

PS&T Unit Members  
Health Insurance Opt-out Questionnaire  
(to be completed by employees who planned to opt-out)

Name \_\_\_\_\_  
Agency \_\_\_\_\_ Title \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Number \_\_\_\_\_ Home Email \_\_\_\_\_

1. Are you a PS&T Unit Member who was enrolled in the New York State Health Insurance Program (NYSHIP) on April 1, 2011 (or since date of first eligibility if later than April 1, 2011) and continuing through the end of 2011?  YES  NO

If yes, what type of coverage were you enrolled in at the end of 2011?

Family  Individual

2. Do you have a spouse, domestic partner or parent (if you are under the age of 26) who was also enrolled in NYSHIP as of January 1, 2012?  YES  NO

If yes, what type of coverage is he/she enrolled in?

Family  Individual

If you answered yes to questions 1 **and** 2 above, please answer the following. If you answered no to **either** 1 or 2 above, do not complete this form.

3. Were you planning to opt-out of NYSHIP for 2012 in order to receive the annual incentive payment of \$1,000 (for individual)?  YES  NO
4. Did you seek information from your agency regarding your eligibility to enroll in the Opt-out Program?  YES  NO

If yes, who did you consult with for such information?

(name) \_\_\_\_\_ (title) \_\_\_\_\_

5. Were you told that you were not eligible to opt-out?  YES  NO

If yes, what were you told? \_\_\_\_\_

**OVER**

6. Did you attempt to enroll in the Opt-out Program during the option transfer period and were denied?  YES  NO

If yes, do you have any written documentation of your attempt to enroll and/or the denial?  YES  NO (if yes, please attach copies to this form)

7. If you were denied, did you voluntarily cancel your NYSHIP coverage and no longer have dual coverage?  YES  NO

8. If you were interested in opting out but did not seek information or attempt to opt-out, please explain. \_\_\_\_\_

Please send this form back to the NYS Public Employees Federation, Contract Administration Department, P.O. Box 12414, Albany, NY 12212-2414 or fax it to (518)785-0525. **Please include with this form any written documentation of communications you had with your agency regarding the Opt-out Program.**