:

To enroll an eligible dependent child, up to the age of 26, in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit the required documentation as indicated above, and affirm by signing this form, that the child is eligible for this employer-sponsored coverage. Dependent child(ren) are eligible for dental and vision coverage up to the age of 19. For dependent children aged 19 to 25, full-time student verification is required and must be submitted to BSC Benefits every semester to maintain dental and vision coverage.

2024 Open Enrollment/Change Form

For NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired **Prior** to January 1, 2001)



HR-BEN-833R

Section 1 - Information and Instructions

Complete this form to enroll in **or** change your health insurance coverage. This form is **only** for NYCT Non-NYSHIP SSSA/TSO Operating & Queens Division retirees who retired **PRIOR** to January 1, 2001 and/or their dependent(s).

Do **NOT** submit this form if you are making your enrollment changes online. It is important to complete **ALL** applicable sections of this form.

You **MUST** submit a new request if there are **any** changes in the below information. Completed and signed forms may be submitted via fax to 212-852-8700 **OR** via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday **OR** BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)		E-Mail	

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the **HR-HRIS-012 Employee Data Change Form**. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Non-Medicare Eligible Retiree and/or Dependent Election (Check only ONE):

EmblemHealth (Formerly GHI PPO)

EmblemHealth HMO (Formerly HIP HMO) – *Open to Non-Medicare Eligible, New York Residents **ONLY***

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** as elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Medicare-Eligible Retiree and/or Dependent Election (Check only ONE):

EmblemHealth (Formerly GHI PPO)

EmblemHealth VIP (Formerly HIP VIP) – *Open to Medicare-Eligible, New York Residents **ONLY***

NOTE: Medicare-Eligible Dependent(s) will be **automatically enrolled into the same plan** as elected by the Medicare-Eligible Retiree.

Section 5 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):
Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 7 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER*:
Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are **removing** a Domestic Partner, please complete and submit this open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change			Relationship (Check only <u>ONE</u>)				Gender			Date of Birth		
A	R	C	Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY	

Section 6 - Signature and Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:	Date:
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2024 Open Enrollment/Change Form

For NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired **Prior** to January 1, 2001)



HR-BEN-833R

Section 7 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport **or** Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is more than one (1) year old, proof of joint ownership is also **required.** If your marriage date is less than 1 year old, such proof is not required. **If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.**

Both the enrollee's and spouse's name must be listed on the documentation of joint ownership. Where indicated, proof* of joint ownership must be dated within the past 90 days. Examples of proof of joint ownership include a copy of:

- Most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name **must** appear on the tax form on the line after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation **or** Bank Account Statement*
- Pension **or** Life insurance **or** Will, designating your spouse as a beneficiary
- Mortgage Statement **or** Rental/Lease Agreement **or** Property Tax Document*
- Utility **or** Phone **or** Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**

3. Dependent Children Between Ages 19 and 26:

To enroll an eligible dependent child, up to the age of 26, in your medical and hospital coverage and prescription drug coverage (as applicable), add the child's name on this form, submit the required documentation as indicated above, and affirm by signing this form, that the child is eligible for this employer-sponsored coverage.

2024 Open Enrollment/Change Form

For NYCT TWU Local 106 (TSO) Career & Salary Retirees

HR-BEN-834R



Section 1 - Information and Instructions

Complete this form to enroll in **or** change your health insurance coverage. This form is **only** for NYCT TWU Local 106 (TSO) Career & Salary retirees and/or their dependent(s). Do **NOT** submit this form if you are making your enrollment changes online.

For Medicare-eligible retirees **and** Medicare-eligible dependents, you **MUST** submit a copy of your Medicare Identification Card(s) with this completed form.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are **any** changes in the below information. Completed and signed forms may be submitted via fax to 212-852-8700 **OR** via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday **OR** BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)		E-Mail	

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Non-Medicare Eligible Retiree and/or Dependent Election (Check only ONE):

<input type="checkbox"/> GHI	<input type="checkbox"/> GHI with Optional Rider
<input type="checkbox"/> HIP HMO	<input type="checkbox"/> HIP HMO with Optional Rider
<input type="checkbox"/> Aetna	<input type="checkbox"/> Other _____

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Medicare-Eligible Retiree and/or Dependent Election (Check only ONE):

<input type="checkbox"/> EmblemHealth (Formerly GHI PPO)
<input type="checkbox"/> EmblemHealth VIP (Formerly HIP VIP) – <i>Open to Medicare-Eligible, New York Residents ONLY</i>

NOTE: Medicare-Eligible Dependent(s) will be **automatically enrolled into the same plan** as elected by the Medicare-Eligible Retiree.

Section 5 - Dental Coverage Election (Eligibility Will Vary Based On Union Affiliation)

DENTAL: Individual Family

Check only **ONE** of the below dental plans:

<input type="checkbox"/> MetLife Fee Schedule
<input type="checkbox"/> DentCare/HealthPlex

Section 6 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):
Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 8 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER*:
Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are **removing** a Domestic Partner, please complete and submit this open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change			Relationship (Check only <u>ONE</u>)			Gender			Date of Birth		
A	R	C	Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY

2024 Open Enrollment/Change Form

For NYCT TWU Local 106 (TSO) Career & Salary Retirees
HR-BEN-834R



Section 7 - Signature and Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:

Date:

Section 8 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport or Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is **more than one (1) year old**, proof of joint ownership is also **required**. If your marriage date is **less than 1 year old**, such proof is **not required**. If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.

Both the enrollee's and spouse's name **must** be listed on the documentation of joint ownership. Where indicated, proof* of joint ownership **must** be dated within the past 90 days. Examples of proof of joint ownership include a copy of:

- Most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name **must** appear on the tax form on the line after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension or Life insurance or Will, designating your spouse as a beneficiary
- Mortgage Statement or Rental/Lease Agreement or Property Tax Document*
- Utility or Phone or Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**

3. Dependent Children Between Ages 19 and 26:

To enroll an eligible dependent child, up to the age of 26, in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit the required documentation as indicated above, and affirm by signing this form, that the child is eligible for this employer-sponsored coverage. Dependent child(ren) are eligible for dental and vision coverage up to the age of 19. For dependent children aged 19 to 23, full-time student verification is required and must be submitted to BSC Benefits every semester to maintain dental coverage.

2024 Open Enrollment/Change Form

For NYCT TWU Local 100 Career & Salary Retirees

HR-BEN-835R



Section 1 - Information and Instructions

Complete this form to enroll in **or** change your health insurance coverage. This form is **only** for NYCT TWU Local 100 Career & Salary retirees and/or their dependent(s). Do **NOT** submit this form if you are making your enrollment changes online.

For Medicare-eligible retirees **and** Medicare-eligible dependents, you **MUST** submit a copy of your Medicare Identification Card(s) with this completed form.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are **any** changes in the below information. Completed and signed forms may be submitted via fax to 212-852-8700 **OR** via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday **OR** BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)			E-Mail

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Non-Medicare Eligible Retiree and/or Dependent Election (Check only ONE):

<input type="checkbox"/> GHI	<input type="checkbox"/> GHI with Optional Rider
<input type="checkbox"/> HIP HMO	<input type="checkbox"/> HIP HMO with Optional Rider
<input type="checkbox"/> Aetna	<input type="checkbox"/> Other _____

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Medicare-Eligible Retiree and/or Dependent Election (Check only ONE):

<input type="checkbox"/> EmblemHealth (Formerly GHI PPO)
<input type="checkbox"/> EmblemHealth VIP (Formerly HIP VIP) – <i>Open to Medicare-Eligible, New York Residents ONLY</i>

NOTE: Medicare-Eligible Dependent(s) will be **automatically enrolled into the same plan** as elected by the Medicare-Eligible Retiree.

Section 5 - Dental Coverage Election (Eligibility Will Vary Based On Union Affiliation)

DENTAL: Individual Family

Check only **ONE** of the below dental plans:

<input type="checkbox"/> MetLife Fee Schedule
<input type="checkbox"/> DentCare/HealthPlex

Section 6 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):
Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 8 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER*:
Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change			Relationship (Check only <u>ONE</u>)			Gender			Date of Birth		
A	R	C	Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY

2024 Open Enrollment/Change Form

For NYCT TWU Local 100 Career & Salary Retirees

HR-BEN-835R



Section 7 - Signature and Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:

Date:

Section 8 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport or Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is **more than one (1) year old**, proof of joint ownership is also **required**. If your marriage date is **less than 1 year old**, such proof is **not required**. If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.

Both the enrollee's and spouse's name **must** be listed on the documentation of joint ownership. Where indicated, proof* of joint ownership **must** be dated within the past 90 days. Examples of proof of joint ownership include a copy of:

- Most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name **must** appear on the tax form on the line after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension or Life insurance or Will, designating your spouse as a beneficiary
- Mortgage Statement or Rental/Lease Agreement or Property Tax Document*
- Utility or Phone or Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**

3. Dependent Children Between Ages 19 and 26:

To enroll an eligible dependent child, up to the age of 26, in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit the required documentation as indicated above, and affirm by signing this form, that the child is eligible for this employer-sponsored coverage. Dependent child(ren) are eligible for dental and vision coverage up to the age of 19. For dependent children aged 19 to 23, full-time student verification is required and must be submitted to BSC Benefits every semester to maintain dental coverage.

2024 Dental Open Enrollment/Change Form

For NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) Retirees with NYSHIP Health Plan



HR-BEN-836R

Section 1 - Information and Instructions

Complete this form to enroll in **or** change your dental insurance coverage.

This form is **only** for NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) retirees and/or their dependent(s) who are enrolled in the NYSHIP Health Plan.

Do **NOT** complete this form if you are enrolled in one of the Aetna plans for your medical coverage. Please do **NOT** submit this form if you are making your dental plan changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information.

Completed and signed forms may be submitted via fax to 212-852-8700 **OR** via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday **OR** BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)			E-Mail

If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay the receipt of important plan enrollment confirmation info.

Section 3 - Dental Coverage Election (Effective January 1, 2024)

DENTAL: Individual Family

Check only **ONE** of the below dental plans:

CIGNA Dental Care (DHMO)

CIGNA DPPO Dental

Section 4 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):
Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 6 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER:
Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in dental coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are removing a Domestic Partner, please complete and submit this dental open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change			Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY

Section 5 - Signature and Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:	Date:
--------------------	-------

2024 Dental Open Enrollment/Change Form

For NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO
Local 106/Special Inspector (UFLEO) Retirees with NYSHIP Health Plan



HR-BEN-836R

Section 6 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport **or** Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is more than one (1) year old, proof of joint ownership is also required. If your marriage date is less than 1 year old, such proof is not required. **If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.**

Both the enrollee's and spouse's name must be listed on the documentation of joint ownership. Where indicated, proof* of joint ownership must be dated within the past 90 days. Examples of proof of joint ownership include a copy of:

- Most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name **must** appear on the tax form on the line after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation **or** Bank Account Statement*
- Pension **or** Life insurance **or** Will, designating your spouse as a beneficiary
- Mortgage Statement **or** Rental/Lease Agreement **or** Property Tax Document*
- Utility **or** Phone **or** Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**

3. Dependent Children Between Ages 19 and 26:

Dependent children are eligible for dental coverage up to age 26 regardless of full-time student status.

2024 Dental Open Enrollment/Change Form

For NYCT Retirees with NYSHIP Health Plan (**EXCEPT** SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector-UFLEO)



HR-BEN-837R

Section 1 - Information and Instructions

Complete this form to enroll in **or** change your dental insurance coverage.

This form is **only** for NYCT retirees and/or their dependent(s) who are *enrolled in the NYSHIP Health Plan*, **EXCEPT** for SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) retirees.

Please do **NOT** submit this form if you are making your dental plan changes online. It is important to complete **ALL** applicable sections of this form.

You **MUST** submit a new request if there are **any** changes in the below information.

Completed and signed forms may be submitted via fax to 212-852-8700 **OR** via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday **OR** BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)			E-Mail

If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay the receipt of important plan enrollment confirmation info.

Section 3 - Dental Coverage Election (Effective January 1, 2024)

DENTAL: Individual Family

Check only **ONE** of the below dental plans:

MetLife PPO

DentCare/HealthPlex

Section 4 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):
Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 6 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER:
Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in dental coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this dental open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change			Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY

Section 5 - Signature and Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:	Date:
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2024 Dental Open Enrollment/Change Form

For NYCT Retirees with NYSHIP Health Plan (**EXCEPT** SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector-UFLEO)



HR-BEN-837R

Section 6 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport **or** Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is more than one (1) year old, proof of joint ownership is also **required.** If your marriage date is less than 1 year old, such proof is not required. **If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.**

Both the enrollee's and spouse's name must be listed on the documentation of joint ownership. Where indicated, proof* of joint ownership must be dated within the past 90 days. Examples of proof of joint ownership include a copy of:

- Most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name **must** appear on the tax form on the line after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation **or** Bank Account Statement*
- Pension **or** Life insurance **or** Will, designating your spouse as a beneficiary
- Mortgage Statement **or** Rental/Lease Agreement **or** Property Tax Document*
- Utility **or** Phone **or** Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**

3. Dependent Children Between Ages 19 and 25:

For dependent children aged 19 to 25, full-time student verification is required and must be submitted to BSC Benefits every semester to maintain dental coverage.

Notice of Creditable Coverage

If you or your family members are not currently covered by Medicare and will not be covered by Medicare in the next year, this notice does not apply to you.

Important Notice from New York City Transit (NYCT) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with New York City Transit and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. NYCT has determined that the prescription drug coverage we offer is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter during the open enrollment period. For 2024, the open enrollment period will be from October 15 through December 7, 2023.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, you will still be eligible to receive retiree medical and prescription coverage. However, NYCT's plan will pay secondary to Medicare.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with NYCT and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact information is provided below if you need further information.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through NYCT changes. You also may request a copy of this notice at any time.

MTA Business Service Center:

Call: 646-376-0123 (8:30 a.m. – 5:00 p.m., Monday through Friday)

Fax: 212-852-8700

Email: bscservice@mtabsc.org

For More Information about Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



EMPLOYEE OR RETIREE AFFIDAVIT

STATE OF: _____

COUNTY OF: _____

DATE: _____

NAME [_____] BSC ID # [_____]

being duly sworn, deposes and says:

1. I am an employee of or have retired from [circle appropriate agency]
 New York City Transit Authority MaBSTOA SIRTOA MTA BUS Co.
2. I make this affidavit based on personal knowledge and under penalties of perjury.
3. My spouse [PRINT NAME], _____,
 is currently not covered by my health insurance as a dependent on my plan.
4. I am unable to provide a copy of the top half of the front page of my most recent federal tax return that includes my spouse (with financial information blacked out); and the E-File confirmation page, Tax Preparer's Summary, or the Federal Return Recap; nor can I provide any of the following alternate documentation of joint ownership, dated no earlier than twelve (12) months prior to my application for coverage for my spouse:
 - Homeowners/Renters Insurance Policy
 - Credit Card Statement
 - Loan Obligation or Bank Account Statement
 - Pension/Life Insurance/a Will designating your spouse as beneficiary
 - Mortgage Statement/Rental/Lease Agreement or Property Tax Document
 - Utility/phone/internet/cable bills

Despite my inability to produce any of the necessary documentation, I hereby affirm, under penalties of perjury, that my spouse and I are currently married and that we are not legally separated or divorced.

PRINT EMPLOYEE OR RETIREE NAME

Sworn to before me this

_____ day of _____ 20____
Date Month Year

SIGNATURE OF EMPLOYEE OR RETIREE

NOTARY PUBLIC
13333090