

**Special Enrollment Period: Productivity Enhancement Program (PEP) for 2024 Enrollment Form for
 NYSCOPBA (Security Services Unit - SSU) and DC-37 – (Rent Regulation Services Unit – RRSU)
 Represented Employees Only**

Name _____ Salary Grade _____ SS# xxx-xx-_____

Health Insurance Plan _____

Individual or Family Coverage (CHECK ONE)

By signing this document, I elect to participate in the 2024 portion of the Productivity Enhancement Program (PEP) and agree to the provisions contained in the Productivity Enhancement Program Description (hereafter program description) that is available in my agency personnel office. I understand that I must meet all the eligibility criteria as set forth in the program description in order to participate.

I understand that, in accordance with the program description, I will surrender leave accruals standing to my credit as a result of participation and that ALL of these leave credits will be deducted from my leave balances at the time my enrollment is processed. Furthermore, I understand that no portion of this leave will be returned to me under any circumstances. I wish to apportion this leave forfeiture as follows:

	SSU-RRSU Initial Enrollment 2024 (July 1 - December 31, 2024)
SSU Salary Grade 1-17	Choose 2 or 4 days ____ Hours vacation leave ____ Hours personal leave ____
SSU Salary Grade 18-24	Choose 1.25 or 2.5 days ____ Hours vacation leave ____ Hours personal leave ____
RRSU Salary Grade 1-17	Choose 2 or 4 days ____ Hours vacation leave ____ Hours personal leave ____
RRSU Salary Grade 18-24	Choose 1.25 or 2.5 days ____ Hours vacation leave ____ Hours personal leave ____

	RRSU Previously Enrolled 2024 – Salary Grade 1-17*
January 1 - July 1, 2024	July 1 - December 31, 2024
Previous forfeiture: 3 Days	New forfeiture choose: 1/2 Day: Hours vacation leave ____ Hours personal leave ____ (\$400 credit) OR 2.5 Days: Hours vacation leave ____ Hours personal leave ____ (\$800 credit)
Previous forfeiture: 6 Days	New forfeiture: 1 Day: Hours vacation leave ____ Hours personal leave ____ (\$800 credit)

	RRSU Previously Enrolled 2024 – Salary Grade 18-24*
January 1 - July 1, 2024	July 1 - December 31, 2024
Previous forfeiture: 2 Days	New forfeiture choose: ¼ Day: Hours vacation leave _____ Hours personal leave _____ (\$375 credit) OR 1.5 Days: Hours vacation leave _____ Hours personal leave _____ (\$750 credit)
Previous forfeiture: 4 Days	New forfeiture: ½ Day: Hours vacation leave _____ Hours personal leave _____ (\$750 credit)

*For employees who previously enrolled for PEP 2024, because you previously met the 8-day minimum requirement of having a combined balance of annual and personal leave you will not need to meet this requirement again.

In exchange for forfeiting this accrued leave I will receive a credit as set forth in the program description to be applied against the employee share cost of 2024 plan year NYSHIP health insurance. Pursuant to the program description, the amount of this credit will be established at the time of enrollment and will be adjusted only upon movement between individual and family coverage. I will not receive any amount of credit that exceeds the cost of the employee share of my NYSHIP health insurance premiums paid during that period.

I understand that this enrollment form is for the 2024 program year only. I also understand that, in order to participate this completed election form must be filed with my agency personnel office by the close of business on **June 28, 2024.**

Signature _____ Date _____

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

This information is being requested pursuant to New York State Civil Service Law section 161-a for the principal purpose of determining eligibility for the Productivity Enhancement Program for 2024. This information will be used in accordance with Public Officers Law section 96(1). Failure to provide this information may result in a denial of eligibility to participate in the Productivity Enhancement Program for 2024. This information will be maintained by the employee’s Agency Personnel Office. For further information relating only to the Personal Privacy Protection Law, call (518) 457-9375.

For Agency Personnel Office Only:

Employee’s payroll/employment percentage: _____ Salary Grade: _____ Total number of days forfeited: _____

Hours of leave deducted from employee’s balance:
Vacation _____ Personal _____ Date _____

Verification of eligibility. I certify that this applicant meets the eligibility criteria necessary for participation in this program.

Name _____ Title _____
Signature _____ Date _____

For Health Benefits Administrators Only:

Date Processed _____
Biweekly Health Insurance Premium Contribution Credit _____
Name _____ Title _____
Signature _____ Date _____