

**OFFICE OF HUMAN RESOURCES
208 Netzer Administration Building**

M E M O R A N D U M

TO: ELIGIBLE CSEA, PEF and M/C CLASSIFIED EMPLOYEES ENROLLED IN
THE NEW YORK STATE HEALTH INSURANCE PROGRAM

FROM: GAIL FEUER

RE: 2010 PRODUCTIVITY ENHANCEMENT PROGRAM

DATE: OCTOBER, 2009

In 2010, the PEP Program will continue. This program allows eligible CSEA, PEF and M/C classified employees enrolled in the New York State Health Insurance Program to exchange previously accrued annual leave (vacation) and/or personal leave in return for a credit to be applied toward the employee share of their health insurance premiums on a biweekly basis.

The enrollment period for the 2010 program year begins Monday, October 26, 2009 and ends Friday, November 27, 2009. The PEP credit will affect paychecks dated December 23, 2009 through December 08, 2010.

The Program Description follows this page. The enrollment form has been mailed on campus to all CSEA, PEF and M/C classified employees who may be eligible to participate. It also appears on this site following the Program Description. Please review the description carefully. **If you wish to participate in this program in 2010, you MUST MEET ALL of the eligibility requirements and the completed enrollment form MUST be submitted to the Office of Human Resources NO LATER THAN FRIDAY, NOVEMBER 27, 2009.**

If anyone has any questions, please contact us at x2509.

PRODUCTIVITY ENHANCEMENT PROGRAM (PEP) DESCRIPTION

OVERVIEW

The Productivity Enhancement Program (PEP) allows eligible CSEA, PEF and M/C classified employees to exchange previously accrued annual leave (vacation) and/or personal leave in return for a credit to be applied toward their employee share of NYSHIP premiums on a biweekly basis. In no case can the credit available under the program be applied to the employer share of NYSHIP premiums.

The program will be available for the entire calendar years in 2010, and 2011. Full-time employees who enroll in the program for any of these years will forfeit a total of 3 days (22.5 or 24 hours for 37.5 and 40 hour workweeks, respectively) of annual and/or personal leave standing to their credit at time of enrollment in return for a credit of up to \$500 for the 2010 and 2011 program years to be applied toward the employee share of NYSHIP premiums deducted from biweekly paychecks during the program year. In 2010, this will impact paychecks dated December 23, 2009 – December 08, 2010.

As discussed below under “Eligibility,” part-time employees who meet the eligibility criteria for the program will be allowed to participate on a prorated basis during 2010.

Once enrolled for each program year, employees continue to participate for that program year unless they separate from State service or cease to be NYSHIP contract holders. Leave forfeited in association with the program will not be returned, in whole or in part, to employees who cease to be eligible for participation in the program.

The full leave forfeiture will be deducted at the time of enrollment.

During any program year in which an employee participates, the health insurance premium contribution credit established upon enrollment in the program will be adjusted only if the employee moves between individual and family coverage under NYSHIP during that program year. Therefore, once an employee enrolls for that program year, any subsequent changes in employment percentage during the program year will have no impact on the health insurance premium contribution credit.

Disputes arising from this program are not grievable. This pilot program will sunset on December 31, 2011 unless extended by mutual agreement of the parties.

ENROLLMENT

The enrollment period for 2010 will be Monday, October 26, 2009 through Friday, November 27, 2009.

All interested employees will be required to submit an enrollment form for each program year in which they wish to participate.

ELIGIBILITY

In order to enroll an employee must:

- Be a classified service employee in the Executive branch in a title below Salary Grade 18 or equated to a position below Salary Grade 18;
- Be an employee covered by the 2007-2011 New York State/CSEA or PEF collective bargaining agreements or a be a M/C employee (bargaining unit 06);
- Have a minimum combined balance of annual and personal leave of at least 8 days after making the forfeiture; and
- Be a NYSHIP enrollee (contract holder) in either the Empire Plan or an HMO at the time of enrollment.

Part-Time Employees

Eligible part-time employees may participate on a prorated basis. Part-time annual-salaried employees who meet these eligibility requirements will be eligible to participate on a prorated basis in accordance with their payroll percentage. Additional hours that these employees work beyond their payroll percentage are not counted for this purpose. In cases where the payroll percentage of these employees results in a leave forfeiture that is not a quarter-hour increment, the leave forfeiture should be rounded to the nearest quarter-hour (rounding up when the resulting figure is exactly between two quarter-hour increments).

Part-time hourly and per diem employees who meet the eligibility requirements may participate on a prorated basis in accordance with their employment percentage. In cases where the work schedules of such employees fluctuate, agencies should contact the Attendance and Leave Unit of the Department of Civil Service at (518) 457-2295 for guidance in determining the appropriate employment percentage. The same rounding principles described above for part-time annual-salaried employees should be applied to these employees.

Voluntary Reduction in Work Schedule (VRWS)

Employees on Voluntary Reduction in Work Schedule (VRWS) agreements who elect to participate in the program do so as full-time employees. If eligible, they exchange the appropriate number of full-time days of annual and/or personal leave for the maximum health insurance premium contribution credit allowable under the program (up to \$500 in 2010). In 2010 the forfeiture for full-time employees is 3 full days (22.5 or 24 hours).

Re-employed Retirees

Retired New York State employees who have returned to work must meet all the eligibility criteria for participation in the program and must have the employee share of their NYSHIP health insurance premium deducted from their biweekly paycheck. Re-employed retirees who retain retiree status for health insurance purposes are not eligible to participate.

CALCULATION OF PEP CREDIT

For the 2010 program year, the credit that will be applied to participants' biweekly employee share premiums can be calculated as follows:

Full-Time Employees

The biweekly credit is equal to \$19.23 (\$500 divided by 26 paychecks) OR the biweekly cost of the enrollee's employee share NYSHIP contribution, whichever is less.

Part-Time Employees

The biweekly credit is equal to \$19.23 multiplied by the employee's payroll/employment percentage OR the biweekly cost of the enrollee's employee share NYSHIP contribution, whichever is less.

LEAVES OF ABSENCE

Participants who go on sick leave at half-pay during a program year in which they are PEP enrollees will continue to have the health insurance premium contribution credit applied to the employee share of health insurance premiums deducted from biweekly paychecks.

PEP enrollees who go on leave without pay and do not receive a waiver of premium continue to participate in the program, paying the employee share of the NYSHIP health insurance premium at the reduced rate. Additionally, they pay the employer share of the health insurance premium where required. No portion of the health insurance premium contribution credit available under the program can be applied toward the employer share of the health insurance premium even when the employee is required to pay it. Leave forfeited in association with the program will not be returned, in whole or in part, to employees who receive a waiver of premium.

PEP enrollees who go on Workers' Compensation leave continue to participate in the program. They continue to receive the health insurance premium contribution credit. For employees eligible to defer NYSHIP premiums until return to the payroll, only that portion of the employee share premium which is not offset by the health insurance premium contribution credit, if any, is deferred until the employee returns to the payroll. However, employees eligible to receive supplemental payments while on Workers' Compensation leave will have the health insurance premium contribution credit applied to any employee share premium deducted from such supplemental payments.

INSURANCE ISSUES

An employee enrolled in PEP who moves between individual and family coverage under NYSHIP will have his/her health insurance premium contribution credit adjusted upward or downward as appropriate.

If both spouses are State employees covered under a single family contract, only the contract holder who carries the family coverage can participate in PEP. If both spouses are enrolled contract holders, both may participate in PEP if otherwise eligible.

TAXABILITY

By electing to participate in PEP, an employee reduces the amount deducted from biweekly paychecks to pay the employee share of NYSHIP premiums. If the employee currently has that amount deducted on a pre-tax basis, the PEP health insurance premium contribution credit reduces that pre-tax deduction. The net effect is that the amount of income the employee pays taxes on increases by the amount of the health insurance premium contribution credit. While employees will realize net savings because of the PEP credit, the amount of that savings will be less than the full amount of the PEP credit for anyone currently paying NYSHIP premiums on a pre-tax basis. Furthermore, for each program year of participation in PEP, employees who participate in the pre-tax premium contribution program may only make changes to health insurance in accordance with pre-tax premium contribution program rules regarding qualifying events, even though the PEP credit eliminates all or part of the health insurance premium deduction.

Employees are referred to their income tax preparer for questions regarding the tax implications of participation in the PEP.

Productivity Enhancement Program for 2010 — Enrollment Form

Name _____ Last 4 digits of SS# _____

(PLEASE PRINT CLEARLY)

Health Insurance Plan _____

Check one of the following: Individual Coverage [] or Family Coverage []

By signing this document, I elect to participate in the 2010 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 the eligibility criteria elaborated 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:

Hours of Vacation Leave _____ **Hours of Personal Leave** _____

In exchange for forfeiting this accrued leave I will receive a credit of up to \$500 to be applied against the employee share cost of 2010 plan year NYSHIP health insurance premiums (as specified in the program description). 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 2010 program year only.

I understand that in order to participate, this completed election form must be filed with my agency personnel office by the close of business on **Friday, November 27, 2009**.

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 2010. 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 2010. 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: _____ Total number of days forfeited: _____

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

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

Name Nancy Barnes _____ Title Calculations Clerk II _____

Signature _____ Date _____

For Health Benefits Administrators Only:

Date Processed _____ Biweekly Health Insurance Premium Contribution Credit _____

Name Mickie Wilcox _____ Title Keyboard Specialist II _____

Signature _____ Date _____