



Healthy New York Small Employer Supplement

Return with your Healthy New York Small Employer Application

Please answer the following questions to complete your application for the Healthy New York program:

1) Name of Business: _____

2) Eligible employee definition (*check one*):

Full time (*20 hours or more*)

Part time (*less than 20 hours*)

3) Total number of employees: _____

4) Waiting period for new hires (*please see key below*): _____

Description of Waiting Period	Examples
a) No Wait, Effective Date of Hire (DOH)	DOH 1/26, Effective 1/26
b) 1 Month Wait, 1 st of Month	DOH 1/26, Effective 3/1
c) 1 st of Month Following DOH	DOH 1/26, Effective 2/1
d) 45 Days From Date of Hire	DOH 1/26, Effective 3/11

5) Employee coverage will be terminated (*check one*):

Date of termination of employment

End of month of termination

6) Will you be offering domestic partner coverage (*check one*)?

Yes, same sex only

Yes, same and opposite sex

No

If you need assistance filling out this form, please call the CDPHP marketing department at (518) 641-5000 or toll free at 1-800-993-7299 or TTY/TDD (518) 641-4000.

Employer Signature: _____