



New York City Office of Labor Relations

Health Benefits Program

nyc.gov/hbp

Retiree Special Enrollment/Waiver Form

For use ONLY during the implementation of the Aetna Medicare Advantage Plan

Use this form between May 1, 2023 - June 30, 2023

RETURN FORM BY JUNE 30, 2023

1) MAIL FORM TO:

NYC Health Benefits Program
22 Cortlandt Street, 12th Floor
New York, NY 10007

2) SUBMIT FORM ELECTRONICALLY TO:
https://nycemployeebenefits.leapfile.net

3) FAX FORM TO:

212-306-7373

This is not an Opt-out Form. To opt-out of the Aetna Medicare Advantage PPO Plan you must contact Aetna directly at 1-855-648-0389 or online at CONY.AetnaMedicare.com

Only Complete this application for any of the following reasons:

- 1) For current HIP VIP members who wish to enroll in the Aetna Medicare Advantage Plan
2) To add the Aetna Medicare Rx Drug Rider for prescription drug coverage if your union welfare fund is subject to a benefit maximum or you are no longer eligible for other Medicare Part D drug plans
3) To waive City Health Benefits coverage

Important: All changes will be effective September 1, 2023.

Do not use this form if your retirement date is on or after July 1, 2023 - use the Health Benefits Retiree Application (available on nyc.gov/hbp).

Form with fields: RETIREE LAST NAME, RETIREE FIRST NAME, MI, HOME ADDRESS, APT NO, DATE OF BIRTH, SOCIAL SECURITY NUMBER, CITY, STATE, ZIP CODE, MEDICARE (MBI) NUMBER, DAYTIME PHONE NUMBER, EMAIL ADDRESS, EFFECTIVE DATE OF MEDICARE COVERAGE, NAME OF AGENCY RETIRED FROM, PENSION SYSTEM, NAME OF WELFARE FUND, ATTACH COPY OF MEDICARE CARD TO FORM

To add or drop dependents from your health plan, please complete the Health Benefits Application which can be found on nyc.gov/hbp.

1) If you are a HIP VIP member and wish to enroll in the Aetna Medicare Advantage Plan

By checking this box, I wish to enroll in the Aetna Medicare Advantage Plan. I acknowledge that I will no longer be in the HIP VIP plan and these changes will be effective September 1, 2023.

2) Add the Aetna Medicare Rx drug rider for prescription drug coverage if your union welfare fund is subject to a benefit maximum or you are no longer eligible for other Medicare Part D drug plans

I wish to add the Aetna Medicare Advantage Plan Prescription Drug Rider (effective September 1, 2023)

3) Waive (Terminate) City Health Benefits Coverage

I wish to waive (terminate) my City health benefits. I understand that if I waive benefits my covered dependents and I will no longer have City health coverage and will not be eligible for Medicare Part B and IRMAA reimbursement, if applicable, as of September 1, 2023.

Signature

I certify that the above information is correct and I authorize the City to deduct from my pension the amount required, if any, through the City Health Benefits Program. I understand that the City Program's benefits will be coordinated with those available through Medicare or any other source.

RETIREE SIGNATURE, DATE