



State of New York  
 Department of Civil Service  
 The State Campus  
 Albany, NY 12239

**EMPLOYEE BENEFITS DIVISION**  
**DECLINATION OF HEALTH INSURANCE**

PS-403 (9/01L)(w)

**At this time, I do not want to enroll under any option of the New York State Health Insurance Program.**

**I understand that by declining to enroll at this time:**

- **I may subject myself and/or my eligible dependents to certain applicable waiting periods if I decide to enroll at a later date.**
- **I may be forfeiting the right to such coverage after my retirement.**

Print Name:	Social Security Number:
Signature:	Date:
<b>AGENCY USE ONLY</b>	
Agency:	Agency Code:
Date of Employment:	Date of First Eligibility:
<b>Personal Privacy Protection Law Notification:</b>	
<p>This information you provide on this application is requested in accordance with Section 73.4 (a) (6) of the Regulation of the Department of Civil Service (4 NYCRR 74.4 (a) (6) for the principal purpose of maintaining a record concerning your declination of health insurance coverage. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to maintain such record. This information will be maintained by the Director of the Employee Benefits Division, NYS Department of Civil Service, The State Campus, Albany, NY 12239. For information concerning the Personal Protection Law, call (518) 457-9375. <b>For information, related to the New York State Health Insurance Program, contact your Agency Health Benefits Administrator. If, after calling your Health Benefits Administrator, you need more information, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.</b></p>	

**For information concerning Health Insurance Information,  
 please contact your Health Benefits Administrator**