



State of New York
 Department of Civil Service
 Alfred E. Smith Office Bldg.
 Albany, NY 12239

EMPLOYEE BENEFITS DIVISION
State Service Sick Leave Credit Preservation
For New York State Health Insurance Program

PS-410 (9/09) (w)

When you are terminating from New York State employment there are certain circumstances where you may preserve your sick leave for use at a later time. These include:

- ✓ You are covered as a **spouse** in the New York State Health Insurance Program (NYSHIP) and you meet the qualifications for retiree coverage when you terminate from active state employment.
- ✓ You leave state service and qualify for NYSHIP coverage under Preferred List provisions and will be eligible to retire for health insurance purposes during or at the end of your Preferred List coverage entitlement.
- ✓ You are covered as an active employee, but at the time of your retirement you are deferring your health insurance due to the availability of other coverage.
- ✓ You are awaiting decision on a Disability Retirement application with the Retirement System and are only eligible for Vestee or COBRA (full share) health insurance coverage at the time of your termination.

If you are retiring under one of these circumstances, you are advised to ask your Employing Agency to complete this form. This document provides evidence of your State Service and Sick Leave Credit if you wish to obtain New York State Health Insurance Coverage in **your own name** in the future.

You must send a copy of this form and a letter requesting Health Insurance Coverage in **your own name** to the Employee Benefits Division. In your letter, be sure to give the date you are requesting coverage, your retirement number, if available, and list all dependents you are requesting coverage for, with their dates of birth. If applicable, provide proof of the termination of other coverage.

Keep this completed form as documentation of your State Service and Sick Leave Credit.

Enrollee Name & Address:		Health Insurance ID#	
Sick Leave Credit Hours: (Nearest Tenth)	<input checked="" type="checkbox"/> Hourly Rate of Pay: (Nearest Cent)	Total Sick Leave Dollars: (Nearest Cent)	
Negotiating Unit:		Neg. Unit Code:	
Retirement System Employee member of:		Retirement Registration Number:	
Current Agency Name:		Agency Code:	
Dates of Service with Current Agency:			
If service with this Agency is less than 10 years, attach proof of additional service.			
If covered under another NYSHIP contract please complete the following:			
Contract Holder's Name:		Contract Holder's ID#	
Signature & Title of Agency Health Benefits Administrator			Date:
Address Correction:			
Previous Address:		New Address:	
Signature:	*****Phone:	Date:	