2027 Open Enrollment

November 1 - November 30, 2026

Health Benefits Summary

New York City Transit
NYSHIP and Non-NYSHIP
City Groups (MaBSTOA ONLY)
TWU Local 100 Career & Salary
TWU Local 106 (TSO) Career & Salary
Retirees

MTA Business Service Center
www.mymta.info

Disclaimer

This Summary contains information concerning some of the benefits you are entitled to as an MTA New York City Transit retiree. This Summary is for informational purposes only and may be modified at any time. If a conflict exists between this Summary and an official written document setting forth the benefit, policy, procedure, or rule, the official written document controls.

It is important to note that all benefits summarized herein are the benefits that are currently in effect at New York City Transit. These benefits are all subject to change, including termination, at any time in the sole discretion of New York City Transit, except to the extent that they have been established by collective bargaining agreements or are required by law. Some benefit programs, such as public retirement plans, are administered and interpreted outside of New York City Transit. If the information contained in this Summary conflicts with the provisions of any benefit program, the program's policies control.

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- **HR-BEN-850R** Health & Dental Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
- **HR-BEN-850S** Health Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired **Prior** to January 1, 2001)
- **HR-BEN-850T** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees
- **HR-BEN-850U** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees
- **HR-BEN-850V** Dental Plan Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) Retirees with NYSHIP Health Plan
- **HR-BEN-850W** Dental Plan Open Enrollment/Change Form for NYCT/MaBSTOA Represented & Non-Represented Retirees with NYSHIP Health Plan
- Notice of Creditable Coverage

1 INTRODUCTION

Open Enrollment Period: November 1 - November 30

Plan changes will be effective January 1, 2027

⚠ **Reminder…to remain in your current medical and/or dental plan (as applicable), no action is required unless you are or will become Medicare-eligible in 2027.**

The MTA Business Service Center (MTA BSC) processes all medical benefit enrollments and changes. For assistance, contact us at 646-376-0123 or bscservice@mtabsc.org.

During the Open Enrollment period, you may…

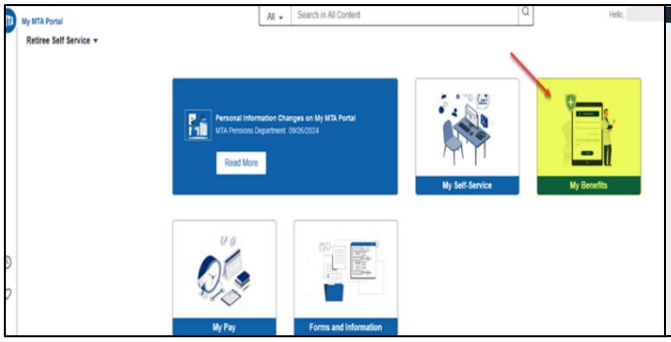
- Change plans
- Add, change, and/or remove dependents

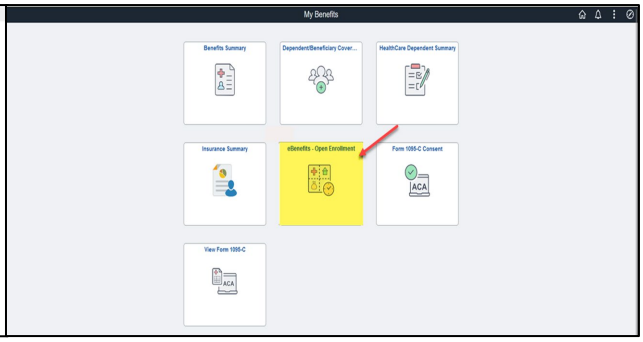
Available online on the My MTA Portal (www.mymta.info/openenrollment)…

- eBenefits – Open Enrollment 'how-to' video and eBenefits - OE job-aides
- Self-service access to change plan enrollments *(Availability to this functionality will vary based on your retirement date)*
- Summary of Health Benefits
- Medical enrollment/change forms
- Dental enrollment/change forms

2 HOW TO SUBMIT CHANGES

- **To make medical and/or dental plan changes, and/or remove or add new dependents online** *(Depending on your retirement date, this option **may not be available** for you to access; alternatively, you **MUST** complete and submit a paper open enrollment/change form instead)*:
  - Sign on to the My MTA Portal (www.mymta.info)
  - On the home page, click the **My Benefits** tile, then click the **eBenefits - Open Enrollment** tile – this will open the eBenefits – Open Enrollment (OE) tool. Then follow the on-screen directions within the eBenefits – OE tool.
  - If the tool is available to you, please note that **NEW** for this year, eBenefits – Open Enrollment can now be accessed on **ALL** electronic devices including laptops, desktops, tablets, and mobile devices





- **To make medical and/or dental plan changes and/or to add a *new* dependent or make a change to or remove a current dependent (based on eligibility), via form** submit the below enrollment form(s) as applicable:
  - **HR-BEN-850Q** Health Plan Open Enrollment/Change Form for MaBSTOA Retirees with New York City Group Coverage
  - **HR-BEN-850R** Health & Dental Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
  - **HR-BEN-850S** Health Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired **Prior** to January 1, 2001)
  - **HR-BEN-850T** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees
  - **HR-BEN-850U** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees
  - **HR-BEN-850V** Dental Plan Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) Retirees with NYSHIP Health Plan
  - **HR-BEN-850W** Dental Plan Open Enrollment/Change Form for NYCT/MaBSTOA Represented & Non-Represented Retirees with NYSHIP Health Plan

- ***Do NOT use/submit the above form(s) if you are making your changes online***

- **ALL retirees, regardless of retirement date, can use the below online services to review their benefits information:**
  - Sign on to the My MTA Portal at www.mymta.info
  - On the home page, click the **My Benefits** tile, then click each applicable tile to view the:
    - Summary of your MTA health and welfare benefits,
    - Overview of your current dependent and beneficiary enrollments, and
    - Healthcare Dependent Summary



- **For additional information on using the eBenefits - Open Enrollment tool, including accessing comprehensive eBenefits job-aides and viewing the 'how to' video for eBenefits - Open Enrollment, please visit the 'Resources' page on the dedicated Open Enrollment Informational site on the My MTA Portal at www.mymta.info/openenrollment**

- **Required Supporting Documentation MUST** be submitted with your enrollment requests. Please refer to the next section (Section 3, Page 7) for more information on supporting documents that are required.

- **Please note that even if eBenefits – Open Enrollment is available to you, based on your retirement date, you will NOT be able to submit ALL enrollment requests via the eBenefits – Open Enrollment tool.** The submission of physical forms and supporting documentation is **REQUIRED** for the following:

  1. Enrolling a Domestic Partner;
  2. Correcting the biodata for dependent(s) currently enrolled in your MTA-sponsored benefits;
  3. Enrolling children for whom a legal guardianship or legal custody relationship exists;
  4. Removing your currently enrolled ex-spouse or ex-domestic partner from your MTA-sponsored benefits; or lastly,
  5. Updating your MTA benefits to reflect a status change from marriage to domestic partnership or domestic partnership to marriage.

  - *For questions, and/or to obtain information and/or applicable forms required for the specific enrollment requests above, please contact the BSC at bscservice@mtabsc.org or (646) 376-0123, Monday through Friday, 8:30AM to 5:00PM.*

3 REQUIRED SUPPORTING DOCUMENTATION

To **ADD** *new* eligible dependent(s) to your MTA-sponsored coverage, either via the eBenefits – Open Enrollment tool ***or*** your emailed enrollment form, you **MUST** also submit **REQUIRED** supporting documentation based on your relationship to the dependent.

For a Spouse:

A clear PDF copy of your official governmental (non-religious) **Marriage Certificate** (religious documents will **not** be accepted), spouse's **Birth Certificate**, **and** spouse's **Social Security Card** are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
- Spouse's Valid US Passport **or** Resident Alien Card ; *or*
- Spouse's Valid Driver's License ; *or*
- Spouse's Public Assistance ID Card, *or*
- Spouse's Government Employment ID

AND

If your date of marriage is more than one (1) year old as listed on your official governmental marriage certificate, one (1) proof of joint ownership is also REQUIRED. If your marriage date is less than 1 year old, proof of joint ownership is not required.

The names of both the MTA retiree AND their spouse MUST be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a copy of:

- Most recent federal or state tax return showing *"Married Filing Jointly"* or *"Married Filing Separately"*. Your spouse's name **MUST** appear on the tax form on the line after the *"Married Filing Separately"* status (or vice versa). Submit only page one (1) of the tax return; *or*
- Homeowners/Renters Insurance Policy; *or*
- Credit Card Statement*; *or*
- Loan Obligation or Bank Account Statement*; *or*
- Pension or Life insurance or Will, designating your spouse as a beneficiary; *or*
- Mortgage Statement or Rental/Lease Agreement or Property Tax Document; *or*
- Utility or Phone or Internet/Cable Bill*

***To remove a spouse** from your MTA-sponsored coverage **due to divorce**, you **MUST** submit a clear PDF copy of the first and last page of the divorce decree filed by the County Clerk's Office which shows the court filing date. You are **REQUIRED** to notify the MTA BSC of your legal divorce within thirty-one (31) days of the date of divorce indicated on the divorce decree.*

For Child(ren):

For a natural-born child, a copy of:

- **Child's Birth Certificate*** showing the name of the MTA employee; **AND**
- **Child's Social Security Card**

For a Stepchild, or Legally Adopted Child, a clear PDF copy of:

- **Child's Birth Certificate***; **AND Child's Social Security Card**; **AND**
- Official Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to stepchild *or* to domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA retiree

***Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued *prior* to July 1, 2010, are invalid and will NOT be accepted.**

4 HEALTH BENEFIT CHOICES

A. Medical Plans

1. New York State Health Insurance Program (NYSHIP) Retirees do NOT have a specific open enrollment period

- You have the option to enroll in or change your medical plan once within any *12-month period*
- You can access open enrollment information online during the NYSHIP Open Enrollment period from December 1st through December 31st
- To assist with your decision-making, please see the **2027 NYSHIP Retiree Choices Guide** available on the open enrollment site at www.mymta.info/openenrollment
- To make changes to your medical coverage, you **MUST** contact NYSHIP directly at 800-833-4344 **or** you can visit their website at www.cs.ny.gov/employee-benefits/login/retiree.cfm, and select "Login as PE".

The above information is applicable to the NYSHIP retiree groups listed below:

- NYCT Managers
- Non-Represented Career & Salary
- Non-Represented Operating
- Organization of Staff Analysts (OSA)
- Doctors Council **(Medical ONLY)**
- Special Inspectors (UFLEO)
- DC-37 with Non-Represented Benefits
- Subway Surface Supervisors Association (SSSA)
- TSO Operating & Queens Division
- MTA Bus TSO Local 106
- Transit Leadership Organization (UTLO)

2. Non-NYSHIP Retirees can make their medical and/or dental plan changes during the open enrollment period of November 1st through November 30th

To make changes to your coverage, depending on your retirement date, you can access the online **eBenefits - Open Enrollment** tool as shown on page 5 of this summary **OR** submit the applicable open enrollment/change form as listed below:

- **HR-BEN-850Q** Health Plan Open Enrollment/Change Form for MaBSTOA Retirees with New York City Group Coverage
- **HR-BEN-850R** Health & Dental Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
- **HR-BEN-850S** Health Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired **Prior** to January 1, 2001)

The above information is applicable to the Non-NYSHIP retiree groups listed below:

- NYCT Managers
- Non-Represented Career & Salary
- Non-Represented Operating
- Organization of Staff Analysts (OSA)
- Doctors Council **(Medical ONLY)**

- Special Inspectors (UFLEO)
- Subway Surface Supervisors Association (SSSA)
- TSO Operating & Queens Division
- TWU Local 100 Career & Salary

3. New York City Transit TWU Local 100 Career & Salary and TWU Local 106 Transit Supervisors Organization (TSO) Career & Salary Retirees

- You have the option to enroll in or change your medical/dental plan once within any *18-month* period
- Questions on medical, dental, and vision benefits should be directed to the MTA BSC, while all other benefit questions should be directed to your union
- To make changes to your coverage, depending on your retirement date, you can access the online **eBenefits - Open Enrollment** tool as shown on page 5 of this summary **OR** submit one (1) of the applicable open enrollment/change form as listed below
  - **HR-BEN-850T** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees
  - **HR-BEN-850U** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees

NOTE TO ALL PRE-MEDICARE ELIGIBLE RETIREES AND/OR DEPENDENTS:

If you and/or your covered dependent become Medicare-eligible as a result of reaching at least age 65 or being disabled when you retire, Medicare will be you and/or your dependent's primary medical coverage.

Please ensure that you and/or your covered dependent(s) enroll in Medicare.

Enrollment in Medicare generally takes about three (3) months, so please contact the Social Security Administration in advance so that as a retiree, you and/or your dependent will be enrolled in Medicare Part A (hospitalization) and Medicare Part B (medical).

B. Dental Plans

Open Enrollment Period: November 1st through November 30th

The retirees in the groups listed in section 3A of this summary have the option to enroll or change their dental plan during the above open enrollment period (if eligible for dental benefits).

To make changes to your dental coverage, depending on your retirement date, you can access the online **eBenefits - Open Enrollment** tool as shown on page 5 of this summary **OR** submit one (1) of the applicable dental open enrollment/change forms as listed below:

- **HR-BEN-850R** Health & Dental Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
- **HR-BEN-850T** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees
- **HR-BEN-850U** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees
- **HR-BEN-850V** Dental Plan Open Enrollment/Change Form for NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) Retirees with NYSHIP Health Plan
- **HR-BEN-850W** Dental Plan Open Enrollment/Change Form for NYCT/MaBSTOA Represented & Non-Represented Retirees with NYSHIP Health Plan

4 LEGAL REQUIREMENTS

COVERAGE FOR DEPENDENT CHILDREN

A dependent child is eligible for medical coverage, regardless of their student or marital status, up to the age of 26.

- To enroll a new dependent child, submit one (1) of the below enrollment forms as applicable:
  - **HR-BEN-850Q** Health Plan Open Enrollment/Change Form for MaBSTOA Retirees with New York City Group Coverage
  - **HR-BEN-850R** Health & Dental Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired **Prior** to April 1, 1996)
  - **HR-BEN-850S** Health Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired **Prior** to January 1, 2001)
  - **HR-BEN-850T** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees
  - **HR-BEN-850U** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees

Submit the applicable form listed above, with **ALL** required supporting documentation, and affirm, by signing the form, that your child is eligible for coverage.

SOCIAL SECURITY NUMBER REQUIREMENT

The Medicare, Medicaid, and State Children's Health Insurance Extension Act of 2007 (MMSEA) requires MTA New York City Transit to report Social Security Numbers to the Federal Centers for Medicare and Medicaid Services (CMS) for all dependents who are at least age 45.

You can check to see if a covered dependent's Social Security Number is missing from your MTA benefits record by signing on to the My MTA Portal at www.mymta.info.

Click on the **My Benefits** tile, then click the **Health Care Dependent Summary** tile. Click the dependent's name to view their personal information.

If a dependent's Social Security Number is not shown under SSN (only the last four digits will show), please submit to the MTA BSC, a copy of the dependent's Social Security Card with your name and BSC ID number noted on the copy, along with one (1) of the below enrollment forms as applicable.

Be sure to include your name and BSC ID number on the copy of the Social Security Card(s).

- **HR-BEN-850Q** Health Plan Open Enrollment/Change Form for MaBSTOA Retirees with New York City Group Coverage
- **HR-BEN-850R** Health & Dental Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (Retired Prior to April 1, 1996)
- **HR-BEN-850S** Health Plan Open Enrollment/Change Form for NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired Prior to January 1, 2001)
- **HR-BEN-850T** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 100 Career & Salary Retirees
- **HR-BEN-850U** Health & Dental Plan Open Enrollment/Change Form for NYCT TWU Local 106 (TSO) Career & Salary Retirees

5 IMPORTANT TELEPHONE NUMBERS & WEBSITES

Medical/Hospital		
NYSHIP		
Health Plans	877-769-7447	www.cs.ny.gov/nyship
Department of Civil Service	800-833-4344	www.cs.ny.gov/nyship
City of New York		
Plan Description	212-513-0470	www.nyc.gov
(NYCE PPO) EmblemHealth	212-501-4444	www.nyceppo.com
GHI	212-501-4444	www.ghi.com
HIP	800-447-8255	www.hipusa.com
Dental Plans		
DentCare/HealthPlex	800-468-0600	www.healthplex.com
MetLife	800-942-0854	www.metlife.com
CIGNA Dental Care (DHMO) **and** CIGNA DPPO **(SSSA, TSO, and SPI Members ONLY)**	800-578-5682	www.Cigna.com
Vision Plans		
EyeMed **(Eligibility based on union affiliation and/or retirement date)**	800-334-7591	www.EyeMedVisionCare.com
Other Important Telephone Numbers		
Medicare	800-633-4227	www.MyMedicare.gov
Social Security Administration	800-772-1213	www.ssa.gov

Business Service Center

Phone: 646-376-0123, 8:30 a.m. - 5 p.m., Monday – Friday
Email: bscservice@mtabsc.org
Website: www.mymta.info

Please have your BSC ID ready when you call us and be sure to include your full name and BSC ID on all emails and documents.

Notice of Creditable Coverage
If you or your family members are not currently covered by Medicare and will not be covered by Medicare in the next year, this notice does not apply to you.

Important Notice from New York City Transit (NYCT) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with New York City Transit and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. NYCT has determined that the prescription drug coverage we offer is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year thereafter during the open enrollment period. For 2027, the open enrollment period will be from October 15 through December 7, 2026.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, you will still be eligible to receive retiree medical and prescription coverage. However, NYCT's plan will pay secondary to Medicare.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with NYCT and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact information is provided below if you need further information.

NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through NYCT changes. You also may request a copy of this notice at any time.

MTA Business Service Center:
Call: 646-376-0123 (8:30 a.m. – 5:00 p.m., Monday through Friday)
Email: bscservice@mtabsc.org

For More Information about Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Health Plan Open Enrollment/Change Form

For MaBSTOA Retirees with New York City Group Coverage

HR-BEN-850Q

Section 1 - Information & Instructions

Complete this form to enroll in **or** change your health insurance coverage. This form is only for MaBSTOA Retirees with New York City Group health coverage and/or their dependent(s). Do **NOT** submit this form if you are making your plan enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information.

Completed and signed forms **must** be submitted via email to bsc-benefits@mtabsc.org for processing.

If you have questions, you must call the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday, **OR** email bscservice@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)		Phone (Home)		Personal E-Mail

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Non-Medicare Eligible Retiree and/or Non-Medicare Eligible Dependent Election (Check only ONE):

Check only **ONE** of the following medical plan options:

- ☐ **GHI CBP Plan**
- ☐ **HIP HMO Preferred** (Optional Rider – DME & Private Duty Nursing)
- ☐ **DC-37 Med-Team** (For DC-37 Members **ONLY**)
- ☐ **OTHER MEDICAL PLAN NAME:** _____

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Medicare-Eligible Retiree and/or Medicare-Eligible Dependent Election (Check only **ONE**):

- ☐ EmblemHealth (Medicare Plan - Formerly GHI PPO)
- ☐ EmblemHealth VIP (Medicare Plan Open to Medicare-eligible, New York Residents **ONLY** - Formerly HIP VIP)

NOTE: Medicare-Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Medicare-Eligible Retiree.

IMPORTANT: For Non-Medicare Eligible ***and*** Medicare-Eligible retirees and/or dependents, questions about prescription drug, dental, and vision coverage **MUST** be directed to your respective union.

Section 5 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please complete all information for dependents you wish to add (enroll), remove (delete), or change. The required supporting documentation (see Section 7 of this form) is only required if you are adding a new dependent, removing a spouse due to divorce, or changing a current dependent's biographical information. Use a separate sheet if more space is needed to list additional dependents.

For **Newborns:** Supporting documentation is **required** within ninety (90) days of a newborn's birth to remain enrolled in MTA-sponsored benefits. Failure to provide all required documentation within this timeframe will result in the retro-termination (to date of birth) of the newborn from your health coverage.

For **Divorce:** Supporting documentation is **required** within thirty-one (31) days of the divorce date to remove an ex-spouse from health coverage.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums paid for the ineligible dependent(s).

DOMESTIC PARTNER^:

Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this enrollment/change form along with the **required** NYCT Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change					Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	Spouse	Domestic Partner^	Child	F	M	X	MM	DD	YYYY

Health Plan Open Enrollment/Change Form

For MaBSTOA Retirees with New York City Group Coverage

HR-BEN-850Q

Section 6 - Signature & Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current.

I also certify that all dependent children I have enrolled, including those aged 19 to 26, are eligible for MTA-sponsored coverage.

Retiree Signature:	**Date:**

Section 7 - Required Supporting Documentation

1. **For a Spouse:**
A clear PDF copy of your official governmental (non-religious) Marriage Certificate (religious documents will **not** be accepted), spouse's Birth Certificate, **AND** spouse's Social Security Card are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
- Spouse's Valid US Passport **or** Resident Alien Card ; *or*
- Spouse's Valid Driver's License ; *or*
- Spouse's Public Assistance ID Card, *or*
- Spouse's Government Employment ID

AND

If your date of marriage is *more than one (1) year old* as listed on your official governmental marriage certificate, ONE (1) proof of joint ownership as detailed below is also required. If your marriage date is less than 1 year old, proof of joint ownership is not required.

The names of both the MTA retiree AND their spouse must be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a clear PDF copy of:

- Most recent federal ***or*** state tax return showing *"Married Filing Jointly"* or *"Married Filing Separately"*. Your spouse's name **must** appear on the tax form on the line after the *"Married Filing Separately"* status (or vice versa). Submit only page 1 of the tax return; *or*
- Homeowners/Renters Insurance Policy; *or*
- Credit Card Statement*; *or*
- Loan Obligation ***or*** Bank Account Statement*; *or*
- Pension ***or*** Life insurance ***or*** Will, designating your spouse as a beneficiary; *or*
- Mortgage Statement ***or*** Rental/Lease Agreement ***or*** Property Tax Document; *or*
- Utility ***or*** Phone ***or*** Internet/Cable Bill*

To ***REMOVE*** a spouse from your MTA-sponsored coverage due to divorce, you **MUST** submit a clear PDF copy of the first and last page of the divorce decree filed by the County Clerk's Office which shows the court filing date. You are **REQUIRED** to notify the MTA BSC of your legal divorce within thirty-one (31) days of the divorce date indicated on your divorce decree.

2. **For Children:**
For a Natural-Born Child, a clear PDF copy of:

- Child's Birth Certificate showing the name of the MTA retiree**; **AND**
- Child's Social Security Card

For a Stepchild or Legally Adopted Child, a clear PDF copy of:

- Child's Birth Certificate**; **AND**
- Child's Social Security Card; **AND**
- Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to the stepchild or to your domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA retiree

****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010, are invalid, and will not be accepted.**

Health & Dental Plan Open Enrollment/Change Form

For NYCT Non-NYSHIP Retirees (Retired *Prior* to April 1, 1996)

HR-BEN-850R

Section 1 - Information & Instructions

Complete this form to enroll in **or** change your health insurance and/or dental coverage. This form is only for NYCT Non-NYSHIP retirees who retired ***prior to April 1, 1996*** and/or their dependent(s). Do **NOT** submit this form if you are making your plan enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information. Completed and signed forms **must** be submitted via email to bsc-benefits@mtabsc.org for processing.

If you have questions, you must call the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday, **OR** email bscservice@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)		Phone (Home)		Personal E-Mail

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Non-Medicare Eligible Retiree and/or Non-Medicare Eligible Dependent Election (Check only **ONE**):

☐ EmblemHealth (Formerly GHI PPO)

☐ EmblemHealth HMO (Open to Non-Medicare Eligible, New York Residents **ONLY** - Formerly HIP HMO)

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Medicare-Eligible Retiree and/or Medicare-Eligible Dependent Election (Check only **ONE**):

☐ EmblemHealth (Medicare Plan - Formerly GHI PPO)

☐ EmblemHealth VIP (Medicare Plan Open to Medicare-eligible, New York Residents **ONLY** - Formerly HIP VIP)

NOTE: Medicare-Eligible Dependent(s) will be **automatically enrolled into the same plan** as elected by the Medicare-Eligible Retiree.

Section 5 - Dental Coverage Election (Eligibility *May* Vary Based on Union Affiliation): Check only ONE of the below dental plans

DENTAL: Individual ☐ Family ☐

☐ **MetLife PPO**

☐ **DentCare/HealthPlex**

Section 6 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please complete all information for dependents you wish to add (enroll), remove (delete), or change. The required supporting documentation (see Section 8 of this form) is only required if you are adding a new dependent, removing a spouse due to divorce, or changing a current dependent's biographical information. Use a separate sheet if more space is needed to list additional dependents.

For **Newborns:** Supporting documentation is **required** within ninety (90) days of a newborn's birth to remain enrolled in MTA-sponsored benefits. Failure to provide all required documentation within this timeframe will result in the retro-termination (to date of birth) of the newborn from your health coverage.

For **Divorce:** Supporting documentation is **required** within thirty-one (31) days of the divorce date to remove an ex-spouse from health coverage.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums paid for the ineligible dependent(s).

DOMESTIC PARTNER^:

Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this enrollment/change form along with the **required** NYCT Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change					Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	Spouse	Domestic Partner^	Child	F	M	X	MM	DD	YYYY

Health & Dental Plan Open Enrollment/Change Form

For NYCT Non-NYSHIP Retirees (Retired *Prior* to April 1, 1996)

HR-BEN-850R

Section 7 - Signature & Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current.

I also certify that all dependent children I have enrolled, including those aged 19 to 26, are eligible for MTA-sponsored coverage.

Retiree Signature:	**Date:**

Section 8 - Required Supporting Documentation

1. **For a Spouse:**
   A clear PDF copy of your official governmental (non-religious) Marriage Certificate (religious documents will **not** be accepted), spouse's Birth Certificate, **AND** spouse's Social Security Card are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:
   - Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
   - Spouse's Valid US Passport **or** Resident Alien Card ; *or*
   - Spouse's Valid Driver's License ; *or*
   - Spouse's Public Assistance ID Card, *or*
   - Spouse's Government Employment ID

   AND

   If your date of marriage is *more than one (1) year old* as listed on your official governmental marriage certificate, ONE (1) proof of joint ownership as detailed below is also required. If your marriage date is less than 1 year old, proof of joint ownership is not required.

   The names of both the MTA retiree AND their spouse must be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a clear PDF copy of:
   - Most recent federal ***or*** state tax return showing *"Married Filing Jointly"* or *"Married Filing Separately"*. Your spouse's name **must** appear on the tax form on the line after the *"Married Filing Separately"* status (or vice versa). Submit only page 1 of the tax return; *or*
   - Homeowners/Renters Insurance Policy; *or*
   - Credit Card Statement*; *or*
   - Loan Obligation ***or*** Bank Account Statement*; *or*
   - Pension ***or*** Life insurance ***or*** Will, designating your spouse as a beneficiary; *or*
   - Mortgage Statement ***or*** Rental/Lease Agreement ***or*** Property Tax Document; *or*
   - Utility ***or*** Phone ***or*** Internet/Cable Bill*

   To ***REMOVE*** a spouse from your MTA-sponsored coverage due to divorce, you **MUST** submit a clear PDF copy of the first and last page of the divorce decree filed by the County Clerk's Office which shows the court filing date. You are **REQUIRED** to notify the MTA BSC of your legal divorce within thirty-one (31) days of the divorce date indicated on your divorce decree.

2. **For Children:**
   For a Natural-Born Child, a clear PDF copy of:
   - Child's Birth Certificate showing the name of the MTA employee**; **AND**
   - Child's Social Security Card

   For a Stepchild or Legally Adopted Child, a clear PDF copy of:
   - Child's Birth Certificate**; **AND**
   - Child's Social Security Card; **AND**
   - Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to the stepchild or to your domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA employee

   ****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010, are invalid, and will not be accepted.**

Health Plan Open Enrollment/Change Form

For NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired *Prior* to January 1, 2001)

HR-BEN-850S

Section 1 - Information & Instructions

Complete this form to enroll in **or** change your health insurance coverage. This form is only for NYCT Non-NYSHIP retirees (SSSA/TSO Operating & Queens Division) who retired ***prior to January 1, 2001*** and/or their dependent(s).

Do **NOT** submit this form if you are making your plan enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information.

Completed and signed forms **must** be submitted via email to bsc-benefits@mtabsc.org for processing.

If you have questions, you must call the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday, **OR** email bscservice@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)		Phone (Home)		Personal E-Mail

Your health insurance cards will be mailed to the address on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Non-Medicare Eligible Retiree and/or Non-Medicare Eligible Dependent Election (Check only ONE):

☐ EmblemHealth (Formerly GHI PPO)

☐ EmblemHealth HMO (Open to Non-Medicare Eligible, New York Residents **ONLY** - Formerly HIP HMO)

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Medicare-Eligible Retiree Election and/or Medicare-Eligible Dependent Election (Check only **ONE**):

☐ EmblemHealth (Medicare Plan - Formerly GHI PPO)

☐ EmblemHealth VIP (Medicare Plan Open to Medicare-eligible, New York Residents **ONLY** - Formerly HIP VIP)

NOTE: Medicare-Eligible Dependent(s) will be **automatically enrolled into the same plan** as elected by the Medicare-Eligible Retiree.

Section 5 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please complete all information for dependents you wish to add (enroll), remove (delete), or change. The required supporting documentation (see Section 7 of this form) is only required if you are adding a new dependent, removing a spouse due to divorce, or changing a current dependent's biographical information. Use a separate sheet if more space is needed to list additional dependents.

For **Newborns:** Supporting documentation is **required** within ninety (90) days of a newborn's birth to remain enrolled in MTA-sponsored benefits. Failure to provide all required documentation within this timeframe will result in the retro-termination (to date of birth) of the newborn from your health coverage.

For **Divorce:** Supporting documentation is **required** within thirty-one (31) days of the divorce date to remove an ex-spouse from health coverage.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums paid for the ineligible dependent(s).

DOMESTIC PARTNER^:

Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this enrollment/change form along with the **required** NYCT Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change					Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	Spouse	Domestic Partner^	Child	F	M	X	MM	DD	YYYY

Health Plan Open Enrollment/Change Form

For NYCT Non-NYSHIP Retirees (SSSA/TSO Operating & Queens Division Retired *Prior* to January 1, 2001)

HR-BEN-850S

Section 6 - Signature & Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current.

I also certify that all dependent children I have enrolled, including those aged 19 to 26, are eligible for MTA-sponsored coverage.

Retiree Signature:	**Date:**

Section 7 - Required Supporting Documentation

1. **For a Spouse:**
A clear PDF copy of your official governmental (non-religious) Marriage Certificate (religious documents will **not** be accepted), spouse's Birth Certificate, **AND** spouse's Social Security Card are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:

- Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
- Spouse's Valid US Passport **or** Resident Alien Card ; *or*
- Spouse's Valid Driver's License ; *or*
- Spouse's Public Assistance ID Card, *or*
- Spouse's Government Employment ID

AND

If your date of marriage is *more than one (1) year old* as listed on your official governmental marriage certificate, ONE (1) proof of joint ownership as detailed below is also required. If your marriage date is less than 1 year old, proof of joint ownership is not required.

The names of both the MTA retiree AND their spouse must be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a clear PDF copy of:

- Most recent federal ***or*** state tax return showing *"Married Filing Jointly"* or *"Married Filing Separately"*. Your spouse's name **must** appear on the tax form on the line after the *"Married Filing Separately"* status (or vice versa). Submit only page 1 of the tax return; *or*
- Homeowners/Renters Insurance Policy; *or*
- Credit Card Statement*; *or*
- Loan Obligation ***or*** Bank Account Statement*; *or*
- Pension ***or*** Life insurance ***or*** Will, designating your spouse as a beneficiary; *or*
- Mortgage Statement ***or*** Rental/Lease Agreement ***or*** Property Tax Document; *or*
- Utility ***or*** Phone ***or*** Internet/Cable Bill*

To ***REMOVE*** a spouse from your MTA-sponsored coverage due to divorce, you **MUST** submit a clear PDF copy of the first and last page of the divorce decree filed by the County Clerk's Office which shows the court filing date. You are **REQUIRED** to notify the MTA BSC of your legal divorce within thirty-one (31) days of the divorce date indicated on your divorce decree.

2. **For Children:**
For a Natural-Born Child, a clear PDF copy of:

- Child's Birth Certificate showing the name of the MTA employee**; **AND**
- Child's Social Security Card

For a Stepchild or Legally Adopted Child, a clear PDF copy of:

- Child's Birth Certificate**; **AND**
- Child's Social Security Card; **AND**
- Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to the stepchild or to your domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA employee

****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010, are invalid, and will not be accepted.**

Health & Dental Plan Open Enrollment/Change Form

For NYCT TWU Local 100 Career & Salary Retirees

HR-BEN-850T

Section 1 - Information & Instructions

Complete this form to enroll in **or** change your health insurance and/or dental coverage. This form is only for NYCT TWU Local 100 Career & Salary retirees and/or their dependent(s). Do **NOT** submit this form if you are making your plan enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information.

Completed and signed forms **must** be submitted via email to bsc-benefits@mtabsc.org for processing.

If you have questions, you must call the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday, **OR** email bscservice@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)		Phone (Home)		Personal E-Mail

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Non-Medicare Eligible Retiree and/or Non-Medicare Eligible Dependent Election (Check only ONE):

Check only **ONE** of the following medical plan options:

- ☐ **GHI-CBP/Anthem Blue Cross Blue Shield**
- ☐ **GHI HMO**
- ☐ **HIP HMO Preferred**
- ☐ **MetroPlusHealth Gold**
- ☐ **AETNA EPO**
- ☐ **OTHER MEDICAL PLAN NAME:** _____

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Medicare-Eligible Retiree and/or Medicare-Eligible Dependent Election (Check only **ONE**):

- ☐ EmblemHealth (Medicare Plan - Formerly GHI PPO)
- ☐ EmblemHealth VIP (Medicare Plan Open to Medicare-eligible, New York Residents **ONLY** - Formerly HIP VIP)

NOTE: Medicare-Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Medicare-Eligible Retiree.

Section 5 - Dental Coverage Election (Check only ONE of the below dental plans)

DENTAL: Individual ☐ Family ☐

- ☐ **MetLife Fee Schedule**
- ☐ **DentCare/HealthPlex**

Section 6 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please complete all information for dependents you wish to add (enroll), remove (delete), or change. The required supporting documentation (see Section 8 of this form) is only required if you are adding a new dependent, removing a spouse due to divorce, or changing a current dependent's biographical information. Use a separate sheet if more space is needed to list additional dependents.

For **Newborns:** Supporting documentation is **required** within ninety (90) days of a newborn's birth to remain enrolled in MTA-sponsored benefits. Failure to provide all required documentation within this timeframe will result in the retro-termination (to date of birth) of the newborn from your health coverage.

For **Divorce:** Supporting documentation is **required** within thirty-one (31) days of the divorce date to remove an ex-spouse from health coverage.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums paid for the ineligible dependent(s).

DOMESTIC PARTNER^:

Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this enrollment/change form along with the **required** NYCT Termination of Domestic Partnership Form.

Health & Dental Plan Open Enrollment/Change Form

For NYCT TWU Local 100 Career & Salary Retirees

HR-BEN-850T

Indicate (A) Add, (R) Remove, or (C) Change					Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	Spouse	Domestic Partner^	Child	F	M	X	MM	DD	YYYY

Section 7 - Signature & Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current.

I also certify that all dependent children I have enrolled, including those aged 19 to 26, are eligible for MTA-sponsored coverage.

Retiree Signature:	**Date:**

Section 8 - Required Supporting Documentation

1. **For a Spouse:**
   A clear PDF copy of your official governmental (non-religious) Marriage Certificate (religious documents will **not** be accepted), spouse's Birth Certificate, **AND** spouse's Social Security Card are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:
   - Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
   - Spouse's Valid US Passport **or** Resident Alien Card ; *or*
   - Spouse's Valid Driver's License ; *or*
   - Spouse's Public Assistance ID Card, *or*
   - Spouse's Government Employment ID

   AND

   If your date of marriage is *more than one (1) year old* as listed on your official governmental marriage certificate, ONE (1) proof of joint ownership as detailed below is also required. If your marriage date is less than 1 year old, proof of joint ownership is not required.

   The names of both the MTA retiree AND their spouse must be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a clear PDF copy of:
   - Most recent federal ***or*** state tax return showing *"Married Filing Jointly"* or *"Married Filing Separately"*. Your spouse's name **must** appear on the tax form on the line after the *"Married Filing Separately"* status (or vice versa). Submit only page 1 of the tax return; *or*
   - Homeowners/Renters Insurance Policy; *or*
   - Credit Card Statement*; *or*
   - Loan Obligation ***or*** Bank Account Statement*; *or*
   - Pension ***or*** Life insurance ***or*** Will, designating your spouse as a beneficiary; *or*
   - Mortgage Statement ***or*** Rental/Lease Agreement ***or*** Property Tax Document; *or*
   - Utility ***or*** Phone ***or*** Internet/Cable Bill*

   To ***REMOVE*** a spouse from your MTA-sponsored coverage due to divorce, you **MUST** submit a clear PDF copy of the first and last page of the divorce decree filed by the County Clerk's Office which shows the court filing date. You are **REQUIRED** to notify the MTA BSC of your legal divorce within thirty-one (31) days of the divorce date indicated on your divorce decree.

2. **For Children:**
   For a Natural-Born Child, a clear PDF copy of:
   - Child's Birth Certificate showing the name of the MTA retiree**; **AND**
   - Child's Social Security Card

   For a Stepchild or Legally Adopted Child, a clear PDF copy of:
   - Child's Birth Certificate**; **AND**
   - Child's Social Security Card; **AND**
   - Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to the stepchild or to your domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA retiree

   ****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010, are invalid, and will not be accepted.**

Health & Dental Plan Open Enrollment/Change Form

For NYCT TWU Local 106 (TSO) Career & Salary Retirees

HR-BEN-850U

Section 1 - Information & Instructions

Complete this form to enroll in **or** change your health insurance and/or dental coverage. This form is only for NYCT TWU Local 106 (TSO) Career & Salary retirees and/or their dependent(s). Do **NOT** submit this form if you are making your plan enrollment changes online.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information.

Completed and signed forms **must** be submitted via fax email to bsc-benefits@mtabsc.org for processing.

If you have questions, you must call the Business Service Center (BSC) at 646-376-0123, 8:30AM - 5:00PM, Monday to Friday, **OR** email bscservice@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)		Phone (Home)		Personal E-Mail

Your health insurance cards will be mailed to the address listed on our records. If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay receipt of your health insurance cards.

Section 3 - Medical Coverage Election for Non-Medicare Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Non-Medicare Eligible Retiree and/or Non-Medicare Eligible Dependent Election (Check only ONE):

Check only **ONE** of the following medical plan options:

- ☐ **GHI-CBP/Anthem Blue Cross Blue Shield**
- ☐ **GHI HMO**
- ☐ **HIP HMO Preferred**
- ☐ **MetroPlusHealth Gold**
- ☐ **AETNA EPO**
- ☐ **OTHER MEDICAL PLAN NAME:** _____

NOTE: Non-Medicare Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Non-Medicare Eligible Retiree.

Section 4 - Medical Coverage Election for Medicare-Eligible Retirees *and/or* Dependents ONLY (Effective January 1, 2027)

Medicare-Eligible Retiree and/or Medicare-Eligible Dependent Election (Check only **ONE**):

- ☐ EmblemHealth (Medicare Plan - Formerly GHI PPO)
- ☐ EmblemHealth VIP (Medicare Plan Open to Medicare-eligible, New York Residents **ONLY** - Formerly HIP VIP)

NOTE: Medicare-Eligible Dependent(s) will be **automatically enrolled into the same plan** elected by the Medicare-Eligible Retiree.

Section 5 - Dental Coverage Election (Check only ONE of the below dental plans)

DENTAL: Individual ☐ Family ☐

- ☐ **MetLife Fee Schedule**
- ☐ **DentCare/HealthPlex**

Section 6 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):

Please complete all information for dependents you wish to add (enroll), remove (delete), or change. The required supporting documentation (see Section 8 of this form) is only required if you are adding a new dependent, removing a spouse due to divorce, or changing a current dependent's biographical information. Use a separate sheet if more space is needed to list additional dependents.

For **Newborns:** Supporting documentation is **required** within ninety (90) days of a newborn's birth to remain enrolled in MTA-sponsored benefits. Failure to provide all required documentation within this timeframe will result in the retro-termination (to date of birth) of the newborn from your health coverage.

For **Divorce:** Supporting documentation is **required** within thirty-one (31) days of the divorce date to remove an ex-spouse from health coverage.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums paid for the ineligible dependent(s).

DOMESTIC PARTNER^:

Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this enrollment/change form along with the **required** NYCT Termination of Domestic Partnership Form.

Health & Dental Plan Open Enrollment/Change Form

For NYCT TWU Local 106 (TSO) Career & Salary Retirees

HR-BEN-850U

Indicate (A) Add, (R) Remove, or (C) Change					Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	Spouse	Domestic Partner^	Child	F	M	X	MM	DD	YYYY

Section 7 - Signature & Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current.

I also certify that all dependent children I have enrolled, including those aged 19 to 26, are eligible for MTA-sponsored coverage.

Retiree Signature:	**Date:**

Section 8 - Required Supporting Documentation

1. **For a Spouse:**
   A clear PDF copy of your official governmental (non-religious) Marriage Certificate (religious documents will **not** be accepted), spouse's Social Security Card are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:
   - Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
   - Spouse's Valid US Passport **or** Resident Alien Card ; *or*
   - Spouse's Valid Driver's License ; *or*
   - Spouse's Public Assistance ID Card, *or*
   - Spouse's Government Employment ID

   AND

   If your date of marriage is *more than one (1) year old* as listed on your official governmental marriage certificate, ONE (1) proof of joint ownership as detailed below is also required. If your marriage date is less than 1 year old, proof of joint ownership is not required.

   The names of both the MTA retiree AND their spouse must be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a clear PDF copy of:
   - Most recent federal ***or*** state tax return showing *"Married Filing Jointly"* or *"Married Filing Separately"*. Your spouse's name **must** appear on the tax form on the line after the *"Married Filing Separately"* status (or vice versa). Submit only page 1 of the tax return; *or*
   - Homeowners/Renters Insurance Policy; *or*
   - Credit Card Statement*; *or*
   - Loan Obligation ***or*** Bank Account Statement*; *or*
   - Pension ***or*** Life insurance ***or*** Will, designating your spouse as a beneficiary; *or*
   - Mortgage Statement ***or*** Rental/Lease Agreement ***or*** Property Tax Document; *or*
   - Utility ***or*** Phone ***or*** Internet/Cable Bill*

   To ***REMOVE*** a spouse from your MTA-sponsored coverage due to divorce, you **MUST** submit a clear PDF copy of the first and last page of the divorce decree filed by the County Clerk's Office which shows the court filing date. You are **REQUIRED** to notify the MTA BSC of your legal divorce within thirty-one (31) days of the divorce date indicated on your divorce decree.

2. **For Children:**
   For a Natural-Born Child, a clear PDF copy of:
   - Child's Birth Certificate showing the name of the MTA retiree**; **AND**
   - Child's Social Security Card

   For a Stepchild or Legally Adopted Child, a clear PDF copy of:
   - Child's Birth Certificate**; **AND**
   - Child's Social Security Card; **AND**
   - Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to the stepchild or to your domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA retiree

   ****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010, are invalid, and will not be accepted.**

Dental Plan Open Enrollment/Change Form

For NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) Retirees with NYSHIP Health Plan

HR-BEN-850V

Section 1 - Information and Instructions

Complete this form to enroll in **or** change your dental insurance coverage. This form is **ONLY** for NYCT SSSA, TSO Operating & Queens Division, TSO MSII, TSO SSII, MTA Bus TSO Local 106, and Special Inspector (UFLEO) retirees and/or their dependents enrolled in the **NYSHIP Health Plan**.

Do **NOT** complete/submit this form if you are making your dental plan changes online *OR* if you are enrolled in the Aetna Health Plan.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information.

Completed and signed forms **must** be submitted via email to bsc-benefits@mtabsc.org for processing.

For questions, you must call the Business Service Center (BSC) at 646-376-0123, 8:30AM-5:00PM, Monday to Friday **OR** email bscservice@mtabsc.org.

Section 2 - Retiree Information

Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)		Phone (Home)		E-Mail

If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay the receipt of important plan enrollment information.

Section 3 - Dental Coverage Election (Effective January 1, 2027)

DENTAL: Individual ☐ Family ☐

Check only **ONE** of the below dental plans:

☐ **CIGNA DHMO Dental**

☐ **CIGNA DPPO Dental**

Section 4 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):
Please complete all information for dependents you wish to add (enroll), remove (delete), or change. The required supporting documentation (see Section 6 of this form) is only required if you are adding a new dependent, removing a spouse due to divorce, or changing a current dependent's biographical information. Use a separate sheet if more space is needed to list additional dependents.

For Newborns: Supporting documentation is **required** within ninety (90) days of a newborn's birth to remain enrolled in MTA-sponsored benefits. Failure to provide all required documentation within this timeframe will result in the retro-termination (to date of birth) of the newborn from your health coverage.

For Divorce: Supporting documentation is **required** within thirty-one (31) days of the divorce date to remove an ex-spouse from health coverage.

If you are found to be covering an ineligible dependent, coverage will be terminated retroactive to the date of the ineligibility and New York City Transit (NYCT) will pursue financial restitution for claims and/or premiums paid for the ineligible dependent(s).

DOMESTIC PARTNER^:
Please contact the MTA Business Service Center for the Domestic Partnership Package if you wish to enroll a domestic partner. Your domestic partner will **not** be enrolled in health coverage unless a Domestic Partner Package is submitted and approved by the Benefits Department. If you are *removing* a Domestic Partner, please complete and submit this enrollment/change form along with the **required** NYCT Termination of Domestic Partnership Form.

Indicate (A) Add, (R) Remove, or (C) Change					Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	Spouse	Domestic Partner^	Child	F	M	X	MM	DD	YYYY

Section 5 - Signature and Authorization

I do hereby certify that to the best of my knowledge, the above information is true and correct. My signature and date on this form certifies and warrants all dependent eligibility information is true, correct, and current.

I also certify that all dependent children I have enrolled, including those aged 19 to 26, are eligible for MTA-sponsored coverage.

Retiree Signature:	**Date:**

Dental Plan Open Enrollment/Change Form

For NYCT SSSA/TSO Operating & Queens Division/TSO MSII/TSO SSII/MTA Bus TSO Local 106/Special Inspector (UFLEO) Retirees with NYSHIP Health Plan

HR-BEN-850V

Section 6 - Required Supporting Documentation

1. **For a Spouse:**
   A clear PDF copy of your official governmental (non-religious) Marriage Certificate (religious documents will **not** be accepted), spouse's Birth Certificate, **AND** spouse's Social Security Card are **required**. In place of your spouse's *Birth Certificate*, a clear PDF copy of any one (1) of the following official government documents can be alternatively submitted:
   - Letter from Social Security Administration (SSA) detailing your spouse's date of birth; *or*
   - Spouse's Valid US Passport **or** Resident Alien Card ; *or*
   - Spouse's Valid Driver's License ; *or*
   - Spouse's Public Assistance ID Card, *or*
   - Spouse's Government Employment ID

   AND

   If your date of marriage is *more than one (1) year old* as listed on your official governmental marriage certificate, ONE (1) proof of joint ownership as detailed below is also required. If your marriage date is less than 1 year old, proof of joint ownership is not required.

   The names of both the MTA retiree AND their spouse must be listed on the documentation of joint ownership. Where indicated, the proof* of joint ownership **MUST** be dated within the past 90 days. Examples of acceptable proof of joint ownership include a clear PDF copy of:
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   - Homeowners/Renters Insurance Policy; *or*
   - Credit Card Statement*; *or*
   - Loan Obligation ***or*** Bank Account Statement*; *or*
   - Pension ***or*** Life insurance ***or*** Will, designating your spouse as a beneficiary; *or*
   - Mortgage Statement ***or*** Rental/Lease Agreement ***or*** Property Tax Document; *or*
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2. **For Children:**
   For a Natural-Born Child, a clear PDF copy of:
   - Child's Birth Certificate showing the name of the MTA employee**; **AND**
   - Child's Social Security Card

   For a Stepchild or Legally Adopted Child, a clear PDF copy of:
   - Child's Birth Certificate**; **AND**
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   - Governmental Marriage Certificate **or** MTA-Approved Domestic Partnership Application proving the relationship to the stepchild or to your domestic partner's child **or** Legal documentation concerning the adoption of the child by the MTA employee

   ****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010, are invalid, and will not be accepted.**

3. **Dependent Children Between Ages 19 and 26:**
   Dependent children are eligible for dental coverage up to age 26 regardless of full-time student status.

Dental Plan Open Enrollment/Change Form

For NYCT/MaBSTOA Represented & Non-Represented Retirees with NYSHIP Health Plan

HR-BEN-850W

Section 1 - Information and Instructions

Complete this form to enroll in **or** change your dental insurance coverage. This form is **ONLY** for NYCT or MaBSTOA Represented **and** Non-Represented retirees and/or their dependents enrolled in the **NYSHIP Health Plan**.

Do **NOT** complete/submit this form if you are making your dental plan changes online *OR* if you are enrolled in the Aetna Health Plan.

It is important to complete **ALL** applicable sections of this form. You **MUST** submit a new request if there are any changes in the below information.

Completed and signed forms **must** be submitted via email to bsc-benefits@mtabsc.org for processing.

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Print Name	Last	First	M.I.	BSC ID#
Phone (Cell)		Phone (Home)		E-Mail

If your address is incorrect, please log onto www.mymta.info to update your address or to obtain the *HR-HRIS-012 Employee Data Change Form*. An incorrect address will delay the receipt of important plan enrollment information.

Section 3 - Dental Coverage Election (Effective January 1, 2027)

DENTAL: Individual ☐ Family ☐

Check only **ONE** of the below dental plans:

☐ **MetLife PPO**

☐ **DentCare/HealthPlex**

Section 4 - Dependent Information

ADD, REMOVE, OR CHANGE DEPENDENT(S):
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Indicate (A) Add, (R) Remove, or (C) Change					Relationship (Check only ONE)			Gender			Date of Birth		
A	R	C	Full Name	SSN	Spouse	Domestic Partner^	Child	F	M	X	MM	DD	YYYY

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Dental Plan Open Enrollment/Change Form

For NYCT/MaBSTOA Represented & Non-Represented Retirees with NYSHIP Health Plan

HR-BEN-850W

Section 6 - Required Supporting Documentation

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   - Spouse's Valid US Passport **or** Resident Alien Card ; *or*
   - Spouse's Valid Driver's License ; *or*
   - Spouse's Public Assistance ID Card, *or*
   - Spouse's Government Employment ID

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   - Homeowners/Renters Insurance Policy; *or*
   - Credit Card Statement*; *or*
   - Loan Obligation ***or*** Bank Account Statement*; *or*
   - Pension ***or*** Life insurance ***or*** Will, designating your spouse as a beneficiary; *or*
   - Mortgage Statement ***or*** Rental/Lease Agreement ***or*** Property Tax Document; *or*
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   For a Stepchild or Legally Adopted Child, a clear PDF copy of:
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   ****Due to Puerto Rico's Birth Certificate Law, Puerto Rican Birth Certificates issued prior to July 1, 2010, are invalid, and will not be accepted.**

3. **Dependent Children Between Ages 19 and 25:**
   For dependent children aged 19-25, full-time student verification is required and **MUST** be submitted to BSC Benefits **every semester** to maintain dental and vision coverage.