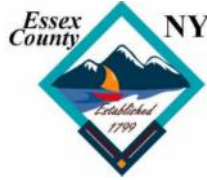


Personnel Department



Erica Sadowski - Personnel Technician/Deputy
Jaime Douglass- Personnel Technician
Christina Slattery - Personnel Clerk

Jennifer Mascarenas
Personnel Officer
PO Box 217 7551 Court Street
Elizabethtown NY 12932

Phone: (518) 873-3360 Fax: (518) 873-3372

2024 PREMIUM ENHANCEMENT PROGRAM FULL-TIME BENEFIT EMPLOYEES

- I elect NOT to participate in the Premium Enhancement Programs for the Year 2024.
- I elect to exchange 5 days of my accrued vacation and/or sick leave in return for a credit of \$900.00 to be applied toward my share of the Health Insurance Premiums on a monthly basis. I understand that I must have had at least 15 days of combined sick leave and vacation time on October 31, 2023 to be eligible for the enhancement.
- I am a 12 hour a day employee and elect to exchange 40 hours (3.4 days) of my accrued vacation and/or sick leave in return for a credit of \$900 to be applied toward my share of the Health Insurance Premiums on a monthly basis. I understand that I must have had at least 15 days of combined sick leave and vacation time on October 31, 2023 to be eligible for the enhancement.

_____ Sick Leave Hours to be contributed
_____ Vacation Leave Hours to be contributed
_____ Total Leave hours to be contributed *

- I have 10 or more years of benefit service with Essex County and wish to exchange 1 additional day of sick leave in return for a credit of \$180.
- I am a 12 hour a day **JAIL** employee and elect to exchange 40 hours (3.4 days) of my accrued vacation and/or sick leave in return for a credit of \$1,000 to be applied toward my share of the Health Insurance Premiums on a monthly basis. I understand that I must have had at least 15 days of combined sick leave and vacation time on October 31, 2023 to be eligible for the enhancement.
- I am a 8 hour **JAIL** employee and elect to exchange 40 hours (5 days) of my accrued vacation and/or sick leave in return for a credit of \$1,000 to be applied toward my share of the Health Insurance Premiums on a monthly basis. I understand that I must have had at least 15 days of combined sick leave and vacation time on October 31, 2023 to be eligible for the enhancement.
- I have 10 or more years of benefit service with Essex County (**JAIL EMPLOYEE**) and wish to exchange 1 additional day of sick leave in return for a credit of \$200.
- I elect to use a portion of my 2023 Longevity Payment toward my share of the Health Insurance premiums on a monthly basis.

_____ 2023 Longevity Payment Entitled Amount
_____ Percentage of Longevity Payment to be contributed **
_____ Amount of Contribution
_____ County Contribution (30% match)

**NOTE: Percentage can be 10% to 80% of the entitled Longevity Payment. The County will match 30% of the contributed amount.

*** A signed October 2023 Time Sheet must be submitted with this form. ***

Print Name _____

Date _____

Employee Signature _____

Personnel Office Use Only

Approved by _____