



SCHOOL CROSSING GUARDS

SUMMER HEALTH PLAN COVERAGE

2025 ENROLLMENT FORM

**IMPORTANT:** Return completed form directly to your health plan by June 20, 2025.

A list of health plan addresses is provided with this package. Write the words **SCHOOL CROSSING GUARD** on the envelope to ensure that your enrollment will be processed promptly and accurately.

This notice only applies to those School Crossing Guards who are not on active payroll status and are not eligible for the City Health Benefits Program during the summer. *If so, you must complete the Enrollment Form included in this packet.*

**YOU CANNOT CHANGE YOUR ENROLLMENT STATUS FOR SUMMER COVERAGE.**

- If you are currently enrolled in Individual coverage, you may only enroll in Individual summer coverage.
- If you are currently enrolled in Family coverage, you may only enroll in Family summer coverage.
- You may not change health plans or add or drop dependents for summer coverage. The exception to this would be if you experience a Qualifying Event such as marriage, divorce, birth, adoption, etc. and make that change within the 31 days of the event as stated in the Summary Program Description (SPD).

Name: 

Last

First

M.I.

Address:

Social Security Number:    EMPLID:

**CONTRACT TYPE:** *(please choose one)*    ☐ Individual    ☐ Family

Health Plan	Basic Only	Basic w/Optional Rider	Health Plan	Basic Only	Basic w/Optional Rider
GHI-CBP/Anthem BCBS	<input type="checkbox"/>	<input type="checkbox"/>	Vytra Health Plan	<input type="checkbox"/>	<input type="checkbox"/>
GHI HMO	<input type="checkbox"/>	<input type="checkbox"/>	Anthem EPO	<input type="checkbox"/>	<input type="checkbox"/>
HIP HMO	<input type="checkbox"/>	<input type="checkbox"/>	Anthem Blue Access Gated EPO	<input type="checkbox"/>	<input type="checkbox"/>
HIP Prime POS	<input type="checkbox"/>	<input type="checkbox"/>	Aetna EPO	<input type="checkbox"/>	<input type="checkbox"/>
DC 37 Med-Team	<input type="checkbox"/>	N/A	MetroPlus Gold	<input type="checkbox"/>	<input type="checkbox"/>

**LIST DEPENDENT(S) TO BE COVERED BELOW *(for additional dependents, use a separate sheet)***

**Spouse/Domestic Partner:**  
First Name:    Last Name:     
Date of Birth:    Social Security Number:

**Dependent:**  
First Name:    Last Name:     
Date of Birth:    Social Security Number:     
Does dependent currently have Disabled status with the health plan? Yes ☐ No ☐

**Dependent:**  
First Name:    Last Name:     
Date of Birth:    Social Security Number:     
Does dependent currently have Disabled status with the health plan? Yes ☐ No ☐



New York City Office of Labor Relations  
Health Benefits Program  
nyc.gov/olr



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**HEALTH PLAN ADDRESS and CONTACT PERSON**

You should complete the enrollment form and return it to your health plan at the address listed below, including the contact person's name. Please include the appropriate payment as soon as possible with **SCHOOL CROSSING GUARD** written on the envelope to ensure that your enrollment and payment will be processed promptly and accurately. Mail or email your completed form directly **to your health plan by June 20, 2025.**

GHI Health Inc.  
EmblemHealth  
55 Water Street  
New York, NY 10041  
Attn: Emblem Health Enrollment  
Email: [NYCmembership@emblemhealth.com](mailto:NYCmembership@emblemhealth.com)  
Email: [NYCleads@emblemhealth.com](mailto:NYCleads@emblemhealth.com)

HIP HMO and HIP Prime POS  
EmblemHealth  
55 Water Street  
New York, NY 10041  
Attn: Emblem Health Enrollment  
Email: [NYCmembership@emblemhealth.com](mailto:NYCmembership@emblemhealth.com)  
Email: [NYCleads@emblemhealth.com](mailto:NYCleads@emblemhealth.com)

GHI HMO SELECT, INC  
EmblemHealth  
55 Water Street  
New York, NY 10041  
Attn: Enrollment Department  
Email: [NYCmembership@emblemhealth.com](mailto:NYCmembership@emblemhealth.com)  
Email: [NYCleads@emblemhealth.com](mailto:NYCleads@emblemhealth.com)

Vytra Health Plan  
EmblemHealth  
55 Water Street  
New York, NY 10041  
Attn: Enrollment Department  
Email: [NYCmembership@emblemhealth.com](mailto:NYCmembership@emblemhealth.com)  
Email: [NYCleads@emblemhealth.com](mailto:NYCleads@emblemhealth.com)

DC37 Med-Team  
55 Water Street, 23<sup>rd</sup> Fl  
New York, NY 10041  
Attn: Josephine Ferruccio/Jesus Gill  
Email: [JFerruccio@dc37.net](mailto:JFerruccio@dc37.net)  
Email: [Jgill@dc37.net](mailto:Jgill@dc37.net)

Aetna  
151 Farmington Avenue  
Hartford, CT 06156  
Attn: Michelle Wrenn, AWB3  
Email: [wrennm@aetna.com](mailto:wrennm@aetna.com)

Anthem EPO and  
Anthem Blue Access Gated EPO  
Empire PO BOX 645438  
Cincinnati, OH 45264-5438  
Attn: Lashern Pendergrast  
Email: [lashern.pendergrast@anthem.com](mailto:lashern.pendergrast@anthem.com)

MetroPlus Health Plan  
50 Water Street, 7<sup>th</sup> Floor  
New York, NY 10004  
Email: [citygold@metroplus.org](mailto:citygold@metroplus.org)