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):**

☐ GHI	☐ GHI with Optional Rider
☐ HIP HMO	☐ HIP HMO with Optional Rider
☐ Aetna	☐ 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):**

☐ 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.

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 ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	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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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.