



DOWNSTATE

HEALTH SCIENCES UNIVERSITY

MEMORANDUM

November 4, 2024

To: All CSEA, PEF, NYSCOPBA & PBANYS Represented-Employees

From: Doriel Forde
Benefits Manager

SUBJECT: PRODUCTIVITY ENHANCEMENT PROGRAM (PEP)

The Productivity Enhancement Program (PEP) for 2025 allows eligible CSEA, PEF, NYSCOPBA AND PBANYS represented employees in Salary Grades (SG) 1 - 24 to exchange up to eight previously accrued annual leave and/or personal leave in return for a biweekly credit that reduces the employee's share of the New York State Health Insurance Program (NYSHIP) premium.

The enrollment period for the 2025 began November 1, 2023 and will end at the close of business Monday, December 9, 2024. Employees who participated in the program in previous years and are interested in participating in PEP for the 2024 calendar year, must re-enroll each year.

The credit can range from \$800 to \$1600, depending on salary grade level. Also, the deduction is based on whether the employee has an individual or family contract. The credited funds will be divided over twenty-six pay periods.

Eligible CSEA, PEF, NYSCOPBA and PBANYS employees in Salary Grades 1-17 or a non-statutory employee, who has an annual salary rate that is no greater than the SG-17 job rate, may elect to exchange a total of either four days or eight days of annual leave or personal leave. For example, an employee whose work week is 37.5 hours, four or eight days equates to 30 or 60 hours respectively and, for an employee whose work week is 40 hours, the hours given up will be 32 or 64 hours respectively.

Eligible CSEA, PEF, NYSCOPBA and PBANYS employees in Salary Grades 18-24 or a non-statutory employee, who has an annual salary rate that exceeds the SG-18 job rate, may elect to exchange a total of either two and a half days or five days of annual leave or personal leave. For example, an employee whose work week is 37.5 hours, two and a half or five days equates to 18.75 or 37.5

hours respectively and, for an employee whose work week is 40 hours, the hours given up will be 20 or 40 hours respectively.

Part-time annual-salaried employees who meet the eligibility requirement for health insurance (50% or more FTE) will be eligible to participate on a prorated basis in accordance with his/her payroll percentage.

At the time of enrollment, full-time and part-time employees must meet all the eligibility requirements as follows, which are:

- Must be covered by the New York State CSEA, PEP, NYSCOPBA or PBANYS collective bargaining agreement in a title at Salary Grade 24 or below;
- Must be a NYSHIP enrollee (contract holder) in either the Empire Plan or HMO at the time of enrollment;
- Must have a minimal combined balance of annual and/or personal leave of at least 8 days. For example, a CSEA, PEF, NYSCOPBA or PBANYS employee who works 37.5 hours/week must have 60 hours of accrued time or 64 hours for employees who work 40 hours/week in order to qualify for the program.

Employees who move between individual and family coverage under NYSHIP will have his/her health insurance contributions adjusted upward or downward as appropriate. Also, once an employee enrolls in the PEP program, he/she continues for the calendar year unless there is a separation from State Service or he/she ceases to be a NYSHIP enrollee (contract holder).

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.

Disputes arising from the PEP program are not subject to the grievance procedures contained in the CSEA or PEF contracts.

As the decision to participate in the PEP program is a personal one, an employee must consider several factors before enrolling. Such factors include his/her daily rate of pay versus the annual cost of the NYSHIP premium, his/her leave balances, his/her normal annual or personal leave accrual rate, and his/her anticipated need to use annual or personal leave during the calendar year. Note that at the time of retirement, an employee is eligible to receive payment for up to thirty (30) days (240 hours) of annual leave.

If you wish to enroll in PEP for **2025**, please complete the attached form and return it to the Benefits Office at Box #1191 by the **close of business Monday, December 9, 2024**.

The Benefits Office is located at 271 Lenox Rd. or the forms can be emailed to benefits@downstate.edu.

Should you have any questions or need additional information, you may contact the Benefits Office at extension 3015.

**Productivity Enhancement Program for 2025
Enrollment Form**

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 2025 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:

BARGAINING UNIT AND GRADE	FORFEITURE: NUMBER OF DAYS AND HOURS
CSEA, NYSCOPBA, PBANYS, and PEF – Salary Grade 1–17	Choose 4 or 8 days _____ Hours: vacation leave _____ personal leave _____
CSEA, NYSCOPBA, PBANYS, and PEF – Salary Grade 18–24	Choose 2.5 or 5 days _____ Hours: vacation leave _____ personal leave _____

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 2025 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 2025 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 **December 9, 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 2025. 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 2025. 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 deducted from employee's balance: vacation _____ personal _____ floating holiday _____
 compensatory time _____ 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 _____