



**Employee Repayment Plan Selection and Agreement for Enrollees After 12/07/06**

Employee Name:

Employee Identification Number:

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Based upon the information and documents you submitted regarding your Ordered Military Duty under the Extended Military Benefits Package ("EMBP"), we have made the following determinations with respect to your repayment obligations.

**Determination of Repayment:**

The following information was used to calculate the repayment amount:

1. Dates of Ordered Military Duty : \_\_\_\_\_
  2. Date upon which City salary first continued under the EMBP: \_\_\_\_\_
  3. City Salary received after date referred to in #2 above: \_\_\_\_\_
  4. Military Pay received after date referred to in #2 above: \_\_\_\_\_
  5. Remaining debt from earlier deployments and/or extra paychecks received: \_\_\_\_\_
  6. You are, therefore, obligated to reimburse the City in the amount of: \_\_\_\_\_.
- \*\* Please note, if #4 above is blank, that means we have not received sufficient military Leave and Earnings Statements from you to determine your military pay. If we are unable to determine your military pay, your City salary will be used as the amount that needs to be repaid. As your military pay may be significantly lower than your City salary, we strongly encourage you to provide your military pay information so that we can perform the necessary calculations. \*\**

**Additional Information Needed to Consider Your Repayment Options:**

7. Based upon your most recent paycheck, 10% of your Gross City salary is \$ \_\_\_\_\_. This represents an estimation of your weekly/bi-weekly installment. NOTE: This amount is subject to fluctuations based on overtime, back pay, and any changes to salary.
8. Current value of one day of leave is equal to \$ \_\_\_\_\_.

If you believe that a mistake or error has been made with respect to any part of this information, you must notify, in writing, [INSERT APO/MILITARY LIAISON CONTACT INFORMATION] within two weeks, and you must specifically state what you are disputing.

Please complete the second page of this Employee Repayment Plan Selection and Agreement and return to [INSERT APO/MILITARY LIAISON CONTACT INFORMATION] within two weeks.

If by [INSERT DATE OF TWO WEEKS OUT], you have not returned this Employee Repayment Plan Selection and Agreement, deductions will commence at 10% of your Gross City salary (including overtime and back pay). Further, failure to cooperate with these requests may render you ineligible for future participation in the EMBP.

Reminder: You should bring this agreement with you if consulting with a professional tax advisor.

**Employee Repayment Plan Selection and Agreement**

Employee Name:

Employee Identification Number:

I have read and agree with my agency’s calculation of the total amount I owe pursuant to my participation in the Extended Military Benefits Package (“EMBP”) as described on page one of this form. I have indicated below how I have chosen to satisfy this obligation. I understand and agree that I must satisfy this obligation within five years of entering into this repayment agreement.

**OPTION TO REPAY IN FULL AT THIS TIME**

- I hereby choose to satisfy the entire obligation specified above through the following method or combination of methods of repayment:
  - Option (1): Repayment by certified check, money order, or credit card in the amount of \$ \_\_\_\_\_. (Note: Please submit a completed “Refund of Overpayment – Manual Refund Form” with your repayment. A certified check or money order must be made payable to the “NYC Commissioner of Finance.”)
  - Option (2): Repayment through charges to Leave Balances. I authorize \_\_\_\_\_ days of leave to be deducted from my existing balances, at the value of a leave day as described on page one of this form.

**OPTION TO REPAY OVER TIME**

- I hereby choose to reduce the current total amount owed through the following method or combination of methods of repayment:
  - Option (1): Repayment by certified check, money order, or credit card in the amount of \$ \_\_\_\_\_. (Note: Please submit a completed “Refund of Overpayment – Manual Refund Form” with your repayment. A certified check or money order must be made payable to the “NYC Commissioner of Finance.”)
  - Option (2): Repayment through charges to Leave Balances. I authorize \_\_\_\_\_ days of leave to be deducted from my existing balances, at the value of a leave day as described on page one of this form.

I hereby authorize my agency to deduct from my bi-weekly (or, where appropriate, weekly) paycheck 10% of my Gross City salary (including overtime and back pay). I agree that, if my entire obligation is not satisfied within five years of entering into this repayment agreement, I will reimburse the remaining amount, in a combination of (1) deductions from Leave Balances and/or (2) payments by certified check, money order, or credit card, to be determined at that time. In the event that my employment with the City ends, due to my resignation, termination, retirement, death, or any other circumstances, and I have not completed repayment of the total amount owed to the City, I understand that I, or my estate, will be responsible for repaying the balance due in a lump sum payment within 90 days of my separation from the City. Further, if I separate from the City, I authorize my agency to withhold a lump sum payment for any remaining amount owed from any leave or money balances due to me at the time of my separation.

I acknowledge that by signing, I understand that these agreements shall in no way limit the right of the City to exercise any other lawful remedy available to it and to recover any amount owed by me and not repaid.

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Agency Receipt (Initials and Date)