

NY44 Health Plan Notice of Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse or registered domestic partner) when you first become eligible for the NY44 Health Plan because you have other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or they subsequently lose eligibility for the other coverage (or if the employer stops contributing towards the other coverage). However, you must request enrollment in NY44 within 30 days after the other coverage terminates (or after the employer stops contributing toward the other coverage) in order to take advantage of this special enrollment opportunity. If you miss this *special* enrollment date, you will have to wait until the plan's next *open* enrollment period to obtain coverage under NY44.

If you acquire a new dependent as a result of marriage, assumption of a registered domestic partnership, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the NY44 Health Plan during a *special* enrollment period. However, you must request enrollment within 30 days after the qualifying event, or you will have to wait to enroll until the plan's next *open* enrollment period to obtain NY44 coverage.

Please note that for special enrollment due to marriage, assumption of a registered domestic partnership or loss of eligibility for other coverage, your new coverage will begin on the first day of the first month after the plan receives the enrollment request. If the plan receives the request on January 3, for example, coverage would begin on February 1. If you are requesting special enrollment as a result of a birth, adoption, or placement for adoption, your coverage will begin no later than the day of the event, assuming the plan receives notice within 30 days of the event.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while you have Medicaid coverage or coverage under a state children's health insurance program, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after the determination of eligibility for such assistance.

Please note: Changes to the original Application Form must be made through the Enrollment System by the District's Benefit Clerk.

To request special enrollment or obtain more information, contact Mary Beth Spacone @ 286-1271 or Alicia Savino @ 286-4227