

2024 Productivity Enhancement Program - ELECTION FORM

Name _____ Kronos ID _____
(please print or type)

Health Insurance Plan _____ Individual or Family (Check One)

Salary Grade JG 1-16

Four (4) days / \$800 credit or Eight (8) days / \$1,600 credit (Check one)

Salary Grade JG 17-23

Two (2) days / \$800 credit or Four (4) days / \$1,600 credit (Check one)

By signing this document, I elect to participate in the Productivity Enhancement Program (PEP). I understand that I must meet the eligibility criteria described in the PEP Notice in order to participate.

I understand that, in accordance with the PEP Notice, I will surrender annual leave accruals standing to my credit as a result of participation and that ALL of these leave accruals will be deducted from my leave balances at the time this election form is processed. Furthermore, I understand that no portion of this leave will be returned to me under any circumstances.

In exchange for these leave accruals, I will receive a credit (as indicated above) which will be applied against the cost of the employee share cost of NYSHIP health insurance premiums in program year 2024. The amount of this credit will be established at the time of election 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 2024.

I understand that in order to participate in PEP, this completed election form must be filed with my administrative office by the close of business on December 11, 2023.

Signature _____ Date _____

For Agency Personnel Office Only:

Employee's Payroll Percentage _____ % Total number of days forfeited _____

Hours of leave deducted from employee's balance _____ 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 _____

Initials _____