



Classified Part Time Benefits Package Checklist

[City of New York Health Benefits Application](#)

[City of New York Health Benefits Rate Sheet](#)

[City of New York Summary Program Description Booklet](#)

[Dependent Eligibility Required Documentation List](#)

[District Council 37 Health 7 Security Enrollment Card](#) (For all other unions the employee must contact the union directly)

[New York City Employees' Retirement System \(NYCERS\) Tier 6 Fact Sheet](#)

[New York City Employees' Retirement System Tier 6 Application](#)

[Flexible Spending Account Frequently Asked Questions](#)

[COBRA Fact Sheet](#)

[Transit Benefit Transportation Account \(TSA\) Fact Sheet & Application](#)

Tax Deferred Annuities Information www.tiaa.org/cuny and www.nysdcp.com

Health Plan Coverage for Employees Hired on or After July 1, 2019

City of New York employees, and employees of Participating Employers, hired on or after July 1, 2019, and their eligible dependents, will only be eligible to enroll in the EmblemHealth HIP HMO Preferred Plan, and must remain in the HIP HMO Preferred Plan for the first year (365 days) of employment.

After 365 days of employment, the employee will have the option of either remaining in the HIP HMO Preferred Plan or selecting a different health plan within 30 days before the end of the 365 day period. If a new health plan is selected, the new plan will be effective on the 366th day.

Only after the 365th day can the employee participate in any Annual Fall Transfer Period.

An employee who needs to request an exemption from the required enrollment in the HIP HMO Preferred Plan can do so by submitting an Opt-Out Request Form to EmblemHealth. An employee, or eligible dependent, must meet certain criteria and the request must be approved by EmblemHealth before the exemption is granted. The Opt-Out Request Form is available on the EmblemHealth website.

I acknowledge receipt of the Benefits Package

Sign & Print Name _____

Title: _____ date _____