

**2022 PRODUCTIVITY ENHANCEMENT PROGRAM FOR
UUP REPRESENTED EMPLOYEES**

Name _____ Upstate ID# _____

Daytime Telephone # _____ E-Mail Address _____

Health Insurance Plan _____ Individual or Family Coverage (CHECK ONE)

By signing this document, I elect to participate in the 2022 portion of the Productivity Enhancement Program (PEP) and agree to the provisions contained in the Productivity Enhancement Program Description (hereafter Program Description). I understand that I must meet the eligibility criteria below in order to participate.

- Be employed on a Calendar Year or College Year basis;
- Be a full-time employee with an annual salary below \$103,413 OR part-time employee whose biweekly salary is within this salary range at the time of enrollment;
- Be an employee covered by the 2016-22 New York State/UUP Collective Bargaining Agreement;
- Be a NYSHIP enrollee in either the Empire Plan or an HMO;
- Be eligible to receive an employer contribution toward NYSHIP premiums (or be on leave without pay from a position in which the employee is normally eligible for an employer share contribution toward NYSHIP premiums); and
- Have a sufficient annual leave balance (vacation) to make the full leave forfeiture without bringing their annual leave balance below **8 days** or a prorated balance for part-time employees respectively

I understand that, in accordance with the program description, I will surrender leave accruals (vacation) standing to my credit as a result of participation and that ALL credits will be deducted from my leave balances at the time my enrollment is processed (prorated for part time eligible employees). Furthermore, I understand no portion of this leave will be returned to me under any circumstances. I wish to apportion this leave forfeiture as follows (check one):

Earnings up to \$72,366	3 Days _____ 6 Days _____
Earnings above \$72,367 and below \$103,413	2 Days _____ 4 Days _____

The PEP credit will be applied toward the biweekly premium payments required for coverage under NYSHIP during the plan year. The credit for full-time employees will be equal to \$600 (\$23.08 bi-weekly) if forfeiting 3 or 2 days, \$1,200, (\$46.15 bi-weekly) if forfeiting 6 or 4 days OR the biweekly cost of the enrollee's employee share of the NYSHIP premium, whichever is less. Eligible part-time employees enrolling in PEP will forfeit annual leave on a prorated basis in accordance with their payroll/employment percentage, in return for a prorated credit.

I understand that this enrollment form is for the 2022 program year only. I understand that in order to participate, this completed election form must be filed with the Human Resources Benefits Office (206 Jacobsen Hall) or fax to 464-4390 (Community campus employees may return their completed election form to the Community Human Resources Office 1st Floor) by close of business on November 29, 2021

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Form Received _____

Payroll Services:

Full Time _____ Part Time _____ If part time, employment percentage: _____

Hours of leave deducted from employee's balance:

Vacation _____ Date _____

Date S/L Transaction Entered _____ Processed by _____

Human Resources Benefits Office

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

Name Kaylee Aseltine Title Health Benefits Administrator

Date NYBEAS Transaction Entered _____ Health Insurance Premium Credit _____ Processed by _____