

2017 Open Enrollment/Change Form

Active Subway Surface Supervisors Association (SSSA), Non Rep Operating Supervisors (MS II), TWU Local 106
 Transit Supervisors Organization (TSO) Operating and Queens Supervisory, Coin Retriever Employees, SSII and Special Inspectors
 HR-BEN-368A



Section 1 - Information and Instructions

The purpose of this form is to enroll in or change health insurance, **effective January 1, 2017.**

Please email a signed copy of the form to bscservice@mtabsc.org or fax to 212-852-8700 or drop off at the 180 Livingston Street Walk-in Center 8:30 a.m. to 5 p.m., Monday – Friday. If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123.

Section 2 - Employee Information

Print Name	Last	First	M.I.	Suffix	BSC ID
					Pass #
Phone (H)	Phone (W)				Email

If your address on your pay stub is incorrect, contact the Business Service Center OR log onto www.mymta.info and change your address online OR complete HR-HRIS-012 Employee Data Change Form. An incorrect address will delay receipt of your new health insurance cards.

Section 3 – Coverage Election – Effective January 1, 2017

Medical Individual Family

Check One

- METLIFE (Fee Schedule)
- METLIFE PPO
- DENTCARE (HEALTHPLEX)
- PLAN A – AMERICAN DENTAL CENTER
- PLAN B – THE DENTAL SHOP

Section 4 – Dependent Information

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and NYC Transit will pursue financial restitution for claims and/or premiums for the ineligible dependent.

- Please fill in all information for new dependents you wish to enroll and submit required documentation (see Section 6).
- Please fill in all information for any dependents you wish to delete.
- Please contact the Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner.

NOTE: Your domestic partner will not be enrolled in health coverage unless an application is submitted and approved by the Benefits Department.

Check One - Indicate (A) Add or (D) Delete				Check One - Relationship			Gender		Date of Birth		
A	D	Name	SSN	Spouse	Domestic Partner	Child	F	M	Mo	Day	Year

Section 5 - Authorization

My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 that I have enrolled in coverage are not eligible for another employer-sponsored coverage.

Employee Signature	Date
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Section 6 – Dependent Required Documentation

1. For a Spouse

A copy of Marriage Certificate, Social Security card, and, if your date of marriage is more than one year old:

- **Your most recent Tax Return**—Federal or State (including Puerto Rico Returns)
 - Your 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 provided after the “married filing separately” status (or vice versa).
 - Only submit page 1 of the tax return. This should include the 1040 form, eFile Confirmation page, Tax Preparer’s Summary, or Federal Return Recap.
 - Eliminate all financial information.

OR

- **Proof of Joint Ownership**

Both the enrollee’s and spouse’s name must be listed on the documentation of joint ownership and be dated within the past 90 days.

Examples include a copy of:

- | | |
|---|--------------------------------------|
| • Homeowners/Renters Insurance Policy | • Mortgage Statement |
| • Credit Card Statement | • Property Tax Document |
| • Loan Obligation | • Rental/Lease Agreement |
| • Bank Account Statement | • Utility/phone/internet/cable bills |
| • Pension/life insurance/will designating spouse as beneficiary | |

If you are not able to provide the required documentation, please contact the BSC at 646-376-0123.

2. For Children

For a Natural-Born Child, a copy of:

- Birth Certificate showing employee’s name
- Social Security card

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

- Birth Certificate
- Social Security card
- Legal documentation concerning adoption

3. Dependent Children Coverage between ages 19 and 25

To continue covering a dependent child from age 19 to 25 on dental, you are required to submit a full-time student verification letter. Students will also be entitled to vision coverage under EyeMed.