

DESIGNATION OF CLASSES PARTICIPATING IN NYPERLSM

A PARTICIPATING EMPLOYER IS NOT REQUIRED TO OFFER NYPERL TO CLASSES OF EMPLOYEES NOT COVERED UNDER SUCH EMPLOYER'S HEALTH INSURANCE PROGRAM.

I) Indicate the classes of employees designated to participate in NYPERL:

OR Check All ☐

II) Indicate the classes of retired employees designated to participate in NYPERL:

OR Check All ☐

III) Indicate the classes of vested employees designated to participate in NYPERL:

OR Check All ☐

IV) Indicate the classes of dependent survivors designated to participate in NYPERL:

OR Check All ☐

V) Circle YES or NO for family members that will participate in NYPERL:

Parent		Parent-In-Law		Spouse		Domestic Partner		Dependent Child Age 18-24	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Total Approximate Number of NYPERL Eligible Employees_____

Total Approximate Number of NYPERL Eligible Retired Employees_____

Contact Person_____

Title_____

Telephone Number_____E-mail_____

Fax Number_____

PLEASE RETURN COMPLETED FORM TO THE NYS DEPARTMENT OF CIVIL SERVICE
TOGETHER WITH YOUR RESOLUTION ELECTING PARTICIPATION.