Health & Wellness

NEW YORK STATE OF OPPORTUNITY. | NY Power Authority

Retiree Medical Plan Change Form

If you are switching medical plans, complete the information below and sign the form.
Your signature on this form will give New York Power Authority permission to change your medical plan.

If you are switching to an HMO*, you will also need to complete and submit an HMO enrollment form for the applicable plan, which are available on our webpage at www.nypa.gov/benefits/retirees.

Please change my medical plan from _____
(name of current plan)

To:
- ☐ UHC PPO Plan or UHC NYPA Plan
- ☐ UHC Choice Plan
- ☐ CDPHP* (Capital District, Central NY, Dutchess, Jefferson, Lewis, St. Lawrence Counties)
- ☐ Independent Health Active* (Buffalo, Niagara area)
- ☐ Independent Health Family* (Buffalo, Niagara area)
- ☐ Independent Health Medicare Advantage* (Buffalo, Niagara area)

REASON FOR CHANGE: ☐ Open Enrollment ☐ Other _____

Please drop the following dependents:

DROP ☐ Name: _____ DOB: _____

DROP ☐ Name: _____ DOB: _____

I am aware that this change will become effective on _____
(date)

Daytime Phone: _____ Email Address: _____

_____ _____ _____
(print name) (signature) -type your name- (date)

Return the completed form(s) to:

Mail: HR Services - New York Power Authority, 123 Main Street, Mailstop 4G, White Plains, NY 10601

Email: Retirees@NYPA.gov

For questions regarding benefits, contact HR Services at Retirees@nypa.gov or 914-287-3114. REVISED 11/2020