

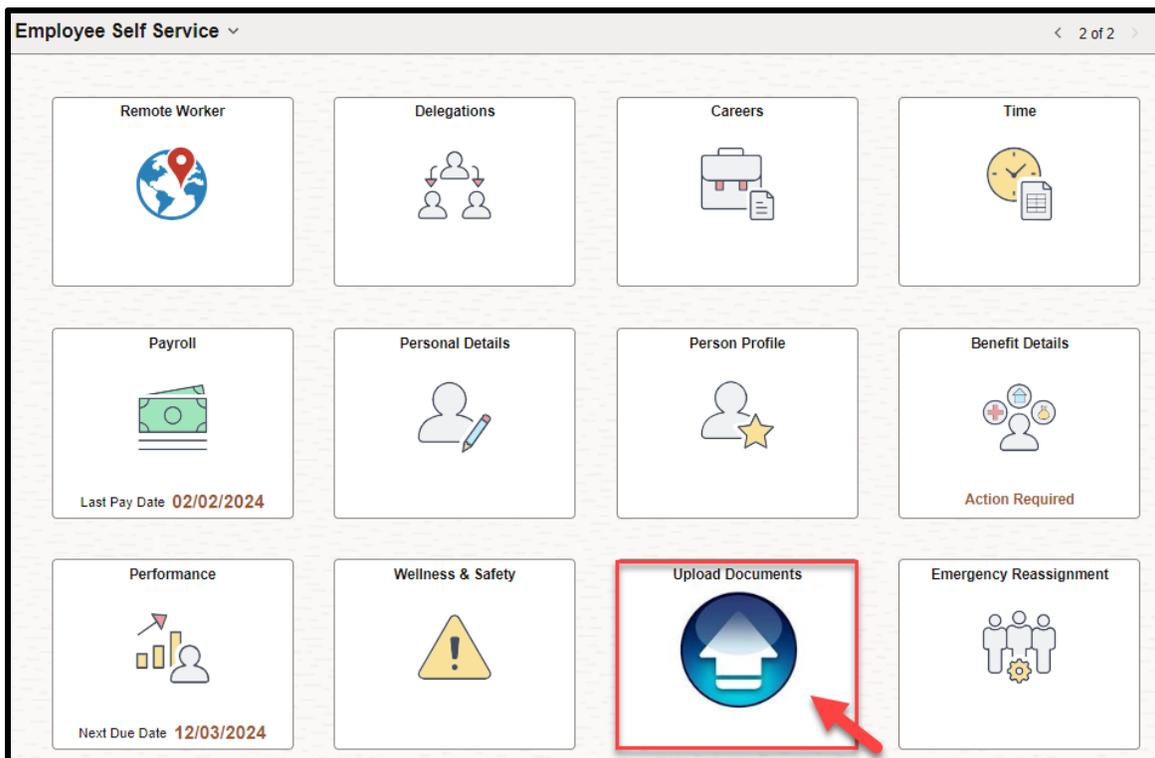
Submitting Qualifying Event/Hardship Form

The following Qualifying Events create a special enrollment period, allowing you to sign up for a new health plan or make changes to your existing coverage. Qualifying events require health benefits application.

- Termination of coverage for you and/or your dependents
- Dependents entry into the country
- Divorce
- Domestic Partnership
- Promotion
- Waiving coverage
- Change in standard hours (*Part-time to Full-time*)
- Moving out of health plan's service area (*Address must be updated in Employee Self Service*)

****If an employee has no coverage, no dependents can be enrolled either****

1. After successfully authenticating and logging into **Employee self service**, click on the **Upload Supporting Documents** tile.



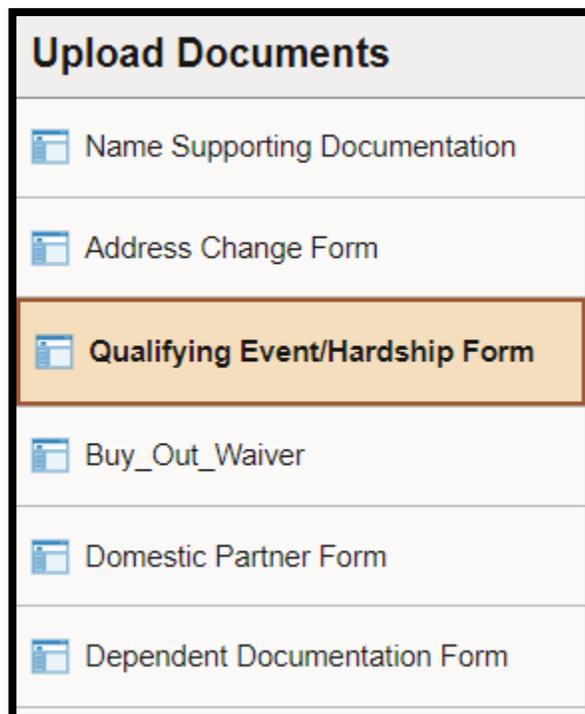
Submitting Qualifying Event/Hardship Form

2. Select the appropriate form for your event. *(Be sure your selection is highlighted)* **Qualifying Event/ Hardship Form**

The following documents are needed for adding dependents:

- Dependent(s) Birth certificate
- Marriage certificate
- Proof of cohabitation if married over a year. *(Example: utility bill, current bank statement, mortgage statement, tax return for current year or current lease, this to prove you and your spouse reside in the same household.)*

For divorce please submit the court documents the divorce creed.
Upload clear photos or scanned copies, ensuring they meet file format and size requirements.

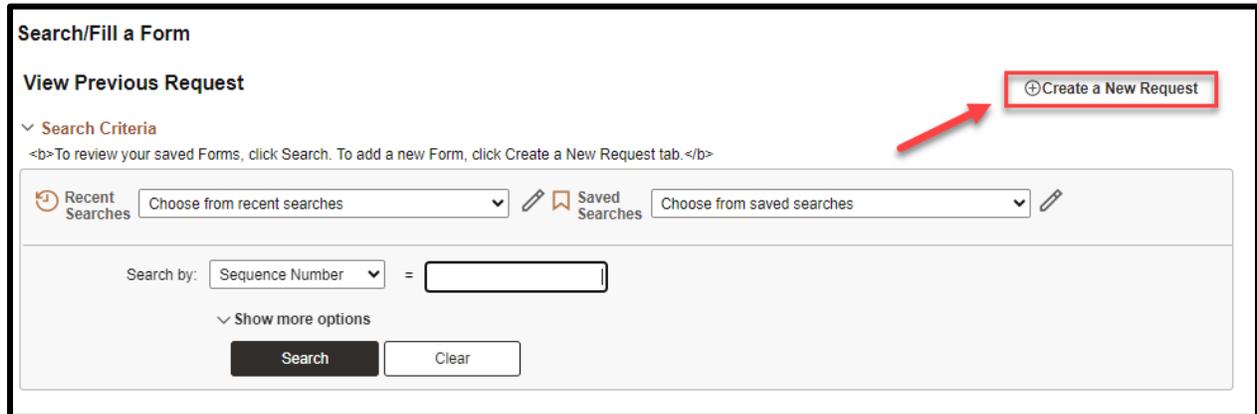


The image shows a screenshot of a web application interface titled "Upload Documents". It features a list of document categories, each with a folder icon and text. The "Qualifying Event/Hardship Form" option is highlighted with a light orange background. The other options are "Name Supporting Documentation", "Address Change Form", "Buy_Out_Waiver", "Domestic Partner Form", and "Dependent Documentation Form".

Upload Documents	
	Name Supporting Documentation
	Address Change Form
	Qualifying Event/Hardship Form
	Buy_Out_Waiver
	Domestic Partner Form
	Dependent Documentation Form

Submitting Qualifying Event/Hardship Form

3. Select the **Create a New Request** tab to create a new form.



The screenshot shows a web interface titled "Search/Fill a Form". At the top left, there is a "View Previous Request" link. Below it, a "Search Criteria" section contains instructions: "To review your saved Forms, click Search. To add a new Form, click Create a New Request tab.". The interface features two search filters: "Recent Searches" and "Saved Searches", each with a dropdown menu labeled "Choose from recent searches" and "Choose from saved searches" respectively. Below these is a search field with a dropdown menu set to "Sequence Number" and an equals sign followed by an empty input box. A "Show more options" link is positioned below the search field. At the bottom of the search area are two buttons: "Search" and "Clear". In the top right corner of the interface, a button labeled "Create a New Request" is highlighted with a red rectangular border, and a red arrow points from the left towards this button.

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4. This will take you to the **Form** tab.

- Answer the questions posed on the form and provide an explanation for your request. If the request is outside of your event time frame explain the cause of your delay.
- Click the *Save* button, then proceed to the Instructions tab.

Form Instructions Attachments

Seq Nbr 132351 **Qualifying Event/Hardship Form**

Please provide an explanation for your request in the "More Information" box; click the SAVE button and then proceed to the Instructions Tab.

Subject [Redacted]

Employee ID [Redacted]

Status Initial

*Do you currently have health coverage through HHC? Yes

*What is the effective date of your qualifying event? 03/19/2024

More Information

Save Submit

Form | Instructions | Attachments

Submitting Qualifying Event/Hardship Form

5. The **Instructions** tab will explain which supporting documents are acceptable, where to attach and how to submit your request.

Form **Instructions** Attachments

Qualifying Event/Hardship Form

Please use this form to request changes to your health coverage for events such as Loss of Coverage, Divorce, Domestic Partner Changes, or other Qualifying Hardship events.

1. Complete and attach a **Health Benefits Application** on the Attachments tab. Please include all dependents that you wish to cover, not only new additions. This form can be viewed in a new window when clicking the **Open** link and then printed.
2. If adding dependents for the first time, supporting documentation for these dependents should also be submitted.
3. Appropriate documentation of marital status or dependent child relationship is required. This documentation may consist of:
 - Marriage or Birth Certificate
 - Adoption or Guardianship papers
 - Copies of Tax Returns indicating a step-child is claimed as a dependent
 - For a complete list of required documentation, please go to the Attachments tab and click the **Open** link for the **New Documentation Requirements**
4. If your qualifying event is a Divorce, please attach a copy of the Divorce Decree. If your qualifying event is a Domestic Partner Change, please review the document "Domestic Partner Enrollment" located on the Attachments tab.
5. If adding a dependent who was dropped during the Dependent Eligibility Verification Audit, please submit the equivalent supporting documentation that was required during the audit, this could include:
 - Federal Tax Return within the last two years listing your spouse (Please only send the first page of your Federal Tax Return and block out all Social Security numbers and monetary amounts)
 - Proof of Joint Ownership issued within the last six months
6. Please provide the appropriate documentation, click the **Attach** button to submit a scanned copy on the Attachments tab.
7. **After attaching all required documents on the Attachments tab, return to the Form tab and click **Submit**.**

For instructions on how to scan and upload documentation, please read the How to guide on the ESS website: <http://ess.nychhc.org>

Form **Instructions** Attachments

Submitting Qualifying Event/Hardship Form

- Then scan any supporting documents and attach the electronic documents by clicking the **Attach** button.

Upload your attachments

	*Description	Attached File	Attach	Open		
1	<input type="text"/>		<input type="button" value="Attach"/>	Open	<input type="button" value="+"/>	

Form | [Instructions](#) | [Attachments](#)

- You can add additional attachments by selecting the + button and delete them by selecting the - button.

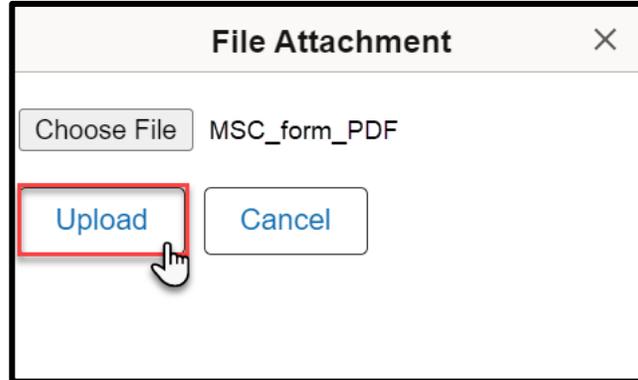
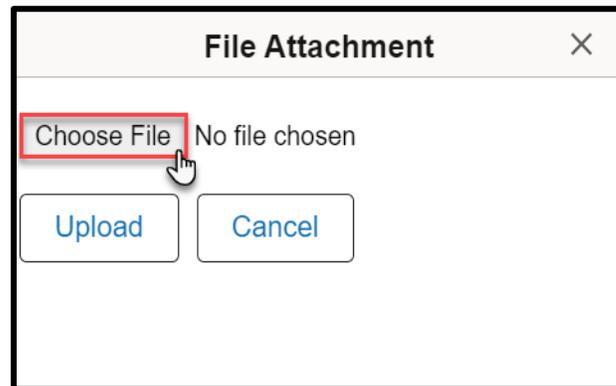
Upload your attachments

	*Description	Attached File	Attach	Open		
1	<input type="text" value="Buyout Waiver Form"/>	MSC_form_PDF	<input type="button" value="Attach"/>	Open	<input type="button" value="+"/>	<input type="button" value="-"/>
2	<input type="text" value="Non-city medical cards"/>	Cards_Family_JPEG	<input type="button" value="Attach"/>	Open	<input type="button" value="+"/>	<input type="button" value="-"/>
3	<input type="text"/>		<input type="button" value="Attach"/>	Open	<input type="button" value="+"/>	<input type="button" value="-"/>

Form | [Instructions](#) | [Attachments](#)

Submitting Qualifying Event/Hardship Form

9. The File Attachment pop up appears. Click the **Choose File...** button to search for your document. After finding your document, click the **Upload** pushbutton to upload your document.



Submitting Qualifying Event/Hardship Form

- 10.** After you have attached all files, go back to the **Form** tab. Click the Submit button at the bottom for your Form to be sent to HRSS Corporate Benefits for review.

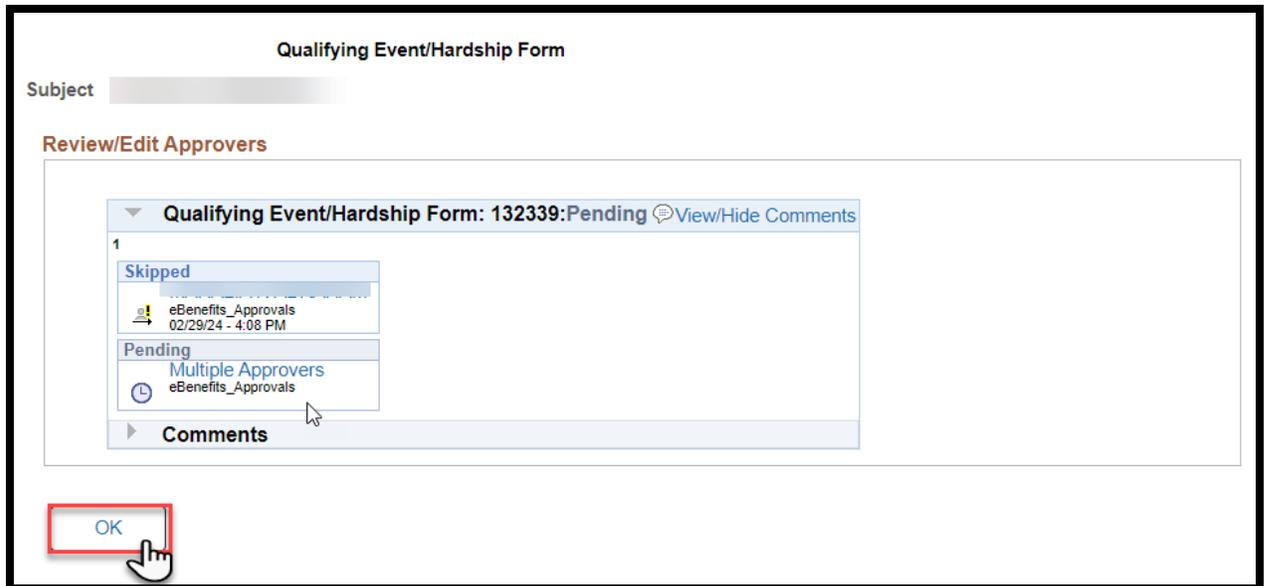
The screenshot shows a web form titled "Qualifying Event/Hardship Form" with a sequence number of 132339. The form includes tabs for "Form", "Instructions", and "Attachments". The "Form" tab is active. The form contains the following fields and instructions:

- Subject:** [Redacted]
- Employee ID:** [Redacted]
- Status:** Initial
- *Do you currently have health coverage through HHC?:** Yes (dropdown menu)
- *What is the effective date of your qualifying event?:** 02/29/2024 (calendar icon)
- More Information:** A text area containing the text: "I would like to enroll in coverage due to loss of my Medicaid coverage effective date 1/1/2024. Please see attached documents."

At the bottom of the form, there are two buttons: "Save" and "Submit". The "Submit" button is highlighted with a red box. Below the buttons, there are tabs for "Form", "Instructions", and "Attachments". The "Form" tab is active, and a mouse cursor is pointing at the "Submit" button.

Submitting Qualifying Event/Hardship Form

11. The following screen will appear that shows the status as Pending. Click the **OK** button at the bottom.



If you have any questions about your elections you can contact HRSS/NYC Health + Hospitals Corporate Benefits by phone at (646) 458-5634 or by email at HHCBenefits@nychhc.org.