55 Water Street – 22nd Floor New York, NY 10041 Telephone: (212) 815-1234



January 2023

RE: Local 1070 Health Insurance Premium Contribution Reimbursement

Dear Local 1070 NYS Retiree:

DC37 Local 1070 and the DC37 Health & Security Plan (the "Plan") is pleased to provide a *Health Insurance Premium Contribution Reimbursement* benefit to all eligible DC37 Local 1070 retirees from the New York State Court System. *This benefit is in addition to the prescription drug co- payment reimbursement*.

For Calendar Year 2022, each eligible DC37 Local 1070 retiree enrolled in the New York State Health Insurance Program (NYSHIP) is eligible to receive a health insurance premium contribution reimbursement.

▶ <u>Individual Enrollment</u>: If you had an individual contract with NYSHIP in Calendar Year 2022, you are eligible for a **maximum reimbursement of \$225**. The \$225 reimbursement will be prorated if you were enrolled for less than 12 months during Calendar Year 2022.

Family Enrollment: If you had a family contract with NYSHIP in Calendar Year 2022, you are eligible for a **maximum reimbursement of \$550**. The \$550 reimbursement amount will be prorated if you were enrolled for less than 12 months during Calendar Year 2022, or if you switched between an Individual and a Family contract.

Please complete the enclosed health insurance premium reimbursement form and return to the Plan with a copy of your <u>Retiree Annual Statement</u> for 2022, which you should receive by early 2023, to verify your NYSHIP premium contributions. If you do not receive the Retiree Annual Statement, you may request one by contacting the State Retiree System at (866) 805-0990. Please note that additional documentation may be requested if your premium has been reduced or eliminated due to a sick-leave credit. Please mail the required documents in the self-addressed envelope or email the documents to the Plan at <u>premium@dc37.net</u> *no later than April 29, 2023*. If you fail to file for reimbursement by April 29, 2023, your claim for reimbursement will not be processed. Your health insurance premium contribution reimbursement amount will also not be processed without the required information/documents.

If you have any questions regarding this benefit, please contact the DC37 Health & Security Plan's Inquiry Unit at (212) 815-1234.

In Solidarity, *William Bifulco*

William Bifulco Administrator DC37 Health & Security Plan

DC37 Local 1070 Retirees CY 2022 Health Insurance Premium Contribution Reimbursement

DC37 Local 1070 Retirees			
Member SSN/PID:			
Name: _			
	Last		First
Address:			
	Number	Street	Apt#
	City	State	Zip
Telephone No.: () - Email Address:			
Dates Enrolled in the New York State Health Insurance Program for CY 2022			
For Individual Coverage:			
For Family Coverage:			
Name of Health Insurance Plan:			
Total New York State Health Insurance			
Annual Premium Contributions:			
Mail the required documents in the self-addressed envelope or email the documents to us at <u>premium@dc37.net</u> <i>no later than April 29, 2023</i> .			
Please attach a copy of your Retiree Annual Statement to verify your premium contribution amounts.			