



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

Department of Human Resources

Benefits Services

Downstate Health Sciences University

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MEMORANDUM

November 3, 2025

To: All CSEA, NYSCOPBA, PBANY and PEF Represented-Employees

From: Doriel Forde
Benefits Manager

SUBJECT: 2026 Productivity Enhancement Program (PEP)

The Productivity Enhancement Program (PEP) for 2026 (CY 2026) allows eligible employees represented by CSEA, PEF, NYSCOPBA and PBANY, (**Salary Grades (SG) 1-24**) to exchange previously accrued annual leave (vacation) and/or personal leave in return for a credit to be applied toward their employee's share of the New York State Health Insurance Program (NYSHIP) premium on a bi-weekly basis.

The enrollment period for the CY 2026 began November 1, 2025 and will end at the close of business Monday, December 08, 2025. Employees who participated in the program in previous years and are interested in participating for CY 2026, must re-enroll.

The credit can range from \$750 or \$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 employees in SG **1-17** who have an annual salary rate that is **no greater** than the SG-17 job rate, may elect to exchange a total of either **4 days (30 hours for 37.5 work week or 32 hours for 40 hours workweek) or 8 days (60 hours for 37.5 work week or 64 hours for 40 hours workweek)** of annual leave or personal leave. **Credit for SG 1-17 is \$800 or \$1600.**

Eligible employees in SG **18-24** who have an annual salary rate that does not **exceed** the SG-24 job rate, may elect to exchange a total of either **2.5 days (18.75 hours for 37.5 workweek or 20 hours for 40 hours workweek) or 5 days (37.5 hours for 37.5 or 40 hours for 40 hours workweek)** of annual leave or personal leave. **Credit for SG 18-24 is \$750 or \$1500.**

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 represented by CSEA, PEF, NYSCOPBA and 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, employees who work 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.

Employee 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 CY 2026 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 UNION 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 the CY 2026, please complete the attached form and return it to the Benefits Office at Box #1191 or email benefits@downstate.edu by close of business Monday, December 08, 2025.

The Benefits Office is located at 271 Lenox Road.

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

**Productivity Enhancement Program for 2026
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 2026 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 2026 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 2026 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 8, 2025.**

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 2026. 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 2026. 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 _____

Copy 1 – Health Benefits Administrator

Copy 2 – Personnel Office/Attendance Records