

Eligibility Requirements for Enrollment in the New York State Health Insurance Program (NYSHIP)'s Student Employee Health Plan (SEHP)

You, the Enrollee (1) To be eligible for coverage, you must be enrolled as a matriculated doctoral student in a City University of New York (CUNY) graduate program and appointed to a benefits eligible position as a Graduate Assistant A, B, or C; Adjunct Instructor, Adjunct Lecturer, Adjunct College Laboratory Technician, or Non-teaching Adjunct I or II in CUNY and meet the following requirements:		Documentation Requirements
Employee Working at Least One Half an Assistantship	<ul style="list-style-type: none"> ▪ Be employed at a stipend that would yield a total compensation of \$4,122 or more for the contract year of July 1, 2008 through June 30, 2009. 	<ul style="list-style-type: none"> ▪ Social Security Card ▪ Birth Certificate ▪ Enrollment Request (Completed PS-404G Form or MyNYSHIP enrollment request)
Employee Working at Least One Half an Assistantship, but Hired Mid-Year	<ul style="list-style-type: none"> ▪ Be employed at a stipend that would yield a total compensation of \$4,122 or more when annualized from July 1, 2008 through June 30, 2009 	
Your Dependents The following dependents are eligible for SEHP coverage:		Documentation Requirements
Spouse	<ul style="list-style-type: none"> ▪ Your spouse, including a legally separated spouse (a divorced spouse is not eligible, but may be eligible for COBRA if application is made within 60 days of last coverage) ▪ Same-Sex spouse is eligible if the marriage is legal in the jurisdiction where it was performed 	<ul style="list-style-type: none"> ▪ Social Security Card ▪ Birth Certificate ▪ Marriage Certificate ▪ Enrollment Request (Completed PS-404G Form or MyNYSHIP enrollment request) ▪ Dependent Tax Affidavit (to exempt from tax on imputed income) qualifies as your dependent under IRS Rule 152 (PS-425.3) if your same sex spouse
Domestic Partner	Your domestic partner is eligible if your domestic partnership is one in which both partners are: <ul style="list-style-type: none"> ▪ 18 years of age or older; unmarried and not related in a way that would bar marriage; ▪ residing together and have been residing together for at least six months and; ▪ involved in a committed long term, rather than casual, relationship; ▪ mutually interdependent financially and have been so for at least six months prior to application; 	<ul style="list-style-type: none"> ▪ Social Security Card ▪ Birth Certificate ▪ Enrollment Request (Completed PS-404G Form or MyNYSHIP enrollment request) ▪ Affidavit of Domestic Partnership and Financial Interdependence (PS-425.1) ▪ One document proving six

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	<ul style="list-style-type: none"> ▪ Each other's sole domestic partner. 	<ul style="list-style-type: none"> months of joint residency ▪ Two documents proving six months of financial interdependence ▪ Dependent Tax Affidavit if your domestic partner qualifies as your dependent (to exempt from tax on imputed income) under IRS Rule 152 (PS-425,.3)
Dependent Children	<p>Your unmarried children under age 19 are eligible. Eligible dependents include:</p> <ul style="list-style-type: none"> ▪ your natural children ▪ legally adopted children, including children in a waiting period prior to finalization of adoption ▪ your dependent stepchildren, including dependents of same-sex spouse 	<ul style="list-style-type: none"> ▪ Social Security Card (See the General Information Book for Newborn enrollment requirements). ▪ Birth Certificate ▪ Enrollment Request (Completed PS-404G Form or MyNYSHIP enrollment request)
Other Dependent Children	<p>Other dependent children, including your domestic partner's children are eligible if:</p> <ul style="list-style-type: none"> ▪ they reside permanently in your home, and ▪ receive more than 50% of their support from you ▪ and you have assumed legal responsibility in place of the parent 	<ul style="list-style-type: none"> ▪ Social Security Card ▪ Birth Certificate ▪ Completed Statement of Dependence (PS-457) ▪ A Proof of Dependence (i.e., Papers indicating Legal Guardianship, Copy of Tax return claiming the child as a dependent, etc.) required upon enrollment and every two years thereafter.
Disabled Dependents	<p>Disabled dependents may continue to be covered after age 19 if they are:</p> <ul style="list-style-type: none"> ▪ incapable of supporting themselves because of a mental or physical disability acquired before Age 19. You must apply no later than within 60 days of the child's 19th birthday. 	<ul style="list-style-type: none"> ▪ Social Security Card ▪ Birth Certificate ▪ Completed Statement of Disability (PS- 451).
Summer Health Insurance	<p>Eligible employees who are employed in the spring semester and are expected to return in the subsequent fall semester are eligible for an employer contribution during the intervening summer.</p>	<ul style="list-style-type: none"> ▪ The employee's department must verify that the employee is expected to return ▪ must collect employee's contribution for health care prior to the end of the spring semester

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Effective Dates for New Enrollments

Event	Effective Date
New Appointment-application received within 45 days or appointment	Date enrollment form received in HR Office, or effective date of appointment, whichever is later. Exceptions: <ul style="list-style-type: none"> • Employees on F-1 visas will be provided with and billed for coverage as of their date of appointment, as required by CUNY. • Domestic students at campuses where health insurance enrollment is mandated by the campus will be provided with coverage as of their date of appointment
Annual Open Enrollment Period begins November 1, 2009 through November 30, 2009	Date enrollment form received in HR Office, or effective date of appointment, whichever is later.
Within 30 days of involuntary loss of other coverage	Effective the date the enrollment form is received in the CUNY Human Resources office.
If application for dependent coverage is filed within 30 days of Qualifying Event	Effective the date of event. Qualifying event are: <ul style="list-style-type: none"> • Marriage • Birth of a baby • The employee becoming a child's legal guardian, step-parent, or adoptive parent • The arrival of an eligible dependent in the united States • Completion of the six-month waiting period for attainment of domestic partnership status
All Others	Effective 30 days after the enrollment form is received in the CUNY Human Resources office

Note: The effective dates listed above assume that all required documentation will be submitted to the Health Benefits Administrator (HBA) upon submission of the NYS Health Insurance Transaction Form (PS-404) or MyNYSHIP enrollment request. Please contact your HBA for specific information on the effective dates that will apply if required documentation is not submitted to the HBA in a timely manner.

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