

## NYCAPS Health Benefits Enrollment Form Checklist - Employees

**IMPORTANT:** NYCAPS is the new HR system of record for City agencies, including DOE. The NYCAPS application was implemented in September 2007 for all HBank/ZBank (administrative) titles. Educational and other titles will be converted to NYCAPS in the future. Since benefits transactions are performed in NYCAPS, a new customized NYCAPS benefits enrollment form will be generated in certain circumstances for titles that are currently converted to NYCAPS. At this time, the information in this document only applies to HBank/ZBank employees.

New hires and existing employees who have a job-related qualifying event that allows them to change their benefits will be mailed a customized NYCAPS-generated health benefits application form. If the employee has a family status change, or other qualifying event that is not job-related, the customized form will not be generated automatically and the employee will need to request a customized form from HR Connect. Alternatively, they may obtain and submit the generic ERB form. The ERB form can be obtained from the DOE website at [schools.nyc.gov/DHRForms](http://schools.nyc.gov/DHRForms). For information on completing the ERB form, refer to the related topic.

### Section A: Employee Information

This section, which includes information specific to the employee who received the form, is already completed for the employee. Refer to the table below for more information on these fields.

Field Name	Value	If the information is not correct:
	Employee name	Submit a Personal Data Change form. This form can be obtained online via <a href="http://schools.nyc.gov/DHRForms">schools.nyc.gov/DHRForms</a> . For information on how to submit this form, call HR Connect at 718-935-4000.
	Employee address	Call HR Connect at 718-935-4000 to perform the address change over the phone.
Employee ID	NYCAPS Employee ID (listed as "Reference Number" on their pay stub). This is not their File Number, EIS ID, or Social Security number.	This information is automatically generated and cannot be incorrect.
Date of Birth	Employee date of birth	Submit a Personal Data Change form. This form can be obtained online via <a href="http://schools.nyc.gov/DHRForms">schools.nyc.gov/DHRForms</a> . For information on how to submit this form, call HR Connect at 718-935-4000.
Welfare Fund	Employee's union or welfare fund	This information is based on the employee's title. Work with your ISC or HR Representative if this value is not correct.
Title	Employee's formal title	This information is based on the employee's job information in NYCAPS. Work with your ISC or HR representative if this value is not correct.
Payroll Agency	Employee's agency code	This information is based on the employee's title. This value is for internal use only.

### Section B: Dependent Information

If specifying any dependents (including spouses, domestic partners, and/or children), complete the provided table with each dependent's information.

- Use the correct row for each dependent. Spouse or domestic partner (if applicable) must be entered on the first row. Dependent child(ren) (if applicable) must be entered on the following four rows.
- Specify whether or not to cover this dependent under your health plan in the "Cover Y/N" field (Y = dependent will be covered/N = dependent will NOT be covered).

3. Write the dependent's LEGAL first name AND last name in the "Dependent First Name/Last Name" field, even if the last name is the same as the your last name.
  
4. Specify the dependent's date of birth in the correct format (MM/DD/YY) in the "Date of Birth" field.
  
5. Select from below.
  - Dependent is a SPOUSE
    1. Ensure that you have provided a photocopy of your marriage certificate. A marriage **license**, or a marriage certificate issued by a house of worship, are not valid forms of supporting documentation.
    2. Proceed to step 6.
  
  - Dependent is a DOMESTIC PARTNER
    1. Ensure that you have provided a photocopy of your City domestic partner registration.
    2. Proceed to step 6.
  
  - Dependent is a CHILD under the age of 19
    1. Ensure that you have provided a PHOTOCOPY of the appropriate supporting documentation when adding a dependent to your coverage. The following are examples of the appropriate supporting documentation for dependent children under the age of 19.
    2. Select from below.
      - Employee is the custodial parent
        1. Child's birth certificate, **OR**
        2. Hospital discharge papers **AND** the baby's footprints, **OR**
        3. Hospital discharge papers **AND** letter from the hospital (if footprints not provided), **OR**
        4. Child's birth certificate **AND** adoption papers
  
      - Employee is the non-custodial parent
        1. Copy of the child's birth certificate **AND** copy of the court order instructing employee to include child on coverage.
  
      - Employee is the father of the child and is not listed on the birth certificate
        1. If the mother of the child is the employee's dependent, copy of the child's birth certificate, **OR**
        2. If the mother of the child is NOT the employee's dependent, copy of the letter of filiation (paternity) from the court **AND** a photocopy of the child's birth certificate.
  
  - Dependent is a child who is a FULL-TIME STUDENT between the ages of 19 and 23:
    1. Write **Y** in the "FT Student over 19 Y/N" box.
    2. Ensure that you have provided a PHOTOCOPY of the child's birth certificate **AND** a letter from the college or university registrar confirming their full-time enrollment in an accredited

college or university.

- Dependent is a child who is over the age of 19 and unable to work due to PERMANENT DISABILITY
  1. Write **Y** in the "Disabled Y/N" box.
  2. Ensure that you have provided a photocopy of the child's birth certificate AND a letter from the child's physician detailing the child's disability.
- 6. Specify this dependent's Social Security number (in NNN-NN-NNNN format) in the "Social Security Number" field.

### **Section C: Dependent Medicare Information**

The employee is only required to complete this section if any of the dependents specified in Section B are covered by Medicare (parts A and/or B). If none of the dependents listed in Section B are covered by Medicare, then this section can be left blank.

1. Specify the effective date of the dependent's Medicare Part A coverage in the correct format (MM/DD/YY).
2. Specify the effective date of the dependent's Medicare Part B coverage in the correct format (MM/DD/YY).
3. Specify the dependent's legal first name AND last name, even if the last name is the same as the employee's last name.
4. Specify the dependent's Social Security number (in NNN-NN-NNNN format).
5. Specify the dependent's Medicare Claim #.

### **Section D: Health Benefit Options**

Section D lists a customized list of all health plans that the employee is currently eligible for. For more information on any of these plans, refer to the Summary Program Description (SPD) on the OLR website at [www.nyc.gov/olr](http://www.nyc.gov/olr).

1. Write the Option Code associated with your chosen health plan in the large box on the bottom of this section.

### **Section E: Employee Certification**

The employee must certify that they have confirmed that all information provided in their application is true and accurate.

1. Sign and date this section.

### **Section F: Agency Certification**

This section should only be completed by an HR Connect benefits representative.

1. Leave this section BLANK.
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#### **Related Topics**

- ERB/ERB2000 Health Benefits Application Checklist - Employees

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