

HR Service Center
hrservic@syr.edu | Phone 315.443.4042

PURPOSE OF THIS FORM - This form allows retirees in the Voluntary Separation Incentive Program ("VSIP") to **start or stop** the application of the VSIP medical subsidy to the cost of coverage for themselves or a dependent. This change does not require a qualifying event but notification **must be received by the first of the month for the change to be reflected on the following month's invoice**. No retroactive changes are permitted.

Please return the completed form to POMCO at the following address:

POMCO
P.O. Box 159
Syracuse, NY 13206-0159

1. Change in the Application of the VSIP Subsidy for the Retiree Participating in the Plan:

Full Name (Last, First, Middle Initial): _____

Date of Birth: _____ POMCO Member ID: _____

Address: _____

Phone Number: _____

Check whether you wish to apply VSIP subsidy toward your own coverage:

YES NO Effective Date: _____

2. Change in the Application of the VSIP Subsidy for Eligible Dependent(s):

DEPENDENT 1

Full Name (Last, First, Middle Initial): _____

Relationship to retiree: _____ Effective Date: _____

Check whether you wish to apply VSIP subsidy toward this coverage: YES NO

DEPENDENT 2

Full Name (Last, First, Middle Initial): _____

Relationship to retiree: _____ Effective Date: _____

Check whether you wish to apply VSIP subsidy toward this coverage: YES NO

DEPENDENT 3

Full Name (Last, First, Middle Initial): _____

Relationship to retiree: _____ Effective Date: _____

Check whether you wish to apply VSIP subsidy toward this coverage: YES NO

DEPENDENT 4

Full Name (Last, First, Middle Initial): _____

Relationship to retiree: _____ Effective Date: _____

Check whether you wish to apply VSIP subsidy toward this coverage: YES NO

By my signature below, I hereby authorize the application of VSIP subsidy changes:

Retiree Signature: _____ Date: _____

POMCO Internal Use Only:

Completed By: _____

Date Completed: _____