

Office of Labor Relations Management Benefits Fund

22 Cortlandt Street, 28th Floor, New York, NY 10007 Tel: (212) 306-7290 / Fax: (212) 306-7353 nyc.gov/mbf

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Commissioner
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Deputy Director, Operations

September 7, 2024

Dear Management Benefits Fund (MBF) Direct Pay Coverage Continuation (DPCC) for Young Adult Dependent (YAD) Child Enrollee:

Listed below are the new monthly MBF DPCC-YAD premium rates effective as of October 01, 2024 and will remain in effect until further notice.

Coverage	Individual
Superimposed Major Medical Plan (SMMP) Only	\$9.02
(Premium Branch 997)	
Dental & Vision Care Only	\$33.81
(Premium Branch 998)	
SMMP, Dental & Vision Care	\$42.83
(Premium Branch 999)	

These rate adjustments conform to the Federal provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA) and IRS regulations, which provide for periodic modification of rates due to changes in the experience cost of MBF group benefits contracts.

If you need further COBRA information, please visit MBF website at NYC.gov/mbf . If you need further question in reference to billing information, please contact ASO at 1-877-844-7667.

Sincerely,

City of New York Management Benefits Fund



Office of Labor Relations Management Benefits Fund

Tel: (212) 306-7290 (888) 4000-MBF (outside NYC) TTY: (212) 306-7629 / Fax: (212) 306-7353

Forms and documents can be submitted electronically to: https://nyc-mbf.leapfile.net

MBF DIRECT PAY COVERAGE CONTINUATION (DPCC) FOR YOUNG ADULT DEPENDENT ENROLLMENT FORM for the continuation of the Superimposed Major Medical Plan (SMMP) and/or Dental and Vision Care Benefit Programs

Prior to completing this Enrollment Form, please be sure the Young Adult Dependent meets the eligibility requirements on the reverse side of this form. This form is to be used per individual. Please do not include payment with this form. You will receive a monthly bill from the MBF DPCC billing administrator.

MEMBER INFORMATION (MUST BE AN ACTIVE MEMBER OF MBF)																																	
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Young Adult Dependent's birth certificate in order to add him or her as your dependent under MBF. New Enrollment Cancellation (effective the1st day of the following month after the form is received by MBF)												_																					
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I, as the Young Adult Dependent, certify that I meet the eligibility requirements as stated above and that the above information is complete and correct. I agree that I will be fully responsible for payment of premiums due with respect to the DPCC coverage being requested as of the effective date.											:																						
Young Adult	Depen	dent	Sign	atur	e:																			Dat	:e: [/			/		
I, as the MBF member, understand that any person who knowingly and with intent to defraud any insurance company or other persons who file an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.																																	
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