

# MANAGERIAL BENEFITS OVERVIEW

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**You may receive additional information on how to enroll during your  
New Employee Orientation.**

**For additional information, please visit [ESS.nychhc.org](https://ESS.nychhc.org)**

## MetroPlus Employee Benefits

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Newly hired eligible employees hired on or after July 1, 2021 who are electing City Health Coverage will be able to choose from the following options and remain in the plan for the first 365 days as per Office of Labor Relation.

- MetroPlusHealth Gold Basic or
- MetroPlusHealth Gold Standard Rx ([see attached prescription list](#))\* or
  - Includes comprehensive drug prescription coverage. Recommended for employees who take medications not covered under the Basic plan prescription list

- Buy-Out Waiver or

- Waive

 *Employees will receive an email notification upon their 366<sup>th</sup> day giving an option to remain with MetroPlus or select a new plan.*

***Exemptions to this requirement include if you:***

- Live outside the MetroPlusHealth Gold Plan coverage area (the 5 Boroughs).
- Have health insurance coverage through your spouse or domestic partner that you will be using.
- Have severe or life-threatening pre-existing condition and your provider does not accept MetroPlusHealth Gold (an [Opt-Out Form](#) is required for review and consideration).

*MetroPlusHealth Gold offers exceptional value to employees and their families. It offers some of the following benefits, including quality care, a broad provider network, and prescription coverage – all at no cost to you.*

- \$0 co-pays\*\*
- \$0 premium
- Fitness reimbursement (up to \$1,400 per plan year)
- Transportation reimbursement (up to \$60 per plan year)
- \$0, 24/7 virtual access to doctors and therapists
- **NEW: Up to \$300 per year for utilizing wellness apps**
- **NEW \$0 nutritionist care**
- **NEW: Up to 10 acupuncture visits with \$0 copay**

\*For further instructions, please visit [ESS.nychhc.org](https://ESS.nychhc.org) or the [Employee Resource Center](#)

## Health Insurance Types

You will be able to change your health coverage beginning with your 366th day of employment. There are up to 10 Health Insurance Plans, all offering individual coverage and family coverage (which includes current spouse, registered domestic partner and children/young adults up to age 26).

Plan Types	Description	Examples
<b>HMOs (Health Maintenance Organizations)</b>	Provides managed, pre-paid hospital and medical services to its members. Members choose a Primary Care Physician (PCP) from the HMO network, and the PCP manages all medical services, provides referrals, and is responsible for non-emergency admissions.	MetroPlus Health Plan GHI HMO HIP Prime HMO (Basic Plan is Free) Vytra Health Plan
<b>EPO (Exclusive Provider Organization)</b>	Provides a higher level of choice and flexibility than many other managed care plans. Members can see any provider in the EPO network, no need to choose a primary care physician and no referrals are necessary to see a specialist. There is no out-of-network coverage.	Anthem EPO Aetna EPO
<b>POS (Point-of-Service)</b>	Provide the freedom to use either a network provider or an out-of-network provider for medical and hospital care. With the usage of a network provider there is prepaid comprehensive coverage and little out-of-pocket costs for services. With the usage of an out-of-network provider there is less comprehensive coverage and employees are subject to deductibles and/or coinsurance.	HIP Prime POS
<b>PPOs (Participating Provider Organizations)</b>	Indemnity plans that provide the freedom to use either a network provider or an out-of-network provider for medical and hospital care. PPO/Indemnity Plans contract with health care providers who agree to accept a negotiated lower payment from the health plan, with co-payments from the subscribers as payment in full for medical services. When the subscriber uses a non-participating provider, they are subject to deductibles and/or coinsurance.	GHI-CBP/Anthem (Basic Plan has No employee cost)

\*Visit [www.nyc.gov/olr](http://www.nyc.gov/olr), Health Benefits Program for additional information. \*



**New York City  
Health Benefits Program  
Dependent Eligibility Required Documentation**



Below is a list of all dependent eligibility documentation requirements for health benefits coverage for dependents.

**For a Spouse**

- married one year or less – Government Issued Marriage Certificate
- married more than one year – Government Issued Marriage Certificate and one of the following:
  - Federal tax return filed within last two years and listing spouse as joint or individual
  - Proof of joint ownership (bank account, auto, home, etc.) issued within last six months
  - Proof of cohabitation (two separate documents – one in your name and one in your spouse's name – at the same address, such as utility bills, bank statements or credit card statements)

**For a Domestic Partner**

- partnership of one year or less – Domestic Partnership Certificate of Registration
- partnership of more than one year – Domestic Partnership Certificate of Registration and one of the following:
  - Proof of joint ownership (bank account, auto, home, etc.) issued within last six months
  - Proof of cohabitation (two separate documents – one in your name and one in your domestic partner's name – at the same address, such as utility bills, bank statements or credit card statements)

**For a Child**

NOTE: Disabled status for any child still requires current medical certification from the health plan in addition to the documents listed below.

- Biological Child
  - Government Issued Birth Certificate (including parent's names)
- Step Child – Must be spouse's child. One of the following combinations of documents is required:
  - Government Issued Birth Certificate (including parent's names) and Government Issued Marriage Certificate if married one year or less
  - Government Issued Birth Certificate (including parent's names) and Government Issued Marriage Certificate and Federal tax return filed within last two years listing spouse as joint or individual
  - Government Issued Birth Certificate (including parent's names) and Government Issued Marriage Certificate and proof of joint ownership (bank account, auto, home, etc.) issued within last six months
- Domestic Partner's child – Must be registered domestic partner's child. One of the following combinations of documents is required:
  - Government Issued Birth Certificate (including parent's names) and Domestic Partnership Certificate of Registration if partnership of one year or less
  - Government Issued Birth Certificate (including parent's names) and Domestic Partnership Certificate of Registration and proof of joint ownership (bank account, auto, home, etc.) issued within last six months
- Legal Ward
  - Government Issued Birth Certificate and the court ordered document of legal custody
- Tax Dependent Child
  - Government Issued Birth Certificate and the federal tax return filed in the previous year listing child as dependent

## Flexible Spending Account Programs

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**Medical Spending Conversion (MSC) Health Benefits Buy-out Waiver Program:** Allows eligible employees who can obtain non-City group health benefits (proof required) to waive their New York City health benefits in return for a cash incentive payment (taxable) made semi-annually (June and December). Annual amount for waived family coverage is \$1,000 and waived individual coverage is \$500. Employees who enroll remain in the Buy-out Waiver program until they have a qualifying event or during open enrollment when a City health plan can be elected. Re-enrollment is not required every year.

**Medical Spending Conversion (MSC) Premium Conversion Program:** Allows employees who have payroll deductions for health insurance premiums and optional riders to increase their take-home pay. Payments are made on a pre-tax basis effectively reducing the salary on which your taxes are computed by the amount of the health plan deduction. Enrollment remains in effect during the Plan Year and your status cannot change unless an approved Qualifying Event occurs mid-year. Enrollment in the Premium Conversion Program is automatic.

**Health Care Flexible Spending Account Program (HCFSa):** Allows employees to pay for eligible out-of-pocket health care expenses on a pre-tax basis, with deductions taken directly from salary. This reduces your gross salary for federal and Social Security tax, resulting in tax savings. HCFSa is designed to help employees pay for necessary out-of-pocket medical, dental, vision, and hearing expenses not covered by health insurance. The minimum annual contribution is \$260 and maximum annual contribution is \$3,300. Any unused balances will be forfeited, **If you don't use it, you lose it! (see website below for more information\*)**

### **Grace Period**

There is a Grace Period offered following the end of a Plan Year. During this Grace Period, you may submit claims for eligible medical expenses incurred from January 1st through March 15<sup>th</sup>, using the remaining balance in your Plan Year account, if any. However, in the event that you are unable to submit HCFSa Program claims by the end of the Plan Year or accompanying Grace Period, a Claims Run-Out Period is provided, during which you may submit claims for services performed during the previous Plan Year or accompanying Grace Period.

**Plan Year:** January 1st, – December 31<sup>st</sup>

**Grace Period:** January 1st, – March 15<sup>th</sup>

**Claims Run-Out Period:** January 1st– May 31<sup>st</sup>

(If you do not submit claims for eligible expenses incurred during the Plan Year or the Grace Period by May 31<sup>st</sup>, you will forfeit any money remaining in your HCFSa for Plan Year).

Enrollment in HCFSa remains in effect during the Plan Year and your status cannot change unless an approved Qualifying Event occurs mid-year. Enrollment is **not** automatic from year to year. You must re-enroll each year during the annual Open Enrollment Period.

**Dependent Care Assistance Program (DeCAP):** Employees are able to pay for eligible dependent care expenses on a pre-tax basis, with deductions taken directly from paychecks. These deductions reduce your gross income on your W-2 Form for federal and Social Security tax purposes. The minimum annual contribution is \$500 and maximum annual contribution is \$5,000 (reduced to \$2,500 if you are married and file a separate federal income tax return). Any unused balances will be forfeited. Enrollment remains in effect during the Plan Year and your status cannot change unless an approved Qualifying Event occurs mid-year. Enrollment is **not** automatic from year to year. You must re-enroll each year during the annual Open Enrollment Period.

**Plan Year:** January 1<sup>st</sup> – December 31<sup>st</sup>

**Claim Run-Out Period:** January 1<sup>st</sup> – February 28<sup>th</sup>

\*Visit [www.nyc.gov/olr](http://www.nyc.gov/olr), Flex Spending Account Programs for additional information. \*

## **Management Benefits Fund (MBF)**

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Provides supplemental benefits to members only. MBF has sought to provide coverage for services not reimbursed by the City of New York's Employee Benefits Program, including:

**Basic Life and Accidental Death & Dismemberment Insurance Coverage:** This coverage is provided at no cost to members. Employees under age 65 are covered for 1 times (1X) annual salary, subject to a coverage amount minimum of \$15,000 and maximum of \$50,000. Employees ages 65-69 are covered for 66 2/3% of their annual salary, subject to a coverage amount minimum of \$10,000 and maximum of \$34,000. Employees age 70 and over are covered for 50% of their annual salary, subject to a coverage amount minimum of \$7,500 and maximum of \$25,000. AD&D Insurance is provided for active employees only in the amount equal to their Basic Life Insurance coverage.

**Group Universal Life Insurance (GUL):** Provides life insurance coverage at affordable group rates and offers members an opportunity to set aside sums of money in a Cash Accumulation Fund (CAF), which earns tax-deferred interest. GUL is optional and is paid for entirely by member contributions. The insurance is portable so long as the group contract is in force and once you have enrolled as an active member, can be continued at group rates into retirement or when membership in the Fund ends for any reason. Coverage for a member is available in units of \$10,000 up to \$100,000 or as a multiple (1x, 2x, 3x, 4x, 5x, 6x, 7x or 8x) of annual salary. The maximum coverage is \$1,000,000 or 8x times your annual salary, whichever is less. You can buy coverage for your spouse/domestic partner in units of \$10,000 up to \$100,000. It is also available for \$120,000, \$150,000, \$200,000 or \$250,000. You can also purchase coverage for child(ren) (ages 15 days to 26 years), in the amount of \$10,000, \$15,000 or \$20,000. GUL is insured with Prudential Insurance Company of America.

New members (within 90 days of becoming eligible for GUL) will receive a welcome letter directly from Prudential with instructions on how to enroll in GUL.

**Long Term Disability Insurance:** Provides partial protection to active employees in the event of loss of earnings due to total or partial disability extending beyond six months. After six months of total and continuous disability, members are eligible to receive up to 66 2/3%\* of pre-disability salary with a minimum of \$150 and a maximum of \$5,000 per month. In addition, if a member is certified as disabled under the LTD program and their City health coverage ends (for reasons other than reaching the maximum benefits available under the health plan), MBF Superimposed Major Medical may extend basic City health coverage, Dental and Vision Care Benefits on behalf of both the member and their eligible dependents.

**Superimposed Major Medical Plan:** This plan supplements Basic City Health Insurance coverage by providing additional coverage to members who incur substantial qualifying out-of-pocket medical expenses that remain after all other health coverage has been applied. After an individual calendar year deductible is satisfied, the plan reimburses 90%\* of non-reimbursed covered medical expenses at Reasonable and Customary (R&C) allowances until out-of-pocket expenses reach \$2,500. Reimbursement is at 80% of R&C for out-of-pocket costs incurred for prescription drugs. Please note that members covered under HMO plans are required to use the services of HMO providers and can only use the Fund's SMMP for co-payments or services not available under their HMO plan. The SMMP also provides a hearing aid and audiometric examination benefit covering a maximum of up to \$1,500 per hearing aid and 90% of Reasonable and Customary (R&C) allowances for audiometric examination. These benefits are not subject to the deductible.

**Dental Benefits:** Administrative Services Only, Inc. (ASO), which also administers the Fund’s Superimposed Major Medical Program (SMMP). With ASO, you will have access to their network as well as the Careington Network, a national network with more than 250,000 locations. Close to 90% of members see dentists in these networks. Starting in January 2023, when you go to your dentist, tell them you have dental coverage with MBF through ASO and the Careington network.

Plan Design	Enhanced Benefits
<i>Service</i>	<i>Payable Amount for Services</i>
Annual Maximum (Individual)	\$5,000
LT Orthodontic Maximum	\$6,000 (eliminates adult medical document requirement)
Basic Restorative Procedures (Out-of-Network)	80%
Major Restorative Procedures (Out-of-Network)	80%
Dental Implants (In-network and Out-of-network)	80%
Extractions, Fillings, Inlays, Onlays, & Crowns Limitation	Limitation of 3 years
Full/Partial Denture Replacement	Limitation of 3 years
Fixed Bridge Replacement Limitation	Limitation of 3 years

**Vision Benefits:** The Fund Vision Care Plan provides two options: An In-Network Participating Provider Option, called a PPO, and an Out-of-Network Option.

Plan Design	Enhanced Benefits
<i>Service</i>	<i>Payable Amount for Services</i>
Access to In-Network - Large National Retailers	Participation of the following National Retailers in the GVS Network may vary by location, and services related to the vision benefit may not be available at all store locations*: Visionworks, Costco, LensCrafters, Target Optical, Cohen’s Fashion Optical, Sterling Optical, Pearle Vision, etc.
Collection Frame	GVS Collection - up to \$300
Non-Plan Frame Allowance	\$200* (specialty frames excluded)
Non-Plan Contacts Allowance	\$200
Medically Necessary Contacts Allowance	\$200
Split Benefit (benefit can be split between exam and materials)	Yes

***In-Network PPO Option***

The PPO Option provides for the accessing of services through a nationwide panel of providers. An annual eye examination, lenses (including progressive, no-line bi-focals), contact lenses, and plan frames are provided up to plan allowance, under the PPO option. When using the in-network PPO option, no co-payments are required for bifocals, trifocals, contact lenses, photo-grey lenses, progressive (no-line) lenses, cataract lenses, prescription glasses, and selected designer frames up to \$300 from the GVS Collection. For non-plan items such as special designer frames, the Fund pays \$200 towards the cost of the frame. The member will be responsible for any amount over \$200.

***Out-of-Network Option***

Under the Out-of-Network Option, the member may select a provider of his/her choice and will be reimbursed annually up to \$25 towards an eye examination and annually up to \$125 towards materials. Visit [generalvision.com](http://generalvision.com) to search for a vision provider. Please use Vision Benefit #6054.

**Health and Fitness Club Reimbursement Programs:** Provides reimbursement for active and the member's spouse/domestic partner membership at an MBF approved Health Club and other physical fitness programs such as Citi Bike, Yoga, Class Pass, etc. The program will reimburse members and their spouse/domestic partner up to \$250 after each six-month consecutive period. This is a taxable fringe benefit. The member and member's spouse/domestic partner must submit separate claim forms for this benefit, including proof of payment from the health club after every six-month period.



## Vacation and Sick Leave (Time Accrual if hired on or after 07/14/04)

Rate of Accrual for Newly Hired Employees (Vacation Leave)		
<u>Years of Continuous Service</u>	<u>Monthly Accrual Rate</u>	<u>Annual Leave Allowance</u>
First Year	10:30 hours per month	18 workdays
Beginning with 5 <sup>th</sup> Year	11:05 hours per month	19 workdays
Beginning with 7 <sup>th</sup> Year	11:40 hours per month	20 workdays
Beginning with 10 <sup>th</sup> Year	12:15 hours per month	21 workdays
Beginning with 11 <sup>th</sup> Year	12:50 hours per month	22 workdays
Beginning with 12 <sup>th</sup> Year	13:25 hours per month	23 workdays
Beginning with 13 <sup>th</sup> Year	14:00 hours per month	24 workdays
Beginning with 14 <sup>th</sup> Year	14:35 hours per month	25 workdays

Rate of Accrual for New Hired Employees (Sick Leave)	
<u>Years of Continuous Service</u>	<u>Sick Leave Allowance</u>
First year through 5 <sup>th</sup> Year	10 workdays per year
Beginning of 6 <sup>th</sup> Year and on	Maximum 12 workdays per year

The following are regular holidays with pay:

New Year's Day  
Martin Luther King, Jr. Day  
President's Day  
Memorial Day  
Juneteenth Day  
Christmas Day

Labor Day  
Columbus Day  
Veteran's Day  
Thanksgiving Day  
Independence Day

## Family & Medical Leave Act (FMLA)

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- FMLA entitles eligible employees up to a maximum of 12 weeks of paid/unpaid leave in a 12-month period to care for an immediate family member (spouse, domestic partner, child and parent) or for the serious illness of the employee. During this period, benefits remain intact (health insurance and MBF).

## Special Leave of Absence Coverage (SLOAC)

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- SLOAC entitles eligible employees on an active approved unpaid leave up to a maximum of 18 weeks or 4 months of continued benefits (health insurance and MBF) coverage in a 12 month period during an unpaid Leave resulting from a disability or serious illness of the employee.

## Other Types of Leave

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- Child Care Leave
- Parental Leave
- Military Leave

## Retirement Savings Plans

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**Pension:** This is administered by the New York City Employees' Retirement System (NYCERS).

- Membership is available to all New York City employees.
- Employee holding a permanent civil service position in the competitive or labor class are required to become members of NYCERS six months after their date of appointment, but may voluntarily elect to join the system prior to their mandated membership date. All other eligible employees have the option of joining the system upon appointment or at any time thereafter. After joining NYCERS, membership is irrevocable until you leave city service.
- Tiers and Plans ~ Your Tier is generally determined by the date you joined NYCERS.
- NYCERS is a defined benefit plan, which means the amount of your benefit is defined by law.
- Buy-Back Option ~ Employees are eligible to buy back full or part-time New York City service rendered prior to your NYCERS membership.
- NYCERS member has an option to take a loan from the plan (qualification required). Visit [www.nycers.org](http://www.nycers.org) for additional information.

### **Voluntary Defined Contribution (VDC) Program**

- The VDC program is a new defined contribution retirement plan option that is available to unrepresented employees who earn at the rate of pay of \$75,000 or more annually
- This program is separate and distinct from all other City retirement plans. It is an alternative to the City's existing pension systems. Employees will need to choose between the VDC and the New York City Employee Retirement System (NYCERS)
- Every year, your employer will contribute an amount equal to 8% of your compensation toward your VDC program
- After one year, all contributions are fully vested.
- The VDC program is designed to allow you to retire at any age.
- The VDC program allows you to customize your retirement plan. You pick investments and providers. Visit <https://www1.nyc.gov/site/olr/vdc/vdchome.page> for additional information.

**Taxed Deferred Arrangement Program - TDA 403B:** The NYC Health + Hospitals TDA Program is a retirement program that has been available to all employees for more than 40 years. This 403(b) program gives you the opportunity to save for retirement on a tax-deferred basis.

- Immediate eligibility and anytime enrollment for NYC Health + Hospitals' employees.
- Employees choose the percentage they want to contribute to the TDA. Deductions are taken from your paycheck. You may start with as little as 1% and up to a max of 70% of your salary a year (subject to max dollar amount a year by IRS regulations). This is an employee contributed only program.
- You can rollover another employers' qualified retirement plan or pre-tax IRA into the TDA.
- The TDA is one way to help you save for retirement. That's because you have two ways to contribute: 1) Traditional pre-tax contributions, and 2) Roth after-tax contributions. You can choose to make either one or both types of contributions based on what's best for your tax situation.
- You can change or stop your contribution rate at any time.
- You may borrow (loan) up to 50% of your vested balance. Options to take out a loan are available to all TDA members.
- A 10% federal income tax penalty may apply for any withdrawals made before age 59 ½.
- Hardship withdrawals are available that provide for situations that require emergency access to your money, i.e. unforeseen medical expenses, purchase of primary residence, higher education expenses, threat of eviction from primary residence, or funeral expenses.

Visit [www.prudential.com/nychealthandhospitals](http://www.prudential.com/nychealthandhospitals) for additional information.

**Deferred Compensation Plan:** An employee benefit available to New York City employees. The Plan is comprised of two programs: a 457 Plan and a 401(k) Plan. Employees may choose to join either the 457, the 401(k), or both.

- It is recommended that participants choose to invest in either one of the pre-arranged portfolios or create their own portfolio from the core investment funds offered.
- The Deferred Compensation Plan has an option to contribute on both a pre-tax and post-tax (Roth) basis.
- The following chart shows the differences between Pre-Tax 457/401(k) and After-Tax Roth 401(k).

Visit [www.nyc.gov/olr](http://www.nyc.gov/olr), Deferred Compensation for additional information.

**The New York City Employee Individual Retirement Account - NYCE IRA:** A tax-favored retirement savings account. Includes both a traditional IRA and a Roth IRA for the exclusive benefit of employees and former employees of the City of New York and their respective spouses.

- You can continue to make contributions while you work or after you leave City service. As long as you receive taxable compensation, even after you retire or leave City service, you are eligible to contribute to the Traditional NYCE IRA until age 70½. There is no age limit for making contributions to the Roth NYCE IRA.
- You can rollover all your retirement plans into an IRA.

Visit [www.nyc.gov/olr](http://www.nyc.gov/olr), NYCE IRA for additional information.

## Additional Savings Plan

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**NY 529 College Savings Program:** *Direct Plan* provides a flexible, convenient, and low-cost way to save for college. The Program features a wide range of investment choices, tax-free withdrawals when used for qualified higher education expenses, and contributions that are tax-deductible (up to certain limits) for New York State residents.

- You can save for a child, grandchild, friend — or even yourself.
- You can start with as little as \$15 and can contribute by check, automatic investment, electronic bank transfer, payroll deduction, or by moving assets from other college savings accounts.
- Your assets grow tax-deferred and earnings on your withdrawals are exempt from federal income tax when used for qualified higher education expenses.

Visit [www.nysaves.org](http://www.nysaves.org) for additional information.

## Transit Benefit

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Edenred transit benefits provides you with improved employee benefit options that support your commute to work.

- Edenred is our new transit program - code 47911
- Deductions are taken on a monthly basis
- Employees are able to enroll and manage their accounts directly with Edenred
- Contact number is 888-235-9223

### Edenred Deduction Schedule

The Edenred Deduction Schedule differs from the WageWorks/Transit Deduction Schedule. Employees paid bi-weekly will now have 1 deduction for the benefit and 1 deduction for the associated administrative fees, per month. Employees paid weekly will have 2 deductions per month.

Visit [edenredbenefits.com/hhc/](http://edenredbenefits.com/hhc/) for additional information

## Direct Deposit

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- Your paycheck can be conveniently deposited (bi-weekly) into a checking or savings account.
- Enroll into direct deposit through Employee Self Service. Payroll Shared Services can assist if needed.

## MCU (Municipal Credit Union)

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- MCU offers the convenience of direct deposit into your savings, checking, IRA and even to a high dividend earning Certificate Account all without taking a single step once you've filled out the appropriate forms.
- MCU offers excellent rates on Savings Accounts, Mortgages, Auto Loans, Credit Cards, Personal Loans, etc.
- MCU offers special accounts like a Holiday or Vacation Account which earn a dividend rate and help you save for those special occasions. At the end of the one year term, your funds will be automatically deposited into your Checking or Share account for easy ATM access.
- Not everyone can be a member at MCU, but NYC Health + Hospitals employees are qualified, so take advantage of the exceptional offerings

# City of New York

## New Employee MetroPlus GOLD Opt-Out Request Form

Employee Information			
Employee Last Name:		Employee First Name:	
Date of Birth:	Phone:	Email Address:	
Home Address:			Home Zip:
Agency:			Date of Hire:
Dependent Information: (If the request for exemption is due to an eligible dependent, please also provide the following.)			
Dependent's Last Name:		Dependent's First Name:	
Dependent's Date of Birth:			

Medical Information
Please check one: <input type="checkbox"/> Self <input type="checkbox"/> Dependent
Treating Physician's Name:
Physician's Phone:
Physician's Address:
Diagnosis/Condition:

### EMPLOYEE/DEPENDENT'S SIGNATURE AND RELEASE (This form must be signed to be processed)

I hereby request exemption from the above City Health Benefits Program requirement and certify that the above information is complete, true and correct. I authorize above listed physicians and other medical professionals to provide MetroPlus GOLD Preferred Plan with information concerning medical care, advice, treatment or supplies provided to the Employee or eligible dependent. I understand that this authorization will be used only for the purpose of obtaining information, and the duration of the authorization will be limited, to determine whether the employee or eligible dependent meets the criteria outlined above. I agree that a photostatic copy of this authorization is as valid as the original.

Employee Signature:	Date:
Dependent's Signature (if dependent is not a minor)	Date:

FOR OFFICIAL USE ONLY		
<input type="checkbox"/> Approval		
<input type="checkbox"/> Denial – does not meet criteria		
First Name: _____	Last Name: _____	Title: _____
Signature: _____	Date: _____	

**Process:**

New employees need to complete and submit this New Employee MetroPlus GOLD Opt-Out Request Form immediately. Please email completed forms to: [mphr@metroplus.org](mailto:mphr@metroplus.org) or fax to **212-908-5192**.

Once your Opt-Out Request Form has been reviewed and a determination has been made, you will be notified by MetroPlus Health Plan via the email address you have provided. If you are approved, you must submit the approval notification to your benefit representative. This form will be received and processed in accordance to all applicable federal and state laws and regulations on the guarding of personal health information (PHI).