

**NYS INCOME PROTECTION PLAN  
DC-37 IPP Withdrawal Form**

By signing this form, I elect to withdraw from the DC-37 Income Protection Plan (IPP). Failure to submit a signed and completed form to the Division of Housing and Community Renewal (DHCR) Personnel Office, Albany, New York on or before **August 10, 2005** will result in the forfeiture of my right to withdraw from the IPP.

I have read the material describing this opportunity and understand the implications of my actions for withdrawal from the IPP including but not limited to the following:

On and after September 15, 2005

- Any eligible sick leave grant will be credited to me on my next closest IPP grant date.
- Coverage previously available to me under the IPP will *terminate at midnight the day of my next closest IPP grant date.*
- As of **the first day following my next IPP grant date**, I will begin to accrue sick leave at the rate of 13 days per year. (Less than full time Employees will be credited with sick leave accruals proportionate to their payroll percentage).
- The decision to withdraw from the IPP is irreversible.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Print

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

**FOR AGENCY PERSONNEL OFFICE ONLY**

**VERIFICATION OF ELIGIBILITY**

- Date form received: \_\_\_\_\_
- I certify that this applicant meets the eligibility criteria necessary for withdrawal from the NYS Income Protection Plan.
- I certify that this Employee's next sick leave grant date on or after September 15, 2005 is: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Personnel Office

Signature: \_\_\_\_\_

Original - Dept. of Civil Service  
Copy 1 - Agency Personnel Office, Albany, New York