NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

EMPLOYEE BENEFITS DIVISION

Application for Waiver Premium

PS-452 (3/04)

This is the application for a waiver of health insurance contributions because of total disability. Any expense incurred solely for obtaining the attending physician's statement on this application is not a covered medical expense. If you have questions regarding this application for waiver of premium, contact your agency Health Benefits Administrator.

NOTE: Enrollees on Family Medical Leave of Absence qualify to apply for a waiver of premium. An employee who is receiving short-term disability benefits under the New York Income Protection Plan is not eligible for a Waiver of Premium. Review your NYSHIP General Information Book to see if you may qualify for a waiver of premium.

INSTRUCTIONS FOR COMPLETING THE PS-452 APPLICATION FOR WAIVER OF PREMIUM

1. **Enrollee** completes **Part A**.
2. **Agency** completes **Part B**, (Parts A and B must be completed before any other parts of the form are completed to ensure confidentiality of the dependent's medical information).
3. Leave **Part C blank.** United Health Care to complete last.
4. **Attending physician** completes **Part D** (attending physician cannot complete this section until Parts A and B are complete).

PART A (To Be Completed by Enrollee) ***Please print or type***

Enrollee's Name (Print)	Health Insurance ID Number	Date of Birth
Home Address (No. and Street)	City	State / Zip Code

PRESENTATION OF MATERIALLY FALSE INFORMATION IN SUPPORT OF AN INSURANCE APPLICATION OR CLAIM IS PROHIBITED BY ARTICLE 176 OF THE PENAL LAW.

I hereby apply for a waiver of premium under the New York State Health Insurance Program. If approved, this approval is contingent on the employee's continuing Leave Without Pay status throughout the waiver period. Should the employee return to the payroll, be terminated, retire or resign during the waiver period, this waiver of premium will terminate.

Enrollee's Signature	**Telephone No.**	**Date**

PART B (To Be Completed by Employing Agency) ***Please print or type***

Effective Date of Leave Without Pay Status	Enrollee's Health Insurance Coverage: ☐ Individual ☐ Family	Health Insurance Option - Empire Plan
Employing Agency	Telephone Number	Agency Code

Authorized Signature	**Date**

PART C (To be completed by the United HealthCare) ***Please print or type***

☐ Approved _____ to _____ Date first disabled (effective date) (mm/dd/yy) Disability through (mm/dd/yy)	☐ Not Approved
Signature	**Date**

PART D (To Be Completed by Attending Physician) ***Please print or type***

Enrollee's Name	**Health Insurance ID Number**
Physician's Name	**Physician's Address**
Telephone Number (including area code)	

When did the disability first prevent the employee from performing his or her regular duties?	(mm/dd/yy)
Is the employee currently disabled?	☐ Yes ☐ No
On what date did you FIRST treat the employee for this disability?	(mm/dd/yy)
On what date did you LAST examine the employee?	(mm/dd/yy)
When do you estimate the employee will be able to resume his or her regular duties?	(mm/dd/yy)

Complete description of medical condition, including diagnosis, prognosis, current status and service being received:

If more space is necessary, attach additional pages.

PLEASE NOTE: Unless all questions are answered completely, a determination cannot be made.

Physician's Signature	**Date**

Enrollee or attending physician mails the completed form to:

United HealthCare
Eligibility Unit
505 Boices Lane
Kingston, New York 12402

Personal Privacy Protection Law Notification

The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 12239; (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

EMPLOYEE BENEFITS DIVISION

Instructions for the Application for the Waiver Premium

PS-452I (3/04)

Eligibility

Do not apply for a waiver until you have met all the eligibility criteria:

To qualify for a waiver of your Empire Plan premium, you must meet ***all four*** of the following requirements:

1. You are currently enrolled in the Empire Plan

2. You have been totally disabled as a result of sickness or injury, on a continuous basis, for a minimum of six biweekly payroll periods for State Agency employees or 3 months for either Participating Employer or Participating Agency employees;

3. You are on authorized Leave Without Pay, unpaid Family and Medical Leave or covered under Preferred List or UUP retrenchment provisions.

   For District Council 37, M/C and Legislature: If you receive Long-Term Disability payments from the New York State Income Protection Plan or Legislative Long-Term Disability Protection Plan, and you pay the full cost of your premium, you are eligible to apply for a waiver.

   AND

4. You kept your coverage in effect while you were off the payroll by paying either:

   - the required full cost of your health insurance premium (your employee contribution and the employer contribution) if you are on Leave Without Pay; or

   - the employee contribution if you are covered under Family and Medical Leave or covered under Preferred List or UUP retrenchment provisions.

NOT ELIGIBLE:	You are not eligible for the waiver if you are still receiving income through salary, sick leave accruals or retirement allowance. If you are a NY State Agency employee out of work on a workers' compensation disability leave for health insurance purposes, you are **not** eligible for a waiver of premium. A waiver of premium is **not available for New York State-administered dental or vision premiums.**

Waiver is Not Automatic

A waiver of premium is **not** automatic. You must apply for it (using the enclosed PS-452) and you must continue to pay your health insurance premiums until you are notified that the waiver has been granted. You will receive a refund for any overpayments.

Waiver Ends If…

The waiver may continue for up to one year during your period of total disability **unless**:

- You return to the payroll
- You are no longer covered under Leave Without Pay, Family and Medical Leave, Preferred List or UUP retrenchment provisions.
- You are no longer disabled
- You are no longer a State employee
- You vest your health insurance coverage rights
- You retire
- You die

How to Apply for a Waiver of Premium

To apply for a waiver of premium obtain Form PS-452 from your agency Health Benefits Administrator. After you, your agency and your physician have filled in the required information, return the completed form to:

United HealthCare
Eligibility Unit
505 Boices Lane
Kingston, NY 12402

You must apply during the period in which you meet the eligibility requirements for a waiver. You may *not* apply after you return to the payroll or vest or retire.

What Happens Next

United HealthCare will review your application. The application will be returned to you, if it is not complete. United HealthCare will review the completed application and determine the period of disability or disapprove, based on the information provided in the application. United HealthCare will then forward their recommendation to the Employee Benefits Division at the Department of Civil Service who will make the final determination on your eligibility for the waiver of premium. This whole process takes approximately four weeks, at which time you will receive notification whether or not the waiver has been approved.

Employees of NY State agencies should address any questions to the Leave Without Pay Unit at 1-800-833-4344. Employees of Participating Agencies or Participating Employers should address questions to their employing agency.

Additional Waiver of Premium

If you received a waiver of premium for up to one year, you must return to work for six biweekly payroll periods for State Agency employees or 3 months for either Participating Employer or Participating Agency employees, before being eligible for an additional waiver of premium. If you have not returned to work, you may not use accruals to return to the payroll for a brief period in order to qualify for an additional waiver.

If you received a waiver of premium, return to work and continue health insurance coverage, but must stop working due to the same disability, the following rules apply:

- If you must stop working before qualifying for new waiver period, you may resume coverage under the previous waiver for the remainder of the formerly approved waiver period. You must file a new waiver of premium application to resume coverage for the balance of the formerly approved waiver period, which includes the time back to work.

- If you stop working after qualifying for new waiver period, you may apply for a new waiver of premium for an additional one-year period.

There is no lifetime limit to the number of waivers you may receive. You will be notified if an additional waiver has been granted.