

2021 PRODUCTIVITY ENHANCEMENT PROGRAM (PEP) DESCRIPTION

For CSEA and M/C Classified Employees

(Enrollment form is included on page 4)

Overview

The Productivity Enhancement Program (PEP) for 2021 allows eligible CSEA 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 2021 calendar year.

Full-time CSEA-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 3 days (22.5 or 24 hours for 37.5 and 40 hour workweeks, respectively) or 6 days (45 or 48 hours for 37.5 and 40 hour workweeks, respectively) of annual and/or personal leave standing to their credit at the time of enrollment in return for a credit of up to either \$600 or \$1200, respectively, for the 2020 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, 2021.

Full-time CSEA-represented and M/C Classified employees in SG 18-24, who enroll in the program will be eligible to forfeit a total of either 2 days (15 or 16 hours for 37.5 and 40 hour workweeks, respectively) or 4 days (30 or 32 hours for 37.5 and 40 workweeks, respectively) of annual and/or personal leave standing to their credit at the time of enrollment in return for a credit of up to either \$600 or \$1200, respectively, for the 2020 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, 2021.

In cases where the payroll percentage of 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).

The credit will be divided and distributed over the pay checks issued in 2021. For full-time **CSEA and M/C Classified** employees the bi-weekly credit will be \$23.08 or \$46.15, based on a \$600 or \$1200 annual credit respectively. 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 2021 plan year will end November 30, 2020. Employees are required to submit a separate enrollment form for each year in which they wish to participate.

Eligibility

At the time of enrollment, employees must:

- For CSEA 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 2021 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. 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 his/her 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.

University at Albany
Productivity Enhancement Program for 2021 – Classified 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 2021 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:

	CSEA/PEF/ M/C (circle one)
Salary Grade 1–17	Choose 3 or 6 days (select one) _____ by using: _____ Hours of vacation + _____ Hours of personal
Salary Grade 18–24	Choose 2 or 4 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 2021 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 2021 program year only. I further understand that in order to participate this completed election form must be received in the Office of Human Resources Management, UAB-300 by November 30, 2020. Faxes to 518-437-4731 and forms emailed to timerecords@albany.edu will be accepted in lieu of the original (please don't submit both). 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 2021. 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 2021. 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.

Signature _____ Date _____

For Health Benefits Administrators Only:

Date Processed _____
 Biweekly Health Insurance Premium Contribution Credit _____

Signature _____ Date _____