

Instructions for the Health Care and Mental Hygiene Worker Bonus (HWB) Employee Attestation

The Health Care and Mental Hygiene Worker Bonus (HWB) under section 367-w of the Social Services Law provides a bonus of up to \$3,000 to qualified health care employees working for a qualified employer during specific time periods.

See specific eligibility requirements outlined and posted on the [NYS Health Care and Mental Hygiene Worker Bonus webpage](#).

Who is eligible

Health care and mental hygiene workers that meet each of the following criteria will be eligible for the bonus:

- The employee works for a *qualified employer*.
 - A qualified employer is defined in SOS § 367-w(2)(b) and (c).
 - *Qualified employers* include many, but not all, types of health care providers.
- An employee working for a *qualified employer* must be:
 - Work in one of the eligible titles listed in SOS §367-w(2)(a)(i)-(iii).
 - Must receive an annual base salary of \$125,000 or less (excluding any bonus or overtime pay paid by the employer).
 - Must be employed by a *qualified employer* at all times during the “vesting period” as defined in SOS § 367-w(2)(d).
 - Must not be excluded or suspended from participation in the Medicaid program.
 - Must have worked the required minimum number of hours (at least 20 hours per week) during the vesting period to be eligible for the bonus.

General Instructions

- The employer must evaluate whether they and/or their employees meet the criteria, and complete a separate attestation.
- If the employer is a *qualified employer* and has eligible employees, the employer must make this attestation form available to them.
- The employer must make this attestation form available to its employee for each vesting period for which they may be eligible.
- Eligible employees must complete this Employee Attestation form in order to receive a bonus.
- The employer must maintain contemporaneous records for all claims related information and any other data or documents used to demonstrate that an employee was eligible to receive such bonus, **including but not limited to employee attestations**. All records, data and other information will be made available for review upon request.

Form Instructions

Section A - The **Employer** must complete the Employer Name, Employer MMIS number (or SFS), and identify the HWB vesting period.

- Employers should use the same MMIS (or SFS) number that they used to open their account on the [HWB Portal](#) in order to submit claims.

Section B - The **Employee** must:

- Provide their name;
- Provide their Federally issued Social Security number (SSN) or Federally issued Individual Taxpayer Identification number (ITIN)
- Attest that during the selected six-month vesting period that their gross wages were not more than \$62,500.
 - Including wages, salaries or fees from **ALL employers** or from contract work, not limited to wages from *qualified employers*.
 - Do not account for any deductions or allowances.
 - Exclude any bonuses or overtime pay.
- Sign and date the attestation.

Additional Information

- For more information about the bonus, please visit the [NYS Health Care and Mental Hygiene Worker Bonus webpage](#).
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