

***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:** _____