

## ***INCOME PROTECTION PLAN ENROLLMENT FORM ADDENDUM***

Special Enrollees must complete this form, signing one of the two sections below, and submit it with an Income Protection Plan (IPP) Enrollment Form to their personnel offices.

### ***ACCEPTANCE***

As a condition of my acceptance to participate in the Income Protection Plan, I acknowledge that I am aware that my position is not subject to the Attendance Rules for Employees in New York State Departments and Institutions (4 NYCRR Chapter II).

I further consent that as an IPP participant, should I become disabled, my salary, stipend, or other remuneration for my position as

\_\_\_\_\_ Shall be waived and I will accept the IPP benefits in lieu thereof.

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ***DECLINATION***

In connection with my declination to participate in the Income Protection Plan, I acknowledge that I am aware that my position is not subject to the Attendance Rules for Employees in New York State Departments and Institutions (4 NYCRR Chapter II), including the accrual of sick leave.

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_