Overview
The Productivity Enhancement Program (PEP) for 2024 allows eligible CSEA-represented, PEF-represented, and Management/Confidential (M/C - Classified) employees in the Executive branch 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 bi-weekly 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 2024 calendar year.

Full-time CSEA-represented, PEF-represented and M/C Classified employees in Salary Grades (SG) 1-17, who enroll in the program will be eligible to forfeit a total of either 4 days (30 or 32 hours for 37.5 and 40 hour workweeks, respectively) or 8 days (60 or 64 hours for 37.5 and 40 hour workweeks, respectively) of previously accrued annual and/or personal leave at the time of enrollment in return for a credit of up to either $800 or $1600, respectively, for the 2024 program year to be applied toward the employee share of NYSHIP premiums deducted from bi-weekly paychecks during the program year, January 1-December 31, 2024.

Full-time CSEA-represented, PEF-represented in SG 18-24 and M/C Classified employees in SG 18-23, who enroll in the program will be eligible to forfeit a total of either 2.5 days (18.75 or 20 hours for 37.5 and 40 hour workweeks, respectively) or 5 days (37.5 or 40 hours for 37.5 and 40 workweeks, respectively) of previously accrued annual and/or personal leave at the time of enrollment in return for a credit of up to either $750 or $1500, respectively, for the 2024 program year to be applied toward the employee share of NYSHIP premiums deducted from bi-weekly paychecks during the program year, January 1-December 31, 2024.

The full leave forfeiture will be deducted from participants' leave balances at the time of enrollment.

Calculation of PEP credit
CSEA, PEF and M/C employees, grade 17 and below - The bi-weekly credit is equal to $30.77 ($800 divided by 26 checks) OR $61.54 ($1600 divided by 26 checks) OR the biweekly cost of the enrollee's employee share NYSHIP contribution, whichever is less. Pro-rated for part-time employees.

CSEA and PEF employees, grade 18-24 and M/C employees grade 18-23 - The bi-weekly credit is equal to either $28.85 ($750 divided by 26 checks) OR $57.69 ($1500 divided by 26 checks) OR the biweekly cost of the enrollee's employee share contribution, whichever is less. Pro-rated for part-time employees.

The credit will be applied toward the bi-weekly premium payments required for coverage under NYSHIP in that plan year, up to the bi-weekly cost of the enrollee’s employee share of NYSHIP premium. The bi-weekly value of the credit will not be adjusted for enrollees who do not pay all bi-weekly employee share deductions during the plan year. Therefore, employees who do not expect to make all employee share premium payments during a plan year may not wish to participate in that plan year.

During any plan year in which an employee participates, the credit established upon enrollment in the program will be adjusted only if the employee moves between individual and family coverage under NYSHIP during that plan year.
Once enrolled for a given plan year, employees continue to participate for the duration of that plan year unless they separate from State service or cease to be NYSHIP contract holders. Leave forfeited in association with this program will not be returned, in whole, or in part, to employees who cease to be eligible to participate in this program.

Disputes arising from this program are not grievable. This program will sunset on December 31 of the last year of the negotiated contract agreement unless extended by mutual agreement of the parties.

**Enrollment**
The enrollment period for the 2024 will be November 1, 2023 through December 11, 2023. Employees are required to submit a separate enrollment form for each year in which they wish to participate.

An employee currently enrolled in Opt Out is a NYSHIP enrollee. In order to participate in PEP, the employee needs to complete a PS-404 to enroll in a NYSHIP health insurance plan, and also select an appropriate PEP election, with the two to be implemented simultaneously.

**Eligibility**
At the time of enrollment, employees must:
- For CSEA and PEF-represented employees, be in a title at SG 24 or below;
- For M/C Classified employees, be in a title at SG 23 or below:
- 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

To enroll in the program for the 2024 plan year, employees must meet all eligibility criteria as of 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).

**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 bi-weekly paycheck. Re-employed retirees who retain retiree status for health insurance purposes are not eligible to participate.

**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 credit applied to the employee share of health insurance premiums deducted from bi-weekly paychecks.

PEP enrollees who go on leave without pay (LWOP) 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 credit available under the program can be applied toward the employer share of the health insurance premium. 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 their health insurance 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.

The Employee Benefits Division of the Department of Civil Service will issue guidelines for agency Health Benefits Administrators concerning the processing of enrollment and status changes for PEP participants.

**Taxability**

By electing to participate in PEP, an employee reduces the amount deducted from bi-weekly 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 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 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 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 should be referred to their income tax preparer for questions regarding the tax implications of participation in the PEP.

*Classified PEP 2024*
University at Albany
Productivity Enhancement Program for 2024 – CSEA, PEF and Classified M/C Employee Enrollment Form

Name ________________________________________   Salary Grade ________   EMPLID# ___________
Health Insurance Plan ________________________________________________
Individual [ ] or Family Coverage [ ] (CHECK ONE)

By signing this document, I elect to participate in the 2024 plan year 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:

| Salary Grade 1–17 | Choose 4 or 8 days (select one) ______ by using:  
|                  | ______ Hours of vacation + ______ Hours of personal |
| Salary Grade 18–24 | Choose 2.5 or 5 days (select one) ______ by using:  
|                  | ______ Hours of vacation + ______ Hours of personal |

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 further understand that in order to participate this completed election form must be received in the Office of Human Resources, UAB-300 by December 11, 2023. Faxes to 518-437-4731 and forms emailed to timerecords@albany.edu will be accepted in lieu of the original (please only submit one form). This form is for University at Albany employees. **Forms received from employees of other agencies will not be processed.**

Signature _______________________________ Date ___________

Phone Number (required) _______________________________ Email Address _______________________________

**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.

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For Agency Personnel Office Only:

Employee’s payroll/employment percentage: ________ Grade/BU: ________ 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.

Signature _______________________________ Date ___________

For Health Benefits Administrators Only:

Date Processed ____________________________
Biweekly Health Insurance Premium Contribution Credit: ______________________

Signature _______________________________ Date ___________