





State of New York  
 Department of Civil Service  
 The State Campus  
 Albany, NY 12239

**EMPLOYEE BENEFITS DIVISION**  
**State Service Sick Leave Credit Preservation**

PS-410 (8/01L)

**STATEMENT OF STATE SERVICE AND SICK LEAVE CREDIT PRESERVATION  
 FOR NEW YORK STATE HEALTH INSURANCE PROGRAM**

When retiring from New York State employment and covered as a **spouse** in the New York State Health Insurance Program, you are advised to ask your Employing Agency to complete this form. This, 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 your retirement number and list all dependents you want covered, with their dates of birth.

Please Print Retiree's Name:		Retiree's Social Security Number:	
Sick Leave Credit: (Hours) <i>(Nearest Tenth)</i>	<input checked="" type="checkbox"/> Hourly Rate of Pay \$ <i>(Nearest Cent)</i>	Total \$ <i>(Nearest Cent)</i>	
Negotiating Unit at Retirement:		Numeric Code:	
NYS Administered Retirement System:		Registration Number:	
Dates of Service:			
Current Agency:		Agency Code:	
Current Coverage:			
Please Print Enrollee's Name:		Enrollee's Social Security Number:	
Signature of Agency Health Benefits Administrator			Date
List all previous State, Participating Employer and/or Participating Agency service if the above is less than 10 years (attach additional sheet if necessary).			
Former Agency	Agency Code	Dates of Service	
Former Agency	Agency Code	Dates of Service	
Former Agency	Agency Code	Dates of Service	
<b>You, the retiring spouse, must keep this completed form as documentation of your State Service and Sick Leave Credit.</b>			