

PLAN ADMINISTRATOR PORTION

This portion of the form is to be completed by the appropriate plan administrator (UnitedHealthcare for The Empire Plan or the appropriate NYSHIP Health Maintenance Organization). Once complete, send this page only to:

The Department of Civil Service
Employee Benefits Division (EBD)
Albany, NY 12239

or by secure fax to 518-485-5590

Disabled? Yes No Date the Disability Began __/__/____

Disability Certified Through __/__/____ (Maximum 7 years per certification)

Plan Administrator The Empire Plan (UnitedHealthcare)
 NYSHIP HMO | Code HMO Name

AUTHORIZED REPRESENTATIVE

► Signature (Required) _____ Date __/__/____



If your eligible dependent child is incapable of self-sustaining support because of a mental or physical disability, you may be able to continue coverage for that dependent beyond the age when coverage would usually end.

NYSHIP DISABLED DEPENDENT ELIGIBILITY CRITERIA

To continue coverage for a disabled dependent child, the dependent must meet all of the criteria below.

1. Dependent Eligibility

The dependent must be eligible for NYSHIP coverage as a dependent. See your *General Information Book* for more information on dependent eligibility. For “other” children who are also disabled, you must provide a completed and verified *NYSHIP Statement of Dependence for “Other” Children (PS-457)* establishing “other” dependent eligibility for NYSHIP along with this form.

2. Disability

The dependent must be incapable of self-sustaining support due to a mental or physical disability that has been verified by a physician.

3. Dependent Age

The dependent’s disability must have begun before they would otherwise age out of NYSHIP coverage:

Medical Coverage

The disability must have begun prior to the end of the month of the child’s 26th birthday.

Dental and Vision Coverage

The disability must have begun prior to the child’s 19th birthday (26th birthday for SEHP Enrollees) or while a full-time student between the ages of 19 and 25.

If the child is incapable of self-sustaining support because of a disability that began while the child was a full-time student after turning age 25, up to four years may be deducted from the dependent student’s age for documented service in a branch of the U.S. Military between 19 and 25. If your dental and vision coverage is through a Union Benefit Fund for dental and/or vision, you must contact your Union Benefit Fund directly for information regarding your dependent’s eligibility.

4. Marital Status

The dependent must be unmarried.

INSTRUCTIONS FOR COMPLETING THE NYSHIP STATEMENT OF DISABILITY FOR DEPENDENTS FORM PS-451

1. The ENROLLEE completes their portion of the form (page 1) and *provides pages 1, 2 and 3 to the treating physician.*
2. The PHYSICIAN completes their portion of the form (page 3). Once complete, the Enrollee or the physician *sends pages 1, 2 and 3 to the appropriate plan administrator (The Empire Plan or NYSHIP HMO).*
3. The PLAN ADMINISTRATOR completes their portion (page 2) and *mails page 2 to the Employee Benefits Division of the Department of Civil Service.*

The plan administrator will review the full application and certify or deny the disabling condition of the dependent child. If the condition is certified, the plan administrator will provide the date of the onset of disability and the period of time the disability is certified through to the Employee Benefits Division (EBD) for confirmation of eligibility and/or processing. Your HBA and EBD will not have access to medical documentation.

Once the information has been verified, EBD will notify you directly of the approval or denial of coverage for the disabled dependent child.

Please note that while the plan administrator is reviewing the information, they may reach out to the enrollee or the treating physician for more information.