

UPSTATE

MEDICAL UNIVERSITY

Ineligibility for Coverage
Under the
New York State Health Insurance Program (NYSHIP)

I understand that I am not eligible for coverage under NYSHIP at the present time. If at some point in the future I become eligible for NYSHIP coverage and wish to enroll, I understand that I will need to contact the Human Resources Benefits Office to complete the necessary paperwork and provide the required proof documents.

(Print Name)

(ID #)

(Signature)

(Date)