



STATE OF NEW YORK
 DEPARTMENT OF CIVIL SERVICE
 THE W. AVERELL HARRIMAN
 STATE OFFICE BUILDING CAMPUS
 ALBANY, NY 12239

DIVISION OF EMPLOYEE BENEFITS

DECLINATION OF HEALTH INSURANCE

PS-403 (4/88)

I do not want to enroll, at this time, under any option of the New York State Health Insurance Program. I understand that by declining to enroll at this time:

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

Name (Please Print)		Social Security Number	
Signature		Date	
AGENCY USE ONLY			
Agency		Agency Code	
Date of Employment		Date of First Eligibility	