

## New York State Health Insurance Program (NYSHIP) – Required Proofs

The information below outlines the documentation that must be collected as proof of eligibility before enrolling in NYSHIP for medical, dental and vision:

### Eligible Employees (Proofs)

1. Copy of Birth Certificate
2. Copy of Social Security Card

### Eligible Employee’s Dependents (Proofs)

Spouse	Domestic Partner	Dependent Children (Employee’s Natural, Adopted, or Step-Child) (eligible through age 26)	Employee’s Other** Children (e.g., Grandchild) (eligible through age 26)
1. Copy of Birth Certificate	1. Copy of Birth Certificate	1. Copy of Birth Certificate	1. Copy of Birth Certificate
2. Social Security Number*	2. Social Security Number*	2. Social Security Number*	2. Social Security Number*
3. Copy of Marriage Certificate (if marriage took place more than one year ago, see #4 below)	3. Completed PS-425 Domestic Partner application and other required proofs as listed in Section B	*For Adopted Child*  Adoption papers that include the child's name and list the enrollee as the legal guardian. If the adoption has not been finalized, a copy of the filed petition of adoption that includes the child's name and lists the enrollee as the legal guardian.	3. A completed PS-457 Statement of Dependence and required proofs
4. For marriages that took place <b>more</b> than one year ago, <b>in addition</b> to #3 above, proof of joint financial obligation is required (ex: joint tax return or bank account statement from within the last year) This proof must contain the names of the enrollee and the spouse.	**Domestic Partner Enrollment Packets may be obtained by contacting the Benefits Unit at (518) 457-4272 or email BSCHR@ogs.ny.gov		

\*You do not need to provide a copy of your dependents’ Social Security Card. For federal reporting purposes, however, you must provide your dependents’ Social Security Number (provide this information under Section 10 on the PS-404 form).

\*\*An ‘Other’ child is defined as any child other than your own child, adopted, or stepchild, or the child of your domestic partner. For such a dependent to be eligible, the child must reside permanently in your home, and receive more than 50 percent of his or her support from you.

Opt Out Plan enrollment (PS-409): Form requires proof of employer sponsored health insurance such as a copy of the current health insurance card or a letter from insurance carrier proving active coverage.

For Disabled Dependents Age 26 or older: Complete a Statement of Disability PS-451.

For Military Extension: Dependent children who served in the military prior to age 26, may be eligible for an extension of coverage. A copy of DD-214 and proof of full time student status is required. Please see the [NYSHIP General Information Book](#) for more details, or contact the Benefits Unit at (518) 457-4272 or BSCHR@ogs.ny.gov.

### **E-Mail or Fax Proofs with Completed PS-404 to:**

New York State Office of General Services  
 Business Services Center, Human Resources Benefits Administration  
 BSCHRForms@ogs.ny.gov  
 Fax: (518) 457-1879