

WORKERS' COMPENSATION BENEFIT ELECTION FORM

1991 - 95 New York State/Council 82 Negotiated Agreements

To be completed by the employee

INSTRUCTIONS: Please complete this form and submit it to your agency with your accident report each time you file an accident report.

- Security Services Unit
 Security Supervisors Unit

Name			Social Security Number	
Street Address			Home Telephone Number ()	
City or Post Office		State	ZIP Code	Date of Accident

I elect the following benefit program for *all* absences related to this accident:

1. **New York State Workers' Compensation Law Coverage only** Yes No

I understand that if I elect Law coverage only I will be placed on leave without pay for *all* absences related to this accident and I will receive only the benefits provided by the New York State Workers' Compensation Law.

2. **Workers' Compensation Leave Benefit Program** Yes No

I understand that if I elect the Leave Benefit Program, in addition to Law coverage, I will be eligible for the benefits as provided in the 1991-95 State/Council 82 negotiated agreements which include up to 6 months of paid leave, and use of credits and sick leave at half pay, if eligible. I also understand that to receive these benefits I must participate in the medical evaluation and limited duty components of this Program.

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are being asked to provide on this form is being requested pursuant to Article 14 of the 1991-95 State - Council 82 negotiated agreements for the principal purpose of determining whether you qualify for employer-provided workers' compensation benefits and will be maintained by the Personnel Office in the agency or facility in which you are employed. Failure to provide this information may result in delay of processing benefits. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law particularly subdivisions (b), (d), and (e). For further information relating *only* to the Personal Privacy Protection Law, contact your Personnel Office.

Signature	Date
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