



**State
Police**

Benefits Available For NYSP Civilian Employees

January 12, 2024

Health Insurance

- Employees may select the Empire Plan or one of the participating Health Maintenance Organizations (HMOs).
- There is a 28-day waiting period for health insurance to take effect.
- Employees who have other employee sponsored group health insurance may choose to Opt-Out of the health insurance coverage in exchange for an incentive payment.
- The cost for health insurance is deducted from the employee's bi-weekly paycheck.

Dental and Vision Insurance

- Dental insurance is provided by Emblem Health.
- Vision insurance is provided by Davis Vision.
- There is a 28-day waiting period for dental and vision insurance to take effect.
- Dental and Vision coverage is paid for by the State and is free for active employees and their families.

NYS Retirement System

- Full-time, permanent NYS employees are required to join the New York State and Local Retirement System (ERS).
- Employees hired on or after 4/1/2012 are Tier 6 members of ERS.
- Tier 6 ERS members contribute a specific percentage of gross earnings to ERS and become vested and earn the right to retirement benefits in the form of a pension after 5 full years of service.
- Tier 6 ERS members' contribution rate varies depending on gross earnings.
- Employees who separate from State service before they're vested are eligible to withdraw their contributions.

ERS Member Contribution Rates

ANNUAL SALARY	CONTRIBUTION RATE
Less than or equal to \$45,000	3%
\$45,000.01 - \$55,000	3.5%
\$55,000.01 - \$75,000	4.5%
\$75,000.01 - \$100,000	5.75%
Over \$100,000	6%

Deferred Compensation

- Optional 457 (b) retirement plan.
- Employees who choose to enroll may select a percentage to be deducted from their paychecks (pre-tax or post-tax) and invested into the option(s) of their choice.
- More information available at: www.nysdcp.com

NYS Flex Spending Program

- Health Care Spending Account – contribute pre-tax dollars to be used to pay for eligible health-related expenses including medical, hospital, prescription drugs, dental, vision and hearing expenses that are not reimbursed by insurance.
- Dependent Care Advantage Account – contribute pre-tax dollars to pay for childcare, elder care or disabled dependent care.
- More information available at: www.flexspend.ny.gov

NYS College Savings

- New York's 529 Direct Plan College Savings Program is an investment account that allows employees to benefit from the state tax deduction as a New York State taxpayer. More information is available at: www.nysaves.org

NYS Ride

- Contribute pre-tax dollars to be used to pay for certain work-related transportation expenses. More information is available at: [OER NYS Ride](#)

How Will I Be Paid?

- Pay Periods are two (2) weeks long
- Administrative Cycle (Wednesday Pay Day)
- Two Week Lag - First paycheck will be received 4 weeks after starting
 - If you are transferring from another State agency, there will be no lag.
- Five Day Salary Withholding Program:
 - One day of pay from each of your first five paychecks will be withheld.
 - It will be repaid when you leave State service or move to a Bargaining Unit that does not participate. If you have already had the five-day salary withheld, it will not be withheld again.
 - Participating Bargaining Units within NYSP include: PEF, CSEA and M/C.

Payroll Forms:

- Tax Forms: W-4, IT2104, IT2104.1
- Direct Deposit Form AC2772

New York State Payroll Online

- The Office of the New York State Comptroller has implemented NYS Payroll Online (NYSPO), a service that allows you to view and update your employee payroll information and opt out of receiving paper pay stubs. It also gives you greater control in managing your tax withholdings.
- Current Functionality
 - View and print your pay stubs
 - Opt In/Out of receiving printed pay stubs and/or W-2s
 - View and print current and prior W-2s
 - Update your email address
 - Change your tax withholdings
- 24/7 Availability
 - 24 hours a day, 7 days a week
 - Maintenance Downtime: 3rd Sunday of the month

Vacation (Annual) Leave*

- Eligible employees earn ½ day of vacation accruals per pay period (pro-rated for work percentage).
- Additional bonus days granted based on years of service.

Sick Leave*

- Used for personal/family illness, medical appointments or bereavement leave.
- With the exception of those designated M/C, Sick Leave is earned at the rate of one-half day per biweekly pay period.
- You can begin using accruals right away.
- The maximum sick leave employees can accrue is equal to 225 days.

*This does not apply to time and attendance ineligible employees.

Personal Leave*

- Eligible employees earn 5 days of personal leave each year on their anniversary date.
- Personal leave is not cumulative. Any unused personal leave balance expires at the close of business before your anniversary date.

Miscellaneous Leaves

- In some instances, the Attendance Rules allow for an employee to be absent without charge to accruals. Examples include: Jury Duty, Cancer Screenings, Civil Service Exams.
- Speak with your supervisor about the appropriate use of these Miscellaneous Leave codes, and the types of documentation that may be required.

*This does not apply to time and attendance ineligible employees.


State Holidays*

The following holidays are granted as days off with pay; except when they fall on Saturday or are designated as a floating holiday. You may also be entitled to additional compensation and/or accruals if working on a holiday.


- New Year's Day
- Dr. Martin Luther King, Jr. Day
- Lincoln's Birthday (floating)
- Washington's Birthday (observed)
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Columbus Day
- Election Day (floating)
- Veterans' Day
- Thanksgiving Day
- Christmas Day

*State Holiday rules as described above may not apply to those designated for shift work. Refer to your specific bargaining unit.

Bargaining Unit Membership Applications



New York State Public Employees Federation, AFL-CIO
PEF MEMBERSHIP APPLICATION and
DUES PAYROLL DEDUCTION AUTHORIZATION



TO BECOME A MEMBER ...
Complete this application form and mail it in the enclosed business reply envelope.

Please print LEGIBLY:

Last Name _____ First Name _____ S.S. _____

First Line Street Address _____ Second Line Street Address _____

City _____ State _____ Zip Code _____

Home Telephone No. _____ Work Telephone No. _____ Date of Birth (MM/DD/YY) _____

PEF Online Information

► Get valuable updates via email or text message
 ► **IMPORTANT:** Personal emails are required due to New York State restrictions on the use of work emails.

Email Address (please print) _____
 Phone for Text: () _____ (Note: text messaging fees may apply)

By providing the information above, you are giving PEF permission to contact you regarding PEF matters, including the PEF Health and Welfare Benefits Program (PEF HWP) and PEF Life Insurance Program (PEF LIP) which provides notices on contract benefit/benefits changes, issues of your and your employer's employment, contract negotiations, as well as PEF HWP benefit updates. You agree to receive these notices.

► How would you like to receive Tax Collection Information in-house publications? (choose one)

Online version by email or mail
 Printed magazine

You can apply online @ www.pef.org/join-pef
 OR you can send this form by
 Fax to: 518-252-4950
 Email to: JoinPEF@pef.org
 Mail to: Membership Information Services
 New York State Public Employees Federation
 PO Box 12414
 Albany, NY 12214-5551

Check every activity you are engaged in (check all that apply)

Social Activities Other _____

Contact Self Other _____

Democratic Party Labor Meetings Other _____

Member Mobilize Other _____

Additional Information

► Have you received an orientation to PEF?
 No
 Yes - when (date): _____

► Have you served in the U.S. Military? No Yes

Permission to Deduct Union Dues from Paycheck

I hereby authorize the Comptroller of the State of New York or the fiscal or payroll officer of my employer to deduct New York State Public Employees Federation, AFL-CIO ("PEF") dues from my wages in the amount certified by PEF in this and succeeding years of my employment and membership and to transmit the same deducted to PEF. I further authorize the Comptroller of the State of New York or the fiscal or payroll officer of my employer to deduct insurance premiums from my wages in the amount necessary to cover my insurance plans or policies sponsored by PEF in this and succeeding years of my employment and to transmit the same deducted to PEF.

Contributions or gifts to PEF are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

Date _____ SIGNATURE of Employee _____

Please return white copy to PEF. Keep pink copy for your records.

PEF 1074

What is this form for?

Complete this form to become a member and receive membership benefits.

Is this form mandatory?

No. If you are a represented employee, union dues will automatically be deducted from your paychecks, either as a member or as an agency fee payer.

You are not required to become a member, however, there may be some benefits not available to you if you choose to be an agency fee payer.

Note: Membership dues and agency fees are the same dollar amount.

Bargaining Unit Contact Information:

PEF

- You can apply online at: www.pef.org/join-pef
- Fax: (518) 252-4050
- NYS Public Employees Federation, P.O. Box 12414, Albany, NY 12214-5551

CSEA

- You can apply online at: [Application for CSEA Membership \(cseany.org\)](http://Application%20for%20CSEA%20Membership%20(cseany.org)), or send by mail to:
CSEA, 143 Washington Avenue, Albany, NY, 12210
- 800-342-4146

M/C

- 5 Pine West Plaza, Suite 513, Albany, NY 12205-5587
- (518) 456-5241, (800) 828-6623
- omce@nysomce.org

NYSCOPBA

- 102 Hackett Blvd., Albany, NY 12209
- 518 - 427-1551
- nyscopba@nyscopba.org