Department of Civil Service
Alfred E. Smith State Office Bldg.
Albany, NY 12239

EMPLOYEE BENEFITS DIVISION

NYPERL NYS Employee Notice and Fact Sheet
Instruction Sheet

EBD-542 (8/06L)

New York State Public Employee and Retiree Long Term Care Insurance Plan (NYPERL)

PURPOSE: The purpose of the form is to establish and formally notify employees of their 60-day open enrollment opportunity for NYPERL without providing evidence of insurability

EMPLOYEES WHO MUST SIGN THE FORM

- New employees who are offered health insurance should sign the form on the first day the employee reports to work. (Note that NYPERL eligibility is based upon health insurance *eligibility* not health insurance *enrollment*.)
- If an employee, not previously eligible for NYPERL, changes employment status and becomes newly eligible for *health* insurance, the employee becomes newly eligible for NYPERL and must sign the form.
- An employee, who was not actively at work during the agency's NYPERL open enrollment period, must sign the form when the employee returns to active work for the first time after the employer's NYPERL open enrollment period has expired. If you are unsure of the past date of your agency's NYPERL open enrollment period, contact MedAmerica's NYPERL Customer Service toll free number, 1-866-474-5824.

Employees who transfer from another state agency or employees who have left state service and are rehired are not new employees for open enrollment unless they meet the requirements in either the second or third bulleted items above. The employee is entitled to only one 60-day open enrollment period. The form should not be completed more than once for the same employee.
An employee is actively at work if the employee is at the employer's place of business or at a location to which the employer's business requires the employee to travel and the employee is able to fully perform the duties of the position for that employee's normal workday. It includes any day on which the employee is on vacation or on authorized leave provided such absence is not due to illness or injury or Leave Without Pay.

PROCEDURE FOR AGENCY

1. Complete Employing Agency Section and Open Enrollment Expiration Date.
2. Give the employee a copy of Page 1 and Page 2 of the form.
3. Instruct employee to read, sign, date and provide SSN in Employee Section of the form.
4. Retain Page 1 and Page 2 of the completed original form in the employee's personnel folder.
5. Provide a copy of Page 1 and Page 2 of the completed form to the employee.
6. Mail a copy of the form to: MedAmerica Insurance Company of New York; Customer Service-NYPERL; 165 Court Street; Rochester, NY 14647.

MedAmerica Insurance Company of New York will determine the employee's eligibility based upon rules established under an agreement with the Department of Civil Service. MedAmerica may contact you (the employer) for information about an employee to help MedAmerica to establish an employee's eligibility and/or an employee's actively at work status. Those State employees eligible for the State's health insurance plan are eligible to apply for NYPERL.

State of New York Department of Civil Service Employee Benefits Division Albany, NY 12239	EMPLOYEE BENEFITS DIVISION NYPERL NYS Employee Notice and Fact Sheet EBD -542.1 (8/14)

New York State Public Employee and Retiree Long Term Care Insurance Plan (NYPERL)

EMPLOYEE NOTICE AND FACT SHEET

With Instructions on Enrolling

EMPLOYING AGENCY SECTION

Employee Name				**Date of Birth**	
Date of Hire or Date First Eligible		**Agency Name & Agency Code**		**Salary Grade**	
Agency Contact Name			**Agency Contact Phone#**		

OPEN ENROLLMENT EXPIRATION DATE _____
(60 CALENDAR DAYS after date employee is hired or first eligible for Modified Guarantee Issue)

EMPLOYEE SECTION

I have been offered an opportunity to enroll in the NYS Public Employee and Retiree Long Term Care Insurance Plan (NYPERL), and have received a NYPERL fact sheet and instructions on how to receive additional information to enroll in NYPERL.

I understand that I may be eligible for a 60 day open enrollment period that begins on the date I first began active employment. This means I can apply for coverage by answering just one health related question.

I understand that if I decide to apply to participate in NYPERL after the 60-day period has passed, then I will be required to undergo full medical underwriting.

I understand that I am responsible for contacting the Insurer to obtain additional information and an application to enroll in NYPERL if I decide to enroll in the Plan, and that I am responsible for the completion and submission of the application to the Insurer.

Employee Signature _____ **Date** _____

New York State ID and Social Security Number _____

Personal Privacy Protection Law Notification The information you provide on this document is being requested in accordance with Article 11-A of the Civil Service Law for the principal purpose of notifying employees of their 60-day open enrollment opportunity for the New York State Public Employee and Retiree Long Term Care Insurance Plan (NYPERL). The information will be used in accordance with Public Officers Law section 96 (1) also known as the Personal Privacy Protection Law. Failure to provide the information requested may interfere with your employer's ability to ensure the proper administration of NYPERL. This information will be maintained by your employer and by MedAmerica Insurance Company of New York, 165 Court Street, Rochester, New York 14647. For information concerning the Personal Privacy Protection Law, call (518) 457-9375. If you have any questions regarding this form, please call your employer's Personnel Office.

New York State Public Employee Long Term Care Insurance Plan (NYPERL)

EMPLOYEE NOTICE AND FACT SHEET

With Instructions on Enrolling

NYPERL is your employer's voluntary, employee-pay-all group long-term care insurance plan.

Long-term care is assistance you need if you are unable to carry out the basic activities of everyday living—bathing, continence, dressing, toileting, eating, or transferring, such as from a chair or bed. The need could arise from an accident or a debilitating illness. Or it could simply be the natural result of aging.

Only a small portion of the long-term care services you are likely to need are covered by health insurance or Medicare and long term care is expensive. In 2012, the NYS Partnership for Long-Term Care estimated the average nursing facility cost in New York State to be $119, 943 per year.

NYPERL is designed to provide financial protection against the costs associated with long-term care covered services provided by a(n): nursing facility; home health care agency; adult day care center; or assisted living facility.

Premiums are based upon your age when you apply and the benefits you select. The younger you are when you apply, the lower the premium. As in any long term care insurance product, premiums may change, but only if the insurer changes the premium rates for all persons in the same premium payment class, regardless of where you reside at the time of the premium change.

NYPERL is administered and insured by MedAmerica Insurance Company of New York (Home Office: Rochester, NY) and MedAmerica Insurance Company (Home Office: Pittsburgh, PA) headquartered in Rochester.

You should not buy long term care insurance if the only way you can afford to pay for it is by not paying other important bills. Look closely at your needs and resources, and discuss it with a family member to decide if long-term care insurance is right for you.

INSTRUCTIONS ON ENROLLING

An enrollment kit and more NYPERL information may be obtained by calling MedAmerica's NYPERL Customer Service toll free number, **1-866-474-LTCI (5824),** or by visiting the NYPERL website at www.NYPERL.net . Once you have reviewed the materials in the enrollment kit or the information on the website, Customer Service staff can walk you through the enrollment form and answer any questions you might have.

NYPERL applications are found in the Enrollment Booklet in the enrollment kit or are available on the NYPERL website. Submit your completed application to MedAmerica, not to your employer.

If you are an eligible employee applying under open enrollment, use Enrollment Form 1 found in the Enrollment Booklet of the enrollment kit.

If you are applying after the expiration of open enrollment or if an eligible family member is applying, use Enrollment Form 2 found in the Enrollment Booklet of the enrollment kit. This enrollment form contains a health statement that you must complete with the application.