



Eligibility Requirements Reduced Maximum Out-of-Pocket Coinsurance Expense

Head of Household: You may be single, married and/or separated from your spouse or divorced. You must have at least one individual residing in your home who meets the dependent eligibility requirements outlined in your NYSHIP General Information Book.

Sole Wage Earner: You must provide for the family unit all the income derived from wages, except for wage income earned by a dependent from casual employment.

Salary Requirement: For the claim year starting January 1, 1998, you must have been earning \$20,962 or less in base annual salary on October 1, 1997. To be eligible for the claim year starting January 1, 1999, you must have been earning \$21,696 or less in base annual salary on October 1, 1998.

Instructions for Application

1. Employee completes Part A. Attach to your application a paycheck stub for the period that includes the eligibility date shown above.
2. Submit application to your Health Benefits Administrator.
3. Employee's Agency Health Benefits Administrator completes Part B.
4. Health Benefits Administrator sends **application with proof of salary eligibility attached to:**

NYS Department of Civil Service
Employee Benefits Division
Contract Management
The State Campus
Albany, New York 12239

5. Employee mails **claims** directly to:

United HealthCare Service Corp.
Administrator for MetLife
P.O. Box 1600
Kingston, New York 12401-1600