



2024 Open Enrollment

November 1 - November 30, 2023

Health Benefits Summary

New York City Transit

ATU Local 726 and ATU Local 1056

JFK Local 1179 and Spring Creek Local 1181

Retirees

MTA Business Service Center

www.mymta.info

Disclaimer

This Summary contains information concerning some of the benefits you are entitled to as an MTA New York City Transit retiree. This Summary is for informational purposes only and may be modified at any time. If a conflict exists between this Summary and an official written document setting forth the benefit, policy, procedure, or rule, the official written document controls.

It is important to note that all benefits summarized herein are the benefits that are currently in effect at New York City Transit. These benefits are all subject to change, including termination, at any time in the sole discretion of New York City Transit, except to the extent that they have been established by collective bargaining agreements or are required by law. Some benefit programs, such as public retirement plans, are administered and interpreted outside of New York City Transit. If the information contained in this Summary conflicts with the provisions of any benefit program, the program's policies control.

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Attachments:

- Aetna Open Choice PPO Basic (CPPO Basic Option) for Medicare-Eligible Retirees and Dependents Description
- Aetna Medicare Advantage Grid
- SilverScript Employer Prescription Drug Plan (PDP) - Medicare Part D Prescription Drug Plan Description
- Notice of Creditable Coverage (*Does not apply if you or a covered dependent are not yet covered by Medicare/enrolled in SilverScript PDP*)
- HR-BEN-821R 2024 Open Enrollment/Change Form for NYCT ATU Local 726 Retirees
- HR-BEN-822R 2024 Open Enrollment/Change Form for NYCT ATU Local 1056 Retirees
- HR-BEN-823R 2024 Open Enrollment/Change Form for NYCT JFK Local 1179 Retirees
- HR-BEN-824R 2024 Open Enrollment/Change Form for NYCT Spring Creek Local 1181 Retirees
- HR-BEN-411 Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form
- HR-BEN-440 Transmittal Form for Medicare Beneficiary Identifier (MBI) Card
- Retiree Affidavit

1 INTRODUCTION

Open Enrollment Period: November 1 - November 30

Plan changes will be effective January 1, 2024



Reminder...to remain in your current medical plan, no action is required, unless you are or will become Medicare eligible in 2024 (See Section 3B for additional information).

The MTA Business Service Center (MTA BSC) processes all medical benefit enrollments and changes. For assistance, contact us at 646-376-0123 or bscservice@mtabsc.org.

During the Open Enrollment period, you may...

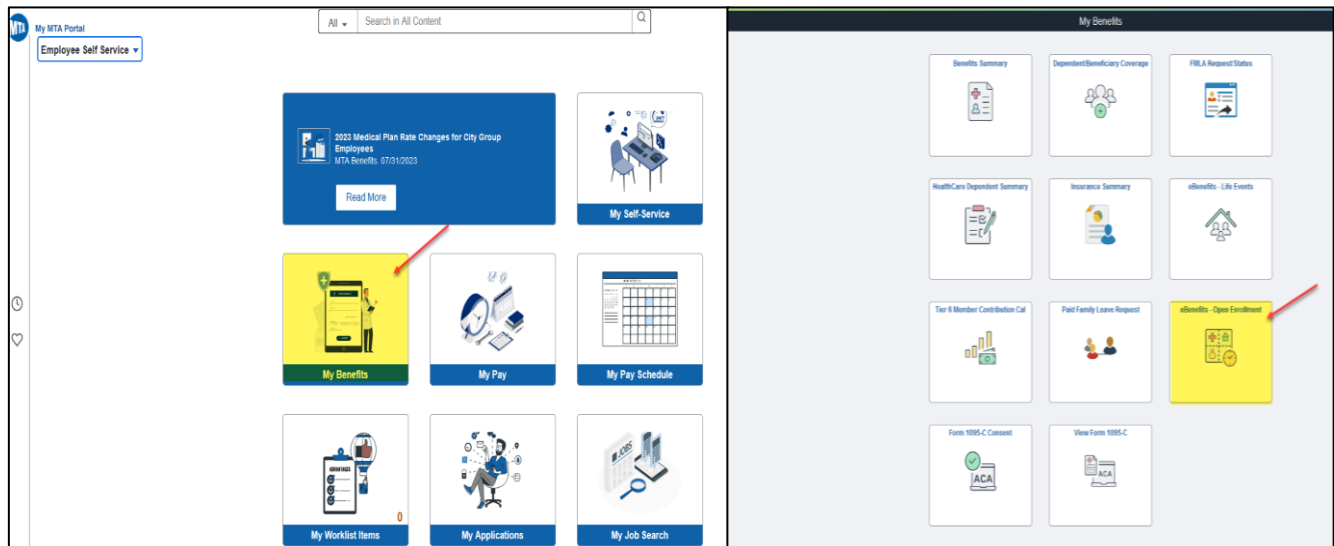
- Change plans
- Add, change, and/or remove dependents

Available online on My MTA Portal (www.mymta.info/openenrollment)...

- Open Enrollment Recorded Informational Webinars
- Self-service access to change plan enrollments (*Availability to this functionality will vary based on your retirement date*)
- Summary of Health Benefits
- Medical enrollment/change forms

2 HOW TO MAKE CHANGES

- To make medical plan changes online (Depending on your retirement date, this option **may not be available** for you to access; alternatively, you **MUST** complete and submit a paper open enrollment/change form instead):
 - Sign on to the My MTA Portal (www.mymta.info)
 - On the home page, click the **My Benefits** tile, then click the **eBenefits - Open Enrollment** tile



- To make medical plan changes via form and/or to **add a new dependent or make a change to or remove a current dependent**, submit the below enrollment form:
 - **HR-BEN-821R** 2024 Open Enrollment/Change Form for NYCT ATU Local 726 Retirees
 - **HR-BEN-822R** 2024 Open Enrollment/Change Form for NYCT ATU Local 1056 Retirees
 - **HR-BEN-823R** 2024 Open Enrollment/Change Form for NYCT JFK Local 1179 Retirees
 - **HR-BEN-824R** 2024 Open Enrollment/Change Form for NYCT Spring Creek Local 1181 Retirees
 - Do **NOT** use/submit the above form if you are making your changes online
- **ALL** retirees, regardless of retirement date, can use online services to review their benefits information:



3 HEALTH BENEFIT CHOICES

A. NON-MEDICARE ELIGIBLE RETIREES

Medical/Hospital	Prescription Drugs	Vision
Aetna CPOS II Basic Option	CVS Caremark	EyeMed
Aetna Select Option* (National provider network allows you to see Aetna participating providers within the United States)	CVS Caremark	EyeMed

***Your current Aetna CPOS II Basic and Aetna Select plans will no longer be available to you when you and/or your dependent(s) become Medicare-eligible. The MTA BSC will contact you with information on your options at that time.**

If you and/or your eligible dependent(s) are under age 65 and not Medicare-eligible, the medical plan in which you and your dependent(s) are enrolled in will be your primary coverage. Once you and/or your dependent(s) are Medicare-eligible, Medicare will become the primary coverage. The MTA BSC will send a notification about Medicare coverage approximately three (3) months prior to when you and/or your dependent(s) become Medicare-eligible (by either attaining age 65 OR after receiving Social Security Disability Income (SSDI) for 24 months).

MEDICAL PLAN COVERAGE

1) Aetna CPOS II Basic Option

Enrollees may choose to receive medical services from a provider participating in the Aetna CPOS II Basic Option network OR a non-participating provider:

- For a participating provider, a \$15 co-payment will be charged for home/office and outpatient hospital visits
- For a non-participating provider, the full cost of medical services must be paid upfront and then a claim for a partial reimbursement must be filed
- If enrolled in the Aetna CPOS II Basic Option, the same three-tiered drug formulary system as your current CVS Caremark Prescription Drug Plan applies

2) Aetna Select Option

The national provider network allows you to see Aetna participating providers within the U.S.

PRESCRIPTION DRUG PLAN COVERAGE

Your prescription drug plan is administered by CVS Caremark. Your coverage is based on a three-tiered formulary according to the following schedule:

Prescription Drug Coverage through CVS Caremark	Retail (Up to 30-Day Supply)	Mail Order (Mandatory)* (Up to 90-Day Supply)
	Copayments for Aetna CPOS II Basic Option <u>and</u> Aetna Select Option	
Generic	\$0	\$0
Formulary Brand	\$20	\$40
Non-Formulary Brand	\$40	\$80

***Mandatory Mail Order:** If on a maintenance medication, medication(s) **MUST** be obtained through the CVS Caremark Mail Service Pharmacy. Any prescription drug that has been filled two times at a participating pharmacy (original prescription plus one refill) **MUST** be sent to the CVS Caremark Mail Service Pharmacy for all additional fills. All initial prescriptions sent to the CVS Caremark Mail Service Pharmacy **MUST** be sent with a new prescription from your physician and should be written for up to a 90-day supply.


Remember, the 3rd fill presented at a participating retail pharmacy will be rejected.

Disability Benefits for Retirees Not Yet Medicare-Eligible

New York City Transit (NYCT) has contracted with SSDC Services to assist qualified retirees and and/or their eligible dependent(s) in applying for Social Security Disability Insurance (SSDI). SSDC is an expert in the field of Social Security and Medicare advocacy. For 35 years, SSDC has helped hundreds of thousands of individuals successfully obtain SSDI. SSDC's compassionate and experienced advocates understand the difficulty people face in going through the disability approval process and they have a successful award rate greater than 98%.

The service provided by SSDC is completely *voluntary* and is at absolutely no cost to you or your dependent(s). If you have worked consistently and paid into the Social Security system, should you qualify, your disability payment will provide you with an additional source of income. The SSDI award amount will be based on how much you have paid into the system as a taxpayer.

SSDC will contact you after your retirement and will send you a brief survey. Based on the survey information you provide, SSDC will be able to determine whether you and/or your eligible dependent(s) may qualify for SSDI. None of the information that you provide will be shared with any outside entities or individuals. All responses will be kept strictly confidential (See Section 5 for SSDC contact information).

 **NOTE:** If you are retiring from NYCT on “**Disability Retirement**”, it is important that you take steps to obtain SSDI benefits. However, it is equally important that you obtain Medicare Part B (medical) benefits from Social Security.

Under NYCT coverage, your medical plans pay the eligible amounts in excess of what Medicare Parts A and B cover without regard to whether you are enrolled in Medicare Parts A and B. Therefore, it is in your financial interest to be enrolled in both Medicare Parts A and B **immediately** upon becoming eligible.

Additionally, if you do **not** enroll in Medicare Part B as soon as you become eligible, you will be required to pay a higher Medicare Part B premium as well as satisfy a waiting period before Medicare Part B begins. Please note, this is also applicable to your Medicare-eligible dependent as well.

B. MEDICARE-ELIGIBLE RETIREES

Medical/Hospital	Prescription Drugs	Vision
Aetna CPPO Basic Option	SilverScript Employer PDP OR CVS Caremark Prescription Drug Plan	EyeMed
Aetna Medicare Advantage PPO ESA Option 1	SilverScript Employer PDP OR CVS Caremark Prescription Drug Plan	EyeMed
Aetna Medicare Advantage PPO ESA Option 2	SilverScript Employer PDP OR CVS Caremark Prescription Drug Plan	EyeMed

MEDICAL PLAN COVERAGE

Once you are retired and you and/or your dependent(s) are Medicare-eligible, you **MUST** be enrolled in Medicare Part A (hospitalization) and Medicare Part B (medical). Medicare eligibility occurs on the earlier of:

- the first day of the month of one's 65th birthday **OR**
- the first of the month following receipt of 24 months of Social Security Disability Income (SSDI)

Medicare Part A (Hospitalization)

- Medicare Part A (Hospitalization) helps cover your in-patient care in hospitals, except for the deductible and co-insurance
- Medicare Part A also includes coverage at critical access hospitals and skilled nursing facilities (not custodial or long-term care) as well as covers hospice care and home health care

Medicare Part B (Medical)

- Medicare Part B (Medical) helps cover medically necessary doctors' services, out-patient care, home health services, durable medical equipment, and other medical services as well as many preventative services

Be advised that if you and/or your Medicare-eligible dependent(s) do not enroll in Medicare Part B as soon as eligible, you will be required to pay a higher Medicare Part B premium and will be subject to a waiting period before Medicare Part B goes into effect. **It is in your financial interest to enroll in BOTH Medicare Parts A and B immediately upon becoming eligible.**

1) AETNA MEDICARE ADVANTAGE PPO ESA OPTIONS 1 AND 2

As an Aetna Medicare Advantage PPO ESA Option 1 or Option 2 member, all of your medical coverage will be provided by Aetna, which is funded by the federal government based on your enrollment in Medicare Parts A and B.

If you are not enrolled in Medicare Parts A and B, you cannot be enrolled in either of the Aetna Medicare Advantage PPO ESA Plans. These plans cover all that traditional Medicare covers plus several other valuable benefits that help you make the most of the years ahead.

Additional Benefits of the Aetna Medicare Advantage PPO ESA Plans:

- Unlimited coverage for in-patient stays
- Same member cost-share for benefits received from out-of-network providers as in-network providers
- Freedom to use *any* licensed provider who is eligible to receive payment under traditional Medicare and willing to bill and accept payment from Aetna
- Access to Aetna retiree advocates and nurses to help you get the most out of your plan
- No referrals required for covered services
- Coverage for medical emergencies when traveling anywhere in the world
- Online tools and a 24-hour toll-free health information line
- Health and wellness programs
- Eyewear reimbursement of \$70 every 24 months
- Hearing aid reimbursement of \$500 every 36 months
- *SilverSneakers* Fitness Program which allows you to work out when, where, and how you want at no extra cost
- Landmark Health (NYS Members only): Doctor visits provided in-home, 24 hours a day for chronic and homebound members
- Up to 14 meals following an in-patient hospital or skilled nursing facility stay - an Aetna Nurse will call to coordinate meal delivery directly to your home
- Non-emergency Transportation: Access to 24 one-way trips per year, up to 60 miles per trip (can include a companion) and able to stop for prescription drug pickup. To reserve a ride, call 1-855-814-1699 (TTY: 711), Monday-Friday, from 8am-8pm in all time zones or visit Access2Care.net
- Over-the-Counter (OTC) Benefit: \$30/quarter to spend on approved health and wellness products such as vitamins, pain relief, and more - you can choose any item from the OTC catalog. For more information call 1-833-331-1573 (TTY:711)
- Health Rewards: Earn up to \$200 in gift cards by completing important health and wellness activities
- *Teladoc* or Telehealth Virtual Visits: Connect with board-certified doctors 24 hours per day for non-emergency medical needs, with no cost visits to help you prevent unnecessary ER visits
- *MDLIVE*: Talk to licensed therapists and board-certified psychiatrists by appointment, including weekends and evenings – it takes 5 to 7 days on average to schedule an appointment. Additionally, providers can write and send prescriptions to your pharmacy with \$0 cost-share
- Aetna Discounted Dental coverage for New York State residents **ONLY**

2) AETNA OPEN CHOICE PPO BASIC OPTION (CPPO BASIC OPTION)

Medicare Parts A and B will be your primary coverage. If there is a charge for any Medicare-allowed services that remain after the Medicare settlement, then the remaining charges will be covered by the Aetna CPPO Basic Plan, which will be your secondary coverage.

Please be advised that your secondary coverage will **not** pay for services that are covered by traditional Medicare Parts A and B. It is in your financial interest to be enrolled in **both** Medicare Parts A and B immediately upon becoming eligible. If you do **not** enroll in Medicare Part B as soon as you become eligible, you will be **required to pay a higher Medicare Part B premium** and will be subject to a waiting period before Medicare Part B goes into effect.

Aetna CPPO Basic Option Coverage Provides:

- Hospital deductible for the first 60 days
- Coinsurance for hospital stays from days 61 through 90 of each benefit period
- Coinsurance for skilled nursing facilities from days 21 through 100, to the extent that Medicare approves the stay in the skilled nursing facility

Aetna CPPO Basic Option Does **NOT** Cover:

- Coinsurance per lifetime reserve after day 90 of each benefit period (up to 60 days over your lifetime)
- Charges for residential or custodial nursing homes

If you do not submit an election form, this will be your **default coverage**.

MEDICARE PART B REIMBURSEMENT

Medicare-eligible retirees are entitled to reimbursement of their Standard Medicare Part B premiums based on the plan in which they are enrolled from the **prior year**.

The reimbursable amount is listed in the chart below. The Standard Medicare Part B reimbursement for plan year 2023 is payable starting in February 2024 for existing recipients, while eligible first-time recipients will receive an application from the MTA BSC during the second quarter of 2024 for their plan year 2023 Medicare Part B reimbursement.

For eligible retirees who enrolled in Medicare Part B in prior years, but have never received a Standard Medicare Part B reimbursement, you **MUST** contact the MTA BSC to initiate the reimbursement process.

Plan Year 2023 Medicare Part B Reimbursement For:			
Health Insurance Plan	Retiree	Spouse	Total
Aetna CPPO Basic Option	\$297.60	Not Eligible	\$297.60
Aetna Medicare Advantage PPO ESA Option 1	\$297.60	Not Eligible	\$297.60
Aetna Medicare Advantage PPO ESA Option 2 <i>(Medicare Part B effective dates between January 1, 2023 - December 31, 2023)</i>	Standard Medicare Part B Premium Reimbursement	Standard Medicare Part B Premium Reimbursement	Standard Medicare Part B Premium Reimbursement

PRESCRIPTION DRUG PLAN COVERAGE

Upon you and/or your eligible dependent first becoming Medicare-eligible, it is to your advantage to enroll in the SilverScript Employer (PDP) (SilverScript/EGWP), a Medicare Part D prescription drug plan. SilverScript Medicare PDP provides several enhancements above and beyond your current CVS Caremark prescription drug plan. The required enrollment forms and a complete description of the SilverScript Medicare PDP is attached to this package.

- If you and/or your eligible dependent(s) wish to enroll in this plan, you **MUST** complete Section 3 of the **HR-BEN-411** Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form **and** the **HR-BEN-440** Retiree Transmittal Form for Medicare Beneficiary Identifier (MBI) Card, and submit **both** forms to the MTA BSC, along with a copy of your Medicare Card which confirms your enrollment in Medicare Parts A and B and provides your Medicare Beneficiary Identifier (MBI) as required

- If you and/or your eligible dependent(s) wish to remain enrolled in your *current* CVS Caremark Prescription Drug Plan, you **MUST** complete Section 4 of the [HR-BEN-411](#) Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form
- If you and/or your eligible dependent(s) *previously* opted out of the SilverScript Medicare PDP, but now wish to re-enroll in the plan, you **MUST** complete Section 5 of the [HR-BEN-411](#) Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form **and** the [HR-BEN-440](#) Retiree Transmittal Form for Medicare Beneficiary Identifier (MBI) Card, and submit **both** forms to the MTA BSC, along with a copy of your Medicare Card which confirms your enrollment in Medicare Parts A and B and provides your Medicare Beneficiary Identifier (MBI) as required



Note: With the SilverScript Medicare PDP, each dependent will be enrolled in their own plan and receive their own materials as Medicare is an individual benefit.

Prescription Drug copayments are based on your medical plan election	Aetna CPPO Basic Option	Aetna Medicare Advantage PPO ESA Option 1	Aetna Medicare Advantage PPO ESA Option 2
Retail (Up to 30-Day Supply)			
Generic	\$0	\$2.50	\$5
Formulary Brand	\$20	\$2.50	\$10
Non-Formulary Brand	\$40	50% Coinsurance (\$95 Maximum)**	\$45
Mail Order (Up to 90-Day Supply)*			
Generic	\$0	\$3.75	\$7.50
Formulary Brand	\$40	\$3.75	\$15.00
Non-Formulary Brand	\$80	50% Coinsurance (\$285 Maximum)**	\$67.50

***Mail Order:** Maintenance medications via Mail Order are **not** mandatory for those enrolled in the SilverScript Medicare PDP.

For those enrolled in the CVS Caremark Prescription Drug Plan **and** on a maintenance medication, you **MUST** obtain your medication(s) through the CVS Caremark Mail Service Pharmacy. Any prescription drug that has been filled two times at a participating pharmacy (original prescription plus one refill) **MUST** be sent to the CVS Caremark Mail Service Pharmacy for all additional fills. All initial prescriptions sent to the CVS Caremark Mail Service Pharmacy **MUST** be sent with a new prescription from your physician and should be written for up to a 90-day supply.

Remember, the 3rd fill presented at a participating retail pharmacy will be rejected.

****Aetna Medicare Advantage PPO ESA Option 1** members **not** enrolled in the SilverScript Medicare PDP must pay 50% of the cost of non-formulary brand prescription drugs. Under the SilverScript Medicare PDP, the cost of non-formulary brand drugs is capped at a maximum copayment of \$95 for a 30-day supply at a local pharmacy and a copayment of \$285 for a 90-day supply via mail order.

4 LEGAL REQUIREMENTS

COVERAGE FOR DEPENDENT CHILDREN

A dependent child is eligible for medical, hospital, and prescription drug coverage, regardless of their student or marital status, up to the age of 26.

- To enroll a dependent child, submit one (1) of the below enrollment forms as applicable:
 - **HR-BEN-821R** 2024 Open Enrollment/Change Form for NYCT ATU Local 726 Retirees
 - **HR-BEN-822R** 2024 Open Enrollment/Change Form for NYCT ATU Local 1056 Retirees
 - **HR-BEN-823R** 2024 Open Enrollment/Change Form for NYCT JFK Local 1179 Retirees
 - **HR-BEN-824R** 2024 Open Enrollment/Change Form for NYCT Spring Creek Local 1181 Retirees

Submit the applicable form listed above (based on your union affiliation), with all required supporting documentation, and affirm, by signing the form, that your child is eligible for coverage.

SOCIAL SECURITY NUMBER REQUIREMENT

The Medicare, Medicaid, and State Children's Health Insurance Extension Act of 2007 (MMSEA) requires MTA New York City Transit to report Social Security Numbers to the Federal Centers for Medicare and Medicaid Services (CMS) for all dependents who are at least age 45.

You can check to see if a covered dependent's Social Security Number is missing from your benefits record by signing on to the My MTA Portal at www.mymta.info. Click on the **My Benefits** tile, then click the **Health Care Dependent Summary** tile. Click the dependent's name to view their personal information.

If a dependent's Social Security Number is not shown under SSN (only the last four digits will show), please submit to the MTA BSC, a copy of the dependent's Social Security Card with your name and BSC ID number noted on the copy, along with one (1) of the below enrollment forms as applicable.

Be sure to include your name and BSC ID number on the copy of the Social Security Card(s).

- **HR-BEN-821R** 2024 Open Enrollment/Change Form for NYCT ATU Local 726 Retirees
- **HR-BEN-822R** 2024 Open Enrollment/Change Form for NYCT ATU Local 1056 Retirees
- **HR-BEN-823R** 2024 Open Enrollment/Change Form for NYCT JFK Local 1179 Retirees
- **HR-BEN-824R** 2024 Open Enrollment/Change Form for NYCT Spring Creek Local 1181 Retirees

5 IMPORTANT TELEPHONE NUMBERS & WEBSITES

Medical/Hospital		
Aetna CPOS II Basic Option, Aetna CPPO Basic Option, <u>and</u> Aetna Select Option	855-824-5349	AetnaNYCT.com
Aetna Medicare Advantage PPO ESA Options 1 & 2	800-307-4830	MTANYCT.AetnaMedicare.com
Aetna 24/7 Health Line	800-556-1555 (TTY:711)	AetnaNYCT.com
Prescription Drugs		
SilverScript Employer Prescription Drug Plan (PDP)	855-212-0921	www.CVSCaremark.com
CVS Caremark Prescription Drug Plan	855-296-7683	www.CVSCaremark.com
Vision		
EyeMed	800-334-7591	www.EyeMedVisionCare.com
COBRA Administrator		
WEX Health, Inc.	866-451-3399	www.WEXInc.com/login
Other Important Contact Information		
ATU Local 726	718-698-7700	www.ATU726.com
ATU Local 1056	718-949-6444	www.Local1056.org
JFK Local 1179	718-736-1179	www.ATU1179.com
Spring Creek Local 1181	718-485-5600	https://ATU1181.org
Medicare	800-633-4227	www.MyMedicare.gov
Social Security Administration	800-772-1213	www.SSA.gov
SSDC	877-768-3019 Ext. 222	www.SSDCServices.com
Business Service Center		
Phone: 646-376-0123, 8:30 a.m. - 5 p.m., Monday – Friday Email: bscservice@mtabsc.org Website: www.mymta.info Fax: 212-852-8700		
<i>Please have your BSC ID ready when you call us and be sure to include your full name and BSC ID on all emails and documents.</i>		

AETNA OPEN CHOICE PPO BASIC (CPPO Basic Option) For Medicare-Eligible Retirees and Dependents

Once you are retired and you and/or your dependent(s) are Medicare-eligible and enrolled in the Aetna Open Choice PPO Basic (CPPO Basic Option), Medicare Part A (hospitalization) and Medicare Part B (medical), will be your primary insurance coverage and Aetna CPPO Basic Option will be your secondary coverage. Medicare eligibility occurs on the earlier of the first day of the month of one's 65th birthday or the first of the month following receipt of 24 months of Social Security Disability Income (SSDI).

Aetna CPPO Basic Option will not pay for any medical services that are NOT covered by Medicare Parts A and B, so make sure that you are enrolled in both Parts A and B to avoid paying out-of-pocket for these medical services. Be advised that if you do not enroll in Medicare Part B as soon as you become eligible, you will be required to pay a higher Medicare Part B premium and be subject to a waiting period before Part B goes into effect. It is in your financial interest to be enrolled in both Medicare Parts A and B immediately upon becoming eligible.

Aetna CPPO Basic Option provides coverage for Medicare-allowed services up to the charge recognized by Medicare. If there is a charge for these Medicare-allowed services remaining after the Medicare settlement, Aetna CPPO Basic Option will pay the remaining charge up to the amount allowed by Medicare.

Medicare Part A (Hospitalization)

Medicare Part A (hospitalization) helps cover your in-patient care in hospitals. Part A also includes coverage in critical access hospitals and skilled nursing facilities (not custodial or long-term care) as well as hospice care and home health care.

Aetna CPPO Basic Option covers:

- ☐ Hospital deductible for each benefit period*
- ☐ Co-insurance for hospital days 61 through 90 for each benefit period*
- ☐ Co-insurance for skilled nursing facilities (SNF) from day 21 through 100 to the extent that Medicare approves the stay in a skilled nursing facility

Aetna CPPO Basic Option does **not** cover:

- Co-insurance for day 91 and beyond of each benefit period*
- Charges for residential or custodial nursing homes

*A benefit period begins the day you're admitted as a in-patient in a hospital or SNF. The benefit period ends when you haven't received any in-patient hospital care (or skilled care in a SNF) for 60 days in a row.

Medicare Part B (Medical)

Medicare Part B (medical) helps cover medically necessary doctors' services, out-patient care, home health services, durable medical equipment, and other medical services. Part B also covers many preventive services.

For more details about Medicare-covered services:

- Visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view the booklet "Your Medicare Benefits" **OR**
- Call 1-800-MEDICARE (1-800-633-4227)
TTY users should call 1-877-486-2048

Medicare Part B Reimbursement

As an Aetna CPPO Basic Option retiree, you will be entitled to a partial reimbursement of \$297.60 per year of your Medicare Part B standard premium.

The eligible reimbursable amount does **not** include the reimbursement of the additional cost of premiums due to late enrollment or due to the Income Related Monthly Adjustment Amount (IRMAA) some enrollees may be assessed as a result of experiencing a higher than average modified adjusted gross income.

In the second quarter of the year **following** your Medicare enrollment, the MTA BSC will send notification to first-time eligible retirees regarding the Medicare Part B standard premium reimbursement.



Plan at a glance

**2024 plans available to ATU L726/ATU L1056/
Spring Creek L1181/JFK L1179 Medicare-eligible retirees**

These Aetna plans were designed exclusively for you. You won't lose the benefits you get with Original Medicare Part A and Part B. In fact, you must have Original Medicare to be enrolled in a Medicare Advantage plan. Here's an outline of key benefits.

Benefits	Aetna CPPO Basic Plan	Aetna Medicare Advantage Option 1	Aetna Medicare Advantage Option 2
Standard Medicare Part B premium reimbursement	\$297.60 (retiree only)	\$297.60 (retiree only)	Full standard Part B reimbursement (retiree and spouse)
Annual medical deductible	\$0	\$0	\$0
Annual medical out-of-pocket maximum (includes your copays)	\$0 is the most you'd pay (the plan pays 100% after Medicare)	\$0 is the most you'd pay (the plan pays 100%)	\$1,000 is the most you'd pay (then the plan pays 100%)
Primary care physician visits	\$0 copay	\$0 copay	\$0 copay
Physician specialist visits	\$0 copay	\$0 copay	\$5 copay
Labs, X-rays, complex imaging	\$0 copay	\$0 copay	\$0 copay
Outpatient surgery	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$0 copay	\$0 copay	\$0 copay
Emergency room (ER), urgent care (UC) and ambulance	\$100 ER copay \$0 UC copay \$0 ambulance	\$0 copay, ER, UC & ambulance	\$50 copay, ER, UC & ambulance
Prescription drug coverage through SilverScript®			
Prescription drug cost through SilverScript (30-day supply)	You pay: <ul style="list-style-type: none"> Tier 1 – Generic: \$0 Tier 2 – Formulary brand: \$20 Tier 3 – Non-formulary brand: \$40 	You pay: <ul style="list-style-type: none"> Tier 1 – Generic: \$2.50 copay Tier 2 – Formulary brand: \$2.50 copay Tier 3 – Non-formulary brand: 50% coinsurance, \$95 maximum cost share* 	You pay: <ul style="list-style-type: none"> Tier 1 – Generic: \$5 copay Tier 2 – Formulary brand: \$10 copay Tier 3 – Non-formulary brand: \$45 copay

*Aetna Medicare Advantage Option 1 members under the SilverScript (PDP), the cost of Tier 3 prescription drugs has a maximum copay of \$95 for a 30-day supply at a local retail pharmacy, and a maximum copay of \$285 for a 90-day supply with mail order. You will automatically be enrolled in the SilverScript (PDP).

Value added programs

As an Aetna Medicare Advantage member enrolled in the Option 1 or Option 2 plan, you get additional programs and benefits so you can take care of the whole you— body, mind and spirit.



Over-the-counter (OTC)

Spend up to **\$30** per quarter, up to **\$120** per year on approved health and wellness products without spending money out of pocket. To request a catalog or place an order call **1-833-331-1573 (TTY:711)**, Monday–Friday, 9 AM – 8 PM local time.



SilverSneakers® fitness program

Join any of several thousand participating locations nationwide and/or get a home fitness kit. For more information, visit

SilverSneakers.com or call **1-888-423-4632 (TTY: 711)**, Monday–Friday, 8 AM–8 PM ET.



Resources For Living® program

Get referrals to services in your area that offer help such as house cleaning and lawn care, transportation, social and recreational activities, and caregiver support. You just pay for the cost of the services you use.



Nurse support

Talk to our registered nurses, day or night. Based on your symptoms, they can help you decide if you need a doctor or urgent care visit. Just call **1-800-556-1555**, available 24/7.



Healthy Home Visit

Have a licensed doctor or nurse come to your home to review your health needs, do a home safety assessment, review your medications and ask about your medical and family history.



Vision and hearing aid reimbursement

You are eligible for a vision reimbursement of **\$70** every **24 months** and hearing aids **\$500** every **36 months**. For details contact Aetna Member Services, **1-888-267-2637 (TTY:711)**, Monday–Friday, 8 AM–6 PM all time zones.



Meal delivery

Take advantage of this service when you return home after an inpatient hospital stay. Having your meals taken care of may help you on your journey to recovery and lower your chance of hospital readmission. Your Aetna® nurse will coordinate a delivery of **up to 14 nutritious meals** (2 meals a day for 7 days) directly to your home.



Transportation

Access nonemergency transportation to your medical appointments including **24** one-way trips per year with **60** miles allowed per trip. If you need to reserve a ride, call **1-855-814-1699 (TTY: 711)**, Monday–Friday, 8 AM–8 PM all time zones, or visit **Access2Care.net**.



Teladoc®

Can't make it to the doctor's office? Connect with a Teladoc physician by web, phone or mobile app from home, for nonemergency medical needs. To access Teladoc, just call **1-855-TELADOC (1-855-835-2362)**. Or visit **Teladoc.com/Aetna**.



MDLIVE®

Get fast, affordable, and convenient access to virtual behavioral health services. You can confidentially meet with a MDLIVE licensed therapist or board- certified psychiatrist by phone or video appointment. You'll have no limits on the number of visits and **\$0 copay**. Appointments are available 24/7.



Healthy Rewards

Earn up to **\$200** in gift cards by completing healthy activities such as getting your annual exam and more.

Here's how it works:

- Complete your recommended health care activities.
- Tell us you've completed the activity either online or by phone.
- We'll just need a few details, such as the date of the visit and the clinic name.
- Choose a gift card from select merchants.



Helpful resources

Aetna® Member Services

1-877-603-2058 (TTY: 711)

Monday–Friday, 8 AM–9 PM ET

MTANYCT.AetnaMedicare.com

We're here to provide one-on-one support to help you with:

- Aetna medical coverage details
- Questions about your doctors and verifying that they accept the plan

MTA Business Service Center

646-376-0123

Monday–Friday, 8:30 AM–5:00 PM ET

My MTA Portal: **MyMTA.Info**

MTA Business Service Center can help you with:

- General enrollment and eligibility questions
- Information about your Part B premium reimbursement
- Updating your personal information

Visit **MTANYCT.AetnaMedicare.com** to learn more about how Medicare works.

Healthier happens
together™

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. Plan features and availability may vary by service area. To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week). If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

SilverScript Employer Prescription Drug Plan (PDP) Medicare Part D Prescription Drug Plan Description

This Medicare Part D prescription drug plan known as the SilverScript Employer Prescription Drug Plan (PDP), administered by CVS Caremark, provides several enhancements at no additional cost to you and covers *more* FDA approved medications than those required by CMS. You will be automatically enrolled in this plan unless you elect to opt out. If you opt out, you will remain in the CVS Caremark Prescription Drug Plan.

Advantages of SilverScript

SilverScript Employer (PDP) provides several enhancements above and beyond your current CVS Caremark Prescription Drug Plan.

- Mail Order is not mandatory to fill prescriptions for maintenance medications. Under SilverScript you have the choice of filling your maintenance medications through mail order or your local pharmacy. Whether you choose mail order or a local pharmacy, any refills that remain on existing prescriptions will transition with you to SilverScript.
- Co-payments are the same or lower for all medications under SilverScript Employer (PDP). Short-term supplies are available. The cost of prescriptions written for less than a one month's supply will be prorated, and therefore, will be less expensive.
- Aetna Medicare Advantage Option 1 members who are not enrolled in SilverScript Employer (PDP), must pay 50% of the cost of non-formulary brand prescription drugs. Under the SilverScript Employer (PDP), the cost of non-formulary brand drugs is capped at a maximum co-payment of \$95 for a 30-day supply and \$285 for a 90-day supply.
- Each dependent will be enrolled in their own SilverScript Employer (PDP) plan and receive their own materials.
- You may be able to receive Extra Help. People with limited incomes may qualify for Extra Help to pay for their Medicare prescription drug costs. If you are eligible, Medicare could pay up to seventy-five (75%) or more of your drug costs. To see if you qualify for Extra Help:
 - a. Call 1-800-MEDICARE (1-800-633-4227), available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 or
 - b. Call Social Security at 1-800-772-1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY users should call 1-800-325-0778 or
 - c. Go to www.socialsecurity.gov/prescriptionhelp or
 - d. Call your State Medicare Office
- You may be able to qualify for the Medication Therapy Management (MTM) program which is a voluntary program available at no cost to you. If you take multiple medications, have multiple chronic conditions, and high drug costs, this program can help make sure that you get the most benefit from the prescription drugs you take. A pharmacist or other health-care professional will give you a comprehensive review of all of your medications. You can talk about how best to take your medications, your costs, and any problems or questions you have. You may choose not to participate, but it is recommended that you make use of this free service.

- Catastrophic Coverage protection is available. If you are a high utilizer of the prescription drug plan, you would move through various stages of the benefit. The last stage is the Catastrophic Coverage stage. During this stage, your cost-share could be reduced further from your Initial Coverage stage co-payments/co-insurance. You will receive additional information within your welcome kit.

Please note: If you are already enrolled in another Medicare Part D drug plan, for example, through your spouse, your enrollment in SilverScript Employer (PDP) will automatically replace that coverage. If you wish to retain your current coverage, you will need to complete the enclosed opt-out form. If you opt out of SilverScript Employer (PDP) coverage, you will remain enrolled in your current CVS Caremark prescription drug plan. However, before deciding to opt out, please consider the advantages offered by SilverScript Employer (PDP) as noted above.

SilverScript Employer (PDP) Disclaimers

- This information is not a complete description of benefits. Call 1-855-212-0921 (TTY:711) for more information.
- The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.
- The typical number of business days after the mail-order pharmacy receives an order to send your shipment to you can be up to ten (10) days. Enrollees have the option to sign up for automatic mail-order delivery.
- SilverScript Employer (PDP) is a prescription drug plan. This plan is offered by SilverScript insurance company which has a Medicare contract. Enrollment depends on contract renewal.

Benefit Overviews

Enclosed within this package is an Aetna Grid comparing three (3) benefit overviews associated with the SilverScript Employer (PDP). If you enroll in the Aetna Open Choice PPO (CPPO) Basic Option (medical plan) upon becoming Medicare-eligible, please refer to the Standard Overview. If you enroll in the Aetna Medicare Advantage PPO ESA Option 1 or Aetna Medicare Advantage PPO ESA Option 2 (medical plans), please ensure to refer to the appropriate Aetna option overview.

Automatic Enrollment or Opt-Out

You will be automatically enrolled in the SilverScript Employer (PDP) unless you elect to opt out by completing Section 4 of the opt-out form (HR-BEN-411). In order to confirm your eligibility for this plan, CMS (Center for Medicare & Medicaid Services) requires your Medicare Beneficiary Identifier (MBI). Therefore, please attach a copy of your Medicare Identification Card to the enclosed HR-BEN-440 form, sign the bottom of the form, and submit to the MTA BSC within 30 days of the date you become Medicare-eligible.

Important Enrollment Considerations:

- CMS allows you to be enrolled in **only one** Medicare prescription drug plan at a time. If you have any other Medicare Part D prescription drug coverage, such as through your spouse, you will be disenrolled from that coverage when you are enrolled in the SilverScript Employer (PDP).
- If you have additional coverage through your spouse's former or current employer, it is important for you to understand the terms of that coverage.
- **Part D IRMAA (Income Related Monthly Adjustment Amount)**: For the 2024 plan year, if your 2022 IRS tax filing indicates earnings over \$103,000 (when filing single) or \$206,000 (when married and filing jointly), you will receive a letter from the Social Security Administration (SSA) notifying you that you owe a Medicare Part D IRMAA Premium.
 - If you fall into this category and are assessed a Medicare Part D IRMAA premium, you *may* be eligible to receive reimbursement from the MTA for the Part D IRMAA premium charge.
 - During the first quarter of 2024, you will receive a letter from the MTA Business Service Center (MTA BSC) providing instructions on how eligibility for the Medicare Part D IRMAA reimbursement is determined.

Once enrolled in SilverScript Employer (PDP), you will receive A “Welcome Kit” detailing your coverage. The kit will include documents containing language required by CMS which may be confusing. For example, although CMS refers to four prescription drug tiers, the SilverScript Employer (PDP) has three tiers. If you have questions about any of this language, please call SilverScript Customer Care Service at the below number.

You can access the (EOC) Evidence of Coverage and other plan documents online at www.caremark.com. Call SilverScript Customer Care Services to request to have one of these documents mailed to you or if you have additional questions regarding the plan.

SilverScript: Toll-free at 1-855-212-0921, 24/7

Notice of Creditable Coverage

If you or your family members are not currently covered by Medicare and will not be covered by Medicare in the next year, this notice does not apply to you.

Important Notice from New York City Transit (NYCT) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with New York City Transit and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. NYCT has determined that the prescription drug coverage we offer is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter during the open enrollment period. For 2024, the open enrollment period will be from October 15 through December 7, 2023.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, you will still be eligible to receive retiree medical and prescription coverage. However, NYCT's plan will pay secondary to Medicare.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with NYCT and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact information is provided below if you need further information.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through NYCT changes. You also may request a copy of this notice at any time.

MTA Business Service Center:

Call: 646-376-0123 (8:30 a.m. – 5:00 p.m., Monday through Friday)

Fax: 212-852-8700

Email: bscservice@mtabsc.org

For More Information about Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

2024 Open Enrollment/Change Form

For NYCT ATU Local 726 Retirees

HR-BEN-821R



Section 1 - Information and Instructions

Complete this form to enroll in or change your health insurance coverage. This form is only for NYCT ATU Local 726 retirees and/or their dependent(s). Do **NOT** submit this form if you are making your enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information. Completed and signed forms may be submitted via fax to 212-852-8700 OR via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday OR BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)			E-Mail

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the **HR-HRIS-012 Employee Data Change Form**. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Non-Medicare Eligible Retiree and/or Dependent Election (Check only ONE):

- ☐ Aetna CPOS II Basic Option
- ☐ Aetna Select Option (National provider network allows you to see Aetna participating providers within the United States)

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Medicare-Eligible Retiree Election	Medicare-Eligible Dependent Election
Check only <u>ONE</u> :	Check only <u>ONE</u> :
<input type="checkbox"/> Aetna CPPO Basic Option (Medicare)	<input type="checkbox"/> Aetna CPPO Basic Option (Medicare)
<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 1	<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 1
<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 2	<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 2

NOTE: If you OR your eligible dependent(s) are currently or become Medicare-eligible, you will have the choice to elect *separate* coverage options. The **maximum** number of plans you AND your eligible dependent(s) can enroll in is two (2) plans.

Section 5 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 7 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER*:

Please contact the MTA 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 a Domestic Partner Package is submitted and approved by the Benefits Department. If you are removing a Domestic Partner, please complete and submit this open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change				Relationship (Check only <u>ONE</u>)			Gender			Date of Birth			
A	R	C	Full Name	SSN	Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY

Section 6 - Signature and 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 all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:

Date:

2024 Open Enrollment/Change Form

For NYCT ATU Local 726 Retirees

HR-BEN-821R



Section 7 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport **or** Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is **more than one (1) year old**, proof of joint ownership is also **required**. If your marriage date is **less than 1 year old**, such proof is **not required**. If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.

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

- 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 after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation **or** Bank Account Statement*
- Pension **or** Life insurance **or** Will, designating your spouse as a beneficiary
- Mortgage Statement **or** Rental/Lease Agreement **or** Property Tax Document*
- Utility **or** Phone **or** Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**

3. Dependent Children:

To enroll an eligible dependent child, up to the age of 26, in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit the required documentation as indicated above, and affirm by signing this form, that the child is eligible for this employer-sponsored coverage. Dependent child(ren) are only eligible for vision coverage up to the age of 19.

2024 Open Enrollment/Change Form

For NYCT ATU Local 1056 Retirees

HR-BEN-822R



Section 1 - Information and Instructions

Complete this form to enroll in or change your health insurance coverage. This form is only for NYCT ATU Local 1056 retirees and/or their dependent(s). Do **NOT** submit this form if you are making your enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information. Completed and signed forms may be submitted via fax to 212-852-8700 OR via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday OR BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)			E-Mail

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the **HR-HRIS-012 Employee Data Change Form**. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees and/or Dependents ONLY (Effective January 1, 2024)

Non-Medicare Eligible Retiree and/or Dependent Election (Check only ONE):

☐ Aetna CPOS II Basic Option

☐ Aetna Select Option (National provider network allows you to see Aetna participating providers within the United States)

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees and/or Dependents ONLY (Effective January 1, 2024)

Medicare-Eligible Retiree Election	Medicare-Eligible Dependent Election
Check only <u>ONE</u> :	Check only <u>ONE</u> :
<input type="checkbox"/> Aetna CPPO Basic Option (Medicare)	<input type="checkbox"/> Aetna CPPO Basic Option (Medicare)
<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 1	<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 1
<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 2	<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 2

NOTE: If you OR your eligible dependent(s) are currently or become Medicare-eligible, you will have the choice to elect *separate* coverage options. The **maximum** number of plans you **AND** your eligible dependent(s) can enroll in is two (2) plans.

Section 5 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 7 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER*:

Please contact the MTA 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 a Domestic Partner Package is submitted and approved by the Benefits Department. If you are removing a Domestic Partner, please complete and submit this open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change				Relationship (Check only <u>ONE</u>)			Gender			Date of Birth			
A	R	C	Full Name	SSN	Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY

Section 6 - Signature and 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 all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:

Date:

2024 Open Enrollment/Change Form

For NYCT ATU Local 1056 Retirees

HR-BEN-822R



Section 7 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport or Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is **more than one (1) year old**, proof of joint ownership is also **required**. If your marriage date is **less than 1 year old**, such proof is **not required**. If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.

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

- 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 after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension or Life insurance or Will, designating your spouse as a beneficiary
- Mortgage Statement or Rental/Lease Agreement or Property Tax Document*
- Utility or Phone or Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**

3. Dependent Children:

To enroll an eligible dependent child, up to the age of 26, in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit the required documentation as indicated above, and affirm by signing this form, that the child is eligible for this employer-sponsored coverage. Dependent child(ren) are only eligible for vision coverage up to the age of 19.

2024 Open Enrollment/Change Form

For NYCT JFK Local 1179 Retirees

HR-BEN-823R



Section 1 - Information and Instructions

Complete this form to enroll in or change your health insurance coverage. This form is only for NYCT JFK Local 1179 retirees and/or their dependent(s). Do **NOT** submit this form if you are making your enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information. Completed and signed forms may be submitted via fax to 212-852-8700 OR via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday OR BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)			E-Mail

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the **HR-HRIS-012 Employee Data Change Form**. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Non-Medicare Eligible Retiree and/or Dependent Election (Check only ONE):

- ☐ Aetna CPOS II Basic Option
- ☐ Aetna Select Option (National provider network allows you to see Aetna participating providers within the United States)

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Medicare-Eligible Retiree Election	Medicare-Eligible Dependent Election
Check only <u>ONE</u> :	Check only <u>ONE</u> :
<input type="checkbox"/> Aetna CPPO Basic Option (Medicare)	<input type="checkbox"/> Aetna CPPO Basic Option (Medicare)
<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 1	<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 1
<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 2	<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 2

NOTE: If you OR your eligible dependent(s) are currently or become Medicare-eligible, you will have the choice to elect *separate* coverage options. The **maximum** number of plans you AND your eligible dependent(s) can enroll in is two (2) plans.

Section 5 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 7 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER*:

Please contact the MTA 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 a Domestic Partner Package is submitted and approved by the Benefits Department. If you are removing a Domestic Partner, please complete and submit this open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change				Relationship (Check only <u>ONE</u>)			Gender			Date of Birth			
A	R	C	Full Name	SSN	Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY

Section 6 - Signature and 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 all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:

Date:

2024 Open Enrollment/Change Form

For NYCT JFK Local 1179 Retirees

HR-BEN-823R



Section 7 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport **or** Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is more than one (1) year old, proof of joint ownership is also required. If your marriage date is less than 1 year old, such proof is not required. **If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.**

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

- 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 after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation **or** Bank Account Statement*
- Pension **or** Life insurance **or** Will, designating your spouse as a beneficiary
- Mortgage Statement **or** Rental/Lease Agreement **or** Property Tax Document*
- Utility **or** Phone **or** Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**

3. Dependent Children:

To enroll an eligible dependent child, up to the age of 26, in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit the required documentation as indicated above, and affirm by signing this form, that the child is eligible for this employer-sponsored coverage. Dependent child(ren) are only eligible for vision coverage up to the age of 19.

2024 Open Enrollment/Change Form

For NYCT Spring Creek Local 1181 Retirees

HR-BEN-824R



Section 1 - Information and Instructions

Complete this form to enroll in or change your health insurance coverage. This form is only for NYCT Spring Creek Local 1181 retirees and/or their dependent(s). Do **NOT** submit this form if you are making your enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information. Completed and signed forms may be submitted via fax to 212-852-8700 OR via email to BSC-Benefits@mtabsc.org.

If you have questions, contact the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday OR BSCService@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)	Phone (Home)			E-Mail

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the **HR-HRIS-012 Employee Data Change Form**. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Non-Medicare Eligible Retiree and/or Dependent Election (Check only ONE):

- ☐ Aetna CPOS II Basic Option
- ☐ Aetna Select Option (National provider network allows you to see Aetna participating providers within the United States)

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees and/or Dependents **ONLY** (Effective January 1, 2024)

Medicare-Eligible Retiree Election	Medicare-Eligible Dependent Election
Check only <u>ONE</u> :	Check only <u>ONE</u> :
<input type="checkbox"/> Aetna CPPO Basic Option (Medicare)	<input type="checkbox"/> Aetna CPPO Basic Option (Medicare)
<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 1	<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 1
<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 2	<input type="checkbox"/> Aetna Medicare Advantage PPO ESA Option 2

NOTE: If you OR your eligible dependent(s) are currently or become Medicare-eligible, you will have the choice to elect *separate* coverage options. The **maximum** number of plans you **AND** your eligible dependent(s) can enroll in is two (2) plans.

Section 5 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please fill in all information for dependents you wish to add (enroll), remove (delete), or change, and submit the required documentation (see Section 7 of this form). Use a separate sheet if more space is needed. Failure to submit required documentation will result in your request **NOT** being processed.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums for the ineligible dependent(s).

DOMESTIC PARTNER*:

Please contact the MTA 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 a Domestic Partner Package is submitted and approved by the Benefits Department. If you are removing a Domestic Partner, please complete and submit this open enrollment/change form along with the Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change				Relationship (Check only <u>ONE</u>)			Gender			Date of Birth			
A	R	C	Full Name	SSN	Spouse	Domestic Partner*	Child	F	M	X	MM	DD	YYYY

Section 6 - Signature and 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 all dependent eligibility information is true, correct, and current. I also certify that dependent children from age 19 to 26 I have enrolled are eligible for MTA-sponsored coverage.

Retiree Signature:

Date:

2024 Open Enrollment/Change Form

For NYCT Spring Creek Local 1181 Retirees

HR-BEN-824R



Section 7 - Required Supporting Documentation

1. For a Spouse:

A copy of your Marriage Certificate, Birth Certificate, and Social Security Card are **required**. In place of the required Birth Certificate, any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration containing your spouse's date of birth
- Valid US Passport or Resident Alien Card
- Valid Driver's License (New York)
- Public Assistance ID Card
- Government Employment ID

AND

If your date of marriage is **more than one (1) year old**, proof of joint ownership is also **required**. If your marriage date is **less than 1 year old**, such proof is **not required**. If removing a spouse due to divorce, submit the first and last page of the divorce decree showing the court filing date.

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

- 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 after the "Married Filing Separately" status (or vice versa). Submit page 1 of tax return.
- Homeowners/Renters Insurance Policy
- Credit Card Statement*
- Loan Obligation or Bank Account Statement*
- Pension or Life insurance or Will, designating your spouse as a beneficiary
- Mortgage Statement or Rental/Lease Agreement or Property Tax Document*
- Utility or Phone or Internet/Cable Bill*

If you are not able to provide the required documentation, please complete the Employee/Retiree Affidavit, have it notarized, and return it with your completed enrollment form.

2. For Children:

For a Natural-Born Child, a copy of:

- Birth Certificate showing retiree's name*
- Social Security Card

For a Stepchild or Legally Adopted Child, a copy of:

- Birth Certificate*
- Social Security Card
- Legal documentation concerning adoption/guardianship

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010 are invalid, and will not be accepted.**

3. Dependent Children:

To enroll an eligible dependent child, up to the age of 26, in your medical, hospital, and prescription drug coverage, add the child's name on this form, submit the required documentation as indicated above, and affirm by signing this form, that the child is eligible for this employer-sponsored coverage. Dependent child(ren) are only eligible for vision coverage up to the age of 19.

Retiree SilverScript Prescription Drug Plan Enrollment/Opt-Out Form HR-BEN-411



Section 1 - Information and Instructions

The purpose of this form is to make an election to enroll or opt-out of the **SilverScript Medicare Prescription Drug Plan (PDP)**. It may also be used to rescind a previous election to opt-out of SilverScript PDP.

Each member must complete a separate election form (e.g., retiree and spouse/domestic partner).

Please return a completed and signed copy of this form to the MTA Business Service Center (BSC) via:

Fax: 212-852-8700

Email: bscservice@mtabsc.org

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

Please notify the BSC if there is a change in your address or other personal information.

Section 2 - Retiree Information

Print RETIREE Name	Last	First	M.I.	Suffix	BSC ID:
	Pass#:				

If the election is being made for the dependent of a retiree, please enter dependent information below:

Print DEPENDENT Name	Last	First	M.I.	Suffix	Relationship:

Section 3 - Election to Enroll in SilverScript

☐ I wish to enroll in the SilverScript Medicare Prescription Drug Plan (PDP).

Section 4 - Election to Opt-Out of SilverScript

☐ I do not wish to participate in the SilverScript Medicare Prescription Drug Plan (PDP). I will therefore be enrolled in the CVS Prescription Drug Plan. This election will remain in effect until I rescind this election by completing a new HR-BEN-411 form and checking the box in Section 5.

Section 5 - Election to Rescind Previous Opt-Out of SilverScript

☐ I wish to re-enroll in the SilverScript Medicare Prescription Drug Plan (PDP).

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.

Member Signature	Date
------------------	------



Retiree Transmittal Form for Medicare Beneficiary Identifier (MBI) Card

HR-BEN-440

Section 1 - Instructions

Please attach a photocopy of your MBI card to this form. Sign and date the form and submit 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 (BSC) at 646-376-0123 or bscservice@mtabsc.org.

Please notify the Business Service Center if there is a change in your address or other personal information.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	Suffix	BSC ID:
					Pass#

Section 3 - Retiree and Dependent Information

Complete the following information for the Medicare-eligible member:

☐ **Retiree:** _____
Last Name First Name

☐ **Spouse/Dependent:** _____
Last Name First Name Relationship

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.

Please be sure to attach a copy of your MBI card.

Member Signature	Date
------------------	------

Business Service Center

Last Revised: 10/15/2022

Creation Date: 12/27/2017



EMPLOYEE OR RETIREE AFFIDAVIT

STATE OF: _____

COUNTY OF: _____

DATE: _____

NAME [_____] BSC ID # [_____]
being duly sworn, deposes and says:

1. I am an employee of or have retired from [circle appropriate agency]
New York City Transit Authority MaBSTOA SIRTOA MTA BUS Co.
2. I make this affidavit based on personal knowledge and under penalties of perjury.
3. My spouse [PRINT NAME], _____,
is currently not covered by my health insurance as a dependent on my plan.
4. I am unable to provide a copy of the top half of the front page of my most recent federal tax return that includes my spouse (with financial information blacked out); and the E-File confirmation page, Tax Preparer's Summary, or the Federal Return Recap; nor can I provide any of the following alternate documentation of joint ownership, dated no earlier than twelve (12) months prior to my application for coverage for my spouse:
 - Homeowners/Renters Insurance Policy
 - Credit Card Statement
 - Loan Obligation or Bank Account Statement
 - Pension/Life Insurance/a Will designating your spouse as beneficiary
 - Mortgage Statement/Rental/Lease Agreement or Property Tax Document
 - Utility/phone/internet/cable bills

Despite my inability to produce any of the necessary documentation, I hereby affirm, under penalties of perjury, that my spouse and I are currently married and that we are not legally separated or divorced.

PRINT EMPLOYEE OR RETIREE NAME

Sworn to before me this

_____ day of _____ 20____
Date Month Year

SIGNATURE OF EMPLOYEE OR RETIREE

NOTARY PUBLIC
13333090