

Retiree Health Benefits Enrollment/Change Form

For All NYCTA Retirees

Except ATU 1056/SIRTOA/ Spring Creek (ATU 1181) and JFK (1179)

HR-BEN-372R



Section 1 - Information and Instructions

The purpose of this form is to enroll or change health insurance and/or update Medicare status with the BSC for retirees and/or their dependents.

Please return a signed copy of this form along with a photocopy of your and/or each eligible dependent's Medicare identification card to the MTA Business Service Center (BSC) via:

Fax: 212-852-8700
Email: bscservice@mtabsc.org

If you have any questions, please contact the Business Service Center at 646-376-0123 or bscservice@mtabsc.org

Section 2 – Retiree Information

Print Name	Last	First	M.I	BSC ID:
				PASS#
Phone(H)	Phone(M)		Email	

Please ensure that we have your most up-to-date information on file. Contact the Business Service Center, or log onto www.mymta.info and change your address online OR complete the HR-HRIS-012 Employee Data Change Form. An incorrect address will delay receipt of your new health insurance cards.

Section 3 – Coverage Election

Retiree	Dependent Not Medicare Eligible	Dependent Medicare Eligible
Check One	Check one if applicable	
<input type="checkbox"/> Aetna CPOS II Basic Option (Available to all Non-Medicare) <input type="checkbox"/> Aetna CPPO Basic Option (Available to all Medicare eligible members)	<input type="checkbox"/> Same coverage as retiree- <input type="checkbox"/> Aetna CPOS II Basic Option <input type="checkbox"/> Aetna Select Option (Nationwide In-Network Providers only)	<input type="checkbox"/> Aetna CPPO Basic Option <input type="checkbox"/> Aetna Medicare Advantage Option 1 <input type="checkbox"/> Aetna Medicare Advantage Option 2
<input type="checkbox"/> Aetna Select Option (Nationwide In-Network Providers only)	<input type="checkbox"/> Same coverage as retiree <input type="checkbox"/> Aetna Select Option (Nationwide In-Network Providers only)	<input type="checkbox"/> Aetna CPPO Basic Option <input type="checkbox"/> Aetna Medicare Advantage Option 1 <input type="checkbox"/> Aetna Medicare Advantage Option 2
<input type="checkbox"/> Aetna Medicare Advantage Option 1 (Available to Medicare eligible members only)	<input type="checkbox"/> Aetna CPOS II Basic Option <input type="checkbox"/> Aetna Select Option (Nationwide In-Network Providers only)	<input type="checkbox"/> Aetna CPPO Basic Option <input type="checkbox"/> Aetna Medicare Advantage Option 1 <input type="checkbox"/> Aetna Medicare Advantage Option 2
<input type="checkbox"/> Aetna Medicare Advantage Option 2 (Available to Medicare eligible members only)	<input type="checkbox"/> Aetna CPOS II Basic Option <input type="checkbox"/> Aetna Select (Nationwide In-Network Providers only)	<input type="checkbox"/> Aetna CPPO Basic Option <input type="checkbox"/> Aetna Medicare Advantage Option 1 <input type="checkbox"/> Aetna Medicare Advantage Option 2

Note* If you or your dependent(s) become Medicare eligible, you have the choice to elect separate medical coverage. The maximum number of medical plans you and your dependents can enroll in is two.

Section 4 – Dependent Information

- Please fill in all information for dependents you wish to enroll and submit Required Documentation (see Section 5). Documentation is required within 90 days from the effective date for a newborn dependent. Failure to submit documentation will result in the termination of your dependent's coverage.
- Please fill in all information for any dependent you wish to add or delete.

DOMESTIC PARTNER*
 Please contact the Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will not be enrolled in health coverage unless an application is submitted and approved by the Benefits Department.

Indicate (A) Add, (R) Remove or (C) Change			Relationship: Check one				Name		Date of Birth			
A	R	C	Name	SSN	Spouse	Domestic Partner*	Child	F	M	Month	Day	Year

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Section 5 – Required Documentation

1. For a Spouse

A copy of your Marriage Certificate, Birth Certificate, and Social Security card are required. In place of a required Birth Certificate, any of the following official government documents can be submitted.

Any other official Government documents are:

- A letter from Social Security containing your spouse's date of birth
- Valid US Passport
- Valid Driver's License-New York
- Resident Alien Card
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is more than one year old, proof of joint ownership is required.

Both the enrollee's and spouse's name must be listed on the documentation of joint ownership. Where indicated, proof* must be dated within the past 90 days. Examples include a copy of:

- Your most recent tax return showing "Married Filing Jointly" or "Married Filing Separately". Your spouse's name must appear on the tax form on the line provided on the line provided after the "married filing separately" status (or vice versa). Submit page 1 of the tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension/life insurance/will, designating your spouse as beneficiary
- Mortgage Statement /Rental/Lease Agreement or Property Tax Document*
- Utility/phone/internet/cable bills*

If you are removing a spouse due to divorce, please submit the first and last page of your divorce decree showing the court filing date.

2. For Children

- For a Natural-Born Child, a copy of:
 - Birth Certificate showing employee's name
 - Social Security Card
 - Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid and therefore not acceptable.
- For a Stepchild, or Legally Adopted Child, a copy of:
 - Birth Certificate
 - Social security card
 - Legal documentation concerning adoption/guardianship

Section 6 - Authorization

I do hereby certify that to the best of my knowledge the above information is true and correct.

My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct and current.

I also certify that dependent children from age 19 to 26 that I have enrolled in coverage are not eligible for another employer sponsored coverage.

Retiree Signature

Date